



True North Recovery: Anchorage Service Expansion

Program and Financial Modeling Summary Memo
Prepared for True North Recovery

Technical assistance funded by the Alaska Mental Health Trust Authority

March 11, 2026



Background

True North Recovery offers a continuum of outpatient and residential substance use disorder treatment services in three Alaskan communities: Mat-Su, Fairbanks and Ketchikan. In the Mat-Su, True North's crisis services include a mobile crisis team, and a peer navigation program called the Launchpad as well as an ASAM 3.7 Withdrawal Management Program. Statewide, True North provides integrated behavioral health assessments and a telehealth adult mental health outpatient program.

In 2025, True North began providing outreach services to homeless encampments in Anchorage alongside the Anchorage Police Department, two to three days per week. True North peer specialists would engage with individuals experiencing homelessness, identify their treatment needs and readiness to engage in treatment services, and when ready, would connect individuals to needed care in Anchorage or by transporting individuals to the appropriate True North program in the Mat-Su.

Provision of limited outreach services in Anchorage led True North leadership to explore opportunities for service expansion in Anchorage. The Trust engaged Agnew::Beck Consulting to provide technical assistance to True North to identify the service needs of the Anchorage community. This memo summarizes the findings of the planning project and describes active plans for service expansion.

Anchorage Landscape and Need























To understand the current crisis services landscape in Anchorage and identify gaps in services that TNR could be well positioned to fill, a landscape analysis was conducted through interviews with current service providers as well as key knowledge holders in Anchorage. Additionally, a review of current service offerings in Anchorage compared to national benchmarks for care were assessed.

Anchorage Service Availability Findings

Through online and directory searches, followed by phone calls and provider interviews, it was identified that organizations are offering peer-based crisis and drop-in services, inpatient withdrawal management, and SUD treatment at the residential, PHP, IOP, and OP levels. Availability was confirmed with six providers, shown in green on the tables below. Planned services are noted in yellow and organizations where services could not be confirmed are in black.

































Currently, no operators offer a “continuous continuum” from high-intensity withdrawal management through outpatient levels of care, with the exception of Southcentral Foundation (for women only). Some levels of care not available including 3.2 Residential Withdrawal Management, 3.7 Inpatient, and 3.3 Residential. Interviews identified that there is poor connectivity when individuals are ready for treatment and when individuals transition between levels of care.

Continuum of SUD Treatment services in Anchorage for 18+

| Operator |  Residential/ Inpatient WM |  Residential SUD Services |  IOP and OP SUD Services |
|---------------------------|--|---|---|
| North Star |  3.7  4.0 | |  IOP - virtual |
| Southcentral Foundation |  3.7 |  3.5 Women only |  IOP, OP, MAT |
| Akeela | |  3.5 Co-ed 3.5 Women only |  IOP, OP |
| CITC | |  3.5 Co-ed 3.1 Co-ed |  IOP, OP |
| Genesis Recovery | |  3.5 Co-ed | |
| Salvation Army | |  3.1, 3.5 |  IOP, OP |
| Anchorage Recovery Center |  3.7 - <i>planned</i> |  3.5 - <i>planned</i> |  PHP – operational IOP, OP - <i>planned</i> |
| Alaska Treatment Center | |  “3.1 to 4.0” |  PHP, IOP, OP |
| AMEND Health | <i>unknown</i> |  <i>planned</i> | <i>unknown</i> |

A landscape assessment was also conducted for outpatient services at operators in Anchorage as shown below. Some providers are duplicated from the table above to highlight outpatient services offered.

Continuum of Outpatient Services 18+

| Operator | PHP | IOP | OP | MAT |
|--|---|---|--|---|
| North Star | |  Virtual | | |
| Southcentral Foundation | |  |  |  |
| Akeela | |  Co-ed Women-only |  Co-ed Women-only | |
| CITC | |  |  | |
| Discovery Cove | |  |  | |
| Wisdom Traditions | |  |  | |
| Salvation Army | |  |  | |
| Alaska Treatment Center |  |  |  |  |
| Anchorage Recovery Center |  |  Planned |  Planned | |
| Providence Breakthrough | |  |  |  |
| Aleutians & Pribilof Island Association (APIA) | |  |  | |
| VOA Alaska | |  Ages 12-24 |  Ages 12-24 | |
| Community Medical Services | | | |  |
| Narcotic Drug Treatment Center, Inc. | | | |  |
| Ideal Option | | | |  |
| Anchorage Comprehensive Treatment Centers | | | |  |

Interview Findings

Interviewees

The following providers and organizations were interviewed as part of the service landscape assessment:

