BEHAVIORAL HEALTH
ROADMAP PROJECT
FOR ALASKA YOUTH

Record of Regional Meetings + Thematic Analysis
Fall 2023

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List of Abbreviations

Abbreviation	Definition
ABHA	Alaska Behavioral Health Association
ADRC	Aging and Disability Resource Centers
AMHTA	Alaska Mental Health Trust Authority
ANHB	Alaska Native Health Board
ANTHC	Alaska Native Tribal Health Consortium
API	Alaska Psychiatric Institute
ASO	Administrative Services Organization
BBAHC	Bristol Bay Area Health Corporation
BH	Behavioral Health
BHA	Behavioral Health Aide
CBHPEI	Comprehensive Behavioral Health Prevention and Early Intervention
CCU	Complex Care Unit
CRSS	Community Recovery Support Services
CRT	Case Response Team
CWA	Child Welfare Academy
DBH	State of Alaska Department of Health, Division of Behavioral Health
DES	Designated Evaluation and Stabilization
DET	Designated Evaluation and Treatment
DFCS	State of Alaska Department of Family and Community Services
DJJ	State of Alaska Division of Juvenile Justice
DOC	State of Alaska Department of Corrections
DOH	State of Alaska Department of Health
DOL	State of Alaska Department of Law
DPH	State of Alaska Department of Health, Division of Public Health
ED	Emergency department
HIE	Health Information Exchange
HMGA	Help Me Grow Alaska
HRSN	Health Related Social Needs
ICF	Intermediate Care Facility
IDD	Intellectual and Developmental Disabilities
IEP	Individualized Education Program
ILP	Infant Learning Program
MCT	Mobile Crisis Teams
MH	Mental health
OCS	State of Alaska Department of Family and Community Services, Office of Children's Services
PAL-PAK	The Partnership Access Line – Pediatric Alaska

PES	Psychiatric Emergency Services
PHN	State of Alaska, Department of Health, Division of Public Heath, Section of Public Health Nursing
PHP	Partial Hospitalization Program
RCCF	Residential Child Care Facilities
RCHS	State of Alaska, Department of Health, Division of Public Health, Section of Rural and Community Health Systems
RYC	Residential Youth Care
SAIL	Southeast Alaska Independent Living
SDS	State of Alaska, Department of Health, Senior and Disability Services
SEARHC	Southeast Alaska Regional Health Consortium
SHARP	Strengthening Healthcare Access Recruitment Program
SMI	Serious Mental Illness
SUD	Substance Use Disorder
TBHD	Tribal Behavioral Health Directors
TCC	Tanana Chiefs Conference
WIC	Women, Infants, Children
WISH	Women in Safe Homes
YKHC	Yukon-Kuskokwim Health Corporation
YMHFA	Youth Mental Health First Aid

I.   Executive Summary

During the fall of 2023, the Behavioral Health Road Map for Youth project conducted a series of five regional events, a virtual statewide session, a focused Behavioral Health Aide session, and six community listening sessions. These events served as forums for stakeholders, providers, partners, and families with lived experience to collaboratively identify challenges, opportunities, and solutions for the youth behavioral health system of care in Alaska.

This report outlines methodology and provides summary reports for the regional meetings, a virtual statewide session, and listening sessions. The Steering Committee and Tribal health partners played an important role in guiding the process, contributing expertise, and making recommendations.

A thematic analysis of gathered insight throughout the process revealed region-specific challenges and priorities as well as common themes and challenges across regions. Key themes included the need for increased provider services, reducing administrative burden, leveraging technology for improved access, and honoring cultural nuances in behavioral health care.

This community-level engagement also underscored the limitations of the statewide reach during this round of meetings. With Alaska's vast geography and diversity, it was impossible to touch all places in the state. Many participated virtually and provided meaningful input. Others expressed a desire to continue this work in other areas of the state, and to visit very small communities to hear local input from Alaska's most remote locations.

In response to the findings, recommendations and actionable next steps have been identified. The State of Alaska will utilize the expertise of the Steering Committee and Tribal partners to refine and prioritize these recommendations.

Alaska is home to 229 federally recognized tribes. The Alaska Native Tribal Health System is a primary provider of healthcare services for Alaska Native people. The Department of Health and the Department of Family and Community Services value the guidance, consultation and collaboration provided by the Alaska Native Health Board (ANHB), Tribal Behavioral Health Directors, and tribal members. Implementing a continuum of care through the lens of cultural awareness, education, training, and culturally informed or designed services promotes better behavioral health outcomes for Alaskan youth.

The purpose of this report is to deliver a record of each of the five regional meetings, and associated events, which will support ongoing work to improve the behavioral health system for youth. This is only the beginning of this process, and next steps are provided at the end of this report.

Together, Alaskans must address youth behavioral health challenges through a collaborative, region-focused approach. The interest heard through this effort signifies a step forward to a comprehensive continuum of care that meets the unique needs of Alaskan youth.

The State extends profound gratitude to all participants in this process, who have dedicated precious time and resources to educate and guide these efforts to care for Alaskan youth.

II.   Background and Introduction

Adolescent behavioral health needs are at an all-time high across the nation. In its April 2023 report, "Overview of Alaska's Behavioral Health System of Care for Children (PDF)," the State of Alaska (the State) committed to a region-focused, systematic approach to improving the behavioral health continuum of care for Alaskan youth. This roadmap will form the basis of a statewide plan that can be implemented over multiple years to achieve the expansion of provider services necessary to expand the continuum of care. This is intended to build upon existing studies, models, and work already underway.

The intent is that this roadmap will provide a focused path to:

1.   Create a shared vision for behavioral health services in Alaska;
2.   Align funding opportunities and requests to address service delivery needs;
3.   Identify barriers including regulatory, fiscal, technology, or other areas not fully addressed; and
4.   Ensure unique regional and cultural needs are cared for and local solutions leveraged as much as possible.

The Department of Health (DOH) and Department of Family and Community Services (DFCS) partnered in this project and initiated an intensive early effort phase of roadmap building by convening a Steering Committee, regional provider meetings, and community member listening sessions.

Between August and November of 2023, the State organized five regional meetings and one statewide virtual meeting with community providers across the state. These meetings served as a venue for input and recommendations from those directly involved in the delivery of behavioral health services. The State also held five community listening sessions and one statewide virtual listening session to hear from recipients and families of youth with behavioral health needs. By engaging directly with local communities, the State aims to create a more responsive and tailored system of care that addresses the unique needs and challenges faced by communities across the state.

Work sessions and activities were facilitated to encourage dialogue and understanding of regional barriers in services, and to brainstorm solutions for addressing those barriers. Each regional meeting concluded with collaborative action planning for regional priorities. The

meetings provided State representatives with meaningful insight into the diverse service needs across the state and helped create relationships with local providers in each region.

III.   Steering Committee

In May 2023, the Steering Committee was established to provide guidance and act in an advisory capacity through the end of December 2023. Its goal was to provide structure and support for regional workgroups to arrive at actionable recommendations to inform a larger statewide behavioral health roadmap for children, youth, and families. The Steering Committee included representatives from State agencies, legislators, behavioral health stakeholder groups, Tribal health organizations, provider representatives, and the Alaska Mental Health Trust Authority (AMHTA). Its charter as well as meeting agendas, presentations, and notes can be found on the [State of Alaska's project website](#).

As its final task, the Steering Committee provided recommendations for structuring the next phase of a multi-year statewide plan for improving the continuum of behavioral health care for Alaskan children and youth. Recommendations are outlined in **Section XI**.

Steering Committee Members

Perry Ahsogeak,* Director, Behavioral Health Services, Fairbanks Native Association
Katie Baldwin-Johnson, Chief Operating Officer, Alaska Mental Health Trust Authority
Steven Bookman, Assistant Attorney General
Eric Boyer, Senior Program Officer, Alaska Mental Health Trust Authority
Kim Champney, Executive Director, Alaska Association on Developmental Disabilities
Representative Julie Coulombe
Sharon Fishel, Department of Education and Early Development
Jen Griffis, Parent Advocate
Commissioner Heidi Hedberg, Department of Health
Lance Johnson, Director of Operations, Alaska Behavioral Health Association
Elizabeth King, Senior Director, Alaska Hospital and Healthcare Association
Jared Kosin, President and CEO, Alaska Hospital and Healthcare Association
Commissioner Kim Kovol, Department of Family and Community Services
Clinton Lasley, Deputy Commissioner, Department of Family and Community Services
Brittany Madros, Tribal Government and Justice Division Director, Tanana Chiefs Conference
Monique Martin, Vice President of Intergovernmental Affairs, Alaska Native Tribal Health Consortium
Gennifer Moreau-Johnson, Senior Policy Advisor, Intergovernmental Affairs, Alaska Native Tribal Health Consortium
Emily Ricci, Deputy Commissioner, Department of Health
Ronto Roney,* Behavioral Health Services Director, Maniilaq Association
John Solomon, CEO and Executive Director, Alaska Behavioral Health Association

Jessica Whitaker,* Behavioral Health Administrative Operations Manager, Southeast Alaska Regional Health Consortium
Stephen Williams, Chief Executive Officer, Alaska Mental Health Trust Authority
Senator David Wilson
Dr. Anne Zink, Chief Medical Officer, Department of Health
   *A special thank you to the members of the core planning team

IV.   Statewide Participation and Representation

One region-wide provider and partner event was held in each region, with invitations extended to all known providers of services and support for youth. The regional meetings were facilitated in a hybrid format, allowing participation from those in the room as well as online. The State collaborated with local hosts in each region to identify participants and organize the event. Despite concerted efforts to ensure diverse and representative engagement, it is important to acknowledge that some attendees who could have contributed meaningfully to the two-day event were unable to attend. Known factors contributing to this included the expedited time frame, funding and logistics for travel, provider obligations to clients, and technological issues (such as invitations being caught in spam filters).
This first set of provider events served as an important foundation for future engagement with communities and providers across the state. However, these meetings were non-exhaustive, and attendance and participation did not include representation from every community in the state. Moving forward, it will be critical to find ways to achieve more comprehensive and representative engagement across the state, particularly for rural and remote communities. The active involvement of tribal organizations, local providers, and Steering Committee members led to engaging and productive discussions throughout the regional events. The DOH and DFCS Commissioners, state legislators, and other state officials were represented at each session and were actively engaged, highlighting the value of transparent dialogue and open communication with providers and partners across the state.

Table 1. Regional Provider Meetings Detail

Region	Meeting Location	Dates	# of Participants*
Interior	Fairbanks	August 2-3	~66
Northern	Nome	October 4-5	~46
Southeast	Ketchikan	October 16-17	~44
Southcentral	Wasilla	November 8-9	~86
Southwest	Bethel	November 15-16	~46

*Attendance fluctuated across two-day/hybrid format meeting

V.   Methodology

Design of Meeting Activities

The State worked with partners in each region to develop a list of invitees to participate in the two-day workshop, who then registered to attend either in-person or virtually. Each meeting was conducted in a hybrid format and activities were designed to optimize participation from both sets of audiences.

Six service categories were identified around which to frame the meeting discussions. The service categories and their definitions are:

1. **Prevention, Early Intervention, and 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.
2. **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.
3. **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.
4. **Residential Services**. Diverse settings where individuals reside for extended periods. This category includes recovery camps, residential child care facilities, and locations where individuals live around the clock. These environments are tailored to provide a supportive living arrangement, offering necessary care and guidance.
5. **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.
6. **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.

During Day One of the regional events, participants were asked to develop a list of current services in the region. A draft list was presented to meeting participants who then added to, edited, and expanded on current available services and resources in their regions. The goal

was to develop a foundation of existing resources to build upon throughout the duration of the event, as well as to identify partners whose voices were not present in the room.

After developing topical lists of existing services, meeting participants turned to gaps within each of the service categories. Participants self-selected a service category and engaged in group exercises to identify a list of service gaps and then begin identifying solutions for those gaps. At the end of Day One, the proposed solutions were compiled so participants could vote on an identified priority solution to workshop the following day.

On Day Two, meeting participants were asked to action plan their identified priority solution in each of the service categories. This two-part activity first had groups work on identifying challenges, steps, and partners for each solution. Second, the groups provided a five-year plan with short-, mid-, and long-term goals with action steps to achieve the identified priority solution. A full list of regional priority solutions and their action plans are outlined in the Table Notes for each region, outlined in **Appendices B-F**.

These regional provider events fostered collaboration among a variety of partners and providers to identify current services, determine gaps, and then develop solutions. The action-planning portion of each event created space for solution-focused conversations resulting in discrete and actionable steps to achieving each goal.

Defining Regions
The methodology for defining the roadmap regions involved structuring around Alaska's public health regions, modified to encompass the Alaska Native Tribal Health Consortium's (ANTHC) Epidemiology Center's Tribal Health regions, behavioral health regions, economic regions, and school districts, as detailed in Appendix A: Roadmap Region Table. By organizing regions based on these areas, the State aimed to engage a broad audience and diverse perspectives, ensure representation from various sectors, and determine community needs across the state.

Thematic Analysis of Input
An analysis method was used to identify themes for individual regional events that—when compiled and re-analyzed—identified and articulated trends and throughlines across all events, resulting in the statewide themes.

Individual meeting themes were identified based on meeting notes which were discussed in a debriefing after each meeting, then reviewed and agreed upon by the facilitation team in coordination with the state team. Once each of the themes was identified, the facilitation team defined the themes, ultimately reaching consensus on each description.

Statewide themes were developed by building from the individual meetings themes, particularly those themes that emerged in more than one meeting. In addition, a quantitative analysis of the gaps identified across all meetings was conducted which helped to validate the list of statewide themes. There were several gaps mentioned in more than one meeting, and

these were then cross matched with statements and recommendations for solutions from the meeting notes to eventually list common areas in need of attention and ideas for solutions, using participant statements as a starting point. The summary of this work was reviewed by the facilitation team, with feedback from the state team and the steering committee before reaching final consensus.

The following section features profiles of each of the regional meetings.

VI. Regional Meetings

Regional Profile

The Interior region features a diverse landscape with wilderness, mountain ranges, and forests. Key population centers include Fairbanks in the Fairbanks North Star Borough, Delta Junction in the Southeast Fairbanks Census Area, and communities within the Yukon-Koyukuk Census Area. The population is culturally diverse, with a mix of indigenous and non-indigenous communities.

Indigenous cultures are integral to the region's identity with Athabascan and Inupiaq Alaska Native people living throughout the area. Traditional practices, such as subsistence hunting and fishing, play an important role. The Native Alaskan languages of Gwich'in and Inupiaq, are spoken by many living in and from this region, among other languages.

While road networks connect some major hubs like Fairbanks, vast areas remain accessible only by air or water. The economy of the Interior is diverse, with a reliance on natural resource industries such as mining, forestry, and oil and gas. Traditional subsistence activities remain crucial for many residents.

The interior region is served by the Fairbanks Memorial Hospital. Tanana Chiefs Conference (TCC) and the Council of Athabascan Tribal Governments (CATG) are regional organizations serving nearly 50 tribes and communities with services throughout the region.

The regional events were hosted in Fairbanks by the Fairbanks Native Association, a non-profit Tribal health organization. There were approximately 66 participants in the regional event.

Communities and Organizations Represented at Interior Region Event

ABHA	Foundation Health
ANHB	Maniilaq Association
ANTHC	Providence Health and Services
City of Fairbanks	Restore Incorporated
Council of Athabascan Tribal Government	SEARHC
Cross Road Counseling	Tanana Chiefs Conference
Fairbanks Native Association	University of Alaska Anchorage
Fairbanks North Star Borough School District	

Alaska Departments and Legislative Offices Represented at Interior Region Event

AMHTA	OCS
Alaska	Office of Representative Ashley Carrick
Courts DFCS	Office of Representative Maxine Dibert
DOH	Office of Representative Mike Prax
DOL	Office of Senator Scott Kawasaki

Regional Themes Identified

Navigation

Navigation was the most consistent gap identified for every service category. Discussion highlighted that all people need help navigating the system, including parents, youth, providers, state workers, and crisis teams.

Acute Care

Providers and community members highlighted a specific need for a local acute inpatient level of care for youth and children. Fairbanks Memorial Hospital, which provides involuntary psychiatric care for adults, is actively working to stand up a psychiatric unit for pediatric patients.

Workforce

Workforce challenges were a consistent concern across every service category. Many solutions were proposed that promoted cross-sector collaboration and broad training opportunities, including integrating behavioral health into faith communities and offering tuition reimbursement to individuals engaged in providing behavioral health services, even if their education is not specifically focused on this field.

Data

There was uncertainty on the best avenues to collect data, and how to best utilize data that is already collected. There was discussion on incorporating a parental representative at a systems level in planning efforts around data.

Priority Solutions

Meeting participants listed several possible solutions to the service gaps and challenges. Participants then selected a "priority solution" within each service category, which was the basis for an action-planning exercise at the end of Day Two.

Priority solutions chosen as the basis for action-planning are listed below for each category. A detailed action plan for each priority solution can be found in **Appendix B**.

Prevention and Early Intervention

Healthy communities for youth

Provide healthy communities where youth can be involved, feel they are contributing, and have strong connections within their community via a four-pronged approach: (1) increase access to programs and activities (including positive technology use); (2) strengthen social structures; (3) create safe spaces for youth shelter and activity; and (4) create a comprehensive communication plan.

