Alaska Youth and Family Network

Proposal Narrative

RFP 19899 - Peer-Run Recovery-Oriented Program

1. Applicant and Project Information

Field	Draft Response
Applicant	Alaska Youth and Family Network
Project Title	AYFN Adult Peer Recovery and Family Navigation Expansion
Project Period	September 1, 2026 - August 31, 2027
Primary Service Area	Anchorage Municipality and Mat-Su Borough
1115 Region Alignment	Region 1 - Anchorage Municipality; Region 5 - Mat-Su Borough
Amount Requested	$300,000
Primary Contact	Paul Cornils, Executive Director

2. Program Goals, Target Population, Service Area, and Project Approach

Alaska Youth and Family Network believes that children deserve to grow up safe, loved, and connected to family whenever possible. From its board of directors and leadership to its direct service and front desk staff, AYFN is a peer-run and family-run organization. Established in 1997 and recognized as a 501(c)(3) nonprofit in 2001. AYFN provides peer-supported advocacy, education, navigation, and behavioral health-related support from offices in Anchorage and the Mat-Su Valley. AYFN holds an uncommon position in Alaska's behavioral health landscape: we believe recovery and child safety are not in opposition, and that families who receive compassionate and skilled peer support can move toward both.

Adults and families come to AYFN through many pathways, including self-referral, word of mouth, court involvement, child welfare involvement, community referrals, phone calls, email, walk-ins, and social media. Some are experiencing their first wellness crisis; others have many years of involvement with behavioral health, child welfare, court, corrections, or other systems. Many arrive frightened, defensive, overwhelmed, or unsure of what they are ready to share. Some are reluctant to engage in services because they fear treatment will be used against them or will move them farther from their goal of reunification, recovery, or family stability.

AYFN's navigators use lived experience, professional training, and relational peer support to bridge that gap. Early contacts focus on getting to know the person, establishing trust, identifying the adult beneficiary's goals, and developing a plan of care that supports recovery, stability, and well-being. Each person comes with their own goals, family culture, specific needs, strengths, and reasons for caution. AYFN approaches participants with an assumption of good intent, a desire to succeed, and a need for strengths identification. We partner with them to help them achieve their goals, improve wellness, strengthen protective factors, and engage with services in ways that support their own recovery and family stability.

AYFN serves adults ages 18 and older as the primary population for this project, with particular attention to adults and young adults experiencing early or emerging behavioral health challenges, adults who have been reluctant to engage with traditional treatment, and adults working to sustain recovery. Families and youth are a natural extension of this work because recovery does not happen in isolation from the people we love. As AYFN supports the adult beneficiary, staff also help strengthen family connection, communication, and stability so that parents, caregivers, children, and youth feel heard, understood, respected, and are connected to behavioral and medical care that best fits their needs.

AYFN provides support across the full span of adulthood, including transition-aged youth ages 18-25 who are parenting, biological parents, grandparents, relative caregivers, adoptive parents, and foster parents. Many adult participants are living with mental illness, substance use disorder, traumatic brain injury, trauma histories, intellectual or developmental disabilities, domestic violence histories, or co-occurring needs. AYFN's peer staff bring lived experiences that include substance misuse recovery, mental health treatment and recovery, traumatic

brain injury, disability, traumatic life experiences, child welfare involvement, and parenting children with complex needs.

AYFN believes lived experience is an invaluable source of knowledge and insight when used ethically, professionally, and in the service of another person's goals. Our peer staff walk alongside the beneficiaries we serve, helping them find hope when circumstances feel hopeless, communicate with providers, navigate community resources, rebuild relationships, and continue working toward recovery while carrying fear, grief, frustration, and uncertainty. This is the foundation of AYFN's proposed project: adult peer recovery support that builds trust, strengthens wellness, improves service engagement, and supports safe, strong, healthy families.

Through this project, AYFN will enhance and expand existing peer-led recovery support services for adult Trust beneficiaries in Anchorage and the Mat-Su Borough. The project will increase access to one-on-one peer recovery support, family navigation, peer-led groups, drop-in and recovery connection hours, outreach, warm handoffs, and coordination with treatment and community-based supports. It will also strengthen AYFN’s internal capacity to document, evaluate, supervise, and sustain peer services, including continued movement toward Medicaid and third-party billing readiness where appropriate.

The project is designed to support three core outcomes: adult participants report greater connection, recovery support, wellness, and confidence navigating services; AYFN strengthens the internal structures needed to implement and sustain peer-based services; and AYFN improves evaluation and data readiness through structured intake, service tracking, participant feedback, and Results-Based Accountability reporting.

