Trust
Alaska Mental Health Trust Authority

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FY23 Stakeholder Budget Survey Results

May 2021

Thank you to stakeholders of the Alaska Mental health Trust Authority who completed our FY23 budget development stakeholder survey, and who have been participating in workgroups to generously share their valuable experience, expertise, and knowledge to help the Trust develop its budget. This document contains a summary of the responses received.

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Introduction

A survey was developed and fielded to gather supplemental information to help inform the Alaska Mental Health Trust Authority's (Trust) FY23 budget development process.

The 16-question survey was posted on the Trust website and distributed electronically to stakeholders by Trust program officers. In several instances, the survey was forwarded and distributed by stakeholders to their networks.

The survey focused on determining whether the Trust is working in relevant and appropriate areas of emphasis, the prioritization of current strategies, the identification of potentially new strategies, and the identification of key policy areas the Trust should consider in the FY23 budget cycle.

The survey was open from April 7, 2021 to April 30, 2021.

Who Completed the Survey?

There were 177 surveys submitted.

The affiliations of participants are listed below. A total of 163 people identified their affiliation in the categories provided below, while 23 offered written comments to clarify their response, or to list a category for their affiliation that was not provided.

Affiliation	Number
Non-Profit Providing Services/Care Coordination to Trust Beneficiaries	60
State Government	39
Friend, Family Member, or Caregiver of a Trust Beneficiary	19
Tribal Government, Corporation, or Health Organization	15
For Profit Organization Providing Services/Care Coordination to Trust Beneficiaries	15
Community Coalitions Supporting Trust Beneficiaries	9
Trust Beneficiary	4
Local Government	1
Trade Organization Representing Professionals Providing Services/Care Coordination to Trust Beneficiaries	1

Of note, there were four individuals that identified as Trust beneficiaries, and 19 that identified as friends, family member, or caregiver of a Trust beneficiary. People appeared to identify affiliation based upon their job, and in some instances, also identified as a Trust beneficiary, or friend, family member or caregiver of a Trust beneficiary. Supporting this observation, there were several people that commented that they were also parents or caregivers.

The comments were a mixture of people identifying themselves in roles such family members, consultants or contractors, advocates, teachers, or working for the university.

Support for Trust Efforts

Participants were asked to rate their level of support for the Trust continuing to focus effort and resources on its current focus areas, areas of emphases, and initiatives. Participants affirmed the Trust focus areas, emphases, and initiatives. As can be seen below, 81.2 – 87.9% of participants reported "Support" or "High Support" for current Trust focus areas, areas of emphases, and initiatives.

Focus Area, Emphases, Initiatives	% of Participants Support
Beneficiary Employment & Engagement	81.2
Disability Justice	84.1
Early Childhood, Intervention & Prevention	85.4
Home & Community Based Services (formerly called Long Term Services & Support)	85.2
Safe & Affordable Housing	84.7
Mental Health & Addictions Intervention (formerly called Substance Abuse Prevention and Treatment)	87.9
Workforce Development	83.5
Psychiatric Crisis Continuum of Care	87.3

There were a variety of comments offered when considering support for the Trust's areas of focus. The comments were positive, and in some cases offered some suggestions.

Comments related to support for Trust efforts:

- An incredible need for each of them. I think of a person for each category and see that none are more important than any other. All are desperately needed if we remember the one person we know who typifies the great need.
- Family support and caregiving?
- Safe and affordable housing - depends on the approach. Addressing homelessness using effective, evidence-based interventions I strongly support.
- The needs in AK are many.
- I really value the work of the Trust in "system development and maintenance." There are not many organizations that are positioned well to do this work. I feel that is where the Trust makes a huge impact.
- These are all very important areas and crucial to the wellness of all Alaskans! Thank you and we trust that you will continue the work!
- I believe that innovative approaches, such as support Health Tie, should be expanded.
- We have an opportunity with rescue and infrastructure monies coming to address these domains in more significant ways and hope the voice of the trust will be "loud" to help influence policy makers as funding allocations are made.

- Some Mental health clients fit well into community work, many do not. Even though it is our desire for them to outset the expense of living and expect that the individuals will be more fulfilled. Some branch into other additional Mental stress and illness symptoms due to the experience.
- Transportation and mobility to access community services.
- People need their basic needs to be met before they can successfully participate in society. Preventative wrap around supports is more cost effective than rehabilitation or institutionalization. People with all abilities should be part of the community of their choice.
- There is a severe deficit in local resources devoted to serving individuals with chronic, acute mental illness. API is only equipped to handle short stays while an individual is extraordinarily acute in their symptoms, which leads to rapid discharges, inevitable re-decompensation, and re-admission for individuals that thrive in a highly structured/involuntary setting but refuse preventative and maintenance services in the community. We also have a significant deficit in facilities' ability to manage and treat co-occurring acute mental illness with cognitive disabilities, including but not limited to autism.
- If I could pick one highest - it would be Workforce development. Alaska is in a crisis related to recruiting and RETAINING qualified DSP workers for all categories of support. We can support all the programing in the world, but if there are no qualified and committed DSPs the support won't be actualized.
- Providing Vocational Evaluations for high school Special Education students is an invaluable tool streamlining careers and self-determination. Starting early allows school to supportively assist the transition from school/training to worksite. Vocational Evals are crucial parts of adult treatment as well. Meaningful work increases sense of improved self-esteem.
- I feel Infant Learning is extremely important, having been in the field for 40+ years and seeing what good support to families can do. Alaska had a terrific program a few years ago when there was more financial support. We have the know-how, just need to go back to more financial support. Once, we had wonderful Public Health Nursing around the state, excellent statewide conferences, and strong therapeutic support in the ILP program. Much of this seems to have gone away due to decreased funding.
- The TRUST does an amazing job of assisting those vulnerable populations who would otherwise fall through the cracks. People who need help often call out in inappropriate ways and are often judged on lack of etiquette rather than the real issue they are facing. Alaska is fortunate indeed to have the TRUST's ears and eyes hearing and seeing what ultimately translates to solutions for our vulnerable populations. Thank You!
- Under workforce development, I strongly support AMHTA's efforts to fund the Alaska Training Cooperative (AKTC) which develops and provides training for mental health and addictions professionals so that they can qualify for certifications required for them to provide services to Trust beneficiaries. AKTC is also assisting my organization, the Alaska Commission for Behavioral Health Certification (ACBHC) to develop and provide Peer Support certifications and trainings required for Peer Support certification.