Community Level Supports
Resource dashboard (navigation)

Stand up a region-focused dashboard to assist crisis centers and youth seeking home-based services in navigating available community resources, with real-time availability of services included. Achieving this requires significant planning and evaluation to define the scope of the project, phased work, capacity assessment, and identifying existing directories.

Mental Health in Schools
Identified after community listening session as an additional priority area

Schools are a near universal setting to reach youth for behavioral health services. The first step is to define who holds the responsibility, engage community partners, and develop Memoranda of Agreement with schools. Data should be improved and utilized in determining service provision, and multiple funding streams (Medicaid, federal, and state grant funds) should be braided. Some changes to federal and/or state policies and laws may be necessary.

Residential Services
Supporting workforce and parents

Families need to have a positive experience when seeking residential services, and young Alaskans need fulfilling careers and lifestyles. A holistic approach to supporting residential services would include easier service provision through telehealth, identifying workforce requirements for development and supporting workers with training and education subsidies, and expanding beyond Medicaid and private insurance to achieve financial sustainability.

Crisis Services
Navigation support

A functional support system that is easily accessible and connects people to assets in the region would be a solution to the growing demand for behavioral health care. One approach could include using the existing Aging and Disability Resource Centers (ADRC) as a referral pathway for youth treatment, eliminating the need to create new centers. This may require additional funding.

Acute Care
Inpatient acute care beds

The regional hospital is currently planning to open an inpatient pediatric acute psychiatric unit. The approach requires stakeholder engagement including partnering with special populations, managing expectations, community education, and determining community impact; finding adequate staffing through designing competencies aligned with the population, finding housing support, leveraging specialists from other states, and providing workforce training. It will be critical to find enough funding through multiple sources.

Regional Profile

The northern region is a vast and remote area characterized by its rugged landscapes, rich indigenous cultures, and extreme climate. This region encompasses the Nome Census Area, the North Slope Borough, and the Northwest Arctic Borough.

The region has approximately 9,492 residents. About 75 percent are Alaska Native and fall into three distinct linguistic and cultural groups: Inupiaq, Central Yup'ik, and Siberian Yupik. The indigenous cultures of the Inupiaq, Central Yup'ik, and Siberian Yupik peoples play a central role in daily life. Traditional subsistence activities such as hunting, fishing, and gathering continue to be essential for sustenance and cultural preservation. Native Alaskan languages such as Inupiaq, Yup'ik, and others are spoken in households and community settings in this area.

Given the remote nature of the region, transportation can be a significant challenge. Communities often rely on air travel, with small planes connecting remote villages. In some areas, frozen rivers serve as ice roads during the winter months. Sea travel is crucial for coastal communities, while dog sleds and snowmobiles remain important for local transportation.

There are three Critical Access Hospitals serving Nome, Utqiagvik and Kotzebue and outlying villages: Norton Sound Regional Hospital, Maniilaq Health Center, and Samuel Simmonds Memorial Hospital. Norton Sound Health Corporation also provides health services to 17 outlying communities of the Bering Strait Region. Maniilaq represents twelve federally recognized tribes in Northwest Alaska. Arctic Slope Native Association provides health care to eight outlying communities plus Utqiagvik.

The regional events were hosted in Nome by Norton Sound Health Corporation, a tribally owned and operated, independent, not-for profit health care organization. There were approximately 46 participants in the regional two-day event. Communities and organizations that were represented include:

Communities and Organizations Represented at Northern Region Event

ABHA
ANHB
ANTHC
Arctic Access Inc.
Bering Strait School District
City of Nome Police Department
City of Stebbins
Fairbanks Native Association
Kawerak Inc.

Maniilaq Association
Native Village of Koyuk
Nome Children's Home
Nome Eskimo Community
Nome Public Schools
Norton Sound Health Corporation
North Slope Borough Integrated
Behavioral Health

Alaska Departments and Legislative Offices Represented at Northern Region Event

AMHTA	OCS
DFCS	Office of Representative Bryce Edgmon
DJJ	Office of Representative CJ McCormick
DOH	Office of Senator David Wilson
DPH	SDS

Regional Themes Identified

Several themes surfaced during discussions and are summarized below.

Cultural Relevance and Competency

Meeting participants emphasized the integration of cultural practices into care solutions. Specific examples included cultural orientation programs for providers and educators, the power of incorporating culture and traditions as preventative tools for youth, student-led cultural practices, and community-led programs such as Indigenous behavioral health and wellness centers.

Housing and Infrastructure

In rural areas, the shortage of housing resources prompted the suggestion to secure housing support for professionals in these areas. Other areas of infrastructure needs included community centers and meeting spaces as well as better internet access.

Residential Care

The community expressed a clear desire for a residential youth facility in the region, noting that since the Nome Youth Facility (a detention facility for justice-involved youth) closed, the intensive and residential level of care has been more difficult to access in region. Care needs included regional step up/step-down facilities and partial hospitalization in the region.

Workforce

A workforce gap was identified across all service categories, and discussions were accompanied by observed training and onboarding gaps. Solutions encompassed addressing the issue through adequate wages, highlighting the need for parity in mental health workforce pay and benefits to effectively attract and retain qualified professionals.

Priority Solutions

Priority solutions chosen as the basis for action-planning are listed below for each category. A detailed action plan for each priority solution can be found in **Appendix C**.

Prevention and Early Intervention
Providing resources for adults, youth mentorship and relationship building

Partner with native entities, governments, schools, churches, and other stakeholders to research strategies. Define mentorship for community members and build partnerships with schools. Short-term, establish clubs – consider using existing organizations and changing the names to traditional names. Involve elders in club creation. Mid-term, establish new innovative partnerships with schools. Long-term, create jobs and poverty solutions to help families succeed.

Community Level Supports
Tribal Wellness Center (Qagsri)

Healing begins with the land and its people. To establish the center, funding needs to be secured for a community needs assessment, which will incorporate community input and identify partners. A planning committee can talk to other communities about what has succeeded and conduct site visits. A plan can be created, including identification of sustainable funding. The center will need a physical space (perhaps a new building), programming, staff, and hybrid opportunities for smaller communities.

Mental Health in Schools
Student-led cultural practices with peer-to-peer engagement

Make sure student voices are incorporated and heard while avoiding placing a burden on students who may feel responsible. Capitalize on student government structure. Conduct stakeholder and best practice inventories and establish a pilot program that is responsive to feedback and can be expanded to other locations.

Residential Services
Co-occurring mental health step-down residential facility in Northern region

Develop a specialized facility that provides support for individuals transitioning from intensive care to a less restrictive environment and keeps them in the region. To be successful, there will need to be physical infrastructure, funding, housing for staff, and stakeholder support.

Crisis Services
Mobile crisis team

A definition of mobile crisis teams for rural areas needs to be developed and a coalition of stakeholders and community partners should be formed. The region needs at least one operational crisis response in region, with a sustainable funding source.

Acute Care
Mental health unit and step-down

To increase in-region access to acute psychiatric care, conduct a risk assessment and fiscal planning. Two arcs of effort would establish services outside the hospital (licensure) while also standing up in region a full-scale psychiatric unit with consultation through established Designated and Evaluated Treatment Facilities (DETs).

Regional Profile

Southeast Alaska is characterized by its network of islands, fjords, and coastal mountains. The region is home to the Haines Borough Hoonah-Angoon Census Area, Juneau City and Borough, Ketchikan Gateway Borough, Petersburg Borough, Prince of Wales-Hyder Census Area, Sitka City and Borough, Skagway Municipality, Wrangell City and Borough, Yakutat City and Borough, and Metlakatla.

The population of Southeast Alaska is relatively sparse, with many communities accessible only by boat or plane. The total population is around 73,000, with Juneau being the largest city. The region is home to the Tongass National Forest, the largest national forest in the United States.

The region has a diverse population that includes many Native Alaskan communities. The Native Alaskan cultures of Tlingit, Haida, and Tsimshian is foundational to the region's culture. Traditional practices like art, storytelling, and ceremonies are valued. Alaska Native languages including Tlingit, Haida, and Tsimshian are spoken.

Given the region's coastal geography, transportation primarily relies on ferries, small planes, and boats. The Alaska Marine Highway System connects many communities, and seaplanes are common modes of transport in areas without road access.

There are five Critical Access Hospitals serving southeast including Petersburg Medical Center, PeaceHealth Ketchikan Medical Center, Cordova Community Medical Center, Mt. Edgecumbe Hospital – SEARHC, and Wrangell Medical Center – SEARHC. The southeast region is served by Bartlett Regional Hospital in Juneau. It is also worth noting that people in this region are located geographically closer to health services provided in the Pacific Northwest than to services provided in a hub community in their own state, like Anchorage, for example.

The regional events were hosted in Ketchikan by Residential Youth Care (RYC), an accredited non-profit youth behavioral health provider. There were approximately 44 participants at the regional event.

Communities and Organizations Represented at Southeast Region Event

ABHA
Annette Island School District
ANTHC
Bartlett Regional Hospital
Community Connections
Cultural Consulting
Fairbanks Native Association
First City Homeless Services

healthEconnect Alaska
Island Care Services
Ketchikan Gateway Borough School District
Ketchikan Indian Community
Ketchikan Wellness Coalition
Klawock City School District
Maniilaq Association

North Star Behavioral Hospital   RYC
Prince of Wales Health Network   SAIL
Richard Johnson Elementary School-   SEARHC
Annette Island School District   WISH

Alaska Departments and Legislative Offices Represented at Southeast Region Event

DOC	DOL
DBH	DPH
DFCS	Office of Representative Andi Story
DJJ	Office of Senator David Wilson
DOH	

Regional Themes Identified
Several themes surfaced during discussions and are summarized below.

Communication and Collaboration
Enhance communication and collaboration between the state and behavioral health agencies, within the community and between providers, and with tribal organizations and other partners. Providers and families need better communication about available resources in the region. Providers expressed a desire for continued opportunities to de-silo by bringing providers within the region together for similar discussions.

Focus on Youth and Families
Parents need support in navigating the behavioral health system and need access to respite care. Many providers and educators feel that school-based services are less effective as a tool because parents are often not engaged in the conversations. It is necessary to find better ways to empower families and involve them in decision-making processes.

Stigma Reduction and Community Engagement
Promote a culture of understanding and support by actively working to reduce stigma surrounding mental health issues. Consider cultural context and integrate cultural sensitivity into care practices. Prioritize prevention in community settings.

Improving Crisis Response and Acute Systems
Improve how youth can access both crisis and acute services in the region by implementing streamlined and user-friendly systems. Optimize response to ensure effective support during critical situations. Creating a pathway for youth to connect with the necessary services when facing acute challenges is imperative.

Priority Solutions
Priority solutions chosen as the basis for action-planning are listed below for each category. A detailed action plan for each priority solution can be found in **Appendix D**.

Prevention and Early Intervention
Youth 360 (Icelandic Model) Planet Youth

Implement Youth 360 (also called the Icelandic Model) – the premise of which is that when kids are engaged in healthy behaviors, they aren't making unhealthy choices. First develop a strategic plan and consider whether and how to utilize the Youth Risk Behavior Survey (YRBS) to inform the work. Incorporate a youth panel, educate community partners and youth, and recognize community members who embrace change. Establish healthy youth spaces such as Sealevel.

Community Level Supports
Multi-disciplinary team coordination and case history development

Prevent wasted time and re-traumatization due to duplication of effort in reassembling case histories at multiple steps in the process. Key components of an improved system are technology (database management) and a better release of information process. Conduct a comprehensive assessment of the potential applications of the Health Information Exchange (HIE) as the designated database, identify the primary leadership entity and stakeholders, and examine the financial aspects of the project.

Mental Health in Schools
Pilot Program – Enhancing Communication Strategies for Holistic Family Support

Meet families where they are and create a space where parents feel empowered to give feedback. Understand challenges such as lack of literacy, cultural differences, stigma, and the power differential ("us versus them"). Planning is important: hold an initial meeting, engage with agencies and service providers (school based), and develop procedures and norms. Ensure that parents are meaningfully included and identify missing voices in the dialogue. Secure funding to support the pilot.

Residential Services
Regulations to Allow RCCFs to Offer Crisis Care

Ensure that regulations allow residential child care facilities to offer crisis care to residents without additional licensing burden. The State must engage providers who are currently offering or interested in offering crisis services in different facility types and issue draft regulations for stakeholder feedback.

Crisis Services
Short Term Crisis Holding Space to Re-enter Local Behavioral Health Service or Prepare for Transition to Residential Care

Establish an unlocked location for individuals to re-enter local behavioral health services or prepare for transition to residential care. First, there needs to be a shared understanding of

the definitions for different levels of care ("crisis" vs. "acute"). Initiate conversations with regional providers such as the hospitals and engage with Alaska Behavioral Health Association (ABHA) and local providers as well as other state providers in rural communities. Conduct a thorough regulation review to eliminate administrative burdens. Incorporate youth perspectives in the planning process, define necessary staffing and resource requirements, and provide enhanced training for local community behavioral health providers.

Acute Care
Patient Navigator

Note: This priority was identified, but no discussion took place and was consolidated with the Crisis Services group discussion.

Regional Profile

The Southcentral region encompasses the Matanuska-Susitna Borough, Municipality of Anchorage, Kenai Peninsula Borough, Kodiak Island Borough, and Valdez-Cordova Census area. This region serves as a hub for economic activities and is characterized by diverse geologic features such as the Chugach and Talkeetna Mountains, the 3,595 square mile island of Kodiak, and the Prince William Sound.

The Alaska Native population includes Alutiiq/Sugpiaq, Dena'ina, and Aleut peoples. Indigenous cultures have a strong presence in the region.

The southcentral region serves as a statewide hub, with three Acute Care Hospitals including Alaska Native Medical Center, Alaska Regional Hospital, and Providence Alaska Medical Center. There is also one hospital in Soldotna, Central Peninsula Hospital, and one hospital in Palmer, Mat-su Regional Medical Center. Critical Access Hospitals include South Peninsula Hospital, Providence Kodiak Island Medical Center, Providence Seward Medical Center, and Providence Valdez Medical Center. Alaska's two Psychiatric Hospitals, Alaskan Psychiatric Institute and North Star Behavioral Health are located in Anchorage.

The regional events were hosted in Wasilla by the Mat-Su Health Foundation. There were approximately 86 participants in the regional two-day event.

Communities and Organizations Represented at Southcentral Region Event

Alaska Addiction Rehabilitation Services, Inc.	Kodiak Island Borough School District
ABHA	Knik Tribe
Alaska Afterschool Network	Mat-Su Youth Court
Alaska Eating Disorders Alliance	Mat-Su Borough School District
Alliance Care Coordination	Mat-Su Health Foundation
ANTHC	Mat-Su Health Services
BBAHC	Mat-Su Secondary School
Beacon Hill	Mat-Su Services for Children and Adults
Big Brothers Big Sisters of Alaska	Native Village of Eklutna
Bristol Bay Native Corporation	Native Village of Port Heiden
Carelon Behavioral Health	Reach 907
CCS Early Learning	R.O.C.K. Mat-Su
Chickaloon Village Traditional Council	SEARHC/TBHD
Comagine Health	Southcentral Foundation
Denali Family Services	Spirit of Youth
Fairbanks Native Association	Sunshine Community Health Clinic
healthEconnect Alaska	The Children's Place
Hope Community Resources	UAA Family Services Training Center
Kodiak Area Native Association	United Way of Mat-Su

WIC   Yakutat Community Health Center
Youth 360

Alaska Departments and Legislative Offices Represented at Southcentral Region Event

AMHTA   Office of Representative Calvin
API   Schrage
DBH   Office of Representative Sarah Vance
DFCS   Office of Senator Cathy Giessel
DBH   Office of Senator David Wilson
DJJ   Office of Senator Kelly Merrick
DOH   Office of Senator Matt Claman
DOL   Representative Alyse Galvin
DPH   Representative Genevieve Mina
Office of Representative Alyse Galvin   Representative Julie Coulombe
Office of Representative Andrew Gray   SDS
Office of Representative Andy Josephson   Senator David Wilson

Regional Themes Identified
Several themes surfaced during discussions and are summarized below.

Affordable Access to Care
Ensure behavioral health services are financially accessible regardless of economic status. This includes transportation needs especially from more rural areas to the hub communities. Additionally, affordable access includes streamlining administrative processes to reduce the overall cost of healthcare delivery.

Timely and Accessible Services
Prioritize timely access to therapy for all youth by making providers readily available in person and through telehealth in various community settings such as schools, libraries, community centers, and after-school hours, aiming to reduce wait times for individuals seeking care.

Workforce
There are challenges related to recruitment, training, and retention of qualified professionals in the behavioral health field. Implementing recruitment initiatives, investing in ongoing training programs, and fostering a supportive work environment are steps in overcoming these challenges.

Child Care
Accessible and quality child care services are essential in supporting families and contribute to prevention and early intervention. Ensuring a strong foundation for early childhood

education and care invests in the future well-being of children, fostering their cognitive, emotional, and social development.

Priority Solutions

Priority solutions chosen as the basis for action-planning are listed below for each category. A detailed action plan for each priority solution can be found in **Appendix E**.

