## **General Takeaways and Considerations**

### Cultural Relevance and Competency

- Cultural competency emerged as a prominent theme, emphasizing the importance of integrating cultural practices into all aspects of care and solutions. Participants highlighted the need for cultural orientation programs for providers and educators, considering them essential to offer effective support within the community.
- It was emphasized that cultural competency and traditions must be woven into each category and solution. Honoring and incorporating children's culture and traditions were shown to be powerful prevention tools for youth.
- The integration of cultural practices in each topic area was discussed. This included student-led cultural practices, as students might have diverse ideas about what integrating culture means to them. Community-led initiatives, like Indigenous behavioral health and wellness centers, were identified as effective ways to provide culturally sensitive care.

#### Service Gaps

 In rural areas, housing resources are found to be lacking. It was suggested to find housing support for professionals in these areas.

#### 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**

- Installing fast internet access and utilizing telehealth services were identified as solutions to bridge service gaps.
- o Establishing regional step-up/step-down facilities was discussed as necessary for the continuum of care, emphasizing its importance as a solution to gaps in service.
- Home schooling trends raised concerns about the mental health support available to children in home school environments, leading to discussions about the need for outreach and assistance.

#### Workforce

- A workforce gap was identified across all topic areas, including shortages in various levels such as psychologists, nurses, clinicians, and behavioral health aides. Training and onboarding gaps were also noted.
- o Adequate wages were identified as a solution, along with the need for parity in mental health workforce pay and benefits to attract and retain qualified professionals.

#### Acute Care

 Participants highlighted the challenge of providing timely and appropriate services for youth in crisis due to the limited availability of acute care facilities.

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 44 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, Health Related Social Needs**

Identified Priority: Providing Resources for Adult/Youth Mentorship/Relationship Building

Priority because	Challenges	Next Steps	Partners
Desire to provide information to parents about social media and helping provide traditional knowledge.	Basic needs  Lack of safe homes  Home and peer influences  Lack of trust within community  Other  Lack of law enforcement  Funding - long term and sustainable	<ul> <li>Research</li> <li>Building partnerships with schools</li> <li>Define mentorship for community members</li> </ul>	Government  Tribes  State and Federal  Local Organizations  Native corporations  Schools Other  Stakeholders  Churches

# **Community Level Supports/Home and Community Based Services/Outpatient**

Identified Priority: Tribal Wellness Center (Qagsri)

Priority because	Challenges	Steps	Partners
Healing begins within the land and its people.	Funding	<u>Funding</u>	<u>Government</u>
Rural communities are serviced primarily by Tribal	<ul> <li>Will the services be reimbursable?</li> </ul>	Working with IHS to find joint-venture funding	<ul> <li>Local Tribal corporations/organizations</li> </ul>
and this is desperately needed. Connecting all	Finding the funding for the infrastructure	for construction.	Indian Health Service (IHS)
generations. Not feeling restricted, being	Federal grant funding blocks infrastructure	Financial security	State Division of Behavioral Health
empowered and reclaiming connection to self,	development	Planning	<u>Organizations</u>
culture, community and land.	Staffing/Resources	<ul> <li>Developing programming with existing</li> </ul>	School districts (BSSD and NPSD)
	Healthcare providers may be restricted by	institutions and developing partnerships	<u>Other</u>
	Accreditation bodies	Program design	Non-tribal partners to refer to for unavailable
	<u>Other</u>	Identifying community needs	services
	Will it serve Native and non-Native?	Develop a planning committee	Elders, knowledge bearers, hunters, and
	Regulation/legal blocks to programming	<u>Partnerships</u>	community members
		<ul> <li>Secure community partnerships</li> </ul>	
		Finding partnerships and working with	
		communities directly to address what unique	
		needs are	

# **Mental Health in Schools**

## Identified Priority: Student-led Cultural Practices with Peer-to-Peer Engagement

Priority because	Challenges	Steps	Partners
Major need for youth.	Behavioral     Avoiding burden on students who are trained to feel like they can/should be responsible     Making sure student voices are heard     Staffing/Workforce     Finding, training and retaining staff to support Other     Reframing school structure to be culturally-led and holistic     Sustainability	Planning Clear roles and responsibilities for students parents and leadership Students directly involved in creating programs Supports Incorporating parent/guardians in training Other Convincing leadership it's needed	Government  IRA/tribe  State of Alaska  CDQ groups  Kawerek/Nana Organizations  Churches  School  Tribal health corporations  Alaska Afterschool Network Other
			Parents and guardians / families     Local culture bearers
			Other "best practices" in state and national

# **Residential Services**

## Identified Priority: Co-occurring MH/SD Residential Facility in Northern Region that Incorporates Virtual/PHP to Support Step-Down

Priority because	Challenges	Steps	Partners
Keeps kids in the region	Connecting	Funding	State
Not a current resource	Community support	Secure a funding source	Tribal
	Region support	<u>Planning</u>	<ul> <li>Providers</li> </ul>
	<u>Funding</u>	<ul> <li>Identify the location and the agency to take</li> </ul>	• Trusts
	<ul> <li>No infrastructure/staff/funding</li> </ul>	on the residential treatment center (RTC)	Partner with a current residential treatment
	<u>Housing</u>	Support Identification	center (RTC) like McCann
	<ul> <li>Housing for staff</li> </ul>	Community support	
	<u>Other</u>	Region support	
	<ul> <li>Incentivize the work</li> </ul>	Tribal member support	