- This is not helpful I know, but I feel like the Trust is really focused on the key issues of concern for our beneficiary groups. I would not change a thing about your priorities, but I would say that Early Childhood Intervention and Prevention is the most important of all your current focus areas. Plus, please continue to fund the Alaska Training Cooperative as a vital investment for behavioral health workforce development.
- Trust should continue working in all of these key areas of need. Workforce development is vital as it crosses every important thing the Trust beneficiaries need, and all the Trust focus areas. Fixing the psychiatric crisis continuum is so important.
- All current Trust focus areas are critically important!

Trust Focus Areas & Initiatives

Participants offered a variety of input on current strategies and policies across the Trust's different focus areas, areas of emphasis and initiatives. Much of the content offered by survey respondents was specific to established individual focus areas or priority areas..

The responses to questions about prioritization, strategies, and key policy issues have been organized below alphabetically by focus area, area of emphasis, or initiative. In addition to prioritization ratings, specific comments from participants are included under *New Strategies* and *Key Policy Areas* for each area of focus.

Prioritization

Participants were asked to rank the current strategies the Trust should prioritize in the next budget cycle. The following strategies were ranked based on average rating scale of 1 (low priority) to 5 (high priority). They are presented in order of highest to lowest priority. The percentage of participants rating the strategy as "Medium to High Priority", and "High Priority" are also listed to provide a sense of magnitude of support.

BENEFICIARY EMPLOYMENT & ENGAGEMENT FOCUS AREA

Strategy	Average Rating (1 Low to 5 High)	% of Participants rating Strategy Medium to High Priority	% of Participants rating Strategy as High Priority
Utilize ongoing recovery (including peer and family) supports services to reduce the impact of mental health and substance use disorders	4.18	94	50
Beneficiaries increase self sufficiency	4.07	94	42
Expand resources that promote successful, long term employment for Trust beneficiaries	3.93	92	92

Increase Capacity, training, and competencies	3.92	89	39
Ensure competitive and integrated employment at or above minimum wage	3.66	86	30

New Strategies that should be Prioritized of Existing Strategies

- Ongoing recovery with support.
- I think that the Trust should create a system that includes as vital beneficiary employment.
- Increase capacity training and competences with individual transitional support in gaining life skills to integrate into the community.
- Helping beneficiaries gain long-term, stable employment will pave the way for success in other areas.
- Increase prevention efforts including nutrition, physical exercise, and socialization.
- Assessment system to accommodate individuals who don't fit the goal of being employees. Not making the proofs a rigid experience. Also allowing accommodation for entry at any age.
- Provide for access to trade, technical and higher education and therefor a broader range of work opportunities and more options for accommodation on the job
- Support services that result in beneficiaries completing education goals that lead to greater self-sufficiency and reduce poverty.
- Vocational Evaluations and small business development are missing strategies that are helpful.
- The above are excellent. Also, important to include in family and individual support and support in short- and long-term care is the food beneficiaries eat. A lower protein, whole food, plant-based lifestyle can eliminate hallucinations and delusions and help beneficiaries to successfully work.
- Although each of these strategies are important, I ordered my strategies based on the support needed to elevate an individual towards self-sufficiency.

Key Policy Issues the Trust Should Address

- Look at models which partner employers with the beneficiary. Look at employment beyond cleaning and washing dishes.
- Have training available, rather than auto placement into low paying jobs. Have alternatives other than janitorial, dishwashing, etc.
- More supportive employment and more engagement with employers to help them create and sustain employment opportunities for beneficiaries.
- There are not enough community-based behavioral health/ mental health providers and /or paraprofessionals that can assist / guide individuals with disabilities to their pathway to wellness, stability and self-sufficiency.