Prevention and Early Intervention

Screenings and targeted intervention in primary care and health care system

To achieve this goal, collaborate between organizations for alignment and develop a consistent messaging plan on early childhood intervention. Establish partnerships with educational institutions for internships, practicums, and workforce development opportunities, determine eligible services and reimbursement methods, improve Medicaid enrollment processes, reimburse providers for care coordination and case management, and invest in improvements in electronic data sharing.

Community Level Supports

Community Based Services (Example: Home-Based Family Treatment)

Improve utilization and access to lower-level services. Identify and define what constitutes a "crisis" in the mental health context. Workforce is critical to expanded services, so change baseline requirements to attract more entry-level frontline personnel; strengthen and expand Strengthening Healthcare Access Recruitment Program (SHARP) and develop robust subsidies.

Mental Health in Schools

Medicaid for School Based Services

Expand utilization and access to Medicaid services in schools. A statutory change is needed to allow increased Medicaid billable services. Community collaboration and support are foundational: create group to facilitate collaboration between providers, schools, and government. Provide technical assistance, adopting a menu-based approach for diverse community needs. Ensure that parents are involved in the entire process but recognize the importance of kids accessing care independently when needed. Robust data is needed to support program and policy evaluation long term.

Residential Services

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

Increasing capacity requires a multifaceted approach. Explore a new licensing type and examine statutory authority for specialization and facilities vs. single family home; the encounter rate or other funding models; and a family model with professional staff providing services.

Crisis Services
Crisis Stabilization Residential

To support development of this level of care, create a "one-pager" to inform potential providers of the landscape and status and a single point of contact with the state; a manual for stabilization; and research how other states have addressed funding the gap between billing and total cost.

Acute Care
Workforce Support and Mentorship

Three focus areas would increase the workforce: (1) upskill current providers by sharing information and training for various professions (including teachers, doctors, law enforcement); (2) support current providers with effective Employee Assistance Programs, mentorship, sharing resources, and emotional health support; (3) grow new workforce through better utilization of SHARP, collaborating with educational institutions, providing shadowing opportunities, and expanding peer-to-peer and/or Behavioral Health Aide (BHA).

Regional Profile

This region encompasses the Bethel Census Area, Bristol Bay Borough, Dillingham Census Area, Lake and Peninsula Borough, Kusilvak Census Area, Yukon-Koyukuk Census Area, Aleutians East Borough, and Aleutians West Census Area.

This region includes the Yukon-Kuskokwim (YK) Delta, which is characterized by thousands of lakes and is traversed by the Kuskokwim and Yukon rivers, and the Bristol Bay region, a wild and untouched landscape featuring tundra and wetlands, interwoven with rivers that converge into the bay.

Most villages in the region range in size from 25 to over 1,000 persons. Bethel is a regional hub and has a population of nearly 7,000. The region's communities are scarcely connected by road, and small aircraft are the primary mode of transportation within the region.

The population is approximately 85% Alaska Native and about 40% of the population is under age 18. The region is home to three Alaska Native cultures: Yup'ik, Cup'ik, and Athabascan. The Yup'ik language is the first language of more than 14,000 men, women, and children in the area, making it the most widely spoken Alaska Native language today.

The southwest region is served by one hospital located in Bethel, the Yukon-Kuskokwim Delta Regional Hospital operated by the YKHC, and one Critical Access Hospital located in Dillingham, the Kanakanak Hospital operated by the BBAHC. YKHC provides health care to 58 rural communities. BBAHC serves 28 communities with health care services.

The regional events were hosted in Bethel by the Yukon-Kuskowkim Health Corporation (YKHC), a nonprofit tribal organization. YKHC runs the Yukon-Kuskokwim Delta Regional Hospital, 5 sub-regional clinics, and 41 village clinics. There were approximately 46 participants in the regional two-day event.

Communities and Organizations Represented at Southwest Region Event

ABHA	Tundra Women's Coalition
Fairbanks Native Association	YKHC
North Star Behavioral Health	Yupiit School District
Pitka's Point Traditional Council	Yupiit.org

Alaska Departments and Legislative Offices Represented at Southwest Region Event

DFCS	Office of Representative Bryce Edgmon
DJJ	Office of Representative CJ McCormick
DOH	Office of Senator David Wilson
DPH	Representative CJ McCormick
OCS	SDS

Regional Themes Identified

During the Southwest region event, several themes and ideas surfaced during discussions. These are summarized below.

Aging Out/Transitional Age

Youth who are aging out of foster care often lack support and guidance navigating the complexities of adulthood and the behavioral health system. Transitional aged youth who are not a part of the foster care system also need guidance on basic independent living skills. Offering direct community services becomes essential for aiding them in accessing support networks and navigating available resources, including transition centers or housing resources, ensuring a more supported journey into adulthood.

Culturally Appropriate

In this region, the theme captured in the recurring quote "Culture is the Foundation for Everything" emphasizes the significance of culturally appropriate services. Acknowledging that services rooted in cultural relevance are vital, and the importance of reducing stigma associated with mental health issues. Integrating cultural understanding into mental health support honors diverse backgrounds and addresses the unique needs of the community and promotes mental health well-being.

Village-based Supports

The region identified the importance of village-based support over relying solely on telehealth. There is a desire to expand the number of clinicians and home health services and to increase staffing in each village. This plan ensures a tangible presence of Behavioral Health Aides (BHAs) and partners, reinforcing the physical accessibility and quality of mental health care within the villages.

Step-Down, Lack of Services / Facilities for Reintegration into Community

There is an absence of facilities and services for individuals transitioning from intensive care to community living. There is a need for step-down programs for successful reintegration into communities in the region, particularly for those transitioning out of the Division of Juvenile Justice (DJJ). Prioritizing family support upon a youth's return home becomes necessary, addressing the lack of services and facilities for an easier transition back into community life.

Priority Solutions

Priority solutions chosen as the basis for action-planning are listed below for each category. A detailed action plan for each priority solution can be found in **Appendix F**.

Prevention and Early Intervention
Technology (telehealth)

Establish responsible parties for telehealth, identify grant opportunities, determine comfort level and willingness of tribes to use this mode, and identify needed equipment, maintenance, shipping, and locations.

Community Level Supports
Build capacity for youth aging out of foster care and for those that are not in foster care

Review recent regulations to implement new legislation (SB57 Adult Home Care) and explore whether additional legislation is needed for children who do not meet those criteria. Improve communication and collaboration and ensure cultural support during transitions. Find funding to support more capacity.

Mental Health in Schools
Better networking between community providers (1 of 2)

Cultivate relationships and communication channels between community providers and resources by identifying partners, establishing quarterly meetings, and cultural immersion. Collaboration among mental health professionals, educators, and community organizations enhances support services ensures a more resilient and well-supported school community.
Each village has their own behavioral health professional (2 of 2)

This localized support enables early identification of issues, timely interventions, and builds resilient communities. Action steps include increasing recruitment levels, utilizing village community job fairs, communications including advertising, job shadowing, and working with the school districts.

Residential Services
Transitional housing for youth doing well in residential, but without a safe/stable home

First, build or locate a physical facility, keeping in mind considerations for male/female needs. Second, identify a model for programming (modality, gender, age, licensing, family therapy, engagement). Funding is needed, including seed money to start and long-term sustainable funding. Staffing is critical, and in hiring and training emphasize cultural competency, trauma-informed training, and life skills.

Crisis Services
Youth crisis residential facility in Bethel (step-down from DES level of care)

To stand up this level of care, critical partnerships include the Alaska Mental Health Trust Authority and the Bethel Homeless Coalition. Define target population, who will own the program/facility, and establish funding sources.

Acute Care
Support clinician training

Promote workforce development, recruitment, and collaboration by working with the university to establish a local licensed social worker program, recruiting locally, offering refresher courses, conducting small meetings in villages, and supporting providers going in person to villages to learn and understand community and culture.

VII.   Listening Sessions

After the first day of provider meetings in each region, another component of the public engagement process included five community listening sessions across the state. Additionally, the State hosted one virtual statewide listening session. The objective was to provide a platform for individuals with lived experience within the behavioral health system for youth in Alaska to share their stories, concerns, and insights.

The State's commitment to hearing directly from those who have navigated the behavioral health system warranted that the sessions became a forum for open conversations in a safe space. Recognizing the sensitivity of the information shared, the State made a deliberate decision not to record the sessions. Instead, extensive notes were taken, omitting any personal identifying information to protect privacy of the speakers.

Each listening session had active participation, with one to eight speakers, and between 20-50 individuals in the audience at each session. Notably, a significant portion of the audience were representatives of the State of Alaska including the Department of Health and Department of Family and Community Services Commissioners, Deputy Commissioners, and Division Directors, demonstrating its commitment to engage directly with communities across the state.

The stories shared included a range of challenges faced by individuals within the behavioral health system. The stories shared at each listening session have been organized into overarching themes. The analysis provides insights into patterns, common issues, and challenges faced by individuals within the behavioral health system. Identified themes are:

- **Access to Care**: The ability to receive timely and appropriate healthcare services. Individuals expressed difficulty in accessing necessary healthcare services for a range of needs and levels of care throughout the sessions.
- **Impact on Families**: Effects on family dynamics due to health or other circumstances. Multiple speakers expressed the emotional and financial impact on their family while navigating a child's mental health care.
- **Community Support and Resources**: Assistance, services, and resources within a community to address individual and family needs. Speakers identified community services and resources that provided support, as well as where those resources were lacking.
- **Stigma and Awareness**: Attitudes and beliefs toward mental health issues and fear of discrimination, and promotion of understanding and knowledge. Individuals told stories about the complex nature of navigating stigma toward mental health in society today, and urged listeners that promotion of awareness and acceptance is important.
- **Challenges in Navigating the System**: Difficulties faced when accessing or navigating healthcare or social services systems. Multiple parents and providers of children with

complex behavioral health and developmental disability needs expressed difficulty finding and navigating the system to obtain the required level of care.

From accessing services to issues related to workforce shortages, inadequate resources, and the challenge of navigating societal stigma—each story contributed to a nuanced understanding of the complex landscape of youth behavioral health in the state. Concerns voiced at these listening sessions were echoed in the provider sessions.

A very heartfelt and special thanks is expressed to those with lived experiences navigating the behavioral health system for youth in Alaska. Generous, brave, compassionate, frustrated, committed, informed–all could have been used to describe those who contributed to each session. Individuals who shared their very personal stories in this public setting demonstrated a willingness to give of themselves in an attempt to benefit the larger community. Their lived experiences were heard and helped inform the work sessions and the next steps for this important work.

VIII.   Listening Session Quotes

- "Why is it that the curriculum doesn't connect to our culture?"
- "It was very difficult to navigate all of those systems, even with the higher-level education."

IX. Statewide Virtual Provider Session

A virtual statewide session for providers was held on December 19, 2023, as an engagement activity for 88 stakeholders following the initial five regional meetings. The session brought together a diverse group of attendees, including health professionals, policymakers, and community representatives, with the goal of addressing challenges and improving the behavioral health system for youth in Alaska.

The meeting was divided into breakout sessions and were structured to gather input on what is working well, identify barriers and challenges, and propose solutions. Key themes emerged, including workforce shortages, access to services, and the need for more comprehensive and culturally sensitive care.

Specific recommendations included addressing workforce issues, improving funding, enhancing collaboration between schools and providers, and expanding prevention resources. This session echoed the same topics and themes identified during the regional events.

Barriers identified were Medicaid redetermination, lack of trust in accessing behavioral health services, and the age of consent. Session participants highlighted the significance of community engagement, cultural sensitivity, and the necessity for comprehensive, integrated mental health plans.

Organizations Represented at the Virtual Statewide Provider Session

Alaska Center

Alaska Child and Family

Alaska Legislature

Alaska Premier Assisted Living

Benchmark Human Services

BBAHC

Catholic Social Services Alaska

City of Fairbanks

Fairbanks Native Association

Foundation Health Partners

Hope Community Resources Alaska

Kenaitze Indian Tribe

Maniilaq Association

Mat-Su Health Foundation

Optum

Peer Power Alaska

Reach 907

SEARHC

Spirit of Youth

State of Alaska

Tanalian Bible Camp

TCC

University of Alaska

VOA Alaska

Youth 360

X.   Behavioral Health Aide Session

On November 7, 2023, the State of Alaska convened a focused session within the Integrated Health Aide Forum to address the Behavioral Health Roadmap for Youth project. This session provided an opportunity for 19 participants from 12 Alaskan communities and various organizations to discuss regional successes, challenges, and proposed solutions. The Behavioral Health Aides (BHAs) shared insights into the complexity of their roles, emphasizing the need for comprehensive support, updated training, and trauma-informed, culturally resonant approaches.

Communities Represented at the Behavioral Health Aide Session

Chignik Bay	Ninilchik
Fairbanks	Petersburg
Huslia	Pilot Station
Juneau	Seward
Kenai	South Naknek
Metlakatla	Wasilla

Organizations Represented at the Behavioral Health Aide Session

BBAHC	SEARHC
Chugachmiut	TCC
Kenaitze Indian Tribe	Tlingit and Haida
Knik Tribe	Wil la mootk Counseling Center
Ninilchik Village Tribe	YKHC

Many of the discussions and recommendations focused on needs and infrastructure beyond specific behavioral health service delivery. The need for a variety of housing solutions for recipients and providers is one example of an infrastructure solution that directly affects the availability and accessibility of behavioral health services, as well as general wellbeing. The recommendations provided by Behavioral Health Aides showcase the importance of community-driven healing, accessible services, support structures, and sustained funding mechanisms. The session served as a platform for diverse voices to contribute to the improvement of behavioral health services for youth in the state.

XI.   Statewide Themes

Solutions, actions, and an overall sense of hope

As the roadmap meetings progressed, there was an overarching sense of hope and gratitude expressed in each of the sessions. Those who gathered to participate in these discussions were interested in action and several people shared that they had met others through this process that they will continue to be connecting with in their work. There were immediate solutions to local issues identified, and people made commitments to follow up outside of this process.

Affordable access, parity, and cost of providing services and supports

Support the provision of a continuum of care that supports youth access to services and supports. This may include:

- Funding for non-billable supports and services that increase mental wellbeing, such as after school activities, sports, art, and community organizations.
- Outpatient services – increasing provider rates that support cost of providing services in order to increase the number of providers and services available.
- Continuing to access and leverage Medicaid in an evolving system.
- Technical capacity for school districts to bill Medicaid.
- Utilizing CMS flexibilities to increase access to services in school settings.
- Proactively explore billing mechanisms necessary to promote timely onboarding of telehealth options.
- Increase access to affordable care for users of the behavioral health system with the goal of parity. For example, private insurance will not cover crisis services.

"Culture is the foundation for everything"

The importance of culture and the role of language was identified as an important foundation of the behavioral health system for youth in Alaska. Discussions included the importance of integrating traditional values, community cultural activities, and intergenerational connection into services. To improve the system, it is important to rely on local tribal knowledge to better assure language and communications are clear and understood in the delivery of services. As one participant shared: "Our culture is by word of mouth; we don't have enough time to preserve it."

According to the discussions, some ways to incorporate culture and language into behavioral health system work could include:

- Understand that Western assessments, treatment plans, service delivery, and documentation requirements for Medicaid reimbursement are not culturally responsive.
- Recognizing that healthy Elders result in healthy youth and incorporating Elders into youth programs when possible.

- Bridging potential language barriers by incorporating family member or translator to follow the patient to the facility or use phone translation options if necessary.
- Host student-led cultural activities in schools.
- Promote cultural competency through community resource camps and include generational healing.
- Offering cultural orientation for professionals serving Alaska youth.
- Incorporating local food into community events and celebrations.
- Promoting empowerment to tell stories to assist in the healing process.
- Support indigenous behavioral wellness centers.

Reducing the stigma of behavioral health

There is an interest in making efforts to destigmatize asking for help. People with mental illness often experience discrimination, and several participants voiced concerns that Alaska youth and/or their families may not seek needed services due to stigma. Many ideas were raised about reducing stigma, mostly suggesting education, outreach, and messages that normalize getting help with the key audience being families. Messages could include talking openly about mental health, educating yourself and others, being conscious of language, encouraging equality between physical and mental illness, showing compassion for those with mental illness, choosing empowerment over shame and being honest about treatment (National Association for Mental Illness, NAMI).

Behavioral health services are most effective the closer they are to home

Across the continuum of care, from prevention to acute services, there is a recognized value in keeping youth as close to home as reasonably possible for behavioral health services. Telehealth options for consultations could be a helpful tool for screening and medication management, reducing unnecessary travel. When there is a behavioral health crisis, developing a robust crisis response system of care at the regional and local levels will assist in reducing acute placements. When acute placements are necessary, prioritizing regional and in-state youth psychiatric care over out-of-state placements with step-down systems is an important piece of the continuum to keep youth closer to home.

It Is important to acknowledge that in small, close-knit communities, family members may be the only medical professionals available locally. While this can provide a sense of familiarity and trust, it may also present challenges, such as maintaining patient confidentiality and ensuring a diverse range of medical expertise.