3. Agency Experience and Qualifications

AYFN also has an established intake and assessment structure that supports service planning, evaluation, and communication with partner systems. The organization collects ACEs information and uses the Alaska Screening Tool, Alaska CSR, Protective Factors Survey, North Carolina Family Assessment, the Ohio Brief Inventory traumatic brain injury screen, and the Trauma and Well-being Assessment. AYFN uses these tools to understand participant needs better, identify barriers, guide service planning, communicate with providers and funders, and evaluate progress over time.

AYFN uses these tools carefully and respectfully. The purpose is not to label, blame, or reduce participants to scores or diagnoses. AYFN partners with participants to help them achieve their own goals and improve wellness, while also translating needs and outcomes into the language used by providers, policymakers, funders, and other systems. This allows AYFN to preserve its peer-delivered, participant-centered approach while meeting public system expectations for data, accountability, and measurable impact.

AYFN’s staff are peers. Lived experience is not treated as symbolic; it shapes hiring, supervision, service delivery, advocacy, documentation, outreach, and engagement. AYFN has developed specialized capacity to support adults who are overwhelmed by systems, distrustful of formal services, or at risk of disengaging from care. Peer staff help beneficiaries identify goals, connect with treatment and recovery supports, navigate public systems, build practical skills, and remain engaged long enough for services to work.

AYFN has also contributed to major community initiatives, including Mat-Su Mobile Crisis Response and Community Care Teams, the Drug Endangered Children’s Program, Hello Baby, and the Family Contact Improvement Project. These partnerships demonstrate AYFN’s ability to operate as both a direct service provider and a trusted community partner in complex behavioral health and family-serving systems.

AYFN contributes to workforce and systems development through membership on the UAA Human Services Advisory Committee and the UAA Center for Human Development Family Services Training Center Advisory Committee. These roles strengthen AYFN’s connection to human services education, family services training, peer workforce development, and the broader provider community.

4. Statement of Need

Many of the adult Trust beneficiaries AYFN serves are parents and young adults who have been separated from their children through involvement with the Office of Children's Services. These adults are often living with mental illness, substance use disorder, traumatic brain injury, trauma histories, intellectual or developmental disabilities, domestic violence histories, or co-occurring needs. For many, child welfare involvement is not separate from behavioral health needs; it is one of the places where those needs become most visible and most consequential.

Many of these adults are reluctant to engage in traditional behavioral health treatment because they mistrust the systems around them and fear that acknowledging their needs will move them farther away from reunification rather than closer to it. Some believe treatment will be used against them, will create another record of failure, or will confirm the worst assumptions others already have about them. This does not mean they do not care about recovery, parenting, safety, or wellness. It means engagement must begin with trust, dignity, and a credible relationship.

AYFN's peer-delivered model is designed for this exact gap: helping adults build trust, reduce isolation, understand expectations, engage in recovery-oriented supports, and take practical steps toward wellness, stability, and safe family connection. Peer support is not a substitute for treatment, but it is often the bridge that helps adults become willing and able to enter, remain engaged in, and benefit from treatment and other services.

AYFN collects ACEs information at intake, and many adult participants report very high levels of childhood adversity, with typical scores at or above 7 out of 10 among those assessed. This level of trauma exposure reinforces the need for services that are trauma-informed, relational, peer-delivered, and centered on autonomy, resilience, and trust rather than compliance alone.

AYFN also screens for traumatic brain injury because of the high number of domestic violence survivors the organization serves. This information helps staff recognize when participants may need accommodations, repetition, concrete planning, written reminders, different pacing, or referral to additional support. AYFN also regularly serves people with intellectual and developmental disabilities and works to adapt support to the individual rather than expecting the individual to adapt to the service system.

5. Target Population and Service Area

The primary target population is adult Trust beneficiaries ages 18 and older in Anchorage and the Mat-Su Borough who are experiencing behavioral health or recovery-related needs. This includes adults experiencing mental illness, substance use disorders, traumatic brain injury, intellectual or developmental disabilities, trauma, domestic violence-related harm, or co-occurring challenges.

The project will prioritize adults who are:

- Experiencing early or emerging behavioral health challenges.
- Reluctant to engage with traditional mental health or substance use treatment.
- Seeking support to maintain recovery, wellness, housing stability, employment stability, family connection, or community participation.
- Separated from their children or working toward reunification while also addressing their own behavioral health, recovery, trauma, TBI, or disability-related needs.
- Reluctant to engage with services because they fear treatment will further separate them from their children or be used against them by systems they already mistrust.
- Experiencing high levels of childhood adversity, domestic violence-related trauma, or TBI-related barriers that affect trust, memory, organization, follow-through, communication, and safety planning.
- Parents, caregivers, or transition-age adults whose recovery and stability directly affect family and community well-being.

