Trust

Alaska Mental Health Trust Authority

Peer-Run Recovery Oriented Program

RFP 19899

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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

Set Free Alaska, Inc.
ORGANIZATION SUBMITTING PROPOSAL

Joy Stein, CFO
AUTHORIZED SIGNATURE

May 14, 2026
DATE

Alaska Mental Health Trust Authority
Attn: Valette Keller, Procurement Officer

May 20, 2026

RE: Request for Proposal
Peer-Run Recovery Oriented Program
Set Free Alaska Peer-Based Pre-Treatment Recovery Support Project

Dear Alaska Mental Health Trust Authority Review Committee:

Set Free Alaska (SFA) is pleased to submit this proposal for funding through the Peer-Run Recovery Oriented Program. Through this project, SFA seeks to strengthen and expand trauma-informed, peer-led pre-treatment recovery support services for adult Trust beneficiaries experiencing substance use disorders, mental health challenges, co-occurring behavioral health conditions, housing instability, social isolation, justice-system involvement, or elevated risk for relapse and crisis utilization.

Funding from the Alaska Mental Health Trust Authority will support expansion of SFA's existing peer support infrastructure through implementation of a trauma-informed recovery community and drop-in engagement model at the Bryce Ray Community-Use Facility located on the organization's therapeutic campus in Wasilla, Alaska. The project will provide low-barrier peer recovery coaching, peer-led recovery groups, outreach and engagement activities, and recovery navigation services designed to strengthen connection, improve wellness, enhance recovery outcomes, and reduce barriers to behavioral health care. Services will primarily be delivered through a Mat-Su Borough based peer recovery engagement model with telehealth-supported expansion into the Kenai Peninsula Borough, including underserved and rural communities facing barriers to care.

SFA has a long-standing history of providing behavioral health treatment, recovery support, crisis stabilization, residential treatment, outpatient services, and recovery housing. The organization maintains strong community partnerships and a demonstrated record of successful state and federal grant administration, including fiscal accountability, compliance, and program implementation. This project builds upon established infrastructure, experienced staff, and existing peer recovery programming to address identified service gaps and strengthen the behavioral health continuum through expanded early intervention and peer-based recovery services.

The Alaska Mental Health Trust Authority's investment in this project will help expand access to peer-based recovery services, strengthen recovery-oriented community supports, and improve behavioral health outcomes for shared beneficiaries. SFA appreciates the opportunity to submit this proposal and values the Trust's continued partnership and commitment to strengthening Alaska's behavioral health continuum of care. We look forward to continued collaboration in expanding recovery-oriented services that improve stability, connection, and long-term wellness for adult Trust beneficiaries.

Set Free Alaska (SFA) is a faith-based, nonprofit treatment center founded in 2009 with a mission for all Alaskans to experience lasting freedom from addiction. SFA provides a holistic approach to recovery, integrating spiritual principles with evidence-based practices to support children, youth, and adults facing substance-use disorder (SUD) and mental health (MH) challenges. Using a trauma-informed model, SFA serves individuals from low socioeconomic backgrounds who often face barriers to care, ensuring they receive comprehensive, compassionate support.

The 3 Core Services of SFA are Residential, Outpatient, and Children and Family Services. Within these core services, SFA programs also include Crisis Stabilization, Recovery Residence, Workforce Development, and Department of Corrections RSAT, OP/IOPSAT treatment. Throughout these programs the organization offers substance abuse and mental health treatment, medication-assisted treatment (MAT), peer support, individual and group therapy, case management, and comprehensive assessments. SFA is certified by the Department of Health & Social Services in Alaska and internationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) International.

Through this proposal, SFA seeks funding from the Alaska Mental Health Trust Authority to expand the scope of its existing peer support programming through the implementation of pre-treatment peer-based recovery support services. This project is not intended to establish a new program, but rather to enhance and strengthen SFA's existing peer recovery infrastructure and continuum of care. The project builds upon established staffing structures, recovery housing services, community partnerships, and operational systems that are already in place and successfully serving Trust beneficiaries.

The proposed project will implement a peer-led recovery community and drop-in model overseen by SFA's Recovery Residence Program and operated through the Bryce Ray Community Use Facility located on the organization's Wasilla therapeutic campus. Services will include peer-led recovery groups, individualized recovery coaching, system navigation, community engagement activities, and connection to behavioral health, housing, employment, and healthcare resources. Services will be delivered through a combination of fixed-site programming, community-based outreach, and telehealth-supported engagement, extending access to adult beneficiaries in both the Mat-Su Borough and the Kenai Peninsula Borough, including rural and underserved communities that face significant barriers to care.

The project is designed to engage adult Trust beneficiaries experiencing emerging behavioral health needs, early recovery challenges, or reluctance to engage in formal treatment services. Participants include adults experiencing substance use disorders, co-occurring mental health conditions, justice-system involvement, housing instability, social isolation, and elevated risk for relapse or crisis utilization. By providing low-barrier, peer-led engagement opportunities, the project aims to strengthen recovery connection and stabilize beneficiaries earlier in the behavioral health continuum before needs escalate to higher levels of care.

Statement of Community Need:
The Mat-Su Borough is one of the fastest-growing regions in Alaska and the state's second-most populous borough. According to the Alaska Department of Labor and Workforce Development, the borough experienced an estimated population increase of approximately 8% between 2022 and 2025 and is projected to grow an additional 15% by 2030 (Table 1, Evidence Appendix; Source: ADOLWD, Bureau of Workforce Development; Accessed 2026). This sustained population growth continues to place increasing pressure on healthcare systems, housing resources, behavioral health providers, and essential community services throughout the region.

Behavioral health needs within the Mat-Su Borough have increased significantly in recent years. According to the 2025 Mat-Su Health Foundation Community Health Needs Assessment, nearly one in four households now reports experiencing a mental health concern, up from just 8% in 2016 (Table 2, Evidence Appendix; Source: Mat-Su Household Survey, MSHF, 2016–2025). Despite increasing need, many residents continue to face significant barriers to accessing behavioral health services, including provider shortages, long wait times, transportation limitations, high out-of-pocket costs, and lack of available local treatment resources (Table 3, Evidence Appendix; Source: Mat-Su Household Survey, MSHF, 2025).

