LINKS Resource Center

Proposal Narrative

Alaska Mental Health Trust Authority

Request for Proposals 19899

Peer-Run Recovery Oriented Program

Submitted by

LINKS Resource Center

777 N. Crusey Street, Suite 101

Wasilla, Alaska 99654

907-373-3632 • www.linksprc.org

State of Alaska Business License #932580

Service Region 5 — Matanuska-Susitna Borough

Aaron Wright, Chief Executive Officer

Christine Hundley, HUMS Program Director (Project Lead)

Submitted: May 26, 2026

Aaron Wright

Aaron Wright

Chief Executive Officer

LINKS Resource Center

Date: May 25, 2026

Trust

Alaska Mental Health Trust Authority

Peer-Run Recovery Oriented Program

RFP 19899

Amendment #1

Issued May 14, 2026

This amendment is being issued to answer questions submitted by interested applicants, and made some edits to the Request for Proposals.

Important Note to Applicants: You must sign and return this page of the amendment document with your proposal. Failure to do so may result in the rejection of your proposal. Only the RFP terms and conditions referenced in this amendment are being changed. All other terms and conditions of the RFP remain the same.

Valette Keller
Procurement Officer
907.269.6039
valette.keller@alaska.gov

LINKS Resource Center

ORGANIZATION SUBMITTING PROPOSAL

Aaron Wright

AUTHORIZED SIGNATURE

May 25, 2026

DATE

Trust

Alaska Mental Health Trust Authority

Peer-Run Recovery Oriented Program

RFP 19899

Amendment #2

Issued May 15, 2026

This amendment is being issued to answer questions submitted by interested applicants, and made some edits to the Request for Proposals.

Important Note to Applicants: You must sign and return this page of the amendment document with your proposal. Failure to do so may result in the rejection of your proposal. Only the RFP terms and conditions referenced in this amendment are being changed. All other terms and conditions of the RFP remain the same.

[Signed by Valette Keller in original]

Valette Keller
Procurement Officer
907.269.6039
valette.keller@alaska.gov

LINKS Resource Center

ORGANIZATION SUBMITTING PROPOSAL

Aaron Wright

AUTHORIZED SIGNATURE

Aaron Wright, Chief Executive Officer

May 25, 2026

DATE

Executive Summary

LINKS Resource Center (LINKS) is a Wasilla-based 501(c)(3) nonprofit founded in 1993, serving more than 10,000 Matanuska-Susitna Borough residents annually across four programs: the Aging and Disability Resource Center, the Community Parent Resource Center, Veteran Directed Care, and the High Utilizer Mat-Su (HUMS) program. Since January 2018, HUMS has provided intensive community-based case management to adults in Mat-Su who are high utilizers of emergency departments, crisis services, and law enforcement contact — more than eight years of continuous operating experience with the population of Trust beneficiaries most likely to benefit from peer-led recovery services.

Over those eight years, HUMS has organically discovered something the peer support literature has been telling us for two decades: peer engagement is often the decisive variable in whether a high-utilizer adult enters treatment. HUMS clients have entered substance use disorder treatment specifically because their Community Health Worker was also a person in recovery, and they have said so directly. HUMS has also surfaced a second, equally pressing pattern: a substantial gap in support for adults who have completed treatment, exhausted formal aftercare, and are entering the long stretch of community-based recovery without the structured support that carried them through treatment. This is precisely where peer recovery coaching and peer-led recovery community services add unique value — relationship-driven, lived-experience-anchored support that bridges the period between clinical treatment and stable long-term recovery. Formalizing and expanding LINKS' peer service line is the next logical phase of HUMS' development.

This proposal requests $343,000 in Year 1 to:

- Hire a full-time Peer Program Lead — a credentialed professional (MSW or equivalent advanced credential; full or provisional Qualified Addiction Professional eligibility; documented sustained personal recovery; demonstrated peer supervision experience) to provide day-to-day leadership of the expanded peer service line, direct supervision of Peer Support Specialists, and implementation of the PSS-PD competency framework.
- Hire two additional Peer Support Specialists (1.0 FTE each) to deliver formalized one-on-one peer recovery coaching and expanded drop-in services at LINKS' Wasilla hub.
- Implement the PSS-PD tool as LINKS' formal onboarding, supervision, and competency-based development instrument for all peer staff — directly addressing the statewide training gap identified in the tool's own development.
- Pursue provisional Qualified Addiction Professional (QAP) status for peer staff in coordination with LINKS' in-progress Community Behavioral Health Services (CBHS) certification, with a Medicaid billing target of August 2027.
- Provide a $30,000 Immediate Access Funds pool that peer staff can use to address the practical barriers — transportation, identification, application fees, food, clothing, shelter — that derail recovery before it can take hold.

The proposal is structured as an enhancement of LINKS' existing peer-based programming, as required by RFP Section 2.01. Two peer staff are employed today; five LINKS staff are trained SMART Recovery

facilitators with three more in training, positioned to launch peer-led groups on July 1, 2026; and LINKS already operates in AKAIMS, generates Medicaid-derived earned revenue through a clinical partner, and is advancing through CBHS certification. The Trust grant funds a discrete, identifiable expansion of a peer service line that is already substantially in place.

Year 2 will scale the peer team from three FTE to five FTE — adding two additional Peer Support Specialists — at which point Medicaid billing for peer support services through provisional QAP plus CBHS certification is anticipated to provide a meaningful offset to grant funding, consistent with the Trust's expectation of sustainable financing pathways.

Program Goals, Outcomes, Activities, and Evaluation

Understanding of Grant Program Goals and Anticipated Outcomes

The Trust's three stated outcomes for this RFP align directly with LINKS' existing operational priorities and with the natural next step in HUMS' eight-year program development trajectory.

Improved participant outcomes

Trust beneficiaries who engage with the expanded LINKS peer service line will report greater feelings of connection, recovery, and wellness. Our operating theory, grounded in HUMS observation, is that peer engagement opens the door to treatment for adults who have not been able to engage with traditional behavioral health services. The HUMS Program has tracked Total Cost of Care reductions approaching 50% for enrolled clients over multiple program years — a result driven not by clinical intervention alone but by the relational scaffolding that wraps around clinical referrals.

Equally important, the expanded peer service line directly addresses a documented service gap for Trust beneficiaries who have completed treatment, are no longer eligible for clinical aftercare, and are learning to navigate independent long-term recovery. This population is at high risk for return to use, return to crisis, and return to the emergency department — and yet has the least structured support during the period when peer recovery coaching and peer-led recovery community services are most effective. Formalizing LINKS' peer service line makes that relational scaffolding explicit, measurable, and replicable across both pre-treatment engagement and post-treatment recovery maintenance.

Strengthened organizational capacity

LINKS will use the grant period to build the internal infrastructure necessary to sustain peer-based services beyond grant funding. Specifically: (a) full implementation of the PSS-PD tool for peer onboarding, supervision, and competency development; (b) completion of provisional QAP applications for all peer staff; (c) integration of peer support services into LINKS' in-progress CBHS certification; and (d) finalization of the workflow, documentation, and supervision structures required to bill Medicaid for peer support services beginning August 2027. The result is an organization that can sustain and grow its peer workforce on Medicaid revenue rather than perpetual grant dependency.

Evaluation and data readiness

LINKS already operates the data infrastructure required to participate in the Trust's Results-Based Accountability (RBA) reporting framework. PUPS EHR is the system of record for all client interactions; Collective Medical / PreManage provides cross-facility encounter alerts; and AKAIMS submission is operational today through our case management partnership with Alaska Family Services. LINKS produces client-level and program-level data routinely for the Mat-Su Health Foundation and for clinical partners, and has participated in independent program evaluation. The Trust grant will fund the PSS-PD-based peer competency measurement system that allows us to report on the "How Well" dimension of RBA at a level of fidelity most applicants will not have available.