- Alaska Behavioral Health
- Anchorage Coalition to End Homelessness
- Anchorage Fire Department Mobile Crisis Team
- Anchorage Police Department HOPE Team
- Anchorage Police Department Mobile Intervention Team
- Anchorage Recovery Center
- Henning Inc.
- Homeless Prevention Response Team (HPRS) Continuum of Care Advisory Council
- Municipality of Anchorage
- Providence Breakthrough - Outpatient Services
- Restorative and Reentry Services
- Salvation Army
- Southcentral Foundation Dena A Coy
- Southcentral Foundation Detox
- Southcentral Foundation Outpatient

Key Takeaways

True North's model (rapid intake, peer integration, full continuum) is widely viewed as best practice for service delivery and is largely missing in Anchorage. Service gaps are less about the number of residential beds and more about service navigation, access to existing detox and residential beds, and coordinated care transitions. Interviews with current service providers and community members in Anchorage highlighted the following takeaways about system structure and challenges:

- **Immediate Access is Critical:** Providers report that same-day or rapid intake is essential because delays due to paperwork, phone calls, or waitlists often result in losing individuals when they are ready for treatment.
- **Detox and Transition Gaps:** Detox capacity is limited, and inconsistent transitions to residential or outpatient care cause many individuals to cycle repeatedly through detox due to a lack of step-down services and housing.
- **Housing Shortage:** Major gaps exist in transitional housing and sober living, especially for people exiting detox or corrections. High move-in costs limit options for individuals exiting residential and inpatient substance use disorder treatment programs.
- **Case Management and Peer Support Deficits:** Providers strongly agree that increased peer navigators and case managers are needed to ensure warm, successful handoffs and sustained engagement.
- **Underdeveloped Peer Models:** Peer driven approaches are viewed as highly effective but remain underfunded and insufficiently developed.
- **Outpatient Mental Health Services:** Outpatient mental health and medication management are not readily available to people who need these services.
- **Fragmented System and Coordination Challenges:** The treatment system is siloed, with inconsistent referrals and no real time bed availability, leading some providers to call for structured collaboration meetings and shared protocols.
- **MAT Access and Integration Issues:** Although Medication Assisted Treatment is recognized as crucial, access is uneven and limited to certain programs, excluded by some residential facilities, and partially supplemented by emerging telehealth and walk in options.

- **Underserved Special Populations:** Gaps in residential treatment persist for pregnant/parenting women, individuals with serious mental illness, and those with complex medical needs. A shortage of dual diagnosis and non-12 step recovery programs was also noted.
- **Transportation and Practical Barriers:** Transportation challenges, particularly when individuals are transitioning between levels of care, along with childcare and limited access to phones or technology, hinder engagement.
- **Workforce and Infrastructure Constraints:** Staffing shortages, especially among case managers and peers, along with facility limitations, contractor delays, and funding challenges, impede planned service expansion.
- **Culture of Collaboration vs. Competition:** While some partnerships are strong, many providers describe competitive dynamics and highlight the need for a more solution-focused, client-centered approach rather than rigid program models.

Service Specific Findings

Peer Crisis, Care Navigation, and Rapid Access Connection Services

| What Exists | What we Heard |
|--|--|
| Alaska Behavioral Health Peer Lounge: For current clients or those interested in becoming clients | <ul style="list-style-type: none"> • Strong consensus about the need for more peer navigators to provide ongoing engagement and warm hand-offs to needed services when individuals are ready. • Peer-driven models praised for effectiveness yet remain underdeveloped in Anchorage • Immediate access is critical. Same-day intake is essential when individuals are ready for treatment. • Transportation is a significant barrier to keeping appointments and during transitions. |
| CITC Welcome Center: Connection point to CITC services | |
| The Web: No treatment services, Peer mentoring and social space. | |
| MOA Navigation Hub: Rotating service providers focus on individuals experiencing homelessness | |
| Restorative and Reentry Services: Service coordination for individuals using shelter systems | |
| Mobile Crisis Teams APD, AFD: Crisis response | |

Inpatient and Residential Withdrawal Management

| What Exists | What we Heard |
|--|--|
| North Star – Arctic Recovery: 4.0 & 3.7 = 23 beds | <ul style="list-style-type: none"> Existing programs are expanding: SCF to add 10 beds in 2026 Anchorage Recovery Center hopes to add 3.7 WM beds in 2026 Rapid access to residential/inpatient withdrawal management is not available and overall capacity is limited. Waitlists for Anchorage programs result in referrals to Dylan’s Place in the Mat-Su Transitions from detox to residential or outpatient care are inconsistent. Many individuals cycle through detox multiple times due to lack of step-down options and housing. |
| SCF Detox: 3.7 = 18-20 beds | |

