Narrative Contents

Cook Inlet Tribal Council, Inc.

<div style="text-align: right">**A. Description of the Issue**</div>

A.1. Applicant Introduction. Cook Inlet Tribal Council, Inc. (CITC) is a Tribal 501(c)(3) nonprofit social services organization and is one of Alaska's largest and most diverse behavioral healthcare providers. CITC was established in 1983 by Cook Inlet Region, Inc., an Alaska Native regional corporation. Via its 5 core service departments—Alaska's People, Child and Family Services, Employment and Training Services, Recovery Services, and Youth Empowerment Services—CITC assists almost 10,000 unduplicated individuals per year. The overwhelming majority of those individuals are Alaska Native and/or American Indian (AN/AI) and/or are members of low-income families. CITC specializes in providing culturally responsive, evidence-based, and trauma-informed services to people who are most vulnerable.

A.2. Target Population and Service Area. The project's target population will be AN/AI adults who have substance use disorders (SUDs) and seek SUD treatment and recovery services. AN/AI and non-AN/AI individuals, however, will be eligible for all project-associated services and will be served equally and according to their respective needs.

The project's service area will be the Anchorage Metropolitan Statistical Area (MSA), which is composed of the Municipality of Anchorage consolidated city-borough and the Matanuska-Susitna borough in Alaska. The Anchorage MSA is the second largest MSA in the country by area (26,442 square miles) (Census Reporter, 2021) and is Alaska's only economic hub.

With its 398,328 residents, the Anchorage MSA represents over 54% of Alaska's total population (America Counts Staff, 2021). And of those residents, 57,072—or over 14%—are AN/AI (race alone or in combination). In recent years, the Anchorage MSA's AN/AI population has been increasing steadily due to high fertility rates (Alaska Division of Public Health, 2017; Blake et al., 2016) and migration from Alaska's rural communities (Lowe, 2010).

Because CITC is a Tribal applicant and because the project's service area will be "a suburban area or medium-sized county" with a population that is between 100,000 and 500,000 people, the application will be most appropriate for subcategory 1b. The project's budget does not exceed that subcategory's award ceiling.

A.3. Substance Use Impacts. Overall, the Anchorage MSA has significant gaps in its behavioral healthcare continuum, especially for SUD- and suicide-related; crisis respite; and family support services (Agnew::Beck & Hornby Zeller Associates, Inc., 2016; Anchorage Collaborative Coalitions, 2016). The Matanuska-Susitna borough, in particular, lacks adequate outpatient, inpatient, and emergency capacities, and patients are frequently diverted to the strained but more urbanized Municipality of Anchorage consolidated city-borough for care (Agnew::Beck & Hornby Zeller Associates, Inc., 2016: 152-153).

Largely due to persistent geographic barriers, healthcare is considerably more expensive in Alaska than it is in other states. In 2014, the most recent year for which data is available, Alaska, among all states, had the single highest healthcare spending per capita ($11,064), which was almost 40% higher than the comparable national average ($8,045) (US Centers for Medicare and Medicaid Services, 2021). And in 2020, Alaska, among all states, had the fourth highest percentage of uninsured residents (12.6%), which was almost 50% higher than the comparable national average (8.6%) (Kaiser Family Foundation, 2021).

Substance use and SUDs are considerably more prevalent in Alaska than they are in the United States as a whole (Lipari et al., 2017; McDowell Group, 2020). Between 2016 and 2017, for example, 9.3% of adult Alaska residents and 7.7% of adult United States residents had SUDs (Richardson & Gutierrez, 2019: 19). Also between 2016 and 2017, Alaska, among all states, had the single highest prevalence of SUDs among adolescent residents and the fifth highest

prevalence of the same among adult residents (Richardson & Gutierrez, 2019: 19-20).

Historically, overdose mortality for all drugs and for opioids alone was markedly higher in Alaska—and in the Anchorage MSA specifically—than it was in the United States as a whole (NORC at the University of Chicago, 2020). But between 2015 and 2019, overdose mortality rates largely equalized in all three polities (see **Table 1**).

