Strengthening the System

Alaska's Comprehensive Integrated Mental Health Program Plan

Vision: Alaskans receive comprehensive prevention, treatment, and support services at the appropriate level of care across the lifespan to lead to meaningful lives in their home communities.

STATE OF ALASKA DEPARTMENT OF HEALTH

STATE OF ALASKA DEPARTMENT OF FAMILY AND COMMUNITY SERVICES

Trust
Alaska Mental Health Trust Authority

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Dear Alaskans,

This plan is a collaborative effort between the Department of Health, the Department of Family and Community Services, the Alaska Mental Health Trust Authority, and their advisory boards. It was formulated through a comprehensive, stakeholder-driven process, incorporating public feedback.

Our organizations are united in a shared vision: to ensure that beneficiaries of the Alaska Mental Health Trust — individuals experiencing mental illness, intellectual or developmental disabilities, substance use disorders, traumatic brain injury, or Alzheimer's disease and related dementia — lead fulfilling lives while receiving equitable accessibility and support within the community.

The plan in the following pages charts a course toward realizing this vision. It sets out priorities for the next five years, guiding planning and funding decisions. The plan encompasses ten focus areas, each with specific objectives and strategies designed to strengthen the system of care for Trust beneficiaries and all Alaskans. A notable aspect of this plan is its emphasis on prevention and early intervention, which aims to build resilience and address trauma in individuals at risk of developing disabling conditions.

Achieving this vision necessitates a robust and comprehensive health care system in Alaska that includes mental health, behavioral health, and home and community-based services where they are reasonably available. Recognizing there are competing demands from other programs that serve individuals with disabilities, this system should be well-resourced and appropriately funded to provide an all-encompassing continuum of care, including prevention, treatment, and support services throughout an individual's life.

The continuation of this collaboration among state, tribal, and community entities is crucial. Their collective efforts will determine the optimal allocation of resources, funding, and expertise to bridge existing gaps in the behavioral health system and enhance care for all Alaskans.

Designed as a dynamic document, the plan will be accessible online, accompanied by a list of additional resources. This will be a valuable tool for anyone involved in advancing

behavioral health services, providing guidance for their endeavors. The plan will undergo an annual review to track progress and evaluate its impact on the health and safety of Trust beneficiaries and all Alaskans.

We express our profound gratitude to all who have contributed to the development and future implementation of Alaska's Comprehensive Integrated Mental Health Program Plan. Your partnership, contributions, and unwavering commitment to improving the lives of our Trust beneficiaries and all Alaskans are invaluable.

Heidi Hedberg, Commissioner
Department of Health

Kim Kovol, Commissioner
Department of Family and
Community Services

Brent Fisher, Board Chair
Alaska Mental Health Trust
Authority

EXECUTIVE SUMMARY

"Strengthening the System II: Alaska's Comprehensive Integrated Mental Health Program Plan 2025-2029" is the combined work of the Alaska Department of Health (DOH), Alaska Department of Family and Community Services (DFCS), the Alaska Mental Health Trust Authority (the Trust), the Alaska Mental Health Board, Governor's Council on Disabilities and Special Education, Advisory Board on Alcoholism and Drug Abuse, Statewide Suicide Prevention Council, and the Alaska Commission on Aging, along with other partner agencies.

The Comprehensive Integrated Mental Health Program Plan shows an evolution in focus and approach over the years. Earlier plans emphasized assessing the service system's impact on health, safety, economic security, and quality of life, with a strong focus on prevention and early intervention for conditions like fetal alcohol syndrome, mental illness, and substance use.

The 2020-2024 plan[1] focused on strengthening the system, with an emphasis on integration, infrastructure development, workforce development, and public awareness. It aimed to enhance service delivery, fill service gaps, and address emerging issues and trends in mental health[2] care.

The plan for 2025-2029 continues this trajectory, further evolving and adapting to the changing needs and understanding of mental health care.

This plan is a response to a statutory requirement, Alaska Statute 47.30.660[3], which requires DOH and DFCS, in conjunction with the Trust, 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, substance use disorders, Alzheimer's and related dementias, and traumatic brain injuries. This plan includes a preventive approach that assists with measures for identifying those at risk of developing these conditions.

"Strengthening the System II" 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. A core principle of the plan is collaboration. By working together, state, federal, tribal, private agencies, and community groups, can ensure resource allocation decisions address the critical needs of Trust beneficiaries and Alaskans. This collaborative approach guides the development of services, workforce, and facilities required for a truly comprehensive mental health system. The plan prioritizes reducing the incidence of disabling mental health conditions. This will be achieved through innovative, culturally informed, and practice-informed strategies, services, and supports offered throughout a person's lifespan. By focusing on prevention and early intervention, the plan aims to lessen the long-term impact of mental health challenges on individuals and the healthcare system.

A key feature of this plan is the detailed structuring of service delivery, segmented into ten areas of focus. Each Area of Focus has specific objectives and strategies, providing a framework for State agencies and local communities to enhance services and outcomes for Trust beneficiaries.

First introduced in 2008, the Alaska Scorecard plays a pivotal role in evaluating the plan's effectiveness. This tool tracks progress across all the areas of focus, utilizing updated state and national data. The data collected through the Scorecard allows for ongoing adjustments to the plan's strategies and tactics, ensures that the plan remains relevant and impactful. You can review the current Alaska Scorecard here[4]. In addition to being available as a comprehensive document, the plan is also accessible through the "**Strengthening the System II**" website[5]. This online resource offers the current plan and the Alaska Scorecard.

Several critical areas within the state's behavioral health service system require attention and enhancement. These include the development of community-based crisis services, the augmentation of both residential and outpatient behavioral health services with case management, the improvement of medication-assisted treatment for substance

use and recovery support, the strengthening of workforce capacity, the provision of detoxification services, advancement of home and community-based services, and the availability of affordable, supportive housing.

This plan proposes a comprehensive approach to address these gaps, encompassing systemic reform and practice improvements. It emphasizes the integration of practice-informed programming and the incorporation of local and traditional knowledge into behavioral health strategies. "Strengthening the System II" seeks to establish long-term strategies that connect community-level initiatives with individual behavior change. Each Area of Focus is presented with equal importance and is not prioritized over another. The following sections will delve into each Area of Focus in detail.

ENDNOTES

1 2020-2024 Strengthening the System Plan. https://health.alaska.gov/Commissioner/Documents/MentalHealth/StrengtheningSystem-CompPlan_2020-24.pdf

2 For the purposes of this document, the term "mental health" includes forms of care accessed within all medical care, home and community-based services, and behavioral health.

3 Alaska Statute 47.30.660. http://www.akleg.gov/basis/statutes.asp#47.30.660

4 2023 Alaska Scorecard. https://health.alaska.gov/Commissioner/Documents/MentalHealth/scorecard/2023-AlaskaScorecard.pdf

5 Strengthening the System II" website. https://health.alaska.gov/Commissioner/Pages/MentalHealth/default.aspx

Area of Focus: Early Childhood and Youth

Early Childhood and Youth

Programs serving young children and youth will promote resiliency, prevent and address trauma, and provide timely access to early intervention services. Programs serving families with young children and youth will provide connections to community, safe and secure options, and ongoing system coordination and development will be prioritized.

Objective 1.1: Promote practice-informed comprehensive developmental screening efforts and early intervention services.

Objective 1.2: Ensure accurate identification and support of social-emotional needs for children and their families, congruent with their cultural identification.

Objective 1.3: Improve social determinants of health and strengthen family resiliency through a comprehensive framework to promote consideration of shared protection and risk factors.

Objective 1.4: Behavioral health services are easily accessible, timely, and include care navigation and wraparound services.

Objective 1.5: Youth and their caregivers are connected to their communities.

Objective 1.6: Youth are safe and secure.

Objective 1.7: Coordinated youth behavioral health systems work will continue to improve the health and wellness of Alaska's young people.

Early childhood significantly influences an individual's long-term health and well-being. By supporting families and caregivers in their community, this critical period lays the groundwork for future physical, mental, and emotional development, shaping lifelong health trajectories. Adverse Childhood Experiences (ACEs), encompassing traumatic events like abuse, neglect, or household challenges such as witnessing violence or living with a caregiver battling substance misuse, mental illness, or incarceration, profoundly impact these developmental stages. Research consistently demonstrates a dose-response relationship between childhood adversity and increased risks of chronic diseases, mental health issues, and substance misuse in later life. Alarmingly, adults with six or more ACEs have a life expectancy shortened by 20 years.

The impact of ACEs extends beyond immediate health outcomes, leaving an imprint on genetic expression. Epigenetic studies[1] reveal that the environmental stresses from ACEs can modify gene expression, potentially heightening the susceptibility to health problems across generations and highlighting the concept of intergenerational trauma transmission. This phenomenon suggests that the effects of ACEs in parents or caregivers can influence their offspring's health outcomes.

Data from the Alaska Longitudinal Child Abuse and Neglect Linkage (ALCANLink) study connects pre-birth household challenges in Alaskan mothers to increased risks of child welfare allegations, elevated ACEs, and poor school readiness/performance in their children. Interestingly, ALCANLink data also reveals that reducing household challenges between pre-birth and early childhood can decrease the risk of child welfare allegations by nearly 30%. In contrast, increasing these challenges elevates the risk by 85%.

Nearly a decade ago, the Behavioral Risk Factor Surveillance System (BRFSS) measured ACEs in Alaska's adult population, highlighting their prevalence, societal costs, and significant health impacts. ALCANLink data has expanded this understanding by demonstrating the early accumulation of ACEs, often right from birth, and showing that mitigating adversities can significantly improve childhood outcomes. Notably, children born to mothers experiencing 4 or more life stressors in approximately the year before

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birth are 4.1 times as likely to be reported to child welfare than those born to mothers with no reported stressors.[2]

These findings underscore the paramount importance of prevention, early intervention, and support systems in mitigating the long-term health consequences of ACEs, fostering resilience, and promoting thriving individuals. The molecular alterations in gene regulation triggered by ACEs may perpetuate a cycle of trauma susceptibility, emphasizing the need for holistic approaches that address both individual and familial aspects. Research suggests that effective primary prevention strategies can yield a five-to-one return on investment within five years.[3]

Research indicates that effective primary prevention strategies can yield significant returns on investment. In Alaska, building and strengthening parent support systems has shown potential in mitigating the impacts of childhood adversity. High-quality early childhood education is instrumental in reducing high-risk behaviors and their associated costs, contributing to economic development by nurturing a skilled, healthy, and reliable workforce. Crucial to these efforts is the support of caregivers and their integration into social systems within their communities. Leveraging cultural practices and existing familial and community support structures is vital in achieving these goals, underscoring the collective responsibility in shaping a healthier, more resilient future generation.

Childhood and adolescence are a time of significant growth and development as young people move toward adulthood. Key goals and transitions are being navigated by youth and the adults who support them. Patterns of behavior both positive and negative are built during these foundational years of body and brain development. Effective and timely supports and interventions allow youth to become healthy and resilient grownups who will lead our communities in the future. Youth is a time of great opportunity, and a time of potential danger as young Alaskans learn skills to manage their lives in increasingly complex situations.

Data from the Youth Risk Behavior Survey (YRBS) and other measures have shown growing risk for depression, substance misuse, and suicide risk for Alaskan youth. These challenges, often linked to trauma, mean that Alaskan schools, agencies, and organizations must be ready and able to respond effectively with behavioral health supports for youth and their families. From prevention efforts to crisis response, the full range of services in the system need to be strengthened.

Alaskan high school students indicate fewer behavioral health risk factors when they have reported that they have teachers who care, have supportive adults in their lives, and feel that they matter in their communities. These protective factors are central to supporting positive youth behavioral health. Skills training and systemic support for adults serving youth is a key component to boost youth wellbeing and behavioral health.

Work is being done to support the youth behavioral health system across the state. These efforts, including better planning, coordination, and funding, are needed in a time of substantial stress for youth and caregivers. There is a need for building and maintaining levels of services that keep youth from being served in higher more disruptive and expensive levels of care if their needs can be met in lower levels of care. There are also opportunities to improve and expand specific and comprehensive prevention efforts as we continue to understand the impacts of trauma and resilience across generations.

