

Southcentral Region Event: Summary Notes of Priorities and Plans

General Takeaways and Considerations

- **Culturally Relevant/Attuned:**
 - Prioritizing behavioral health services that are deeply connected to and respectful of the cultural backgrounds and traditions of the communities they serve.
- **Affordable Access to Care:**
 - Ensuring that behavioral health services are financially accessible to all, regardless of economic status, fostering inclusivity and equal opportunities for mental well-being.
- **Workforce:**
 - Addressing challenges related to recruitment, training, and retention of qualified professionals in the behavioral health field to enhance the overall quality and availability of services.
- **Childcare:**
 - Recognizing the pivotal role of accessible and high-quality childcare services in supporting families and contributing to the prevention and early intervention of behavioral health issues.
- **Geographic Hub for Services:**
 - Acknowledging the role of the southcentral region in Alaska as a hub for behavioral health services, emphasizing the need for equitable distribution and awareness of services throughout the state.
- **Therapeutic Foster Home:**
 - Focusing on the development and support of foster homes specifically designed to provide therapeutic environments for children with behavioral health needs, ensuring tailored care and stability.

Event note: On Day Two, a heavy snow fall led to the closure of State of Alaska offices. Due to this and as a safety precaution, the regional meeting was converted to resume in a virtual environment. Some Mat-Su-based participants still attended in-person, but most participated online for the day. Additionally, on Day Two, the opening remarks were accompanied by a slideshow presentation, which are posted on the [State of Alaska Behavioral Health Roadmap for Youth Project Website](#).

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 with approximately 86 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: Screenings and targeted intervention in primary care and health care system

Priority because...	Challenges	Next Steps	Partners
<ul style="list-style-type: none"> Engaging parents and identifying concerns early in a child's life is crucial for setting them on a positive trajectory Early intervention can reduce the need for more services in the future The Family Services Training Center conducted a survey of Medicaid billers, revealing that early infant and childhood mental health is a recognized priority Most families typically seek assistance from primary care or health care systems Building relationships within these systems can facilitate timely screenings and targeted interventions for children and youth Elevating the competence of early relational health impacts both providers and families We have a lot of strengths in the state and wanting to support those and connect those dots 	<p><u>Financial Considerations and Administrative</u></p> <ul style="list-style-type: none"> Fee for services state Lack of significant investment and early intervention in service delivery Challenges in providing services without administrative burdens in behavioral health Need for rates that support the delivery and sustainability of services Current regulatory environment or state plan doesn't allow for payment of these services Private insurance and high deductibles make services cost-prohibitive <p><u>Societal and Perception</u></p> <ul style="list-style-type: none"> Stigma and perception issues among families regarding behavioral health services Apprehension related to mandatory reporting and its implications for families <p><u>System Issues</u></p> <ul style="list-style-type: none"> High number of youth in hospitals and receiving higher levels of care Issues with accreditation requirements and treatment plans 	<p><u>Planning and Communication</u></p> <ul style="list-style-type: none"> Develop a concentrated message on early childhood intervention; ensure consistent messaging across provider types and the state Collaborate with organizations like Primary Care Association (APCA) for alignment; focus on care coordination, prevention, and early intervention services <p><u>Programs and Activities</u></p> <ul style="list-style-type: none"> Provide training for providers, referring professionals, and case manager support staff Establish partnerships with educational institutions for internships, practicums, and workforce development opportunities <p><u>Financial Considerations and Administrative</u></p> <ul style="list-style-type: none"> Change eligibility criteria for ILP; pair eligibility changes with funding to support programs Determine eligible services and reimbursement methods Update regulations and fee schedules for effective service delivery and reimbursement Implement licensing reciprocity for easy provider recruitment Improve Medicaid enrollments for licensed and certified behavioral health providers Reimburse providers for care coordination and case management <p><u>Other</u></p> <ul style="list-style-type: none"> Invest in improvements in electronic data sharing 	<p><u>Government Agencies and Programs</u></p> <ul style="list-style-type: none"> CCDF (Child Care and Development Fund) DFCS (Department of Family and Children Services) DOH (Department of Health) OCS (Office of Children's Services) <p><u>Health and Behavioral Health</u></p> <ul style="list-style-type: none"> AK-AIMH (Alaska Association for Infant and Early Childhood Mental Health) Behavioral health providers Primary Care BH level interventions Tribal health Maniilaq <p><u>Early Childhood and Education</u></p> <ul style="list-style-type: none"> HeadStart ILP (Individual Learning Plans) Family Services Training Center Early Childhood Networks – Pre-natal to 8 Home visiting programs <p><u>Community Prevention and Support</u></p> <ul style="list-style-type: none"> A2P2 (All Alaska Pediatric Partnership) Prevention coalitions Social supports in communities Associations: <ul style="list-style-type: none"> ABHA (Alaska Behavioral Health Association) Alaska Primary Care Association (APCA) Alaska Hospital and Healthcare Association (AHHA) <p><u>Other</u></p> <ul style="list-style-type: none"> Rural providers