	United States		Alaska		Anchorage MSA	
Year Range	All Drugs	Opioids	All Drugs	Opioids	All Drugs	Opioids
2010 to 2014	19.4	11.3	21.7	14.0	25.5	16.9
2015 to 2019	28.7	20.2	24.7	16.6	25.7	18.9

Table 1. *Overdose mortality rates, each per 100,000 people, for all drugs and for opioids alone. Adapted from NORC at the University of Chicago (2020).*

Opioids, among all illicit substances, have had the most significant impact on Alaska's public health situation. In recent years, opioid-related hospitalizations and deaths have increased significantly (Hull-Jilly et al., 2015). Between 2010 and 2017, for example, 661 opioid-related deaths (94% of which were caused by overdoses) were reported, and the rate of those deaths surged from 7.7 per 100,000 people to 13.6 per 100,000 people (Filly & Hull-Jilly, 2018). Alaska's AN/AI residents, among all racial groups, have experienced the highest opioid-related naloxone intervention, hospitalization, and death rates (see **Table 2**).

	Year Range	AN/AI	White	Black	Asian
Naloxone Inter. Rate	2015 to 2017	0.8	0.6	0.7	0.2
Hospitalization Rate	2016 to 2017	41.6	27.2	10.9	5.3
Death Rate	2013 to 2017	15.1	11.9	n/a	n/a

Table 2. *Opioid-related hospitalization and death rates, each per 100,000 people. Adapted from Filly & Hull-Jilly (2018).*

Alaska, among all states, has the 7th highest sum and rate of children who are affected by opioids (Brundage et al., 2019). Of the estimated 7,500—or 39 per 100,000 people—of such

children in 2017, 60% resided with parents who had opioid-related SUDs, 27% were removed from their homes and placed in foster or kinship care, 10% lost parents to overdoses or incarcerations, and 7% developed opioid-linked SUDs or accidentally ingested opioids.

In Alaska, around 46% of youths who were in foster care between 2011 and 2015 had been placed there because of parental substance use (often in combination with neglect and/or abuse) (Child Trends, 2017). Alaska is among the 6 states that had the highest increases (each over 50%) in their foster care populations between 2012 and 2016 (Radel et al., 2018). AN/AI and Black children, in particular, are disproportionately represented in those populations, largely due to significant shortages of culturally appropriate family preservation and supportive services (Brundage & Levine, 2019). From 2017 to 2030, the economic cost of opioids on Alaska's child welfare system is projected to be around $1.5 billion (Brundage et al., 2019).

A.4. Specific Challenges. As a Tribal organization, CITC is particularly concerned about how AN/AI Anchorage MSA residents are disproportionately affected not only by substance use, as discussed in **A.3**, but also by poverty and unemployment.

Among all racial groups in Alaska, AN/AI residents have by far the highest poverty and unemployment rates. For the past 10 years for which data is available (2010 to 2019 inclusive), the average annual poverty rates for AN/AI, White, and all Alaska residents were around 24%, 7%, and 11% respectively (Kaiser Family Foundation, 2022). (Data for other racial groups is not available due to insufficient sample sizes.) Similarly, between 2012 and 2016, the average annual unemployment rates for AN/AI and all Alaska residents were around 21% and 8% respectively (Broaddus, 2018).

A.5. Funding Constraints. In all of its facilities in the Anchorage MSA, CITC's outpatient and residential SUD treatment and recovery services are consistently at maximum capacity and

have long waiting lists due to high demand. The demand for such services, as discussed in **A.3**, far exceeds the availability of them. CITC's existing behavioral healthcare continuum will be leveraged in order to support the project.

B. Project Design and Implementation

B.1. Purpose and Focus. CITC's proposed Comprehensive Opioid, Stimulant, and Substance Abuse Site-Based Program (COSSAP) project will expand the accessibility of peer recovery support services and will ultimately decrease the prevalence of substance use in the Anchorage MSA. Specifically, CITC, in partnership with Southcentral Foundation—a prominent Tribal 501(c)(3) nonprofit primary and behavioral healthcare services provider (see **C.2**)—will establish a specialized and flexible team of Peer Support Workers who will work in clinical and non-clinical settings. Via its focused fundable activities, the project will complement the US Bureau of Justice Assistance's efforts to reduce substance use and its impacts.

In the application's context, participants will be individuals who receive services via the project. Participants will include members of the target population and other adult Anchorage MSA residents—whether AN/AI or non-AN/AI—who seek SUD treatment and recovery services. Participants will be received—according to their respective needs and interests—from CITC's existing SUD treatment and recovery services enrollment pool and from Southcentral Foundation's existing substance detoxification services enrollment pool. For individual- and group-based peer mentoring sessions (see **B.2**), participants will also be received from CITC's existing peer recovery support services alumni pool.