Substance use disorders and overdose deaths have also risen sharply across the borough, particularly those involving opioids and fentanyl. Alaska Department of Health data indicates that overdose fatalities increased from 35.7 deaths per 100,000 residents in 2023 to 52.6 deaths per 100,000 residents in 2024, exceeding the statewide average (Table 4, Evidence Appendix; Source: Alaska Department of Health (DOH), Health Analytics and Vital Records Section (HAVRS); Accessed 2026). These statistics represent beneficiaries and families throughout the community who were unable to access timely support, stabilization services, and recovery-oriented care before conditions escalated into crisis.

Many adult Trust beneficiaries experiencing behavioral health challenges are reluctant to engage with formal treatment systems during the early stages of recovery. Stigma, fear, prior negative experiences, unstable housing, transportation barriers, financial hardship, and lack of social support often prevent beneficiaries from seeking help until behavioral health conditions worsen significantly. As a result, many beneficiaries cycle through emergency departments, incarceration, homelessness, relapse, or repeated crisis episodes without consistent recovery support or community connection ([1] Evidence Appendix; Source: Substance Abuse and Mental Health Services Administration (SAMHSA), 2025).

In the Kenai Peninsula Borough, behavioral health access challenges are similarly significant. Recent community health needs assessments identify behavioral health services as the most needed service area, while workforce shortages and transportation limit access to both primary and behavioral health care. Psychiatry availability is approximately half the state average, reflecting a persistent rural behavioral health gap.

Peer-based recovery support services provide a critical opportunity to address these identified gaps through low-barrier, relationship-centered engagement that promotes stabilization, recovery connection, and long-term wellness. Research demonstrates that peer recovery support services improve treatment engagement, reduce substance use, strengthen recovery outcomes, decrease emergency department utilization, and improve overall quality of life ([2]Evidence Appendix; Source: Kamon and Turner, 2013, Tracy et al., 2011).

SFA seeks to strengthen its ability to serve the community by expanding the scope of its existing peer support programming through implementation of pre-treatment peer-based services. The proposed project will provide safe, accessible, recovery-oriented spaces where adult beneficiaries can attend peer-led groups, receive individualized coaching, build supportive relationships, and access assistance navigating behavioral health and social service systems. By intervening earlier in the recovery process and strengthening engagement opportunities, the project will help reduce barriers to care, increase stabilization, and improve long-term behavioral health outcomes across the region.

Grant funding from the Alaska Mental Health Trust Authority will support one full-time Community Engagement Coordinator and two full-time Peer Support Specialists who will facilitate recovery groups, oversee drop-in activities, provide peer recovery coaching, conduct outreach and engagement, coordinate referrals, and support participant stabilization. The project will leverage SFA's existing facilities, infrastructure, administrative systems, clinical leadership, and established community partnerships to maximize program effectiveness and sustainability. By utilizing existing infrastructure and operational readiness, SFA will be able to rapidly implement services and ensure efficient use of grant funding.

The project aligns directly with the anticipated outcomes identified within the RFP by improving participant recovery outcomes, strengthening organizational capacity for peer service delivery, and enhancing evaluation and data readiness. SFA will utilize a Results Based Accountability (RBA) framework to monitor performance and outcomes related to service utilization, participant satisfaction, engagement, recovery progress, housing stability, and reduced crisis utilization. Through this project, SFA seeks to strengthen the behavioral health continuum in Alaska while expanding access to compassionate, peer-led recovery support services that improve outcomes for adult Trust beneficiaries, families, and the broader community.

Agency Experience:
SFA currently provides peer support services through its Wasilla outpatient treatment hub and will introduce additional peer-based services in Soldotna beginning in Summer 2026 through its new Soldotna outpatient treatment facility. Peer Specialists work collaboratively with clinicians and recovery staff to support engagement, reduce relapse risk, strengthen recovery planning, and assist adult beneficiaries transitioning from residential treatment back into the community. This proposal builds upon those existing peer services by implementing structured pre-treatment peer support and drop-in recovery engagement opportunities to strengthen early intervention and community connection.

SFA possesses the administrative and operational capacity necessary to successfully implement and sustain the proposed project. The organization maintains strong fiscal oversight systems, established grant management procedures, and experienced executive leadership with extensive behavioral health and nonprofit management experience. Administrative operations are supported by SFA's executive leadership and program management team, who collectively oversee compliance, fiscal management, reporting, quality assurance, staffing, and program operations.

SFA has successfully administered numerous state, federal, and private grants and has consistently met fiscal, narrative, and data reporting requirements in a timely and compliant manner. The organization maintains good standing with the State of Alaska and holds current 501(c)(3) nonprofit status verified through the Internal Revenue Service. State and federal audits have been completed without outstanding findings or unresolved compliance issues, demonstrating SFA's commitment to responsible stewardship of public funding.

To ensure quality service delivery, SFA maintains a robust training and professional development structure for all staff. Employees participate in ongoing training through the Relias learning platform and receive education related to trauma-informed care, ethics, confidentiality, crisis response, motivational interviewing, suicide prevention, documentation standards, cultural responsiveness, and behavioral health best practices. SFA also supports staff in pursuing additional certifications and continuing education opportunities to strengthen workforce development and maintain high standards of care.

The organization maintains extensive partnerships across healthcare systems, behavioral health providers, public agencies, housing organizations, schools, courts, correctional institutions, and community coalitions. These partnerships support coordinated referral pathways, continuity of care, diversion from incarceration and emergency departments, and improved long-term recovery outcomes for beneficiaries served. Through these collaborative relationships, SFA is able to provide integrated and coordinated support that strengthens the broader behavioral health continuum across Alaska.

Target Population and Service Area:
The proposed project will serve adult Trust beneficiaries throughout Region 5, Mat-Su Borough, of the Alaska Medicaid Section 1115 Behavioral Health Demonstration Waiver who are experiencing substance use disorders, mental health challenges, co-occurring behavioral health conditions, housing instability, social isolation, or elevated risk for relapse and crisis utilization. The project will place particular emphasis on adult beneficiaries seeking pre-treatment support, adult beneficiaries reluctant to engage in formal treatment services, adult beneficiaries in early recovery, justice-involved populations, and those requiring ongoing recovery maintenance and stabilization support. Many beneficiaries served through this project will experience significant socioeconomic barriers, histories of trauma, limited social support, or reduced access to traditional behavioral health services, increasing the need for flexible, low-barrier peer recovery engagement opportunities.