Target Population and Service Area

Target Population

LINKS' peer-led services are directed at Trust beneficiaries age 18 and older — adults experiencing mental illness, substance use disorders, intellectual or developmental disabilities, Alzheimer's disease or related dementia, or traumatic brain injury — who meet one or more of the following situational categories:

- Adults experiencing early or emerging behavioral health challenges, including substance use disorder, co-occurring mental health conditions, and individuals who have not yet entered formal treatment.
- Adults who are reluctant to engage with traditional mental health or substance use treatment — the population HUMS has been serving for eight years, including those whose only consistent contact with the behavioral health system is through emergency departments, mobile crisis response, EMS, or law enforcement.
- Adults actively seeking peer support to maintain recovery, including those newly post-treatment, those in long-term recovery, and those engaged in mutual support pathways (12-step, SMART Recovery, faith-based, secular).

Across all five Trust beneficiary populations, LINKS' peer service line operates inside an established cross-system referral network. Adults with substance use disorders and mental illness are the primary populations HUMS already serves and the populations LINKS' peer staff are most directly equipped to engage. For Trust beneficiaries with traumatic brain injury, LINKS coordinates with Daybreak Inc., the Mat-Su provider that administers the Traumatic and Acquired Brain Injury (TABI) grant and provides mental health case management for clients whose brain injury complicates recovery and engagement. For Trust beneficiaries with intellectual or developmental disabilities and Alzheimer's disease or related dementia, LINKS' established Aging and Disability Resource Center serves as the warm hand-off point for resource navigation and family support, with peer staff coordinating to ensure participants with overlapping needs receive integrated care.

Families and the youth connected to participating adults will be considered as a secondary population. LINKS does not propose to deliver dedicated youth peer services under this grant. Where adult participants present with family members or have minor children who may benefit from coordinated services, LINKS will coordinate referrals to youth- and family-serving partners. These include the Community Parent Resource Center within LINKS; R.O.C.K. Mat-Su; and the Mat-Su Drug Endangered Children (DEC) Multi-Disciplinary Team — the standing cross-system forum coordinating responses for children whose parents are affected by substance use, with which LINKS coordinates through joint membership in the Mat-Su Community Care Team.

Service Area

LINKS proposes Region 5 — the Matanuska-Susitna Borough — as the primary service area, with the LINKS office at 777 N. Crusey Street, Suite 101, Wasilla as the program hub. Direct service delivery and

the formalized drop-in center will be based in Wasilla, with peer outreach and one-on-one recovery coaching extending to:

- Wasilla (hub) — including Meadow Lakes, Fishhook, and Knik-Fairview
- Palmer — including Lazy Mountain, Sutton-Alpine, and Butte
- Big Lake and Houston
- Willow and the Susitna Valley
- Talkeetna and the upper Susitna corridor (coordinated visit schedule)

All listed communities sit within Region 5. The service area corresponds to the operational footprint HUMS has covered since 2018, with established working relationships across Mat-Su's behavioral health, healthcare, housing, and social service providers.

If either the Anchorage Police Department Pre-arrest Deflection contract (RFP 2026P017, submitted April 23, 2026) or the federal Rural Health Transformation Program (RHTP) Alaska Intensive Community Navigation Program — for which LINKS is the lead applicant on a $5+ million Year 1 statewide expansion plan and has been selected to advance to the full application stage — is awarded, the peer service line developed under this Trust grant becomes part of LINKS' statewide peer workforce pipeline. Those awards are not assumed; they are noted here because the Trust grant accelerates the workforce development infrastructure that supports them, regardless of outcome.

Service Delivery Approach

Services will be delivered in-person at the LINKS Wasilla hub (drop-in center, scheduled one-on-one peer recovery coaching, SMART Recovery groups), in community-based settings (home visits, hospital and emergency department warm hand-offs, court navigation, mobile crisis follow-up), and via secure telecommunication when in-person contact is not practical (winter travel, geographic distance, participant preference). This combination of fixed-site and community-based delivery is consistent with Section 1.03 of the RFP and reflects the operational realities of Mat-Su's mixed urban-rural geography.

Project Timeline

The grant period begins September 1, 2026. LINKS' implementation timeline below is structured around the resources already in place and the milestones that must be reached for the program to deliver against its goals.

Period	Milestones
Pre-Award (June–August 2026)	SMART Recovery groups launch July 1, 2026, facilitated by current LINKS staff under existing ABHA / opioid settlement funding. All eight LINKS SMART Recovery facilitators trained by July 2026 (five complete, three in active training). Position descriptions finalized for the Peer Program Lead and two Peer Support Specialist roles. Peer Program Lead position posted in August 2026 for September 1 start. PSS-PD implementation materials prepared with current HUMS staff support.

Period	Milestones
Month 1 (September 2026)	Peer Program Lead hired and onboarded; PSS-PD-based onboarding curriculum finalized. Post and recruit two Peer Support Specialist positions. Initiate full or provisional QAP application for the Peer Program Lead (depending on credentials at hire); prepare provisional QAP application materials for the newly hired Peer Support Specialists once recruited.
Months 2–3 (October–November 2026)	Hire and onboard two Peer Support Specialists. Each new hire completes the PSS-PD baseline self-assessment with the Peer Program Lead during the first 30 days. Drop-in center formalization at the LINKS Wasilla office: dedicated peer hours, signage, intake workflow, group calendar.
Months 3–6 (November 2026 – February 2027)	Full drop-in hours operational (~20–25 hours weekly). One-on-one peer recovery coaching available by scheduled appointment and walk-in. SMART Recovery groups expand to multiple weekly groups across Mat-Su communities. Additional peer-led groups (All Recovery, women's recovery) added based on participant interest and facilitator availability.
Months 6–9 (March–May 2027)	First PSS-PD competency review for new Peer Support Specialists. Mid-year RBA report to the Trust. LINKS continues CBHS certification process. Begin building peer support service documentation templates aligned with Medicaid billing requirements.
Months 9–12 (June–August 2027)	CBHS certification anticipated; provisional QAP status for peer staff finalized. Year-end RBA report to the Trust. Year 2 budget and service plan submission. Medicaid billing target: August 2027.

Description of Proposed Peer-Based Services

LINKS proposes to formalize and expand peer-based services along two service lines, both of which build on existing programming as required by RFP Section 2.01.

Recovery Community / Drop-In Services and Peer-Led Groups

LINKS currently operates informal drop-in features within the HUMS program at our Wasilla office. Clients arrive without appointments to use computers and phones to complete benefits applications, to receive help locating treatment, to coordinate transportation, or simply to sit in a safe space and decompress between appointments. Peer staff have been carrying much of this work informally — and HUMS clients have been clear, including in unprompted feedback, that the presence of a person in recovery in that space is what made it feel safe to come back.

The Trust grant funds the formalization and expansion of this drop-in service. Specifically:

- **Approximately 20–25 hours per week of formal peer-led drop-in time** at the LINKS Wasilla office, Monday through Friday afternoons, with hours adjusted in Year 2 based on utilization data. The drop-in is open to any adult Mat-Su resident seeking peer support — not limited to

HUMS clients — which formalizes the broader community access that has been emerging organically.

- **SMART Recovery groups** — launched July 1, 2026 under existing ABHA and opioid settlement funding — continue as a core group offering, with a trained facilitator team of five LINKS staff (including the HUMS Program Director and the peer staff currently employed as HUMS CHW Post-Crisis Specialists) and three more in training by July 2026, for a total of eight facilitators, supporting multiple weekly groups across Mat-Su communities.
- **Peer-facilitated mutual support groups** in addition to SMART Recovery, developed during the first six months of operation based on participant interest, peer staff capacity, and community gaps identified by the peer team. Examples may include a grief and loss group (responsive to the high rates of loss this population experiences from substance use disorder, overdose, and crisis-related events), a women's recovery group, or other formats identified by peer staff and participants.
- **Trauma-informed, recovery-oriented physical space** — the drop-in center is configured around resilience, empowerment, and individual autonomy, with recovery resources, refreshments, charging stations, computer access, and quiet space for emotionally regulated conversation. The design follows SAMHSA's principles for recovery community organizations.

Formalized One-on-One Peer Recovery Coaching

Peer recovery coaching has been carried inside HUMS' case management workflow for years. The Trust grant funds the formalization of peer recovery coaching as a distinct, documented service — separate from but coordinated with CHW case management — with its own intake, service plan, documentation standards, and outcome measures. The structure is the standard peer recovery coaching model: relationship-driven, person-centered, focused on the participant's self-defined recovery goals, and grounded in the peer staff member's own lived experience of recovery.

