PEER-RUN RECOVERY ORIENTED PROGRAM RFP 19899

Proposal Title: Proposal to Expand Peer Recovery Support Services Submitted by: Alaska Behavioral Health

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Submitted to: Valette Keller, Procurement Officer Alaska Mental Health Trust Authority

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Date: 05/22/2026

Anchorage Community Mental Health Services, Inc. dba Alaska Behavioral Health satisfies the required criteria for eligibility to apply for RFP 19899. Alaska Behavioral Health is registered as a non-profit corporation in good standing with the Alaska Department of Commerce, Community, and Economic Development, and maintains current 501(c)(3) tax-exempt status with the Internal Revenue Service. Business License 2106390

Alaska Behavioral Health (AKBH) is a SAMHSA-recognized and Certified Community Behavioral Health Clinic and is submitting our proposal to strengthen our peer support services that we believe can positively impact the lives and recovery of clients we serve. AKBH currently operates a peer staffed drop-in center in downtown Anchorage, that is partnered with a comprehensive behavioral health and medical clinic. This proposal will expand peer-led engagement and supportive services to individuals who experience mental illness and substance use disorders, ages 18 and older. Service expansion will include increasing in-person peer-led groups and recovery coaching, supporting individuals with accessing the services that they need to maintain recovery, whether these are services that we provide or those with community partners that these individuals may need linkage to. All services that AKBH provides are trauma informed and focus on the belief that all individuals can experience recovery and wellness.

AKBH meets the definition of a peer and consumer operated organization as it is led and operated by individuals who identify as peers and use their lived experience to inform the daily operations of our organization. **54% of Alaska Behavioral Health staff members** identify as peers, reporting that either they or a family member have been a recipient of behavioral health services. Additionally, **73% of the Board of Directors** self-identify as peers.

AKBH currently operates our Peer Lounge Drop-in Center in Anchorage at 1231 Gambell Street, on the second floor. The lounge is open Monday – Friday, 8 am to 3 pm and is staffed by peer support specialists. The drop-in center offers access to some basic needs including showers, laundry, food and a clothing closet. Peer support specialists are available to support individuals in accessing resources for housing, income and benefits, as well as a supportive environment for social interactions. Therapy, case management, psychiatry and primary care services are also provided by scheduled appointment or frequently on a walk-in basis, out of the clinic space on both the second and third floors of the same building. Access to the center is open to both current Alaska Behavioral Health clients, and those who are interested in engaging in services and becoming clients. The Peer Lounge was developed based on consistent feedback from clients, peers, and staff of Alaska Behavioral Health.

Program Goals:

1. Improved client outcomes
    - Serve 750 unduplicated clients in FY27
    - Daily Engagement and Clinical groups
    - Clients will have increased access to needed resources to meet needs for daily living.
    - Clients will have increased access to education, employment and housing services and resources.
    - Clients will have a decrease in score on the Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder Assessment (GAD-7) indicating decrease in depression and anxiety symptoms and PTSD Checklist (PCL-5).
    - Client will Improvements in Daily Living Activities (DLA-20) scores indicating improvement in participant functioning.

2. Improved usage and capacity for peers within AKBH
    - AKBH will hire and train at least 5 peers to support this project
    - AKBH will support peer staff in making progress toward certification as a Peer Support Specialist
    - AKBH will provide training in evidence-based practices (EBPs) to peers working at the drop-in center
    - AKBH will develop existing peers to take on peer lead or supervisor role
    - AKBH will develop a clinical supervision process for supporting peers in developing clinical skills
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3. Ongoing quality improvement of peer led services at AKBH
    - AKBH will hold Quarterly Client Feedback sessions to improve client satisfaction and receive client feedback
    - AKBH will use Pulse for Good system to elicit client feedback about services
    - AKBH will analyze client outcome measures to both inform treatment recommendations but also aggregate data to inform programming

Program Services:

As noted above, AKBH already operates a peer led drop-in center in Anchorage; this proposal is an expansion of the services already offered within the center.