Residential Treatment

| What Exists | What we Heard |
|---|--|
| North Star: 4.0 = 18 beds | <ul style="list-style-type: none"> Six 3.5 programs – two for women only 4 residential programs had waitlists, 2 had no waitlist and unable to confirm with 3. Out of state operators believed to be opening 50+ units of residential treatment in Anchorage in 2026-27. MAT not available at all residential programs, which may be a barrier for some. Specialized SUD residential treatment programs are not available. Specific needs identified include programs for: <ul style="list-style-type: none"> Serious mental illness Complex medical needs and/or support with activities of daily living Women with children, ASAM Level 3.1 Peer-driven with a workforce component |
| SCF: 3.5 = 16 beds (women only) | |
| Akeela (Akeela House, Stepping Stones): 3.5 = 38 beds (15 beds women only) | |
| CITC: 3.5 = 16 beds + 3.1 = 14 beds | |
| Genesis Recovery: 3.5 = 16 beds | |
| Salvation Army: 3.5 = 32 beds + 3.1 = 40 beds (men only) | |
| Alaska Treatment Center: 3.5 = 9 female beds & 6 male beds | |

Outpatient Treatment

| What Exists | What we Heard |
|-----------------------------------|---|
| 2.5 = 1 program | <ul style="list-style-type: none"> Programs that facilitate rapid intake to services and are well coordinated with other levels of care to facilitate smooth transitions are desired, but interviewees did not identify a need for more capacity in SUD outpatient programs overall. SUD partial hospitalization programs were identified as a need. Anchorage Recovery Center hopes to expand their PHP and Providence hopes to add PHP. Outpatient mental health and medication management are not readily available to people who need these services. |
| 2.1 = 11 programs | |
| 1.0 = 10 programs | |
| Ambulatory WM = 7 programs | |

Provider Coordination

| What Exists | What we Heard |
|--|---|
| <ul style="list-style-type: none"> Anchorage Crisis Collaborative Veterans-Focused Provider Meeting ACEH Case Conferencing: Single Adults, TAY, Veterans, Highly Vulnerable Adults, Families MCT-Hospital Case Conferencing meetings | <ul style="list-style-type: none"> Anchorage Region Behavioral Health Coalition disbanded in October 2025. Mixed opinions from interviewees on the utility of these meetings and the need for a space for providers to come together to share updates about services. Fitting in more meetings can be a challenge, but the outpatient landscape changes rapidly. Some type of coordination to bridge from crisis services to the next step is needed. It can be hard to know who to contact within each organization, or even within an organization when it's a larger one. Having internal and external connection points beyond a generic phone number is how successful care connections are made. |

Benchmark / Standard for Service Offerings – Residential SUD Treatment

To understand the need for services in Anchorage, a literature review was conducted to assess any benchmarks or standards for SUD and WM services based on population size and treatment type. Research identified a benchmark of 40-50 beds per 100,000 adults for comprehensive residential SUD treatment. Additional details on benchmark research are found in the appendix.

- Anchorage has an estimated 202 residential SUD treatment beds and 220,415 residents 18+ - **92 residential beds per 100,000**.
- Alaska has 555,513 18+ residents or **36 residential beds per 100,000 looking ONLY at Anchorage beds**.

Benchmark data indicates that Anchorage has enough residential treatment beds for its population size. However, when using data from the National Survey on Drug Use and Health (NSDUH), there are an estimated 1,504 individuals 18+ who self-identified as needing but not receiving SUD treatment in the past year. True North estimated that 65% of individuals who need SUD treatment need residential treatment and that an average length of stay in residential treatment is about six months, resulting in a total Anchorage bed need of 489 beds, more than double what is currently available.

| Item | Percent of 18+ Population | Individuals 18+ | Source |
|---|---------------------------|-----------------|--|
| Population | 100% | 220,415 | Anchorage Census Data |
| Classified as Needing SU Tx. , 18+ (2024) | 19.1% | 42,099 | NSDUH, 2023 & 2024 Table 5.32B |
| Received SU Tx. , Among People Classified as Needing SU Tx. , 18+ (2024) | 18.8% | 7,915 | NSDUH, 2023 & 2024 Table 5.32B |
| Did Not Receive SU Tx. , Among People Classified as Needing SU Tx. , 18+ (2024) | 81.2% | 34,185 | NSDUH, 2023 & 2024 Table 5.32B |
| Perceived Unmet Need for SU Tx. in Past Year, Among People with a Past Year | 4.4% | 1,504 | NSDUH, 2023 & 2024 Table 5.35B |

| | | | |
|---|----------|----------|---------------------------|
| SUD who did not Receive SU Tx. in Past Year, 18+ (2024) | | | |
| Individuals with perceived unmet need who need residential SUD treatment | 65% | 978 | Experience-based estimate |
| ALOS in residential SUD treatment | 6 months | | Experience-based estimate |
| Residential SUD treatment beds needed to meet perceived unmet need | | 489 beds | Calculated |

Anchorage and Alaska 18+ population data from: United States Census Bureau. American Community Survey 5-Year Estimates. Age and Sex. 2023.