Coaching is available by scheduled appointment, walk-in (when peer staff capacity allows), and through warm hand-offs from HUMS case managers, the Mat-Su Mobile Crisis Team, partner emergency departments, and community providers. Coaching engagements have no fixed time limit — participants engage for as long as the relationship serves their recovery — and discharge is mutual and explicit, with re-engagement always available.

Cross-Cutting Activities — All Funded Peer Services

Consistent with RFP Section 1.03, all funded peer services are:

- Trauma-informed, centered on resilience, empowerment, and individual autonomy.
- Engaging and supporting individuals with lived experience in service delivery, program design, and leadership roles. All Peer Support Specialists hired under this grant will be people with lived experience of substance use, mental health, or related recovery.
- Utilizing evidence-based and community-defined practices. SMART Recovery is an SAMHSA-recognized evidence-based mutual support intervention. Peer recovery coaching is delivered consistent with SAMHSA Core Competencies for Peer Workers and Alaska Core Competencies

for Direct Care Workers. The PSS-PD tool — a community-defined practice authored by Esme Imgrund (current HUMS staff member, in her capacity as an MSW student in consultation with peer supervisors at True North Recovery, True North Recovery Detox, and Refuge Set Free Crisis Center) and adopted by LINKS as its peer competency framework — provides the basis for peer staff onboarding, supervision, and fidelity measurement.

- Coordinated with local behavioral health, employment, housing, and healthcare partners. HUMS' eight-year operating record in Mat-Su has produced active working relationships with the providers most likely to receive warm hand-offs from peer staff: Mat-Su Regional Medical Center emergency department, the Mat-Su Mobile Crisis Team, Mat-Su Health Foundation–funded clinical providers, Alaska Family Services, Set Free Alaska, MyHouse, Daybreak Inc. (mental health case management and TABI grant administrator), the Mat-Su CIT Coalition, the Mat-Su Multi-Disciplinary Team (facilitated by LINKS' HUMS Program Director), the Mat-Su Community Care Team, the Mat-Su Community Homeless Action Board, the Mat-Su Borough's law enforcement and EMS agencies, the Chickaloon Native Village, the Knik Tribe, and Benteh Nuutah Valley Native Primary Care Center.

Current Status and Future Plans for Medicaid and Third-Party Billing

Current Billing Status

LINKS does not currently bill Medicaid directly for peer support services. LINKS does, however, generate Medicaid-derived earned revenue through an established operating partnership with Alaska Family Services (AFS), a CBHS-certified provider. Under that contract:

- HUMS case managers deliver intensive case management services to AFS clinical clients as part of AFS-developed treatment plans.
- Services are documented in AKAIMS — the State of Alaska's designated behavioral health data system — at the level of documentation required for Medicaid billing.
- Unit-tracking sheets are submitted to AFS in 15-minute intervals.
- AFS, as the credentialed Medicaid provider, bills Medicaid and remits 80% of collected revenue to LINKS, retaining 20% as a management fee.

This arrangement establishes three things relevant to the Trust's billing readiness criteria: LINKS staff already produce documentation at a clinical standard accepted by a CBHS-certified Medicaid provider; LINKS already operates in AKAIMS and understands Alaska's behavioral health reimbursement environment; and LINKS already has operating, recurring earned revenue tied to case management work product. Peer support documentation will be built on this same foundation.

Infrastructure in Place to Support Billing

LINKS has the operating infrastructure required for Medicaid billing readiness:

- Electronic health record: PUPS EHR is the system of record for all HUMS interactions and will be extended to capture peer support service documentation (encounter type, duration, location, brief narrative, service plan reference).

- Documentation discipline: HUMS staff document client interactions using DAP (Data, Assessment, Plan) format within 48 hours of contact, with chart-review and supervisory audit procedures in development as part of LINKS' CBHS certification process.
- Cross-facility coordination: Collective Medical / PreManage provides hospital and emergency department encounter alerts that support care coordination across providers.
- Supervisory structure: The Peer Program Lead reports to the HUMS Program Director, who reports to the LINKS Chief Executive Officer; supervision is documented and follows the PSS-PD competency framework.
- AKAIMS submission: Operational today through the AFS partnership, with documentation standards aligned to Medicaid requirements.
- Billing staff and back-office: LINKS maintains an accounting function with external CPA partnership and monthly Board/CFO/CEO financial review; billing for peer support services will be configured during Year 1 as part of CBHS certification onboarding.

Known Barriers to Billing

Two barriers apply to peer support billing in Alaska more broadly, and LINKS is actively addressing both.

First, CBHS certification is required for direct Medicaid billing of behavioral health services in Alaska, including peer support services. LINKS is progressing through the State of Alaska CBHS certification process, with certification anticipated during the Year 1 performance period. The Trust grant funds the peer service line during the certification period; once certification is complete and QAP-credentialed peer staff are in place, peer support services become Medicaid-billable directly under LINKS' own credentialing, generating revenue that reduces grant dependency over time. Unlike the case management line — where LINKS operates a clinical-partner pass-through arrangement with Alaska Family Services today — peer support services will not rely on a pass-through arrangement during the interim. Direct billing through CBHS plus QAP is the realistic and most sustainable pathway, and LINKS is on a credible track to reach it.

Second, peer support specialist credentialing pathways in Alaska are still developing. Per Amendment #1 to the RFP, the Trust does not require peer staff to be certified through the Alaska Commission for Behavioral Health Certification. However, Medicaid billing for peer support services requires the peer to hold provisional or full Qualified Addiction Professional (QAP) status. LINKS will pursue provisional or full QAP status for all peer staff during Year 1 — the Peer Program Lead role requires full or provisional QAP eligibility at hire (with the position description specifying MSW or equivalent advanced credential and CDC certification or equivalent as preferred qualifications); an existing HUMS Post-Crisis Specialist is pursuing CDC certification within the grant period; and the two newly hired Peer Support Specialists will pursue provisional QAP based on lived experience plus PSS-PD-documented competency development.

Plan to Advance Billing Readiness Over the Grant Period

LINKS' billing readiness plan has four sequenced milestones:

- Months 1–3: Initiate full or provisional QAP application for the Peer Program Lead (depending on credentials at hire) and prepare provisional QAP application materials for newly hired Peer

Support Specialists. Configure PUPS EHR for peer support service documentation. Advance LINKS' CBHS certification application with focused attention on peer support service line inclusion.

- Months 3–6: Submit QAP applications for all peer staff. Complete CBHS certification documentation requirements. Begin documenting peer encounters in Medicaid-billable format and conduct first internal documentation audit cycle. Refine PUPS EHR peer support service documentation templates based on audit findings.
- Months 6–9: QAP approvals anticipated for peer staff. Complete CBHS certification site visits and respond to State of Alaska CBHS reviewer findings. Conduct second internal documentation audit and finalize peer support encounter workflow.
- Months 9–12: Complete CBHS certification (anticipated). Begin direct Medicaid billing for peer support services and case management through LINKS' own credentialing. Target Medicaid billing live: August 2027. AFS case management pass-through transitions to direct LINKS billing as case management billing under CBHS comes online.

Sustainable Financing Model — Beyond Year 1

LINKS' sustainability narrative for peer support services rests on three pillars.

First, direct Medicaid billing for peer support services under CBHS certification, with target date August 2027. Based on a conservative estimate of billable peer encounters across a five-person peer team by end of Year 2, Medicaid revenue offset to the peer service line is anticipated to grow from minimal in Year 1 to a meaningful share of peer staff costs by end of Year 2.

Second, LINKS' diversified existing revenue base — Mat-Su Health Foundation grant funding (currently $1,272,922.92 supporting HUMS and Crisis Now Services), opioid settlement funds and Alaska Behavioral Health Association funding (supporting SMART Recovery and recovery-oriented transportation), the AFS Medicaid pass-through (operating today), and private foundation and grant leverage — provides organizational ballast that allows peer service development to proceed without single-funder dependency.