Although AYFN has served Alaskans from across the state since 2003, this proposal focuses on Region 1 - Anchorage Municipality and Region 5 - Mat-Su Borough, where most current Trust beneficiaries served by AYFN live. Communities served may include Anchorage, Eagle River, Wasilla, Palmer, Houston, Big Lake, Meadow

Lakes, Knik-Fairview, Butte, Willow, Sutton-Alpine, Talkeetna, and surrounding areas where AYFN has access, relationships, and service capacity.

Families and youth will be included as secondary populations when their involvement supports adult beneficiary recovery, engagement, wellness, reunification, or family stability. This distinction is important: AYFN's proposed project is adult peer recovery support, and family engagement supports the adult beneficiary's recovery and long-term stability.

6. Program Services and Enhancement

AYFN currently provides a comprehensive suite of peer-based services across two locations, designed to meet the needs of adults, parents, caregivers, and families where they are and support lasting recovery. In Anchorage and the Mat-Su Valley, AYFN offers weekly drop-in family support and recovery connection groups open to attendees without pre-registration. This removes barriers to the first, often the most difficult, step: asking for help. These groups are not incidental to AYFN's model; they are one of the organization's primary front doors. Many people who first attend without an appointment later complete intake and become fully enrolled participants because the trust established through early, low-pressure engagement becomes the foundation for everything that follows.

This project will strengthen and expand AYFN's existing peer-based services rather than establish a new program. Current services include one-on-one family navigation and peer recovery support, weekly drop-in groups, evidence-based parenting and recovery groups, individualized systems navigation, linkage to behavioral health treatment and community supports, and warm handoffs to partners. Services are available in person at AYFN's Anchorage and Mat-Su locations, in community-based settings, and through virtual options when that is the best way to reduce barriers to participation.

6.1 Drop-In Family Support and Recovery Connection Groups

AYFN's weekly drop-in family support groups serve as a low-barrier entry point for adult Trust beneficiaries who may be reluctant to engage in formal services. Participants do not have to complete enrollment before taking the first step into connection. This matters because many adult participants arrive frightened, defensive, overwhelmed, or unsure whether seeking help will support or harm their family goals. Drop-in groups create a safer first experience with support, allow participants to meet peer staff and other families, and often lead to full intake, individualized support, and longer-term engagement.

Grant funding will allow AYFN to sustain and deepen this front-door function by increasing navigator capacity, reducing wait times, expanding group frequency when staffing allows, and supporting early engagement contacts that are not yet Medicaid-billable. AYFN views this early engagement not as a peripheral activity, but as the point at which trust is built, and future outcomes become possible.

6.2 Evidence-Based and Structured Group Programming

AYFN currently offers structured group programming at both locations and uses in-person and Zoom options to reduce geographic, transportation, scheduling, and family-care barriers. These groups support adult beneficiaries by strengthening parenting capacity, reducing emotional reactivity, fostering recovery-oriented thinking, and helping participants build safer, more stable family relationships.

- Scream Free Parenting is an evidence supported skills focused parent skills driven parenting group. It is facilitated by AYFN's Anchorage navigators and addresses emotional reactivity at the root of many family conflicts. This training is accessible to parents from across Alaska and is frequently attended by Alaskans from outside of the Anchorage and Mat-Su Boroughs.

- Circle of Security is an evidence-based, proprietary curriculum and in-vivo parenting skills group facilitated by Wasilla-based navigators in accordance with curriculum standards and helps parents and caregivers build secure attachments with children. This training is accessible to parents from across Alaska and is frequently attended by Alaskans from outside of the Anchorage and Mat-Su Boroughs.

- Moral Reconation Therapy (MRT) is an evidence-based intervention and groups serve individuals working through cognitive and behavioral patterns that have contributed to system involvement, instability, or barriers to recovery. These are offered in person in both our Anchorage and Mat-Su locations.

These programs are consistent with AYFN's peer-delivered model because they are not offered as stand-alone classes disconnected from participants' lives. They are paired with relationship-based navigation, recovery support, practical problem-solving, and follow-up to help participants apply what they learn to real family, court, treatment, and community situations.

6.3 Adult Peer Recovery Coaching and Family Navigation

Family navigation is AYFN’s core service model. Navigators and peer recovery staff provide individualized, relationship-based support to adult beneficiaries. Services include recovery planning, emotional support, skill-building, wellness planning, appointment preparation, systems navigation, advocacy, warm handoffs, and linkage to treatment, housing, employment, health care, transportation, parenting support, and other community resources.

Navigators use lived experience professionally and intentionally. They help participants reduce fear of stigma, punishment, or judgment while staying focused on the participant’s own goals. For many adult participants, those goals include recovery, reunification, family stability, housing, employment, treatment engagement, and the ability to parent or care for family members safely and consistently.