These two national data sources point to mixed need for additional residential treatment beds in Anchorage. Anchorage treatment providers did not consistently express a need for more residential treatment and two existing providers noted they had beds available without a waitlist. This information, coupled with knowledge of new and existing provider expansion into residential treatment (Emend Healthcare, Anchorage Recovery Center) suggests a cautious approach to residential SUD treatment bed expansion may be prudent.

Proposed Expansion: Anchorage Launchpad

Population and Services

True North Recovery’s Anchorage Launchpad will serve as a hub for behavioral health navigation and service access for adults. Learning from the successful launch of the Day One Center in Wasilla, True North Recovery plans to expand services in Anchorage to include an Anchorage Launchpad. The Anchorage Launchpad will include four components:

- **Integrated Behavioral Health Assessments:** True North’s virtual assessment team provides integrated behavioral health assessments statewide. Individuals will come to the Launchpad to access a Master’s level clinician who will provide an in-person or virtual assessment, depending on availability. Assessments will be available Monday – Friday, 9AM – 3PM on a walk-in basis.
- **Mobile Outreach:** True North’s existing Anchorage-based mobile outreach team will have office space within the Launchpad. True North’s two-peer team will provide outreach and engagement services alongside the Anchorage Police Department’s (APD) HOPE Team. Having a physical space within Anchorage to bring people when they are ready to connect to services will enhance the outreach team’s existing operations. The Mobile Outreach Team will operate jointly with APD’s HOPE Team, which conducts outreach Monday – Thursday, 7AM – 4PM.
- **Peer Navigation:** The Anchorage Launchpad will offer a space for walk-in and coordinated access to navigation services. Individuals who are interested in engaging in behavioral health services but face barriers such as identification, active Medicaid, challenges completing paperwork or following through with appointments will have a safe, welcoming landing place for completing pre-treatment activities and identifying service options that meet their needs. Staffed with two peer support specialists in the first year, with additional staff planned in year two if needed, peer navigation services will be available Monday – Friday, 9AM – 5PM on a walk-in basis. True North will also build partnerships with potential referral partners such as area emergency departments and soon-to-open crisis stabilization centers to be a resource for individuals discharging from crisis and emergency settings who need additional navigation supports.

- Outpatient Service Access Point:** The Launchpad will also serve as an access point for virtual and in-person outpatient services. True North has a statewide telehealth adult mental health outpatient program. Individuals who do not have internet access will be able to come to The Launchpad to participate in their individual counseling sessions. Similarly, individuals will be able to come to The Launchpad for virtual, individual SUD counseling sessions and participate in in-person groups. Medication management and ambulatory withdrawal management services may also be provided on-site.

The Launchpad fills a gap in Anchorage service availability by providing rapid access to behavioral health assessments and service navigation and builds capacity for peer-led support during care transitions.

Facility Needs and Location

True North must acquire a physical location in Anchorage for The Launchpad. The physical space must include or must be able to be renovated to include individual and group rooms, a reception area, an open space for people to meet with peers and wait for service connections, staff office space, restrooms. Based on the design of the Wasilla Launchpad, True North estimates a square footage need of 3,000-4,000 square feet but if a larger space is available it would allow for future expansion. Mountain View, Midtown and the U-Med district have all been proposed as potential locations based on need for behavioral health access points in those locations or distance to partner providers. True North is committed to partnership with the Municipality of Anchorage to ensure plans for service operation are shared with area community councils in advance and opportunities to address questions and concerns are available before opening.

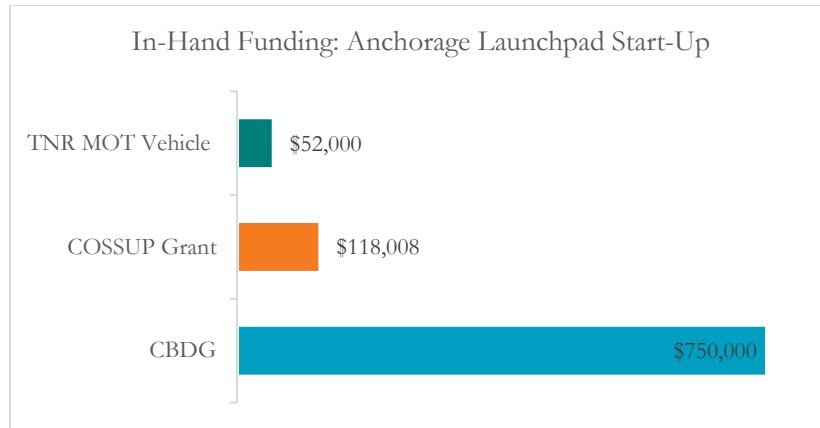
Timeline

True North is pursuing meaningful growth in Anchorage and began this work in 2025 via a partnership for homeless encampment outreach services with the Anchorage Police Department’s HOPE Team. A recently awarded grant will allow True North to continue this partnership into 2026. True North hopes to acquire a building and complete necessary renovations in Q2 of 2026, opening The Launchpad in Q3. True North strives to be responsive to community need and will evaluate the need for program modifications or additions after six months of operations and regularly thereafter.