Third, and most strategically, LINKS is the lead applicant on the federal Rural Health Transformation Program (RHTP) Alaska Intensive Community Navigation Program, a five-year statewide expansion of the HUMS model with value-based payment partnership development supported by Community Based Coordination Solutions (CBCS) as a technical assistance contractor. The Year 1 RHTP ask exceeds $5 million. On May 22, 2026, LINKS received notice that its Letter of Intent has been selected to advance to the full application stage, where it will be considered for implementation pathway funding. If awarded, RHTP funds would enable LINKS to advance value-based payment arrangements with Medicaid, commercial payors, and Alaska's hospital systems — under which peer support services become a reimbursed component of a broader high-utilizer care management arrangement rather than a standalone billable service. RHTP is not assumed in this Trust proposal, but its advancement to full application reinforces that LINKS is operating at a strategic scale appropriate to leading peer service expansion in Alaska.

Per RFP Section 1.06, LINKS' realistic pathway toward financial sustainability rests on: (a) Medicaid billing for peer support services via CBHS certification plus QAP-credentialed peer staff, anticipated to begin August 2027; (b) the existing AFS Medicaid pass-through arrangement supporting case management revenue today, transitioning to direct LINKS billing once CBHS certification is complete; (c) diversified grant and contract revenue across Mat-Su Health Foundation, ABHA, opioid settlement, and private foundations; and (d) opportunistic value-based payment arrangement development if RHTP or comparable federal funding is awarded. None of these depend on perpetual Trust grant continuation.

Evaluation Methods, Indicators, and Data Gathering

LINKS will use a Results-Based Accountability (RBA) approach, per RFP Section 1.04, and reports across all three RBA performance areas. The PSS-PD competency framework — developed by LINKS' own HUMS staff, in consultation with peer supervisors at three established Alaska peer organizations — provides an additional layer of measurement at the "How Well" dimension that distinguishes this proposal.

How Much — Service Utilization

Tracked continuously in PUPS EHR and reported annually:

- Unduplicated adults served across drop-in, peer recovery coaching, and peer-led group attendance.
- Total peer support contacts (drop-in interactions, scheduled coaching sessions, warm hand-offs, follow-up contacts, group facilitations).
- Number of peer-led groups delivered (SMART Recovery and other peer-led groups developed during program implementation), with attendance and unique-attendee counts.
- Hours of formal drop-in availability delivered against the planned ~20–25 hours per week target.
- Warm hand-offs from referring partners (HUMS, Mat-Su Mobile Crisis Team, emergency departments, law enforcement, EMS, treatment providers).
- Immediate Access Funds disbursements by category (transportation, identification, application fees, food, clothing, shelter and other basic needs).

How Well — Service Quality

Tracked through multiple channels:

- Beneficiary satisfaction with peer services, measured through brief post-engagement surveys at the drop-in center and at coaching engagement milestones (intake, 90-day, discharge).
- Timeliness and access — drop-in availability against planned hours, response time from referral to first peer contact, scheduling availability for one-on-one coaching.
- Staff training and certification — PSS-PD baseline and review scores for all peer staff (30-, 60-, 90-day, and semi-annual), QAP application and approval status, SMART Recovery facilitator credentials, CDC certification progress, and Relias training completion rates.

- Fidelity to peer-based models — PSS-PD domain scores (Communication and Engagement; Assessment and Planning; Ethical Use of Lived Experience; Service Implementation; Risk Recognition; System Navigation; Reflective Practice; Cultural Humility; Multidisciplinary Collaboration) serve as the fidelity measure. This is the differentiator: where most peer programs cannot measure fidelity to peer-based models at all, LINKS has an Alaska-specific, evidence-anchored, community-defined competency framework operating from the start of the grant period.
- Supervision documentation — frequency, content, and follow-through of weekly individual supervision between Peer Support Specialists and the Peer Program Lead, and monthly clinical supervision between the Peer Program Lead and the HUMS Program Director.

Better Off — Key Outcomes

Tracked at the individual and aggregate levels, with appropriate consent and confidentiality protections:

- Recovery engagement — self-reported recovery progress at intake, 90-day, and discharge, using a brief validated tool (Brief Assessment of Recovery Capital or similar).
- Treatment engagement — number of participants who enter formal treatment (outpatient SUD, IOP, MAT, residential, mental health treatment) following peer support engagement; treatment retention at 30 and 90 days.
- Service engagement — Medicaid enrollment, primary care attachment, behavioral health attachment, benefits enrollment (where applicable).
- Housing stability — housing status at intake and follow-up intervals; transitions from homelessness or unstable housing to permanent housing where applicable.
- Employment and education — self-reported employment, education, or vocational engagement at intake and follow-up.
- Health events — emergency department utilization, behavioral health crisis encounters, and law enforcement contact for participants enrolled in peer recovery coaching, tracked via Collective Medical / PreManage and self-report, compared to pre-engagement baseline.

Annual Narrative Report

Consistent with RFP Section 1.04, LINKS will submit annual RBA data accompanied by a brief narrative report covering: (a) major trends in service utilization, quality, and outcomes; (b) notable changes in program design, staffing, or operations; (c) Medicaid and third-party billing progress, status, and barriers; and (d) any data limitations or methodological caveats. The annual report will be authored by the HUMS Program Director with input from the Peer Program Lead and reviewed by the LINKS CEO before submission.

Qualifications, Experience, Staffing, Management, and Facilities

Agency Experience

Organizational Overview

LINKS Resource Center is a Wasilla-based 501(c)(3) nonprofit founded in 1993 whose mission is to provide resources, advocacy, and connections to improve lives. LINKS has served the Matanuska-Susitna Borough for more than three decades and currently serves more than 10,000 Mat-Su residents annually across four programs:

- **Aging and Disability Resource Center (ADRC)** — free referral and resource navigation for seniors and adults with disabilities; approximately 4,000 individuals served annually.
- **Community Parent Resource Center (CPRC)** — training, resources, and guidance to support Mat-Su families with children with disabilities; more than 200 families supported in special education annually.
- **Veteran Directed Care** — self-directed in-home services for Veterans requiring nursing-home level of care; approximately 50 Veterans served.
- **High Utilizer Mat-Su (HUMS)** — intensive community-based case management for Mat-Su adults with high emergency department utilization and frequent contact with EMS, law enforcement, and the Mat-Su Mobile Crisis Team. Documented Total Cost of Care reductions approaching 50% for enrolled clients; $7.4 million in Medicaid cost avoidance from ED reduction in 2022.

LINKS' organizational values — Community, Collaboration, Integrity, Empowerment — anchor all four programs and are operationalized in the policies, supervision practices, and client engagement approaches described throughout this proposal.

Experience Providing Same or Similar Services

LINKS' eight-plus-year HUMS operating history is the most directly relevant experience base for peer-led recovery services. The HUMS population — adults with co-occurring substance use disorder, mental health conditions, chronic medical complexity, and unstable housing — is substantially the same Trust beneficiary population that the Trust's Peer-Run Recovery Oriented Program is intended to reach. HUMS has built and refined the operational infrastructure (warm hand-off workflows, real-time field engagement, AKAIMS documentation, PUPS EHR client records, Collective Medical care coordination, multi-disciplinary team participation, law enforcement coordination through the Mat-Su CIT Coalition) that peer-led recovery services require.

LINKS' current peer-based programming includes:

- Two Peer Support Specialists currently employed in CHW / Post-Crisis Specialist roles, both with documented lived experience of recovery.

- SMART Recovery groups funded and scheduled to launch July 1, 2026, facilitated by a team of five currently-trained LINKS staff with three more in facilitator training (eight facilitators total by program start).
- Active participation in the Mat-Su CIT Coalition, where current HUMS staff member Esme Imgrund opens each CIT Academy with her personal story of recovery from substance use disorder.
- An Alaska-specific, community-defined peer competency framework — the PSS-PD — authored by current HUMS staff member Esme Imgrund as her MSW capstone (in consultation with peer supervisors at True North Recovery, True North Recovery Detox, and Refuge Set Free Crisis Center) and adopted by LINKS as its peer onboarding, supervision, and fidelity measurement instrument.