- Ensure competitive and integrated employment at minimum wage or above, in integrated work settings. To include part time, full time, or self-employment work.
- Early-stage entrepreneurship and startup ecosystem support. There's a number of late stage supports, but limited access for individuals to begin working for themselves.
- Work with agencies to develop supported employment for beneficiaries. Funding for Peer Support Specialist training.
- Peer Support Specialist training certification programs more widely supported for those with lived experience.
- Transportation needs of the beneficiaries to and from employment as many find the bus overwhelming or difficult and Uber is expensive.
- Meaningful long-term employment or self-employment.
- Individuals with IDD should have more opportunities to work. Current regulations make it challenging for individuals to obtain employment and sustain employment. Regulations need to be more flexible to allow individuals the opportunity to work.
- Supporting the increase of a minimum wage; strengthening opportunities for elders to work. Working with others to address the payee gap for individuals who want a payee.
- Maintain progress.
- Creation of new small businesses supporting re-entrants.
- More use of re-entry, job ready training with continual support in job retention
- More emphasis on rural resource development.
- Education, supports, and marketing employers that hire people who are beneficiaries. Access to training programs, apprenticeships, and other items that promote an increased income.
- Government support benefits that enable beneficiary employment. The current array of government supports is a disincentive to employment. Educating leadership at CMHC's or CCBHC's to understand the importance of employment in mental health recovery.
- Incentives by providing housing, stipends, etc.
- Lack of opportunities for beneficiary employment, especially during COVID.
- Implementation of evidenced based supported employment models.
- Creating opportunities for successful employment through awareness/education/resources/mediation with employers and between employers and beneficiaries.
- Employer incentives for beneficiaries in recovery.
- Revise Waiver regulations to allow for Virtual support if appropriate. Make changes permanent, not just during Covid.
- Better education offerings for in-house counselors.
- Utilize regional resources including tribal program…workforce development employment and training, tribal vocational rehabilitation, tribal council's priorities.

- Education of employers as to the benefits to themselves and the community when hiring those with Disabilities.
- Work on enhancing Employment First.
- Embody your own mission, trust disabled people, actually fund a few mental health mini grant requests, get feedback from/engage with/employ disabled and disadvantaged people yourself, focus on empowerment and self-determination of beneficiaries not on setting limits/making choices for them.
- Alaska Work Matters Taskforce.
- Including ongoing Peer Support Training into all services.
- Ensure adequate training and Barriers are lowered.
- Fixing background barrier check policies for beneficiaries with legal histories – one of biggest issues that keeps beneficiaries from finding employment.
- Developing non-Medicaid sources of funding for Supported Employment.

DISABILITY JUSTICE FOCUS AREA

Strategy	Average Rating (1 Low to 5 High)	% of Participants rating Strategy Medium to High Priority	% of Participants rating Strategy as High Priority
Re-entry	4.11	92	50
Community intervention and diversion	4.09	94	47
Community prevention	4.0	90	46
Increased capacity, training, & competencies	3.84	89	36
Systems and Policy Development	3.81	88	36
In-facility practices	3.74	91	32
Booking and screening practices	3.46	83	21

New Strategies that should be Prioritized of Existing Strategies

- So much to do in every category.
- Would like to see support of Traumatic Brain Injury (TBI) screening in DJJ/DOC involved populations. Undiagnosed TBI's can often be a contributing factor for why a person in involved in the justice system. TBI's can impair cognitive function, impulsive decision making, changes in mood/personality etc. TBI is also a risk factor for suicide. Screening for TBI's is considered a prevention tool because once someone has one TBI they are more likely to get a second, third, etc.
- adequate care and appropriate handling of mental health cases?
- I am sorry, but I do not understand some of these topics presented and how to rank them Why would someone want to prevent disability justice? Increased capacity, training, and competencies among what audience? Diversion of justice?

- FEEDBACK: not everyone knows what "re-entry" necessarily is in reference to. Next time it should be "prisoner reentry" so as to avoid any confusion and reduce potential ambiguity for some. Our reentry practices need to data driven and specific to regions... especially recidivism rates. Behavior and track record of experience allow for entry in to assist system at any age. Clients with FASD often go misdiagnosed or not recognized even though they have legal encounters multiple times, can't keep a job, or don't finish education.
- All the above are very important. Also, a lower protein, whole food, plant-based diet could be initiated in the mental health unit and encouraged or even facilitated with fresh fruits and veggies in mental health centers. Consumers often lack sufficient income to purchase fruits and veggies and are used to buying simple carbohydrates which plus medication often lead to weight gain and additional cardiac, diabetic and other medical issues.

Key Policy Issues the Trust Should Address

- Increase public knowledge of issues surrounding the disabled, and the law.
- Increase visibility of available assistance for beneficiaries who find themselves with legal issues. Increase funding for disability law services, statewide.
- Create additional reentry programs like Partner's for Progress and fund more housing opportunities for reentrants.
- Traumatic Brain Injury Screening in justice involved youth. A public communications project to educate the general public about TBI signs and symptoms and how to connect with services (they may be a beneficiary and not know it).
- Public education of the issues and advocacy for justice; public needs better understanding of the topic.
- 1. effective re-entry including institutional based discharge planning 2. connection to care post release from incarceration.
- There is a major disconnect with DOC & community-based providers including Tribal Vocational Rehabilitation, Behavioral Health/Mental health providers. From what I've seen there is NOT information about what services/treatment is available to trust beneficiaries that are incarcerated and there is zero re-entry planning. All the services potentially available to individuals is fragmented and intensive case management is needed initially to stabilize a recently released individual into safe/affordable housing, Intensive Outpatient treatment, family supports, CSSD and other.
- Healthy Equity.
- Data that demonstrates efficacy of community treatments and services that enhance successful reentry at the local level is sparse or non-existent. It seems systems gather the information in some form, but data that informs community resource decision generated from the data inputs is not available. This is a policy issue that should be addressed.