| 2025 | Q1 26 | Q2 26 | Q3 26 | Q4 26 | 2027 |
|------------------------------|-------------------------------|--------------------------|---------------------------------------|-------|---|
| Mobile Outreach Launch | Mobile Outreach Continuation | | | | Evaluate need for program modifications or additions. |
| Anchorage Expansion Planning | Facility purchase, renovation | Launchpad – Soft opening | Launchpad – Full service availability | | |

Funding

Operationalizing True North Recovery’s Anchorage Launchpad will be supported through a combination of resources. The project intentionally draws on multiple funding streams to cover facility acquisition and renovation, staffing, supplies, equipment, and operational start-up needs. Key contributors include Community Development Block Grant (CDBG) funding for facility costs, an Anchorage Police Department grant supporting one peer outreach position, and in-kind investments from True North such as the purchase of the Mobile Outreach vehicle, and requested grant funds from the Alaska Mental Health Trust Authority. After start-up, the program will rely on billing revenue to sustain services.



Financial Modeling

The financial model for the Anchorage Launchpad demonstrates two years of operations, showing the impact of service growth, staffing, and client capacity across four program areas: Assessments, Mobile Outreach, Peer Navigation, and Outpatient/Medical Services. Modeling assumptions draw heavily on operational data from True North’s Mat-Su Launchpad as well as Anchorage-specific outreach activity, ensuring realistic projections. The model reflects a right-sized staffing plan that grows over time, projected client volumes based on existing benchmarks and Anchorage need indicators, and an integrated service design that leverages both in-house clinicians and contracted support. Together, these financial projections illustrate the resources required to launch a sustainable and responsive access point that strengthens Anchorage’s behavioral health continuum.

Revenue and Expenses Totals

Projected growth in the number of individuals served in the Anchorage Launchpad’s Assessment and Peer Navigation service lines indicates that these two components of the Launchpad program will be sustainable by the second year of program operations. The Mobile Outreach Team is the service line with the least amount of billable revenue associated, given the target population of this service line. Pre-engagement services are not Medicaid billable in the state’s current service array, and it may take many contacts with an individual before they are ready to share sufficient information to determine Medicaid eligibility. Outreach services are a vital, but non-billable component of engagement in behavioral health treatment, particularly for the most vulnerable. True North secured one year of funding via a grant obtained by the Anchorage Police Department to support a True North peer support specialist’s participation in APD’s HOPE Team. Leveraging Trust funds to support a second outreach peer, True North hopes to continue efforts piloted over 2025 and develop a case for ongoing funding to support non-billable outreach services. If additional grant funds are not made available after the first two years of operation, this service line is not anticipated to be sustainable.

The image below shows the operational costs as well as net revenue for the Launchpad over its initial two years.

Revenues and Expenses

True North Recovery, Anchorage Launchpad

| Revenue | Anchorage Launchpad | Anchorage Launchpad | Assessment Program | Assessment Program | Mobile Outreach Team | Mobile Outreach Team | Peer Navigation | Peer Navigation |
|-----------------------------------|---------------------|---------------------|--------------------|--------------------|----------------------|----------------------|-------------------|-------------------|
| | Year 1 | Year 2 | Year 1 | Year 2 | Year 1 | Year 2 | Year 1 | Year 2 |
| Medicaid Revenue | \$ 607,143 | \$ 1,085,140 | \$ 284,513 | \$ 426,769 | \$ 72,347 | \$ 74,377 | \$ 250,283 | \$ 583,994 |
| Other Insurance Revenue | \$ 23,999 | \$ 35,999 | \$ 23,999 | \$ 35,999 | \$ - | \$ - | \$ - | \$ - |
| Self-Pay Revenue | \$ 7,305 | \$ 10,957 | \$ 7,305 | \$ 10,957 | \$ - | \$ - | \$ - | \$ - |
| Sub-total Billable Revenue | \$ 638,446 | \$ 1,132,095 | \$ 315,816 | \$ 473,724 | \$ 72,347 | \$ 74,377 | \$ 250,283 | \$ 583,994 |
| Grants + Donations | \$ 118,008 | \$ 20,681 | \$ - | \$ - | \$ 118,008 | \$ 20,681 | \$ - | \$ - |
| Other Income | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Sub-total Other Revenue | \$ 118,008 | \$ 20,681 | \$ - | \$ - | \$ 118,008 | \$ 20,681 | \$ - | \$ - |
| TOTAL REVENUE | \$ 756,455 | \$ 1,152,776 | \$ 315,816 | \$ 473,724 | \$ 190,355 | \$ 95,058 | \$ 250,283 | \$ 583,994 |