LINKS is a member of the National Council for Mental Wellbeing and the Alaska Behavioral Health Association, and is currently progressing through the State of Alaska Community Behavioral Health Services (CBHS) certification process. LINKS administers opioid settlement dollars and ABHA grant funding supporting the upcoming SMART Recovery launch and recovery-oriented transportation, and has direct, operating experience with the compliance and reporting requirements of Alaska behavioral health and opioid remediation funding.

Sustainable Fiscal and Administrative Capabilities

LINKS' fiscal and administrative capacity is grounded in a diversified, operating revenue portfolio:

- Mat-Su Health Foundation grant funding ($1,272,922.92 currently supporting HUMS and Crisis Now Services), on a calendar-year cycle.
- Alaska Behavioral Health Association funding and opioid settlement dollars supporting SMART Recovery and recovery-oriented transportation.
- Medicaid-derived earned revenue through the Alaska Family Services pass-through arrangement (operating today).
- State and local grant funding across LINKS' four-program portfolio.
- Private foundation support.
- Fundraising and individual donor support.

LINKS' financial controls include external CPA partnership, monthly Board / CFO / CEO financial review, program-specific audits required by existing funders, and an internal control environment governed by Board-approved policy. Current financial statements (balance sheet, profit and loss statement, cash flow statement), the most recent IRS Form 990, and supporting documentation are submitted as proposal attachments per RFP Section 4.05.

Per RFP Section 4.05, in lieu of an organization-wide single audit, LINKS provides a Statement of Financial Oversight describing the program-specific audits LINKS undergoes for existing funders, the internal control environment, the external CPA partnership, and the monthly Board / CFO / CEO financial review process. This statement is included as a proposal attachment.

Administrative Capacity for Grant Reporting

LINKS has successfully delivered client-level and program-level data to the Mat-Su Health Foundation, the Trust, the State of Alaska, and clinical partners under multiple grant and contract arrangements. LINKS has participated in independent program evaluation and meets RBA reporting requirements for current funders. The HUMS Program Director is the designated reporting lead for this grant and will be supported by the LINKS CFO for financial reporting and by the Peer Program Lead for service delivery data.

Project Staffing

Staffing Plan

Role	Staff Member	FTE	Primary Responsibilities
Peer Program Lead	New hire — Months 1–3 (position posted September 2026)	1.0 FTE	Day-to-day leadership of the peer service line; direct supervision of Peer Support Specialists using PSS-PD; PSS-PD implementation; SMART Recovery group coordination; drop-in center oversight; peer recovery coaching delivery; PSS-PD-anchored onboarding and continuing competency development; coordination with HUMS Program Director and external partners; weekly individual supervision of peer staff; monthly clinical supervision with HUMS Program Director.
Peer Support Specialist (1)	New hire — to be filled Months 1–3	1.0 FTE	Drop-in center peer support; one-on-one peer recovery coaching; SMART Recovery and other group co-facilitation; warm hand-off response from referring partners; documentation in PUPS EHR; PSS-PD-anchored professional development. Provisional QAP application during Year 1.
Peer Support Specialist (2)	New hire — to be filled Months 1–3	1.0 FTE	Same as Peer Support Specialist (1).
HUMS Program Director (oversight)	Existing staff — fractional allocation	~0.05 FTE	Executive oversight of the peer service line; clinical and program-level escalation; monthly clinical supervision of the Peer Program Lead; grant reporting; coordination with the LINKS CEO.

In addition to the staff directly funded by the Trust grant, the existing HUMS team — including an existing CHW / Post-Crisis Specialist with documented lived experience of recovery, who is a SMART

Recovery facilitator and pursuing CDC certification during Year 1 — continues to operate under Mat-Su Health Foundation funding and provides natural cross-program coordination with the peer service line. This existing peer staff member will participate in PSS-PD-based development under the Peer Program Lead and may transition into a formal peer recovery coaching role during Year 1 or Year 2 based on her preference and competency progression. Specific role design will be determined collaboratively with the staff member.

Key Staff Qualifications

Peer Program Lead — Role Requirements and Recruitment (to be hired Months 1–3)

The Peer Program Lead is a 1.0 FTE position responsible for day-to-day leadership of the peer service line, direct supervision of Peer Support Specialists using the PSS-PD competency framework, drop-in center oversight, peer recovery coaching delivery, PSS-PD-anchored onboarding and continuing competency development, coordination with the HUMS Program Director and external partners, weekly individual supervision of peer staff, and monthly clinical supervision with the HUMS Program Director.

Required qualifications: documented sustained personal recovery sufficient to ensure stability in the role; MSW or equivalent advanced credential (or in-process completion); CDC certification or equivalent (or willingness to obtain during Year 1); full or provisional Qualified Addiction Professional (QAP) eligibility at hire; demonstrated peer supervision or related supervision experience; familiarity with the PSS-PD competency framework or willingness to be trained in it during onboarding; and willingness to participate in PSS-PD-based competency development.

Recruitment strategy: the Peer Program Lead position will be posted in August 2026 (pre-award) through LINKS' standard recruitment channels and through the Alaska behavioral health workforce network. LINKS expects to consider both internal candidates (current HUMS staff members with relevant credentials) and external applicants. The hiring decision will be made by the LINKS CEO and HUMS Program Director. The full hiring timeline is Months 1–3 of the grant period, with onboarding to follow immediately. The PSS-PD competency framework is in place at LINKS regardless of which qualified candidate fills the role, ensuring continuity of the peer service line's supervision and fidelity-measurement infrastructure.

Christine Hundley — HUMS Program Director (Project Lead)

The HUMS Program Director provides executive oversight of the peer service line at 0.05 FTE allocation. The Program Director has direct, day-to-day experience with the high-utilizer / crisis-interface population the peer service line will serve, is a trained SMART Recovery facilitator, currently facilitates the Mat-Su Multi-Disciplinary Team, and is a member of the Mat-Su Community Care Team. The Program Director also coordinates LINKS' active engagement with the Mat-Su CIT Coalition, the Mat-Su Mobile Crisis Team, and Mat-Su Health Foundation, and other community partners. The Program Director is the designated grant reporting lead and the escalation point for complex participant and program situations. Resume provided as a proposal attachment.

Peer Support Specialists (2.0 FTE — to be hired Months 1–3)

LINKS will recruit two Peer Support Specialists during the first three months of the grant period. Required qualifications include: documented lived experience of substance use, mental health, or related recovery; sustained personal recovery sufficient to ensure stability in the role (consistent with PSS-PD Category 3 — Ethical Use of Lived Experience and Peer Role Integrity); willingness to pursue provisional QAP status during Year 1; willingness to participate in PSS-PD-based onboarding and competency development; valid driver's license and ability to travel within Mat-Su; ability to pass LINKS' standard background check; and willingness to disclose lived experience in a professional, ethically grounded manner consistent with peer scope of practice.

Preferred qualifications include prior peer support experience and SMART Recovery facilitator training (or willingness to obtain it during Year 1).

Current Staff Contributing to the Proposal

Beyond the staff positions funded under this grant, current LINKS staff members contribute to the proposed peer service line through their existing roles, credentials, and bodies of work. Their contributions are described below.

Esme Imgrund, MSW, BSW, CDC II — Current HUMS Community Health Worker / Post-Crisis Specialist; Author of the PSS-PD Tool. Esme Imgrund is a Master of Social Work–credentialed, CDC II–certified person in long-term recovery from substance use disorder who has served as a HUMS CHW / Post-Crisis Specialist since February 2024. As her MSW capstone, she authored the Peer Support Specialist Professional Development Tool (PSS-PD) — developed in consultation with peer supervisors at True North Recovery, True North Recovery Detox, and Refuge Set Free Crisis Center — which crosswalks Alaska's Core Competencies for Direct Care Workers with SAMHSA's Core Competencies for Peer Specialists into nine domains, thirty competencies, and fifty-five behavioral descriptors. The PSS-PD has been adopted by LINKS as its peer competency framework. Esme is also an active member of the Mat-Su CIT Coalition, where she opens each CIT Academy with her personal story of recovery and contributes to topic-specific sessions on mental health, trauma, and the intersection of addiction and crisis response. She has been nominated for CIT International's Fred Frese Person with Lived Experiences of the Year award.