Ultimately, positive and measurable results for youth, their caregivers, and communities are the aim for this work.

Objective 1.1: Promote practice-informed, comprehensive developmental screening efforts and early intervention services.

a. **Strategy:** Establish standards of care that support developmental screenings and make family education on developmental screenings a normal part of the well-child check-up for all Alaskan children.

b. **Strategy:** Implement culturally responsive strategies to promote participation and use of practiced informed developmental monitoring and screening tools.

c. **Strategy:** Increase capacity for training healthcare providers on screening for neurodevelopmental health.

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d. **Strategy:** Expand access to and availability of prenatal and early childhood home visitation services.

Objective 1.2: Ensure accurate identification and support of social-emotional needs for children and their family, congruent with their cultural identification.

a. **Strategy:** Increase access to Infant & Early Childhood Mental Health services and consultation through an expanded, highly qualified, and credentialed workforce.

b. **Strategy:** Provide training on social-emotional development and behavioral health to providers, caregivers, and educators serving children.

c. **Strategy:** Assist programs to have qualified staff who have training and understanding of various cultures.

d. **Strategy:** Create resources, opportunities, and training for families related to system navigation, promoting resiliency, and connection to resources.

e. **Strategy:** Expand Part C Early Intervention program[5] service eligibility statewide to include more children with developmental delays or medical conditions commonly associated developmental or social emotional concerns.

f. **Strategy:** Provide training and technical assistance on trauma-informed strategies for providers serving young children to assess children and their caregivers for service needs.

g. **Strategy:** Ensure children and their families are supported in transition from early childhood services to next-level services through connection and coordination.

TRAUMA-INFORMED CARE:
Is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

Substance Abuse and Mental Health Services Administration — Trauma-Informed Care in Behavioral Health Services[4]

Objective 1.3: Improve social determinants of health and strengthen family resiliency through a comprehensive framework to promote consideration of shared protection and risk factors.

a. **Strategy:** Support thoughtful and culturally relevant community education on ACEs and Positive Childhood Experiences.

b. **Strategy:** Increase access to family and peer support services that address resiliency by reducing early adversity, toxic stress, and childhood trauma, and by building protective relationship supports, cultural identity, and self-regulation skills.

c. **Strategy:** Provide training and technical assistance on practice-informed interventions for trauma-engaged providers and communities.

d. **Strategy:** Promote trauma-informed practices through cross-departmental collaboration.

e. **Strategy:** Promote and elevate family voice and partnership at the system of care level to inform change.

f. **Strategy:** Provide referrals and connection for basic needs services as a standard for perinatal and pediatric care.

g. **Strategy:** Support families through increasing access to quality early childhood care and education programs and promote the creation of paid leave policies and family-friendly workplaces.

h. **Strategy:** Support families through increasing peer-based training and supports for connection and system navigation.

ADVERSE CHILDHOOD EXPERIENCES (ACES):
Traumatic events occurring before age 18; include all types of abuse and neglect, as well as parental mental illness, substance use, divorce, incarceration, and domestic violence.

Centers for Disease Control and Prevention — Adverse Childhood Experiences (ACEs)[6]

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Objective 1.4: Behavioral health services are accessible, timely, and include care navigation and wraparound services.

a. **Strategy:** Support behavioral health service availability and alignment with partners such as Tribal health organizations for youth and caregivers as close to their homes, schools, and local communities as possible.

b. **Strategy:** Implement practice-informed screening for behavioral health, suicide risk, and other issues such as Traumatic Brain Injury (TBI) across multiple settings and help youth get connected to responsive interventions.

c. **Strategy:** Provide professionally informed services for all youth and caregivers regardless of disability status.

d. **Strategy:** Use a two generational approach to services that include youth and caregivers.

e. **Strategy:** Increase targeted wraparound services and care coordination for children and families with complex care needs.

Objective 1.5: Youth and their caregivers are connected to their communities.

a. **Strategy:** Provide services that are conducted in trauma-engaged, strength-based, and a culturally respectful approach that promote connections between people and communities.

b. **Strategy:** Increase access to food security, caregiver respite, transportation, and housing as essential parts of treatment and prevention services and account for their inclusion in evaluation of services.

c. **Strategy:** Provide support for youth through life transitions and teach skills that prepare them for being successful adults in their home communities.

d. **Strategy:** Provide caregivers and youth access to navigators, care coordinators, or peer support to guide them through behavioral health and other supportive systems of care.

e. **Strategy:** Youth transitioning from institutions to the community receive appropriate and timely community-based services needed to remain in their homes and communities to the maximum extent possible.

Objective 1.6: Youth are safe and secure.

a. **Strategy:** Actively support youth and caregivers in ways that reduce childhood trauma in homes, schools, and communities.

b. **Strategy:** Reduce stigma through promoting healthy messaging about topics such as mental health, prevention of substance misuse, and suicide.

c. **Strategy:** Provide youth and caregiver serving agencies and organizations resources to train and support staff in culturally informed trauma-engaged practices and health education.

d. **Strategy:** Support schools in adopting trauma-engaged practices and comprehensive health education including mental health, substance misuse, and healthy and safe relationships.

e. **Strategy:** Create and support an effective crisis response system that quickly stabilizes youth and returns them to their homes and communities.

f. **Strategy:** Actively promote community resilience and protective factors through supporting local wellness activities that draw from the strengths of Alaskan communities and include local and state support.

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.
Behavioral Health Roadmap Project for Alaska Youth[7]

Early Childhood and Youth

Objective 1.7: Coordinated youth behavioral health systems work to improve the health and wellness of Alaska's young people.

a. **Strategy:** Promote and support the Youth Risk Behavior Survey (YRBS) and other youth measures that provide statewide and local data options to guide prevention and service development, implementation, monitoring, and evaluation.

b. **Strategy:** Ongoing planning, coordinating, and expanding the youth behavioral health system and other youth serving agencies (including state agencies) will be designed for accountability by the state as well as all other stakeholders.

c. **Strategy:** Identify and implement use of additional funding opportunities and service delivery models such as telehealth for the behavioral health system and better coordination of existing resources.

d. **Strategy:** Emphasize youth and caregivers' input by incentivizing their participation in all planning and evaluation efforts and identify and support those Alaskans most in need of care.

ENDNOTES

1   Epigenetic regulation of the glucocorticoid receptor in human brain associates with childhood abuse — https://pubmed.ncbi.nlm.nih.gov/19234457/

       Epigenetic vestiges of early developmental adversity: Childhood stress exposure and DNA methylation in adolescence — https://pubmed.ncbi.nlm.nih.gov/21883162/

       Epigenetic programming by maternal behavior — https://pubmed.ncbi.nlm.nih.gov/15220929/

Area of Focus **1**

ENDNOTES

2   Prebirth Household Challenges To Predict Adverse Childhood Experiences Score by Age 3 — https://publications.aap.org/pediatrics/article/146/5/e20201303/75322/Prebirth-Household-Challenges-To-Predict-Adverse

3   Preventing child abuse and neglect : a technical package for policy, norm, and programmatic activities — https://stacks.cdc.gov/view/cdc/38864

4   Substance Abuse and Mental Health Services Administration — Trauma-Informed Care in Behavioral Health Services. https://store.samhsa.gov/sites/default/files/sma14-4816_litreview.pdf

5   Part C Early Intervention program. The official Program for Infants and Toddlers with Disabilities, Part C, is a federal grant program to assist states in providing a comprehensive system of early intervention services for infants and toddlers with or at risk for disabilities and their families. https://sites.ed.gov/idea/regs/c

6   Centers for Disease Control and Prevention — Adverse Childhood Experiences (ACEs). https://www.cdc.gov/aces/about/index.html

7   Behavioral Health Roadmap Project for Alaska Youth. https://health.alaska.gov/Commissioner/Documents/bhrm/BHRM-Report.pdf

Area of Focus: Healthcare

Healthcare

Alaskans have access to integrated healthcare options that promote optimal health, wellness, and self-sufficiency.

Objective 2.1: Alaskans have access to and receive quality integrated healthcare services.

Objective 2.2: Medicaid is efficiently managed and adequately resourced.

Objective 2.3: Trauma-informed, person-centered healthcare services are delivered.

Thriving communities depend on healthy residents. When Alaskans have access to quality healthcare, including behavioral health services across the state, they're more likely to participate in work, school, cultural activities, and family life. This access helps prevent negative health outcomes and empowers Alaskans to live their best lives.

For many Trust beneficiaries, Medicaid is an integral access point for health, wellness, and independence within their home communities. As of September 2024, Medicaid served 251,055 Alaskans overall[2] (34.07% of Alaska's population based on the Department of Labor's 2023 estimated Alaska population of 736,812[3]) and of those, 72,359[4] through Medicaid expansion. While Medicaid's required services for healthcare are critical, so are Medicaid's optional services. Both required and optional Medicaid services are essential to keep Alaskans in their home communities, affording them the opportunity to pursue meaningful lives.

Optional services can also supplant the need for costlier services; for example, home and community-based (optional) Medicaid waiver services are less costly than similar (mandatory) services provided in institutional settings.

MEDICAID IN THE UNITED STATES:
A federal and state program that helps with medical costs for some people with limited income and resources.

Centers for Medicare and Medicaid Services[1]

OPTIONAL MEDICAID SERVICES:
Benefits that states may cover if they choose.

Centers for Medicare and Medicaid Services — Mandatory & Optional Medicaid Benefits[5]

Alaska's Medicaid system has undergone many changes in recent years. The COVID-19 pandemic altered how services are offered and delivered, including expanding the use of telehealth. In 2022, the Department of Health and Social Services was reorganized into the DOH and DFCS. Key changes include extending postpartum Medicaid coverage from 60 days to 12 months and increasing the income limit for postpartum coverage, both effective February 1, 2024. The Diagnosis Related Groups (DRG) methodology was implemented on January 1, 2024, to base reimbursement to facilities on patient acuity rather than the length of stay. The state's 1115 Behavioral Health Reform Medicaid Waiver, approved for extension through December 31, 2028, continues to be implemented.

DOH is also enhancing access to services through various initiatives. Legislation (SB 57 Adult Home Care), passed in 2023, allows Alaskans to care for family members while providing financial support to offset care costs. Efforts are being made to reduce the Intellectual and Developmental Disabilities Medicaid Waiver waitlist. DOH has established the Complex Behavior Collaborative to support individuals with high behavioral health needs. A multi-year comprehensive review of Medicaid payment methodologies has been initiated. Furthermore, DOH is working to increase access to Medicaid School-Based Services (SBS) through legislative authority, HB344, that allows Medicaid coverage for SBS services beyond those outlined in an Individualized Education Program (IEP) for all Medicaid-enrolled children. DOH sought and received legislative authorization through HB344 to apply for a new 1115 Behavioral Health Reform Medicaid Waiver, aimed at addressing the unmet health-related needs of Medicaid beneficiaries. Health related needs must be medically necessary and some are time limited.

While Medicaid serves a significant portion of Alaska's population, ensuring timely and meaningful access across all regions remains a challenge.

Medicare is the leading insurance coverage for older Alaskans. Due to the low reimbursement rates with Medicare, many clinics have been unwilling to accept patients, resulting in many seniors utilizing community health centers or urgent care.

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facilities for general primary care and preventative services. Receiving services in these settings does not guarantee that a patient will be seen by the same healthcare provider each visit, causing challenges for the patient, healthcare provider, and clinic. According to the 2030 Healthy Alaskans Scorecard[6], as of 2023, the percentage of population without health insurance is improving, but still has not reached the target of 11.3%.

Most importantly, all Alaskans, no matter their medical insurance, should have access to necessary medical and behavioral health services at a reasonable rate.

