

Interior Region Event: Summary Notes of Priorities and Plans

General Takeaways and Considerations

- **Navigation:** the most consistent gap identified in every area.
 - All people need help navigating the system, including parents, youth, providers, state workers, crisis teams, etc.
 - Specific types of navigation discussed:
 - Family Navigators
 - ADRC Navigators
 - State “behavioral health case managers”/navigators
 - Help Me Grow Alaska.
 - IT/Resource Dashboard
 - Discharge – provide families/youth with list of resources and an active, engaged navigator at discharge.
- **Service gaps:**
 - Home based waivers for children are not designed for those with autism.
 - Homelessness supports for youth.
- **Acute and residential care.**
 - Many existing providers do not take Medicaid.
- **Workforce:**
 - Increase workforce by expanding training to many levels, such as school counselors, churches, and schools.
 - Integrate behavioral health into faith communities.
 - Offer tuition reimbursement for people working in behavioral health (even if the education is not specific to BH).
- **Data**
 - How do we get the data?
 - Have a parental representative to ensure their inclusion in the data.
 - There is a disconnect between mental health professionals, psychiatrists, and psychologists as team members with the state.

Six Service Categories:
Prevention/Early Intervention, Social Supports, Health Related Social Needs
Community Level Supports/Home and Community Based Services/Outpatient
Mental Health in Schools
Residential Services
Crisis Services
Acute Care
Current Resource Inventory

A note on how this document is structured: Denali Daniels + Associates (DDA) provided facilitation for the regional event. The tables below represent the culmination of two-days of structured conversations approximately 66 participants (attendance fluctuated across two-day/hybrid meeting). Groups developed these priority solutions, including plans with next steps to address some of the largest gaps this region faces. The last page is a current resource inventory that is non-comprehensive and is designed to evolve through ongoing edits; bolded names on this list represent that they appear in two or more service categories.

DDA took notes, capturing both the online and in-person conversations. These notes were streamlined into the current table format; a copy of these notes was then shared with the Steering Committee as well as our Tribal partners for input on accuracy and completeness.

These notes are a starting point for information-gathering. If additional information is added subsequent to the event, that **text will be blocked in a different color and in bold italics**. Additionally, the **[last updated]** date in the footer will be refreshed to reflect the most recent change date.

SERVICE CATEGORY DEFINITIONS

Prevention, Early Intervention, Social Supports, Health Related Social Needs

Efforts to cultivate healthy homes, foster positive peer relationships, and nurture a robust cultural environment. Encompasses ensuring basic physical necessities are met, empowering individuals to make informed choices, and providing ample support. These initiatives extend beyond billable services, focusing on holistic well-being.

Community Based Services and Supports

A broad spectrum of accessible resources within the community setting. Examples include primary care facilities, outpatient mental health services, telehealth options, and various clinics. These services are designed to enhance community members' overall well-being and provide necessary support.

Mental Health in School

The closest approximation to a universal environment for young individuals. Within this context, comprehensive educational and supportive structures are implemented to facilitate the development and growth of students, promoting their academic achievements and personal well-being.

Residential Services

Diverse settings where individuals reside for extended periods. This category includes recovery camps, residential child care facilities, and locations where individuals live round-the-clock. These environments are tailored to provide a supportive living arrangement, offering necessary care and guidance.

Crisis Services

Dedicated crisis response systems, such as call centers, mobile response teams, and crisis centers. These facilities serve as essential points of contact for individuals facing acute crises, offering immediate assistance, intervention, and support during challenging situations.

Acute Care

The highest level of care provided in hospital or inpatient settings. This category includes emergency rooms, inpatient psychiatric hospitals, and short-term inpatient stays. Acute care facilities are equipped to address severe medical or psychiatric conditions, ensuring timely and specialized treatment for patients in critical situations.

