RFP 19899 - Peer-Run Recovery Oriented Program

Kachemak Bay Recovery Connection Proposed Budget

Please note that the highlighted line items are corrected from the original submission. The overall total budget amounts for Year 1 and Year 2 are not affected and remain unchanged.

Section 4.05: Proposed Budget and Project Viability

See Attachment H - RFP 19899 Budget Proposal rev A1

Budget Narrative

Year 1 = $122,291.60

Personnel Services Total $58,541.60

- 1.0 FTE Peer Support Specialist: 2080 hours at $25/hour = $52,000
- 1.0 FTE Peer Support Specialist fringe benefits at 12.58% = $6,541.60

Supplies Costs Total: $7,500

- Technology (computer, etc.) for new PSS = $2,500
- Vehicle maintenance and repairs: $5,000
    - ($2,500 for regularly scheduled maintenance and potential necessary repairs, and $2,500 for estimated annual fuel costs)

Equipment Costs Total $43,000

- Mobile Recovery Unit: Used purchase from Driftwood Inn = $43,000

Other Costs Total $13,250

- Technical Assistance contract with SPBHS for Medicaid enrollment = $10,000
- Medicaid enrollment fee = $750
- Vehicle insurance - $2,500

Year 2 = $99,885.32

Personnel Services Total: $84,885.32

- 1.0 FTE Peer Support Specialist: 2080 hours at $25/hour = $52,000

- 1.0 FTE Peer Support Specialist fringe benefits at 12.58% = $6,541.60
  0.375 Admin Support (For Medicaid Reimbursement): 780 hours at $30/hour = $23,400.00
- 0.375 Admin Support fringe benefits at 12.58% = $2,943.72

Supplies Costs Total: $7,500

- Technology (computer, etc.) for new Admin Support = $2,500
- Vehicle maintenance and repairs: $5,000
    - ($2,500 for regularly scheduled maintenance and potential necessary repairs, and $2,500 for estimated annual fuel costs)

Other Costs Total: $7,500

- Technical Assistance contract with TBD for other third party billing = $5,000
- Vehicle insurance: $2,500

Kachemak Bay Recovery Connection
Response to AMHTA RFP 19899
Due: 1:30 pm, May 26, 2026

Section 4.02: Eligibility Criteria:

a) Entity # 10198992- Kachemak Bay Recovery Connection (KBRC) is listed on the State's non-profit corporation database and is confirmed as "in good standing".
b) EIN # 88-3161109 - KBRC is confirmed on the Exempt Organizations page
c) NA - KBRC is not a non-profit subsidiary

Section 4.03: Technical Requirements

Organization Information: Kachemak Bay Recovery Connection
Physical: 111 W. Pioneer Avenue
Mailing: PO Box 181
Homer, Alaska 99603

Alaska Business License #: 2160500

Current Organization Funding

ENTITY	TIME FRAME	AMOUNT
SOA Opioid Settlement Fund (year 2 of 3 years)	July 1, 2025 – June 30, 2026	$142,742.00
Homer Foundation (one time funding)	Thru September 30, 2026	$23, 508.50
Foundation for Opioid Response Efforts (year 1 of 2 years)	April 1, 2026 – March 31, 2027	$75,000.00
Small Grants & Community Donations	July 1, 2025 – June 30, 2026	$40,000.00

KBRC's FY26 budget is $298,411.30 and is primarily funded by grants although we are looking into more sustainable funding streams such as Medicaid reimbursement for Peer Support Services.

The organization is currently in its second year of a three-year $142,742/year grant from the State of Alaska's Opioid Settlement Fund and its first year of a two-year $75,000/year grant from the Foundation for Opioid Response Efforts.

Other, smaller, funding streams (both past and current) include: Homer Foundation; Recover Alaska; Kenai Peninsula Borough Opioid Settlement Fund; 100 Women Who Care; 100 Men Who

Care; Kachemak Bay Rotary Club; local churches; community donations; in-kind support; and event sponsorships.

Organizational Documents (Board roster, strategic plan, organizational chart, staff resumes) will be found in Attachments A-D.

Section 4.04 - Program Goals, Outcomes, Activities, Evaluation

Organization Background

Kachemak Bay Recovery Connection (KBRC) is a nonprofit that was formed in 2022 following a decade and a half of community-wide health needs assessments, listening sessions, and collaborative meetings that revealed that communities across the region needed greater recovery support. KBRC started as a volunteer-run Recovery Community Organization "without walls" conducting mobile outreach and recovery support at existing events and organizing their own sober events such as guided outdoor activities, sober tents at local festivals, and an annual community 5k "Run for Recovery".