Objective 2.1: Alaskans have access to and receive quality integrated healthcare services.

a. **Strategy:** Support an increase in the number of healthcare access points to expand the availability of services to underserved, disadvantaged, geographically isolated, and special needs population.

b. **Strategy:** The state-funded healthcare system has the capacity and strength to provide timely access to appropriate levels of high-quality, person-centered care for Alaskans in their region or communities of choice.

c. **Strategy:** Expand upon, leverage, and navigate service options of healthcare to Alaskans.

d. **Strategy:** Provide to all eligible Alaskans access and oversight to the full range of appropriate and affordable healthcare.

e. **Strategy:** Facilitate guidance, resources, and flexibility to enable Trust beneficiaries and all Alaskans to access competitive, affordable insurance options.

QUALITY OF CARE:

Is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with evidence-based professional knowledge. Quality health care services should be effective, safe, people-centered and must be timely, equitable, integrated, and efficient.

World Health Organization — Quality of Care[7]

f. **Strategy:** Identify investments and provide technical assistance to communities and organizations that address the needs of vulnerable populations and promote quality improvement activities that increase access to health care services.

Objective 2.2: Medicaid is efficiently managed and adequately resourced.

a. **Strategy:** Maintain funding for Medicaid services.

b. **Strategy:** Expand care across the State with new waiver demonstration projects while maintaining ongoing 1115 Behavioral Health Reform Medicaid Waiver supports.

c. **Strategy:** Expand Medicaid administrative claiming for the proper and efficient administration of Medicaid.

d. **Strategy:** Bolster Medicaid program integrity efforts.

e. **Strategy:** Support Medicaid as the payer of last resort.

f. **Strategy:** Provide technical assistance to safety net providers to ensure their financial and operational health and sustainability.

g. **Strategy:** Enhance coordination for Alaskans who are dually eligible for Medicaid and Medicare to improve health outcomes and reduce costs.

h. **Strategy:** Foster Medicaid innovation by implementing pilot programs to improve service delivery and patient outcomes.

PERSON-CENTERED CARE:

Integrated health care services delivered in a setting and manner that is responsive to individuals and their goals, values and preferences, in a system that supports good provider–patient communication and empowers individuals receiving care and providers to make effective care plans together.

Center for Medicare and Medicaid Services — Person-Centered Care[8]

Healthcare

Objective 2.3: Trauma-informed, person-centered healthcare services are delivered.

a. **Strategy:** Support multi-disciplinary teams to provide continued level of services needed.

b. **Strategy:** Quality, comprehensive maternal health services are robust and readily available.

c. **Strategy:** Continue promoting the implementation of screenings and early interventions across the healthcare system.

d. **Strategy:** Support and promote access to Complex Behavior Collaborative[9] services through a tiered level of services.

e. **Strategy:** Comprehensive and coordinated services for seniors and individuals with disabilities including long-term services, palliative care, and end of life care are available.

ENDNOTES

1   Centers for Medicare and Medicaid Services. https://www.medicaid.gov/

2   Medicaid served 251,055 Alaskans overall. https://health.alaska.gov/healthyalaska/pages/dashboard.aspx

3   Alaska Department of Labor and Workforce Development estimated Alaska's population. https://live.laborstats.alaska.gov/data-pages/alaska-population-estimates

4   72,359 Alaskans are served through Medicaid expansion. https://health.alaska.gov/healthyalaska/pages/dashboard.aspx

5   Centers for Medicare and Medicaid Services — Mandatory & Optional Medicaid Benefits. https://www.medicaid.gov/medicaid/benefits/mandatory-optional-medicaid-benefits/index.html

6   2030 Healthy Alaskans Scorecard. https://www.healthyalaskans.org/wp-content/uploads/2024/01/HA2030_12_11_23.html

7   World Health Organization — Quality of Care. https://www.who.int/health-topics/quality-of-care#tab=tab_1

8   Center for Medicare and Medicaid Services — Person-Centered Care. https://www.cms.gov/priorities/innovation/key-concepts/person-centered-care

9   Complex Behavior Collaborative. https://health.alaska.gov/dbh/Pages/ComplexBehavior/default.aspx

Area of Focus: Economic and Social Well-Being

Economic and Social Well-Being

Trust beneficiaries have strong economic and social well-being.

Objective 3.1: Alaskans have stable, safe housing with appropriate, community-based social supports to maintain tenancy.

Objective 3.2: Ensure that competitive and integrated employment at part-time or full-time jobs pays minimum wage or above in integrated, typical work settings.

Objective 3.3: Expand resources that promote successful, long-term employment for Trust beneficiaries.

Objective 3.4: Enhance timely access to basic needs services.

In Alaska, a state known for its vast and challenging geography, the issues of economic stability and social welfare are particularly pronounced. This is especially true for Trust beneficiaries and their families living in the state's many rural and remote communities. These unique conditions necessitate a multifaceted approach to improving the lives of this vulnerable population, focusing on critical areas such as housing, employment, and healthcare.

The complex Alaskan terrain amplifies transportation challenges and contributes to diverse economic structures, making it difficult for residents with disabilities to access the resources they need. In this context, the concept of supportive housing emerges as a vital solution. This approach to housing is more than just providing shelter; it is about creating a stable environment that supports recovery and well-being. In Alaska, supportive housing combines affordable living with essential support services, which can be permanent for some and transitional or time-limited for others, reflecting the varied needs of the residents.

Research underscores the effectiveness of supportive housing in Alaska. It not only enables people with disabilities to live securely within their communities but also reduces dependence on costly emergency healthcare and correctional systems. By facilitating access to appropriate healthcare, these housing models significantly contribute to the overall well-being of Alaskans with disabilities.

Employment is another critical area where focused efforts can make a substantial difference. Supported employment programs in Alaska assist individuals with disabilities in acquiring and maintaining the skills necessary for long-term employment. These programs consider various factors that influence job success, including safe housing, healthcare access, vocational training, and financial literacy. They also emphasize the integration of individuals with disabilities into typical work environments, promoting inclusivity and diversity in the workforce.

The employment gap in Alaska is a significant concern. Of all Alaskans able to work, people with disabilities are employed 28.8% less than people without disabilities[1]. Moreover, the poverty rate among Alaskans with disabilities is alarmingly high, with 24% living below the poverty line[2]. These statistics highlight the urgency for interventions that can improve employment outcomes for this population.

Enhancing employment rates for individuals with disabilities is not just a social issue but also an economic one. Increased employment can lead to reduced reliance on public services and boost self-sufficiency, potentially lowering healthcare costs for both federal and state programs.

In summary, addressing the unique challenges faced by Alaskans with disabilities requires a comprehensive approach that encompasses secure housing, accessible healthcare, and employment opportunities. Such efforts are crucial not only for the economic stability and self-sufficiency of this population but also for their meaningful engagement in the community. By focusing on these areas, Alaska can make significant strides in improving the lives of its residents with disabilities, ensuring they are an integral and valued part of the community.

Objective 3.1: Alaskans have stable, safe housing with appropriate, community-based social supports to maintain tenancy.

   a. **Strategy:** Strengthen and enhance supportive services to maintain tenancy and address health-related social needs in rural and remote Alaska.

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b. **Strategy:** Create interoperability between the Homeless Management Information System (HMIS), health care, and social service data systems to help support stable housing.

c. **Strategy:** Expand transition programs and tenancy supports to enable individuals to live in the least restrictive housing option of their choosing.

d. **Strategy:** Develop a toolkit for local areas to use to implement year-round low-barrier shelters.

e. **Strategy:** Leverage state and federal funding for sufficient supportive housing.

f. **Strategy:** Implement homeless prevention services across DOH and DFCS programs.

Objective 3.2: Ensure that competitive and integrated employment at part-time or full-time jobs pay minimum wage or above in integrated, typical work settings.

> **LOW BARRIER SHELTERS:**
> Ensures immediate and easy access to shelter by lowering barriers to entry and staying open 24/7. Eliminate sobriety and income requirements and other policies that make it difficult to enter shelter, stay in shelter, or access housing and income opportunities.
> *National Alliance to End Homelessness — Emergency Shelter Learning Series*[3]

> **TENANCY:**
> The possession or occupancy of something (such as a house) that belongs to the individual or another.
> *Internally defined.*

a. **Strategy:** Establish a formal "Employment First" taskforce or commission that includes other departments in cross-agency collaboration to fully implement Alaska's Employment First statute.

b. **Strategy:** Increase coordination between programs statewide (urban and rural), providing employment and education services to Trust beneficiaries to reduce service gaps.

c. **Strategy:** Enhance the home and community-based services system, especially with respect to the provision of supported employment services to Trust beneficiaries.

d. **Strategy:** Enhance vocational training and placement that supports Trust beneficiaries to obtain meaningful and productive employment.

Objective 3.3: Expand resources that promote successful, long-term employment for Trust beneficiaries.

a. **Strategy:** Support advocacy and promotion of career paths with growth opportunities for those entering or returning to the workforce.

b. **Strategy:** Increase understanding of the impact of employment on the availability of and qualification for benefits.

c. **Strategy:** Provide training and information to promote financial literacy for all ages.

d. **Strategy:** Increase awareness of Alaska's Achieving a Better Life Experience (ABLE) and other programs for those who want to work and retain basic needs services benefits.

e. **Strategy:** Provide connection with benefits advisement and counseling resources.

Objective 3.4: Enhance timely access to basic needs services.

a. **Strategy:** Strengthen core basic needs programs.

b. **Strategy:** Improve access to food security across all geographic regions.

c. **Strategy:** Collaborate across departments to improve transportation infrastructure.

d. **Strategy:** Support database systems that efficiently aid in the processing of requests for basic needs services.
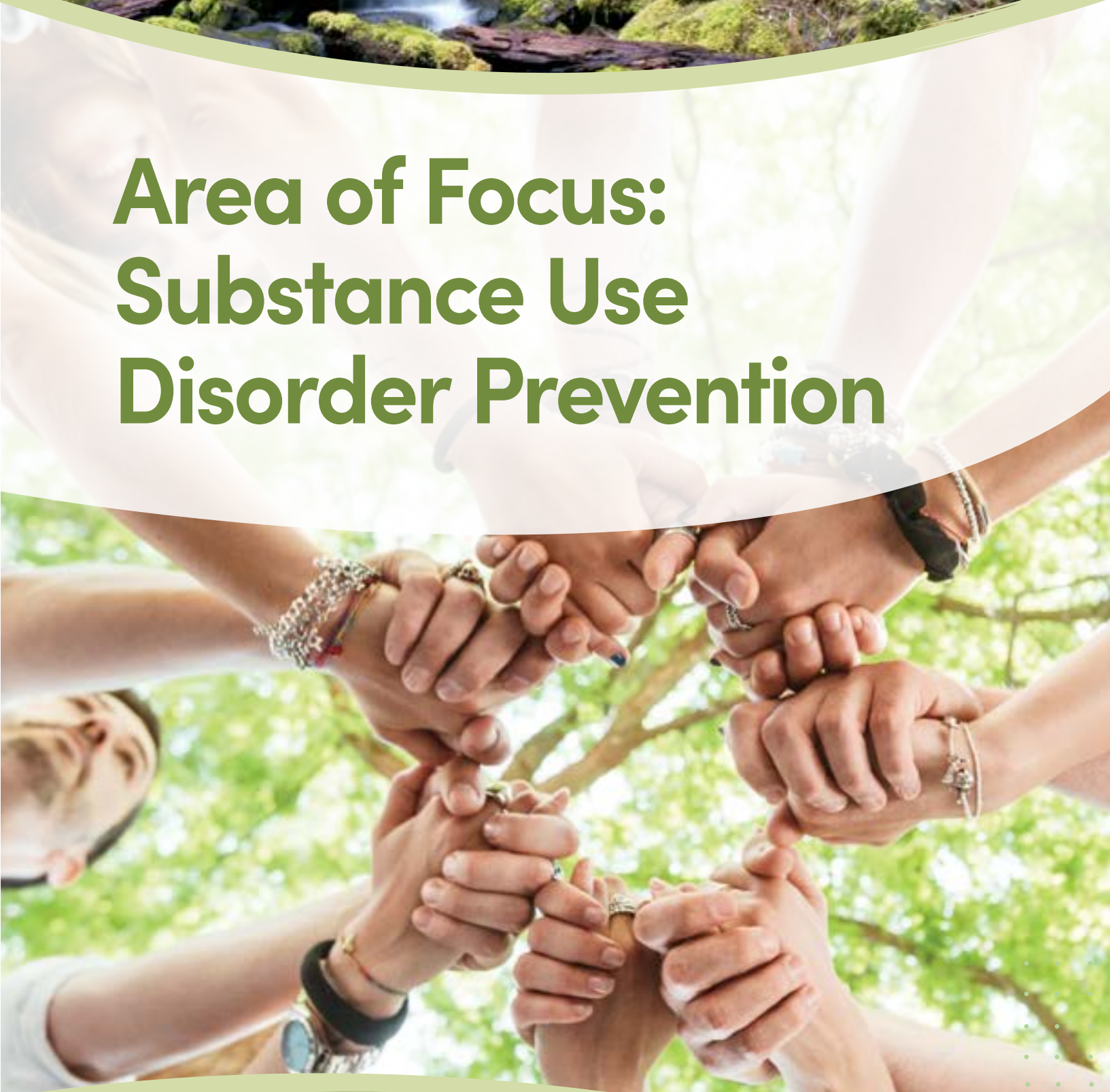
> **HUMAN SERVICES:**
> Is an interdisciplinary set of social assistance programs that include everything from healthcare and counseling services to food and shelter offered through government and nonprofit agencies and designed to contribute to the welfare and happiness of communities by delivering a broad range of help and support to individuals and families.
> *HumanServicesEdu.org — What is Human Services?*[4]