Community Level Supports/Home and Community Based Services/Outpatient

Identified Priority: Community Based Services (Example: Home Based Family Treatment)

Priority because...	Challenges	Steps	Partners
<ul style="list-style-type: none"> ● Costs are cheaper at the entry level ● Creating the lowest encounter level ● Crisis intervention at the individual's current level 	<p><u>Financial Considerations</u></p> <ul style="list-style-type: none"> ● Affordability and entry-level costs ● Financial constraints and the need for low-level interventions ● Discrepancies between Medicaid and private insurance coverage affecting attendance ● Reimbursement is a significant hurdle ● Impact of financial considerations on service quality and availability ● Gap between conceptual ideas and practical implementation due to lack of financial support <p><u>Crisis Intervention</u></p> <ul style="list-style-type: none"> ● Crisis intervention tailored to individuals; adapting strategies to unique circumstances. ● Challenges in navigating available treatment options ● Awareness of narrow timeframes for addressing crises ● Scheduling Challenges <ul style="list-style-type: none"> ● Aligning professionals' availability during non-standard hours and at the moment of crisis ● Difficulty finding professionals within restrictive timeframes <p><u>Workforce Development</u></p> <ul style="list-style-type: none"> ● Need for ongoing workforce development ● Administrative workload challenges <p><u>Other</u></p> <ul style="list-style-type: none"> ● Home based family treatment is not the typical first step 	<ul style="list-style-type: none"> ● Change baseline requirements to attract more entry-level frontline personnel ● Strengthen and expand Alaska SHARP (Strengthening Healthcare Access Recruitment Program) ● Develop robust subsidies, particularly within the Mental Health Trust Authority framework ● Identify and define what constitutes a crisis within the mental health context 	<ul style="list-style-type: none"> ● Alaska Mental Health Trust Authority ● Professional boards (nursing, behavioral health, etc.) ● SHARP council

Mental Health in Schools

Identified Priority: Medicaid for School Based

Priority because...	Challenges	Steps	Partners
<ul style="list-style-type: none"> • Kids are in school, and providing care where they are helps overcome barriers such as transportation and time constraints for parents • Existing programs show that the population accessing care in schools differs from those served in the community • The reimbursement rate without Medicaid makes these programs unsustainable • Benefits include not only helping the student but also impacting their families and the entire school community • Existing funding does not meet the scale of the need, especially in urban areas where it is limited 	<ul style="list-style-type: none"> • Lack of long-term sustainable reimbursement rates • Workforce development • Sometimes youth may want/need services, but parents may not be available or trust western models of behavioral health services and not provide consent • Disconnect between DEED, schools, DOH, and providers • Schools may face difficulties hiring or billing for services • While services like speech, PT, and OT are covered by the Education Disabilities Act, mental health services are not • Lack of normalization for mental health support 	<p><u>Policy</u></p> <ul style="list-style-type: none"> • Make a statutory change to allow Medicaid billing by both schools and certain community providers for specific services <p><u>Community Collaboration and Support</u></p> <ul style="list-style-type: none"> • Focus on better linking existing community providers and those interested in offering care • Create a group to facilitate collaboration among providers, schools, and government departments • Provide technical assistance and best practices for mental health in schools, adopting a menu-based approach tailored to diverse community needs • Consider the Head Start model for mental health components in smaller communities and explore expansion to other programs <p><u>Youth and Parental Involvement</u></p> <ul style="list-style-type: none"> • Emphasize the involvement of parents as partners in the process • Recognize the importance of kids accessing care independently when appropriate • Stress the need for robust data to support program and policy evaluation in the long term 	<p><u>Education and Government</u></p> <ul style="list-style-type: none"> • DEED (Department of Education and Early Development) • Schools • Anchorage School Based Health • Alaska Association of School Boards • Head Start programs <p><u>Healthcare and Mental Health</u></p> <ul style="list-style-type: none"> • Alaska Behavioral Health • Alaska Behavioral Health Association • Mat-Su Health Foundation • Covenant House • Alaska Primary Care Association • SCF (Southcentral Foundation) • Alaska Hospital Association • Mental Health Trust Authority <p><u>Community And Family Services</u></p> <ul style="list-style-type: none"> • Parents • Denali Family Services • Alaska Children’s Trust • Big Brothers Big Sisters • Alaska Child and Family <p><u>Community And Family Services</u></p> <ul style="list-style-type: none"> • A2P2 • VOA (Volunteers of America) • Providence • Sunshine Health • Presbyterian Hospitality