| Expenses | Anchorage Launchpad | Anchorage Launchpad | Assessment Program | Assessment Program | Mobile Outreach Team | Mobile Outreach Team | Peer Navigation | Peer Navigation |
|---|---------------------|---------------------|--------------------|--------------------|----------------------|----------------------|-------------------|-------------------|
| | Year 1 | Year 2 | Year 1 | Year 2 | Year 1 | Year 2 | Year 1 | Year 2 |
| Wages, Taxes, Benefits - Direct Care Staff | \$ 496,116 | \$ 678,857 | \$ 180,964 | \$ 268,422 | \$ 156,156 | \$ 162,402 | \$ 158,995 | \$ 248,033 |
| Wages, Taxes, Benefits - Management + Support | \$ 259,841 | \$ 270,235 | \$ 90,170 | \$ 93,777 | \$ 83,852 | \$ 87,207 | \$ 85,819 | \$ 89,252 |
| Sub-total Salary + Benefits | \$ 755,957 | \$ 949,092 | \$ 271,134 | \$ 362,199 | \$ 240,008 | \$ 249,609 | \$ 244,814 | \$ 337,284 |
| Program Expenses | \$ 161,700 | \$ 159,650 | \$ 16,200 | \$ 15,450 | \$ 46,500 | \$ 44,805 | \$ 99,000 | \$ 99,395 |
| Sub-total Subtotal Other Expenses | \$ 161,700 | \$ 159,650 | \$ 16,200 | \$ 15,450 | \$ 46,500 | \$ 44,805 | \$ 99,000 | \$ 99,395 |
| Sub-total Salary, Benefits, Expenses | \$ 917,657 | \$ 1,108,742 | | | | | | |
| Overhead | \$ 91,766 | \$ 110,874 | | | | | | |
| TOTAL EXPENSES | \$ 1,009,423 | \$ 1,219,616 | \$ 287,334 | \$ 377,649 | \$ 286,508 | \$ 294,414 | \$ 343,814 | \$ 436,679 |

| Net Revenue | Anchorage Launchpad | Anchorage Launchpad | Assessment Program | Assessment Program | Mobile Outreach Team | Mobile Outreach Team | Peer Navigation | Peer Navigation |
|------------------------------------|---------------------|---------------------|--------------------|--------------------|----------------------|----------------------|-----------------|-----------------|
| | Year 1 | Year 2 | Year 1 | Year 2 | Year 1 | Year 2 | Year 1 | Year 2 |
| Total revenue minus total expenses | \$ (252,968) | \$ (66,840) | \$ 28,482 | \$ 96,076 | \$ (96,153) | \$ (199,356) | \$ (93,531) | \$ 147,314 |

Anchorage Launchpad Staffing

True North's Anchorage Launchpad requires administrative, program, and direct service staffing to replicate the successful Mat-Su Launchpad model. Program modeling identified the need for three administrative staff and five direct service staff members.

| Personnel Services | FTE |
|---------------------------------|----------|
| Program Manager | 1 |
| Intake Coordinator | 1 |
| Administrative Assistant | 1 |
| Assessor Clinician I | 1 |
| Assessor Clinician, Contract | n/a |
| MOT Peer Support | 2 |
| Crisis Peer/Crisis Case Manager | 2 |
| Total | 8 |

Anchorage Launchpad Program Assumptions

The next section details the cost and demand assumptions required to deliver each component of the Anchorage Launchpad. These projections reflect the initial personnel needed to launch services and the phased additions necessary to support anticipated program growth over time. Additionally, data from TNR's current services was used to inform projections for demand and capacity in Anchorage.

Assessment Services

2025 data shows that TNR completed 462 assessments within the year, for an average of 38.5 per month. This data was used to set the benchmarks for the number of assessments projected for Anchorage, beginning with 40 in year 1, and 60 in year 2.

| Client Count | Assessment Program | |
|----------------------|--------------------|--------|
| | Year 1 | Year 2 |
| Monthly Client Count | 40 | 60 |

| Proportion of Clients Receiving Service | Assessment Program | |
|---|--------------------|--------|
| | Year 1 | Year 2 |
| Integrated MH and SU Intake Assessment (State Plan) | 100% | 100% |
| Behavioral Health Screen (State Plan) | 100% | 100% |

| Annual Client Count per Service | Assessment Program | |
|---|--------------------|--------|
| | Year 1 | Year 2 |
| Integrated MH and SU Intake Assessment (State Plan) | 480 | 720 |
| Behavioral Health Screen (State Plan) | 480 | 720 |

The Assessment Supervisor position is based in Wasilla and is not included in the financial model. In Year 1, the staffing plan includes hiring a new assessor clinician with contracted assessment support, and assuming program growth, adding an additional clinician in Year 2.

