

CPR/First Aid Skills Instructor Equipment

2019 Seward Community Foundation Mini-Grant Program

SeaView Community Services

Ms. Christine Sheehan
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Application Form

Instructions

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Grant projects must be completed within one year of award and are subject to the grantee completing an online grant agreement signifying acceptance of the terms and conditions of the grant. A final grant report and any other outstanding follow ups must also be submitted online before the grantee will be eligible for future grant opportunities from SCF. Due dates and the forms to submit for these follow ups can be found by logging into the online grant system.

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Please review SCF's Mini-Grant Guidelines to determine your eligibility before applying.

Please direct **general questions** to SCF's Program Manager, Allison Fong, at afong@alaskacf.org. Please direct **eligibility and technical questions** about the online grant system to ACF's Affiliate Program staff at grants@alaskacf.org or 907-334-6700.

Organization Information

Name of Organization*

SeaView Community Services

Organization's EIN*

92-0043803

Comment: GuideStar check confirmed. - LH

Organization Type*

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your organization's eligibility, please contact ACF's Affiliate Program staff at grants@alaskacf.org or call 907-334-6700.

501(c)(3)

Organization's Location*

Is your organization located in the Seward/Moose Pass area? If not, will your project/program benefit this area?

Yes

Benefits to Area (optional)

If your organization is not located in the area but you believe your proposed project/program will benefit area residents, please explain how.

Mission Statement*

What is your organization's mission statement?

To provide community-based services that strengthen families, foster self-sufficiency and enhance quality of life.

Description of Organization (optional)

Please provide any additional information about your organization that you wish to share.

SeaView Community Services has been serving Seward area residents since 1972. SeaView currently provides behavioral health services that include outpatient substance use treatment, community support and rehabilitative services for the seriously mentally ill, general mental health and family counseling services. The continuum of behavioral health services includes residential group home/assisted living for those experiencing serious mental illness and/or a co-existing disability, as well as safe recovery housing for those experiencing substance use disorder. For many years, through the Infant Learning Program, SeaView has been providing screenings, assessments, early intervention and support for families with children 0-3 who may be experiencing developmental delays. SeaView also provides advocacy and victim services for survivors of domestic violence and sexual assault (DVSA). SeaView staff are on call 24/7 to respond to mental health emergencies and DVSA through the crisis lines for each service.

Previous Grant Award Details (if applicable/known)

Please list the project title and date of your most recent grant award, if applicable/known.

Accessing Recovery Resilience through Experiential Therapeutic Activities, 04/02/2019

Comment: *Up-to-date on reports and in good standing. -LH*

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Project/Program Information

Project/Program Name*

CPR/First Aid Skills Instructor Equipment

Project/Program Start Date*

When will your proposed project/program begin?

08/01/2019

Project/Program End Date*

When will your proposed project/program end? **Please note that awarded grant projects must be completed within one year of receiving a grant.**

07/31/2020

Project/Program Description*

Please describe your proposed project/program, including a discussion of the community need and if you are planning to collaborate/partner with other community organizations or entities.

SeaView is seeking funding for CPR/First Aid training equipment. As an umbrella agency that encompasses the full lifespan of those we serve, staff with direct client contact are required to be certified in CPR/First Aid. Staff are trained at SeaView's expense as part of their orientation and are recertified per State of Alaska requirements. Currently, staff complete an online course for CPR/First Aid and then must complete a 30-minute skills test with a certified instructor. There is only one local resource who provides the skills test and due to timely availability, staff must travel to Anchorage to complete their skills test. This is costly, prolongs the new staff member's ability to start or continue providing services until re-certified. In order to reduce immediate and long-term expense, streamline hiring and training processes, and better serve our clients, our Human Resources Technician completed a CPR/First Aid Skills Instructor training on June 22nd. For her to begin conducting the skills test, our organization will need to purchase the CPR dummies and associated equipment.

Funds from this grant will be utilized for a one-time purchase of the necessary instructor training materials and equipment to conduct the skills test in house.

Project/Program Goals*

Please describe the goals of your proposed project/program, including what outcomes you hope to achieve.