Residential Services

Identified Priority: Developing Capacity Within the System (beds) – Therapeutic Treatment Homes

Priority because...	Challenges	Steps	Partners
<ul style="list-style-type: none"> ● Needs of the child are too acute. They are stable but need more support 	<ul style="list-style-type: none"> ● Rate of reimbursement for staff ● Licensing issues: <ul style="list-style-type: none"> ● Facilities vs. single family home. ● Also as it relates to foster care licensing. ● Concerns about intermediary facilities ● Previous model was based on prior to Medicaid waiver (not grants) <ul style="list-style-type: none"> ● False dichotomy (fee for services vs. grants) – <i>what if Medicaid but not for fee for services under different structure, with benefits of grant structure</i> 	<ul style="list-style-type: none"> ● Family model with professional staff providing service. This is typically a person's home ● Explore new licensing type (HB172?) – allowed for intermediate care facilities which while may not be how it was envisioned, perhaps leverage statutory authority ● Explore encounter rate or other models ● Consider types of need or specialization and how that would relate to licensing 	<ul style="list-style-type: none"> ● Department of Law ● Health facilities licensing (Department of Health) ● Senior and Disabilities Services

Crisis Services

Identified Priority: Crisis Stabilization Residential

Priority because....	Challenges	Steps	Partners
<ul style="list-style-type: none"> ● Crisis stabilization residential is a gap in the continuum of care 	<ul style="list-style-type: none"> ● Encouraging providers to stand up crisis residential services ● Informing potential providers of what State assistance is available to include information, regulations, and funding 	<ul style="list-style-type: none"> ● Create “one – pager” to inform possible providers that regulations are in process, funding is available (funding in lieu of DSH), a manual for “stabilization” is being drafted, and providing a single point of contact with the State ● Research how other states have addressed funding the gap between billing and total cost, to inform future advocacy 	<ul style="list-style-type: none"> ● Private health care entities ● Federal Medicaid – CMS ● ANTHC

Acute Care

Identified Priority: Workforce Support and Mentorship

Priority because...	Challenges	Steps (categories identified by group)	Partners
<ul style="list-style-type: none"> ● Without staff things will not work and children/youth will not be served 	<ul style="list-style-type: none"> ● Paying providers ● Lack of new hirers ● Braid funding ● Flexibility ● Peer-to-peer services (e.g., True North Mat-Su) ● Professional isolation ● Rural timeliness, specifically transportation issues ● Aftercare ● Burden of paperwork (bureaucracy) 	<p><u>Upskilling providers on mental health</u></p> <ul style="list-style-type: none"> ● Spread information and training for various professions (teachers, school staff, doctors, law enforcement) <p><u>Support those currently in the field</u></p> <ul style="list-style-type: none"> ● Workforce support to reduce isolation, burnout, and morale injury ● Effective Employee Assistance Programs (EAP) ● Mentorship, collaboration, and understanding of resources through webinars (e.g., AHA, Palpak, SAMHSA, Help Me Grow) <p><u>Grow new staff</u></p> <ul style="list-style-type: none"> ● Utilize programs like SHARP ● Expand peer-to-peer and/or behavioral health aides ● Collaborate with educational institutions ● Provide shadowing opportunities 	<ul style="list-style-type: none"> ● EAPs within agencies ● Hospitals ● Law Enforcement ● Medical providers ● Mental Health providers ● Peer navigation groups ● Schools ● Universities