Services will primarily be offered at Set Free Alaska's Bryce Ray Community-Use Facility located on the organization's therapeutic campus in Wasilla, Alaska, with project oversight and coordination provided through SFA's Recovery Residence Program. Additional outreach and peer support activities will occur within community-based settings throughout the Mat-Su Borough to improve accessibility, strengthen community engagement, and increase early connection to recovery supports. Beginning mid-year of year one and continuing into year two, telehealth services will further expand engagement opportunities for adult Trust beneficiaries living in Region 4, Kenai Peninsula Borough, particularly for beneficiaries facing transportation barriers, geographic isolation, or limited access to behavioral health services.

The project is anticipated to serve approximately 100 unduplicated adult Trust beneficiaries annually, in addition to adult beneficiaries participating in recurring drop-in recovery activities, through a combination of peer recovery coaching, drop-in recovery support, peer-led groups, outreach activities, telehealth engagement, and community connection services. Participants will receive individualized peer support focused on strengthening recovery capital, increasing social connectedness, improving overall wellness, and reducing risk for crisis-level behavioral health events. Through a flexible, trauma-informed, and recovery-oriented engagement model, the project will help beneficiaries access support earlier in the recovery process while strengthening pathways into ongoing treatment, recovery housing, and long-term community stabilization.

Program Design and Proposed Services:
The proposed project utilizes a trauma-informed, peer-led recovery support model designed to strengthen community connection, improve early engagement, and reduce barriers to behavioral health care. Services are grounded in recovery-oriented principles that emphasize resilience, autonomy, empowerment, lived experience, and person-centered support. The project is intentionally designed to create low-barrier opportunities for engagement prior to formal treatment enrollment, helping adult beneficiaries stabilize and build trust within a recovery-oriented environment.

The project will be operated through a clubhouse and community drop-in model facilitated by SFA's Recovery Residence Program and offered at the Bryce Ray Community-Use Facility. This approach creates safe and welcoming spaces where beneficiaries can voluntarily participate in peer support services without the immediate requirement of clinical treatment enrollment. The model promotes relationship-building, recovery connection, social engagement, and access to supportive resources that strengthen long-term recovery outcomes.

Services will include individualized peer recovery coaching, peer-led recovery support groups, recovery navigation, community engagement activities, relapse prevention support, and linkage to behavioral health, healthcare, employment, housing, and social service resources. Peer Support Specialists will utilize lived recovery experience to support participants in developing recovery goals, strengthening coping skills, navigating systems of care, and increasing motivation for continued recovery engagement. Services will also include outreach and re-

engagement efforts for adult beneficiaries disconnected from traditional behavioral health systems or at elevated risk for relapse and crisis utilization.

The Community Engagement Coordinator will oversee daily project operations, facilitate peer recovery activities, coordinate outreach and engagement efforts, maintain community partnerships, and support implementation of project goals and evaluation activities. Recovery groups and drop-in services will occur weekly at the Bryce Ray Community-Use Facility, utilizing the gymnasium, conference rooms, and additional recovery-oriented spaces designed to support community engagement and peer connection. Telehealth services will further expand accessibility for adult beneficiaries living in surrounding or rural communities in the Mat-Su Borough and Kenai Peninsula Borough who may otherwise encounter barriers to participation.

The project will leverage SFA's existing behavioral health continuum and recovery housing infrastructure to support continuity of care and long-term recovery stabilization. Participants requiring additional behavioral health services will be connected to outpatient treatment, residential treatment, crisis stabilization, recovery housing, medication-assisted treatment, children and family services, and additional community-based resources as clinically appropriate. Through integration with SFA's broader continuum of care, participants will have access to coordinated support that strengthens recovery outcomes and reduces fragmentation between systems of care.

Evidence-Based and Community-Defined Practices:
The proposed project is grounded in evidence-based and community-defined recovery support practices that promote engagement, resilience, and long-term recovery outcomes. SFA utilizes trauma-informed, recovery-oriented approaches that recognize the critical role of lived experience, empowerment, social connection, and community engagement in supporting sustained recovery. Services are designed to reduce barriers to care while strengthening individual autonomy, hope, and recovery capital.

Peer recovery support services are supported by extensive research demonstrating improvements in recovery engagement, reductions in substance use, decreased emergency department utilization, improved treatment retention, and strengthened social functioning among participants receiving peer-based support. Research further demonstrates that adults engaged in peer recovery services often experience improved mental health outcomes, increased self-efficacy, and greater connection to long-term recovery supports. These outcomes align directly with the goals and anticipated outcomes outlined within the RFP.

The project aligns with recovery-oriented systems of care principles promoted by the Substance Abuse and Mental Health Services Administration (SAMHSA), including person-centered care, self-direction, empowerment, peer support, and community inclusion. Services will incorporate motivational engagement strategies, strengths-based approaches, trauma-informed care principles, and recovery coaching methodologies designed to support adult beneficiaries throughout varying stages of recovery readiness. SFA also integrates community-defined

practices informed by direct experience serving individuals and families impacted by substance use disorders, trauma, housing instability, behavioral health crises, and justice-system involvement throughout Alaska communities.

Staffing Plan:
The project will be supported by a multidisciplinary leadership and operational structure that provides strong clinical oversight, administrative support, and peer-based service delivery. Grant-funded staff will include one full-time Community Engagement Coordinator and two full-time Peer Support Specialists. These positions will operate under the supervision of SFA's Recovery Residence leadership structure while receiving additional support from executive and clinical leadership teams.

The Community Engagement Coordinator will oversee daily project implementation, facilitate recovery-oriented programming, coordinate outreach and engagement activities, maintain community partnerships, oversee scheduling and service coordination, and support reporting and evaluation requirements. Peer Support Specialists will provide direct peer recovery coaching, facilitate peer-led recovery groups, support participant engagement, assist with referrals and linkage to services, and help participants navigate behavioral health and community support systems. Staff will work collaboratively with SFA's clinical teams and community partners to ensure continuity of care and effective coordination across service systems.