In July 2024, KBRC was awarded a State of Alaska grant of $142,742 per year for three years. With these funds, KBRC was able to hire their first staff and open the first Recovery Community Center in the region–the "Living Room," located in the hub community of Homer.

KBRC's mission is "to serve as a recovery community organization for people affected by addiction, offering recovery support, access to resources, and a fulfilling connection to a sober community from Ninilchik to Nanwalek".

KBRC works to prevent opioid use disorder (OUD) and other substance use disorders (SUDs), reduce stigma and normalize recovery, connect people to treatment and care, support overdose prevention efforts, and provide recovery support. KBRC is the first and only Recovery Community Organization (RCO) in Alaska, which is especially significant for this remote region. KBRC follows national RCO standards established by the Alliance for Recovery Centered Organizations, as well as core principles and strategies from Faces and Voices of Recovery (FAVOR), a growing national network of RCOs.

KBRC currently offers both mobile and onsite in-person services including:

- Peer Support: Peer Support Specialists (PSSs) who help participants navigate recovery, connect with employment, find housing, establish healthy relationships, respond to community needs, and receive warm hand-offs from law enforcement and emergency services.
- The Living Room: With offices upstairs used for administrative purposes and private meetings with PSSs, the downstairs is open to the public five days a week for six hours a day Monday thru Friday (with food, games, coffee, resources, music, etc. - all free). It is also utilized to host events including mutual aid-type meetings, health and wellness classes, and regular meetings of local 12 step recovery groups.

- Recovery Tents: Safe, sober spaces at community events where substances are prevalent (music festivals, etc.)
- Recovery Events: Winter weekly sober lounges, recovery speaker series, outdoor excursions, etc.
- Mobile Outreach: To neighboring communities, many of which are predominantly Alaska Native and Russian Old Believer populations.
- Harm Reduction: Narcan distribution and overdose awareness classes and supplies.

Target Population & Service Area

Located within Southcentral Alaska, the state's most populous region, the southern Kenai Peninsula is home to about 15,000 people, a population that substantially swells in the summer with seasonal workers, part-time residents, and visitors. The region encompasses 16 diverse communities, including Alaska Native villages accessible only by boat or plane, remote Russian Old Believer communities that work to retain cultural separateness, and hub communities that are experiencing many of the challenges found in larger urban areas.

Since our creation in 2022, KBRC outreach and partnerships have connected us with individuals from the following communities in the region:

- Anchor Point
- Diamond Ridge
- Fox River
- Fritz Creek
- Halibut Cove
- Homer
- Kachemak City
- Nanwalek
- Nikolaevsk
- Ninilchik
- Port Graham
- Seldovia

KBRC's services are available to everyone in the region and currently our Peer Support Specialists are working one-on-one with 58 individuals who are tracked through our Recovery Data Platform. These folks are most often in the early stages of Recovery and connected to us through partnering agencies or self-referral.

KBRC has been in contact with an estimated additional 300 people who are interested in our programming, seeking recovery, or seeking recovery for a loved one. Over the last year, KBRC outreach programs have engaged just under 2,000 people. KBRC is also changing the culture of recovery in our region as gauged by growing participation in public recovery events.

KBRC has strong partnerships with a variety of community organizations including formal MOAs with a handful of local agencies. These partnerships help connect individuals in recovery to a variety of resources and supports and include:

- South Peninsula Hospital (see Attachment G. SPH LOS)
- South Peninsula Behavioral Health Services (see Attachment _. SPBHS LOS)
- Seldovia Village Tribe Health and Wellness
- Ninilchik Traditional Council Clinic
- Substance Use Disorder (SUD) treatment agencies (Set Free, Cook Inlet Counseling)
- Transitional housing entities (Freedom House)
- Law enforcement
- Representatives from the Alaska Court System

While some of these entities help connect community members to KBRC staff and services via referrals and warm handoffs, others work alongside KBRC offering wrap-around support to program participants.

Problem Statement

The Southern Kenai Peninsula has a critical lack of available and accessible recovery support services. Since 2008, five Community Health Needs Assessments (2008, 2012, 2015, 2019, 2023) conducted by the local health improvement coalition have identified substance abuse as a top factor negatively affecting community health.

KBRC serves Alaskans at high risk of and most affected by Opioid Use Disorder (OUD) and other Substance Use Disorders (SUDs). Individuals in early recovery are at high risk of relapse; about half relapse within three months after intensive treatment, many more in the first three to five years, and many overdose deaths occur during relapse. Recovery Community Organizations (RCOs) provide proven, evidence-informed recovery support that reduces relapse and overdose risk.

