



THE STATE
of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Health

ALASKA MENTAL HEALTH BOARD
ADVISORY BOARD ON ALCOHOLISM
AND DRUG ABUSE

431 North Franklin Street, Suite 200
Juneau, Alaska 99801
Main: 907.465.8920
Fax: 907.465.4410

August 28, 2024

To: Christopher McKinney, Ph.D.,
Anthony Provenzano, Ph.D.
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

RE: Alaska State Planning Council Review of the FY24/25 Combined Behavioral Health Assessment and Plan

Dear Drs. McKinney and Provenzano;

The Alaska Mental Health Board (AMHB) and the Advisory Board on Alcoholism and Drug Abuse (ABADA) are statutorily charged with advising, planning, and coordinating behavioral health services and programs funded by the State of Alaska. Our Boards are also tasked with evaluating federal and state laws concerning mental health, alcohol, and other drug and substance misuse prevention and treatment services. Additionally, we serve as the Behavioral Health Planning Council for the State of Alaska.

On Tuesday, August 13, 2024, AMHB/ABADA board members reviewed key components of Alaska's FY 24/25 Combined Behavioral Health Assessment and Plan during a statewide webinar. The Boards review process included an overview of the block grant and a panel discussion with the Planning Councils, from both Washington and Texas, during a quarterly board meeting on July 17, 2024. The Boards convened a biweekly Block Grant subcommittee with participation from AMHB, ABADA, the Division of Behavioral Health, and the Alaska Behavioral Health Association. While we support the assessment and plan from the Alaska Division of Behavioral Health (DBH), we would like to share several comments and recommendations regarding the needs of the behavioral health system in the State of Alaska.

First, we respectfully request that SAMHSA review the current block grant application and provide feedback on the work of the planning council. This feedback will help ensure that our efforts are aligned with federal expectations and best practices. Additionally, the Boards seek technical assistance from SAMHSA to help reduce the administrative burden on service providers. Specifically, we ask that SAMHSA works on a process to reduce the administrative burden associated with grant reporting for MHBG/SUPTRS funds. The current reporting requirements are often duplicative, contributing to larger challenges that include lack of parity in reporting between primary care and behavioral health. These

burdens, along with ongoing issues around recruitment and reimbursements, result in the closure of behavioral health service locations, putting additional strain on a system that is already beyond capacity to meet service needs. Currently Alaska's behavioral health workforce is in a state of crisis with a lack of providers, loss of service locations, and is lacking the infrastructure to support the behavioral health continuum of care. Technical assistance related to workforce expansion and support that accounts for Alaska's unique sociocultural and geographical dynamics is desperately needed.

We wish to express our gratitude to the Division of Behavioral Health for their increased engagement with the Boards, including participation in the block grant subcommittee, which has greatly enhanced our collaborative efforts. We particularly appreciate the Division's decision to release the application for public comment earlier than in previous years. The Division of Behavioral Health have agreed to review the public comments with the Block Grant subcommittee, allowing for more comprehensive public discourse and increased opportunities for input from individuals with lived experience. Furthermore, we are thankful for the Division's commitment to assist with the Boards' technical assistance application to SAMHSA. It was a crucial step in our collaborative and ongoing efforts to strengthen Alaska's behavioral health system.

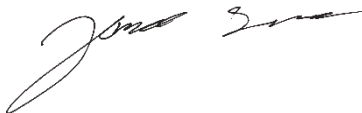
In response to the current application, we would like to share the following feedback:

- The Boards would like to advocate for increased transparency in programmatic planning within the block grant application. The application's language is often vague, possibly to allow flexibility in the Request for Proposals (RFP) process. However, this lack of clarity can exclude valuable input from our Boards and the public. For example, there is a lack of detail on the new programmatic planning underway within the Department of Health to address the gaps in the continuum of care for youth, leading to over-institutionalization and out-of-state placements.
- The Boards encourage the incorporation of updated data in the application and resulting programming. The application references outdated data, such as the 2019 Youth Risk Behavior Survey (YRBS) results, even though more recent data from 2023 is available. Similarly, the application utilizes crisis call data collected prior to the implementation of 988, which does not account for the vast increase in crisis calls and the changes in crisis call utilization patterns. The Boards recognize the short timeline to complete this application, however utilizing the most up-to-date data is essential for making informed planning decisions.
- We also emphasize the necessity of collaboration with Alaska's 229 federally recognized Tribes and tribal health systems in the development of this application and all related programming. Engaging with these Tribes to honor their wisdom and sovereignty and to provide culturally relevant services is a crucial step in ensuring that the behavioral health system reflects and respects the diverse needs and perspectives of Alaska Native communities. The Boards again encourage the completion of the Environmental Factors and Plan table on tribal consultation.

- The Boards encourage greater stakeholder engagement when developing requests for technical assistance so that they are reflective of service needs within the continuum of care. For example, the TA request for crisis services in the application does not reflect the urgent need for assistance in developing mobile crisis services, particularly in rural areas, where access to behavioral health care remains a significant challenge.
- The Boards are committed to expanding the inclusion of input from individuals with lived experience and encourage the Division to identify the areas where these perspectives are incorporated in the application.