Mobile Outreach Team (MOT)

Estimates for MOT services suggest approximately 48 contacts per day while staff are in Anchorage, based on 3,753 annual contacts divided across 78 Anchorage service days in 2025. We anticipate the overall level of need to remain stable or potentially decline over time as more individuals successfully exit homelessness. In 2025, with an average of 1.5 days per week spent in Anchorage, the team provided billable services to 64 individuals. When the MOT expands to four days per week, it is estimated that they will increase the number of individuals engaged in billable services to 168 in year 1. The MOT service will be staffed by two peer support specialists who provide homeless outreach in conjunction with the Anchorage Police Department HOPE Team

| Program Availability | Mobile Outreach Team |
|----------------------|----------------------|
| # of weeks per year | 52 weeks |
| # of days per week | 4 days |

| Program Episodes | Mobile Outreach Team | |
|---|----------------------|--------|
| | Year 1 | Year 2 |
| Daily Outreach Contacts | 45 | 45 |
| Annual Outreach Contacts | 9360 | 9360 |
| Annual Individuals Served (Billable Contacts) | 168 | 168 |

| Proportion of Clients Receiving Service | Mobile Outreach Team | |
|--|----------------------|--------|
| | Year 1 | Year 2 |
| Crisis Stabilization (State Plan) | 90% | 90% |
| Peer-Based Crisis (I115 Waiver) | 10% | 10% |
| Screening, Brief Intervention and Referral to Treatment (State Plan) | 100% | 100% |
| Behavioral Health Screen (State Plan) | 100% | 100% |

Peer Navigation

The Mat-Su Launchpad saw an average of 30 visits per week in 2025, with 19,643 units of crisis stabilization billed between April and December of 2025, or an average of 3.19 hours per visit. Wanting to be conservative during the first year, True North estimates 15 billable visits per week during year 1 of Anchorage Launchpad operations, growing to 35 billable visits per week in year 2. Unique clients served assumes an average of three visits per client. Staffing to support peer navigation services will include two Crisis Peers/Crisis Case Managers in year 1, and a third in year 2 as volume increases.

| Program Episodes | Peer Navigation | |
|--|-----------------|--------|
| | Year 1 | Year 2 |
| Annual Crisis Episodes (Initial + Follow-Up) | 780 | 1820 |
| Weekly Crisis Episodes (Initial + Follow-Up) | 15 | 35 |
| Unique Clients Served | 260 | 607 |
| Average Daily Episodes | 3 | 7 |

| Proportion of Clients Receiving Service | Peer Navigation | |
|---|-----------------|--------|
| | Year 1 | Year 2 |
| Crisis Stabilization (State Plan) | 100% | 100% |
| Behavioral Health Screen (State Plan) | 100% | 100% |
| Screening Brief Intervention and Referral to Treatment (State Plan) | 100% | 100% |

| Episodes per Service | Annual Episodes per Service | Annual Episodes per Service |
|---|-----------------------------|-----------------------------|
| | Year 1 | Year 2 |
| Crisis Stabilization (State Plan) | 780 | 1820 |
| Behavioral Health Screen (State Plan) | 260 | 607 |
| Screening Brief Intervention and Referral to Treatment (State Plan) | 260 | 607 |

Outpatient/Medical Services

These services are not included in the financial model, as no new positions are anticipated at this time. However, these services will generate billable revenue for the overall program. Services are expected to include a mix of in-person nursing and telehealth provider support. Annual enrollment assumes OP services lasting 90–120 days and IOP lasting about 90 days.

| Outpatient Services | Year 1 Point in Time | Year 1 Annual Clients |
|--|----------------------|-----------------------|
| Outpatient Services ASAM 1.0 Individual (Telehealth) (1115 Waiver) | 12 | 48 |
| Outpatient Services ASAM 1.0 - Group (1115 Waiver) | 12 | 48 |
| Intensive Outpatient ASAM 2.1- Individual (Telehealth) (1115 Waiver) | 24 | 96 |
| Intensive Outpatient ASAM 2.1- Group (1115 Waiver) | 24 | 96 |
| Psychotherapy, Individual (State Plan) | 20 | 60 |
| Psychotherapy, Group (State Plan) | 10 | 60 |

Looking Ahead

True North Recovery's proposed Anchorage Launchpad represents a strategic expansion designed to meet clear community needs with proven, data-informed programming. The financial model and staffing plan together outline a sustainable framework for bringing rapid assessment, peer navigation, and coordinated outreach services to Anchorage. With support from diverse funding sources, the Launchpad will strengthen access to behavioral health services and improve care transitions for some of Anchorage's most vulnerable residents.

