



Millennium Fund Annual Report

For the Period July 1, 2016, through June 30, 2017

The Idaho Legislature appropriates funding from the Idaho Millennium Fund to eligible applicants who provide services that help individuals to never start, to quit, or to receive treatment for, tobacco or substance use. This process begins with a submitted application to the Joint Legislative Millennium Fund Committee. Applicants that are awarded a Millennium Fund Grant must submit an annual report detailing the project, and any outcomes and expenses, using the criteria listed below. The report is to be submitted by October 13, 2017. Please contact Jared Tatro, Legislative Services Office, with any questions at (208) 334-4740 or email jtatro@lso.idaho.gov.

Recovery Idaho/PEER Wellness Center - Boise

Organizational Contact Information:

Full Legal Organization Name

Address

City

State

Zip Code

Website

PEER Wellness Center, Inc. - Boise

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Primary Contact Person

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Title

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Executive Director

Name

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Donald Hayes

Director

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Millennium Fund Grant Award

\$50,000

Report Date

11/11/2017

I. Overview, Rationale, and Justification for the Project/Program: PEER Wellness Center is the Ada County recovery community center and provides free peer-based recovery support services to individuals who live with substance use disorder and/or behavioral health challenges. On average, PEER Wellness Center serves over 2,000 individuals a month by providing supported access to treatment, links individuals in crisis with housing, food, clothing and employment, hosts or links individuals to tobacco cessation workshops and hosts over 140 peer-led support groups. The Center coordinates care and support with many agencies including the Department of Health & Welfare, Idaho Department of Corrections, Central District Health and the Ada County Sheriff's Office.

II. Distribution: PEER Wellness Center serves Ada County and provides services to residents of Boise, Kuna, Eagle, and Meridian. Over 10,000 individuals attended support groups or received individual crisis intervention, employment and treatment support. The Center worked closely with and assisted the Ada County Sheriff's Office CIT Team, Region IV Mobile Crisis and Allumbaugh House on over 100 individual cases.

III. Goals: *The goals of PEER Wellness Center are to reduce suicide rates/drug related deaths and increase access to treatment for individuals with substance use disorder and mental health issues. Outputs include responsive response to crisis situations and a positive, welcoming and safe environment for individuals as they initiate and maintain long term recovery. The outcome of addressing these issues within our community results in lowering uninsured ER visits, lower incarceration rates and produces a higher rate of contributing members to our community. Metrics utilized to measure success include surveys which measure individual Quality of Life, Recovery Capital and overall Wellness. Participants engaging in the peer-based recovery support services at PEER Wellness Center showed a 37% increase in Quality of Life, a 39% increase in Recovery Capital and a 19% increase in Wellness.*

IV. Financial Statement: Attached

V. Entities Visited/Sponsored and Participants in the Project/Program:

Saturday Night Live – AA Group, NAMI Connections, Depression & Bi-Polar Support Alliance, JustUS Support and Resource Group, Systemic Change of Idaho, St Vincent de Paul, Region IV Mobile Crisis, Ada County Drug Court, Ada County Mental Health Court, Ada County Veteran's Court, Idaho Department of Corrections, Ada County CIT Team, Allumbaugh House, Intermountain Hospital, St Lukes Regional Medical Center and St Alphonsus Regional Medical Center.

Sponsored events: FACES of Recovery – Recovery Month Rally in September, 2016. Over 800 people attended the event which included a Rally on the Idaho Statehouse Steps, a March through downtown to Ann Morrison Park and a concert at the park.

Recovery Idaho/PEER Wellness Center - Boise								
	Request for Grant Award				ACTUAL EXPENDITURES			
	Millennium Fund	Other Fund Sources	Project Total	In-Kind Contributions	Millennium Fund	Other Fund Sources	Project Total	In-Kind Contributions
PERSONNEL COSTS								
Organization Hired Staff								
Number of Staff			0.0				3.0	20.0
Hours Worked			0.0				6,760.0	2,080.0
Salaries			\$0.00				\$115,400.00	\$31,400.00
Benefits			\$0.00				\$0.00	
Contract Hired Staff								
Number of Staff			0.0				0.0	
Hours Worked			0.0				0.0	
Salaries			\$0.00				\$0.00	
Benefits			\$0.00				\$0.00	
TOTAL PERSONNEL STAFF	0.0	0.0	0.0	0.0		0.0	3.0	20.0
TOTAL PERSONNEL HOURS	0.0	0.0	0.0	0.0		0.0	6,760.0	2,080.0
TOTAL PERSONNEL COSTS	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$115,400.00	\$31,400.00
OPERATING EXPENDITURES								
Program Evaluation (not already counted)			\$0.00				\$0.00	
Travel			\$0.00				\$1,435.00	\$1,435.00
Marketing			\$0.00				\$0.00	
Advertising			\$0.00				\$0.00	
Insurance			\$0.00		\$5,600.00	\$67.00	\$5,667.00	
Rent/Bldg. Lease			\$0.00		\$39,000.00		\$39,000.00	
Utilities			\$0.00				\$4,908.00	
Organization Overhead			\$0.00				\$0.00	
Lobbying Activities/ Organization Awareness			\$0.00				\$0.00	
Materials & Supplies			\$0.00		\$3,600.00		\$3,600.00	
Contracts (not already counted)			\$0.00				\$0.00	
Employee Development/Training			\$0.00				\$900.00	

Recovery Idaho/PEER Wellness Center - Boise								
Other*			\$0.00		\$1,800.00		\$1,800.00	
* Other: CPA,								
TOTAL OPERATING EXPENDITURES	\$50,000.00	\$0.00	\$0.00	\$0.00	\$50,000.00	\$67.00	\$57,310.00	\$1,435.00
EQUIPMENT/CAPITAL OUTLAY COSTS	Millennium Fund	Other Fund Sources	Project Total	In-Kind Contributions	Millennium Fund	Other Fund Sources	Project Total	In-Kind Contributions
Computers			\$0.00				\$0.00	
Printers			\$0.00				\$0.00	
Projectors			\$0.00				\$0.00	
Furniture			\$0.00				\$0.00	
Software			\$0.00				\$0.00	
Other (routers, servers)			\$0.00				\$0.00	
TOTAL CAPITAL OUTLAY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL MILLENNIUM FUND REPORT COMPARISON	\$50,000.00	\$0.00	\$0.00	\$0.00	\$50,000.00	\$67.00	\$172,710.00	\$32,835.00

TRANSFERS TO OTHER ORGANIZATIONS/AGENCIES	<copy/paste new transfer rows as necessary>
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Organization Name _____
 Amount _____
 Purpose <replace with own text, briefly explain what the transfer was for and how it met the mission of prevention/cessation/treatment> _____

SUBCONTRACTING/SUBGRANTING INFORMATION	<copy/paste new sub-contract/grant rows as necessary>
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Organization Name _____
 Amount _____
 Purpose for and how it met the mission of prevention/cessation/treatment> _____