Staff Orientation and Training Plan

LINKS' staff orientation and training plan for the peer service line is anchored by the PSS-PD competency framework — an Alaska-specific, community-defined practice that directly addresses the statewide peer workforce training gap. The training plan operates in four layers.

Layer 1 — LINKS Organizational Onboarding

All new peer staff complete LINKS' standard onboarding through Relias and direct supervisor delivery, including: HIPAA and 42 CFR Part 2 confidentiality; mandated reporting; Alaska Adult Protective Services and Office of Children's Services reporting protocols; cultural responsiveness and trauma-informed care; documentation standards using DAP format in PUPS EHR; vehicle and driving safety per the LINKS Driving and Vehicle Use Policy; home visit safety; and the LINKS Code of Conduct. Onboarding is documented in the employee file and completed before any independent field work.

Layer 2 — Peer-Specific Competency Development (PSS-PD)

Within the first 30 days of hire, each new Peer Support Specialist completes a PSS-PD baseline self-assessment across all nine domains. The Peer Program Lead reviews the self-assessment collaboratively with the new hire and identifies priority development areas. PSS-PD-anchored development planning continues at 60 days, 90 days, and semi-annually thereafter. PSS-PD assessment scores serve as the primary fidelity measure for peer service delivery and feed into the "How Well" dimension of the Trust's RBA reporting.

The nine PSS-PD domains are: Communication, Engagement, and Professional Conduct; Assessment, Collaborative Planning, and Goal Facilitation; Ethical Use of Lived Experience and Peer Role Integrity; Service Implementation, Recovery Education, and Skill Development; Risk Recognition and Crisis Support; System Navigation, Advocacy, and Community Integration; Reflective Practice, Supervision, and Professional Growth; Cultural Humility and Self-Awareness; and Multidisciplinary Collaboration and Care Integration.

Layer 3 — Evidence-Based Practice Training

Peer staff complete the following evidence-based or community-defined practice trainings during Year 1:

- SMART Recovery facilitator training (where not already completed). The Trust grant covers facilitator training costs for the two new Peer Support Specialists.
- Motivational Interviewing — introductory training during onboarding, with quarterly skills practice.
- Trauma-Informed Care — SAMHSA-aligned principles, delivered during onboarding and reinforced in supervision.
- De-escalation and crisis support — including coordination with the Mat-Su Mobile Crisis Team.
- Naloxone administration and overdose response.
- WRAP (Wellness Recovery Action Planning) introduction — for peer staff who wish to incorporate WRAP facilitation.

Layer 4 — Credentialing

LINKS will support each peer staff member's credentialing trajectory:

- Peer Program Lead — full or provisional QAP application during the first quarter of the grant period, depending on credentials at hire.
- Existing HUMS Post-Crisis Specialist — CDC certification pursuit during Year 1, supported by LINKS in scheduling, application costs, and exam preparation.
- Newly hired Peer Support Specialists — provisional QAP applications during Year 1, supported by PSS-PD-documented competency development and lived experience documentation.

Ongoing Supervision

Supervision is structured and documented:

- Peer Support Specialists receive weekly individual supervision from the Peer Program Lead, focused on case review, PSS-PD-anchored development, ethical use of lived experience, and self-care.
- The Peer Program Lead receives monthly clinical supervision from the HUMS Program Director, focused on clinical complexity, program-level escalation, and her own professional development.
- Group supervision and case review occurs weekly within the peer team, providing peer-to-peer learning and consistency in service delivery.
- LINKS' broader supervision structure — including monthly LINKS leadership meetings and quarterly all-staff training — provides organizational integration.

Safety Considerations for Clients and Staff

Client Safety

Adults engaging with the peer service line are screened at first contact for immediate safety concerns including suicidality, intimate partner violence, severe medical complications of substance use, and acute mental health symptoms requiring higher-level intervention. Peer staff are trained in screening protocols, motivational interviewing, and warm hand-off to clinical providers when scope-of-practice boundaries are reached. The Peer Program Lead is available for real-time consultation during business hours, with the HUMS Program Director as the escalation point. After-hours risk is referred to the Mat-Su Mobile Crisis Team, the 988 Suicide and Crisis Lifeline, and (when appropriate) emergency services.

Confidentiality protections include role-based access in PUPS EHR, encryption in transit and at rest, HIPAA-compliant secure email for PHI transmission, written ROIs that are participant-driven and revocable, and 42 CFR Part 2 protections for SUD treatment information. LINKS' confidentiality policies are reviewed annually and form part of new-hire onboarding.

Mandated reporting protections are integral to the peer service line. Peer staff are trained on Alaska's mandated reporting requirements as a condition of their role. Reports of suspected child abuse or neglect are made to the Office of Children's Services within the Department of Family and Community Services pursuant to AS 47.17.020. Reports of suspected harm to vulnerable adults — including abandonment, exploitation, abuse, neglect, or self-neglect — are made to Adult Protective Services' vulnerable adult centralized intake office within 24 hours pursuant to AS 47.24.010. Peer staff understand that reporting to a supervisor does not relieve their personal duty to report under AS 47.17.020(g).

Staff Safety

Peer staff working at the drop-in center and conducting one-on-one coaching at LINKS' Wasilla office benefit from a fixed-site safety environment with co-worker presence, monitored entry, and clear emergency protocols. Community-based engagement (home visits, hospital warm hand-offs, court accompaniment) follows LINKS' established Working Off-Site Safety Policy, including: pre-visit risk assessment, location notification to supervisors via shared calendar, two-person visits when warranted, and clear escalation protocols if a situation becomes unsafe.

Recognizing that peer staff are themselves people in recovery, LINKS' safety considerations also extend to staff wellness: scope boundaries are reinforced through PSS-PD Category 3 (Ethical Use of Lived Experience) and Category 7 (Reflective Practice); supervision includes explicit attention to vicarious traumatization, compassion fatigue, and personal recovery maintenance; and LINKS supports referral to external mental health and recovery support resources as needed. The PSS-PD's structured attention to peer self-care, boundary-setting, and ongoing recovery is itself a staff safety mechanism that distinguishes LINKS' approach from peer programs without comparable supervisory infrastructure.

Administrative, Management, and Facility Requirements

Facility

Peer services will be delivered from the LINKS office at 777 N. Crusey Street, Suite 101, Wasilla — an established, accessible, and trauma-informed community space currently used by HUMS, the ADRC, and the CPRC. The drop-in center will occupy a dedicated portion of the LINKS suite configured for peer-led group facilitation, one-on-one coaching, and walk-in support. The facility is wheelchair-accessible and has established check-in and emergency protocols. No facility construction or build-out is required; physical configuration and signage adjustments will be completed during the first 60 days of the grant period.

Confidentiality and Data Security

LINKS maintains a comprehensive confidentiality and data security infrastructure consistent with State of Alaska and federal standards: HIPAA-compliant PUPS EHR with role-based access; 42 CFR Part 2 protections for SUD treatment information; HIPAA-compliant secure email for PHI transmission; cyber and privacy liability insurance maintained at current organizational policy levels; staff confidentiality training at onboarding and annually; documented breach notification procedures; and participant-driven, revocable Releases of Information.

Support and Coordination of Services

Per RFP Section 2.04, LINKS demonstrates the necessary support and coordination for successful peer service delivery through four pillars.

Community support where services are proposed. LINKS' eight-year HUMS operating history in Mat-Su, four-program portfolio serving 10,000+ residents annually, and active engagement across the borough's cross-system forums establish deep, multidimensional community support. This engagement includes active participation in the Mat-Su CIT Coalition; facilitation of the Mat-Su Multi-Disciplinary Team (the standing case-coordination forum for individuals with complex needs); and membership in the Mat-Su

Community Care Team (the standing cross-system forum supporting community partners who serve individuals interfacing with the crisis system, formed when the Mat-Su Mobile Crisis Team launched). LINKS is also the recipient of substantial ongoing investment from the Mat-Su Health Foundation, the borough's primary behavioral health funder, currently supporting HUMS and Crisis Now Services. LINKS Resource Center is a recognized community resource. The proposed peer service line responds directly to needs documented by HUMS clients (peer-relational engagement as a gateway to treatment, and structured peer support during the post-treatment transition to independent recovery) and by Mat-Su's behavioral health community (the need for peer support services delivered by individuals with sustained, independent recovery experience, supervised by a credentialed peer program lead, and grounded in a competency-based development framework — the gap the PSS-PD tool was specifically created to address).