6.4 Outreach, Referrals, and Warm Handoffs

AYFN receives referrals through self-referral, word of mouth, court involvement, child welfare involvement, behavioral health, community providers, phone calls, email, walk-ins, and social media. This broad access model is important because adult beneficiaries who mistrust formal systems may not enter services through traditional referral channels. AYFN treats each point of contact as a valid way to ask for help.

During the grant period, AYFN will continue coordinating with behavioral health providers, crisis response partners, child welfare partners, courts, corrections, housing resources, employment supports, health care providers, and family-serving organizations. AYFN staff will support warm handoffs rather than passive referrals, helping participants understand the purpose of services, prepare for appointments, follow through on next steps, and remain engaged when systems become confusing or discouraging.

6.5 Enhancement Through This Grant

This grant will allow AYFN to enhance and expand its existing foundation in two critical ways. First, it will fund continued and deeper delivery of current programming by increasing navigator capacity, reducing wait times, expanding access to groups and drop-in engagement, and serving more adult Trust beneficiaries in Anchorage and the Mat-Su. Second, it will support the transition to Medicaid and third-party billing, which is the most important structural step toward AYFN's long-term financial sustainability.

The enhancement is intentionally practical. AYFN will not use this funding to create a disconnected new service line. It will strengthen the services participants already use, reinforce the front door that turns first contact into engagement, and build the administrative and billing structures needed to sustain peer recovery support after the grant period.

7. Medicaid and Third-Party Billing Readiness

AYFN is actively transitioning from a primarily grant-funded organization to a Medicaid-supported behavioral health provider model. AYFN has submitted its application to become a Medicaid provider in Alaska and is awaiting approval. Once provider status is established, many of AYFN’s services are expected to align with Alaska’s 1115 Behavioral Health Demonstration Waiver service categories, including home-based family treatment, intensive case management, community recovery support services, and peer-based crisis services.

The primary obstacle to Medicaid billing is not the value or relevance of the services. AYFN already provides peer-based supports that are consistent with the intent of the 1115 waiver and the services described in this RFP. The remaining obstacles are administrative and structural: documentation workflows, staff credentialing, supervision structures, billing compliance training, revenue cycle processes, quality assurance review, and the capacity to align CareLogic documentation with third-party reimbursement requirements.

AYFN is not starting from scratch. The organization uses CareLogic as its electronic health record and has maintained documentation expectations that support service planning, accountability, and quality review. An organizational assessment conducted in 2017 by M.E. Rider and her team found that AYFN's documentation practices were at or above the level of clinical Medicaid documentation used by other providers. AYFN has intentionally maintained and taught that standard, while recognizing that Medicaid billing requires additional formalization, training, and workflow development.

AYFN has received gap operating support from the Mat-Su Health Foundation during FY26 and is pursuing technical assistance supported by the Mat-Su Health Foundation to help complete the Medicaid readiness work. During the grant period, AYFN will be working to close the remaining implementation gaps by bringing in qualified training and technical assistance, aligning current documentation practices with Medicaid billing compliance standards, strengthening credentialing and supervision tracking, and ensuring staff are current and confident in documentation expectations.

The grant will also address a specific sustainability gap created by AYFN's low-barrier engagement model. Drop-in attendees and first-contact participants are often not yet fully enrolled and, therefore, are not yet billable. However, this early engagement is one of the most important points in the service process. AYFN's experience shows that trust built during these first contacts frequently leads to full intake, longer-term participation, and stronger service engagement. Grant funds will help cover this nonbillable front-door work while AYFN completes the transition to Medicaid billing and builds a sustainable financing model.

During the grant period, AYFN will advance the following Medicaid and third-party billing readiness milestones:

- Complete Medicaid provider enrollment steps and update the Trust on approval status, barriers, and timelines.
- Map current peer recovery, family navigation, group, community recovery support, and care coordination activities to appropriate Medicaid or third-party billing pathways where allowable.
- Finalize service definitions, eligibility criteria, documentation workflows, and supervision expectations for reimbursable peer-delivered services.
- Align CareLogic documentation templates, review processes, and data fields with billing and reporting requirements.
- Strengthen tracking of staff credentialing, training, and supervision.
- Develop billing workflows, denial tracking, revenue cycle procedures, and internal quality assurance processes.
- Train staff on Medicaid documentation, confidentiality, boundaries, service authorization requirements, billing compliance, and the ethical preservation of peer role clarity.
- Track barriers related to workforce capacity, administrative workload, first-contact nonbillable engagement, and rural or community-based service delivery.