- Housing for people with prior/current justice involvement.
- Therapeutic Courts and Reentry Services, Coalitions are essential in reducing recidivism. Getting into a drug court or mental health court should be streamlined.
- Rural awareness and access to services.
- FASD!!!
- Diversion and re-entry.
- Access to supports and services - the Developmental Disabilities registry is a travesty and people who qualify for supports should not have to languish on a "wait list".
- Individuals with IDD unfortunately go into the correctional system too frequently and it is difficult to get them the adequate help they need to remain in the community.
- Maintain progress.
- Keep access for those with limitations. More crisis intervention teams to supplement law enforcement and EMS.
- Enabling higher degrees of policy support around access.
- I think that the current services available to beneficiaries are adequate. I believe the problem is the beneficiaries and providers are not aware of the resources available.
- Provide easy access to psychiatry/neuropsychological exams.
- Ensure adequate screening and availability of treatment for individuals who are being held in jail -- especially for those who treatment is a better, but not available, alternative.
- Improved protection and immediate response and intervention for neglect/abuse complaints - children (OCS) and aging. Improved screening methods for prison employees via DJ.
- Increase in-facility mental health services.
- Better communication and information of services, grants, and assistance available to the disabled. Perhaps notices in the Homer News?
- Recognize and require regional tribal reentry services are utilized.
- Ensure education of law enforcement professionals as to the difficulty experienced by those with disabilities.
- Addressing systemic racism and disproportionate minority contact
- Any policies that de-criminalize addiction.
- High rates of Alaska Natives incarcerated.
- Fixing background barrier check policies for beneficiaries with legal histories - one of biggest issues that keeps beneficiaries from finding employment upon re-entry into the community. We need more visible data from the Disability Justice system - Courts system and Corrections - especially suicide data from Corrections.
- Promotion of deflection and diversion programs as well as reentry supports.

EARLY CHILDHOOD, INTERVENTION & PREVENTION PRIORITY AREA

Strategy	Average Rating (1 Low to 5 High)	% of Participants rating Strategy Medium to High Priority	% of Participants rating Strategy as High Priority
Reduce instances and impact of Adverse Childhood Experiences (ACES)	4.40	94	64
Ensure accurate identification of social emotional needs for children and their caregivers.	4.24	97	49
Promote practice-informed, universal screening efforts and early intervention services	4.18	94	50

New Strategies that should be Prioritized of Existing Strategies

- Social and emotional self-regulation is major protective factor for many injuries and violence and supporting the teaching of these skills to children should be a priority.
- Protect the young help the young.
- School-based mental health and wellness services.
- Community wide, school based and parent education and skill building to reduce likelihood of positive compassionate parenting and support for children to reduce incidence of abuse and make early identification of trauma more likely.
- Early identification i.e. autism spectrum disorder is key for children, parents and caregivers. Seeds of the future lifetime of success.
- Caution needs to be used as sometimes early intervention services lead to increased medication for young children when other interventions may be more appropriate.
- Coordination with school counselors and psychologists. Partner with Department of Education to increase screening and referral resources for parents. Child abuse awareness and prevention campaign and education. Partner with Office of Children Services.
- Systems and policy development is extremely important for this focus area, including data collection.

Key Policy Issues the Trust Should Address

- Access to early childhood mental health.
- Preventing child maltreatment & neglect Promoting self-sufficiency.
- All daycares and preschool staff trained in child development and in age-appropriate interactions.
- Train early childhood workers to identify concerns. Support pediatric education initiatives.
- The Children's Team at DBH is significantly understaffed and they have been vital to system changes and improvements. Currently, the Division is undergoing a DOJ

investigation. Consider funding a children's SME with the Division to move forward the Trust's initiatives, to make system improvements and potentially, to respond to a correction action plan (if there is one).

- increased universal access to affordable, high quality childcare and pre-school.
- Invest in home visiting programs which are evidence-based ACE's prevention programs and the training the home visitors receive to communicate with high-risk families. Supporting projects that increase protective factors in children/youth across the state.
- We need a comprehensive program or programs in our state to address the needs of the young. Early childhood education, preschool, elementary and middle school counselors trained in appropriate issues, and supportive local college advanced level programs to provide adequate training for adults involved.
- More prevention focus on families and community wellness.
- Prevent ACEs
- Not my expertise. But ACE's is a big issue, also supporting community-based programs with a consortium of agencies that have a track record of success with early childhood intervention and prevention. Perhaps looking at what has worked and funding pilot projects in remote areas.
- Access to behavioral healthcare - the whole continuum for children
- Home visiting (e.g. NFP, nursing, behavioral health) for kids and their caregivers
- Continued Early Childhood mental health consultative supports - perhaps expansion for more community-based programming.
- Coordinated State governance to maximize the effects of investing in early childhood.
- More school based and community-based programs for children, training for parents. Practical ways to increase social emotional learning.
- Rural awareness and access to services.
- 1. Universal Pre-K/Strong continuum of early childhood education 2. Reproductive Health/Family Planning 3. Poverty.
- Families are struggling to obtain behavioral intervention services (ABA) for their children other than through the school or in Anchorage.
- FASD!!!
- Free preschool 3-4 years of age.
- Training for educators.
- Screening at doctor visits, ILP, universal preschool
- I have witnessed children with complex medical conditions receive early childhood intervention including PT, OT and speech therapy and the child was able to meet typical milestones. I am in full support to continue the option for early intervention as it can make a huge difference in the child’s life.
- Increase early intervention and hopefully address more issues at the root to help reduce needs and negative experiences of adults.
- Increase early intervention of those at risk. Increase resilience programs and conventional studies.
- Universal screening in schools. Allocate state funding to school-based mental health services on a larger scale and ongoing, targeted to higher ACEs districts.