SFA maintains a strong commitment to workforce development and ongoing professional training. All staff will receive training related to trauma-informed care, confidentiality and HIPAA compliance, motivational interviewing, suicide prevention, ethics, professional boundaries, de-escalation strategies, documentation standards, crisis response, and peer recovery support best practices. Employees will also participate in ongoing supervision, Relias learning modules, continuing education opportunities, and quality assurance activities to maintain service quality and strengthen professional competency. SFA maintains a structured staff orientation and training process to ensure all personnel demonstrate competency in peer recovery support services, trauma-informed engagement practices, confidentiality requirements, crisis response procedures, and ongoing professional development expectations prior to independent service delivery.

Partnerships and Coordination:
SFA maintains extensive, well-established partnerships with healthcare systems, behavioral health providers, housing organizations, correctional institutions, courts, public agencies, and community-based organizations across Alaska. These partnerships are foundational to coordinated service delivery, continuity of care, and effective referral pathways across the behavioral health continuum. Through sustained collaboration, SFA integrates services across systems to strengthen recovery outcomes and reduce fragmentation in care delivery.

SFA collaborates closely with hospitals, emergency departments, primary care providers, behavioral health organizations, and community clinics in both the Mat-Su Borough and Kenai Peninsula Borough, while also utilizing high-quality telehealth services to connect clients with specialized providers not otherwise available locally. These partnerships support rapid access to care, coordinated referrals, psychiatric stabilization, medication management, and timely linkage to higher levels of care when clinically indicated. Key partners include Mat-Su Regional Hospital, Central Peninsula Hospital, Serenity House, South Peninsula Hospital, South Peninsula Behavioral Health Services (The Center), and Kachemak Bay Family Planning Clinic. These relationships enhance access to appropriate services while reducing unnecessary utilization of emergency departments and inpatient hospitalization. Established referral pathways support seamless transitions between treatment, recovery support, housing, and community-based services across all service regions.

The organization maintains strong coordination with the Alaska Department of Corrections, Adult Probation, Division of Juvenile Justice, Palmer Wellness Court, and FIT Court to support individuals involved in the justice system who require behavioral health and recovery services. SFA also collaborates with the Alcohol Safety Action Program (ASAP), the Office of Children's Services (OCS), and the Drug-Endangered Children (DEC) initiative to support coordinated, family-centered intervention and stabilization efforts. These partnerships strengthen continuity of care across public systems and contribute to improved recovery outcomes and reduced recidivism.

Additional partnerships with housing providers and community-based organizations further enhance the project's capacity to address social determinants of health that impact recovery and long-term stabilization. Collaborative partners in Mat-Su include Family Promise Mat-Su, Valley Charities, Links Resource Center, Alaska Family Services, Knik House, True North Recovery, and the Mat-Su Coalition on Housing and Homelessness. Kenai Peninsula partners include Freedom House, Friendship Mission, Invictus House, Beauty for Ashes, Love INC, Alpha House, South Peninsula Haven House, and Kachemak Bay Recovery Connection. Through these partnerships, participants are connected to housing supports, transportation resources, workforce development opportunities, case management, and other wraparound services that promote sustained stability and wellness.

SFA also actively participates in regional coalitions and collaborative planning initiatives, including Thrive Mat-Su, the Mat-Su Agency Partnership, and the Mat-Su Substance Abuse Coalition, with additional engagement in community coordination efforts across the Kenai Peninsula. Engagement in these coalitions supports coordinated behavioral health planning, identification of emerging community needs, and system-level efforts to strengthen regional service capacity. These ongoing partnerships ensure the proposed project remains aligned with community priorities while contributing to a more integrated behavioral health continuum across all service regions.

Sustainability and Billing Readiness:
SFA maintains established administrative, clinical, and financial infrastructure necessary to support long-term program sustainability and ongoing development of peer-based recovery services. SFA currently bills Medicaid for peer support services through the Alaska Medicaid Section 1115 Behavioral Health Demonstration Waiver and has existing experience with documentation standards, service authorization requirements, compliance monitoring, and behavioral health reimbursement systems. This existing billing infrastructure demonstrates organizational readiness and provides a strong operational foundation for continued expansion of peer-based recovery services.

The proposed project represents an enhancement and expansion of SFA's existing peer support continuum through implementation of a structured pre-treatment peer recovery and drop-in engagement model that is not currently fully supported through existing Medicaid reimbursement pathways. The project is intentionally designed to strengthen early intervention, recovery engagement, and low-barrier community connection for adult Trust beneficiaries who may not yet be ready or eligible for formal treatment services. Because pre-treatment recovery engagement models remain limited within current reimbursement structures, this project will allow SFA to evaluate service utilization, participant outcomes, operational needs, and long-term sustainability strategies while building organizational readiness for future reimbursement opportunities.

Throughout the grant period, SFA will continue exploring pathways toward Medicaid billing and other third-party reimbursement mechanisms that may support ongoing sustainability of pre-treatment peer recovery services. Activities will include ongoing evaluation of service models, review of evolving Medicaid and behavioral health reimbursement opportunities, strengthening documentation and data collection systems, and continued development of operational policies that support compliance and billing readiness. SFA will also continue collaborating with state agencies, behavioral health partners, and community stakeholders to identify sustainable financing strategies that align with emerging behavioral health system priorities and recovery-oriented models of care.

Long-term sustainability will additionally be supported through SFA's diversified funding structure, established community partnerships, existing facility infrastructure, and integrated continuum of behavioral health services. The organization has demonstrated long-standing fiscal stability and successful management of state, federal, local, and private grant funding. By leveraging existing staffing infrastructure, community partnerships, recovery residence programming, outpatient behavioral health services, the Bryce Ray Community Use Facility, and telehealth expansion, SFA is well-positioned to sustain and further develop peer-based recovery support services beyond the initial grant period while continuing to expand access to recovery-oriented care throughout the region.

Evaluation Plan and Service Measure Framework:
SFA will utilize a Results Based Accountability (RBA) framework to monitor program performance, measure participant outcomes, and support continuous quality improvement activities. Evaluation activities will focus on the three required RBA performance areas identified within the RFP: How Much, How Well, and Better Off. This framework will allow SFA to effectively measure service utilization, monitor quality indicators, and evaluate participant recovery outcomes over time.