ENDNOTES

1   28.8% less than people without disabilities. https://files.eric.ed.gov/fulltext/ED628628.pdf

2   24% living below the poverty line. https://files.eric.ed.gov/fulltext/ED628628.pdf

3   National Alliance to End Homelessness — Emergency Shelter Learning Series. https://endhomelessness.org/resource/emergency-shelter/

4   HumanServicesEdu.org — What is Human Services? https://www.humanservicesedu.org/what-is-human-services/

Area of Focus: Substance Use Disorder Prevention

Substance Use Disorder Prevention

Prevention and treatment for drug and alcohol misuse provided through collaborative, effective, and informed strategies.

Objective 4.1: Increase awareness, improve knowledge, and change behaviors to prevent misuse of drug, alcohol, and other substances.

Objective 4.2: Reduce the impact of mental health and substance use disorders through misuse and harm reduction strategies that are responsive to the most vulnerable populations.

Objective 4.3: Improve treatment and recovery support services to promote wellness and reduce the impact of mental health and substance use disorders.

Objective 4.4: Ensure ongoing recovery support services to strengthen whole person wellness.

Objective 4.5: Support statewide alignment in planning, implementation, evaluation, and resource allocation across health promotion, prevention, treatment, and recovery efforts.

DRUG AND ALCOHOL MISUSE:

Use of substance for a purpose not consistent with legal or medical guidelines, as in the non-medical use of prescription medications.

Healthy People 2030 — Drug and Alcohol Use[1]

Alaska faces a significant challenge in addressing substance misuse, dependence, and addiction, which has resulted in pronounced impacts on alcohol-induced and overdose death rates over the years from 2014-2023. The situation has been marked by a significant increase in alcohol-related deaths, which more than doubled during this period, culminating in over 286 deaths in 2022[2]. Equally concerning is the statistic of 1,757 drug overdose deaths across these years, averaging approximately 176 deaths annually. During 2022-2023, the number of drug overdose deaths increased from 247 in 2022 to 357 in 2023, and the drug overdose death rate increased 47%

(33.7 deaths per 100,000 people in 2022 to 49.5 deaths per 100,000 people in 2023). Notably, individuals aged 35-44 experienced the highest overdose death rates, with those aged 45-54 experiencing the second highest rate of 81.8 deaths per 100,000 in 2023.[3]

The disparities in substance use are evident across various factors such as race, socioeconomic status, gender, age, and geographical location. These disparities contribute to the prevalence, treatment, and outcomes of substance use disorders. Furthermore, racial and ethnic minorities encounter disparities in treatment access linked to systemic inequalities. Geographical disparities also pose significant challenges to all regions, with rural areas facing limited treatment access and urban areas grappling with higher substance misuse rates. Gender-based disparities reveal differing substance use patterns and consequences, which are influenced by societal expectations and stigma.

To effectively address these disparities, a multifaceted approach that considers biological, social, and environmental factors is essential. Additionally, drug prevention programs must be adaptable and responsive to new and emerging drug use patterns, such as the alarming emergence of Xylazine, which has now been detected in 48 out of 50 states in the U.S.

In response to these challenges, the State of Alaska has implemented various programs targeting interdiction, prevention, harm reduction, treatment, recovery, and behavioral health workforce development strategies to combat drug overdose and related harms. Among these initiatives is Project HOPE[4], which distributes naloxone kits and incorporates fentanyl test strips. Project Gabe is another initiative that extends opioid misuse awareness and prevention resources to the fishing industry and other sectors, recognizing occupational industry risks. The State developed a comprehensive communication plan with a multi-prong approach to educate Alaskans to raise awareness about substance misuse.

Engaging high-risk individuals is central to the prevention strategy, and a crisis system-of-care has been established to connect people in behavioral health crises to necessary

Substance Use Disorder Prevention

resources. Medicaid Waiver services, Project ECHO, and the Prescription Drug Monitoring Program play integral roles in these efforts. The collaboration between State agencies, Tribal, and academic partners further enhance the effectiveness of these programs.

1115 Behavioral Health Reform Medicaid Waiver services support a variety of interventions, including broadened screening and linkage to care. Emphasizing a comprehensive approach to alcohol and other substance use, this area integrates upstream prevention, treatment, and recovery strategies. This approach recognizes the need for a continuum of care that addresses the multifaceted nature of alcohol and other substance use disorders. Central to this approach is the focus on addressing social determinants of health, ACEs, the availability of medication-assisted treatment for alcohol and other substance use disorders, and the demographic disparities in overdose mortality.

Efforts are also concentrated on tailoring interventions to meet the specific needs of different demographic groups. This includes understanding and mitigating the impacts of societal pressures and stigma that can influence substance use patterns and treatment outcomes. Addressing novel substances and concerning trends, such as polysubstance use involved deaths, requires adaptability in prevention programs. This requires continuous monitoring and updating of strategies to ensure they remain effective and relevant.

The collaboration and commitment across various sectors, including healthcare, law enforcement, community organizations, and government agencies are pivotal in these endeavors. Such collaborations facilitate a comprehensive response that not only addresses the immediate consequences of substance misuse but also works towards long-term prevention and recovery. These efforts underscore the importance of a coordinated and sustained response to the complex challenge of substance misuse in Alaska.

In summary, Alaska's response to the substance use crisis is characterized by a concerted effort that spans across prevention, treatment, and recovery, encompassing a broad range of strategies and programs. The state's approach demonstrates the importance of a comprehensive, adaptable, and collaborative strategy in addressing the multifaceted challenges posed by substance misuse and its associated disparities. As the situation evolves, the ongoing adaptation of these strategies will be crucial in effectively mitigating the impacts of substance use in Alaska.

Objective 4.1: Increase awareness, improve knowledge, and change behaviors to prevent misuse of drug, alcohol, and other substances.

   a. **Strategy:** Continue to develop and implement research-based health education tactics.

   b. **Strategy:** Support statewide alignment across primary, secondary, and tertiary substance-related prevention initiatives.

   c. **Strategy:** Create awareness and improve knowledge of how social determinants of health affect substance use across the lifespan.

   d. **Strategy:** Raise awareness and reduce stigma of how individual precipitating factors such as trauma, genetics, and longevity of substance use affect likelihood of substance misuse.

Objective 4.2: Reduce the impact of mental health and substance use disorders through misuse and harm reduction strategies that are responsive to the most vulnerable populations.

   a. **Strategy:** Promote awareness and workforce development of misuse and harm reduction interventions across a variety of stakeholders and systems who work with those who are vulnerable.

   b. **Strategy:** Create sustainability of tools such as Naloxone to support misuse and harm reduction efforts.

   c. **Strategy:** Prevent substance misuse behaviors by using practice-informed strategies consistently before substance misuse arises.

Substance Use Disorder Prevention

d. **Strategy:** Reduce and prevent substance misuse and addiction-related harms such as overdose, impaired driving, unhealthy relationships, and infectious disease.

Objective 4.3: Improve treatment and recovery support services to promote wellness and reduce the impact of mental health and substance use disorders.

a. **Strategy:** Encourage and expand practice-informed and culturally appropriate interventions.

b. **Strategy:** Enhance early access to care by creating more awareness and knowledge, for the "Screening, Brief Intervention, and Referral to Treatment" (SBIRT) screening across a variety of disciplines and settings.

c. **Strategy:** Support the use of a standardized, algorithm-based, electronic substance use disorder assessment that is universally accepted across all providers and payer types.

d. **Strategy:** Strengthen access to case management services for individuals as well as co-occurring substance use disorder, mental health services, and respective case management services.

e. **Strategy:** Increase provider capacity to support substance use disorder and mental health services.

f. **Strategy:** Improve transitions of care between providers delivering substance use disorder and mental health supports to those who are referring people to these services.

g. **Strategy:** Expand Medication Assisted Treatment (MAT) options across a variety of settings.

RECOVERY AND RECOVERY SUPPORT:

As a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Substance Abuse and Mental Health Services Administration — Recovery and Recovery Support[5]

Objective 4.4: Ensure ongoing recovery support services to strengthen whole person wellness.

a. **Strategy:** Increase awareness of available certified peer supports regarding substance misuse for individuals and family members across the lifespan (i.e., youth, older adults, families).

b. **Strategy:** Support access to recovery resources, employment, and social-support systems for individuals living with substance use disorder and/or mental illness.

c. **Strategy:** Improve the education accessibility for people living with substance use disorder and/or mental illness.

d. **Strategy:** Strengthen healthcare access including physical and mental healthcare for people struggling with substance use disorder and/or mental illness.

e. **Strategy:** Elevate social and community opportunities for people struggling with substance use disorder and/or mental illness.

Objective 4.5: Support statewide alignment in planning, implementation, evaluation, and resource allocation across health promotion, prevention, treatment, and recovery efforts.

a. **Strategy:** Improve cross-departmental collaboration and communication.

b. **Strategy:** Alignment across use of various technology platforms.

c. **Strategy:** Increase braided funding sources.

PEER SUPPORT WORKERS:

Encompass a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both.

Substance Abuse and Mental Health Services Administration — Peer Support[7]

THE ASAM CRITERIA:

Is a comprehensive set of guidelines that use a holistic, person-centered approach to developing treatment plans for patients with addiction and co-occurring conditions.

American Society of Addiction Medicine[6]

Substance Use Disorder Prevention

ENDNOTES

1   Healthy People 2030 — Drug and Alcohol Use. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use

2   286 deaths in 2022. https://health.alaska.gov/dph/VitalStats/Documents/PDFs/VitalStatistics_Annualreport_2022.pdf

3   81.8 deaths per 100,000 in 2023. https://health.alaska.gov/dph/VitalStats/Documents/PDFs/DrugOverdoseMortalityUpdate_2023.pdf

4   Project Hope. https://health.alaska.gov/drugsandalcohol/opioids/Pages/projecthope.aspx

5   Substance Abuse and Mental Health Services Administration — Recovery and Recovery Support. https://www.samhsa.gov/find-help/recovery

6   American Society of Addiction Medicine. https://www.asam.org/asam-criteria

7   Substance Abuse and Mental Health Services Administration — Recovery and Recovery Support. https://www.samhsa.gov/find-help/recovery

Area of Focus: Suicide Prevention

Area of Focus: Suicide Prevention

Individuals, families, communities, and governments take ownership to prevent suicide and self-harm in Alaska.

Objective 5.1: Coordinate prevention efforts to ensure that Alaskans have access to a comprehensive suicide prevention system.

Objective 5.2: Support and improve the system to assist individuals in crisis.