The project will support 3 new Peer Support Workers (1.0 FTE each) (see **C.1**), who will be placed under CITC's Recovery Services department and will be supervised by that department's

existing Peer Support Program Manager (0.2 FTE in kind). The Peer Support Workers will work from CITC's primary facility (*Nat'uh*) in Anchorage, CITC's satellite office in Wasilla, and Southcentral Foundation's SCF Detox clinic in Anchorage (see **B.2** and **C.2**).

The project will be coordinated by the existing Senior Director (0.1 FTE in kind) of CITC's Recovery Services department. Specifically, the Senior Director will coordinate the project's main activities, reporting processes, and external communications.

B.2. Main Activities. The project will incorporate 8 main activities that will closely complement CITC's and Southcentral Foundation's respective existing behavioral healthcare continua. Those activities, which are linked to the project's deliverables (see **B.3**) and goals, objectives, and outcomes (see **B.4**), are described in detail below. A timeline for those activities is included in the application's attachments.

- ✶ **Individual-Based Peer Mentoring Sessions.** Each week, the Peer Support Workers will provide 1 or 2 individual-based peer mentoring sessions to participants. Each session will include any combination of personalized motivational interviews, emotional support discussions, SUD treatment and recovery goal setting, life skills trainings, social skills trainings, assistance with existing and anticipated barriers to SUD treatment and recovery, and assistance with SUD treatment transitions. Each session will be carefully planned and conducted in order to ensure that all participants are encouraged, motivated, and informed. Each session will be conducted for 1 to 2 hours in CITC's primary facility or in CITC's satellite office, according to its associated participant's preference.

- ✶ **Group-Based Peer Mentoring Sessions.** Each week, the Peer Support Workers will provide 4 group-based peer mentoring sessions to participants. Each session will include any combination of guided storytelling workshops, collective problem-solving

workshops, conflict resolution trainings, job skills trainings, financial management trainings, and special expert presentations. Each session will be carefully planned and conducted in order to ensure that all participants are empowered, validated by their peers, and integrated into a supportive and safe community. Each session will be conducted for 2 hours, and all sessions will be conducted in simultaneous pairs. One half of the sessions will be conducted in CITC's primary facility, and one half of the sessions will be conducted in CITC's satellite office.

�֎ **Naloxone Use Trainings.** Each month, the Peer Support Workers will provide a naloxone use training for participants and community members. During each training, the Peer Support Worker(s) will educate attendees on how to use naloxone in order to reverse opioid-related overdoses and will provide attendees with naloxone rescue kits. Each training will be conducted for 1 hour in a predetermined venue that is easily accessible via public transportation.

✖ **Brief Interventions.** Throughout each month, the Peer Support Workers will provide brief interventions to all participants who need them. During each brief intervention, the Peer Support Worker(s) will educate the participant on the harms of substance use and SUDs and will motivate the participant to change her substance use behaviors.

✖ **Referrals to Healthcare Services.** Throughout each month, the Peer Support Workers will provide referrals to primary and behavioral healthcare (especially SUD treatment and recovery) services—via CITC, Southcentral Foundation, and/or other local healthcare providers—to all participants who need them. Each referral will connect its associated participant with a particular healthcare service that addresses that participant's general heath or SUD treatment and recovery needs.

⚒ **Referrals to Wrap-Around Services.** Throughout each month, the Peer Support Workers will provide referrals to wrap-around services—via CITC, Tribes and Tribal organizations, nonprofit organizations, and state and federal agencies—to all participants who need them. Each referral will connect its associated participant with a particular wrap-around service that addresses an existing or anticipated barrier to that participant's achieving her SUD treatment and recovery goals. Examples of such services will include transitional housing access, housing assistance, childcare assistance, parenting courses, job coaching, education opportunities, and criminal justice advocacy.

⚒ **Case Management.** Throughout each month, the Peer Support Workers will guide and track SUD treatment and recovery progress for all participants. For each participant, the Peer Support Workers will record and routinely review all provided and recommended services, case notes, existing and anticipated barriers, and specific needs in that participant's individual file.

⚒ **Data Management.** Throughout each month, an existing Data Coordinator (0.1 FTE in kind) will process and track all project-related data and statistics and will prepare all quarterly and annual reports (see **D.1**). Additionally, the Data Coordinator and the Senior Director will analyze the project's performance in relation to its objectives.