- FASD prevention, and supportive services.
- Research is clear, increase resources and support to prevention and intervention efforts along the early childhood spectrum.
- Overarching community and parent education to support health relationships and prevention of abuse and trauma.
- ACES should be universally endorsed.
- The early years are the most important to establishing a healthy, prosperous future! Easy access to care/services.
- Sharing of universal screening data throughout all interested medical/state parties (common data system).
- FASD.
- Education/training resources for families in coping strategies and mechanisms for supporting and nurturing a child experiencing a disability.
- Continued efforts with Educational/Therapeutic support for Emotional learning skills
- Support localized programs, especially those that may be unique to a village or region. Be creative and culturally inclusive.
- Shift resources away from ILP programs and back to elder resources.
- Coordinate with regional Head Start tribal programs, tribal childcare and daycare services and identify regional childcare needs ie. ICWA.
- Systems planning and data collection.
- Including Family to Family Support in all services
- Lower ACES
- Universal Screening - work is underway but is extremely vital to ensure it happens.

HOUSING & HOME AND COMMUNITY BASED SERVICES FOCUS AREA

Note: In Trust budgets before FY22, this area was known as Housing & Long-Term Services and Supports.

Strategy	Average Rating (1 Low to 5 High)	% of Participants rating Strategy Medium to High Priority	% of Participants rating Strategy as High Priority
Beneficiaries have safe, stable housing with tenancy supports	4.33	96	57
Beneficiaries access effective and flexible person-centered HCBS	4.21	94	50
Housing and Home & Community Based Services (HCBS)Policy Coordination and Capacity Development	4.07	92	46
Institutional diversion and return to community	3.94	87	42
Optimize information technology and data analytics	3.6	83	30

New Strategies that should be Prioritized of Existing Strategies

- Only when people have a door, they can choose to close will they feel confident to open and invite someone to come in. With safe housing comes socialization. Ending isolation is a key to higher self-esteem and opportunities for happiness.
- Flexibility related to HCBS will not occur without changes to Alaska's waiver. Flexibility will lead to cost savings. For example: Change the waiver regulation that requires Supported Living to be provided 1:1. Return to the time when Supported Living could be provided in a Group setting. It may better meet the needs of some recipients, while also reducing the need for higher staffing levels.
- The data on high utilizers of DOC, API, and hospitals exists, as well as the data on chronic homelessness. Efforts to coordinate responses based on this data hit resource and capacity limits that minimize the value of continuing to aggregate and share this information. While information systems are critical to ensuring ongoing funding and interagency cooperation, information systems must take a secondary priority to increasing capacity to address acute cases.
- Good strategies. Also including option of whole food, plant-based lifestyle would be important.
- Coordinate with tribal health systems in rural areas to develop home and community-based services for elders. Work with Division of Senior and Disabilities Services to develop a system of HCBS that works for rural communities. There are currently NO ALI Waiver services available in most of Western Alaska due to lack of certified providers and care coordinators. Workgroup to develop a system of HCBS that work for rural Alaska and is able to provide support for elders and families who live in rural Alaska.

Key Policy Issues the Trust Should Address

- Housing and support for families, especially those with young children.
- Increase supportive housing that blends independence and safety.
- Great need for support for housing for individuals with TBI.
- More stable and affordable housing in more locations that would permit public transportation and employment and that are safe and "decent" in quality.
- If this includes homelessness, move toward effective, evidence based and data driven practices.
- Housing, Home and Community Based services is a maze to trust beneficiaries. Again fragmented information about what services are potentially available, Indian Housing Authorities in each region differ and the application process and eligibly requirements are confusing.
- Home Modifications Comprehensive Home Surveys, e.g., HomeMAP Fix the broken E-Mod Waiver program Nursing Home Transition and Diversion.
- Support for a continuum of services for homelessness to housed.
- Increase housing supports for transition age youth.

- We need more affordable housing for hard to house populations. Low barrier shelters and peer support.
- Funding for this is very limited. If a family has been doing a good job with their teen, that young adult can't get the Waiver support that would permit them to move to a semi-independent setting. There are 830 people currently on the wait list for services. The state draws 50 per year. Teens who are not struggling don't get pulled from the list and they have been looking forward to moving out of their home like their peers are doing when they finish high school.
- Assisted home.
- Housing in local communities, increase accessible housing stock.
- We have allowed funding sources to define our philosophy of support- would love to see funding sources be a tool and not a restriction to self- determined lives. Would love to see concerted effort to move away from medical model thinking and practice and more alignment with the DD shared vision in policy development and practice.
- We have insufficient housing to meet the needs of our community. Even if we are able to provide a person with a place to live we do not have sufficient resources to teach a person how to be housed well. How to build a new community and be connected in a new place.
- Increase in low-barrier supportive housing -increase in affordable housing.
- Housing Advocacy Strategies that assist people in obtaining permanent housing and providing supports to individuals in their homes. Need more smaller community-based homes or Assisted Living Facilities that specialize in dementia and behaviors of elders to strengthen supports and quality of life for elders who experience dementia or Alzheimer's.
- Maintain improvements and gains.
- Support of permanent supportive housing.
- Increase training and support for counselors to find and keep housing
- Stable housing is an important stage to begin the process of all other benefits. There are many mental health issues that co-occur with substance abuse, they end up in emergency shelters, using homeless services; having tried self-medication not understanding what is wrong.
- More rural housing for those with disabilities.
- I see this as less of a need if early intervention is increased.
- There seems to be a major gap in the area of employment and HCBW Services. If an individual does not meet qualification for DVR services for Job Search and Development, the person can access the Medicaid Waiver. The Pre-Employment support through the waiver is known to be a once in a waiver life waiver with possible exceptions to that rule, but it is only for 90 days. Sometimes it will take people more than 90 days to find the right job. There needs to be a support that is in the waiver for Job Search and Development without a cap on days and can be requested as needed.
- Any long-term housing program should include plans for persons to achieve independent housing. Lifelong treatment in residential facilities should be re-examined

with the thought in mid that many persons can achieve independent living and should have to opportunity to do so.