AYFN’s goal is not to make peer support more clinical than it should be. The goal is to preserve the integrity of peer-delivered support while building the documentation, supervision, billing, and evaluation structures needed to sustain it. Trust funding will provide bridge capacity so AYFN can continue serving adult beneficiaries now while building the internal systems needed for long-term sustainability.

8. Evaluation Plan / Results-Based Accountability

AYFN measures outcomes using CareLogic, the organization's electronic health record system, which allows staff to record, track, and report on participant engagement from first contact through discharge. AYFN's data practices are built around a Results-Based Accountability framework and report across all three performance dimensions: How Much AYFN does, How Well services are delivered, and whether adult beneficiaries and their families are Better Off as a result. Data will be reviewed at least quarterly to identify trends, service gaps, staffing needs, documentation issues, participant outcomes, and barriers to Medicaid readiness.

At initial contact, AYFN records names, ages, community of residence, family relationships, and expressed needs. AYFN tracks participants by level of engagement, including drop-in participation, pre-engagement, full enrollment in navigation services, maintenance, transition to lesser levels of care, and discharge, along with the documented reason for each transition. This allows AYFN to produce accurate unduplicated counts of individuals served, peer support contacts, group attendance, navigation sessions, service hours, and transitions between levels of support.

Service quality and participant progress are assessed through structured intake, assessment, and follow-up tools administered at intake and at quarterly and annual intervals, as appropriate. These include the Alaska Screening Tool, Alaska Client Status Review, North Carolina Family Assessment Scale, Adverse Childhood Experiences Survey, Ohio traumatic brain injury screening tools, Protective Factors Survey, and Trauma and Well-being Assessment. Each contact is also documented using Milestones and Detours, structured notations that track progress and barriers in real time. Regular supervision is used to review documentation, assess service direction, and refine support as needed.

RBA Area	Proposed Measures	Data Sources
How Much	Unduplicated adult beneficiaries served; names, ages, community of residence, family relationships, and expressed needs at initial contact; number of peer support contacts; drop-in contacts; pre-engagement contacts; full navigation enrollments; group and class attendance; navigation sessions; contact hours; warm handoffs; referrals; transitions to maintenance, lesser levels of care, or discharge; documented reason for each transition; communities served; Medicaid readiness milestones completed.	CareLogic EHR, intake records, referral logs, drop-in logs, group sign-in sheets, class rosters, navigation records, outreach logs, project workplan, supervision records, and Medicaid readiness tracker.
How Well	Timeliness of follow-up; wait time from first contact or referral to engagement; participant satisfaction; completion of intake and follow-up tools; staff training and certification; supervision frequency; documentation review completion; fidelity to peer-based models; use of Milestones and Detours to identify progress and barriers; percentage of referrals successfully connected to services.	Satisfaction surveys, CareLogic documentation, chart reviews, training records, certification records, supervision logs, QA reports, referral tracking, drop-in conversion tracking, Milestones and Detours documentation.
Better Off	Increased connection, recovery support, wellness, confidence navigating systems, trust in support services, engagement in treatment or recovery supports, protective factors, family stability, parenting progress, housing stability, employment or education progress, and reduced isolation. Where available, AYFN will also track changes related to crisis or emergency service utilization and transitions to lower levels of support.	CareLogic reports, participant surveys, goal progress reviews, EHR notes, self-report, referral follow-up, Alaska Screening Tool, Alaska CSR, NCFAS, ACEs, TBI screening, Protective Factors Survey, Trauma and Well-being Assessment, and crisis utilization information, where available.

Because many adult beneficiaries served by AYFN are parents or caregivers whose recovery affects family stability, AYFN also tracks family-level outcomes that reflect whether services are helping adults move toward wellness, stability, reunification, and safe family connection. In the most recent reporting period, AYFN documented 19 family reunifications, 34 children returned home, 184 positive parenting outcomes, 224 positive mental health outcomes, 58 positive substance use outcomes, 68 positive employment and education outcomes, and 51 positive housing outcomes. Families in AYFN's program were engaged with more than 28 partner agencies simultaneously, reflecting the complexity of the needs navigators routinely help participants address. Additionally, 90 percent of families who participated in services achieved milestones in at least one outcome category during the reporting period.

CareLogic's reporting capacity allows AYFN to disaggregate outcomes by population, geography, co-occurring need or diagnosis where documented, and hours of service investment. These data practices are not new infrastructure; they are already embedded in AYFN's operations. This grant period will allow AYFN to build the additional reporting alignment required for Medicaid billing and third-party reimbursement, including clearer outcome documentation, billing-aligned service categories, and reporting workflows that support sustainability without compromising the peer-delivered nature of services.

9. Project Timeline

The following timeline will be finalized after the budget and staffing model are confirmed. The timeline assumes a September 1, 2026, project start date.