CURRENT RESOURCE INVENTORY

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

Accessible parks
 Alaska Native Heritage Center
 Before and After School/Summer Programs
Boys and Girls Club
 CCS Early Learning – Palmer Center
 Cook Inlet Tribal Council
 Culture is prevention
 Drug free community coalitions
 Early childhood programs/child care/head start/early head start
 Early parent support groups
 Facing Foster Care
 Faith Communities Equal Prevention
 FQHCs providing integrated primary care to families
 Help Me Grow
 I'll Ask a Family Services
 In home family and parenting support
 Infant learning program
Kodiak Area Native Association
 Mental Health First Aid
 Mentoring Programs – Big Brothers Big Sisters Alaska
 Parents as Teachers (Juneau, Anchorage, and rural)
 Parks and recreation programs
 R.O.C.K. Mat-Su
 Service-Learning Projects
 South Central Foundation - Parent Partners, BHC's Nutaqsariik Program, CFOS Screening Testing Services
 Strengthening Families (in some schools and pre-k)
 The Yak
 United Way Of Matsu (Youth 360 And Thrive)
VOA Alaska

Community Based Services and Supports

Alaska Children and Family Services
Alaska Behavioral Health
 Alaska Family Services
 Big Brothers/Big Sisters
Boys and Girls Club
 CASA
 CODI
 Cook Inlet Tribal Council (CITC)
Denali Family Services
 Family Centered Services (Wasilla)
 WOW Program. Clinical services, therapeutic foster care
 Hope Community Resources
Knik Tribe
 Matsu Behavioral Health Services
Presbyterian Hospitality House
 Private practice clinicians
 South Central Foundation – Alaska
 Native Medical Center
 True North Recovery Services and Programs
 Various support groups
 Youth 360

Mental Health in School
 Afterschool clubs/activities are mental health services
 AK Child and Family (BHAS)
Alaska Behavioral Health
 Art, music, and culture programs in schools is mental health
 AWARE Grants
 Behavioral Health in Schools
 CRESL and culturally responsible and embedded social-emotional learning
Denali Family Services
Knik Tribe
 Physical Education is mental health in school
 School climate and connectedness is mental health in schools
 School counselors

School social workers
 Social and Emotional Learning (SEL)
 Sprots and athletic programs are mental health in school (training coaches in mental health)
 Sunshine Community Health Center
 Various non-profits advocating, for professional development for teachers, counselors, school nurses – often unfunded.
VOA Alaska
 YANA – school clubs with mental health focus i.e.. Sources of Strength

Residential Services

Alaska Behavioral Health – Anchorage outpatient
 Alaska Child and Family - Anchorage
Alaska Psychiatric Institute (API)
 Birchwood BX Health
Covenant House
 CRC Crisis Recovery
 Foster Care
 Group Homes – HOPE/Hearts and Hands
 MAC House
 North Star Residential – Palmer
 Outpatient or inpatient residential?
 Partial Hospitalization Program (keeps kids in home)
 PHP/IOP
Presbyterian Hospitality House
 Providence Res. Program
 Respite
 TX Foster Care
 Virtual (some from out of state providers)
 Volunteers Of America Alaska

Crisis Services

988
 Alaska Behavioral Health
 Anchorage Muni CRT
 Anchorage Police Department

Alaska Native Medical Center (ANMC)
 Behavioral Urgent Response Team
Alaska Psychiatric Institute (API)
 Alaska Pioneer Homes (APH)
 Co-response team Crossroad Medical center Glenn Allen
Covenant House
 Crisis Now (Mobile crisis team)
 Department of Juvenile Justice (DJJ)
 Emergency foster care homes
 Family Centered Services Wasilla
 General Emergency Rooms
 South Peninsula Behavioral Health Services (Homer)
 Psychiatric Emergency Services (Kenai)
Kodiak Area Native Association
 Mat-Su Health Services
 Office of Children's Services (OCS)
 PAL-PAK
 Power Teen Clinic
 Providence CRC
 Providence Kodiak Island
 Providence Psych ER
 Providence Valdez Counseling Center
 Resource Hubs, Connect-Matsu
 Schools
 Seaview Services (Seward)
 Substance abuse – low barrier entry services
 True North Recovery Mobile Crisis Team
 Youth Shelter (Valley)

Acute Care

Aftercare plan coordination
Alaska Psychiatric Institute (API)
 Anchorage Muni MRT
 Emergency rooms (Providence, Regional, Matsu)
 Emergency shelters
 Hospital floors (thinking of eating disorders - working to medically stabilize prior to psych)
 Mentoring program – preventative

Mat-Su Regional Medical Center
 Designated Evaluation and Treatment (MSRMC DET)
 North Star
 Pal Pak
 Providence Children's
 Providence Crisis Recovery Center (CRC)
 Providence Kodiak Island
 Providence Psychiatric Emergency Room