- Provide access to services for those that do not meet Medicaid income limits but not enough to create a Millers Trust to establish Medicaid, otherwise known as lower-middle class.
- Continued Medicaid funding and reimbursement, with no decreases.
- Decrease in housing incentives for entitled and those who abuse system.
- Support Agencies who are providing housing as part of service plans.
- Abuse of the system.
- Ensure availability of housing for all in regional hubs for male safety, reentry individuals, elderly care.
- Continue to provide for supports in this area.
- The Trust has a wonderful opportunity to lead Alaska, the U.S., and the world in recovery for persons with bipolar disorders and schizophrenia. Many people can recover with a lower protein, whole food, plant-based lifestyle. "RECOVERY FROM BIPOLAR DISORDERS AND SCHIZOPHRENIA: MY BROTHER'S STORY, RECOVERY OF OTHERS, RESEARCH AND MODEL PROGRAMS FROM AROUND THE WORLD" gives more information. The digital book is available at BipolarDisordersRecovery.com Shirley Saucerman, M.D. Nutritional Psychiatry, Anchorage.
- Technology integration into services, increasing leadership of people with lived experience.
- Lack of availability!
- Ensure statewide access and availability of home and community-based services for all Trust beneficiaries.
- Help individuals own and maintain their homes.
- Address barriers to housing for Alaskans with mental health concerns who are re-entering their community.
- Healthy, therapeutic, and/or supported tiny home villages.
- More Transitional Housing for reentrants
- Developing housing alternatives for individuals currently in Assisted Living Homes
- Alignment of Shared Vision with actual services Support for Person Directed Services Ongoing remote services supported by SDS.

MENTAL HEALTH & ADDICTIONS INTERVENTION FOCUS AREA

Note: in Trust budgets prior to FY22, this area was known as Substance Abuse Prevention & Treatment.

Strategy	Average Rating (1 Low to 5 High)	% of Participants rating Strategy Medium to High Priority	% of Participants rating Strategy as High Priority
Ensure Alaskans have access to comprehensive crisis services and supports	4.56	99	68
Improve treatment and recovery support services	4.39	96	60
Increase awareness, improve knowledge to prevent drug and alcohol misuse	3.90	90	39

New Strategies that should be Prioritized of Existing Strategies

- Harm reduction and syringe exchange services are needed education is covered well, education alone does not bring about behavior change.
- If substances abuse can be identified earlier perhaps children will not be born of unhealthy parents. Allow Developmentally Disabled to make health decisions, such as birth control or sterilization, the choice to have no children or one, so as to have a fulfilled life with less stresses.
- Ensure Alaskans have access to low barrier mental health treatment services, before they are in crisis. School-based mental health and wellness services for children and youth, for prevention and early intervention.
- Substance abuse is currently well funded through State and Federal grants.
- In Bush Alaska communities it is very difficult to deal with substance abuse, sexual abuse, and to support health and sobriety. Telehealth is better than nothing but not much. Children removed from parental care sets up a vicious cycle of attachment disorder which I found to be the key issue for chronic homeless public inebriates with 18 average Treatment attempts.
- Systems and policy development is extremely important for this focus area, including data collection.

Key Policy Issues the Trust Should Address

- More in-patient treatment facilities and transition supports to out-patient.
- Support evidence-based practices.
- More public communication to various ages, populations about risks of Substance Misuse; encourage diversion from incarceration when appropriate.
- Harm reduction services, low threshold centers, syringe exchange.

- There never can be enough Mental Health & Addictions Intervention programs/projects. Again, find out what has worked well and fund or solicit projects in the rural areas of Alaska where jobs & resources are scarce.
- Ease of reimbursement for Tobacco Cessation for BH providers. Advocate for reimbursement for integrative care models.
- Continue to work on a complete continuum of care
- More home-based services.
- Family education and reducing the impact on the family structure (trauma impact)
- Mental Health supports in schools - specifically during summer months when school is not in session and access is thereby decreased for many students.
- My heart for this is to get individuals into treatment within 24 hours of their choice to get clean. Removing barriers to detox... seamless services and peer driven supports.
- Rural awareness and access to services
- Higher reimbursement.
- More SEL and behavioral health education in K12 curriculum; more education about generational trauma; cultural resilience; more integration of cultural knowledge into K12 curriculum as wellness and prevention.
- Alcohol should be primary. Focus on prenatal care and early intervention for children and mothers.
- Our state does not have the resources to properly support people with recovery. We do not have sufficient capacity for detox and early recovery support let alone people with mental health concerns who may be cross addicted.
- Advocacy around multiprong interventions and treatments such as the mobile crisis unit. Continued advocacy around the identification of the treatment gap.
- Maintain progress.
- Additional resources for addiction treatment in the state.
- Detox on demand.
- Age of consent to treatment, this is a significant issue where youth are unable to access care (many states are addressing this as a suicide prevention strategy - Alaska's youth suicide rates are a compelling reason to work on access to care).
- More inpatient treatment beds, and more assistance with rural re-entry.
- Interventions should be community based, such as, CIT.
- Alaska does not have enough access to mental health & addiction interventions, especially one that is affordable. Raising the number of state-allowed beds per facility.
- Integrated primary care.
- Treatment availability and options.
- Funding of non Medical assisted treatment as option for those who opt out of replacing illegal drugs with legal ones. Most are faith based. DETOX CENTER GRANTS/Incentives
- MORE programing, less wait times.