> **RESILIENCE:**
> Is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.
>
> *American Psychological Association — Resilience*[1]

Suicide is a devastating public health concern that impacts all Alaskans, and it is preventable. Prevention, early intervention, and postvention services could reduce the incidence of suicide in Alaska. Alaskans and our communities are resilient. However, the unique sociodemographic circumstances experienced by Alaskans, and particularly Alaskans from underserved populations and living in rural areas, can increase the risk for suicide. This goal highlights a comprehensive and integrated approach to suicide prevention that includes the continuum of wellness promotion, suicide prevention, crisis intervention, and postvention.

While each suicide or attempted suicide can be as unique as the person who experiences it, there are ways to address the "web of causation," the social, emotional, environmental, and health factors involved.

Alaska has some of the highest rates of suicide in the nation, and this is particularly true for Alaska's youth. Alaska's age-adjusted suicide mortality rate in 2023 was 27.8 per 100,000 population; for Alaskan's aged 15-24 the 2023 age-specific suicide mortality rate was 42.3 per 100,000 population.[2] This means that Alaskan adolescents are dying by suicide at a rate that is almost 17% higher than Alaskan adults. Furthermore, in 2019, 19.7% of Alaskan youth reported having attempted suicide within the last year and 38.1% reported feeling sad or hopeless, while less than half reported markers of social supports and connectedness. To effectively address suicide within Alaska requires an approach that includes the unique factors associated with adolescence.

Equally critical to addressing Alaska's suicide rate is ensuring that Alaskans experiencing a suicidal crisis have access to needed supports. Crisis service infrastructure is expanding throughout Alaska and is poised to dramatically improve the system of care. This includes 24/7 crisis call services, crisis mobile response, and crisis receiving and stabilization, as well as best practice suicide care and supported care transitions. In July 2022, the 988 Suicide and Crisis Lifeline launched, ensuring that crisis call services are easily accessible through a three-digit number. Alaska's crisis call center received over 32,000 calls (including 988) in FY24[3], providing needed crisis services throughout the state.

> **POSTVENTION:**
> Involves a series of planned interventions that occur after a suicide has taken place with the intention to support those affected by a suicide:
> - Facilitate the grieving or adjustment process
> - Stabilize the environment
> - Prevent further suicides for those who may be at risk.
>
> *Suicide Prevention Resource — Postvention: A Guide for Response to Suicide on College Campuses*[6]

The healthcare system is uniquely situated to intervene with those experiencing suicide risk. On average, 45% of people who died by suicide had contact with their primary care provider within the month prior to their death[4]. The State of Alaska is currently working toward best practices for suicide care in healthcare settings, including integrating comprehensive screening and suicide specific psychotherapy into our healthcare system.

"Messages of Hope"[5], Alaska's 2023-2027 Statewide Suicide Prevention Plan, challenges local communities and regional and state governments to work individually and collectively to prevent suicide. Messages of Hope includes six goals: address upstream factors that impact suicide; implement a broad-based public health response

Suicide Prevention

to suicide; reduce access to lethal means; enhance Alaska's crisis continuum of care; address special considerations for Alaskan youth, seniors, elders, veterans, and military families; and improve the quality of data and research for suicide prevention efforts. The comprehensive integrated mental health program plan strives to align with the goals of the statewide suicide prevention plan.

Objective 5.1: Coordinate prevention efforts to ensure that Alaskans have access to a comprehensive suicide prevention system.

a. **Strategy:** Recognize the connection between suicide, substance misuse, mental illness, and adverse life events.

b. **Strategy:** Establish consistent communication and coordination across suicide prevention stakeholders.

c. **Strategy:** Promote best practices in lethal means safety.

d. **Strategy:** State agencies/providers have guidance and training on suicide prevention approaches and available services and supports.

e. **Strategy:** Provide financial and technical support for implementation of practice-informed and suicide prevention strategies.

f. **Strategy:** Provide coordinated postvention planning and supports.

g. **Strategy:** Provide safe and effective messaging for suicide prevention that is consistent with Suicide Prevention Resource Center Guidelines.

h. **Strategy:** Utilize data to identify high-risk populations and communities and develop targeted interventions.

Objective 5.2: Support and improve the system to assist individuals in crisis.

a. **Strategy:** Improve and support 988 interoperability.

b. **Strategy:** Increase access to comprehensive suicide care in healthcare settings.

c. **Strategy:** Assist Alaskans who encounter the continuum of care by screening at every encounter for behavioral health conditions and suicidal ideation.

d. **Strategy:** Develop a continuum of community-based crisis intervention services to support Trust beneficiaries in community settings whenever possible.

ENDNOTES

1 American Psychological Association — Resilience. https://www.apa.org/topics/resilience

2 Alaska Division of Public Health, Health Analytics and Vital Records Section. Last updated on 08/01/2024.

3 32,000 calls (including 988) in FY24. Data reported to the Division of Behavioral Health by Careline Crisis Services.

4 45% of people who died by suicide had contact with their primary care provider within the month prior to their death. https://pubmed.ncbi.nlm.nih.gov/12042175/

5 "Messages of Hope", Alaska's 2023-2027 Statewide Suicide Prevention Plan. https://health.alaska.gov/SuicidePrevention/Documents/230301_StatePlan_SuicidePrevention.pdf

6 Suicide Prevention Resource — Postvention: A Guide for Response to Suicide on College Campuses. https://sprc.org/online-library/postvention-a-guide-for-response-to-suicide-on-college-campuses/

Area of Focus: Protecting Vulnerable Alaskans

Protecting Vulnerable Alaskans

Alaskans are free from abuse, neglect, self-neglect, and exploitation.

Objective 6.1: Prevent maltreatment of all vulnerable Alaskans and their families across the lifespan.

Objective 6.2: Promote early intervention for individuals at risk of maltreatment.

Objective 6.3: Ensure individuals who suspect potential abuse understand the role of protective agencies and how to report potential abuse and neglect.

Objective 6.4: Increase timely access to protective services statewide.

Objective 6.5: Ensure vulnerable Alaskans understand their rights and responsibilities.

VULNERABLE ADULT:
A person who, because of physical or mental impairment, is unable to meet their own needs or to seek help without assistance.
Alaska State Legislature — 47.24.900 Definitions[1]

Vulnerable Alaskans of all ages should be provided with supportive and protective services. State and local public awareness campaigns, training programs, and multi-disciplinary teams are essential when providing these supportive services. In addition to improving the systems for responding to children and adults experiencing or at risk of experiencing abuse or neglect, it is vital that we focus on preventing Alaskans from ever entering the system by supporting healthy, resilient families, and healing intergenerational trauma. The overarching approach encompasses multifaceted initiatives spanning prevention, early intervention, public education, and the facilitation of timely access to protective services.

Concerns for the safety of Alaska's children and vulnerable adults are reported by neighbors, teachers, nurses, treatment providers, and others to the Office of Children's Services (OCS) and Adult Protective Services (APS). During the COVID-19 pandemic, OCS saw a decrease in the number of reports of harm received; however, since the pandemic has ended, the reports of harm received have increased back to pre-pandemic levels. Over the past five years, these reports have stabilized going from 20,692 in fiscal year 2020 (FY20) to 21,200 in fiscal year 2024 (FY24)[2]. APS has seen an increase of reports of harm (particularly self-neglect and financial exploitation) to adults with mental illness, cognitive impairments, and chronic substance misuse.

Depending on the family circumstances, severity of safety concern, and family support systems, OCS is responsible for determining if a removal from the home is required to maintain child safety. In FY20 the number of children in out-of-home placement in Alaska was 4,396. That number was dramatically larger than in years past but has decreased to 3,554 in FY24[3]. As previously stated, since the COVID-19 pandemic has ended, the uptick in reports of harm received means that now OCS must address the challenge of balancing staff turnover while working to keep caseloads within the statutory maximum for caseworks around the state. Additionally, OCS also must contend with the difficulty in finding permanency or kinship care for children that are in OCS care. Likewise, the increase in adult reports of harm has continued to push APS investigator caseloads past the national average. Additional resources are in the process of being added to support the APS office in recognition of the increase in caseload.

The following objectives and strategies provide a protective system that reacts to crises and works towards building resilient families. Alaskans should be equipped with knowledge on social-emotional

INTERGENERATIONAL TRAUMA:
A traumatic event that began years prior to the current generation and has impacted the ways in which individuals within a family understand, cope with, and heal from trauma.
The Association for Child and Adolescent Mental Health[4]

CULTURAL COMPETENCE:
The ability to understand, appreciate and interact with people from cultures or belief systems different from one's own.
American Psychological Association — In Search of Cultural Competence[5]

Protecting Vulnerable Alaskans

skills, healthy relationships, and the indicators of potential maltreatment. The plan recognizes the power of informed communities in preventing and addressing abuse and emphasizes the adoption of trauma-informed, culturally sensitive practices across all programs. Early intervention measures include fully leveraging 1115 Behavioral Health Reform Medicaid Waiver services, increasing access to family peer groups, and collaborating with the Alaska Tribal Child Welfare Compact. These initiatives collectively strive to create a supportive environment that curtails the escalation of potential harm.

Objective 6.1: Prevent maltreatment of all vulnerable Alaskans and their families across the lifespan.

a. **Strategy:** Develop a comprehensive and coordinated statewide framework to prevent maltreatment of all Alaskans.

b. **Strategy:** Promote public education on social-emotional skills and regulation, healthy relationships, healthy and equitable communities, trauma, and cultural connectedness.

c. **Strategy:** Promote public education on positive caregiving to vulnerable Alaskans.

d. **Strategy:** Promote early screening, detection, and access to resources for families with or without an understood issue or diagnosis.

e. **Strategy:** Increase effective public awareness of risk factors and indicators of maltreatment and how to report suspected maltreatment.

f. **Strategy:** Promote awareness and utilization of trauma-engaged, culturally responsive practices across all State of Alaska departments.

g. **Strategy:** Support resiliency through focused services to both families and communities at risk for maltreatment.

h. **Strategy:** Coordinate with other state departments to consider policies and trends to support prevention on a societal level (legal, economic, medical, etc.).

i. **Strategy:** Encourage practice-informed strategies to build or maintain caregiver-child bond in the face of a caregiver's extended absence.

Objective 6.2: Promote early intervention for individuals at risk of maltreatment.

a. **Strategy:** Continue implementation of the 1115 Behavioral Health Reform Medicaid Waiver services, including intensive in-home services, to prevent out-of-home placement of children whenever possible.

b. **Strategy:** Support family peer support groups and programs that support families in crisis and help families to transform negative practices into positive caregiving behaviors and attitudes.

c. **Strategy:** Support the Alaska Tribal Child Welfare Compact through continued funding for prevention services and other scopes of work.

d. **Strategy:** Support the Alaska Family Justice Center which brings together advocacy programs, law enforcement, court systems, human services, and health care agencies together.

e. **Strategy:** Create interagency coordination to ensure that vulnerable young adults have a reduced risk of victimization.

Objective 6.3: Ensure individuals who suspect potential abuse understand the role of protective agencies and how to report potential abuse and neglect.

a. **Strategy:** Increase awareness of OCS, child abuse reporting procedures, and mandatory reporter obligations.

b. **Strategy:** Increase awareness of APS, abuse reporting procedures, and mandatory reporter obligations.

c. **Strategy:** Increase awareness of services and supports available to Alaska Native/American Indian families per the Indian Child Welfare Act (ICWA).

d. **Strategy:** Establish interagency data-sharing agreements to ensure reports of harm are transmitted timely and accurately.

Area of Focus **6**

Protecting Vulnerable Alaskans

Objective 6.4: Increase timely access to protective services statewide.

a. **Strategy:** Support communities building sustainable, systemic approaches to protective services for both children and adults.

b. **Strategy:** Apply a person-centered model to the delivery of protective services.

c. **Strategy:** Prioritize and enhance existing strategies to increase recruitment and retention efforts for protective services workers in OCS and APS.

d. **Strategy:** Necessary services are provided to vulnerable adults who have a court ordered public guardian and/or conservator through the Office of Public Advocacy.

e. **Strategy:** Support access to certified and/or trained volunteers such as long-term care ombudsman volunteers and legal advocates.

f. **Strategy:** Strengthen communication and response between advocacy and guardianship bodies and protective service agencies.

g. **Strategy:** Develop a comprehensive and coordinated state response to APS through resources and funding.