Prevention/ Early Intervention, Social Supports/HRSN

Identified Priority: Healthy Communities for Youth

Priority because...	Challenges	Next Steps	Partners
<ul style="list-style-type: none"> • A healthy community addresses the hierarchy of needs. • Reduces costly interventions later. • Having a sense of identity and community can help young people be more productive and prepare to enter the workforce at an earlier age. • Preserves culture and keep families together. • Youth with positive relationship reduces social isolation. 	<p><u>Basic needs</u></p> <ul style="list-style-type: none"> • Meeting basic physical needs first. • Lack of knowledge regarding fundamental information about healthy and good choices. <p><u>Home and peer influences</u></p> <ul style="list-style-type: none"> • Peer influence. • Youth without a stable family structure. • Children of adults with justice involved parents. <p><u>Other</u></p> <ul style="list-style-type: none"> • Competing with technology. • Reducing stigma through communication and outreach. • Financial cost for participating in activities can sometimes make it difficult for young people to join in, creating barriers and exclusion. 	<p><u>Planning and Communication</u></p> <ul style="list-style-type: none"> • A comprehensive communication plan should be established to ensure that all activities are well-publicized. • Align the budget with goals. • Youth referrals network. <p><u>Programs and Activities</u></p> <ul style="list-style-type: none"> • Communities, churches, and schools offer a variety of activities, crafts, adventures, and cultural learning opportunities. • Art Projects. Stand-alone projects that can be incorporated into education (example: youth graffiti). • Utilize technology for positive purposes and communicate effectively. Integrate technology into various activities and collaborate with others to create enjoyable and attractive experiences using phones. • Reentry Simulation. <p><u>Social Structures</u></p> <ul style="list-style-type: none"> • Elders actively engaging with youth. • Have centers and locations that are fun and well-resourced for youth. • Increase social connections. <p><u>Create Spaces</u></p> <ul style="list-style-type: none"> • Creating a shelter for homeless youth and providing safe spaces. • A community recreational center that is accessible to everyone, with low financial barriers. 	<p><u>Government</u></p> <ul style="list-style-type: none"> • Fairbanks North Star Borough • Local Governments • State Legislatures • Tribal Government • Schools • First Responders • Healthy Alaskans <p><u>Organizations</u></p> <ul style="list-style-type: none"> • Tribal Organizations • Churches • Clubs • Existing Coalitions • Travel Industry Association • Interior Public Health • Reentry Coalitions • Local Sport Organizations • Arts Council • Careline <p><u>Businesses</u></p> <ul style="list-style-type: none"> • Local Business • Hospitals • Railroads <p><u>Other</u></p> <ul style="list-style-type: none"> • Volunteers • Private Donors • Oil Foundations • Youth • SPS Retirement Consultant – Ben Ross, developing a local community center

Community Level Supports + HCBS + Outpatient

Identified Priority: Resource Dashboard [Navigation]

Priority because...	Challenges	Steps	Partners
<p><u>Access</u></p> <ul style="list-style-type: none"> • Need ease of access and engagement with available services • There are gaps and needs in the communities <p><u>Information</u></p> <ul style="list-style-type: none"> • System is difficult and time-consuming to navigate. • Eliminate or minimize the burden required to search for available resources in the community • Families need access to real-time updates on the availability of services, including local, regional, and state provider capacity 	<p><u>Funding</u></p> <ul style="list-style-type: none"> • Need funds to make the dashboard sustainable, consideration of different payors. <p><u>Staffing/Resources</u></p> <ul style="list-style-type: none"> • Staff capacity to continuously update service availability • Entering information into multiple databases • A dashboard would require IT staff <p><u>Technology</u></p> <ul style="list-style-type: none"> • System Interoperability • Real time data fluctuation 	<p><u>Planning</u></p> <ul style="list-style-type: none"> • Identify the scope of the project and a phased approach. • Determine dashboard audience. • Evaluate state of current efforts. • Evaluate integration/consolidation of existing programs. • Complete a capacity assessment for providers and resources. • Determine who will support the administrative burden to operate • The Tribal Behavioral Health Implementation workgroup is working with the behavioral health division to create a grant application to have a directory of resources for tribes. 	<p><u>Government</u></p> <ul style="list-style-type: none"> • Department of Behavioral Health • Department of Health <p><u>Information Resources</u></p> <ul style="list-style-type: none"> • Alaska 2-1-1 • Health-E-Connect • Alaska Health Information Exchange • Help Me Grow • A2P2 • Crisis call center resource lists <p><u>Providers</u></p> <ul style="list-style-type: none"> • Community Providers • Tribal Behavioral Health Aides • 988 Team • Providers, Parents, & Patients • PAL PAK