Data Management, Quality Assurance, and Confidentiality:
SFA maintains a robust data management and quality assurance infrastructure to ensure data integrity, accuracy, and usability. Program managers oversee data entry and conduct routine reviews to verify completeness and consistency, while the Integrity Manager leads internal quality assurance activities under the supervision of the Compliance Director in partnership with the Chief Operating Officer. Evaluation findings are reviewed monthly and quarterly by program leadership and clinical staff to identify trends, monitor progress toward performance targets, and inform ongoing program improvements.

To ensure protection of client confidentiality, SFA maintains established confidentiality policies and procedures compliant with state and federal standards. SFA has implemented Policy 548: Client Confidentiality and Policy 215: Confidentiality of Client Records, both of which have been included with this application submission. All staff receive HIPAA and confidentiality training during onboarding and annually thereafter. Together, these policies, procedures, and training protocols ensure that participant information is safeguarded while supporting effective program monitoring, evaluation, and reporting activities.

Performance Measurement Framework:
Under the “How Much” category, SFA will track the number of unduplicated and duplicated participants served, peer recovery coaching contacts, peer-led groups conducted, outreach encounters completed, telehealth engagements, and referrals to behavioral health and community-based services. Program staff will maintain service logs and attendance records to ensure accurate reporting and performance monitoring. These indicators will help measure program reach, utilization trends, and community engagement levels throughout the grant period.

Under the “How Well” category, SFA will evaluate participant satisfaction, timeliness and accessibility of services, completion of staff training requirements, fidelity to peer support models, and overall quality of service delivery. Participants will complete satisfaction surveys and provide ongoing feedback regarding their experience with services and perceived effectiveness of support received. Quality assurance reviews, staff supervision, and training documentation will further support monitoring of program quality and continuous improvement efforts.

Under the "Better Off" category, SFA will measure outcomes related to increased recovery connection, improved wellness, strengthened social support, increased housing and employment stability, reduced crisis utilization, and improved engagement in behavioral health and recovery services. Participants will also be assessed for improvements in hope for the future, quality of life, emotional regulation, anxiety symptoms, and substance use reduction. These outcome measures will help demonstrate the project's effectiveness in improving long-term recovery stability and reducing escalation into higher-acuity behavioral health crises.

Reach (Outputs):
Due to the expansion of existing peer recovery support programming:

- Approximately 100 unduplicated adult Trust beneficiaries will be served annually through structured pre-treatment peer recovery engagement services delivered within the Mat-Su Borough and through telehealth-supported services extending into the Kenai Peninsula Borough.
- Participants will receive peer recovery coaching, drop-in recovery engagement services, peer-led recovery groups, outreach and engagement activities, telehealth peer support, and linkage to behavioral health, housing, medical, and community-based resources.
- The project will increase the availability of low-barrier recovery engagement opportunities designed to strengthen early intervention, recovery connection, and access to peer support prior to entry into formal treatment services.
- Through utilization of existing infrastructure, telehealth, and coordinated community partnerships, SFA anticipates increased engagement among adults experiencing behavioral health challenges who may otherwise remain disconnected from services.

Outcomes:

1. **Increased Engagement in Recovery Support Services:**
   Participants engaged in peer recovery services are expected to demonstrate increased participation in recovery-oriented activities, ongoing peer support engagement, and connection to behavioral health and community-based services.
2. **Improved Participant Wellness and Recovery Stability:**
   Participants receiving peer recovery support services are expected to report improvements in hope, quality of life, social connection, and overall wellness.
3. **Reduced Crisis Utilization and Increased Early Intervention:**
   Participants engaged in services are expected to demonstrate reduced reliance on emergency departments, crisis services, and other higher levels of care through earlier connection to peer support and recovery engagement opportunities.

Community Involvement and Participant Engagement:
SFA's project planning process was informed through ongoing engagement with community stakeholders, behavioral health providers, public agencies, community coalitions, and adult beneficiaries with lived experience throughout the Mat-Su Borough and Kenai Peninsula Borough. Through active participation in collaborative planning initiatives and ongoing communication with service providers and referral partners, SFA has maintained a strong

understanding of community needs, service gaps, and barriers impacting behavioral health access. This engagement process helped ensure that the proposed project aligns closely with identified community priorities and behavioral health system needs.

SFA also incorporated findings from the Mat-Su Health Foundation Community Health Needs Assessment, Central Peninsula Hospital Community Health Needs Assessment, South Peninsula Hospital Community Health Needs Assessment, statewide behavioral health utilization data, overdose statistics, and community intercept surveys into project planning and development. These findings consistently highlighted the importance of low-barrier recovery supports, expanded peer services, improved behavioral health access, and stronger coordination between systems of care. The proposed project directly responds to these identified gaps by strengthening peer recovery support opportunities and increasing early engagement options for adult beneficiaries seeking help.

Since officially launching peer support services in 2019, SFA has also utilized operational insights, service utilization trends, client outcomes, and direct participant feedback to refine project design and implementation strategies. Participants consistently identified the need for compassionate support, safe recovery-oriented environments, improved access to peer connection, and stronger continuity between services. This feedback directly informed the project's emphasis on trauma-informed care, recovery connection, person-centered engagement, and linkage to ongoing behavioral health services.

The Bryce Ray Community-Use Facility further strengthens opportunities for community involvement and collaborative engagement. The facility serves as a centralized location for community meetings, partner collaboration, family engagement activities, and recovery-oriented programming that supports continued involvement from local stakeholders and service recipients. Through this comprehensive and data-driven planning process, SFA has developed a project that reflects community priorities, strengthens regional behavioral health response capacity, and directly addresses identified service gaps throughout the Mat-Su Borough and Kenai Peninsula Borough.

Project Timeline and Implementation Plan:
The proposed project will be implemented through a structured, phased approach designed to ensure strong program development, effective onboarding, community engagement, and continuous evaluation aligned with RBA requirements. Prior to the grant award period, SFA will convene a development committee focused on client engagement and peer support group design. This committee will include executive leadership, program management, and clinical staff to co-design structured drop-in recovery support groups and engagement activities. During this pre-implementation phase, SFA will also pilot and refine group models within existing programming, incorporating feedback from current clients and alumni to ensure services are accessible, relevant, and responsive to community need.