Period	Key Activities
September 2026	Finalize grant workplan, staff assignments, internal project structure, referral pathways, drop-in tracking, RBA data collection tools, and Medicaid readiness workplan. Confirm adult beneficiary eligibility criteria and outreach plan for Anchorage and Mat-Su partners. Begin staff refreshers on peer support, confidentiality, documentation, safety, and RBA tracking.
October - December 2026	Sustain and expand adult peer recovery coaching, family navigation, drop-in engagement, and peer-led groups. Continue ScreamFree Parenting, Circle of Security, and MRT group programming as staffing and curriculum requirements allow. Implement documentation review and supervision feedback workflows: Advance Medicaid enrollment, CareLogic alignment, credentialing/training tracking, and billing workflow design.
January - March 2027	Review first-quarter service utilization, drop-in conversion, wait-time, satisfaction, and documentation data. Adjust group schedule, outreach, referral pathways, and staffing deployment based on early results. Continue training and supervision. Test Medicaid billing workflows as provider approval and readiness allow.
April - June 2027	Continue direct services, drop-in engagement, groups, warm handoffs, and community coordination. Review How Much / How Well / Better Off data and identify areas needing improvement. Refine the sustainability plan based on service volume, staffing capacity, documentation readiness, billing status, and early revenue-cycle learning.
July - August 2027	Complete annual RBA review and narrative report. Document major trends, participant outcomes, drop-in conversion, billing readiness progress, barriers, and lessons learned. Finalize Year 2 implementation priorities and budget updates if continuation funding is available.

10. Staffing Plan

The project will be supported by AYFN's existing leadership and peer service structure. Resume Attached.

Role	Draft Responsibilities
Executive Director / Project Sponsor	Provides executive oversight, funder communication, partnership development, sustainability planning, and Medicaid transition leadership.
Program Supervisor / Peer Services Manager	Supervises direct service staff, reviews service quality, supports documentation improvement, ensures fidelity to peer values, and helps staff navigate complex service

Role	Draft Responsibilities
	situations.
Family Navigators / Peer Recovery Coaches	Provide direct adult peer support, recovery coaching, navigation, groups, drop-in support, outreach, warm handoffs, documentation, and follow-up.
QA / Documentation / Billing Readiness Support	Supports chart review, documentation quality, Medicaid readiness tracking, billing workflow development, data integrity, and compliance monitoring.
Administrative / Referral Support	Supports referrals, scheduling, records, data collection, documentation tracking, and communication with partners.

11. Staff Orientation and Training

Staff assigned to the project will receive orientation and ongoing training in:

- Peer support values and role clarity.
- Trauma-informed and recovery-oriented practice.
- Confidentiality, HIPAA, and 42 CFR Part 2, where applicable.
- Mandated reporting and duty-to-warn requirements.
- Boundaries and ethical use of lived experience.
- Documentation standards and EHR use.
- Safety planning for community-based work.
- Crisis response, de-escalation, and referral to emergency supports.
- Cultural humility and service delivery across Anchorage and Mat-Su communities.
- Medicaid billing readiness, documentation, and supervision expectations.

Training completion will be tracked and included in the RBA How Well reporting. Staff will also receive supervision and documentation feedback, reinforcing training in daily practice rather than treating it as a one-time event.

12. Safety and Confidentiality

AYFN will maintain procedures to protect both beneficiaries and staff. Services will be delivered through trauma-informed practices that emphasize participant autonomy, informed choice, confidentiality, and safety. staff will use check-in/check-out procedures for community-based visits, consult with supervisors when risk is elevated, follow agency safety protocols, and connect beneficiaries to emergency or crisis services when needed.

Client information will be maintained in accordance with applicable state and federal confidentiality standards. Staff will receive training on confidentiality, documentation, release-of-information requirements, secure communication, appropriate information sharing with partners, HIPAA, and 42 CFR Part 2, where applicable. AYFN will also use its screening and assessment information carefully so that participant needs are understood and accommodated without stigmatizing or blaming the person served.

13. Community Support and Coordination

AYFN's project will be built on existing community relationships in Anchorage and the Mat-Su. Coordination partners may include behavioral health providers, crisis response teams, housing resources, employment supports, health care providers, child welfare partners, courts, corrections, schools, family-serving organizations, and community coalitions.

AYFN's involvement in Mat-Su Mobile Crisis Response and Community Care Teams, the Drug Endangered Children's Program, Hello Baby, and the Family Contact Improvement Project demonstrates the organization's ability to coordinate across systems while preserving peer voice and family-driven practice. These partnerships will support referrals, warm handoffs, outreach, and service coordination for adult beneficiaries.