Ensure a robust behavioral health continuum of care for youth

A theme during these discussions emphasized the importance of investing in prevention while we are working on building a system that responds to crisis and higher levels of care needed. Each session included focused conversations about gaps and solutions across the continuum of care. Individual meeting results can be found on the State of Alaska's project website. The following proposed solutions represent a summary of all roadmap session by each focus area on the continuum of care:

- Prevention and Early Intervention
  - Promote screenings and targeted intervention in primary care.
  - Assure youth in OCS care have access to prevention services.
  - Offer parent support groups.
  - Promote peer support models, in schools or other settings.
  - Ensure Alaska youth have places to safely gather and hang out.
  - Planet Youth (Icelandic Model) primary substance use prevention model.
- Community Level Supports
  - Multi-disciplinary team coordination and case history development. Develop a resource or tool that shares patient information across providers.
  - Explore telehealth opportunities for consultation and medication management to help keep youth in their communities and reduce unnecessary travel.
  - Increase the availability of therapeutic foster care homes.
- Residential Services
  - Draft and promulgate regulations to allow RCCFs to offer crisis care.
  - Support regional discussions about the need and interest in residential programs that support transitions and step-down systems, including transitions back to home community.
- Crisis Services
  - Build statewide, regional, and local network of crisis care services to divert people from acute care.
  - Promote discussions among crisis stabilization partners and community supports for successful system transitions as crisis stabilization programs and facilities onboard across the state.
  - Regulation review and changes.
  - Facilitate discussions on identifying necessary resources for remote crisis response.
  - Further address complex care needs.
  - Consider short term crisis holding spaces to re-enter local behavioral health service or prepare for transitional residential care.
- Acute Care
  - Bolster cultural competency in treatment.
  - Decrease the administrative burden on providers for step down locations.
  - Consider staffing special education teachers in hospital settings.
  - Develop acute substance use and detox options.
  - Support regional discussions about the interest and needs for youth psychiatric treatment facilities, recognizing the hoped-for reduce in demand as crisis response systems are in place.
  - While recognizing the significance of receiving acute care, particularly for those severely mentally ill, move forward with meeting current needs with future flexibility in mind in an evolving system.

Engaging families in school settings

There are opportunities that schools provide for prevention and early intervention and supports for students and families. During listening sessions, school professionals shared that there has been a significant increase in behavioral health issues at school since the pandemic. Sadly, suicide, substance misuse and other mental health issues are taking more and more time away from learning. Sometimes youth may want/need services, but parents may not be available or trust western models of behavioral health services and not provide consent. The following ideas were identified through the discussions about the important role schools play in engaging families within the behavioral health continuum of care:

- Value the unity of whole family coming together when considering school settings.
- Host student-led cultural practices with peer-to-peer engagement in schools.
- Expand trauma informed curriculum in schools.
- Increase social workers in the school setting.
- Establish a channel of communication (such as regular meetings) for service providers and families. This creates an opportunity for the comprehensive wrap-around services for youth.

System coordination and navigation

An overarching theme surfaced the significant need for improved coordination and communication across the system, coupled with a need for navigation supports to help families understand the system. Several Alaskan parents and caregivers shared their lived experiences with difficulties navigating the system. Many providers also shared an observed need for more communication and coordination as youth move through the behavioral health system. Discussions identified a range of coordination and navigation issues:

- Improve coordination around the 988 process; connecting people to services in their local communities.
- Transitions from 988 to local communities.
- Administrative burden to open a placement (foster, group home).
- Reduce unnecessary holds due to lack of community supports.

Specific types of navigation solutions, such as the introduction of Family Navigators, ADRC navigators, state "behavioral health case managers"/navigators, and Help Me Grow Alaska were offered as potential models. Other solutions offered:

- A regional dashboard that would assist crisis centers and youth seeking home-based services in navigating available community resources.
- Greenland model: family stewards within the community, receive a stipend for helping other families in crisis, the community helps bring family back.
- Comprehensive list of resources alongside an actively engaged navigator during the discharge process.

Workforce and training pathways

Discussions at each event emphasized the importance of workforce and training needs. These needs were evident in all six categories impacting the full array of services across the continuum of care:

- Workforce shortages had various possible solutions, from better/more equitable pay, to improved caseloads, to more support for providers in stressful, often isolating positions.
    - Recruitment and retention efforts were a clear sub-category. Proposed supports ranged from tuition and continuing education units (CEU) reimbursements, to reducing/eliminating unnecessary/duplicative licensing requirements, to housing and relocation subsidies.
- Expanding workforce beyond professionally licensed positions in the field was brainstormed differently at all events, with suggestions ranging from elders and culture bearers to peer learning programs, to community and church members.
    - It was noted, however, that all sources of support should have some level of behavioral health training, specifically including suicide prevention training.
- A wide array of training needs was expressed, many of which would require substantial investment and collaboration to implement, including:
    - Up-to-date and evidence-based trainings that ensure cultural relevancy as well as trauma-informed practices, so clinicians are not re-injuring clients.
    - Expanded and specialized training, specifically: youth-centered trainings for crisis care, eating disorders, substance abuse, and for providing services to youth who have committed sex offenses.
    - Financial and logistical support for mandatory professional development and supervision hours. Some components of licensure and certification can be difficult to earn in Alaska, particularly for rural professionals.
- Understanding the real gaps in services would require data work to understand the unmet client need as well as current shortages.

Other supports

There were other statewide themes that emerged that are outside of the behavioral health system but have an enormous impact on the system:

- Housing – Lack of affordable housing was identified as a gap by several participants in all meetings. There were statements that there is a need for youth shelters, and that staff housing could be a way to incentivize behavioral health workers.
- Child Care – Lack of affordable child care, a need for reduced licensing regulations and the need for more Pre-K were identified as prevention and early intervention factors.

XII.   Action Items and Next Steps

In April 2023, the state committed to undertaking a phased approach focused on coordination, planning, and implementation of a behavioral health roadmap. For the first phase of effort, the Steering Committee was established as a time-limited structure between July and December of 2023 to support regional workgroups in arriving at actionable recommendations to inform the next phase of a multi-year statewide plan for improving the continuum of behavioral health care for Alaskan children and youth.

Throughout the Roadmap events, stakeholders expressed a clear need for system-wide changes. The many individual challenges and potential solutions reflected in this report are tied to larger systems and operational challenges, which are cross-cutting and affect many areas of need. The State is pursuing numerous avenues of improvement to the system.

The report outlines information from regional meetings that will require further evaluation, exploration, and development. These items are captured as priority solutions in the regional sections of this report.

The State is committed to meaningful, ongoing engagement with regions and communities to shape the future structure of the roadmap and refine solutions to statewide and regional challenges. At regional events and steering committee meetings, stakeholder consensus indicated that the next phase of the roadmap project should include the following elements:

- Continued regional focus, particularly emphasizing visits to more rural and remote communities.
- Incorporate family and youth voices throughout the state, especially those with lived experience.
- Bolster communication plans to ensure public awareness of future community listening sessions.
- Reach an understanding of what data currently exists, how to effectively utilize it, and what additional data needs to be obtained.
- Update mapping of existing services and supports.
- Engage statewide behavioral health system subject matter expertise to guide statewide planning and implementation, with an emphasis on autonomy and self-determination of communities and regions.
- Redesign system of care while addressing short- and mid-term solutions for current challenges.
- Development of a Behavioral Health Roadmap plan that clearly defines next steps.

The following section includes priority areas for focused effort based on information shared during regional and statewide events. It is important to emphasize that the behavioral health continuum of care must reflect the complexities of providing services in a culturally and geographically diverse state. Indigenous health and wellness may not align with western approaches to behavioral health, and the efficacy of evidence-based tools most often has not

been validated amongst Alaska Native/American Indian people. For this reason, it is essential that cultural knowledge and practices are integrated into care solutions.

There are eight sections that organize the Actions and Next Steps in this report. Actions itemized may impact multiple areas in the continuum of care but can be conceptualized within the areas of focus depicted in the below graphic.
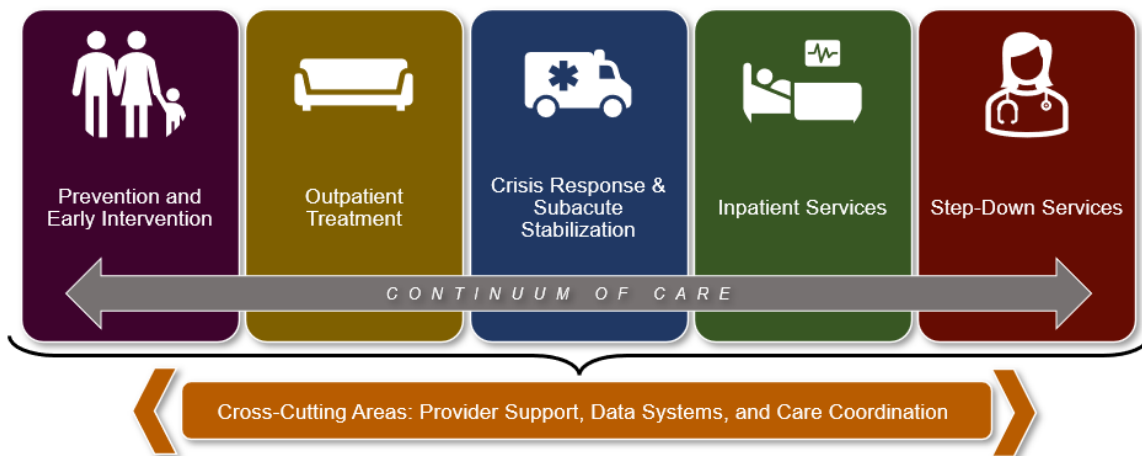
This section includes the initial framework of the Behavioral Roadmap with actions identified to improve the behavioral health system for youth in Alaska and reflects input from the statewide and regional events. This section is characterized by three main ideas: **Action**, **Next Steps** and **Connection to Regional Discussions**. In order to reflect the planning that took place across the state, the "Connection to Regional Discussions" identifies the name of the region and provides a brief description of the recommendations related to that specific action item. This in no way prohibits a region that did not mention a recommendation from incorporating it into a regional plan, or even that it was not mentioned at the event—it just means it was not reflected in the notes. In some instances, the actions aligned to one or more of the 10 statewide themes described in the Statewide Themes section. It is the State's intention to articulate the crosswalk between what was heard at these events and the proposed systems' improvement. The list cannot and will not be exhaustive.

Prevention and Early Intervention

Action	Next Steps	Connection to Regional Discussion
1. **Infant Learning Program (ILP)** – Increase capacity in ILP, which serves families who have children at risk for or with developmental delay by providing early intervention and improving outcomes and prepare the child for school	• Review options to expand capacity including changes in eligibility criteria to serve an increased number of Alaskan children	Southeast • Kids age out of ILP at age 3 and lose support The transition to school results in gaps Northern • Revamp ILP Southcentral • Change eligibility criteria for ILP; pair eligibility changes with funding to support programs
2. **School-Based Medicaid Services** – Increase access to physical and behavioral health services in schools through Medicaid	• Explore new federal flexibilities and grant opportunities for Medicaid services and schools and provide technical assistance to providers and school districts • Establishing an interdepartmental workgroup including external representatives from school districts, providers, and tribal health organizations to outline opportunities and feasibility • Expand telehealth in school-based intervention services. Work collaboratively with the Department of Education and Early Development to educate schools and communities of telehealth intervention alternatives where other behavioral health resources are unavailable	Interior • Medicaid services are only for children with Individualized Education Plans. Federal changes could include more services for broader population Northern • Reevaluation of services for Medicaid in schools • Provide resources for parents/grandparents to address youth Southcentral • Create group to facilitate collaboration between providers, schools, government • Statute changes to allow Medicaid billing by schools and community providers • Provide technical assistance

		Southwest
		• No bandwidth for Medicaid billing • Administrative burden • Medicaid ties you to treatment plan and rules • New federal guidance on Medicaid (roster billing)
3. Mental Health in Schools – Support schools to move toward a destigmatized, trauma-informed school environment that empowers students and integrates culture into a whole-health environment	• Build collaborative partnerships with the Department of Education and Early Development to support coordination and clearly identify roles and responsibilities of supporting youth behavioral health in schools	<u>Interior</u> • School behavioral health support • Utilize federal/state grant funding for prevention services (such as sources of strength and suicide prevention) • Define who holds responsibility • Engage community partners • Train students as peer supports • Elders in schools <u>Northern</u> • Provide resources for parents/grandparents • Mental Health First Aid and trauma training for all staff • Student peer support system • Use student government to involve students <u>Southeast</u> • Trauma engaged toolkit – integrate into professional development and certifications. • Community partnerships/pilot programs • Student led cultural practices

		Southcentral
		• Increased family engagement to ensure alignment with family/cultural values
		• Funding for school social workers
		• Mandated youth mental health and opioid training
		Southwest
		• Wraparound parental education – unify family.
		• School counselors & YKHC clinicians monthly meetings for behavioral health preventative services
		• Better communication between all entities
		• Calricaraq school age-based presentation
		• Cultural knowledge in schools
4. Expand Comprehensive Behavioral Health Prevention and Early Intervention (CBHPEI) Grants	• Increase capacity of regional coalitions focused on youth strategies to reduce mental health stigma, increase help-seeking and problem-solving skills, build connectedness, and engage in youth specific substance use and suicide prevention	Interior
		• Reduce stigma - create educational materials for public and foster culture of acceptance
		Southeast
		• Reduce stigma – education
		• Providing resources for mentorship and relationship building
		• Icelandic 360 model
		• Culture shift around mental health care
		• Empowerment to tell your story
		Southcentral
		• Free gun safes and gun locks
		• Destigmatize asking for help - outreach

		Southwest • Normalize getting help • Help youth understand who to ask and where to go for supports, help, training, education on life skills • Culture is the foundation for everything • More resources to preserve cultural values <u>Northern</u> • Support for students with diverse needs Emotional/social learning curriculum in schools and community • Parental education, re: internet/ social media usage/ regulation
5. **Statewide Youth Prevention Coalition** – Funding from the CBHPEI grants supported the creation of a statewide youth-focused prevention organization in FY2024 to facilitate statewide youth prevention and early intervention	• Utilize the new coalition to lead statewide and community level efforts to increase wellness, youth capacity and promote and develop strategies to improve youth mental health and prevention of substance abuse	Aligned with statewide themes: Affordable access, parity, and cost of providing services and supports. Culture is the foundation for everything

6. **Careline Utilization for Prevention** - Increase youth utilization of the crisis call center and support connecting youth and families to services in their community prior to escalating to crisis	• Designate staff to provide follow up services to youth who contact the crisis call center if they request follow up services • Continue youth informed outreach strategies such as the statewide "988 Create!" Youth Art Contest, administering education and awareness materials in schools, and using social media as a communications tool to directly reach youth • Develop and disseminate an updated Alaska 988 Communications Plan with culturally informed messaging developed for use with rural communities, tribal partners, and Indigenous youth and elders through a multimedia campaign	<u>Northern</u> • 988 can provide support & refer out – texting options more appealing to youth <u>Southcentral</u> • Expand crisis line services
7. **Parent and Family Support** – Increase support for parents and guardians to navigate the system and coordinate care. Find opportunities to strengthen relationships and increase family engagement so that youth can more effectively access resources/services	• The Child Welfare Academy will offer Youth Mental Health First Aid training to foster parents to provide education and support to foster parents and increase the capacity of the child welfare system to identify youth at risk • Expand awareness and utilization of Help Me Grow, Alaska-based nonprofit that offers developmental screenings and other support services to children and families across Alaska. (See also Provider Support and Care Coordination.)	<u>Interior</u> • Elders actively engaging with youth • Increase social connections • Provide resources for adult/youth mentorship/relationship building • Parental participation and community involvement are vital to prevention <u>Southeast</u> • Parenting support groups • Class/resources for parents/elders to talk to youth/children • Family engagement (incl. parental consent) • We need family-focused child welfare services • Adult/youth mentorship and relationship building

		• Communication – meet family/people where they are; regular interdisciplinary meetings; parent representation • Education around options for families/navigation <u>Southcentral</u> • Opportunities for families to build social connections/supports • Recognize parents as partners in process • Shift to child welfare rather than protection <u>Northern</u> • Childcare <u>Southwest</u> • Parenting classes • Domestic violence education • Family therapy, communication skills, bully education • Wraparound services for family – support and housing while child in treatment • Language can be a barrier
Determine next steps for additional regionally identified priorities – the following items were frequently discussed as fundamental to youth mental health. Moving forward, it will be important to collaborate in strategizing an approach to solve for each challenge. • Gathering Spaces • Equitable Access to Healthy Activities • Housing Support and Infrastructure • Life Skill Building		

Outpatient Supports

Action	Next Steps	Connection to Regional Discussions
8. **Medicaid Behavioral Health Claims Payment and Accuracy** – Improve claims payment for behavioral health services to fully realize the services available through the 1115 waiver and reduce provider fiscal and administrative burden	• Transition claims payment from current behavioral health Administrative Services Organization (ASO) to the Alaska Medicaid claims system effective January 2025.	Aligned with statewide themes: Affordable access, parity, and cost of providing services and supports.
9. **Behavioral Health Organization** - Develop regional provider capacity and support, conduct participant outreach, develop communication and support tools, technical assistance, facilitate provider quality and outcome efforts, provide data management, and improve overall access and service outcomes	• Procure contract in 2024 with January 1, 2025, effective date.	Aligned with statewide themes: Affordable access, parity, and cost of providing services and supports. Behavioral health services are most effective the closer they are to home.
10. **Remove Administrative Barriers** – Identify any regulatory or other administrative requirements that impede expansion of outpatient services, including prohibitions or limitations on the use of telehealth	• In collaboration with provider organizations, prioritize, schedule, and initiate phased regulatory reviews and overhauls to reduce administrative burden.	Southeast • Universal paperwork • Align licensure regulations. • Regulation review and changes • Streamline documentation – have a case history following the individual/family. Northern • Make intake/assessment/treatment process simpler. • Work around Medicaid requirements

		Southcentral • One state grant portal to reduce agency administrative cost. • Improve Medicaid enrollment process. • Update fee schedules and regulations
11. Strengthen 1115 waiver services – Identify opportunities to improve the 1115 waiver to address unmet needs or gaps in care. Determine opportunities to mature the program and/or services.	• Complete the renewal of the 1115 waiver in first half of 2024. • Evaluate opportunities for future amendments to increase provider participation, payment structures, and service expansion including potential opportunities to leverage federal funding to support the implementation and build out of these services	Aligned with statewide themes: Affordable access, parity, and cost of providing services and supports.
12. Increase Federal Funding to support youth focused initiatives	Recent Federal Grant Awards: • Children's Mental Health Initiative Grant - preparing the RFP for providers to target child and adolescent interventions that identify gaps in adolescent services. • Strengthening Pathways to Care for Alaska's Youth - Garrett Lee Smith Youth Suicide Prevention Grant • 988 Crisis Call Center Cooperative Agreement	Aligned with statewide themes: Affordable access, parity, and cost of providing services and supports.