Nationally, there is a high turnover rate in mental health and substance use disorder direct service positions and SeaView experiences turnover similar to the national rates. Direct service positions are responsible for providing individualized services, basic care, skills training and support to youth, adults and families with disabilities, serious mental illness and/or substance use disorders. While SeaView is successful in promptly filling most vacant positions, new hires are not able to start immediately or provide independent services until they are certified in CPR/First Aid; depending on availability and location of the skills test, this can cause up to two-week delay before staff can begin working independently with clients. By having a CPR/First Aid Skills Instructor on staff, we plan to establish a more efficient orientation and training process for new staff, eliminate the need to send staff out of the community for CPR/First Aid training, reduce expenses and decrease the amount of time it takes for staff to work independently, and to maintain required recertifications.

Project/Program Benefits*

Please describe the benefits of your proposed project/program. What will improve on in the Seward/Moose Pass area as a result of this project/program? Who and how many individuals will benefit from this program/project?

The benefits of having a CPR/First Aid Skills Instructor on staff are, the ability to streamline our hiring and orientation process, more efficiently train staff and speed up the timeline of new hires being able to work independently, thus better serving our clients and increasing our capacity to provide services.

Measuring Success*

Please describe the outcomes that will define if your project/program is successful, including how your organization plans to track and report on these outcomes. Please also describe how your proposed project/program will continue beyond the original grant term, if applicable.

Targeted outcomes for success include improved staff starting and service delivery dates, an increase in training efficiencies and timely receipt of CPR/First Aid certification. The equipment purchased with the grant funds will be utilized for years to come. We will be able to ensure staff certifications are maintained according to state guidelines and staff are recertified every two years.

Project/Program Budget

Total Project/Program Budget*

\$951.35

Amount Requested*

Please note that individual grant amounts will be awarded up to \$1,000.

\$616.35

Project/Program Budget Form*

Please download, complete, and upload the Project/Program Budget Form below. At the bottom of the form, please also list other sources of funding you are seeking and the status of those requests.

Project/Program Budget Form

In the box below, please describe the line items from the budget worksheet in detail.

SCF-CPR Instructor Materials.xls
 BVM Masks, Adult: $\$2.61 \times 4 = 10.44$
 BVM Masks, Infant: $\$2.61 \times 4 = 10.44$
 CPR Training Mouthpiece for Manikin: $\$2.13 \times 4 = 8.52$
 Baby Anne, CPR Manikin Kit: \$124.00
 Little Anne, CPR Manikin Kit: \$249.00
 Prestan AED Ultra Trainer: \$99.00
 CPR Compression Wrist Monitor: \$39.95
 Estimated Shipping: \$75.00
 TOTAL: \$616.35

Optional Documentation

Other Useful Information (optional)

Please provide any other useful information that could help the SCF Grants Committee evaluate your grant application. If desired, you can also upload letters of support and other documentation below.

[Unanswered]

Electronic Signature

Authorized Signature*

By typing my name below, I certify that the information provided in this grant application is accurate and complete to the best of my knowledge, and that I am authorized to submit this application on behalf of my organization.

I authorize The Alaska Community Foundation to verify any information submitted as part of this application. I also agree to allow any information on this application (unless otherwise noted) to be released for publication.

Christine Sheehan

Title*

Executive Director

Date*

06/28/2019

Please complete the grant application process by clicking the [Submit Application] button below.

File Attachment Summary

Applicant File Uploads

- SCF-CPR Instructor Materials.xls

Therapeutic Self-Care

2019 Seward Community Foundation Mini-Grant Program

SeaView Community Services

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501(c)(3)

Organization's Location*

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Yes

Benefits to Area (optional)

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Mission Statement*

What is your organization's mission statement?

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Description of Organization (optional)

Please provide any additional information about your organization that you wish to share.

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Project/Program Information

Project/Program Name*

Therapeutic Self-Care

Project/Program Start Date*

When will your proposed project/program begin?