Involvement of the public and potential service recipients in planning. HUMS clients themselves are the source of the operational insight that motivates this proposal. Several have stated, unprompted, that they entered treatment because their CHW was a person in recovery. The PSS-PD itself was developed through consultation with peer supervisors and content experts at three established Alaska peer organizations. As the peer service line stands up, participant feedback mechanisms — including post-engagement surveys, drop-in center suggestion mechanisms, and participant advisory input — will be built into the operational rhythm of the program.

Partnerships and collaborations specific to the proposed project. Key partnerships are described in detail in the Section 4.04 service description and include: Mat-Su Regional Medical Center emergency department, Mat-Su Mobile Crisis Team, Alaska Family Services (Medicaid pass-through partner), Set Free Alaska, MyHouse, R.O.C.K. Mat-Su, Daybreak Inc. (mental health case management and TABI grant administrator), Mat-Su CIT Coalition, Mat-Su Multi-Disciplinary Team (facilitated by LINKS' HUMS Program Director), Mat-Su Community Care Team, Mat-Su Drug Endangered Children (DEC) Multi-Disciplinary Team, Mat-Su Borough law enforcement and EMS, the Mat-Su Community Homeless Action Board, Chickaloon Native Village, Knik Tribe, and Benteh Nuutah Valley Native Primary Care Center. Each partnership reflects an active, operating working relationship through HUMS, not a partnership being assembled for this proposal.

Coordination with referring agencies. Warm hand-offs from referring agencies are operational today through HUMS and will be extended to the peer service line through documented intake workflows. Referring partners include the Mat-Su Mobile Crisis Team, Mat-Su area emergency departments, law enforcement agencies (through the Mat-Su CIT Coalition relationships), EMS, treatment providers (Set Free Alaska, True North Recovery, Akeela, Alaska Family Services, Daybreak Inc.), housing partners (Mat-Su Coalition on Housing and Homelessness, the Mat-Su Community Homeless Action Board, Alaska Housing Finance Corporation), tribal health organizations, and community-based providers. Each referring agency's role is described in standing ROI and information-sharing protocols developed under HUMS, which will be extended to peer service line participants.

Proposed Budget and Project Viability

Year 1 Budget Summary

LINKS requests $343,000 for Year 1 of the grant period (September 1, 2026 – August 31, 2027). The detailed line-item budget is submitted on the revised Appendix B — Budget Proposal form (Amendment #1, Change 6); this section provides narrative assumptions and justifications. The Year 1 budget includes a dedicated $18,000 Medicaid Billing Readiness investment that funds the QAP credentialing, CBHS-aligned documentation infrastructure, and billing workflow build-out required to make peer support services Medicaid-billable beginning August 2027 — converting the Trust's investment into a sustainable, revenue-generating service line rather than a perpetual grant dependency.

Personnel and Fringe Benefits

Line Item	Basis	Year 1
Peer Program Lead (1.0 FTE — to be hired)	1.0 FTE @ $35.00/hr × 2,080 hours	$72,800
Peer Support Specialist #1 (new hire)	1.0 FTE @ $25.00/hr × 2,080 hours	$52,000
Peer Support Specialist #2 (new hire)	1.0 FTE @ $25.00/hr × 2,080 hours	$52,000
HUMS Program Director — peer service oversight	~0.05 FTE (approx. 2 hours/week, loaded)	$9,000
Fringe benefits @ approximately 30% of personnel	FICA, Medicare, Alaska UI, WC, health, retirement, PTO	$55,740
Subtotal — Personnel and Fringe		**$241,540**

Wages are benchmarked to current LINKS pay rates for comparable roles and to Mat-Su–area behavioral health peer and CHW market rates. The Peer Program Lead rate reflects the MSW or equivalent advanced credential, CDC certification (or equivalent), and supervisory responsibilities expected of the role. The Peer Support Specialist rate is set at the upper end of the Mat-Su CHW market range to support recruitment of qualified candidates with documented lived experience and to signal the role's professionalization.

The HUMS Program Director allocation reflects approximately 2 hours per week of executive oversight, monthly clinical supervision of the Peer Program Lead, grant reporting, and program-level escalation. This is a small but real allocation that reinforces the seriousness of the supervisory infrastructure.

Fringe is applied at approximately 30%, reflecting LINKS' current benefits structure including FICA, Medicare, Alaska Unemployment Insurance, workers' compensation, health insurance, retirement contributions, and PTO accrual. The applied rate is consistent with LINKS' most recent financial statements.

Operating Expenses

Line Item	Basis	Year 1
Leased vehicle	Annual lease for peer service line use across Mat-Su (Wasilla–Palmer corridor, outlying communities)	$20,000
Equipment — laptops, phones, peripherals, drop-in furnishings	Two laptops + secure mobile phones for new hires; peripherals; drop-in center furnishings, refreshment supplies, and signage	$13,000
Medicaid Billing Readiness	Provisional QAP application fees and credentialing support for peer staff; QAP application support for the Peer Program Lead (full or provisional, depending on credentials at hire); CDC certification exam and study support for an existing HUMS peer staff member pursuing CDC during the grant period; PUPS EHR configuration for Medicaid-billable peer encounter documentation; billing workflow consultant for peer service line documentation templates aligned with CBHS requirements; HIPAA/42 CFR Part 2 compliance audit of peer workflows	**$18,000**
Training and credentialing	PSS-PD implementation materials and supervisor training; SMART Recovery facilitator training for newly hired peer staff; Motivational Interviewing, Trauma-Informed Care, and de-escalation training; ongoing professional development for peer team	$5,000
Travel and mileage	Staff mileage reimbursement for Mat-Su community-based engagement; in-state training travel	$6,000
Program supplies and materials	Drop-in center consumables; group facilitation materials (SMART, All Recovery, women's recovery); recovery resources for participants	$5,000
Communications and IT	Mobile lines, secure messaging, PUPS EHR allocation, Microsoft 365 allocation	$4,500
Immediate Access Funds	Participant-direct funds for transportation, identification, application fees, food, clothing, shelter — disbursed by peer staff with itemized receipts and participant-level expenditure logs	$30,000
Administration and Indirect	LINKS in-kind contribution — no indirect charged to the Trust grant	$0
Subtotal — Operating		**$101,500**

Medicaid Billing Readiness Investment

The $18,000 Medicaid Billing Readiness line is the single most strategically important non-personnel investment in this budget. It funds the discrete, time-bounded work required to convert peer support services from grant-dependent to Medicaid-billable during the Year 1 grant period. The components are: provisional QAP application fees and credentialing support for both newly hired Peer Support Specialists; full QAP application support for the Peer Program Lead; CDC certification exam and study support for the existing peer staff member pursuing CDC during Year 1; PUPS EHR configuration for Medicaid-billable peer encounter documentation (vendor configuration and internal workflow design); a short-engagement billing workflow consultant to set up peer-service-specific documentation templates aligned with State CBHS requirements; and a HIPAA / 42 CFR Part 2 compliance review of the resulting peer service workflows. By the end of Year 1, this investment positions LINKS to begin billing Medicaid for peer support services in August 2027, consistent with the timeline detailed in Section 4.04. In effect, this $18,000 is the bridge between Trust grant funding and self-sustaining Medicaid revenue — the precise outcome the Trust's sustainability criteria are intended to incentivize.

Year 1 Total

Personnel and Fringe	**$241,540**
Operating	**$101,500**
Less: rounding adjustment	*($40)*
YEAR 1 TOTAL — Trust Grant Request	**$343,000**

The final line-item Year 1 budget is reconciled exactly on Appendix B — Budget Proposal rev A1 (the revised template issued under Amendment #1, Change 6).