Crisis Response & Subacute Care

Action	Next Steps	Connection to Regional Discussions
13. Crisis Continuum Assessment - Identify additional services to create a robust crisis continuum in Alaska engaging stakeholders and those with lived experience in the process. Ensure the crisis continuum allows for services to be delivered in rural Alaska and rates provide for sustainability. Ensure consideration for youth residential programs to provide and bill for crisis services if needed to prevent the youth from discharging to a higher level of care.	• Review the continuum of crisis services covered through Medicaid and any associated regulations to identify ways to create opportunities for rural Alaskan communities to provide, and be reimbursed for, crisis services offered locally.	Southwest • 23-hour crisis embedded or co-located in subregional clinics in Bethel Northern • Need culturally competent professionals. • How would it look in villages that don't even have police officers? Need to create our own model. • Need crisis transitional housing programs. Southcentral • Next day appointments available • Complex care specialized services • Define what constitutes a mental health crisis. Southeast • Community needs shared agreements and language on crisis vs. acute care. • Peer support specialists • Build network of crisis care services
14. Expand Telehealth and Telepsychiatry – Support local providers in treating and stabilizing patients in community.	• Leverage existing PAL-PAK program and engage with hospital and behavioral health associations to host training. • Identify opportunities in regulation to increase access to telehealth.	Interior • Psychiatric services through telehealth • Supervision or certification can be provided over telehealth. • Leverage specialists from other states especially in the rural area Southcentral

		• Telepsych licensing to allow for specialty services across state lines. Southeast • Increase telehealth availability. Southwest (priority action item) • Increase telehealth access in villages. • Determine the comfort levels and willingness of the tribes to create a culturally relevant plan
15. 988/Careline –Increase utilization of statewide crisis call center, integrate technology solutions to connect Alaskans to needed services, and prevent higher utilization of care when appropriate	• Engage the new Careline Tribal Liaison position to facilitate training for call center employees, coordinate with tribal health organizations to support referral pathways to tribal behavioral health services, support tribal and community coordination and input, and develop recommendations on improving 988 linguistic and cultural capacity. • Upon completion of the Crisis Call Center Technology Needs Assessment, review recommendations and determine next steps for implementing a technology solution that enhances coordination of the crisis continuum of care in Alaska. • Develop and disseminate an updated Alaska 988 Communications Plan with culturally informed messaging developed for use with rural communities, tribal partners, and Indigenous youth and elders through a multimedia campaign. • Leverage Alaska's accredited crisis call center to establish post-discharge caring contacts for youth who have been	Northern • 988 can provide support & refer out. Texting is more appealing to youth. Southcentral • Expand crisis line services. Southwest (priority action item) • Set up YKHC crisis line to roll over to 988.

	seen at the emergency department for suicide risk throughout the state. • Pilot a telephonic transition service for youth with suicide risk discharging from acute care settings to support youth connecting to appropriate services post-discharge and provide supports when youth are at highest risk. • The Alaska Crisis Call Center will further develop existing relationships with the Mobile Crisis Teams and the designated 911 dispatchers through formal or informal agreements.	
16. Reduce Regulatory Barriers - Review existing regulations and identify areas where new regulations are being developed to support provider's needs in establishing regional and local crisis care services	• Finalize HB172 subacute licensing regulations and provide technical assistance to providers standing up centers. • Simplify and correct current crisis regulations to remove unnecessary administrative burden	Southeast • Regulations to allow Residential Child Care Facilities to offer crisis care • Licensure process improvement • Need variances Southwest • Reduce service authorization requirements for youth services. Northern • Most things that would help are restricted by policy. • Eliminate 4-walls restriction. Southcentral • Reduce administrative burden
17. Mobile Crisis Teams (MCT) – Support existing mobile crisis services and identify options for expansions in additional communities including options for developing capacity in rural, off-road communities	• Explore models to establish stable funding opportunities to ensure existing services are maintained.	Southwest • Behavioral Health Aid/law enforcement co-response in villages – on call instead of 24/7 team Northern • Find funding resources for remote MCT.

	• Evaluate opportunities to expand mobile crisis teams including leveraging non-traditional personnel in rural or remote communities	• Community buy-in/partnership (Tribal) • Designated funds for remote response (i.e. chartering planes) • Regional MCTs • Not enough staff for MCT
18. Crisis Stabilization and Short-Term Residential Services – Increase the providers offering these services in regions throughout Alaska	• Offer technical assistance to providers considering offering these services. • Explore options for initial and sustained funding for these services. • See Crisis Continuum Assessment • See Rate Methodology Review	Southwest • Establish crisis residential in Bethel as step up/down for Designated Evaluation and Stabilization (DES) Southcentral • Create "one-pager" about status of regulations, funding. • Single point of contact with the state • Manual for "stabilization" is being drafted. • Research how to address funding gap. • Develop acute stabilization programs. Southeast • Find continued and sustainable funding. • Ensure RCCFs can offer crisis care. • Need short term crisis "holding space" for reentering local behavioral health service or preparing for transition to residential care. Northern • Community partnerships to address travel. Southwest Need crisis residential in Bethel
19. Youth Suicide Prevention – Expand support for parents and youth after a suicide attempt while waiting for services, during the highest period of risk with follow up support until services are in place	• Research additional grant funding opportunities for Psychiatric Emergency Services providers to pilot tablet-	Aligned with statewide themes: Ensure a Robust Continuum of Care & Systems Coordination and Navigation

	based interventions within hospital settings with funding identified in the Garrett Lee Smith grant.	

Residential and Inpatient Services

Action	Next Steps	Connection to Regional Discussions
20. Increase Access to Inpatient/Acute Psychiatric Care – Expand existing capacity and add capacity in additional regions	• Leverage new DFCS funding incentives and grants to assist new facilities with start-up costs associated with designation. • Support regional efforts to expand pediatric bed options and identify options for funding and ongoing support	Interior • Pediatric acute inpatient beds Southwest • Need a physical building in region for a youth psychiatric hospital. • Tailor clinician training to provide play therapy. Southcentral • Add cultural competency. Southeast • Designated Evaluation/Treatment expansion Northern • Denali unit for youth (co-occurring BH/IDD) • Mental Health unit and step down • Need a full-scale psychiatric unit in a location closer than Anchorage
21. Improve Care Pending Hospital Transfers – Improve quality of care for patients boarded in emergency departments or other hospital settings while waiting for access to beds in a psychiatric facility	• Provide consultation to hospitals on resources and options to improve services or care including use of the EmPATH model. • Explore removing contraindicated services when a patient is boarded in an emergency department or hospital setting in order to support outpatient behavioral health providers and specialists providing services to patients admitted and not currently receiving treatment while they wait	Southeast • EmPATH model • Role of hospital should be stabilization management and placement

22. Psychiatric Emergency Services (PES) – Leverage PES grants to provide behavioral health services while waiting for placement in an inpatient bed.	• Review existing PES grant requirements for potential modification to encourage greater PES provider interest. • Review state plan services pertaining to PES to address regulations that prevent reimbursement for certain services.	Aligned with statewide themes: Affordable access, parity, and cost of providing services and supports
23. Add Long Term Residential Care for Specialized Populations – Address existing gap for non-rehabilitative individuals with long-term needs in an environment that can offer high-quality care in a supportive environment that is appropriate for their needs.	• With substantial stakeholder and provider engagement, identify options for long-term, in-state or in-region group homes or other settings. • Review statute and regulations for Intermediate Care Facility (ICF) type and seek stakeholder input on revisions.	Interior • Serious Mental Illness long term care Southeast • Treatment options for violent youth Southcentral • Explore new license type, ICF type
24. Expand Therapeutic Treatment Homes/Foster Homes	• Work with regions and community stakeholders to develop outreach plan to increase therapeutic and emergency foster care homes, particularly emphasizing homes that share cultural background.	Southcentral • Explore models, encounter rate. • Consider types of need/specialization • Outreach to possible homes • Training for foster providers Southeast & Northern • Outreach to people that might be interested. • Education and support for foster providers Southwest • Increased therapeutic and foster care homes that come from same culture • "It is crucial to have foster families who can provide care for children with complex needs."
25. Assess License Types & Needs – Determine if changes or additions are needed to licensure and entity types in order to ensure the right kind of setting is available for each population	• Further engage with stakeholders in identifying regulations to prioritize for updates and amendments.	Interior & Southeast • Create more residential license types. • Short-term housing to stabilize / transition. • Study and replicate program that works.

		• Grow voluntary residential services for youth who don't need highest level of care. • Respite <u>Southcentral</u> • License levels of care • Tiered payment systems for high/low needs <u>Southwest & Northern</u> • Culturally appropriate care (eliminate 4 walls restriction) • Increased community based residential programs (Pathway home/McCann) • In-region treatment center – co-occurring MH/SUD residential incorporating virtual PHP • Unable to treat kids with BH/IDD issues.

Step Down Services

Action	Next Steps	Connection to Regional Discussions
26. **Telehealth Services for Youth with Intellectual and Developmental Disabilities (IDD) –** Reduce emergency room admission rates for IDD youth by procuring a telehealth service that specifically offers support for individuals with IDD and their caregivers to assist with acute behavioral health and medical needs. This telehealth program could supplement PAL-PAK because it focuses on individuals with intellectual or developmental disabilities their family, caregivers, and direct support professionals that provide their care and services. States that have used such a telehealth option report that it has lowered emergency room admission rates	• Procure a contract to provide these services to IDD youth and work with stakeholder and provider groups to raise awareness.	Interior • Need to expand services for youth with co-occurring diagnoses (mental health and IDD) • Help parents deal with the stress / grief of their child's diagnosis Southeast • Expand opportunities for parents to understand treatment options. • Expand training for parents to support healthy homes for children with severe mental illness. Southwest • Expand services to the right level of care for IDD youth so youth are not in higher levels of care than needed, especially when they are out-of-home communities • "Injustices exist for children and their families simply because a child is disabled." • "Kids go to treatment, even adults going to treatment, or they're incarcerated, and then they go home, and they go back to the same environment. Families don't know how to work with them"

27. **Improve services for individuals with complex needs -** Expand ages served and allowing specialized staffing payment in group home and family home habilitation settings.	• Appendix K Flexibilities option became available on December 1, 2023, through a temporary waiver amendment. This will allow bridge funding for complex needs youth (16–17-year-olds) until the DOH can update its regulations and Medicaid waivers. A new 2:1 acuity "add-on" allows providers to pay two staff to help serve particularly challenging people. Make existing waiver permanent through regulatory and waiver update process. Anticipated completion July 1, 2024. • In response to a legislative request, DOH completed a waitlist elimination plan in December 2022. In the FY2024 budget, DOH received funding to complete the first step required in that plan: to implement new assessment tools for Medicaid home and community-based waivers. This three-year project will better position the DOH to eliminate the waitlist should services and other supports be funded in the future.	<u>Southeast</u> • Eliminate IDD waitlists
28. **Increase Provider Workforce and Retention** - Provide workforce development and support. Build on existing efforts that: 1) leveraged federal funding for recruitment, retention and other bonuses for direct support; and 2) increased the professionalism of the workforce by establishing a certification program through the University of Alaska Anchorage.	• Expand participation in the SHARP program (See Provider Support) through provider outreach, education, and technical assistance. • Continue to partner with the University of Alaska Anchorage in offering a direct service provider certification program. • Develop training and consultation for providers offering residential treatment services for complex individuals with behavioral health needs. • Evaluate rate and underlying methodology for adequacy and appropriateness (see Provider Supports).	<u>Interior</u> • Offer tuition reimbursement to staff. • Promote industry to young Alaskans through publicity/advertisements. <u>Southeast</u> • Partner with colleges, outreach to AK residents out of state • Increase pay, subsidize housing, loans. • Pay for/reimburse licensure and certification costs including type C. <u>Southcentral</u> • Implement licensing reciprocity.

		• Change baseline requirements to attract. • Develop robust subsidies more entry-level frontline personnel. • Support those currently in field • Provide shadowing opportunities. • Collaborate with educational institutions. <u>Southwest</u> • Village community job fairs • Shadowing BHAs • Identify education paths for community members. • Recruit local • Establish a master's program through UAF
29. **Environmental Modifications** - Provide grants for providers to make environmental modifications to allow more complex individuals to be served.	• Establish grant program to allow residential habilitation providers to make environmental modifications to assisted living homes.	Aligned with statewide themes: Other supports
30. **Transitional Living Pilot Program** – DFCS and DOH are collaborating to initiate a trial transitional program designed for youth in institutions or those at risk of institutionalization. This pilot program is specifically tailored for youth facing challenging behaviors, serious and persistent mental illness, intellectual and developmental disabilities, and/or autism. Envisioning small, homelike settings with well-trained staff, the program aims to offer client-centered care plans, habilitation services, environmental modifications, and community integration opportunities for patients with complex presentations. This initiative has the potential to serve as a crucial step-down setting for youth	• A workgroup has been established, and funding has been included in the Governor's budget proposal for FY25. DFCS is exploring current funding to support the needs of the program in FY24. The workgroup is scheduled to convene in January 2023 to commence alignment on a vision for the program.	Aligned with statewide themes: Ensure a robust continuum of care

transitioning out of institutional levels. Simultaneously, it can function as a step-up option for children requiring additional support beyond what their family can provide, thereby helping to prevent institutionalization.		
31. Improve Step Down Supports for Complex Needs	• Complex Care Unit (CCU) – The CCU is a dedicated team of professionals that monitor complex cases in DFCS custody and individuals at imminent risk of coming into DFCS care without action or intervention. This unit, established in January of 2023, proactively identifies barriers to care within the State of Alaska system and partners with DOH to propose changes to policy, regulations, and processes to better serve complex Alaskans. The CCU also offers consultation and helps provide support to providers, families, and clients. • Case Response Team (CRT) – This platform ensures that DFCS and DOH staff regularly communicate, coordinate care, and align payment for individual complex cases in emergent situations. CRT has been meeting on a weekly basis since April 2023. Division representatives present their cases and the appropriate staff from DFCS and DOH are assigned to smaller in-depth meetings which include care coordinators, guardians, and direct service providers as needed for the individual case	Aligned with statewide themes: Ensure a robust continuum of care
32. Provide Training and Support to Providers for Discharge Planning for Complex Needs - Provide training and support to facilities and providers specifically around discharge planning to reduce	• The Alaska Psychiatric Institute Transitional Program has demonstrated decreased failed discharges, decreased 30-day readmissions, improved lengths of stay in the community level, and improved satisfaction for patients	Aligned with statewide themes: Ensure a robust continuum of care, workforce, and training pathways

readmissions for patients with complex presentations.	and caregivers. API will continue to screen patients and provide the transitional services for complex cases.	
33. **Expand support for individuals discharged from Alaska Psychiatric Institute (API) to maintain continuity of care, medication adherence, and reduce readmissions -** API Outpatient Clinic – DFCS is evaluating the feasibility of providing an outpatient clinic. This involves creating an implementation plan and exploring the staffing needs above current levels. Establishing such a clinic requires careful planning and collaboration, but its benefits can significantly enhance mental health care accessibility and quality within the community.	Evaluate four distinct services: • Access to Care - Individuals can receive ongoing psychiatric treatment without the need for inpatient stays, reducing barriers to accessing mental health services. • Continuity of Care - Patients transitioning from inpatient care or those needing ongoing medication management can receive consistent and personalized treatment plans. • Reduction in Hospitalizations - Effective outpatient care can potentially lower the need for emergency room visits or hospital admissions, easing the burden on acute care facilities. • Community Integration - Patients can remain in their community while receiving necessary mental health support, fostering a sense of belonging and reducing stigma.	Aligned with statewide themes: Ensure a robust continuum of care, workforce, and training pathways
34. **Options for new Medicaid services waivers -** Evaluate new Medicaid 1115 waiver opportunity to cover nutrition and housing supports for vulnerable populations to prevent hospitalization or escalation to higher acuity needs, including but not limited to: - meal and housing support for pregnant mothers with nutrition and/or behavioral health needs - tailored nutrition services for individuals with eating disorders	• Explore use of a contractor to conduct detailed actuarial studies and feasibility assessments. • Continue stakeholder engagement efforts (began in July 2023).	Southeast • Basic needs addressed. Southwest • Connection between maternal health and high acuity needs of infants and children.