07/01/2019

Comment: Note timing of year-long project. - LH

Project/Program End Date*

When will your proposed project/program end? **Please note that awarded grant projects must be completed within one year of receiving a grant.**

06/30/2020

Project/Program Description*

Please describe your proposed project/program, including a discussion of the community need and if you are planning to collaborate/partner with other community organizations or entities.

SeaView is seeking assistance to enhance our Community Support program and enrich the lives of those we serve by launching a Therapeutic Self-Care group. The Therapeutic Self-Care group will address the issues of emotional dysregulation, lack of connection with others, lack of physical exercise and poor dietary choices that are often present for those impacted by mental illness or substance use disorder. Funds from this grant will be utilized to purchase supplies and fund access to activities that support therapeutic self-care.

SeaView's Community Support Program (CSP) provides individualized services, basic care, skills training and support to adults with disabilities, serious mental illness (Schizophrenia, Bipolar Disorder and/or Major Depression) and substance use disorders. The Community Support program offers case management, individual and group services to over 60 individuals residing in the Seward/Moose Pass area. These services include assistance in daily living skills, group therapy, supportive employment, social/recreational opportunities and education regarding mental illness and substance use. The Community Support Program also focuses on skill and resource building in order to strengthen and support clients with their long-term recovery plans. Our staff assist clients in strengthening and building skills through participation in individual and group services that provide education, modeling and practical practice of recovery skills.

Project/Program Goals*

Please describe the goals of your proposed project/program, including what outcomes you hope to achieve.

The Therapeutic Self-Care group will work with 20 adults with severe mental illness and/or substance use disorders and focus on activities to improve mental, emotional and physical health. This group will participate in local and regional community activities, such as the Seward community garden, hiking, picnics, festivals and fairs. The self-care group will also participate in art projects as an additional means to express self-care, relieve stress, boost self-esteem and provide a sense of accomplishment. Clients are expected to experience significant improvement in moods and markedly higher levels of involvement and spontaneity when engaged in self-care activities. Positive changes in diet and social interaction are also expected.

Project/Program Benefits*

Please describe the benefits of your proposed project/program. What will improve on in the Seward/Moose Pass area as a result of this project/program? Who and how many individuals will benefit from this program/project?

The proposed self-care group will assist clients in developing necessary skills and habits, as well as will educate clients on healthy coping skills, grounding techniques and mindfulness that are all proven to assist in healthy management of mental health symptoms. The self-care group will also decrease isolation which is prevalent among SeaView's Community Support Program clients and will assist in developing healthy and positive socialization skills which is important to positive mental health recovery.

Measuring Success*

Please describe the outcomes that will define if your project/program is successful, including how your organization plans to track and report on these outcomes. Please also describe how your proposed project/program will continue beyond the original grant term, if applicable.

The targets for success relate to personal responsibility, emotional and physical well-being, and connection with others. Each client has an individualized treatment plan, which includes goals they have identified for their recovery. These plans are reviewed on a quarterly basis and success towards the goals are measured by utilizing evaluation tools. SeaView will measure the effects of participation during the evaluation of progress towards individual goals and the decrease in negative mental health symptoms among the Community Support Program clients.

Project/Program Budget

Total Project/Program Budget*

\$1,500.00

Amount Requested*

Please note that individual grant amounts will be awarded up to \$1,000.

\$1,000.00

Project/Program Budget Form*

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Project/Program Budget Form

In the box below, please describe the line items from the budget worksheet in detail.

SCF-Therapeutic Self Care Group.xls
Garden Supplies: \$100.00
Art and Craft Supplies: \$100.00
Community Outing Assistance (admission fees/park fees/lunches): \$800.00
TOTAL: \$1000.00

Optional Documentation

Other Useful Information (optional)

Please provide any other useful information that could help the SCF Grants Committee evaluate your grant application. If desired, you can also upload letters of support and other documentation below.

[Unanswered]

Electronic Signature

Authorized Signature*

By typing my name below, I certify that the information provided in this grant application is accurate and complete to the best of my knowledge, and that I am authorized to submit this application on behalf of my organization.

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Title*

Executive Director

Date*

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