Objective 6.5: Ensure vulnerable Alaskans understand their rights and responsibilities.

a. **Strategy:** Improve access to advocacy supports and quality civil and criminal legal assistance for all vulnerable adults and children, including access to the offices of public advocacy, long-term ombudsman, ombudsman, and other processes for grievances.

b. **Strategy:** Establish pathways and support systems for vulnerable adults and children who are in institutional levels of care, such as the Alaska Psychiatric Institute (API), Department of Corrections (DOC), Division of Juvenile Justice (DJJ), residential psychiatric treatment centers (RPTC), or nursing homes to access protective services.

c. **Strategy:** Support the court system in creating statewide consistency across judicial districts for all court procedures relating to protection services for children and adults.

ENDNOTES

1 Alaska State Legislature — 47.24.900 Definitions. https://www.akleg.gov/basis/statutes.asp#47.24.900

2 20,692 in fiscal year 2020 (FY20) to 21,200 in fiscal year 2024 (FY24). https://dfcs.alaska.gov/ocs/Pages/statistics/default.aspx

3 Number of children in out-of-home placement in Alaska decreased to 3,554 in FY24. https://dfcs.alaska.gov/ocs/Pages/statistics/default.aspx

4 The Association for Child and Adolescent Mental Health. https://www.acamh.org/blog/intergenerational-trauma/

5 American Psychological Association — In Search of Cultural Competence. https://www.apa.org/monitor/2015/03/cultural-competence

Area of Focus: Services in the Least Restrictive Environment

Services in the Least Restrictive Environment

Trust Beneficiaries' behavioral health needs are accurately assessed and met in the least restrictive environment.

Objective 7.1: Promote consistent and comprehensive screening and standardized assessment and reassessment tools to reduce duplication and increase efficiencies across the service spectrum.

Objective 7.2: Increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement where inappropriate.

Objective 7.3: Reduce the number of Trust beneficiaries entering or becoming involved with Alaska's criminal justice or juvenile justice system.

Alaska's ongoing effort to increase community-based services represents a positive step in mental health care. However, to fully realize the benefits of this approach, there is a need for systemic enhancements. These improvements should focus on reducing wait times for services, involving Trust beneficiaries in their care planning, and ensuring the availability of appropriate support levels in the community. By doing so, Alaska can provide more effective, efficient mental health care to its citizens.

Alaska's evolution towards community-based mental health services marks a significant step forward in its approach to mental health care. By focusing on providing services in the least restrictive environments and involving Trust beneficiaries actively in their treatment and recovery, the State can improve outcomes for individuals with behavioral health needs. However, the current limitations in the system, such as long waiting lists and insufficient support levels, highlight the need for continued policy enhancements and system reforms to fully realize the benefits of this approach.

Objective 7.1: Promote consistent and comprehensive screening and standardized assessment and reassessment tools to reduce duplication and increase efficiencies across the service spectrum.

a. **Strategy:** Evaluate assessment tools and case-mix methodologies to discern what best meets the diverse needs of all divisions serving Trust beneficiaries.

b. **Strategy:** Evaluate areas of improvement and efficiencies for screening needs and tools for all divisions serving Trust beneficiaries.

Objective 7.2: Increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement where inappropriate.

> **LONG-TERM SERVICES AND SUPPORTS:**
> A wide range of services to help people with disabilities who need support to live more independently by assisting with personal and healthcare needs and activities of daily living, such as eating, bathing, grooming, etc.
>
> *Centers for Medicare and Medicaid Services — LTSS Overview*[1]

a. **Strategy:** Increase access to community-based crisis intervention services.

b. **Strategy:** Provide a mechanism for individuals to receive timely assessment and placement in the least restrictive environments.

c. **Strategy:** Leverage Medicaid options to provide alternatives to institutional placement.

d. **Strategy:** Use appropriate assistive technologies and environmental modifications to improve safety and health outcomes for vulnerable Alaskans living in their communities.

e. **Strategy:** Establish a multi-agency committee focused on meeting the needs of individuals with complex presenting behaviors.

f. **Strategy:** Establish standards of care focused on person-centered services.

g. **Strategy:** Increase options, availability, and access of least restrictive, long-term services and supports through counseling on options and person-centered interviewing.

Services in the Least Restrictive Environment

h. **Strategy:** Increase residential providers for individuals who do not receive home and community-based 1115 Behavioral Health Reform Medicaid Waiver services to provide an alternative to institutional placement.

i. **Strategy:** Promote interdepartmental and divisional communication and cooperation through memorandums of agreement and data usage agreements.

ASSISTIVE TECHNOLOGIES:
Any item, piece of equipment, software program, or product system that is used to increase, maintain, or improve the functional capabilities of persons with disabilities.

Assistive Technology Industry Association — What is AT[2]

Objective 7.3: Reduce the number of Trust beneficiaries entering or becoming involved with Alaska's criminal justice or juvenile justice system.

a. **Strategy:** Establish a process to use pre-arrest intervention and pre-charge diversion.

b. **Strategy:** Collaborate with justice and community partners to develop and implement services for Trust beneficiaries.

c. **Strategy:** Assist in coordination of care for beneficiaries at risk of becoming involved with justice systems.

d. **Strategy:** Expand access to services for justice-involved individuals who are Trust beneficiaries involved in the criminal justice or juvenile justice system.

e. **Strategy:** Expand re-entry and case management systems navigation for individuals and families within the DFCS and DOC systems.

DIVERSION:
Programs that allow law enforcement, prosecutors, or courts to offer resolutions of criminal cases that reduce the collateral consequences associated with the criminal justice process.

Alaska Criminal Justice Data Analysis Commission 2023 Annual Report — Diversion[3]

ENDNOTES

1 Centers for Medicare and Medicaid Services — LTSS Overview. https://www.cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native/ltss-ta-center/information/tribal-leaders/ltss-overview

2 Assistive Technology Industry Association — What is AT. https://www.atia.org/home/at-resources/what-is-at/

3 Alaska Criminal Justice Data Analysis Commission 2023 Annual Report — Diversion. https://ajc.alaska.gov/datacommission/docs/reports/DAC_2023_Annual_Report.pdf

Area of Focus: Services in Institutional Settings
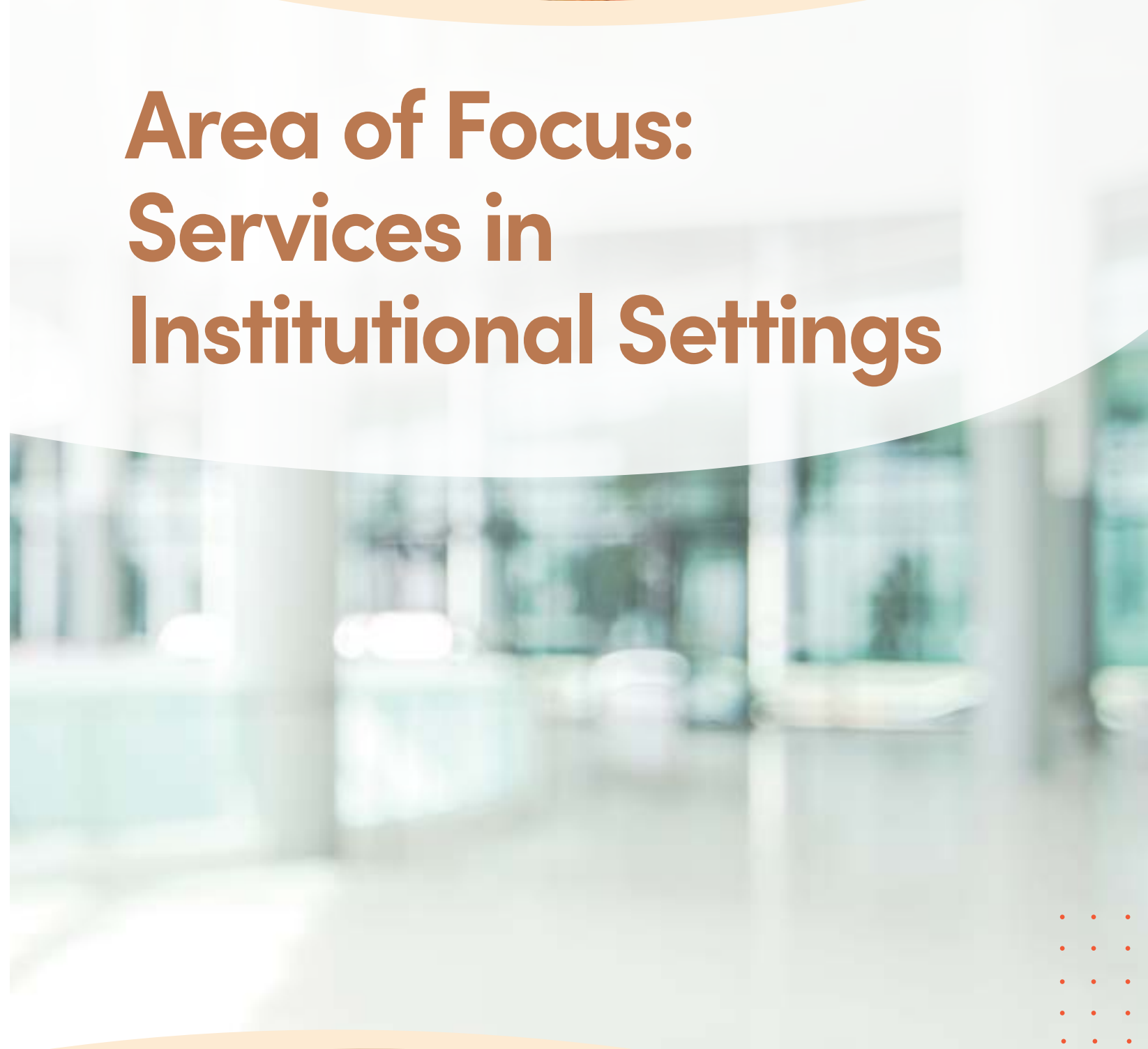
Services in Institutional Settings

Trust beneficiaries who are in an institutional setting receive the necessary services and recovery supports to return to the community of their choice.

Objective 8.1: Uphold a standard of care that provides equitable, person-centered, developmentally and culturally appropriate, and trauma-informed care in institutional settings.

Objective 8.2: Ensure Alaskans who are in non-correctional institutional settings are provided the appropriate therapy and services in accordance with an individual's person-centered support plan.

Objective 8.3: Enhance and expand access to clinical and case management resources for Alaskans who are incarcerated or detained.

Objective 8.4: Ensure Alaskans who are transitioning out of institutional settings have essential supports.

Trust beneficiaries experience high levels of placement within institutional settings, which may result in a loss of connection with their culture and home community. Examples of institutional settings include the Alaska Psychiatric Institute (API), state correctional facilities, Division of Juvenile Justice (DJJ) facilities, out-of-state Intermediate Care Facilities (ICFs) for individuals experiencing Intellectual or Developmental Disabilities, a residential psychiatric treatment center (RPTC), or nursing home.

With state suicide and substance use rates considerably higher than the national average, coupled with limited options for quality treatment, particularly in remote communities, improving the behavioral health system continues to be an Area of Focus and intensive concern for Alaskans. There is an increased need to ensure that individuals receiving services within our institutions can transition successfully to a less restrictive environment when appropriate. This plan emphasizes fostering a supportive environment within these institutions and facilitating a seamless transition of individuals back to their preferred communities.