- housing supports and case management for individuals at risk of homelessness with cooccurring health issues		

Data Systems

Action	Next Steps	Connection to Regional Discussions
35. **Care team notifications in emergency departments** - Develop a notification system to enhance timely care team response and coordination for high-risk youth who are admitted to Alaska emergency departments.	• Outreach to key stakeholders to establish connections to the Health Information Exchange (HIE) [case workers, care coordinators, primary care providers, etc.] • Build patient panels to facilitate the transmission of admit, discharge, and transfer data to youth's care team.	Aligned with statewide themes: Ensure a robust continuum of Care and systems coordination and navigation
36. **Screening high utilizers for intervention and care coordination** – Screen youth utilizing emergency services for behavioral health issues to proactively identify cases where youth may benefit from increased care coordination.	• Review recent youth behavioral health emergency room visits to identify youth with no active case worker or care coordinator. • Identify appropriate intervention to offer to the youth based on review of available data (case management, care coordination, provider support, etc.)	Aligned with statewide themes: Ensure a robust continuum of Care and systems coordination and navigation
37. **Data analysis to define key risk factors** - Define Alaska's youth population with BH needs at risk for institutionalization/hospitalization to support longer-term planning and intervention effort. The analysis will define key risk factors to be included in comprehensive patient profiles. Data sources utilized will include Medicaid claims data, OCS and DJJ case management data, Alaska Longitudinal Child Abuse and Neglect Linkage Project (ALCANLink) data, and suicide risk data, and will incorporate risk scores using emergency department (ED) data.	• Develop comprehensive data profiles that incorporate available data points to generate a list of at-risk youth. Profiles should be risk scored based on input and feedback from Complex Care Unit/other stakeholders. (Initial profile build began in December 2023) • Profiles should be run monthly to identify new at-risk youth and to provide additional data on previously identified youth. • Quarterly the CCU and other stakeholders to provide input on the scoring/risk model to refine the identification of at-risk youth.	Aligned to statewide themes: Affordable access, parity, and cost of providing services and supports, and systems coordination and navigation.

Care Coordination & Navigation

Action	Next Steps	Connection to Regional Discussions
38. Optimize utilization of existing resources	- Explore whether Aging and Disability Resource Centers (ADRC) can provide referral pathways for youth treatment and connection. - Improve care coordination, specialized provider services, and family support and engagement through increasing use of the resources available through the PAL-PAK/Help Me Grow Alaska (HMGA) program by behavioral health providers. - Increase utilization of PAL-PAK/HMGA resources from rural communities. - Explore if services can be Medicaid billable. - Partner with the Alaska Behavioral Health Association (ABHA), Behavioral Health Tribal Providers, and Behavioral Health Aid programs to provide training on how to utilize and access the resources available through PAL-PAK/HMGA. - HIE – Expand Health Information Exchange functionality to include connections to the 988 crisis call center, updated bed registry information, access to homeless information, and resource registries for social determinants of health needs. - Crisis Call Center- Expand capacity to make referrals and coordinate care. BerryDunn is conducting a technology needs assessment and analysis to outline options for incorporating technology solutions to streamline caller access to services.	Interior - ADRCs are present, could be used instead of creating a new pathway. Southeast - Improve utilization of existing infrastructure – for example HIE

39. **Bed Registry** - Develop a platform for providers and members of the public to find real-time availability for multiple treatment modalities.	• A contractor was selected for Division of Public Health's statewide substance use disorder treatment registry, work to stand up the platform is underway. • Upon finalization of a contract and the platform service is online, align existing platform opportunities with outstanding need. Explore how the system can be integrated with other service types such as behavioral health supports and complex care coordination. • Educate and support participating providers in completing routine capacity updates to ensure accurate real-time information is available to Alaskans. • Explore expanding the platform to all behavioral health treatment providers.	Aligned with statewide themes: Ensure a robust continuum of care and systems coordination and navigation
40. **Global Care Coordination and Navigation -** Develop a system that can leverage state data to identify individuals at risk or engaged in treatment, triage them by risk level, provide outreach to help identify their specific needs, connect them to the appropriate resources, and help track progress through follow-up outreach and support as needed.	• Build out framework for this system and identify contractual or other resources necessary to support this. • Identify opportunities to further leverage Health Information Exchange to provide access to eligibility information.	Interior • System connectivity/family navigator Southeast • Multidisciplinary team coordination and case history development • Community needs help for parents/caregivers navigate the options for a child in crisis. • Accessing services should be safe, simple, and easy to navigate.
41. **Expand Community & Provider Awareness of Existing Resources**	• Develop communications plan to optimize awareness and use of existing community & statewide resources.	Southwest & Interior • Resource dashboard & education campaign • "A lot of our people don't know how to navigate systems. If you don't provide mechanisms for referrals to existing services, they won't know how to access those services." Southcentral • Centralized access point for prevention services

		• Screenings and targeted intervention in primary/health care system Southeast • Community directory of services • Education around options for families • Resource education, especially residential • Social needs screening/neighborhood guide • Education on where you go in crisis

Provider Support

Action	Next Steps	Connection to Regional Discussions
42. Increase Opportunities for Behavioral Health Training	• The Child Welfare Academy (CWA) will partner with Division of Behavioral Health (DBH) to provide Youth Mental Health First Aid (YMHFA) training to all onboarding Office of Children's Services protective services specialist staff. • To promote centering Indigenous voices in suicide prevention and child welfare services, the CWA will partner with DBH and Tribes to extend YMHFA training to tribal workers in tandem with OCS staff. • Expand utilization of suicide specific psychotherapy for youth by providing education, training, and post-training consultation to behavioral health professionals by offering provider training for CAMS4Teens, Assessing and Managing Suicide Risk, and Cognitive Behavior Therapy for Suicide Prevention (CBT-SP). • Family Services Training Center – increase technical assistance and training to providers in partnership with the Division of Behavioral Health and the Mental Health Trust Authority, which offers free training opportunities for behavioral health professionals that work with families across Alaska. • Utilize agreement developed with the University of Alaska Southeast for development of behavioral health training to include a Behavioral Health Occupational Endorsement and Introduction to Behavioral Health courses which are distance delivered and meet requirements for Peer Support certification. (July 2020 and ongoing)	<u>Interior</u> • Design training/staff competencies aligned with the population/level of care. <u>Southwest</u> • Cultural training for service providers • Yupik social emotional learning response team • Calricaraq • Positive Indian parenting • Replicate other successful strategies. • Culture is the foundation of everything. <u>Southeast</u> • Increased IDD education for MH clinicians • Train and equip people -trauma informed, youth MHFA, peer support. • Expand new MANDT training to all responders. • Short term certification programs <u>Northern</u> • Cultural orientation to new providers • Weave cultural competency and traditions into each category

43. PAL-PAK/Help Me Grow - PAL-PAK offers Alaska based pediatric care providers intermediate access to interprofessional behavioral health consultation by phone/video, and whole person resource navigation for children and adolescents. Alaska providers can receive guidance on diagnosis clarification, medication adjustment, treatment planning and referral options. These resources can be utilized by all providers in Alaska and could provide a significant benefit to rural and urban hospital (and other) providers for adolescents in crisis.	• Establish a training timeline to expand provider utilization. • Explore whether PAL-PAK or similar program could be utilized for behavioral health professionals.	Aligned with statewide themes: Workforce and training pathways. Southeast • Behavioral Health version of PAL PAK – possible partnership with API?
44. Collaborate with the Alaska Police Standards Council - Increase access to training and resources for law enforcement officers.	• Review the behavioral health training provided to officers. • Identify opportunities to expand or modify training as appropriate.	Interior • Provide behavioral health training and crisis intervention training to community members and law enforcement officers, including troopers and Village Public Safety Officers. Southwest • Education for police/first responders on behavioral health – minimum training requirement • Bolster local law enforcement at all levels
45. Loan Repayment – Leverage partnerships with the Alaska Behavioral Health Association and Tribal Behavioral Health to expand participation in existing loan repayment programs like Strengthening Healthcare Access Recruitment Program (SHARP) 1 and 3 to support workforce recruitment and retention.	• Conduct provider outreach, education, and technical assistance in coordination with stakeholder groups.	Southcentral • Strengthen and expand SHARP. Southwest • Tuition for Behavioral Health Aides
46. Develop Regional Provider Capacity and Support - Provide technical assistance, outreach, and support	• See Behavioral Health Organization, Outpatient Services.	Northern • Additional support for acute cases

to increase provider capacity and service support and expansion.	• Explore for doctor-to-doctor payment options for consultation.	Southwest • A mental health professional in each village, ideally who shares the culture
47. **Medicaid Rates and Methodology** - Ensure Medicaid rates for behavioral health and other services are sufficient to provide adequate access to care for beneficiaries and support robust provider participation.	• Complete existing regulatory process for rate rebasing and inflationary increases. • Procure a contract to review rate methodology for Medicaid behavioral health services (state plan and 1115). Implement rate methodology contract recommendations.	Southeast • Rate/review/cover cost of care • Increase compensation/increased rates. Southcentral • Acuity-based reimbursement structure Northern • Parity of mental health workforce pay and benefits.
Determine next steps for additional regionally identified priorities – the following items were frequently discussed as important to provider support. Moving forward, it will be important to collaborate in strategizing an approach to solve for each challenge. • Collaboration and Better Communication Between Providers & Support Provider Health & Workforce Development		

Appendix A. Roadmap Regions

Roadmap Region	Tribal Health (ANTHC Epidemiology Center) by Borough/Census Areas	Title I and V Tribal Health Organizations in Region	Behavioral Health	Economic	School Districts (Corporations)
Northern	North Slope Borough Northwest Arctic Borough (Kotzebue) Nome Census Area	Arctic Slope Native Association (ASNA) Ukpeagvik Inupiat Corporation Maniilaq Association Norton Sound Health Corporation (NSHC) Native Village of Diomede	Nome Census Area North Slope Borough Northwest Arctic Borough (Kotzebue)	North Slope Borough Northwest Arctic Borough Nome Census Area	North Slope (Arctic Slope) Bering Strait (Bering Straits) Northwest Arctic (Bering Straits & Nana) Nome (Bering Straits)
Interior	Denali Borough Fairbanks North Star Borough North Slope Borough Southeast Fairbanks Census Area Yukon-Koyukuk Census Area Chugach Census Area Copper River Census Area Denali Borough	Tanana Chiefs Conference (TCC) Council of Athabascan Tribal Governments Fairbanks Native Assoc. Tanana IRA Native Council	Fairbanks North Star Borough Chugach Census Area Copper River Census Area Denali Borough Southeast Fairbanks Census Area Yukon-Koyukuk Census Area	Yukon-Koyukuk Denali Fairbanks NSB Southeast Fairbanks Census Area	Alaska Gateway (Doyon) Chugach (Chugach) Copper River (Antna) Delta/Greely (Doyon) Denali (Doyon) Fairbanks (Doyon) Galena (Doyon) Iditarod (Doyon) Nenana (Doyon) Tanana (Doyon)
Southcentral	Matanuska-Susitna Borough Municipality of Anchorage Kenai Peninsula Borough Kodiak Island Borough	Southcentral Foundation (SCF) Chickaloon Village, Native Village of Eklutna, Knik Tribal Council Chugachmiut Inc., Chitina Traditional Council, Copper River Native Association (CRNA), Mt. Sanford Tribal Consortium, Valdez Native Tribe Kenaitze Indian Tribe IRA, Ninilchik Traditional Council, Seldovia Village Tribe Kodiak Area Native Association (KANA), Native Village of Karluk	Matanuska-Susitna Borough Anchorage Municipality Kenai Peninsula Borough	Anchorage/Matsu Kenai Peninsula Borough Valdez-Cordova Census Area Kodiak Island Borough	Anchorage (Cook Inlet) Cordova (Chugach) Mat-Su (Cook Inlet) Kenai Peninsula (Cook Inlet) Kodiak (Koniag) Pribilof (Bristol Bay) Southwest (Bristol Bay) Unalaska (Bristol Bay) Valdez (Chugach)
Southwest	Bethel Census Area Bristol Bay Borough Dillingham Census Area Lake and Peninsula Borough Bethel Census Area, Kusilvak Census Area Yukon-Koyukuk Census Area, Aleutians East Borough, Aleutians West Census Area	Aleutian Pribilof Islands Association (APIA), Eastern Aleutian Tribes Inc., St. George Traditional Council Bristol Bay Area Health Corporation (BBAHC) Akiachak Native Community, Native Village of Quinhagak, Yukon-Kuskokwim Health Corporation (YKHC)	Aleutians East Borough Aleutians West Census Area Bristol Bay Borough Dillingham Census Area Lake and Peninsula Borough Y-K Delta Region Bethel Census Area Kusilvak Census Area	Bethel census area Dillingham census area Lake and Peninsula Borough Bristol Bay Borough Aleutians West Aleutians East	Bristol Bay (Bristol Bay) }Dillingham (Bristol Bay) Lake & Pen (Bristol Bay) Yukon Flats (Doyon) Yukon/Koyukuk (Doyon) Aleution Region (Aleut) Aleutions East (Aleut) Kashunamiut (Calista) Kuspuk (Calista) Lower Kuskokwim (Calista) Lower Yukon (Calista) St. Mary's (Calista) Yupiit (Calista)
Southeast (+Metlakatla)	Haines Borough Hoonah-Angoon Census Area Juneau City and Borough Ketchikan Gateway Borough Petersburg Borough Prince of Wales-Hyder Census Area Sitka City and Borough Skagway Municipality Wrangell City and Borough Yakutat City and Borough	Southeast Alaska Regional Health Corporation (SEARHC), Hoonah Indian Association, Ketchikan Indian Corporation, Metlakatla Indian Community, Yakutat Tlingit Tribe	City and Borough of Juneau Haines Borough Hoonah-Angoon Census Area Petersburg Borough Sitka City and Borough Skagway Municipality Wrangell City and Borough Yakutat City and Borough Ketchikan Gateway Borough Prince of Wales-Hyder Census Area	Yakutat Borough Haines Borough Skagway Juneau Petersburg Wrangell Ketchikan Prince of Wales-Hyder Sitka Hoonah-Angoon	Annette Island (Sealaska) Hydaburg (Sealaska) Ketchikan (Sealaska) Klawock (Sealaska) Southeast Island (Sealaska) Chatham (Sealaska) Craig (Sealaska) Haines (Sealaska) Hoonah (Sealaska) Juneau (Sealaska) Kake (Sealaska) Mt. Edgecumbe (Sealaska) Pelican (Sealaska) Petersburg (Sealaska) Sitka (Sealaska) Skagway (Sealaska) Wrangell (Sealaska) Yakutat (Sealaska)

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.

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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.

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Prevention/ Early Intervention, Social Supports/HRSN
Identified Priority: Healthy Communities for Youth

Priority because…	Challenges	Next Steps	Partners
- 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.	**Basic needs** - Meeting basic physical needs first. - Lack of knowledge regarding fundamental information about healthy and good choices. **Home and peer influences** - Peer influence. - Youth without a stable family structure. - Children of adults with justice involved parents. **Other** - 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.	**Planning and Communication** - A comprehensive communication plan should be established to ensure that all activities are well-publicized. - Align the budget with goals. - Youth referrals network. **Programs and Activities** - 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. **Social Structures** - Elders actively engaging with youth. - Have centers and locations that are fun and well-resourced for youth. - Increase social connections. **Create Spaces** - Creating a shelter for homeless youth and providing safe spaces. - A community recreational center that is accessible to everyone, with low financial barriers.	**Government** - Fairbanks North Star Borough - Local Governments - State Legislatures - Tribal Government - Schools - First Responders - Healthy Alaskans **Organizations** - Tribal Organizations - Churches - Clubs - Existing Coalitions - Travel Industry Association - Interior Public Health - Reentry Coalitions - Local Sport Organizations - Arts Council - Careline **Businesses** - Local Business - Hospitals - Railroads **Other** - 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
Access ● Need ease of access and engagement with available services ● There are gaps and needs in the communities Information ● 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	Funding ● Need funds to make the dashboard sustainable, consideration of different payors. Staffing/Resources ● Staff capacity to continuously update service availability ● Entering information into multiple databases ● A dashboard would require IT staff Technology ● System Interoperability ● Real time data fluctuation	Planning ● 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.	Government ● Department of Behavioral Health ● Department of Health Information Resources ● Alaska 2-1-1 ● Health-E-Connect ● Alaska Health Information Exchange ● Help Me Grow ● A2P2 ● Crisis call center resource lists Providers ● 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
Access ● 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. Need ● 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.	Behavioral ● 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. Life Skills and Home Setting ● 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. Staffing/Workforce ● 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.	Data ● 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. Funding ● 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. Structural and Planning ● 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. Supports ● Train students as peer supports.	● Communities ● Families ● School Districts ● Tribes ● Behavioral Health Division ● Wellness Coalitions ● Prevention Coalitions

		● Decrease stigma through posters, outreach. Have a compassion room. Have elders in schools.	