Since its founding in 2022, KBRC has grown from an all-volunteer effort with no facility to a staffed organization with a physical location. However, local demand for peer support already exceeds KBRC's current capacity. We receive referrals from multiple partners, but we are often unable to meet that need due to limited staff hours and the absence of an agency vehicle.

Currently, if a participant needs transportation support, the Living Room facility often must temporarily close to provide that transportation. When we do provide transportation, we are using personal vehicles and mileage reimbursement. This is an approach that is neither sustainable nor ideal. An agency vehicle will reduce risk and allow us to reliably meet a high transportation need and added staff will allow us to do that without closing our facility during business hours.

Project Goals & Outcomes

The proposed project has three goals designed to enhance and expand KBRC's peer-led recovery support services. Achieving these goals will enhance and improve access, quality, and sustainability of recovery support services across the Southern Kenai Peninsula:

1. Increase peer support capacity by hiring another 1.0 FTE Peer Support Specialist (PSS).
    - Increased staffing will expand hours, same-day availability, and coverage for walk-ins and transportation, directly improving access.
2. Purchase a Mobile Recovery Unit (MRU) to transport participants and bring services to off-site locations, including remote communities.
    - Meeting people where they are improves the quality and cultural responsiveness of care and ensures services reach those who cannot travel.
3. Pursue Medicaid reimbursement for non-clinical peer support services.
    - Medicaid billing will allow for a diversified and reliable revenue stream, significantly improving the sustainability of services beyond the grant period.

If this project is successful, KBRC will have increased the availability and accessibility of peer support on the Southern Kenai Peninsula and established a sustainable income stream via Medicaid reimbursement for those services.

MRU outreach will provide opportunities for individuals across the varied and remote communities of the Southern Kenai Peninsula to talk confidentially one-on-one with Peer Support Specialists, receive referrals to other agencies and services, and get help wherever they are in their recovery journey - whether that is support for housing, employment, or SUD assessment applications, or connection to an appropriate mutual aid group. The MRU will also bring partner resources into disparate communities, such as hard-copy materials about medication-assisted treatment or visits from counselors or other experts from partner agencies. We have already identified a 2015 Freightliner Sprinter van with 33,000 miles which is an appropriate vehicle and available for purchase to serve as our MRU for $43,000. We are familiar with this 12-person van as we rented it for several months last year and found it well-suited for transporting participants and towing our mobile outreach trailer.

We anticipate increases in the number of individuals served as well as the depth and duration of their engagement. Both data points will be measured via our Recovery Data Platform (RDP), a tool we already use. The RDP, developed by Faces and Voices of Recovery (FAVOR), allows us to measure, track, and analyze recovery outcomes, services, and recovery capital. We expect to see increased recovery capital, reduced relapse events, and more successful linkages to housing and employment.

Our Peer Support Program will be fiscally sustainable, having successfully integrated Medicaid reimbursement for Peer Support Services. With successful integration, we anticipate up to $113,940 annually in Medicaid reimbursement. This estimate is based on current PSS Medicaid state rates of $31.65 per 15-minute unit, for 20 hours per week of peer services, offered 45 weeks per year.

We plan to demonstrate these improvements and other successes via professional evaluation. We recently secured a two-year grant to engage an external evaluation firm. This timing aligns

with this proposed project and will allow us to demonstrate our effectiveness by establishing key evaluation measures and completing bi-annual and annual evaluations of those measures.

Approach

The proposed project will enhance and expand existing peer-led recovery support services across the Southern Kenai Peninsula. KBRC is currently the only entity in the region offering peer support to individuals in recovery, and our current staffing level is not sufficient to meet demand. With additional staff, we can better meet local needs and strengthen relationships with our partners.

With increased staff, we will have the capacity to keep the Living Room open to walk-ins during normal business hours while simultaneously supporting participants and partner-referred clients with transportation needs. Currently, if only a single PSS is working, we must close the facility to transport an individual.

There is no local public transportation system, and many participants lack a driver's license and/or a vehicle. We know personalized, in-person transportation is critical for people in recovery. In addition to providing local rides, we often need to transport community members 75 miles to the detox facility in Soldotna. Entering detox is a highly vulnerable stage in the recovery process and is safest with a trusted support person, not alone on a shuttle or in a taxi.

In addition to increasing staff hours, we propose to purchase a Mobile Recovery Unit (MRU). An agency-owned vehicle will have a two-fold benefit:

1. It will allow us to transport participants, whether locally to weekly food pantries or further up the road for detox; and
2. It will allow us to bring our services to various locations throughout the region.