Overall, the Peer Support Workers will serve as positive, responsible, and accountable role models and will meet participants' SUD recovery needs with emotional, informational, instrumental, and affiliational supports (US Center for Substance Abuse Treatment, 2009). Via the project's main activities, the Peer Support Workers will use a variety of trauma-informed, culturally appropriate, and evidence-based approaches (see **B.5**). Ultimately, the Peer Support Workers will lead participants toward lifelong recovery, wellness, and self-sufficiency.

The Peer Support Workers will receive frequent and high-quality trainings and certification opportunities from CITC's Recovery Services department (see **B.6**) and will be required to adhere to all of CITC's confidentiality and ethics standards (see **D.1**). The Peer Support Workers will collaborate closely with their colleagues, will attend all department and team meetings, and will contribute data and case notes to participants' individual files.

In order to strengthen its existing partnership with Southcentral Foundation and to create new service options for participants, CITC will establish a direct link with Southcentral Foundation's SCF Detox clinic, which is wholly funded by the US Health Resources and Services Administration. On any given workday, at least one Peer Support Worker will be assigned to that clinic, as discussed in **B.1**, and will provide services to mutual participants who are actively receiving substance detoxification services (ASAM level of care 3.7) from that clinic. The Peer Support Workers will also facilitate participants' transfers, via referrals and in both directions, between CITC's behavioral healthcare services and that clinic.

B.3. Deliverables. Within the first 4 months of the project's 3-year performance period, CITC will produce 4 deliverables. Those deliverables, which are linked to the project's main activities (see **B.2**) and goals, objectives, and outcomes (see **B.4**), are described in detail below. Those deliverables will be drafted and managed by the Peer Support Program Manager and will be reviewed and submitted by the Senior Director.

- ✎ **Memorandum of Agreement.** A memorandum of agreement will establish a new formal partnership between CITC and Southcentral Foundation and will define the Peer Support Workers' roles and responsibilities in relation to their activities at Southcentral Foundation's SCF Detox clinic.

- ✎ **Group-Based Peer Mentoring Plan.** A group-based peer mentoring plan will define the

policies, procedures, expectations, engagement strategies, frequencies, venues, and other elements of the group-based peer mentoring sessions.

↗ **Services Coordination Plan.** A services coordination plan will define the policies, procedures, outreach strategies, efficiency strategies, schedules, and rosters for coordinating services for CITC and Southcentral Foundation's mutual participants.

↗ **Services Catalogue.** A services catalogue will list and describe all of the SUD treatment and recovery services—via CITC, Southcentral Foundation, and other qualified providers—that are available in the Anchorage MSA; will describe the principles of SUD treatment and recovery; and will illustrate and emphasize the importance of seeking SUD treatment and recovery services. The services catalogue will be updated regularly, and copies of that catalogue will be distributed to all participants.

B.4. Goals, Objectives, and Outcomes. By the end of the project's 3-year performance period, CITC will achieve 5 goals, complete 14 objectives, and produce 5 outcomes. Those goals, objectives, and outcomes, which are linked to the project's main activities (see **B.2**) and deliverables (see **B.3**), are described in detail below.

⍈ **Goal 1.** Expand individual-based peer recovery support services accessibility for adult residents in the Anchorage MSA.

  ▶ **Objective 1.1.** By the end of the project's 1st year, provide individual-based peer recovery support sessions to 50 unduplicated participants.

  ▶ **Objective 1.2.** By the end of the project's 2nd year, provide individual-based peer recovery support sessions to 50 unduplicated participants.

  ▶ **Objective 1.3.** By the end of the project's 3rd year, provide individual-based peer recovery support sessions to 50 unduplicated participants.

★ **Outcome 1.1.** By the end of the project's performance period, 150 unduplicated participants will receive individual-based peer recovery support sessions.

⇰ **Goal 2.** Expand group-based peer recovery support services accessibility for adult residents in the Anchorage MSA.

▸ **Objective 2.1.** By the end of the project's 1st year, provide 208 (or 4 per week) group-based peer recovery support sessions to participants.

▸ **Objective 2.2.** By the end of the project's 2nd year, provide 208 (or 4 per week) group-based peer recovery support sessions to participants.

▸ **Objective 2.3.** By the end of the project's 3rd year, provide 208 (or 4 per week) group-based peer recovery support sessions to participants.