Residential Services
Identified Priority: Supporting Workforce and Parents

Priority because…	Challenges	Steps	Partners
● Need for strong and expanded residential services. ● Access to healthier people. ● Need long term options for those with serious mental illness (SMI).	Administrative ● Accreditations ● Infrastructure – space and zoning. ● Education ● Training Connecting ● How can we connect with those who need help and create a pathway? Funding ● Who pays? ● Reimbursement. ● Billing regulations Housing ● Housing *children* ● Accessing housing, childcare and employment for spouse Other ● Liability ● Culture Workforce ● Insufficient workforce (staff and clinicians). ● Lack of incentive for workforce to stay in behavioral health. ● Faith based participation	Funding ● Support further training and education by tuition payments. ● Expanding beyond billing Medicaid or private insurance to achieve financial sustainability. Planning ● Identify workforce requirements. Service Provision ● 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.	● Alaska Mental Health Trust ● Residential Treatment Agencies ● Fairbanks Native Association ● Tanana Chiefs Conference ● University of Alaska ● Rasmuson Foundation

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Crisis Services
Identified Priority: Navigation Support

Priority because….	Challenges	Steps	Partners
● 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.	Funding ● Funding ● Long term sustainability Services ● Take a comprehensive approach with a "no wrong door" culture. ● Lack of cultural based practices ● Respite and step down services Workforce and Staffing ● 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 Other ● Liability ● Need the right people at the table. ● Difficulty reaching rural areas timely. ● Need improved IT technology.	Funding ● Braid funding and pull together various funding streams. ● Medicaid rate methodology review, including crisis services (in progress). Planning ● 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 Training ● 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.	Advocates/Organizations ● Family Advocates ● National Alliance on Mental Illness Government & Public Safety ● 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 Service Providers ● 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
Capacity ● 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. Need ● Community requests this. ● Ameliorates extended trauma. ● Address acute care issues promptly and recognize the importance of receiving acute care. ● Gap in the acute care level for those severely mentally ill (SMI) in the interior region.	Discharge ● Discharge planning for the service area. Funding ● Capital Funding. ● Realistic reimbursement sustainability. ● Care is unaffordable for recipient. Process ● Timeline. ● Getting a waiver and going through the C.O.N regulatory process. Staffing ● Workforce required. ● The training might not be culturally relevant. ● Increased the scope of mental health services for specialist areas. Other ● 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.	Funding ● Find the funding streams. Planning ● 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. Staffing ● 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.	Government ● Department of Family and Community Services ● Department of Health (Health Care Services) ● Tribal Organizations ● Alaska Mental Health Trust ● State Legislature ● Congressional Delegation Other ● 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

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.

- Installing fast internet access and utilizing telehealth services were identified as solutions to bridge service gaps.
- 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.
  - 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.

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SERVICE CATEGORY DEFINITIONS

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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	• Research • Building partnerships with schools • Define mentorship for community members	Government • Tribes • State and Federal • Local Organizations • Native corporations • Schools Other • Stakeholders • Churches

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

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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

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

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Crisis Services
Identified Priority: Mobile Crisis Team

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

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Acute Care
Identified Priority: Mental Health Unit and Step-Down

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

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CURRENT RESOURCE INVENTORY

Prevention and Early Intervention
Community Centers and Organizations
Aging And Disability Resource Center
Boys & Girls Clubs
Churches
Cultural Festivals
Infant Learning Program (ILP)
Katirrik Cultural Center
Kawerak Children and Family Services (CFS)
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
Clinical Services and Healthcare Providers
PHC (Primary Health Care)
Village-based clinics
NSHC (Norton Sound Health Corporation)
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
Maniilaq 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

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General Takeaways and Considerations

- **Holistic and Family-Centered Approaches**
  - Several groups emphasized the importance of holistic and family-based services to support youth and their families within their home environments.
- **Cultural Sensitivity**
  - Incorporating cultural aspects, traditions, and indigenous knowledge into care and services was a recurring theme, recognizing the importance of cultural sensitivity in the region.
- **Communication and Collaboration**
  - The importance of improving communication and collaboration within the community, as well as with tribal organizations and various partners, was emphasized.
  - The value of face-to-face interactions and ongoing dialogue for meaningful progress was acknowledged.

- **Focus on Youth and Families**
  - The need to support parents in navigating the behavioral health system and helping children access services was highlighted.
  - Strategies to empower families and involve them in the decision-making process were discussed.
- **Stigma Reduction and Community Engagement**
  - Several groups discussed the importance of reducing stigma surrounding mental health issues and fostering a culture of understanding and support within the community.
- **Interest in Improving Crisis Response and Acute Systems**
  - There was a focus on the need to improve how youth can access both crisis and acute services during times of crisis, with local momentum for creating change.
  - It was acknowledged that there were no representatives of acute care present.

Six Service Categories:
Prevention/Early Intervention, Social Supports, Health Related Social Needs
Mental Health in Schools
Community Level Supports/Home and Community Based Services/Outpatient
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 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.

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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.

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Prevention/Early Intervention, Social Supports, Health Related Social Needs
Identified priority: Youth 360 (Icelandic Model) Planet Youth

Priority because…	Challenges	Next Steps	Partners
- Fostering a culture of positivity and community-wide engagement. - Encouraging parental involvement and family buy-in. - Implementing upstream prevention strategies. - Promoting a community-wide shift from individual to collective action. - Achieving a universal reduction in risk factors. - Realizing long-term cost savings through strategic initiatives.	- Community-wide culture shift and widespread buy-in. - Measuring and assessing the efficacy of prevention efforts. - Allocating funding for spaces (SeaLevel in Ketchikan). - Long-term commitment with a focus on sustained results, akin to the "tortoise versus hare" approach, emphasizing a 1000-foot view over a 15-year horizon. - Logistics, including transportation, location, and access. - Time constraints and bandwidth limitations.	Planning and Communication - Develop strategic plan - Expand upon the Youth Risk Behavior Survey (YRBS) to include community-level insights and perspectives. - Publicize instances where residents naturally embody the proposed model. - Implement educational initiatives targeted at community partners to enhance understanding and collaboration. - Secure resources for staffing and transportation by exploring funding avenues in extracurricular activities, sports, music, faith-based initiatives, and the arts. - Implement parental waivers to streamline and facilitate participation. Programs and Activities - Develop programs dedicated to educating youth on relevant topics and fostering holistic development Social Structures - Acknowledge and reward community members who actively embrace and drive positive change. Create Spaces - Establish a youth panel to ensure active participation and buy-in from the younger demographic. - Secure funding for spaces catering to youth needs. SeaLevel/CAP funding.	Local - Churches - Community systems - Local government (city/borough) - Non-profits - Parents - School districts - Sports leagues - Youth - Native leaders State - Legislature - Statewide systems - Other Youth 360 National - Federal funds - Media - Nike/Under Armor sponsors

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Mental Health in Schools

Identified priority: Pilot Program - Enhancing Communication Strategies for Holistic Family Support

Priority because…	Challenges	Steps	Partners
Establishes a channel for communication between service providers and families, creating an opportunity for the implementation of comprehensive wrap-around services.	Behavioral ● Cultural differences ● Mental health stigma ● Overcoming "power" differentials and fostering collaboration in parent literacy support ● Historical and present injustices Life Skills and Home Setting ● Parental understanding of mandated reporting Other ● Hard to get everyone in the same room	Funding ● Secure funding Structural and Planning ● Inception meeting ● Engagement with agencies and service providers (school-based) ● Development of procedures: Release of information (ROI), Memorandum of Agreement (MOA), meeting norms, calendar, and note sharing Supports ● Inclusion of parents members and representation ● State representative support (as required) ● Identifying missing voices in dialogue	Education ● School guidance counselors ● School social workers/licensed professional counselors ● School staff/administration Community Support Services ● DV advocates: HOPE, KIL, WISH ● ICWA/Tribal supports ● KIC Behavioral Health ● Local children's mental health providers (i.e., Community Connections private providers) ● RYC: outpatient and re-entry ● Southeast Alaska Independent Living (SAIL) Public Safety ● Local and State police ● OCS (Office of Children's Services) Employment and Rehabilitation ● Vocational rehab

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Community Level Supports/Home and Community Based Services/Outpatient

Identified priority: Multi-disciplinary team coordination and case history development.

Priority because…	Challenges	Steps	Partners
- Enhance overall outcomes through the reduction of the burden associated with reconstructing cases for new providers or crisis situations. - Enhance inter-team communication and bolster client empowerment. - The duplication of efforts in reassembling and rehashing information represents an inefficient utilization of time and resources. - Imperative to alleviate families from the necessity of repeating their stories, thereby preventing potential re-traumatization.	Technology - Database management Other - Release of information (ROI) and confidentiality - Effective release of information, including past OCS history and DJJ medical records, while upholding confidentiality standards to guarantee security and compliance.	Planning - Conduct a comprehensive assessment of the potential applications of the AK Health Information Exchange (HIE) to function as the designated database. - Identify the primary leadership entity for the initiative, considering the involvement of OCS, DJJ, and MH/SUD stakeholders. - Examine the financial aspects of the project, including the source of funding, service codes, and potential grant-funded avenues.	Information Resources - Health eConnect Alaska (HIE) - Three-tiered structure (State Model)

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Residential Services
Identified Priority: Regulations to Allow Residential Child Care Facilities (RCCFs) to Offer Crisis Care

Priority because…	Challenges	Steps	Partners
• Increased restrictions may render youth crisis services unfeasible. • Ensure youth-specific regulations.	Administrative • Balancing safety and regulatory oversight without imposing undue restrictions on facility types. • Coordination across regulatory entities • Coordination with various regulatory prerequisites, such as residential licensing requirements.	Planning • Engaging providers who are currently offering or interested in offering crisis services in different facility types • Put out draft regulations Service Provision • Active/interactive education with providers	• Bartlett Regional Hospital (Juneau) • Residential Youth Care (RYC) • Community Connections (Ketchikan) • Southeast Alaska Regional Health Consortium (SEARHC)

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Crisis Services
Identified Priority: Short Term Crisis Holding Space to Re-enter Local Behavioral Health Service or Prepare for Transition to Residential Care

Priority because….	Challenges	Steps	Partners
• Time for youth stabilization • Establish secure and safe environment • Access to psychiatry services through Tele-Psych or in-person consultations	Services • Hospital Outpatient 1115 Billing – 23 hours/7 days • Challenges with providers refusing to accept Medicaid/issues with payment Programming • Limited age range (12–18 years) • Defining the concept of "holding space" in rural areas • Mobile response strategies for targeted outreach to youth • Address co-occurring diagnoses (developmental disabilities/mental health/substance use disorders) • Need for enhanced medical monitoring due to significant health issues • Considerations for children 11 and under • Ongoing development of mobile integrated team paramedic/social work • Determining duration of holds • Administrative burden in behavioral health • Challenges defining responsibility and issuing community resource updates	Funding • Develop a comprehensive funding plan for long-term financial sustainability. Planning • Conducting a thorough regulation review. • Initiating dialogues with Bartlett Regional Hospital or SEARHC for collaborative planning. • Incorporate youth perspectives in the planning response. • Collaborate with federal and other state providers operating in rural communities. • Distinguish federal and state regulatory frameworks. • Increase recruitment efforts for Treatment Foster Care (TFC) homes. • Establish reliable transportation mechanisms. • Advocate for kinship care options. • Facilitate open dialogues on foster care. Training • Enhance training for local community behavioral health providers. Workforce • Define necessary staffing and resource requirements to ensure safety.	Advocates/Organizations • Alaska Behavioral Health Association • Partnership Access Line – Pediatric Alaska (PAL-PAK) Government and Public Safety • Tribal support • State/Medicaid/OCS/Trust Service Providers • Local community behavioral health providers • SEARHC Medical providers • Nursing In-home supports (HCBW resource) Other • Kotzebue model • Nursing in-home supports (Home and Community Based Waiver resource)

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Acute Care

Identified Priority: Patient Navigator

This priority was identified, but no discussion took place and was consolidated with the Crisis Services group discussion above.

Priority because…	Challenges	Steps	Partners
●	●	●	●

CURRENT RESOURCE INVENTORY

Prevention and Early Intervention
Adolescent Drug/Alcohol Early Intervention
Akeela/KAR House
AST
AWARE Juneau
Bartlett Regional Hospital and the Birthing Center
Bartlett Regional Hospital training and summer internship programs
Community Connections
Crisis Now
Family Preservation & Reunification
Food Stamps (DPA)
Front Street Clinic (JNU)
Head Start
Juneau Behavioral Health (SEARHC)
Juneau Job Center
Juneau Suicide Prevention Coalition
Juneau WIC Clinic
Juneau Youth Court
KAP (Ketchikan After School Program)
Kasaan Wellness Court
Ketchikan Afterschool (KAP)
Ketchikan Gateway School District
Ketchikan Indian Community (KIC)
Ketchikan Police Department (KPD)
Ketchikan Wellness Coalition (KWC)
Ketchikan Youth Court
KIC
KWC
KYC
Marijuana Education
NAMI Group Advocacy & Support Meetings
Office of Children's Services (OCS)
Parenting classes & support groups
PeaceHealth Ketchikan
PIERS (Task Force)
PKRMC
POW Health Network
Prenatal Classes

Residential Youth Care
Residential Youth Care (RYC)
Rural Cap Head Start
SEARHC
Southeast Alaska Independent Living
STAC (Church)
The Learning connection (JNU) thread (Juneau)
Tlingit & Haida Head Start
Tlingit and Haida
Tlingit and Haida Behavioral Health
Tobacco Cessation
Tongass Substance Screening
University of Alaska Southeast Career Education Department
Wil la mootk
Women in Safe Homes

Community Based Services and Supports
Early Childhood Home Based Services
Community Connections
Head Start
Rural Cap Head Start
Southeast Alaska Independent Living
Tlingit & Haida Head Start
Women in Safe Homes

SUD Counseling
KIC
RYC

Mental Health Services
Akeela/KAR (no children's program)
Annette Island Service Unit
Oilean Wellbeing-Caitlin Andrews
Community Connections
KIC
PKRMC
Healing Hearts
RYC
Ruth Bullock
Your Space Counseling-Roseann Lynch

Chris Glanzer (no under 16)
Karla Gelhar (no under 16)
Women in Safe Homes (shelter counselors)
Rebecca Moon (Ketchikan)
Caitlin Andrews (no Medicaid)

Psychiatric Assessment/Trtmt
Akeela/KAR (no children's program)
Annette Island Service Unit
KIC
PKRMC
RYC (Dr. Baines)
Groups
AA, NA, AlAnon
TABI Support Groups
Prince of Wales Health Network - Smart Recovery sessions

Medication-Assisted Treatment (MAT)
Ideal Option
KIC
PeaceHealth Ketchikan
Power of Wellness
Island EMS Coalition - building emergent MAT through Mobile Integrated Health Program (live Jan 2024)
Other
2 CAH
Annette island SUV unit – adult and child
ANTHC treatment
Bartlett
Bartlett outpatient behavioral health
Community supports athletic/activity travel and connections
Culture camps
Ideal Option
JAHMI Health and Wellness (Juneau)
Juneau Public Health Center
KAP Ketchikan after school program
Ketchikan Indian community

Ministry associations
Mountainside Clinic
PeaceHealth Ketchikan
Peer support groups
Plight club programs
Pow health network/smart recovery/peer support
Power of Wellness
Primary care BH, SUD, COD, DENTAL, PT
Raven's Way – Lighthouse
School activities
School districts
Scouts
Sealaska – youth camps
SEARHC
Sources of Strength (high school level)
Southeast Alaska Independent Living (SAIL, Inc.)
Teen Health
Telehealth
TIDES
Tlingit and Haida Behavioral Services Healing Center (Juneau)
Tlingit and Haida Navigators
Tribes
Wellness Court
Wil la mootk
Zach Gordon Youth Center

Mental Health in School
Brightways/phlight club
Clinical Director Frank Bayles
Community Connection/School District Collaborative summer groups
In school based direct service mental health groups (Community connection)
Ketchikan, Craig, Klowack, Hydaburg, Thornbay
KIC strategic plan culturally relevant support services for KIC tribal scholars
KYFC - Ketchikan Youth for Change (17 kids)
RISE School District
RYC ED Center

School case manager
School Counselors and mental wellness clinicians
School receiving on going trauma informed care training
School Social Worker
Sources of Strength (high school level) Juneau
Suicide prevention - QPR training SEARHC
Teen Health Center (Juneau High Schools)
Youth mental health first aide

Residential Services
TLP (now owned by SEARHC) (not currently taking youth)
Akeela/KAR
Ketchikan Gateway Borough School District
Raven's Way – Lighthouse
Northern Lights (JYS) (not currently taking youth)
Lighthouse (JYS)
Crossings (SEARHC)
Shéiyi X̱aat Hít Youth Shelter (Spruce Root House)
Montana Creek
Therapeutic Tx Homes
Akeela/KAR (no therapeutic homes in KTN or JUN)
Community Connections
RYC
Residential Education
Ketchikan Gateway Borough School District
Medically Monitored Inpatient Detox
KIC
PeaceHealth Ketchikan

Crisis Services/Acute Care
Aurora Behavioral Health Center (Bartlett Regional, JNU)
Emergency/Shelter
AWARE
Peace Health
RYC

Spruce Roots House
Women in Safe Homes

Emergency Mental Health Youth Services
Akeela/KAR (not serving youth anymore)
AWARE
Bartlett Regional Hospital
KGBSD – RISE team
PeaceHealth Ketchikan
RYC
Spruce Roots House
Other
988 hotline
Bartlett Regional Hospital
BRH Emergency Room (short-stay)
DET/DES/PES providers
KIC crisis walk-ins
KTN cares line
KWC (working on MIH) (Ketchikan)
OCS
PeaceHealth Ketchikan
POW Health Network drop in peer support
RYC
SEARHC
Spruce Roots House (Juneau)
Trevor project crisis line
Wil la mootk counseling center (Metlakatla)

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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.