The first expansion is the development and expansion of peer led groups offered daily within the center. There will be a daily engagement group open to all and any individuals, whether they are clients or not. This group will focus on some basic coping strategies and also a tool for peer staff to be able to establish rapport and connections with those who are not yet clients. This project will also allow an expansion of peer led clinical group, targeting ongoing clients of AKBH. These groups will be focusing on peer support, recovery coaching

and the development of skills. These groups will be trauma informed and clinically informed by evidence-based practices that AKBH currently uses including Dialectical Behavioral Therapy (DBT) and Cognitive Behavioral Therapy for Psychosis (CBT-p). With this expansion, most groups will be provided at the drop-in center, however the it would also allow some community-based groups where participants could be supported in accessing community resources for employment, housing, education and health care. AKBH staff will maintain their close relationships with other local health care and service providers to assist with coordinating care for clients. AKBH will also continue outreach efforts with these providers, so they know about the services that we provide. The engagement groups will be non-billable groups while the clinical groups will be billable through Medicaid, which AKBH has a long history and experience with. All peer led groups will be provided in person. Groups will be staff by two peers, with additional clinical staff, including case managers and clinicians, covering if peer staff are unavailable due to leave or illness.

The second part of the expansion of peer services and how we support our peer staff with AKBH. All staff hired will be supported through ongoing training, including the 40-hour peer training that AKBH has developed as part of assisting peers in developing professional skills but also in their development in becoming certified through the state of Alaska. Staff will also be provided with weekly training and clinical supervision by senior clinical staff (ex. Clinical managers/directors, Senior Licensed Clinicians). This support will provide clinical knowledge as well as allowing them space to develop strategies to best support the individuals in our care. Last, we want to develop peer leadership within the program. This may be the elevation of a formal supervisor/manager position or providing leadership opportunities for staff that may want to pursue further education, promotion or other professional development.

The third part of the expansion is enhancing AKBH's ongoing process improvement; data collection, data analysis, and integrating data in decision-making. AKBH will collect data from several different sources. Clients will be directly involved through client satisfaction surveys(Pulse for Good system), quarterly client feedback listening sessions and completing assessment measures as part of ongoing treatment. Peer staff will also have a role in providing feedback on the direction of the program through AKBH Performance Quality Improvement (PQI) process. Clinical records will be used to collect data from clinical services provided with regard to client progress. AKBH employs two Healthcare Analysts that will be supporting the team with analyzing this data and reviewing it with teams in support of making wise data driven decisions.

Program Evaluation:

1. Improved client outcomes
    - How Much
        - 750 unduplicated clients served in FY27

        - 1 daily outreach and 1 daily clinical group
    - How Well
        - 100 non-clients in outreach groups become clients
        - Over 65% positive feedback on group services
    - Better Off
        - Over 65% of clients participating in groups show clinical improvement on assessment measure (PHQ-9, GAD-7, PCL-5, DLA-20)
        - Clients' reports collected during client feedback listening sessions
2. Improved usage and capacity for peers within AKBH
    - How Much
        - At least 5 peers hired and staffing the peer drop-in center groups
        - Weekly group clinical supervision and training
    - How Well
        - All new peer staff completed peer training course in first 6 months of employment
        - All staff making progress towards state of Alaska peer certification
    - Better Off
        - Hiring and development of peer manager/supervisor
        - Completed professional development plans with all staff
        - Staff completing state of Alaska peer certification

3. Ongoing quality improvement of peer led services at AKBH
    - How Much
        - Quarterly Client feedback sessions
        - Quarterly completion of assessment measure (PHQ-9, GAD-7, PCL-5, DLA-20) by clients.
        - 300 client feedback collected in FY27
    - How Well
        - Review data monthly with staff
    - Better Off
        - Over 65% of clients participating in groups show clinical improvement on assessment measure (PHQ-9, GAD-7, PCL-5, DLA-20)
        - Clients' reports collected during client feedback listening sessions

This data will be collected by agency staff and used for internal program improvement. Program management will submit annual reports detailing trends, success/challenges and sustainability progress for submission to the funder.

Target Population and Service Area:

This project will target adults, age 18 and older, who experience mental health disorders that impact their functioning and quality of life.

Program Funding and Sustainability:

AKBH has a long history of billing Medicaid and other third party payers for services and is prepared to meet the expectations of this funding opportunity with regards. AKBH is actively billing for peer and other health care services, including case management, therapy, psychiatry and primary care. Specifically for peer staff, AKBH bills case management and peer support services from the Alaska Medicaid state plan and intensive case management and community recovery support services from Alaska's 1115 waiver plan.

AKBH has several structure in place to support billing. AKBH uses and electronic health record, Netsmart's myAvatar NX, that supports both documentation and billing. AKBH also maintains an internal billing department that supports billing as well as credentialing. Documentation and billing by peers is supported by program leadership. All staff are provided training on billing and documentation during orientation and then programs provide ongoing training and oversight. Staff documentation requires a supervisor's review and signature to ensure quality, until they have met expectations, and this expectation can be removed. Staff also participate in quarterly documentation proctoring and peer review to ensure that documentation continues to meet our standards for clinical documentation and billing.