★ **Outcome 2.1.** By the end of the project's performance period, 624 group-based peer recovery support sessions will be provided to participants.

⇰ **Goal 3.** Reduce opioid-related overdose fatality rates among adult residents in the Anchorage MSA.

▸ **Objective 3.1.** By the end of the project's 1st year, provide 12 naloxone use trainings to participants and community members.

▸ **Objective 3.2.** By the end of the project's 2nd year, provide 12 naloxone use trainings to participants and community members.

▸ **Objective 3.3.** By the end of the project's 3rd year, provide 12 naloxone use trainings to participants and community members.

★ **Outcome 3.1.** By the end of the project's performance period, 36 naloxone use trainings will be provided to participants and community members.

⇰ **Goal 4.** Expand general SUD treatment and recovery services accessibility for adult

residents who are detoxifying from substances in the Anchorage MSA.

▸ **Objective 4.1.** By the end of the project's 1st year, provide referrals to CITC's existing SUD treatment and recovery services to 30 unduplicated mutual participants from Southcentral Foundation's SCF detox clinic.

▸ **Objective 4.2.** By the end of the project's 2nd year, provide referrals to CITC's existing SUD treatment and recovery services to 30 unduplicated mutual participants from Southcentral Foundation's SCF detox clinic.

▸ **Objective 4.3.** By the end of the project's 3rd year, provide referrals to CITC's existing SUD treatment and recovery services to 30 unduplicated mutual participants from Southcentral Foundation's SCF detox clinic.

★ **Outcome 4.1.** By the end of the project's performance period, 90 unduplicated mutual participants from Southcentral Foundation's SCF detox clinic will receive referrals to CITC's existing SUD treatment and recovery services.

⇉ **Goal 5.** Produce all of the project's deliverables and secure the project's long-term effectiveness and sustainability.

▸ **Objective 5.1.** By the end of the project's 4th month, produce a memorandum of agreement between CITC and Southcentral Foundation, a group-based peer mentoring plan, a services coordination plan, and a services catalogue.

▸ **Objective 5.2.** By the end of the project's 2nd year, revise the group-based peer mentoring plan, the services coordination plan, and the services catalogue.

★ **Outcome 5.1.** By the end of the project's performance period, produce a memorandum of agreement, a group-based peer mentoring plan, a services coordination plan, and a services catalogue.

B.5. Evidence-Based Practices. CITC incorporates evidence-based practices for all of its existing behavioral healthcare projects. Those practices that will be most applicable for the project are described below. None of the identified practices will be modified.

- ❧ **Trauma-Informed Approach.** The Peer Support Workers will follow the US SAMHSA's trauma-informed approach model (US Center for Substance Abuse Treatment 2014) for the project's main activities. That model will help to ensure that participants will receive the most appropriate, constructive, and holistic support for their respective recovery pathways (Finkelstein et al., 2004). AN/AI Anchorage MSA residents, in particular, are uniquely disadvantaged in modern society due to socioeconomic, historical, and personal traumas.

- ❧ **Motivational Interviewing.** The Peer Support Workers will follow the US SAMHSA's standards for all project-associated motivational interviewing (US Center for Substance Abuse Treatment, 2012). An individual-centered practice, motivational interviewing allows interviewees to resolve their ambivalent feelings and to address their harmful behaviors through guided introspection (Hall et al., 2012). The practice is popular among CITC's participants, who rarely have opportunities to identify or to focus on their own emotions, anxieties, and stressors.

- ❧ **Gender-Responsive Recovery.** The Peer Support Workers will integrate gender-responsive recovery models, such as Helping Women Recover (Covington, 2002) and Seeking Safety (Najavits, et al., 2014) into all individual- and group-based peer recovery support sessions. While most other recovery curricula were originally designed for men, gender-responsive recovery curricula are based on women's experiences (Armstrong, 2009). Thus, those curricula are well received by CITC's female participants.

B.6. Peer Trainings. As discussed in **B.2**, the Peer Support Workers will receive formal trainings from CITC and will provide informal trainings to participants. All trainings for the Peer Support Workers will be tracked and evaluated by CITC's Alaska's People department in a learning management system by Relias, LLC. All trainings for participants will be tracked and evaluated by the Peer Support Program Manager in their respective participant-level files in CITC's existing case management system (see **D.1**).