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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.

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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
- 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	<u>Financial Considerations and Administrative</u> - 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 <u>Societal and Perception</u> - Stigma and perception issues among families regarding behavioral health services - Apprehension related to mandatory reporting and its implications for families <u>System Issues</u> - High number of youth in hospitals and receiving higher levels of care - Issues with accreditation requirements and treatment plans	<u>Planning and Communication</u> - 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 <u>Programs and Activities</u> - Provide training for providers, referring professionals, and case manager support staff - Establish partnerships with educational institutions for internships, practicums, and workforce development opportunities <u>Financial Considerations and Administrative</u> - 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 <u>Other</u> - Invest in improvements in electronic data sharing	<u>Government Agencies and Programs</u> - CCDF (Child Care and Development Fund) - DFCS (Department of Family and Children Services) - DOH (Department of Health) - OCS (Office of Children's Services) <u>Health and Behavioral Health</u> - AK-AIMH (Alaska Association for Infant and Early Childhood Mental Health) - Behavioral health providers - Primary Care BH level interventions - Tribal health - Maniilaq <u>Early Childhood and Education</u> - HeadStart - ILP (Individual Learning Plans) - Family Services Training Center - Early Childhood Networks – Pre-natal to 8 - Home visiting programs <u>Community Prevention and Support</u> - A2P2 (All Alaska Pediatric Partnership) - Prevention coalitions - Social supports in communities - Associations: - ABHA (Alaska Behavioral Health Association) - Alaska Primary Care Association (APCA) - Alaska Hospital and Healthcare Association (AHHA) <u>Other</u> - Rural providers

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Community Level Supports/Home and Community Based Services/Outpatient
Identified Priority: Community Based Services (Example: Home Based Family Treatment)

Priority because…	Challenges	Steps	Partners

● Costs are cheaper at the entry level
● Creating the lowest encounter level
● Crisis intervention at the individual's current level
	Financial Considerations
	● 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
	
	Crisis Intervention
	● 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
	  ● Aligning professionals' availability during non-standard hours and at the moment of crisis
	  ● Difficulty finding professionals within restrictive timeframes
	
	Workforce Development
	● Need for ongoing workforce development
	● Administrative workload challenges
	
	Other
	● Home based family treatment is not the typical first step
		● 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
			● Alaska Mental Health Trust Authority
			● Professional boards (nursing, behavioral health, etc.)
			● SHARP council

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Mental Health in Schools
Identified Priority: Medicaid for School Based

Priority because…	Challenges	Steps	Partners
• 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	• 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	Policy • Make a statutory change to allow Medicaid billing by both schools and certain community providers for specific services Community Collaboration and Support • 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 Youth and Parental Involvement • 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	Education and Government • DEED (Department of Education and Early Development) • Schools • Anchorage School Based Health • Alaska Association of School Boards • Head Start programs Healthcare and Mental Health • 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 Community And Family Services • Parents • Denali Family Services • Alaska Children's Trust • Big Brothers Big Sisters • Alaska Child and Family Community And Family Services • A2P2 • VOA (Volunteers of America) • Providence • Sunshine Health • Presbyterian Hospitality

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

Priority because…	Challenges	Steps	Partners

● Needs of the child are too acute. They are stable but need more support	● Rate of reimbursement for staff
	● Licensing issues:
	   ● 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)
	   ● False dichotomy (fee for services vs. grants) – *what if Medicaid but not for fee for services under different structure, with benefits of grant structure*
		● 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
			● Department of Law
			● Health facilities licensing (Department of Health)
			● Senior and Disabilities Services

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Crisis Services
Identified Priority: Crisis Stabilization Residential

Priority because….	Challenges	Steps	Partners
• Crisis stabilization residential is a gap in the continuum of care	• Encouraging providers to stand up crisis residential services • Informing potential providers of what State assistance is available to include information, regulations, and funding	• 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	• 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
• Without staff things will not work and children/youth will not be served	• 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)	Upskilling providers on mental health • Spread information and training for various professions (teachers, school staff, doctors, law enforcement) Support those currently in the field • 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) Grow new staff • Utilize programs like SHARP • Expand peer-to-peer and/or behavioral health aides • Collaborate with educational institutions • Provide shadowing opportunities	• EAPs within agencies • Hospitals • Law Enforcement • Medical providers • Mental Health providers • Peer navigation groups • Schools • Universities

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CURRENT RESOURCE INVENTORY

<u>Prevention, Early Intervention, Social Supports, Health Related Social Needs</u>
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
Southcentral 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

<u>Community Based Services and Supports</u>
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
Southcentral Foundation – Alaska Native Medical Center
True North Recovery Services and Programs
Various support groups
Youth 360

<u>Mental Health in School</u>
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

<u>Residential Services</u>
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

<u>Crisis Services</u>
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)

<u>Acute Care</u>
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

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General Takeaways and Considerations

- **Aging Out:**
  - Addressing the critical challenges faced by young individuals, particularly those aging out of foster care, who often lack support and guidance in navigating the complexities of adulthood and mental health.
- **Culturally Appropriate:**
  - Focusing on the need for mental health services that are deeply rooted in cultural understanding and sensitivity, recognizing the importance of preserving and respecting diverse cultural values.
- **Complications with Juvenile Justice System:**
  - Highlighting the importance of existing residential programming, recognizing the potential complications arising from the intersection of mental health issues with the juvenile justice system, emphasizing the restorative approach.

- **Challenges Navigating the System:**
  - Recognizing the difficulties individuals face in accessing mental health services, including issues of communication, understanding the system, and coordinating services, necessitating improvements in accessibility and clarity.
- **Step Down, Lack of Services / Facilities for Reintegration into the Community:**
  - Addressing the absence of facilities and services for individuals transitioning from intensive care to community living, emphasizing the need for step-down programs and supportive environments for successful reintegration.
- **Access to Telehealth:**
  - Advocating for the enhancement of telehealth services to improve accessibility to mental health care, particularly in remote areas, ensuring individuals have the means to connect with services regardless of geographical location.

Event note: Due to a storm and airlines being unable to land in Bethel, many participants were unable to attend in-person. On Day One, 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

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Prevention/Early Intervention, Social Supports, Health Related Social Needs
Identified priority: Technology (Telehealth)

Priority because…	Challenges	Next Steps	Partners
• The high cost of travel in the region and inclement weather can impact the quality of service.	• Teenagers prefer telehealth vs. sitting face-to-face with a provider – they can talk more freely when virtual. • Capacity of use - scheduling, number of clients vs. number of clinicians vs. time. • The ability to use telehealth services may be limited. • Some communities do not have Elders or cultural activities. • The tribal council may not view telehealth favorably. • Establishing who would be responsible for the telehealth service.	• Identifying grant opportunities. • Determine the comfort levels and willingness of the tribes to create a culturally relevant plan. • Identifying the type of equipment, maintenance, shipping, and locations.	• Starlink • School districts that already possess the necessary technology • Local tribes • Office of Children Services • Behavioral Health Aides • Internet Providers • Elders

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Community Level Supports/Home and Community Based Services/Outpatient
Identified Priority: Build Capacity for Youth that are Aging Out of Foster Care and for Those That Are Not in Foster Care

Priority because…	Challenges	Steps	Partners
- There are inconsistencies in the current system. Many children don't meet the level of care for consistent case management. - Children are moving between rural and urban communities, creating difficult transitions.	- Incohesive case management. - Funding. - Identifying the gaps. - Meeting qualification for certain services. - There are kids who need services who do not have that access. - Cultural connections during transitions. - Communication and coordination between stakeholders and youth.	- Review recent regulations to implement legislation that is coming down the pipeline (SB57 Adult Home Care). - Legislation has established adult host homes. Some regulations are currently in development that should be ready for public comment in spring 2024. - Have legislation established for children who do not meet the criteria, such as children with developmental disabilities, substance use, and mental health disorders. - Work with case managers. - Improve communication and connection. - Collaborate with behavioral health and substance misuse providers to help with consistency with programs and transitions. - Identify if youth are experiencing homelessness.	- Legislative body - Rehabilitation Program - Excel Program

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Mental Health in Schools
Identified priority (1 of 2): Better Networking Between Community Providers

Priority because…	Challenges	Steps	Partners
● Help serve clients, support the community, and provide equitable distribution of resources, all at no cost.	● Scheduling ● Proximity ● High Turnover ● Regulations ● Past experiences and ill feelings ● Trust ● Not knowing who to contact ● Cultural/language barriers ● Training ● Education/technology skills ● Differences between Bethel and village life (culture shock) ● Being open and respectful	● Identifying the partners ● Quarterly meetings ● Cultural immersion	● Tribal Council ● Village Peace Officers / Village Public Safety Officer ● Clients ● School Districts ● Yukon Kuskokwim Health Center ● Office of Children Services ● Church ● Unknown Partners

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Mental Health in Schools
Identified priority (2 of 2): Each Village has their own Behavioral Health Professional

Priority because…	Challenges	Steps	Partners
● All rural areas and villages require mental health support to address the community's needs and prevent burnout.	● Office space in villages ● Candidates that qualify ● Community members may be reluctant to trust relatives who may have the position ● Salary ● Childcare ● Housing ● Training/education ● Technological connectivity ● Adequate supervision ● Weather ● Behavioral health training ● Lack of support of first responders for emergencies	● Increase recruitment levels of employment ● Village community job fairs ● Job shadowing behavioral health aides ● Working with the school districts ● Advertisement through social media, radio, etc. ● Identifying education paths for community members	● Yukon Kuskokwim School Districts ● Tribal Leaders and Councils ● Yukon Kuskokwim Health Corporation ● Churches ● Elders

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Residential Services

Identified Priority: Transitional Housing for Youth Doing Well in Residential, but Without a Safe and Stable Home

Priority because…	Challenges	Steps	Partners
● Youth need to reacclimate to the region and their family. Young people may end up back in care or homeless if they are forced to return to an environment that does not support their recovery. The goal is to prevent re-admission to residential or state custody while keeping them in their cultural region.	● Lack of available mental health care. ● Training culturally competent staff ● Licensing ● Funding ● Lack of sex offender treatment ● Youth with arson charges are not accepted ● Need help navigating referrals and systems ● Assistance to families without state involvement ● Who is going to operate this facility? ● Ages 0-18 emergency shelter for children in care before placement ● No staff to run the program ● No services within the region solely for female ● Lack of resource: therapeutic foster care, building, etc.	● Getting funding to create - seed money to start and long term sustainable funding ● Identify a model for programming, i.e., modality, gender, age groups, licensing, family therapy, and engagement. ● Build or locate the facility – male and female considerations ● Hiring and training - cultural competency, trauma-informed and life skills ● Looking at staff and kid retention – referrals for kids, keep staff long term. ● Collect data to assess the efficacy and inform decision (keep it simple)	● Residential Center for Children and Youth (RCCY) ● Families and RTC (Artic Fetal Alcohol Syndrome Disorder Regional Training Center) ● Yukon Kuskokwim Health Corporation ● AVCP (Association of Village Council Presidents) Elders ● Non-Compact Tribes ● ONC (Orutsararmuit Native Council) ● Bethel Family Clinic ● Lower Kuskokwim and other School Districts ● Tundra Women's Coalition ● Covenant House ● Office of Children Services (OSC) ● Department of Juvenile Justice (DJJ) ● Alaska Mental Health Trust Authority (AMHTA)

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Crisis Services
Identified Priority: Youth Crisis Residential Facility in Bethel (Step Down from DES Level of Care)

Priority because….	Challenges	Steps	Partners
- There is a need for a transitional facility that can provide necessities and create an environment that fosters growth instead of just survival. - This will decrease the requirement for a high level of intervention while also serving as a preventative measure for youth services. - This facility will provide basic needs with wraparound services - Currently, there is a significant gap in meeting this need.	- Who will run this facility? - Who would pay for this facility? - Staffing - Building - Logistical concerns, including range of ages that need help and how to best serve them	- Work with the Alaska Mental Health Trust Authority - Establish funding sources - Partner with the Bethel Homeless Coalition. - Look at the eligibility standard - who is the target? - Who will own the program / facility?	- State of Alaska (SOA) - Office of Children Services (OCS) - Department of Juvenile Justice (DJJ) - Alaska Mental Health Trust Authority (AMHTA) - Schools - Bethel Police Department - Alaska State Troopers - Native Corporations - Homeless Coalitions - Tribal Health Corporation

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Acute Care
Identified Priority: Support Clinician Training

Priority because…	Challenges	Steps	Partners
● It is important to prevent the use of heavy medication and to prevent relocating children to another area.	● Clinical unaware of the cultural style ● Employee retention	● Refresher courses ● Talking to the university - do they have a local LSW program? ● Recruit local ● Conduct small meetings in villages ● Providers go to villages to learn/understand community and culture	● Having a career day at schools ● Onsite rural human services professional to collaborate with the family and clinicians ● Clinician requirements to attend cultural training as part of continuing education - does state already have one? ● More collaborations between family/ providers/clinicians ● Interpreter

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CURRENT RESOURCE INVENTORY

Prevention, Early Intervention, Social Supports, Health Related Social Needs
4H
Bethel Housing Coalition
Bethel Winter House
Bethel Youth Center
BNC/ONC/AVCP assist with various needs for tribal members including assistance of heating oil and electric bills
Churches
Calricaraq
Fish Camp, family comes together
Food Bank/Pantry
Friday Night Supper Club
Healthy Families Classes
Kuskokwim Consortium Library
Lower Kuskokwim School District Social Workers/Counselors
Meyers Farm reduced price produce boxes
Public Health Center
Shelter for Homeless Youth (18+)
Teens Acting Against Violence (TAAV)
Tundra Women's Coalition
Tundra Women's Coalitions Thrift Store
Yukon Kuskokwim Fitness Centers reduced prices for individuals in need
Yukon Kuskokwim Health Corporation (YKHC)

Community Based Services and Supports
4-H
Aleut Tribal Government of St. Paul
Aleutian Pribilof Island Association
AVCP Social Services
AVCP Workforce Development
Baptist Church Vacation Bible School
Bethel Youth Center after school program

Bristol Bay Area Health Corp
Camp Hope
Community Health Clinics
Covenant Church Youth Group
Eastern Aleutian Tribes
Igiugig, Kokhanok, Nondalton, Pedro Bay, Port Alsworth, Newhalen, and Iliamna serviced through Southcentral Foundation – often telehealth
Job Center
Kodiak Area Native Association (KANA).
Providence Hospital (Outpatient services)
ONC (Orutsaramiut Native Council) program for providing elders with subsistence foods and "meals on wheels"
ONC Youth Program
Project Homeless Connect (through Bethel Community Services Foundation)
Qagan Tayagungin Tribe
SAFE (women's shelter)
Serviced by YKHC
Sexual Assault Response Team (SART)
Sobering Center (18+)
Southcentral Foundation
Sun'aqTribe
TAAV (Teens Acting Against Violence)
Table of Grace Lutheran Church Food bags
Tribal Men's Services Program
Tundra Woman's Coalition = youth against violence
Tundra Youth Home (homeless 18 – 24-year-olds)
YKHC Crisis Respite Center
YKHC Opioid program
Yukon-Kuskokwim Health Corporation

Mental Health in School
Bethel Youth Clinic housed at Bethel Regional High School
DEED Rural Counseling Group (training)
Free lunches and breakfasts in schools
Kuskokwim Learning Academy
Kuspuk School District "dotcome" telehealth
Lower Kuskokwim School District Social Work Department
MSW level counselors in schools, but not all regional schools
School Counselors
Yukon Kuskokwim Health Corporation (YKHC)
Yupiit School district – Akiak promotes social emotional learning

Residential Services
AHC substance abuse
Ayagnirvik Healing Center
Bautista House
Choosing Our Roots (Alaska Housing Stabilization Program)
Jakes Place-Addiction Recovery
Malone Home Developmental Disabilities services
McCann Boys Treatment Center
Tundra Women's Coalition – temporary, will take youth parental permission
Tundra Youth Home
Yukon Kuskokwim Health Corporation (YKHC)
Morgan House

Crisis Services
Behavioral Health Aides
Calricaraq in some villages

Choosing Our Roots (Alaska Housing Stabilization Program)
Churches
Family
School Counselors/Social Workers
State Troopers
Village Peace Officer
Village Public Safety Officer
Yukon Kuskokwim Health Corporation

Acute Care
DES
Emergency Services
Yukon Kuskokwim Health Corporation