Mental Health in Schools

(identified after community listening session as an additional priority area)

Priority because...	Challenges	Steps	Partners
<p><u>Access</u></p> <ul style="list-style-type: none"> Easiest place for youth to access behavioral health services. Reduces stigma when integrated into schooling. Youth and families can get the help and support they need. 44% of Alaskan youth ages 0-19 are Medicaid eligible. <p><u>Need</u></p> <ul style="list-style-type: none"> Disparities exist in Alaska. Alaska youth are experiencing high rates of mental health emergencies. Increase in suicide attempts for 11-14 year olds resulting in emergency room visits Suicide is the leading cause of death for adolescents. Youth need to have a voice when talking about youth mental health support. They are living with losing their friends to suicide. They want to help. School staff should feel confident in connecting with youth and their families who are experiencing mental health concerns. 	<p><u>Behavioral</u></p> <ul style="list-style-type: none"> The boarding schools enroll youth from various parts of the state, many facing behavioral health challenges. There are different perspectives on meeting the behavioral health needs of youth in schools. Teachers coping with behavioral health challenges are less able to teach effectively. <p><u>Life Skills and Home Setting</u></p> <ul style="list-style-type: none"> Student do not feel prepared for adult life. Real life skills are missing. Youth are coming into the classroom not ready to learn. Students need the same level of support who are home-schooled on in a nontraditional school setting. <p><u>Staffing/Workforce</u></p> <ul style="list-style-type: none"> Lack of school counselors and social workers in the school districts. Rural schools have limited staffing and have difficulty accessing services. Teachers and staff often don't have enough time to receive training on important topics. 	<p><u>Data</u></p> <ul style="list-style-type: none"> Involve parents, schools, and legislatures in creating the YRBS surveys. Certain districts may have opted out, resulting in some missing data. Have a comprehensive health education plan available for schools to use as a resource without placing an undue burden on school districts. Have the Youth Risk Behavioral Survey include alternative schools. These schools require funding to support them due to the disparities they face. <p><u>Funding</u></p> <ul style="list-style-type: none"> Have school funds available for mental health professionals. Medicaid offers school-based services that are eligible for reimbursement, but only for children with Individualized Education Plans (IEPs). Potential changes at the federal level could include additional services for the broader student population. Utilize federal and state grant funding for prevention services to provide school services such as Sources of Strength and Suicide Prevention for youth. <p><u>Structural and Planning</u></p> <ul style="list-style-type: none"> Define who holds the responsibility. Engage community partners to help meet the need for youth mental health. Develop Memoranda of Agreement (MOAs) with schools to provide behavioral health services when needed. <p><u>Supports</u></p> <ul style="list-style-type: none"> Train students as peer supports. Decrease stigma through posters, outreach. Have a compassion room. Have elders in schools. 	<ul style="list-style-type: none"> Communities Families School Districts Tribes Behavioral Health Division Wellness Coalitions Prevention Coalitions

Residential Services

Identified Priority: Supporting Workforce and Parents

Priority because...	Challenges	Steps	Partners
<ul style="list-style-type: none"> • Need for strong and expanded residential services. • Access to healthier people. • Need long term options for those with serious mental illness (SMI). 	<p><u>Administrative</u></p> <ul style="list-style-type: none"> • Accreditations • Infrastructure – space and zoning. • Education • Training <p><u>Connecting</u></p> <ul style="list-style-type: none"> • How can we connect with those who need help and create a pathway? <p><u>Funding</u></p> <ul style="list-style-type: none"> • Who pays? • Reimbursement. • Billing regulations <p><u>Housing</u></p> <ul style="list-style-type: none"> • Housing <i>children</i> • Accessing housing, childcare and employment for spouse <p><u>Other</u></p> <ul style="list-style-type: none"> • Liability • Culture <p><u>Workforce</u></p> <ul style="list-style-type: none"> • Insufficient workforce (staff and clinicians). • Lack of incentive for workforce to stay in behavioral health. • Faith based participation 	<p><u>Funding</u></p> <ul style="list-style-type: none"> • Support further training and education by tuition payments. • Expanding beyond billing Medicaid or private insurance to achieve financial sustainability. <p><u>Planning</u></p> <ul style="list-style-type: none"> • Identify workforce requirements. <p><u>Service Provision</u></p> <ul style="list-style-type: none"> • Psychiatric services through telehealth and in in-person. • Additional clinical oversight. • Having qualified people to oversee grant requirements. • Supervision or certification can be provided over telehealth. 	<ul style="list-style-type: none"> • Alaska Mental Health Trust • Residential Treatment Agencies • Fairbanks Native Association • Tanana Chiefs Conference • University of Alaska • Rasmuson Foundation