AYFN's membership on the UAA Human Services Advisory Committee and UAA Center for Human Development Family Services Training Center Advisory Committee also supports the project by connecting AYFN to workforce development, human services education, family services training, and broader systems-improvement conversations. AYFN will seek input from adult participants, family members, peer staff, and community partners throughout the project. Feedback will be used to adjust group topics, service access, outreach strategies, and referral workflows.

14. Budget Narrative

Grant funds will support direct service staffing, supervision, documentation, and billing readiness; staff training; outreach; data collection; and program operations necessary to expand adult peer recovery support services.

Personnel costs will support peer staff who provide one-on-one recovery support, family navigation, groups, drop-in support, outreach, warm handoffs, and documentation. Supervisory and quality assurance costs are necessary to maintain service quality, protect peer support fidelity, review documentation, support staff, and prepare the organization for Medicaid billing.

AYFN has applied for and anticipates receiving continuation funding from the State of Alaska, Division of Behavioral Health, Community Behavioral Health Treatment and Recovery program in the amount of $693,788 during fiscal year twenty-seven.

15. Closing Statement

AYFN is ready for this project because the organization is not starting from scratch. Since 2003, AYFN has served Alaskan parents, children, and youth from across the state, with the most current Trust beneficiaries served in Anchorage and the Mat-Su Borough. AYFN already supports adult Trust beneficiaries who need connection, recovery support, practical navigation, and help staying engaged in care while navigating behavioral health, recovery, child welfare, court, corrections, crisis, housing, and community systems.

This funding will allow AYFN to expand adult peer recovery support in Anchorage and the Mat-Su while building the Medicaid-ready infrastructure necessary for long-term sustainability. The project will improve participant connection, wellness, and service engagement; strengthen AYFN's internal capacity; and contribute to a more sustainable peer support continuum for Alaska's Trust beneficiaries.

Most importantly, this project will allow AYFN to keep doing the work it is uniquely positioned to do: meeting adults with lived experience with dignity and practical support at the very moment they are deciding whether to trust help again. When adult beneficiaries are better supported in recovery, wellness, and community connection, their families and communities are stronger as well.

Signed:  Date: May 22, 2026

Name: Paul Cornils

Title: Executive Director

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	Alaska Youth and Family Network

Category	**Year 1**	**Year 2**
Personnel Services	$ 200,272.00	$ 210,285.60
Travel	$ 2,000.00	$ 2,100.00
Space or Facilities Costs	$ 57,418.00	$ 60,288.90
Supplies Costs	$ 4,565.00	$ 4,793.25
Equipment Costs	$ 15,954.00	$ 16,751.70
Other costs	$ 19,791.00	$ 20,780.55
	$ 300,000.00	$ 315,000.00

ALASKA YOUTH and FAMILY NETWORK
AMHTA BUDGET NARRATIVE
FY27 (9/1/26 – 8/31/27)

PERSONNEL SERVICES = $200,272

Peer Support Providers (Family Navigators) 6.0 FTE – Family Navigators provide group and individual advocacy for parents of children with mental health disorders or youth who live with behavioral health challenges and are preparing for, or in transition to, independent living. Family Navigators serve all communities in the State of Alaska. (2.0 FTE requested from this grant.)

Youth Program Support / Community Outreach Specialist 1.5 FTE – This hybrid, mission-critical position supports the development and delivery of youth and family programming. The Specialist plans and implements events and weekly support groups across Anchorage and Mat-Su, while also developing curriculum, training and supporting staff, managing outreach, and building community partnerships to expand access. Through peer-based engagement, this role reduces barriers to care, builds trust, and provides direct support across agency, school, community, and residential treatment settings, ensuring consistent participation and continuity of care. Given its scope and visibility, this position consolidates responsibilities typically carried by multiple roles and is essential to maintaining program quality, access, and outcomes under current funding constraints. (.50 FTE requested from this grant.)

Administrative and Compliance Specialist 1.0 FTE – This essential, high-responsibility position supports agency operations and is filled by a peer with lived experience, strengthening engagement and responsiveness for individuals and families impacted by mental health and substance use disorders, while coordinating administrative functions, managing referrals as a primary access point to timely services, and ensuring compliance with HIPAA, 42 CFR Part 2, and state requirements. This position provides direct support to senior leadership and program staff through scheduling, reporting, writing, and data management, and offers guidance to direct service staff and other program personnel on internal systems, policies, and processes that impact service delivery. This role serves as the agency's records manager and compliance lead, manages subpoenas, and acts as a primary point of contact for legal stakeholders and community partners, ensuring accurate, timely, and compliant communication. Given its scope, visibility, and responsibility, this position is essential to maintaining compliance, protecting client information, and ensuring coordinated and equitable access to services. (1.0 FTE requested from this grant.)