- Support tribal cultural and traditional healing and treatment methods supported
- Promote medication assisted treatment for substance abuse.
- There should be better treatment for individuals who are coming out of corrections centers.
- Transition our Medicaid system to managed care.
- Increase Peer Support positions in each treatment facility.
- Treatment in DOC.
- The Title 4 Alcohol statute revision is important. Drugs/opioids are an issue for Alaska, but the administration/legislature has a blind spot to alcohol - need a road map for needed alcohol policy changes outside of Title 4 rewrite. Alcohol is a much bigger issue than drugs. Need some sort of policy work balancing public health strategies vs. economic development and alcohol. Tough to pass, but statewide alcohol tax increase is needed. Work identifying key policy issues needed to address Suicide and TBI. Increased transparency of DHSS and divisions around programing and policy decisions - policy work around improving data access, transparency and sharing (especially around 1115 waiver). Policy work around broadband infrastructure/access and telehealth to improve access to care.
- Promotion of integration of Peer Support into service system.

WORKFORCE DEVELOPMENT PRIORITY AREA

Strategy	Average Rating (1 Low to 5 High)	% of Participants rating Strategy Medium to High Priority	% of Participants rating Strategy as High Priority
Ensure a stable, sustainable statewide network of behavioral health providers is available to serve Alaskans with behavioral health needs	4.50	97	68
Expand and enhance training and professional development opportunities for all healthcare and behavioral health professionals	4.24	96	49
Support curriculum development and the training of health professionals to ensure they learn, enhance, and update essential knowledge and skills	4.09	94	47

New Strategies that should be Prioritized of Existing Strategies

- Within mental health there is a significant shortage of mental health professionals, especially, in rural areas. With the implementation of the 1115 waiver and need for EBPs and PPs, it is essential that the workforce shortages are addressed.

- Support of home visitor programs who interact and provide services for high-risk families should be a priority. For example, Facilitating Attuned Interactions training for home visitors should be supported as home visiting is an evidence-based approach to reducing adverse childhood experiences which contributes to poor mental health.
- The need can't be overstated in this area.
- Continue to support the AKPIC Psychology Internship program. This program is an exemplar of success and has helped us recruit and retain amazing professionals.
- Promote the use of access to virtual behavioral health care from providers outside of Alaska. Policy change is needed for this.
- Raise awareness of the employment opportunities that exist for youth who are seeking education and careers in Alaska, in heath and behavioral health care.
- Ensure that Medicaid rates are high enough that direct service agencies are able to pay competitive wages to attract candidates into this work; this would be an excellent workforce development strategy.
- We have a critical shortage of health and behavioral health professionals in Alaska and many providers having long term vacancies and/or are relying on traveler staff; in the short term we need increased funding and supports to recruit and retain professionals to these vacancies; long term Alaska needs to grow the number of Alaskans able to join this workforce as they are most likely to have longer term commitment to communities, have cultural competency in working with Alaska Native beneficiaries, and stay local long enough to create meaningful therapeutic relationships.
- Cultural competency training that focuses on all cultures, all races and all ethnicities.
- There is no Retired LPC credentials. The cost of maintaining LPC with no employer is very prohibitive. With my PFD do I renew LPC or buy tires? Daily safety won out. Without LPC I am not qualified to do my life's work. So I am home vegging out getting depressed.
- But this doesn't address Alaska's recruitment challenges.
- The power of food to prevent and reverse many chronic diseases is increasingly being recognized. A lower protein, whole food, plant-based lifestyle can reverse bipolar disorders and schizophrenia for many individuals. An evidence based long term medical study of 10,000 individuals over more than 30 years is exceptional as well as individuals and a community right here in Alaska. The Trust could be a leader in transforming our mental health system in Alaska, the U.S. and the world. Too many families cannot live with loved ones because of safety considerations. A lower protein, whole food, plant-based lifestyle can rapidly transform many people. Community support is very important ideally through a physical community, but also social media can be utilized. I saw thousands of times with my own brother the dramatic change after two days of a lower protein, whole food, plant-based lifestyle. He was like himself before he was ever diagnosed with schizophrenia or a bipolar disorder. Community is needed to help people continue on a whole food, plant-based lifestyle. My digital book "RECOVERY FROM BIPOLAR DISORDERS AND SCHIZOPHRENIA: MY BROTHER'S STORY, RECOVERY OF OTHERS, RESEARCH AND MODEL PROGRAMS FROM AROUND THE WORLD" is available

at BipolarDisordersRecovery.com Shirley Saucerman, M.D., Nutritional Psychiatry, Anchorage.
- Support recruitment, retention and training of Direct Service Providers.
- Focus on the workforce for I/DD and not only for behavioral health.