Appendix

SUD and WM Research

Key Terms & Metrics for SUD & WM

To understand what services are needed in Anchorage, a search for benchmark metrics that are used when assessing SUD and WM was conducted. Below are some of the key metrics identified for assessing service needs within a community:

| Measure | Why It Matters |
|--|---|
| Beds per 100,000 population | A basic capacity benchmark: how many beds are available relative to population size. |
| Occupancy / Utilization rate (e.g. % of beds in use) | Helps assess whether existing capacity is sufficient, under-utilized, or overburdened. Common targets are less than 100% (ideally ~ 80-90%) to allow flexibility. |
| Wait times / Demand vs Supply | How long do people wait to get admitted, how many requests go unmet, transfers, etc. |
| Average Length of Stay (ALOS) | Affects how many people a bed can serve over time. |
| Intensity levels / Levels of care (e.g. ASAM levels 3.2, 3.3, 3.5 etc.) | Some people need more intensive/residential/detox beds; others need lower intensity. Intensity level and need should be factored in. |

Literature Review

A literature review was completed to identify studies where the key benchmarks for services were utilized, and to inform what key considerations were used in the studies to assess service capacity and unmet need. The following studies and key info were gathered from this review:

| Location / Study | Observed or Needed Beds per 100,000 | Study / Source |
|---|---|--|
| Oregon (residential SUD treatment) | ~ 32.44 beds per 100,000 in current capacity; projected to ~ 33.48 per 100,000 with new beds. Using a literature benchmark (Sacramento County etc.), Oregon estimated need of ~ 44.45 beds per 100,000 | Oregon Heath Authority Behavioral Health Residential+ Facility Study |

| | | |
|---|---|---|
| Merced, San Joaquin, & Stanislaus Counties, CA | Actual adult SUD treatment bed capacity: ~ 7 beds (ASAM 3.5 high-intensity), ~ 17.7 beds (moderate/low intensity), plus ~ 4.3 beds for residential detox (all per 100,000 adults). Total ~ 27-30 beds per 100,000 actual vs literature benchmarks of ~ 42.7-46.2 per 100,000 adults. | Psychiatric and Substance Use Disorder Bed Capacity, Need, and Shortage Estimates in California: Merced, San Joaquin, and Stanislaus Counties |
| Sacramento County, CA | Existing ~ 19.6 beds/100,000 adults for high intensity (ASAM 3.5), ~ 15.8 beds/100,000 for moderate-low intensity (ASAM 3.3), ~ 6.5 beds/100,000 for residential detox (ASAM 3.2). Total needed estimated ~ 34.7 per 100,000 adults. Literature benchmarks ~ 42.7-46.2 | Psychiatric and Substance Use Disorder Bed Capacity, Need, and Shortage Estimates in Sacramento County, California |
| Kentucky | Around 70-78 residential designated SUD beds per 100,000 population — among highest in U.S (Kentucky) Alaska - 56 | States ranked by substance use treatment beds by population |
| Ontario, Canada (residential addiction treatment) | ~ 10 beds per 100,000 across the province; regional variation (some regions ~ 34 beds/100,000; others much lower) for general residential addiction treatment. | An environmental scan of residential treatment service provision in Ontario |
| Santa Clara County, California | Findings for psychiatric bed capacity, SUD treatment bed capacity, psychiatric bed need, SUD bed need, SUD treatment gaps, hard to place populations, and out of county residents | Psychiatric and Substance Use Disorder Bed Capacity, Need, and Shortage Estimates in Santa Clara County, California |
| Kansas | Extensive data to support a statewide assessment The Three Horizons Framework used as a common platform to help many disparate partners understand challenges in addressing SUDs, establish a shared vision for the future, and identify innovative solutions. It is an effective tool for individuals and organizations to explore change over time in a way that facilitates collective action | United to Transform: A Comprehensive Statewide Needs Assessment of Substance Use Disorder (SUD) Systems and Related Work in Kansas |

| | | |
|--------------------------------|--|---|
| US | | Benchmarks for Needed Psychiatric Beds for the United States: A Test of a Predictive Analytics Model |
| US | | Inpatient psychiatric bed capacity within CMS-certified U.S hospitals, 2011–2023: A cross-sectional study |
| US | An absolute minimum of 30 beds per 100,000, an optimal number of 60 beds per 100,000 More details about calculations and bed type | Treatment Advocacy Center: Estimating Psychiatric Bed Need in the United States |
| US & State Specific | | Count and Rate per 100,000 of Mental Health Treatment Facility Beds, By Type |

Common Benchmarks for Planning

From the information identified in the literature review, some commonly utilized and cited benchmarks for assessing service capacity are:

- 40-50 beds per 100,000 adults for comprehensive residential SUD treatment (including high-intensity, moderate, detox) appears in several studies as a “sufficient” goal in U.S. contexts. (E.g. benchmarks like ~42.7-46.2 beds/100,000 in CA studies.) [California Example](#)
- Lower in some rural or less densely populated regions — sometimes in the 20-30 beds/100,000 range (actual supply often there). But these often come with longer wait times, higher utilization, etc.
- For specific levels of care, benchmarks for high-intensity residential (ASAM 3.5) may be around **5-20** beds per 100,000 adults, depending on severity and needs; plus additional beds for moderate/low intensity and detox. ([CA counties](#) and [Sacramento analysis](#).)