In 2012, 65% of individuals in the DOC were Trust beneficiaries[1]. This group was more likely to be convicted of felony crimes and their median length of stay is significantly longer compared to non-Trust beneficiaries. Furthermore, a considerable number of these individuals had previous interactions with the juvenile justice system. Recidivism creates both challenges and opportunities. Challenges result from a concentration of behavioral health conditions within congregate carceral settings; yet opportunities also exist within the justice system to address behavioral health conditions among vulnerable populations in a way that breaks the cycle of behavioral health-related incarceration and improves the well-being of Alaska's communities.

The health status of individuals entering institutional care are typically poorer than for those in community settings. As the justice-involved population ages, it will become more common for elderly individuals with behavioral health issues to spend their final years in institutional care. This trend, reflective of national patterns, poses a significant challenge to institutions, including those in Alaska where correctional facilities designed for providing skilled nursing care are limited. Policy decisions regarding treatment for incarcerated individuals, including those with mental and physical disabilities, terminal illness, disabilities, or special needs should prioritize their dignity, with a focus on health, social, and economic factors throughout the lifespan.

For individuals in institutional settings, it is imperative that their right to receive essential health care and mental health services is protected. This includes making sure that incarcerated persons understand their rights and responsibilities and remain active in their treatment and plans for discharge or reintegration into the community. Emphasizing individual choice in treatment, through a recovery-oriented approach, not only enhances the quality of life but also facilitates a smoother transition back into the community.

Services in Institutional Settings

Objective 8.1: Uphold a standard of care that provides equitable, person-centered, developmentally and culturally appropriate, and trauma-informed care in institutional settings.

a. **Strategy:** All individuals residing in an institutional setting are assessed at intake and reassessed at regular intervals to ensure they are at the appropriate level of care and information from reassessment is incorporated into the person-centered support plan as updates.

b. **Strategy:** Align quality of care standards to ensure that state, federal, and accreditation standards are met and followed.

c. **Strategy:** Provide a robust therapeutic offering of various physical, mental, emotional, vocational, recreational, and psychosocial activities.

d. **Strategy:** Provide routine health screening and treatment for all patients residing in an institutional setting at intake and, at minimum, on a yearly basis.

e. **Strategy:** Individuals residing in institutional settings are offered information on less restrictive setting options and benchmarks they must reach in their treatment to transition to this level of care.

Objective 8.2: Ensure Alaskans who are in non-correctional institutional settings are provided the appropriate therapy and services in accordance with an individual's person-centered support plan.

a. **Strategy:** Provide continuing education to clinical and direct-care staff on practice-informed practice models and interventions to best serve their patient population.

b. **Strategy:** Assess the effectiveness of the programming offered to patients in institutional settings through an internal quality assurance program.

c. **Strategy:** The Office of the Long-Term Care Ombudsman (OLTCO) visits all skilled nursing facilities at least twice annually and all assisted living homes licensed to service seniors at least annually.

d. **Strategy:** All individuals in institutional settings undergo an initial review of individuals' background and subsequent reassessments include efforts to clarify or obtain additional background information.

e. **Strategy:** Streamline the waiver process for new applications and transfers between waiver types.

f. **Strategy:** Environments are designed to be supportive of an individual's physical, developmental, and mental well-being.

g. **Strategy:** Alaskans will have the opportunity to provide feedback on care and types of services available as well as treatment received.

Objective 8.3: Enhance and expand access to clinical and case management resources for Alaskans who are incarcerated or detained.

a. **Strategy:** All correctional and juvenile facility staff are trained in addressing mental health including developmentally appropriate trauma informed care, suicide prevention, Mental Health First Aid, or similar approaches, to properly respond to crises as they occur.

b. **Strategy:** Support the efforts of the DOC and DJJ to expand access to care for people with mental, cognitive, behavioral, and/or substance use disorders.

c. **Strategy:** Provide therapeutic environments for individuals who require specialized physical and programmatic efforts to meet their needs.

d. **Strategy:** Provide opportunities for funding and technical assistance that aid DOC and DJJ efforts to eliminate suicides that occur inside a correctional or detention facility.

THERAPEUTIC ENVIRONMENTS:
Require strengths-based, recovery-oriented, and trauma-informed person-centered care facilitated through collaborative engagement that builds trust.

McKenna et al., 2023[2]

Services in Institutional Settings

e. **Strategy:** Provide screening for appropriate intervention and accommodation/placement for Alaskans with neurobehavioral disabilities (fetal alcohol spectrum disorders, traumatic and acquired brain injuries, Alzheimer's disease or related dementia, etc.) who are incarcerated or detained.

f. **Strategy:** Support DOC and DJJ in expanding their mental health and substance use workforce to meet the needs of the population.

Objective 8.4: Ensure Alaskans who are transitioning out of institutional settings have essential supports.

a. **Strategy:** Enhance community case management process and wraparound services for a successful transition from an institutional setting.

b. **Strategy:** Improve the system for those with complex behavioral needs by enhancing service-level options.

> **WRAPAROUND SERVICES:**
> Can include case management, counseling, medical care and health services, family services, social work, housing assistance, and dietitian assistance.
>
> *Rural Health Information Hub — Wraparound Services and Community-Based Supports for Mental Health Model*[3]

c. **Strategy:** Each individual in an institutional setting receives a person-centered discharge plan that includes continued services appropriate for the level of care, as well as ongoing follow-up and adjustments to plans as needed.

d. **Strategy:** Establish processes for transition to the community of choice when an individual is discharged or transferred from an institutional setting to a step-down level of care/setting that is not located in the community of choice.

> **RE-ENTRY:**
> Services and programs that assist an individual in their transition from incarceration back into the community.
>
> *Alaska Department of Corrections — What is Reentry?*[4]

e. **Strategy:** Support re-entry coordination for justice-involved individuals returning to the community.

f. **Strategy:** Expand support services and staff training that address trauma and resiliency for individuals involved with DFCS and DOC systems.

ENDNOTES

1 In 2012, 65% of individuals in the DOC were Trust beneficiaries. https://alaskamentalhealthtrust.org/wp-content/uploads/2018/05/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf

2 McKenna et al., 2023. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10289825/

3 Rural Health Information Hub — Wraparound Services and Community-Based Supports for Mental Health Model. https://www.ruralhealthinfo.org/toolkits/mental-health/2/affordability/wraparound

4 Alaska Department of Corrections — What is Reentry? https://doc.alaska.gov/rehabilitation-reentry/faq

Area of Focus: Workforce

Workforce

The State of Alaska has the workforce capacity in place to support the resources and funding of a Comprehensive Integrated Mental Health Program.

Objective 9.1: Strengthen workforce capacity with improved recruitment and retention to obtain and maintain knowledge, support innovation, and modernization.

Objective 9.2: Advance the competencies of the healthcare, behavioral health, and public health workforce.

Objective 9.3: Ensure funding is available to support the strategies identified in Alaska's Comprehensive Integrated Mental Health Program.

Alaska's healthcare sector is currently facing a pivotal challenge, characterized by an acute disparity between the increasing demand for healthcare professionals and the availability of qualified workers. Recent analyses reveal that the state requires approximately 7,950[1] new healthcare workers annually to keep pace with both growth and turnover within the sector. This situation necessitates a multifaceted approach to enhance the capacity, capabilities, and competencies of Alaska's healthcare workforce. The absence of such measures could compromise the state's ability to provide a continuous spectrum of services and care, particularly to its most vulnerable populations.

> "…the healthcare sector is expected to add 4,500 new jobs over the next 10 years through growth, more jobs than any other sector in the state."
>
> *2023 Alaska Healthcare Workforce Analysis*[2]

The risks associated with this workforce shortage are significant. They include a heightened reliance on the most intensive and costly services, such as emergency departments in hospitals, or on more restrictive settings like residential care or correctional facilities.

Furthermore, this shortage may compel Alaskans to seek certain necessary services outside the state, which presents additional challenges.

To address this issue effectively, a series of key workforce strategies have been proposed. One such strategy is the concept of "growing our own," which focuses on ensuring that Alaskans of all ages, especially those entering the workforce, are informed about and have clear pathways to careers in healthcare. This involves establishing training opportunities that not only provide essential skills for service provision, leadership, and career advancement, but also increase the accessibility and availability of training for both new and current workers. This can be achieved through technological advancements, the development of new programs, enhancing program accessibility, and the implementation of employer-sponsored models. Additional measures include the utilization of loan repayment programs, incentives, and various other recruitment and retention strategies.

Innovative approaches and the collaborative leveraging of efforts are crucial in establishing a comprehensive, integrated mental health program plan for Alaska. This requires appropriate funding, including amendments to the Medicaid State Plan and the 1115 Behavioral Health Reform Medicaid Waiver to adequately serve the needs of all Alaskans. Additionally, evaluating Medicaid and grant-funded programs and services is vital to ensure the implementation of best practices and the achievement of desired outcomes. To realize these objectives and strategies, it is essential to support collaborative engagement of all stakeholders across the state. This comprehensive approach is imperative to address the critical stage of Alaska's healthcare sector workforce, ensuring the provision of quality healthcare services to all residents, particularly those in the most vulnerable segments of the population.

Objective 9.1: Strengthen workforce capacity with improved recruitment and retention to obtain and maintain knowledge, support innovation, and modernization.

   a. **Strategy:** Prepare Alaska's youth for health careers.

   b. **Strategy:** Improve retention strategies for existing health professionals.

   c. **Strategy:** Develop effective leadership courses and offerings.

Area of Focus 9

Workforce

d. **Strategy:** Promote organizational culture that supports workforce development.

e. **Strategy:** A stable, sustainable statewide network of behavioral health providers is available to serve Alaskans with behavioral health needs.

Objective 9.2: Advance the competencies of the healthcare, behavioral health, and public health workforce.

a. **Strategy:** Create an attractive career path for those entering the workforce with accompanying training.

b. **Strategy:** Expand and enhance training and professional development opportunities for all healthcare and behavioral health professionals.

c. **Strategy:** Enhance the use of technology for distance-delivered educational opportunities.

d. **Strategy:** Support curriculum development and the training of health professionals to ensure they learn, enhance, and update essential knowledge and skills.

e. **Strategy:** Support training and other activities that enhance the health workforce's competency in providing culturally and linguistically appropriate care.

f. **Strategy:** Expand the number and type of training and technical assistance opportunities that educate K-12 and post-secondary students, clinicians, and professional providers to work in inter-professional/inter-disciplinary teams and participate in practice transformations.

g. **Strategy:** Support technical assistance, training, and other opportunities to help safety net providers[4] expand, coordinate, and effectively use Health Information Technology (HIT) to support service delivery and quality improvement.

Objective 9.3: Ensure funding is available to support the strategies identified in Alaska's Comprehensive Integrated Mental Health Program.

a. **Strategy:** Advocate to ensure the Mental Health Budget Bill includes the appropriations necessary to fund the operating and capital expenditures for the continuum of services.

b. **Strategy:** Evaluate and provide grant funding to pay for essential behavioral health services which are not funded through Medicaid or other sources.

c. **Strategy:** Develop an interdepartmental process for evaluating the efficacy of grantee programs and having technical support services for grantee programs and their services.

d. **Strategy:** Adequate infrastructure is in place to support program efforts and collaboration between DOH and the DFCS.

e. **Strategy:** Leverage Medicaid funding and further explore Medicaid Waivers and other state plan amendments.

f. **Strategy:** Assess reimbursement aligning with the actual cost of providing services.

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES:

Effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care[3]

MENTAL HEALTH BUDGET BILL:

Alaska is unique in that it has an operational budget, a capital budget, and a mental health budget bill. The mental health budget bill provides appropriations/funding to ensure there is an integrated comprehensive mental health program.

Alaska State Legislature — 44.25.290[5]

Workforce

ENDNOTES

1   Recent analyses reveal that the state requires approximately 7,950 new healthcare workers annually to keep pace with both growth and turnover within the sector. https://www.alaskahha.org/_files/ugd/ab2522_bde54b435a474ca48101c58d9239da21.pdf

2   2023 Alaska Healthcare Workforce Analysis. https://www.alaskahha.org/_files/ugd/ab2522_bde54b435a474ca48101c58d9239da21.pdf

3   National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf

4   Support technical assistance, training, and other opportunities to help safety net providers. https://health.alaska.gov/dph/Emergency/Pages/healthcare/SafetyNetDirectory.aspx

5   Alaska State Legislature — 44.25.290. https://www.akleg.gov/basis/statutes.asp#44.25.290

Area of Focus: Data

Data

The State of Alaska has the data and technology systems in place to support the resources and funding of a Comprehensive Integrated Mental Health Program.