A known challenge that AKBH continues to address is how to maximize all billing opportunities within a drop-in center. Anytime you mix engagement activities with clinical services there can be confusion about what may or may not be billable as well as what is clinically recommended. Program staff for this project will continue to address this by regularly discussing program flow and how to provide the best care for clients while billing for the services that are provided. This was part of the focus on developing increased group offerings, as we are frequently providing peer support in the center milieu but are not formally providing and documenting these services in a way that they are billable. We believe that expanding groups will provide the best opportunity to build a financially sustainable peer program, supporting some of the outreach and engagement activities that are not billable.

AKBH has no current grants or external funding supporting this project or the drop-in center. AKBH has completed a continuation application with the state of Alaska to continue a $400,000 Comprehensive Behavioral Health Treatment and Recovery grant, that supports the drop-in center including some personnel costs for current peers and other clinical staff. AKBH will continue to search out other opportunities that support this project and peer led services.

Timeline:

AKBH already employs 2.5 FTE of peer support specialists to staff the drop-in center but will need to staff up to support this project.

Quarter 1:

- Recruit and hire 2.5 FTE Peer Support specialists
- Recruit and hire 1.0 FTE Peer Support Program Manager
- Begin consistent clinical supervision
- Development of Group curricula and schedule
- Client Feedback session – Announce program expansion, get feedback on needs
- Begin groups in Month 3 of Q1

Quarter 2:

- Peer Support Specialists have completed 40-hour peer training
- Peer Support Specialists have completed professional development plans
- Continue peer led groups
- Continue clinical supervision
- Client Feedback session
- Begin using data to assess program improvement needs

Quarter 3:

- Continue peer led groups
- Continue clinical supervision
- Client Feedback session
- Continue process improvement

Quarter 4:

- Continue peer led groups
- Continue clinical supervision
- Client Feedback session
- Continue process improvement
- Prepare end-of-year data reporting
- Discussions about grant continuation

Organizational Experience and Capacity:

AKBH has been successfully operating Peer Support with CBHTR funding for the past 3 years.
Direct client feedback and increased utilization of the services available provide support for the community need and value of the location and peer support availability.
AKBH has the organizational capacity in its infrastructure, the expansion with these grant funds is focused on adding more direct support staff to meet the community demand.

Staffing plan

Complete Peer Drop-in Staffing

.10 FTE	Clinical Director – Christopher Mortenson, LCSW
1.0 FTE	Program Manager – Amy Pomeroy
5.0 FTE	Peer Support Specialists (2.5 already employed)

As this is an expansion of services, this proposal includes funding requests to fund 3.5 new FTE. 2.5 FTE will include new peer support specialists that will provide the program adequate staffing to continue peer support within the drop-in center, while expanding more consistent group offerings. These positions may be filled by internal and external applicants, and no prior experience is necessary. 1.0 FTE will be a program supervisor/manager to support this project and ongoing peer support activities. This role will be important in increasing AKBH's capacity to provide more peer support services. This role will also be responsible for working with peers to develop their own skills and professional development plans.

All current peer staff have completed the 40-hour peer training and are on-track in moving towards certification. They have all been with AKBH for over a year and are very skilled with client care.

Clinical supervision will be provided by clinical leadership. Initially it will start with Chris Mortenson, LCSW, the clinical director supporting this program. He has over 15 years of experience providing clinical supervision and 6 years supporting peer drop-in centers

As noted above, all staff complete organizational orientation within the first month of their employment. New peer staff also experience a period of on the job training in the drop-in center where they are able to observe, practice with support and then practice independently. As noted above, there is a process of training and then proctoring documentation to ensure that it is clinically appropriate as well as meeting all billing requirements. As per the project's goal, all new peer staff will complete the 40-hour peer training, within their first 6 months with AKBH. This class prepares them to be a peer support specialist, covering topics such as ethics, professionalism and clinical approach of the role.