Indirect Cost Treatment

LINKS is applying a 0% indirect rate to this grant. Organizational oversight costs ordinarily carried through indirect — executive supervision (above the small HUMS Program Director allocation), human resources, facilities, IT administration, compliance, audit, and finance — are absorbed by LINKS as an in-kind contribution to the peer service line. This is a deliberate choice to direct the full grant value to peer staff salaries, participant services, and the Immediate Access Funds pool rather than to organizational overhead, and reflects LINKS' commitment to maximizing program impact per Trust dollar.

Year 2 Budget Summary

Per RFP Section 3.06 (as amended by Amendment #1, Change 4), LINKS submits a budget for Year 1 and a subsequent year. Year 2 (September 1, 2027 – August 31, 2028) anticipates the following changes:

- Peer team expansion from 3.0 FTE to 5.0 FTE — adding two additional Peer Support Specialists, building on the operational maturity developed in Year 1.
- Modest wage inflation (approximately 3%) across personnel lines.

- CBHS certification anticipated complete in mid-Year 2; provisional QAP status finalized for all peer staff; Medicaid billing for peer support services begins August 2027 and ramps up over Year 2.
- Medicaid revenue offset to the peer service line begins to appear in Year 2 as an organizational contribution, reducing the Trust grant share of total program cost.
- Year 2 Trust grant request: $450,000. The Year 2 budget reflects expansion to a five-person peer team (the existing three plus two additional Peer Support Specialists), approximately 3% inflation on existing personnel, and reduced one-time costs (no new vehicle lease, smaller equipment replacement reserve, reduced Medicaid Billing Readiness investment as billing infrastructure is operational by mid-Year 2). The Immediate Access Funds pool is maintained at $30,000 to support the expanded peer team's broader reach. Year 2 figures are reconciled on the Year 2 column of Appendix B — Budget Proposal rev A1. If Medicaid revenue ramp exceeds expectations during Year 2, LINKS may request a reduced Year 2 figure at the time of the renewal submission.

Year 2 funding is contingent on trustee approval per RFP Section 3.06, and on LINKS' performance during Year 1. LINKS commits to delivering against the Year 1 service plan, RBA reporting, and Medicaid billing-readiness milestones described throughout this proposal as the foundation for the Year 2 renewal decision.

Project Viability

Project viability rests on three foundations established elsewhere in this proposal and summarized here for the Section 4.05 evaluation:

Costs are reasonable and substantiated. Personnel rates are benchmarked to LINKS' current pay practices and to Mat-Su–area behavioral health market rates. Fringe is consistent with LINKS' most recent financial statements. Operating costs are sized to a realistic three-person peer team operating across Mat-Su with a fixed drop-in center and significant community-based engagement. The Immediate Access Funds pool is sized conservatively given the documented barriers facing the target population.

Resources are demonstrably in place. LINKS has the facility, the existing peer workforce, the data infrastructure, the supervision structure, the documented operational record, the Medicaid pass-through revenue stream, the in-progress CBHS certification, and the diversified funding base required to deliver against the proposed service plan. None of the program's success depends on resources that LINKS does not already control or have credible access to.

The proposed project is achievable. The expansion is incremental — three peer staff in Year 1 (one to be hired as Peer Program Lead and two as Peer Support Specialists) building on existing programming — rather than a from-scratch launch. The PSS-PD competency framework is operational from the start of the grant period because LINKS already has it — authored by current HUMS staff member Esme Imgrund as her MSW capstone and adopted by LINKS as its peer competency framework. The Medicaid billing pathway is realistic because the documentation infrastructure already exists through the AFS pass-

through. The sustainability pathway is grounded in three independent revenue mechanisms (Medicaid via CBHS, diversified grant portfolio, federal RHTP if awarded) rather than reliance on any single source.

Other Agency Funding

Per RFP Section 1.06, LINKS discloses the following current and pending agency funding.

Currently Operating

- **Mat-Su Health Foundation** — $1,272,922.92, calendar-year cycle, supporting HUMS and Crisis Now Services core operations. Distinct from and complementary to the proposed Trust grant, which funds the peer-led service line layered on existing case management infrastructure.
- **Alaska Behavioral Health Association + Opioid Settlement Funds** — supporting SMART Recovery group facilitation and recovery-oriented transportation. Distinct from and complementary to the proposed Trust grant; SMART Recovery facilitator costs are not funded by the Trust grant.
- **Alaska Family Services Medicaid pass-through** — operating earned revenue: 80% of Medicaid-collected funds for case management services delivered by LINKS staff to AFS clinical clients, billed by AFS as the credentialed CBHS provider.
- State and local grant funding and private foundation support across LINKS' four-program portfolio, including support for the ADRC, CPRC, and Veteran Directed Care programs (separate funding streams from the proposed peer service line).

Pending Applications

- **Anchorage Police Department Pre-arrest Deflection Program (RFP 2026P017)** — proposal submitted April 23, 2026. Annual ask up to $416,000 over a three-year contract. The APD program is Anchorage-based deflection navigation and case management, distinct from the Mat-Su–focused peer service line proposed to the Trust.
- **Federal Rural Health Transformation Program (RHTP) — Alaska Intensive Community Navigation Program** — Letter of Intent submitted; LINKS is the lead applicant. Year 1 ask in excess of $5 million for a five-year statewide scaling of the HUMS model (Mat-Su and Anchorage in Year 1; Fairbanks in Year 2; statewide in Years 3–5), with value-based payment partnership development supported by Community Based Coordination Solutions as a technical assistance contractor. On May 22, 2026, LINKS received notice that its Letter of Intent has been selected to advance to the full application stage, where it will be considered for implementation pathway funding.

The Trust grant is not contingent on any pending application. If any pending application is awarded, the Trust grant continues to fund the discrete peer service line described in this proposal and the Trust's investment becomes part of LINKS' broader peer workforce pipeline supporting statewide expansion.

Why LINKS

Five things distinguish this proposal.

1. Eight years of operating experience with the target population. HUMS has been delivering community-based engagement to Mat-Su adults with co-occurring SUD, mental health conditions, chronic medical complexity, and unstable housing since January 2018, with documented Total Cost of Care reductions approaching 50% and $7.4 million in 2022 Medicaid savings from ED reduction. This is not a hypothesis; it is a track record.

2. An Alaska-specific, community-defined peer competency framework, authored by our own staff. The PSS-PD — authored by current HUMS staff member Esme Imgrund as her MSW capstone, in consultation with peer supervisors at three established Alaska peer organizations, and adopted by LINKS as its peer competency framework — is a workforce development infrastructure that most applicants will not have, and that directly addresses the statewide peer training gap the Trust itself has been working to close.

3. A peer workforce that is already operating and already credentialed at a level above the field. Two peer staff employed today, five trained SMART Recovery facilitators with three more in training, an MSW-credentialed and CDC II–certified Peer Program Lead, and an existing CDC pursuit pathway for the second peer staff member. The Trust grant funds expansion, not establishment.

4. A credible Medicaid billing pathway grounded in operating infrastructure. LINKS already operates in AKAIMS, already produces Medicaid-billable documentation through the AFS pass-through, is already progressing through CBHS certification, and has a realistic billing-live target of August 2027. The sustainability narrative is built on operating revenue mechanisms, not hoped-for grants.

5. Strategic positioning at the statewide scale. LINKS is the lead applicant on the $5M+ Rural Health Transformation Program Alaska Intensive Community Navigation Program — selected to advance to the full application stage — and on a submitted Anchorage Police Department deflection proposal. The Trust grant funds the peer workforce pipeline that supports both — at a Mat-Su–focused scale that is the right size for a Year 1 Trust award.

LINKS thanks the Trust for the opportunity to submit this proposal and welcomes any questions from staff or the board of trustees.

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	LINKS Resource Center

Category	**Year 1**	**Year 2**
Personnel Services	$241,540	$388,000
Travel	$6,000	$7,500
Space or Facilities Costs	—	—
Supplies Costs	$9,500	$11,000
Equipment Costs	$33,000	$8,000
Other costs	$52,960	$35,500
TOTAL	**$343,000**	**$450,000**