The Peer Support Workers will receive quarterly trainings on SUD treatment and recovery practices, annual trainings on health and safety (e.g., HIPAA, bloodborne pathogens), and continuous trainings on substance use (i.e., chemical dependency) counseling (with facilitated opportunities for certification). The Peer Support Workers will also receive practical trainings from the Peer Support Program Manager on peer recovery support principles—based on the McShin Foundation Model—and evidence-based behavioral healthcare practices.

B.7. Potential Barriers. CITC has identified a number of potential barriers that could impede the success of the project. If any of those identified potential barriers are realized, CITC will adopt alternative (and likely temporary) processes. CITC will make every effort to implement the project as designed and will anticipate and mitigate any barriers that may be realized. Those barriers are discussed below.

☙ **Potential Barrier 1.** CITC could experience hiring and/or onboarding delays for one or more of the Peer Support Workers. If that barrier is realized, one or more of CITC's 12 existing Peer Support Workers (who are supported via other projects) will act as substitutes and will conduct the project's main activities until all of the project's staff positions are filled. Additionally, CITC's Alaska's People department will increase its advertising, screening, and interviewing efforts in order to find the most suitable

candidate(s). That department will also share details about the open staff position(s) with other entities in order to generate more interest.

☛ **Potential Barrier 2.** CITC could fail to retain one or more of the Peer Support Workers. If that barrier is realized, CITC's Recovery Services and Human Resources departments will investigate the relevant case(s) and will modify CITC's orientation and training approaches. In order to fill the vacant staff position(s) quickly, CITC's Alaska's People department will implement the solutions that are discussed for **Potential Barrier 1**.

☛ **Potential Barrier 3.** CITC could fail to maintain its formal partnership with Southcentral Foundation and could be asked to cancel its association with the latter's SCF Detox clinic. If that barrier is realized, CITC will renegotiate its partnership with Southcentral Foundation in order to ensure that the project's services are not interrupted. Otherwise, CITC will refocus those services exclusively to its own facilities.

B.8. Inter-Project Coordination. Currently, 4 COSSAP- and COAP-funded projects are open and active in Alaska. Of those projects, all are Tribal, but all have service areas that are remote and located far from the Anchorage MSA. CITC's COSSAP project would be an original and largely independent effort and not a duplicated one. Regardless, the Peer Support Program Manager will initiate and maintain contact with other COSSAP and COAP project coordinators in order to identify and to act on opportunities for mutual referrals and trainings.

C. Capabilities and Competencies

C.1. Management Structure and Staffing. As discussed in **B.1**, the Peer Support Workers will be the project's key personnel and will conduct the project's main activities. The Peer Support Workers will be integrated into CITC's Recovery Services department and will be

expected to be fully compliant with all departmental (and organizational) policies, procedures, and trainings. The Peer Support Workers will be supervised by the Peer Support Program Manager and will ultimately be overseen by the Senior Director.

The existing Peer Support Program Manager, Ms. Casey Peavy, is completing a Bachelor of Arts in anthropology with a minor in Alaska Native studies. Ms. Peavy has over 5 years of Tribal social services experience and over 3 years of project management experience with Alaska Native cultural development and enrichment projects.

The existing Senior Director, Dr. Angela Michaud, holds a Doctor of Chiropractic and a Bachelor of Science. Dr. Michaud has over 13 years of SUD prevention, intervention, treatment, and recovery services experience and over 10 years of behavioral healthcare management experience.

CITC's Recovery Services department will coordinate with CITC's Alaska's People and Human Resources departments in order to recruit the best candidates for the Peer Support Worker positions. CITC's Alaska's People department—which specializes in connecting Alaska Native people with fulfilling career paths that match their individual skills, qualifications, and interests—will lead the advertising, screening, and interviewing efforts for the new positions. CITC's Human Resources department—which provides ongoing human resources services—will facilitate the onboarding and orienting processes for the new staff members.

C.2. Organizational Capacity. In the past 5 years, CITC has implemented 21 state- and federally funded behavioral healthcare projects and, via those projects, has served around 2,000 unduplicated individuals. Also in the past 5 years, CITC has expanded each of its 5 core departments (see **A.1**) and its overall impact and influence in Alaska. Between 2017 and 2022, for example, CITC's total operating budget grew from over $60 million to over $100 million,

and CITC's total staff grew from 267 members to over 400 members. Those expansions will ensure that CITC can reliably provide the highest diversity and quality of wrap-around services to the project's target population.