Safety Operations

Working with clients that experience mental health disorders can be potentially risky and so AKBH has developed strategies to support both staff and clients. AKBH has building specific safety and emergency response plans to support staff and clients. AKBH is implementing a new badge/panic button system that staff will wear(Intrado), that triggers a crisis team response to the staff's location. Staff also participate in a annual crisis de-

escalation class (Crisis Prevention Institute's Non-violent Crisis Intervention) that teaches both verbal de-escalation strategies, but also physical disengagement skills. These skills support both clients and staff, as AKBH is a no restraint organization. Teams also meet and debrief daily to discuss difficult situations and strategize how to better support clients in the future. AKBH also has a monthly safety committee that supports process improvement around our buildings and clinics. Clients are also given opportunities to share concerns about safety during quarterly client feedback sessions or in client feedback surveys. The building that houses the drop-in center also has an on-site security contractor that helps support a safe and welcoming environment.

Budget Proposal

RFP	**19899 Peer-Run Recovery Oriented Program**

Instructions	1. Enter the applicant name in the space provided
	2. For each year of the program, enter a cost for personnel, grant management software, and other costs for the completion of this project in the spaces provided. Note that the grant award will be for one year. Actual program budgets and grant award for each year are at the sole discretion of the board of trustees.
	3. Provide a narrative drescription in the proposal of what is included under Other costs.
	4. In the proposal narrative, provide a list of all other relevant agency funding received and applied for.

Applicant Name	Anchorage Community Mental Health Services Inc dba Alaska Behavioral Healt

Category	**Year 1**	**Year 2**
Personnel Services	$ 295,687.50	$ 298,687.50
Travel	$ -	
Space or Facilities Costs	$ 36,000.00	$ 36,000.00
Supplies Costs	$ 5,000.00	$ 5,000.00
Equipment Costs	$ -	
Other costs	$ 89,733.00	$ 89,733.00
	$ 426,420.50	$ 429,420.50

AMHTA Peer Support Budget Narrative

Anchorage Community Mental Health Services Inc dba Alaska Behavioral Health

PERSONNEL

Clinical Team Manager:

Provides clinical and/or administrative supervision of clinical team staff, coordination of unit nursing, case management and clinical services, and program planning and development. Oversees treatment, psycho-social rehabilitation, crisis intervention, case management, and all aspects of the operation of the program including but not limited to basic support, intensive services, case management, psychiatric stabilization and rehabilitation services.

Total costs associated with the position are budgeted at $101,850 (1.0 FTEs).

Clinical Director:

Provides clinical and/or administrative supervision of clinical team staff, coordination of unit nursing, case management and clinical services, and program planning and development. Oversees treatment, psycho-social rehabilitation, crisis intervention, case management, and all aspects of the operation of the program including but not limited to basic support, intensive services, case management, psychiatric stabilization and rehabilitation services.

Total costs associated with the position are budgeted at $12,500 (0.10 FTEs).

Peer Support Specialists:

Provides services including but not limited to outreach, engagement, assessment, and evaluation. Services delivered are to assist clients in developing essential functioning skills required to achieve their greatest possible level of independent living within the community.

Total costs associated with this position are budgeted at $122,200 (2.50 FTEs).

Fringe Benefits Costs:

Fully loaded fringe benefits include health care (10%); pension (4%); long term disability (1%); FICA, ESC, and Workers Compensation (10%). Total estimated fringe benefits rate is 25%. Total fringe costs are budgeted at $59,137.50.

Total Personnel Costs: $295,687.50

FACILITY:

Utility costs for the Gambell building in 2025 were $63,814. Utility Costs for the first 4 months of 2026 are $31,409. These include natural gas, electricity, water, sewer and garbage. For the portion of the building occupied by the Peer Drop-In Center, $36,000 is requested from the grant. Additional utility costs will be funded from Medicaid, Third Party billings and other grants.

Total facility costs associated are budgeted at $36,000.

SUPPLIES:

Program supplies include activity and craft supplies; posters, pamphlets, brochures, and program related literature for distribution to clients, or community agencies; educational and reference materials for use by peer support staff and clients.

Total supplies costs associated are budgeted at $5,000.

OTHER:

IT Costs: Contractual expenses for IT support and software licenses, including Electronic Health Record, Microsoft applications, Incident Reporting and other software to complete business requirements. $7,200 is requested from the grant.

Indirect Costs:

Indirect rate is based on the most recent Federally Negotiated Indirect Cost Rate Agreement of 24.00%. Indirect cost pull includes: Administrative and general expenses including salaries and fringe benefits of administrative personnel, travel, administrative facility costs, supplies, audit, legal services, and other administrative overhead costs. This computes to $82,533 for the grant.

Total Other costs associated are budgeted at $89,733.

TOTAL ANNUAL PROPOSED BUDGET : $426,420.50