# **Crisis Services**

## **Identified Priority: Mobile Crisis Team**

Priority because	Challenges	Steps	Partners
Community level support and stabilization.	Funding Services Cultural and trauma-informed care Workforce and Housing Staff and housing Other Geographic Location "off road system" Community buy-in	Funding Planning Identify stakeholders and community partners Define MTC for rural-setting Develop a coalition	Organizations  Health Information Exchange (HIE) Advocacy groups like BSWG and Child Advocacy Center Tribal organizations Bering Air pathfinders/medivacs  Government and Public Safety EMS Law enforcement 988 Village housing Forensic department ICWA OCS Service Providers Behavioral Health hospital/village clinic Other Tribal healers

## **Acute Care**

## **Identified Priority: Mental Health Unit and Step-Down**

Priority because	Challenges	Steps	Partners
Not identified.	Funding	Planning	Government
	Fiscal planning	Apply/work with hospital board	<ul> <li>Local agencies – State, Tribal, Federal</li> </ul>
	<u>Process</u>	Data analysis over time	<u>Other</u>
	DET	Consultation connecting to DETS	Holistic X Plan
	• DTS	License to provide service outside of hospital	<ul> <li>Wraparound services</li> </ul>
	Step down Transitions		
	Streamlined risk assessment		
	<ul> <li>Not ongoing psychiatric care – no full scale</li> </ul>		
	psych unit		
	Extension of care		
	Staffing		
	Workforce labor		
	Expertise not as simple as clinical		

### **CURRENT RESOURCE INVENTORY**

**Prevention and Early Intervention** 

Community Centers and Organizations Aging And Disability Resource Center Boys & Girls Clubs

Churches

(CFS)

Cultural Festivals Infant Learning Program (ILP) Katirrik Cultural Center Kawerak Children and Family Services

**Kawerak Child Advocacy Center** 

Kawerak Family Nights
Kawerak Headstart
Kawerak Voc. Rehab
Kawerak Wellness
Nome Community Center
Nome Eskimo Community Family
nights and programs
Selawik Wellness Center

Educational Institutions and Programs
After school programs
CCHD Trainings On Mental Health For
Individuals With Intellectual And
Developmental Disabilities
Church youth groups
Native Corp Youth Programs
Native Youth Olympics

Nest

Northwest Campus School counselors

Health and Mental Health Services
Day Shelter (NSHC)
DD Care Coordination
Moas With DJJ
Nactec

Native Connections

Norton Sound Health Corportation (NSHC)

Norton Sound Wellness Center OCS PHC (Public Health Center/PHC) Village based counseling through NSHC

Social Support and Assistance

Nome Children's Home

Nome Community Center clinicians work with Nome Children's Home

Nome Food Bank Nome Job Center SOA Juvenile Justice

Tribes in the 15 Norton Sound Villages, offer childcare assistance programs Women's shelter (Nome)

Youth Court

Community Based Services and

Supports

Corporation)

Clinical Services and Healthcare Providers

PHC (Primary Health Care)

Village-based clinics
NSHC (Norton Sound Health

PC CARES (Presbyterian Community Caring Program)

AHEC (Area Health Education Center)
Kawerak Child Advocacy Center

Law Enforcement (potentially involved in crisis intervention)

Educational Institutions and Programs Schools

Search Youth Groups and Camps Boys And Girls Club

. Community and Support Services

Village-based services

Village

Kawerak (a regional nonprofit organization, might offer various

community services) Tribal Healing

Village Based Wellness Events

Norton Sound Economic Development Corporation events and support

DJJ (Department of Juvenile Justice) Thrift Store Safety Patrol

Recreational and Social Programs
Summercise (NSHC)
Boys And Girls Club

Mental Health in Schools

School Based Services

Home based family treatment (HBFT) -

After school groups
School counselors

Bering Straight School District

Community and Cultural Support

Cultural classes

Talking circles (addressing historical

traumas of community)
NSHC supports village-based

counselors

Mental Health Programs and Support

Child advocacy center

Alaska Area Health Education Center (AHEC)

Norton Sound Health Corporation (NSHC)

Presbyterian Healthcare Services (PHC)

**Grant-Funded Initiatives** 

Project AWARE (Advancing Wellness and Resiliency in Education) grant – delivering mental health in school, clinical services

Collaborative Support Organizations Kawerak

Residential Services
Youth Residential Programs
Youth Wellness Camps
Putyuk Children's Home
Maniilag DD House

Nome Children's Home

Transitional and After Care Services
Transitional After Care Services

Home Plate

**Specialized Shelter Services** 

CYS (Utq)

Nome Women's Shelter

Crisis Services

Emergency Response and Law

Enforcement

VPSOs/Law Enforcement/Mayor

Fire Department

Crisis Hotline and Helpline

988

Crisis Intervention and Mental Health

**Professionals** 

On Call Crisis Therapist for

Suicidal/Homicidal/Gravely Disabled

MSHC Forensic Program

NEST

**NC Talking Circles** 

Kawerak Child Advocacy Center

Shelter and Housing Services Nome Women's Shelter NSHC Adult Day Shelter

Community Support and Resources

Families Churches

Village based clinics

Medical and Healthcare Facilities

**Emergency Room** 

NSHC (Norton Sound Health

Corporation)

Correctional and Detention Centers

DOC/AMCC (Department of Corrections/Anchorage Correctional Complex)

Acute Care

Crisis Response Services

Northstar

Provider Care Line - after hour urgent emergent calls that are sometimes BHS

related

Emergency Room - only two patient safe rooms temporary stay at hospital

Home-Based Services
Pathways Home
Village-based
Intensive Treatment Programs

**Intensive Outpatient Programs** 

*Other* NSHC