C.3. Selected Partnership. As illustrated in the letter of support in the application's attachments, CITC and Southcentral Foundation have collaborated on numerous SUD treatment and recovery-focused projects and have maintained a close working partnership since CITC's establishment in 1983. CITC and Southcentral Foundation recognize each other's substance dependency screenings, share a mutual referral network, and are both active members of the Alaska Behavioral Health Association.

Overall, the project will establish another invaluable link between CITC and Southcentral Foundation and will generate a number of benefits for their mutual participants, including increased service options, increased contact hours, and decreased waiting times. Overall, CITC anticipates that participants will feel better supported and more optimistic about their individual SUD treatment and recovery goals.

Southcentral Foundation and the Alaska Native Tribal Health Consortium jointly own and manage the Alaska Native Medical Center in eastern Anchorage. With funding from the US Indian Health Service and other federal and state agencies, Southcentral Foundation provides primary, secondary, obstetric, pediatric, dental, and behavioral healthcare services from the Alaska Native Medical Center and its other facilities in the Anchorage MSA. Each year, CITC refers hundreds of participants to Southcentral Foundation's services. CITC's Recovery Services department, in particular, relies on Southcentral Foundation for its substance detoxification and medication-assisted treatment services in order to supplement its own outpatient and residential SUD treatment services.

C.4. Coordination Plan. As discussed in **B.1**, the project will be coordinated by the existing Senior Director of CITC's Recovery Services department. The Senior Director will be responsible for coordinating the project's main activities, reporting processes, and external communications (particularly with Southcentral Foundation). The Senior Director will dedicate around 4 hours per week (or 0.2 FTE in kind) to those responsibilities.

C.5. Evaluator Collaboration. CITC is willing to work with an evaluator for the project and welcomes any proposed site-specific and/or cross-site evaluations.

D. Data Management and Performance Measurement

D.1. Methods and Responsible Parties. All project-related data will be collected by the Peer Support Workers, managed by the Peer Support Program Manager and the Data Coordinator, and ultimately overseen by the Senior Director. The primary tools for that data management will be CITC's Recovery Services Case Management System (RSCMS)—a secure and custom-built management information system—and Momentive, Inc.'s SurveyMonkey platform. CITC has been accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) since 2007 and has specifically tailored its RSCMS to follow the CARF's quality standards. The Peer Support Program Manager and the Senior Director will continuously improve data collection, retention, and analysis methods and will be fully supported and guided by CITC's information technology, management information, and compliance teams.

Data collection for each activity will be conducted daily, after the activity's applicable tasks are completed. Participant-specific data items will be stored in their respective participant-level files in the RSCMS. Participant feedback data items will be collected with SurveyMonkey, following CITC's original Five Factors (i.e., financial stability, healthy lifestyles, education and

training, cultural and spiritual wellness, and personal relationships) qualitative surveying model, and stored in their respective participant-level files in the RSCMS.

The project's team will adhere to all reporting requirements. Once per month, the Peer Support Program Manager and the Data Coordinator will synthesize all project-related data and will produce a progress report, which will be reviewed by the Senior Director. Once per week, the Peer Support Program Manager and the Peer Support Workers will hold a progress meeting, wherein they will discuss any existing and potential challenges to services delivery and any existing and anticipated success stories. Once per quarter, the Senior Director and the Peer Support Program Manager will hold a continuous quality management meeting, wherein they will review the project's performance in relation to its objectives.

D.2. Performance Metrics and Data Sources. The project's primary performance metrics will be the sums of participants who are provided with individual-based peer recovery support sessions (**Objectives 1.1**, **1.2**, and **1.3**), the sums of group-based peer recovery support sessions that are provided (**Objectives 2.1**, **2.2**, and **2.3**), the sums of naloxone use trainings that are provided (**Objectives 3.1**, **3.2**, and **3.3**), the sums of participants who are referred from Southcentral Foundation's SCF detox clinic to CITC's existing SUD treatment and recovery services (**Objectives 4.1**, **4.2**, and **4.3**), and verification that the project's deliverables were produced and subsequently revised (**Objectives 5.1**, and **5.2**).

As discussed in **D.1**, all participant-level data will be recorded and managed in CITC's RSCMS. Thus, all performance-related data will originate from that system. Some of that data will also overlap with CITC's existing projects because they will share the same system. When necessary, CITC will request additional project-related data from Southcentral Foundation via release of information forms.

E. References

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