We appreciate your consideration of these comments and remain committed to supporting the work of the Alaska Division of Behavioral Health in developing a robust and responsive behavioral health system for our state. We commend the Division's efforts over the past year to engage in collaborative and systematic planning work and to seek out more feedback from those with lived experience. We are committed to leveraging our Boards' unique expertise in lived experience solicitation to further these efforts. We look forward to our continued collaboration and are confident that our joint efforts will lead to meaningful improvements in the health and well-being of all Alaskans.

Sincerely,



James Savage, Chair
Alaska Mental Health Board



Renee Schofield, Chair
Advisory Board on Alcoholism and Drug Abuse



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RE: Alaska State Planning Council Activities FFY2024

Dear Drs. McKinney and Provenzano;

We are writing to provide you with a comprehensive overview of the Alaska Mental Health Board (AMHB) and the Advisory Board on Alcoholism and Drug Abuse's (ABADA) activities over the past year, reflecting our ongoing role as Alaska's behavioral health planning council. Our work has been crucial in shaping the behavioral health system in Alaska, and we are grateful for the guidance and support SAMHSA has provided. Currently, we are seeking technical assistance to refine our approach to stakeholder engagement, reduce administrative burdens, and align our strategies with best practices observed in other states. We deeply value your feedback and look forward to continued collaboration to enhance the behavioral health landscape in Alaska.

Review

Over the past year, AMHB/ABADA have worked diligently to improve our review process activities to ensure that our planning and recommendations align with the needs of Alaska's behavioral health system. To this end, we established a Block Grant Subcommittee with representation from board members including provider and lived experience seats, the Division of Behavioral Health, and provider trade groups to ensure that diverse perspectives were integrated into our evaluation and recommendations. This subcommittee has been instrumental in facilitating discussions around block grant allocations and ensuring that provider voices are heard in the planning process.

Additionally, we submitted a technical assistance request to SAMHSA with the Division of Behavioral Health's assistance. We are actively in the process to launch this technical assistance project. Thus far, AMHB/ABADA and DBH has met with JBS International and developed a technical assistance plan aligned with the needs of our state. This plan is awaiting approval from SAMHSA. We hope to begin this collaboration to provide AMHB/ABADA and DBH with valuable insights into optimizing the use of block grant funds, ensuring compliance with federal guidelines and to integrate the knowledge gained from this project into our planning and review processes, contributing to more informed decision-making.

In July, AMHB/ABADA held a virtual meeting of the full board which was focused on the Combined Block Grant application. This meeting included a comprehensive review of the history and federal requirements for the Block Grant, the process of other state planning councils, and an update on the work planned for the Block Grant Subcommittee. The meeting specifically included a panel of Washington and Texas planning councils and Block Grant Administrators to identify best practices that could be applied to Alaska's unique context. This meeting

provided an opportunity for interstate learning and allowed us to gather insights into innovative approaches to behavioral health system planning.

Due to the application being in its early stages during our July meeting, we convened an additional publicly noticed meeting in August. This allowed us to focus more thoroughly on the 2025 Block Grant application and provided the public with an opportunity to review the application and offer their feedback. Following the review, staff from the planning council and DBH met to review post-award activities. This collaboration was instrumental in identifying where funds were allocated and highlighted that the information being written into the application lacked the programmatic details necessary for stakeholders and the public to provide meaningful feedback. The Boards intend to include this programmatic detail in future communications about the Block Grant application. We greatly value our partnership with DBH and their commitment to collaborate with the Boards to enhance the transparency and public engagement process of the application.

Furthermore, we conducted a thorough review of other state planning council processes. This exercise helped us pinpoint areas where Alaska could benefit from adopting practices that have proven successful in other states, as well as identifying unique opportunities to tailor these practices to our state's specific needs.

Advocate

AMHB/ABADA has continued to engage in advocacy work this past year. However, our capacity to engage in advocacy work has been greatly hindered by the advocacy coordinator serving as the acting executive director for over a year. While our statute grants AMHB/ABADA the authority to select our executive director, we have faced challenges with the confirmation of three executive director candidates, as the Department of Health has not yet approved these appointments. We are hopeful for a resolution that will enable us to fully restore our advocacy capacity. Despite this, we have actively engaged with legislators, stakeholders, and the public to advance policies that support behavioral health in Alaska. Our Legislative Advocacy Committee, which met weekly from February through June, monitored legislative developments and provided feedback on key bills. Throughout the legislative session, we closely tracked 76 bills relevant to behavioral health, and took action on 17 bills. Our actions included sending letters of support or letters with feedback and comments and engaging directly on critical issues.

AMHB/ABADA engaged with and offered support for the mental health and psychedelic medication taskforce established by HB228. Additionally, we organized a call-in day to advocate for presumptive behavioral health care for first responders (HB239) and the distribution of Narcan kits in schools (HB202), mobilizing Board members to voice their support for these important measures.

Our commitment to public engagement extended beyond the legislative arena. We expanded our capacity to receive and implement public comments to continue our role in elevating the voices of individuals with lived experience. These comments are reflected in our planning efforts, recommendations on state plans, including those focused on youth mental health, the maternal block grant, and the state plan on traumatic and acquired brain injury.