Operations Manager 1.0 FTE - The Operations Manager is responsible for ensuring organizational effectiveness by providing leadership for all financial and administrative functions. In collaboration with the Executive Director, creates program budgets and grant reporting. (.10 FTE requested from this grant.)

Executive Director 1.0 FTE - The Executive Director provides the overall direction and management of AYFN. (.10 FTE requested from this grant.)

Taxes and Fringe Benefits - Taxes required by law: FICA (6.2%), Medicare (1.45%), and State Unemployment tax (1.00%). Workers' Compensation Insurance is based on the individual job description and ranges from 1% to 2.41%. Taxes and fringe benefits included in this grant are apportioned to each FTE in personnel assigned to this grant.

TRAVEL = $2,000

Alaska Youth and Family Network will use amounts not exceeding the state per-diem and federal IRS mileage rate.

Mileage - Mileage is necessary to connect with families, ensure engagement, and deliver home-based services. In addition, mileage is necessary to attend trainings and perform the other functions outlined in the grant proposal.

FACILITY = $57,418

Rent – Anchorage and Wasilla office rent, which doubles as a parent training and support group room.

Communications - Communications including main office telephone/fax, long-distance, 800 number, cell phones, internet, email, conference calls, etc. Monthly cell phone charges include unlimited texting.

Utilities and Security - Anchorage and Valley alarm monitoring and Valley office utilities, including electric, gas, water, and sewer.

Facility Repairs and Maintenance - Facility repairs and maintenance include janitorial service, professional floor cleaning, and miscellaneous repairs/maintenance.

SUPPLIES = $4,565

General Supplies and Postage - Supplies used to support AYFN staff, including general office supplies, computer supplies, cleaning supplies, and other supplies as necessary. Postage (freight) is used in daily operations and, as necessary, to disseminate information and training materials to parents and interested community members in outlying areas.

Program Expenses - Program supplies include educational games, art supplies, parenting resources, parenting class curriculum, trainer's kits, manuals, handouts, workbooks, therapy fish tank supplies, and provisions to attract youth and families to support groups. Additionally, AYFN teaches basic food preparation skills to youth.

EQUIPMENT = $15,954

Repairs, Maintenance, & Support - Maintenance and support of equipment and software, including computers, network systems, copiers, printers, telephones, and database systems. A specialized computer hardware support company will troubleshoot network and computer issues and update the website infrastructure. Additionally, the computer systems are protected by a firewall system and managed anti-virus programs. A specialized security filter maintains and protects the email and internet systems.

Records Management & Support - AYFN utilizes the certified Project Management company XPIO to manage their Carelogic electronic health record system. This system enables AYFN to effectively manage its peer-run, peer-delivered services, efficiently meet state and federal service delivery and reporting requirements, and improve the quality of care delivered through its programs, while designing reports that measure Medicaid billability.

Equipment & Software Purchase/Lease – Purchase or replace broken equipment or equipment rendered obsolete by natural attrition, including computers, monitors, printers, cell phones, small office equipment, office furniture, software licenses, etc. This includes a copier/fax/printer lease.

OTHER COSTS = $19,791

Bookkeeping, Tax Preparation, Audit, Other Professional Services - Bookkeeping, audit, and professional services include contract bookkeeping (payroll preparation, internal audit controls, accounts payable, grant reporting, etc.), and professional CPA services (tax preparation, annual audit, and year-end financial statement preparation).

Bank Fees - Fees charged to maintain bank accounts and electronically deposit employee payroll and vendor payments.

Board/Meeting Expenses - Expenses required to support the board and staff. Including, but not limited to, meeting supplies, board training/development tools, etc.

Client Needs & Supports – These funds would be used to assist families so they can deal with some of the unexpected expenses that occur when you have a child living with a mental health illness. These expenses are usually small in dollar amounts but can greatly impact the family. Requests could include bus passes, birth certificates, warm clothing, and other items for children and families experiencing temporary hardship.

Conference Registration/Staff Training – Annually, AYFN staff receive training in Crisis Prevention and Intervention and are certified in CPR/First Aid. Throughout the year, they are continually trained through Essential Learning (online peer navigation training) and utilize other training opportunities as they become available.

Dues, Subscriptions, Memberships, Fees - Dues, subscriptions, and memberships to national and state networking groups, including The Foraker Group, Alaska Behavioral Health Association, SurveyMonkey, annual payroll subscription, website hosting, Post Office box rental, etc.

Insurance - Insurance coverage includes board insurance, general property, and commercial liability.

Printing & Reproduction - Printing services are used for special projects that cannot be completed in-house, such as business cards, forms, and information handouts for families. In addition, the copier lease includes a per-page charge.

FY27 TOTAL = $300,000