Upon receipt of the FY27 award, SFA will schedule an internal grantee kickoff meeting and finalize the comprehensive implementation plan, including staffing assignments, training schedules, operational workflows, and data collection processes. This phase will include onboarding the Community Engagement Coordinator and Peer Support Specialists, along with structured training in peer recovery support services, trauma-informed care, documentation standards, ethical considerations, and crisis response protocols. Concurrently, SFA will establish a Community Engagement Committee to guide ongoing implementation, ensure alignment with program goals, and support continuous quality improvement throughout the project period.

Following staffing and onboarding, the project will transition into full implementation of structured peer-led recovery engagement services. SFA will launch a coordinated community awareness and outreach campaign to increase visibility and access to pre-treatment peer services, with targeted engagement across behavioral health providers, justice system partners, and community organizations. Peer-led recovery groups and drop-in services will be delivered on a consistent weekly schedule utilizing the Bryce Ray Community Use Facility, including designated recovery-oriented spaces such as the gymnasium and conference rooms. These services will be designed to increase engagement, strengthen recovery connection, and provide low-barrier access to support for adult beneficiaries not yet engaged in formal treatment.

Throughout the implementation period, SFA will continuously monitor service utilization, participant engagement, and program performance indicators in alignment with RBA measures. Ongoing monitoring will include service data submissions, along with internal performance reviews conducted by program leadership to assess trends, identify gaps, and refine service delivery. Midway through the project period, SFA will conduct a formal mid-year evaluation to assess program effectiveness, participant outcomes, and fidelity to the peer recovery model, using findings to inform operational improvements and enhance service quality.

As the project progresses, SFA will strengthen sustainability planning and billing readiness efforts, including continued development of documentation systems, evaluation processes, and exploration of Medicaid and third-party reimbursement pathways for peer recovery services. In parallel, the project will expand engagement strategies through telehealth services to increase access for adult beneficiaries in rural and remote communities, specifically in the Kenai Peninsula Borough. This expansion will support continuity of care for beneficiaries facing geographic, transportation, or access barriers while maintaining alignment with the peer-led recovery model.

In the final phase of implementation, SFA will prepare and submit annual reporting requirements, including outcome evaluation, performance data, and sustainability assessments. Findings from the project will inform future funding applications, including FY28 continuation requests, and will guide ongoing refinement of the peer recovery support model. This structured approach ensures that the project not only meets immediate community needs but also contributes to long-term system development, sustainability, and improved behavioral health outcomes across the region.

Budget Narrative:
Grant funding requested from the Trust will support personnel costs associated with one full-time Community Engagement Coordinator and two full-time Peer Support Specialists responsible for implementing and operating structured peer recovery support services. Personnel costs include salary and associated employee benefits necessary to support recruitment, retention, and consistent delivery of peer recovery services. These positions are essential to ensuring consistent service delivery, participant engagement, outreach coordination, and implementation of recovery-oriented, peer-led programming.

Funded personnel will primarily deliver in-person peer recovery support services within the Mat-Su Borough, where the majority of direct service activities will occur. Staff will also provide supplemental telehealth-based peer engagement to extend services to eligible participants in the Kenai Peninsula Borough. Telehealth services will reduce barriers related to geography, transportation, and limited access to behavioral health support while maintaining continuity of peer recovery engagement across service regions.

Grant funding will also support program supplies and recovery engagement activities associated with operation of the peer recovery clubhouse and drop-in model. Supplies will support structured peer engagement opportunities including art classes, connection groups, sober movie nights, and quarterly holiday meal gatherings designed to strengthen social connection, recovery engagement, and community participation among adult beneficiaries. Additional supplies will include outreach and engagement materials such as recovery-oriented swag items, stickers, informational materials, and small participant incentives and door prizes intended to encourage participation and strengthen ongoing engagement in services.

SFA will contribute substantial in-kind support through use of the Bryce Ray Community-Use Facility, recovery housing infrastructure, administrative systems, technology resources, executive leadership and program oversight, and existing operational capacity. The organization will also leverage established behavioral health programming, recovery housing services, clinical supports, and community partnerships to ensure continuity of care and maximize program effectiveness. This infrastructure significantly reduces startup costs while enabling efficient and timely implementation of services.

The proposed budget reflects a cost-effective and sustainable approach to expanding peer recovery support services within an established continuum of care. Funding is primarily directed toward direct service staffing required to facilitate peer recovery coaching, drop-in engagement services, peer-led groups, outreach activities, and community-based recovery support. SFA's existing diversified funding base supports organizational stability and strengthens the ability to integrate this project within broader behavioral health operations.

Under the "Other" category, SFA will utilize a 15% de minimis indirect cost rate to support allowable facility and operational overhead expenses associated with implementation of the proposed project. These costs support maintenance and operational use of the Bryce Ray

Community-Use Facility and related infrastructure necessary to provide safe, accessible, and recovery-oriented spaces for peer engagement activities, drop-in services, recovery groups, and community-based programming.

SFA currently maintains multiple state, federal, and community funding sources supporting behavioral health treatment, crisis stabilization, recovery housing, workforce development, children and family services, and system infrastructure. A current list of agency funding received and applied for has been included in the proposal narrative under the subsection "Other Agency Funding". These funding streams contribute to long-term organizational sustainability and support continued integration of peer support services across programs. Through established administrative systems, diversified funding, and ongoing sustainability planning, SFA is well-positioned to maintain and expand peer recovery support services beyond the grant period.