AMHB/ABADA hosted two in-person meetings and two virtual meetings of the full board. These meetings provided crucial opportunities for community engagement and feedback. Our rural meeting in Fall 2023 in Valdez, AK featured panels with providers of behavioral health, community safety and crisis response services. These panels offered invaluable insights into the specific needs and challenges faced by rural communities in Alaska. Our urban meeting in Spring 2024 in Wasilla, AK included four community panels focused on crisis response, behavioral health across the lifespan, youth behavioral health and social services, and youth with lived experience. The youth panel was particularly impactful, as it highlighted the voices and experiences of young people directly affected by behavioral health issues. These meetings also included site visits to local facilities, where board members could engage with providers and community members to better understand their operations and needs.

In addition to our meeting activities, we conducted a service project during our spring meeting, where board members assembled Narcan kits alongside staff and youth at a local youth homeless shelter. These kits were subsequently distributed to the shelter and other community service providers, providing a tangible and immediate benefit to the community.

Our advocacy efforts were further strengthened by the creation of a Board Development Workgroup, which focused on improving recruitment, marketing, and board member engagement. This workgroup, alongside the creation of a new position dedicated to board marketing and outreach, has significantly enhanced our ability to communicate with the public and solicit public comments effectively.

Staff for the Boards serve in several key statewide committees and councils including the Alaska Psychiatric Institute Governing Board, the Statewide Suicide Prevention Council, the 988 Steering Committee, and many others. Our involvement in these groups ensures that voices with lived experience are given a seat at the table across multiple statewide behavioral health initiatives.

Evaluate

The Boards have prioritized improvements to our evaluation work, as we strive to ensure that our planning and recommendations are grounded in data and responsive to the needs of the community. Over the past year, we developed provider survey on the Block Grant, including specific questions for block grant funding recipients, to better inform our review and response to future Block Grant applications.

In addition to our provider survey, we are conducting a brief needs assessment for youth services in the Ketchikan community, the site of the rural meeting in Fall 2024. This assessment was designed to gather input from youth, caregivers, stakeholders and community members on the specific behavioral health needs of young people in Ketchikan. The assessment will include an anonymous community survey, interviews with stakeholders, and targeted youth engagement activities. This meeting and evaluation is funded through the Block Grant via the Division of Behavioral Health.

We have also collaborated on several data projects with the Department of Health (DOH) and the Alaska Mental Health Trust Authority (Trust). These collaborations have focused on improving the availability and use of data to inform behavioral health system planning. For example, staff for the boards participated in the 2023 Youth Risk Behavior Survey (YRBS) data review as subject matter experts. This involvement has allowed us to provide informed input on the interpretation of the data and its implications for behavioral health planning.

Other collaborative efforts include serving on the core development and leadership teams for the 2025-2029 Comprehensive Integrated Mental Health Program Plan (Comp Plan). The Comp Plan is a response to a statutory requirement, Alaska Statute 47.30.660, which requires Department Of Health (DOH) and Department of Family and Community Services (DFCS), in conjunction with the Trust and partner advisory boards including AMHB & ABADA, to prepare, revise, and amend a plan for Alaska's Comprehensive Integrated Mental Health Program. Under the statute, the preparation of this plan is to be coordinated with federal, state, regional, tribal, local, and private entities involved in mental health services. The plan specifically is designed to meet the service needs of Trust beneficiaries – Alaskans impacted by mental illnesses, intellectual and developmental disabilities, chronic alcoholism, substance abuse disorders, Alzheimer's and related dementias, and traumatic brain injuries. It also includes a preventive approach that assists with measures for those at risk of developing these conditions. The Comp Plan serves to assist with guiding resource allocation decisions in the development of services, workforce, and facilities to meet the needs of Trust beneficiaries and Alaskans. The intent is to strengthen the system of care to allow a comprehensive approach that quickly meets the need.

In addition to these specific evaluation activities, we have maintained active participation in several statewide epidemiology workgroups and committees. These include the Statewide Epidemiology Workgroup, the Data Committee for the Alaska Violent Death Reporting System, and the Maternal Child Death Review team. Our

involvement in these groups ensures that our evaluation efforts are grounded in the latest research and that we are able to contribute our expertise and fulfill our role to elevate voices of lived experience in behavioral health planning.

Over the past year, AMHB/ABADA has been actively engaged in a strategic planning process to improve how we fulfill our state and federal statutorily designated roles. We are appreciative of the technical assistance opportunity through SAMHSA for behavioral health planning councils and look forward to receiving further guidance on how we can better implement best-practices and create a robust process to gather and elevate the voices of those with lived experience in Alaska's behavioral health system planning. As we continue this important work, we look forward to receiving further guidance and feedback from SAMHSA on how we can more effectively implement these best practices. We are grateful for your review of our current activities and welcome any comments that can help us improve our efforts moving forward.

Sincerely,

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Stephanie Hopkins
Executive Director
Alaska Mental Health Board
Advisory Board on Alcoholism and Drug Abuse
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