Crisis Services

Identified Priority: Navigation Support

Priority because....	Challenges	Steps	Partners
<ul style="list-style-type: none"> System is overburdened and unable to adequately respond to growing behavioral health needs. Need a functional support system that is easily accessible for the general public and provides predictability. The COVID-19 pandemic has increased the demand for crisis services aimed at helping young people. An opportunity to utilize the assets within the interior and connect them to people who require support. 	<p><u>Funding</u></p> <ul style="list-style-type: none"> Funding Long term sustainability <p><u>Services</u></p> <ul style="list-style-type: none"> Take a comprehensive approach with a "no wrong door" culture. Lack of cultural based practices Respite and step down services <p><u>Workforce and Staffing</u></p> <ul style="list-style-type: none"> Prioritize those who are interested in this field, provide them with training and fair compensation, and cultivate a culture that values their contributions. Primary care and pediatric professionals feel ill-equipped to address behavioral health needs in children. They would like additional tools to support kids better. Staffing <p><u>Other</u></p> <ul style="list-style-type: none"> Liability Need the right people at the table. Difficulty reaching rural areas timely. Need improved IT technology. 	<p><u>Funding</u></p> <ul style="list-style-type: none"> Braid funding and pull together various funding streams. Medicaid rate methodology review, including crisis services (in progress). <p><u>Planning</u></p> <ul style="list-style-type: none"> Build the system around the person. Define staffing needs. Utilize existing systems into new services Crisis response teams build upon existing programs. IT services Communication and data available <p><u>Training</u></p> <ul style="list-style-type: none"> Provide behavioral health training and crisis intervention training to community members and law enforcement officers, including troopers and Village Public Safety Officers. Change the behavioral health culture. Integrate interdisciplinary teams sharing the same mission. 	<p><u>Advocates/Organizations</u></p> <ul style="list-style-type: none"> Family Advocates National Alliance on Mental Illness <p><u>Government & Public Safety</u></p> <ul style="list-style-type: none"> City of Fairbanks Tribal Partners University of Alaska State of Alaska Department of Juvenile Justice Office of Children Services Alaska Mental Health Trust Military Surrounding cities and villages State Legislature Department of Corrections Primary Care Providers Troopers Village Police Safety Officers <p><u>Service Providers</u></p> <ul style="list-style-type: none"> Experts in the field Crisis Services 911 Schools Behavioral Health Aides Community Health Aides Crisis Response Teams

Acute Care

Identified Priority: Inpatient Acute Care Beds

Priority because...	Challenges	Steps	Partners
<p><u>Capacity</u></p> <ul style="list-style-type: none"> • Only 10 involuntary youth beds in the state. • Increasing amount of emergency room visits for youth with behavioral health needs. • Individuals are experiencing trauma due to the lack of time and attention they require. • Build on the existing infrastructure. <p><u>Need</u></p> <ul style="list-style-type: none"> • Community requests this. • Ameliorates extended trauma. • Address acute care issues promptly and recognizing the importance of receiving acute care. • Gap in the acute care level for those severely mentally ill (SMI) in the interior region. 	<p><u>Discharge</u></p> <ul style="list-style-type: none"> • Discharge planning for the service area. <p><u>Funding</u></p> <ul style="list-style-type: none"> • Capital Funding. • Realistic reimbursement sustainability. • Care is unaffordable for recipient. <p><u>Process</u></p> <ul style="list-style-type: none"> • Timeline. • Getting a waiver and going through the C.O.N regulatory process. <p><u>Staffing</u></p> <ul style="list-style-type: none"> • Workforce required. • The training might not be culturally relevant. • Increased the scope of mental health services for specialist areas. <p><u>Other</u></p> <ul style="list-style-type: none"> • The age this would serve. • The impact on the patient in the facility. • How to continue educating the children. • Families need education on how a child's brain works especially with an SMI. 	<p><u>Funding</u></p> <ul style="list-style-type: none"> • Find the funding streams. <p><u>Planning</u></p> <ul style="list-style-type: none"> • Determine community and economy impact. • Stakeholder engagement. • Managing expectations. • Partner with special population. • Find the facilities that would be a part of this process. • Define "how-to" (regulatory procedures). • Community education. <p><u>Staffing</u></p> <ul style="list-style-type: none"> • Design training/staff competencies aligned with the population. • Resources in rural areas are lacking. Find housing support in rural areas for professionals. • Leverage specialists from other states especially in the rural areas. • Workforce training with concern on recruiting and retaining staff. 	<p><u>Government</u></p> <ul style="list-style-type: none"> • Department of Family and Community Services • Department of Health (Health Care Services) • Tribal Organizations • Alaska Mental Health Trust • State Legislature • Congressional Delegation <p><u>Other</u></p> <ul style="list-style-type: none"> • Rasmuson Foundation • Agencies to discharge to