Other Agency Funding Received in FY26:
State of Alaska, DBH
Statewide Opioid Settlement Grants-Mat-Su Crisis Stabilization FY2026
$142,857.00

State of Alaska, DBH
Statewide Opioid Settlement Grants-Kenai Outpatient Treatment FY2026
$142,857.00

State of Alaska, DBH
CBHTR Homer Outpatient Treatment FY2026
$140,636.90

State of Alaska, DBH
CBHTR Mat-Su Outpatient Treatment FY2026
$75,820.36

State of Alaska, DBH
CBHTR Ketchikan Outpatient Treatment FY2026
$80,000.00

State of Alaska, DBH
CBHTR RWM-Homer Compass and Mat-Su Valley Oaks FY2026
$331,956.13

State of Alaska, DBH
Alaska Recovery Housing FY2026
$200,000.00

Mat-Su Borough
Human Services Community Matching Grant-Mat-Su Crisis Stabilization
$50,000.00

City of Palmer Police Department
COSSAP Passthrough Drug Endangered Children
$27,975.56

Mat-Su Health Foundation
Hello Baby Essential Needs Grant
$28,250.00

Other Agency Funding Applied for in FY26:
State of Alaska, DBH
Rural Health Transformation Program-EHR and Systems Modernization TA Initiative
$50,000.00

State of Alaska, DBH
Rural Health Transformation Program-Telehealth Enhancement and Rural Model Development
$250,000.00

State of Alaska, DBH
Statewide Opioid Settlement Grants-Mat-Su Crisis Stabilization FY2027
$142,857.00

State of Alaska, DBH
Statewide Opioid Settlement Grants-Kenai Outpatient Treatment FY2027
$142,857.00

State of Alaska, DBH
CBHTR Ketchikan Outpatient Treatment FY27
$20,000

State of Alaska, DBH
CBHTR Homer Outpatient Treatment FY2027
$35,159.23
State of Alaska, DBH
CBHTR Mat-Su Outpatient Treatment FY2027
$18,955.09

State of Alaska, DBH
CBHTR RWM-Homer Compass and Mat-Su Valley Oaks FY2027
$82,989.03

State of Alaska, DBH
Alaska Recovery Housing FY2027
$233,333.00

State of Alaska, DBH
Alaska's Behavioral Health Crisis Response Continuum for FY27
$106,000.00

State of Alaska, DBH Family Support for FY27
$25,000.00

North Lakes Community Council
2026 Community Development Grant-Mat-Su Group Room Renovation Project
$7,000.00

United Way Mat-Su
2026 Community Impact Grant-Mat-Su Group Room Renovation Project
$7,500.00

Partnership with Alaska Mental Health Trust Authority:
SFA values its longstanding partnership with the Trust and our shared commitment to improving outcomes for beneficiaries across Alaska. This partnership reflects a mutual dedication to strengthening behavioral health systems and improving quality of life for beneficiaries and families experiencing substance use and mental health challenges.

Most recently, the Trust supported SFA in the development of the Bryce Ray Community-Use Facility, a 21,000-square-foot expansion completed in June 2025 on the organization's therapeutic campus in Wasilla. This facility represents the first phase of a multi-phase expansion designed to increase access to integrated treatment, housing, and community-based services while improving coordination across the continuum of care.

As a result of this expansion, SFA doubled the capacity of its Children and Families Program and increased adult outpatient service capacity by 75%. The facility also enabled the consolidation of administrative and financial operations on-site, allowing additional space to be repurposed at the Palmer Crisis Stabilization and Recovery Residence Campus. Collectively, these improvements position SFA to serve approximately 1,300 unduplicated beneficiaries annually.

These achievements demonstrate the strength of the ongoing partnership between SFA and the Trust and the measurable impact of strategic investment in behavioral health infrastructure. Continued collaboration will allow both organizations to build upon this foundation and further strengthen community-based recovery supports across the region. Together, we remain committed to advancing accessible, integrated, and person-centered behavioral health services that improve long-term outcomes for mutual beneficiaries.

Conclusion:
Support from the Alaska Mental Health Trust Authority will directly strengthen access to peer-led, pre-treatment recovery services for adult Trust beneficiaries across the Mat-Su Borough and Kenai Peninsula Borough. By expanding low-barrier peer engagement opportunities, this project addresses a critical gap in early intervention and strengthens pathways into recovery before beneficiaries reach crisis-level need.

This investment will enhance the system of care by improving accessibility, increasing engagement, and supporting earlier connection to recovery-oriented services. The anticipated impact extends beyond individual participants to include stronger families, reduced system utilization, improved community stability, and a more resilient behavioral health continuum across the region.

Set Free Alaska appreciates the opportunity to submit this proposal and values its continued partnership with the Trust. SFA remains committed to advancing shared goals of recovery, connection, and community well-being through accessible, recovery-oriented behavioral health services that strengthen Trust beneficiaries across Alaska. The organization welcomes the opportunity to provide any additional information that may assist in review of this application.

Sincerely,

Grant Proposal Contact: Sean Gilbert
Title: Grants Manager
Phone: 907-203-3789
Email: sean.g@setfreealaska.org

Project Director: Melanie Yuknis
Title: Chief Operations Officer
Phone: 907-746-4316
Email: melanie.y@setfreealaska.org

Project Leadership: Joy Stein
Title: Chief Financial Officer
Phone: 907-982-1054
Email: joy@setfreealaska.org

Project Leadership: Alli Pohl
Title: Director of Strategy and Innovation
Phone: 907-575-6422
Email: alli@setfreealaska.org

Evidence Appendix:

Behavioral Health Access and Barriers Evidence:
[1]Substance Abuse and Mental Health Service Administration (SAMHSA). (2025). *2024 National Survey on Drug Use and Health (NSDUH): Annual National Report*. U.S. Department of Health and Human Services. https://www.samhsa.gov/data/report/2024-nsduh-annual-national-report

Peer Recovery Support Services Evidence:
[2]Kamon, J., & Turner, W. (2013). *Recovery coaching and peer recovery support services*: *Evidence and implication for practice*. Journal of Psychoactive Drugs.
Tracy, K., Burton, M., Nich, C., & Rounsaville, B. (2011). *Using peer recovery support services to enhance treatment engagement and outcomes*. Psychiatric Services.

Table #1. Estimated Population Growth, Source: Alaska Department of Labor and Workforce Development (ADOLWD), Bureau of Workforce Development; Accessed 2026.

Table 01: Estimated Population Growth | Source: ADOLWD, Bureau of Workforce Development

	2020 Census*	2030 Projection	2035 Projection	2040 Projection	2045 Projection	2050 Projection
Alaska	733,391	742,758	742,339	739,010	731,849	722,806
Anchorage	291,247	285,931	281,302	275,070	267,757	260,093
Mat-Su Borough	107,081	123,548	131,003	137,520	142,665	146,262
Mat-Su Growth From 2020		15.4%	22.3%	28.4%	33.2%	36.6%

Table #2. Household Behavioral Health Concerns, Source: Mat-Su Household Survey, MSHF, 2016-2025.