There is no other entity available to provide local transportation specifically for people in recovery. Taxi vouchers have historically been used to meet that need but are unsustainable and impersonal. The ability to provide personalized transportation supports connection and builds trust, two critical aspects of a successful recovery journey.

The MRU will make regular visits to nearby communities and serve as a highly visible mobile hub where people can access resources and support. It will contain resources (including Naloxone kits) and supplies that support community connection, such as coffee, snacks, and toiletries. Both uses, local transport and regional outreach, will transform how we provide services and fill an unmet community need.

Additional staff hours and an MRU will allow us to truly meet people where they are by establishing regular outreach at:

- Homer Community Food Pantry
- Anchor Point Food Pantry

• Ninilchik Food Pantry
• Homer Public Library
• Ninilchik Community Library
• Anchor Point Public Library
• Seldovia Public Library

A regular presence at community food pantries has proven to be an effective engagement strategy, but one we have not been able to staff. Establishing “office hours” at local libraries will further support this approach, as many community members who could benefit from KBRC services frequent libraries as the only warm, free spaces with internet access.

Project Timeline

- Months 1-3: Purchase MRU; Hire additional 1.0 FTE PSS; Onboarding and training of new PSS; Identify key evaluation measures; Engage SPBHS in Medicaid consultation; Begin expanded outreach, engagement, and services
- Months 4-6: Continue expanded outreach, engagement, and services; Pursue Medicaid enrollment
- Months 7-9: Continue expanded outreach, engagement, and services; Complete Bi-Annual Evaluation; Pursue Medicaid enrollment
- Months 10-12: Continue expanded outreach, engagement, and services; Annual staff training completed; Establish Medicaid reimbursement in operations
- Months 13-15: Hire 0.375 FTE Admin Support for Medicaid Reimbursement

Sustainability Plan

Once KBRC has successfully established reimbursable peer support services, the organization will have a reliable and sustainable revenue stream outside of grants. Successfully accomplishing this enrollment and ability to bill Medicaid for reimbursement will be accomplished by partnering with the local entity, South Peninsula Behavioral Health Services which has already committed to supporting this expansion. (See Attachment G. SPBHS LOS).

With the one-time cost of a Mobile Recovery Unit (MRU), there will be no repeated capital costs beyond annual maintenance and repairs.

Both changes will be accomplished by this project and will incur only minimal costs beyond the duration of AMHTA funding. As a result, KBRC will be able to maintain the expanded peer support staffing and MRU outreach after the grant period ends.

Evaluation Measures, Indicators, Data Gathering Strategies

With the recent two-year grant award from the Foundation for Opioid Response Efforts, we have secured funding to engage a professional evaluator. That evaluator will be contracted in the coming months. Our key evaluation measures and indicators will be identified at that time and can be provided to AMHTA once established. While we do not have them at this time, we will have them before the AMHTA program period begins.

We anticipate using our Recovery Data Platform (RDP) to track data indicators such as:

- How much - the number of individuals served and events/groups offered
- How well - the depth and duration of participant engagement as well as annual increases in staff certifications and trainings
- Better off - the increase in individuals' in recovery capital as measured by the RDP

Section 4.05: Proposed Budget and Project Viability

See Attachment H - RFP 19899 Budget Proposal rev A1

Budget Narrative

Year 1 = $122,291.60

Personnel Services Total $58,541.60

- 1.0 FTE Peer Support Specialist: 2080 hours at $25/hour = $52,000
- 1.0 FTE Peer Support Specialist fringe benefits at 12.58% = $6,541.60

Supplies Costs Total: $7,500

- Technology (computer, etc.) for new PSS = $2,500
- Vehicle maintenance and repairs: $5,000
    - ($2,500 for regularly scheduled maintenance and potential necessary repairs, and $2,500 for estimated annual fuel costs)

Equipment Costs Total $43,000

- Mobile Recovery Unit: Used purchase from Driftwood Inn = $43,000

Other Costs Total $10,750

- Technical Assistance contract with SPBHS for Medicaid enrollment = $10,000
- Medicaid enrollment fee = $750
- Vehicle insurance - $2,500

Year 2 = $99,885.32

Personnel Services Total: $84,885.32

- 1.0 FTE Peer Support Specialist: 2080 hours at $25/hour = $52,000

- 1.0 FTE Peer Support Specialist fringe benefits at 12.58% = $6,541.60
  0.375 Admin Support (For Medicaid Reimbursement): 780 hours at $30/hour = $23,400.00
- 0.375 Admin Support fringe benefits at 12.58% = $2,943.72