Objective 10.1: Optimize information technology investments to improve process efficiency and enable innovation.

Objective 10.2: Encourage a culture of data-driven decision making that includes data sharing, data analysis, and management to link support services across DOH and DFCS divisions and other departments.

> **HEALTH INFORMATION TECHNOLOGY (HIT):**
> Tools and processes for data gathering and comprehensive management of health information.
>
> *Alaska Department of Health — Health Information Technologies*[1]

Optimizing the infrastructure and policy frameworks surrounding Health Information Technology (HIT) and data sharing is expected to yield substantial returns on investments in terms of funding and resource allocation.

The integration of telemedicine, alongside remote delivery mechanisms for training and education, will increase access to healthcare services directly within an individual's preferred community. This approach minimizes the need for extensive travel, thus leading to a decrease in associated expenses.

The implementation of such technologies is crucial in Alaska, where geographical challenges pose a barrier to traditional healthcare delivery. Telemedicine bridges this gap by providing remote consultations, diagnostics, and treatment options, effectively bypassing the logistical hurdles of distance and accessibility. This is especially pertinent in rural or isolated communities, where healthcare facilities may be scarce or non-existent.

Moreover, the remote delivery of training and education for healthcare professionals via these technologies ensures a continuous enhancement of skills and knowledge, directly benefiting patient care. This mode of education is not only cost-effective but also ensures a broader reach, enabling professionals in even the most remote areas to stay abreast of the latest medical practices and technologies.

The broader implementation of HIT also facilitates a more efficient and effective data sharing system. This system enhances patient care through a more comprehensive understanding of patient histories and needs, allowing for more tailored and timely interventions. The digitization of health records and the integration of various health information systems play a critical role in this context, ensuring seamless data exchange among healthcare providers.

Furthermore, these advancements in HIT and telemedicine contribute significantly to preventive care, allowing for early detection and treatment of diseases, which in turn reduces the overall burden on the healthcare system. This not only translates into cost savings but also ensures a higher quality of life for individuals, as early intervention often leads to better health outcomes.

In summary, the strategic enhancement of infrastructure and policy related to HIT and data sharing is a critical step towards improving healthcare delivery in Alaska. By embracing telemedicine and remote educational technologies, the state can effectively address the unique challenges posed by its geography, enhance the quality of care, and achieve significant cost savings. This forward thinking approach not only benefits the healthcare system but also ensures that Alaskans receive timely and quality healthcare in their communities of choice.

Objective 10.1: Optimize information technology investments to improve process efficiency and enable innovation.

a. **Strategy:** Explore utilization of innovative distance technology for treatment and training to increase access and cost savings.

b. **Strategy:** Evaluate potential technologies and solutions.

c. **Strategy:** Modernize websites to ensure information is easily accessible and relevant to the audience.

d. **Strategy:** Ensure appropriate care is taken to protect patient privacy and security when evaluating projects.

Data

Objective 10.2: Encourage a culture of data-driven decision making that includes data sharing, data analysis, and management to link support services across DOH and DFCS divisions and other departments.

a. **Strategy:** Support innovation policies and collaborative planning efforts.

DATA-DRIVEN DECISION MAKING (DDDM):

Aims to improve healthcare outcomes and system efficiency through the use of data to inform policy, drive innovation, and enhance patient care. This includes increasing the availability of data, empowering patients with access to their own health information, and using technology to facilitate secure data sharing between healthcare stakeholders. This strategy aims to improve quality, reduce costs, and prioritize patient-centered care.

Internally defined.

b. **Strategy:** Understand what data is available and streamline efficiencies.

c. **Strategy:** Ensure that data sharing and analysis efforts are accessible and relevant to stakeholder groups including patients, providers, DOH, DFCS, the Trust, and the Legislature.

d. **Strategy:** Ensure privacy and security while considering projects that include artificial intelligence components.

e. **Strategy:** Enact purpose-driven data collection and data analysis.

f. **Strategy:** Using the department's systems map, create a data-streamlining and data-sharing plan.

g. **Strategy:** Promote using Alaska-specific data whenever possible in addition to national data.

h. **Strategy:** Ensure specific data is collected, analyzed, and reported for the Scorecard to track progress and outcomes for the objectives and strategies of the Comprehensive Integrated Mental Health Program Plan.

ENDNOTES

1   Alaska Department of Health — Health Information Technologies. https://health.alaska.gov/HIT/Pages/default.aspx

DEFINITIONS

Across the Lifespan: From the prenatal period through end of life.

Adverse Childhood Experiences (ACES): Traumatic events occurring before age 18. ACEs include all types of abuse and neglect as well as parental mental illness, substance use, divorce, incarceration, and domestic violence. A landmark study in the 1990s found a significant relationship between the number of ACEs a person experienced and a variety of negative outcomes in adulthood, including poor physical and mental health, substance use, and risky behaviors-the more ACEs experienced, the greater the risk for these outcomes.

Alaska Tribal Child Welfare Compacting: A Tribal consultation policy that outlines how the department and Tribes will set annual consultation meetings and facilitate on-going communications throughout the year to develop shared goals that further the government-to-government relationship. The policy recognizes the inherent sovereignty of Alaska Tribes and sets a framework for regular communication between DOH, DFCS, and Tribes to better serve all Alaskans.

American Society of Addiction Medicine Continuum of Care: A continuum marked by four broad levels of service and an early intervention level. These levels of care provide a standard way of describing the sequence of recovery-oriented addiction services. Clinicians conduct a multidimensional assessment that explores individual risks and needs, as well as strengths, skills and resources; then, provides clinicians with a recommended Level of Care that matches intensity of treatment services to identified patient needs.

Complex Behavioral Collaborative (CBC): The Complex Behavior Collaborative (CBC) program helps providers meet the needs of Medicaid and Non-Medicaid clients with complex needs who are often aggressive, assaultive, and difficult to support. The CBC program offers consultation and training to providers and clients' natural supports, including family members.

Crisis Call Center: Alaska's 24/7 suicide prevention line at 988 or hotline 877-266-4357 (HELP).

Developmental Disabilities (DD): Developmental Disabilities cover an extensive range of conditions that impact not only intellectual aspects but also physical, cognitive, and emotional development. While Developmental Disabilities may include intellectual disability, they extend their reach to conditions affecting physical health, sensory functioning, and mental health. This broader perspective recognizes that challenges in development can manifest across various domains beyond intellectual limitations.

Intellectual Disabilities (ID): This category predominantly centers on limitations related to intellectual functioning and adaptive behaviors. Individuals with Intellectual Disabilities exhibit challenges in cognitive aspects such as reasoning, learning, and problem solving. Additionally, adaptive behaviors, which are crucial for daily living, may be affected, encompassing activities like communication, self-care, and social interactions.

Intermediate Care Facilities (ICF): A type of facility that provides comprehensive and individualized health care and rehabilitation services for individuals with Intellectual and Developmental Disabilities.

Medication Assisted Treatment (MAT): The use of medications with counseling and behavioral therapies, to provide a "whole-patient" approach to treatment of substance use disorders. MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates.

Multi-disciplinary Teams: A group made up of members with varied but complimentary experience, qualifications, and skills that contribute to the achievement of an organization's specific objectives.

Neurodevelopmental Health: The balance and interconnectivity of neuromaturation (brain and behavior) which supports the child's capacity to function adaptively.

Peer Supports: Encompass a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both.

DEFINITIONS

This mutuality often called "peerness" between a peer support worker and person in or seeking recovery promotes connection and inspires hope.

People:

- **Trust Beneficiaries:** Alaskans experiencing mental illness, developmental disabilities, chronic alcohol or drug addiction, Alzheimer's disease and related dementia, and traumatic brain injuries. For the legal definition of Trust Beneficiaries, refer to Alaska Statute AS 44.25.290.[1]

- **Children:** Persons under the age of 18.

- **Vulnerable Adults:** A person 18 year of age or older who, because of physical or mental impairment, is unable to meet the person's own needs or to seek help without assistance.

Person-Centered Model of Services: A philosophical approach to service development and service delivery that sees services provided in a way that is respectful of, and responsive to, the preferences, needs, and values of people and those who care for them. The Person-Centered Model of Service encompasses person-directed services when the person wants to direct his or her services.

Positive Childhood Experiences: A specific, established term used in public health research and intervention efforts. It refers to the set of positive and supportive experiences that can promote optimal development and well-being in children.[2]

Practice-Informed: Approaches are interventions (programs, methods or techniques) supported by some level of evidence or experience, as follows:

- **Emerging Practices** are new, innovative and hold promise based on some level of evidence of effectiveness or change that is not research-based and/or sufficient to be deemed a "promising" or "best" practice.

- **Promising Practices** are not yet formally evaluated but are identified by experts as having results suggesting they work and are worthy of further study in broader pilot implementation efforts.

- **Best Practices** have been accepted because they produce results that are superior to those achieved by other means or because they have become a standard way of doing things.

- **Evidence-Based Programs** have been formally evaluated to be effective and able to be replicated and implemented with appropriate modifications in other settings.

Primary Prevention: Refers to a regimen of programs and research with the main goal of promoting physical, behavioral, and mental health; actions, both individual and communal, people take directed at reducing exposure to a risk factor or health effect before it occurs in an individual or the population.

Screening Brief Intervention Referral to Treatment (SBIRT): A practice-informed method used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

- **Screening:** A healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting.

- **Brief Intervention:** A healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.

- **Referral to Treatment:** A healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.

System of Care: A service delivery approach that builds community-based service and support partnerships to create a broad, integrated process for meeting families' multiple needs.

Trauma-Informed/Trauma-Engaged: Used to describe approaches, strategies or services delivered in such a way as to be sensitive to trauma recovery needs and to

DEFINITIONS

avoid unintentional re-traumatization. Human service systems become trauma-informed by thoroughly incorporating, in all aspects of service delivery, an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery. A program, organization, or system that is trauma-informed:

- Realizes the widespread impact of trauma — a significant percentage of service recipients are survivors of a traumatic experience — and understands potential paths for recovery.
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system.
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices.
- Seeks to actively resist re-traumatization.
- Seeks "safety first" and commits to "do no harm."

Well Child Check-Up: A routine, check-up visit for a child may be called either: A Well-Child Check (WCC) or Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

EPSDT stands for:

- **Early:** Identifying problems early.
- **Periodic:** Checking children's health at periodic intervals.
- **Screening:** Providing screening tests to detect potential problems.
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified.
- **Treatment:** Controlling or correcting any problems that may be found.

A Well-Child Check is a time for the doctor to evaluate the whole child in-depth. Unlike a "sick visit," a Well-Child Check is a time for the doctor to look at all the factors that go into the health and well-being of a child.

ENDNOTES

1   For the legal definition of Trust Beneficiaries refer to Alaska Statute AS 44.25.290. https://www.akleg.gov/basis/statutes.asp#44.25.290

2   Prevalence of Positive Childhood Experiences Among Adults — Behavioral Risk Factor Surveillance System, Four States, 2015–2021 | MMWR (cdc.gov). https://www.cdc.gov/mmwr/volumes/73/wr/mm7317a3.htm

KEY STATE DEPARTMENTS AND AGENCIES

- Alaska Commission on Aging
- Alaska Housing and Finance Corporation
- Alaska Mental Health Board/Alaska Board on Alcoholism and Drug Abuse/ Statewide Suicide Prevention Council
- Alaska Mental Health Trust Authority
- Department of Administration
- Department of Corrections
- Department of Education and Early Development
- Department of Family and Community Services
- Department of Health
- Department of Labor and Workforce Development
- Department of Law
- Department of Public Safety
- Governor's Council on Disabilities and Special Education
- Long Term Care Ombudsman

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