Table 02 : Household Behavioral Health Concerns | Source: Mat-Su Household Survey, MSHF, 2016-2025

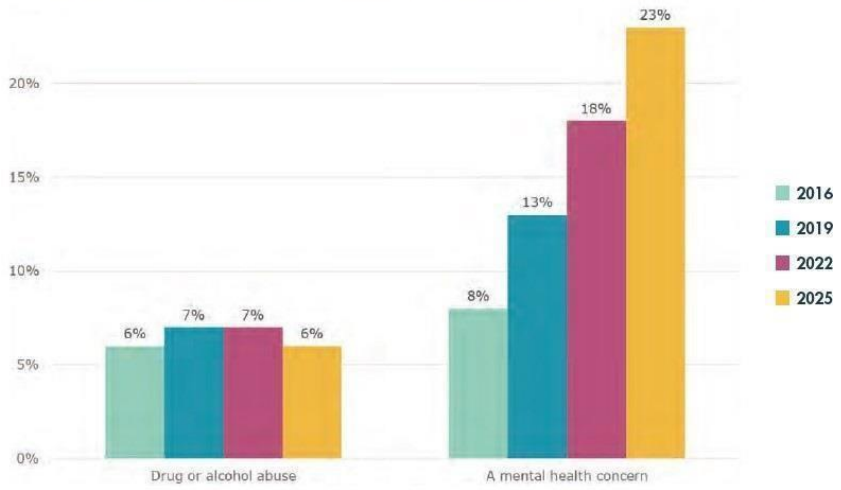


Table #3. Reasons Healthcare Needs Could Not Be Met, Source: Mat-Su Household Survey, MSHF, 2025.

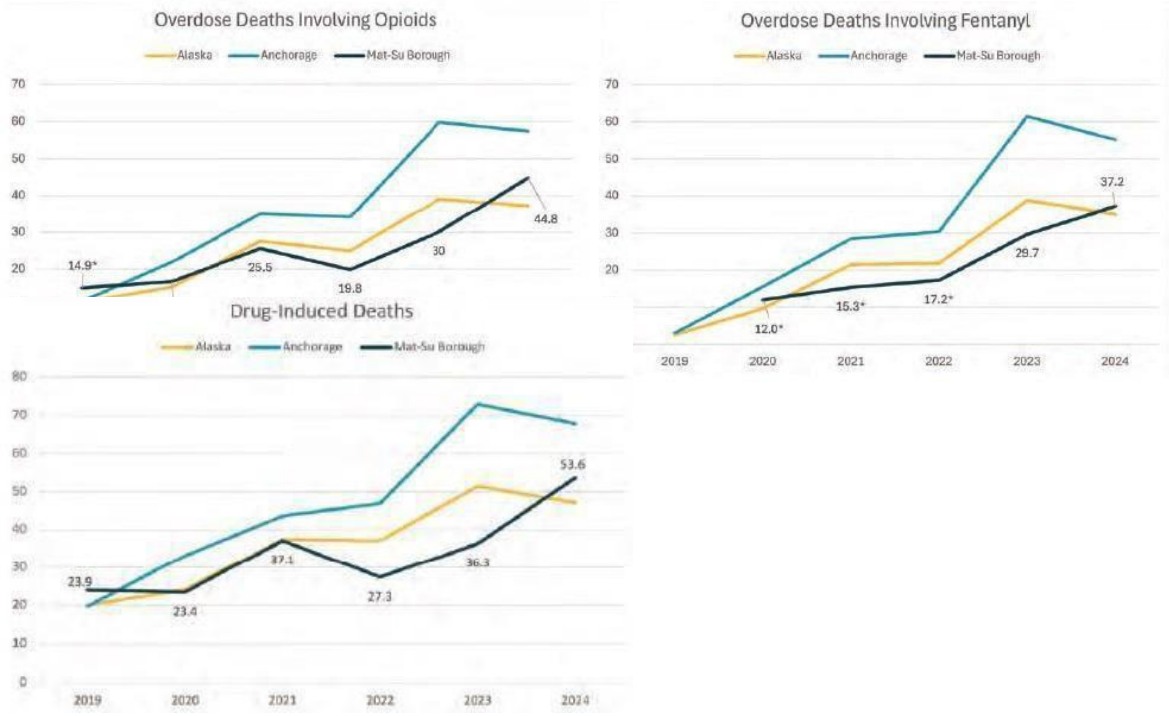
Table 03 : Reasons Healthcare Needs Could not be Met | Source: Mat-Su Household Survey, MSHF, 2025

	Medical care (n=200)	Dental care (n=186)	Prescriptions/ medications (n=167)	Mental health care (n=99)	Home health care (n=35)	Disability services (n=52)	Treatment for addictions (n=25)
Can't afford	44%	59%	37%	42%	52%	46%	17%
Insurance doesn't cover	28%	37%	37%	23%	34%	49%	33%
Can't get an appointment	25%	8%	7%	24%	1%	14%	15%
Don't have insurance	21%	25%	15%	22%	18%	20%	30%
Trouble finding a time that works in my schedule	19%	19%	11%	21%	3%	5%	10%
Not available where I live	19%	7%	13%	13%	22%	30%	30%
Transportation	17%	9%	13%	22%	11%	20%	29%
Don't know where to find	8%	2%	2%	28%	18%	28%	17%

The percentage of Connect Mat-Su survey respondents with unmet healthcare needs increased between 2022 and 2025. Unmet medical care increased from 28.6% to 36.5%, unmet dental care from 35.7% to 39.3%, unmet prescriptions or medications from 18.2% to 30.7% and unmet home health care from 5.4% to 10.4%. In 2022, respondents were not asked about disability services, although in 2025, 26.7% of respondents identified that as an unmet need.

Table #4. Drug Overdose Rates, Source: Department of Health (DOH), Health Analytics and Vital Records (HAVRS); Accessed 2026.

Table 04 : Overdose Deaths Involving Opioids or Fentanyl | Source: DOH, HAVRS



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	Set Free Alaska	
Category	**Year 1**	**Year 2**
Personnel Services	$93,365.35	$ 93,301.74
Travel		
Space or Facilities Costs		
Supplies Costs	$ 8,936.39	$ 9,000.00
Equipment Costs		
Other costs	$ 15,345.26	$ 15,345.26
	$ 117,647.00	$ 117,647.00