Supplies Costs Total: $7,500

- Technology (computer, etc.) for new Admin Support = $2,500
- Vehicle maintenance and repairs: $5,000
    - ($2,500 for regularly scheduled maintenance and potential necessary repairs, and $2,500 for estimated annual fuel costs)

Other Costs Total: $5,000

- Technical Assistance contract with TBD for other third party billing = $5,000
- Vehicle insurance: $2,500

Audit Statement: KBRC has not yet completed a financial audit. As a young organization with a small budget an audit has not been a requirement of any funders, nor have we had the funds to complete one.

Section 4.06: Qualifications, Experience, Staffing, Management, and Facilities

Organizational Capacity

KBRC is currently staffed with an Operations Manager (0.5 FTE), a Lead Support Specialist (0.625 FTE), and two Peer Support Specialists (one 0.75 FTE and one 0.15 FTE). All peer support employees have lived experience with SUDs and are in long-term recovery. The organization also has a nine-member volunteer Board of Directors with the majority living in recovery from SUDs (See Attachment A. Current BOD Roster). Both are intentional and follow recommended best practices and standards for Recovery Community Organizations (RCOs) (See Attachment C. Current Organizational Chart & Attachment D. Resumes).

The KBRC BoD is actively involved in the organization's mission development and administrative oversight through its Executive Committee which meets monthly. This committee has supervisory capacity over the Operations Manager, who has 19 years of nonprofit experience, with nine of them involved in grant management of federal, state, and foundation grants. The Operations Manager works closely with the contracted consultant who offers over twenty years of experience working with community development, nonprofit support, and consulting services. This combined skill set positions KBRC to smoothly carry out the administrative responsibilities for this project.

Both the Lead Support Specialist and 0.75 Peer Support Specialist have completed Peer Support Training. The Lead Support Specialist completed 40 hours through the Alaska Behavioral Health Commission including nine hours of ethics, confidentiality, and boundaries and seven hours of infectious diseases, HIV and AIDS training. The Peer Support Specialist completed 38 hours of

training through Alaska State-approved Muskeg Wellness including nine hours of ethics, confidentiality, and boundaries, and seven hours of infectious diseases, HIV and AIDS training. Peer Support Staff will engage in continuing education through online trainings, professional development opportunities, and relevant skills development as determined by availability and need. Staff are trained in Narcan use and distribute kits to participants and/or their families. In addition to peer support training, onboarding procedures for new staff will include safety training in de-escalation, anger management, first aid, CPR, and basic life support.

In addition to these staff KBRC has a partnership with South Peninsula Hospital that covers the cost of an experienced non-profit consultant, providing both operational and grant assistance to support the development of the organization. KBRC has also engaged both a CPA firm, Muslow + Agnew Group, as well as a Bookkeeping firm, Winchester Bookkeeping, to support the organization's financial accounting and reporting. The Board of Directors has an active Finance Committee that meets once per month which includes the bookkeeper.

All employees, board members, volunteers, and contractors are to abide by KBRC's Confidentiality and Privacy Policy as defined in the "KBRC Operations Manual" in accordance with State and federal standards.

Attachments:

- Attachment A: Current Board of Directors Roster
- Attachment B: Current Strategic Plan or Equivalent Planning Document
- Attachment C: Organizational Chart
- Attachment D: Resumes of Key Staff & PSS Job Description
- Attachment E: Financial Reports (Statement of Financial Position/Balance Sheet, Statement of Activity/P&L, Cash Flow Statement)
- Attachment F: Most recent 990
- Attachment G: SPBHS and SPH Letters of Support
- Attachment H: Proposed Budget

Signed By: /s/ William Dunne; President - Kachemak Bay Recovery Connection

Date 05/26/2026

We appreciate your consideration of this worthy organization. And if we may be of further assistance, please feel free to reach out to me.

Jay Bechtol, CEO
South Peninsula Behavioral Health Services
jbechtol@spbhs.org
907 235 7701
949 648 1127

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	Kachemak Bay Recovery Connection

Category	**Year 1**	**Year 2**
Personnel Services	$ 58,541.60	$ 84,885.32
Travel		
Space or Facilities Costs		
Supplies Costs	$ 7,500.00	$ 7,500.00
Equipment Costs	$ 43,000.00	
Other costs	$ 13,250.00	$ 7,500.00
TOTAL COSTS	$ 122,291.60	$ 99,885.32