CURRENT RESOURCE INVENTORY

Prevention and Early Intervention

Family/Home Supports

Childcare Services
Child Care and Development Fund (CCDF)
Infant Learning Program Head Start
RN Support to new families
McKinney Vento Program

School supports

After School Services
Campfire
School Social Workers

Social Supports

Boys and Girls Club
Boy and Girl Scouts
4H Clubs
Youth With a Mission (Y.W.A.M)
Be(You)
PFLAG Fairbanks
Sources of Strength
Fairbanks Native Association, Reconnecting Youth
Churches

Intervention/Postvention

Fairbanks Native Association Community
Opioid Intervention Project
Suicide Prevention Postvention
Fairbanks Native Association Community
Synergy

Services and Providers

Step-In Autism Services
Tanana Valley Clinic Pediatric Services
Fairbanks Wellness Coalition

Home and Community Based Services and Support

Organizations

Big Brother and Big Sisters
Tanana Chiefs Conference
Nenana and Galena Boarding Schools

Resource Centers

Resource Center For Parents
Aging and Disability Resources Center
Help Me Grow Alaska
Complex Behavioral Collaborative
Itinerant Clinicians
Family Center Services
Street Outreach & Advocacy Program
Preparing Future Leaders
Healing Native Hearts
Alaska Center for Children and Adults
Caring Contacts, follow-up Care Line Contacts

Services and Providers

Tanana Valley Clinic, Behavioral Health
Outpatient
Tanana Valley Clinic, Addiction Services
Step-In Autism Services
Chena Health Clinic
Presbyterian Hospitality House
Alaska Center for Children and Adults
Private Practices
Ralph Perdue Center
Tanana Valley Clinic Addiction Medicine
Telehealth
Outpatient Therapy

Residential Services

Services & Providers
Residential Foster Care
Gateway to Recovery
The Door

Old Minto Family Recovery Camp

Fairbanks Native Association, Women and Children Center for Inner Healing
Ralph Perdue

Presbyterian Hospitality House

Fairbanks Memorial Hospital, Emergency Room

Family Centered Services
Fairbanks Native Association, Street Outreach & Advocacy Program
Department of Juvenile Justice – Foster Care Treatment Unit
Graf Rheeneerhanjiii
Independent Living
Tanana Chiefs Conference

Systems

Home and Community-Based Waiver Program
Residential Childcare
RCC licensure Office of Children Services

Crisis Services

Crisis Specific Services
Mobile Crisis Team
Crisis Intervention Team
988 Careline
Suicide Support Lines
Refine
Mobile Outreach for Children and Families
Walk in Crisis Services
True North

First Responders/Law Enforcement

Fairbanks Police Department
Office for Children Services
Stevie's Place

Funding

Crisis services in 1115 can be billed across various settings

Services and Providers

Primary Care Clinics
Tanana Chiefs Conference
Fairbanks Native Association
Fairbanks Memorial Hospital, Emergency Room
Alaska Behavioral Health

Acute Care

Care Insights
Emergency Room Department
Fairbanks Memorial Hospital
Local Crisis Teams