Key Policy Issues the Trust Should Address

- Affordable training for direct support professionals.
- Access/continued access to training for DSP's that is low cost/free and high quality to assist in DSP workforce professional development.
- Create certification for community behavioral health and ILP workers . Use the existing competency manual as a framework. Would like to see something similar to CNA/PCA level of training, which teaches interaction with consumers in their own home and in the community, as well as ongoing safety assessment.
- Fund a project to figure out how we can successfully change the behavioral health workforce trajectory. What we have been doing is not working or not enough, and has resulted in long wait lists and access issues for those in need of care.
- Ensure opportunities for qualified professionals; focus on ensuring appropriate pay and compensation re: education, credentials.
- Real efforts to help retain and attract talent to Alaska, increase support for DHSS partnership focused on this.
- Continue to support funding for AKPIC Psychology Internship Program. Continued development of Peer Supports.
- Development of a pipeline to provide AK with the providers we need (even out of state access to providers).
- Support innovative solutions to youth workforce development. Support workforce readiness for the career fields that are developing in Alaska. Support Alaska V3 - www.akv3.com
- I would like to see the waiver process streamlined (we want to hire people with histories) Really market the fair chance or second chance employers (rather than felon friendly) Elevate the process to competitive employment.
- Support after employment. Regular interaction with beneficiary.
- Increase workforce for all trust beneficiaries.
- People need better training to provide services.
- None of us can deliver mission without a skilled and committed workforce. Providers feel "in crisis" currently with no clear path to resolution. A "full court press" is needed in this domain for any other to succeed. We would love to expand mental health and autism supports knowing the demand is there, but do not have sufficient workforce to accomplish the initiatives we've outlined.
- We need qualified DSP's. I am in full support of an accredited DSP program.
- Anchorage has an insufficient workforce to meet its demands. The heavy administrative burdens of the funding systems divert resources to ensure regulatory compliance

instead of being spent on increased wages and benefits, hiring, training and developing staff.

- Maintain progress.
- Increase and support staff education.
- Some people fit some do not it not a reasonable requirement for receiving support
- Increased Medicaid rates would enable providers to pay more, attract candidates with a competitive wage and benefit package, and provide additional support to prevent burnout and turnover, which increases quality of care. It serves no one to try to keep providers on as thin of a budget as possible and direct service provider wages down.
- Increase training for all professionals in the health, social service and public safety sectors on how to assist people living with dementia.
- increase in number of Alaska health and behavioral health providers to better meet community need.
- It should be the focus of our efforts to assist beneficiaries to enter the workforce as a means of recovery from mental illness and to escape poverty.
- Another incentive package opportunity.
- Promote reimbursable caregiver and direct service provider training opportunities. Provide incentivized career path to these opportunities at an earlier age, and State-provided education on caring for the elderly and disabled.
- A sufficient workforce.
- Awareness of employers for helping individuals with disabilities be successful employees.
- Increase Recruitment strategies statewide.
- Subsistence is an employment option like self-employment. Develop needed service of PCA, job coaching, supportive employment, DVR Community rehabilitation providers, in regional service areas.
- Certification for Direct Support Professionals
- Set standards for Care Coordination limiting caseloads, revising certification requirements, and provide reimbursements for travel to rural areas.
- Enhance the workforce for I/DD population.
- Continue to support the peer workforce.
- Peer Support Training scholarships.
- Trainings continue through Training Cooperative.
- Continued support of policy supporting WFD strategies around retention, recruitment and growing our own. Livable wages for DSPs. Great work on Peer Services - more policy work around barrier crimes and reimbursement.
- Ensure statewide ongoing professional development and continuing education
- Peer Support, Psychiatric Nursing, Psychiatric telehealth.
- Recruitment of staff (particularly DSP's).

PSYCHIATRIC CRISIS CARE SYSTEM REFORM PRIORITY AREA

Strategy	Average Rating (1 Low to 5 High)	% of Participants rating Strategy Medium to High Priority	% of Participants rating Strategy as High Priority
Develop a continuum of community-based crisis intervention services to support beneficiaries in community settings whenever possible.	4.42	95	68
Ensure Alaskans who encounter the continuum of care are universally screened for behavioral health conditions and suicidal ideation.	4.25	97	49

New Strategies that should be Prioritized of Existing Strategies

- Supporting the Crisis Now model and the implementation of the 1115 waiver services is very important if we ever hope to stop the cycle of jail, homelessness and API.
- What coordinated program do we have?
- Support early intervention and first responder supports for individuals encountering the continuum of care.
- Staff who work with mental health and or developmentally disabled individuals need training and support for front line direct service staff, not admin who seem to attend.
- Peer Respite has proven to be an effective low-cost crisis support service.
- Bush Alaska is very very difficult. Not a lot of 12 Step Meetings. Not a lot of Talking Circles. Not very many services available locally. If at all. Bush residents hesitate to go for extended training as their children are subject to bullying and stress in big city schools that are very upsetting to kids and parents.
- We need services that provide support for people with a dual diagnosis that experience a mental health challenge and a developmental disability.
- Engaging rural communities in developing crisis response options and infrastructure.

Key Policy Issues the Trust Should Address

- More mental health responders for crisis calls instead of police.
- Make sure that law enforcement, education professionals and others who deal with consumers are aware of crisis care's availability and importance.
- Continue to focus on the Crisis Now Model - Good job so far!
- Work on care coordination between API and community services and post-release supports to help avoid revolving door of readmissions.
- Telemedicine for rural and remote communities Access to help lines (call, text)
- Much like housing, mental health and BEE trust beneficiaries linked into the psychiatric crisis often do NOT receive the need community-based care & intensive case

management that is needed, also housing. This causes the recidivism and lessons the individuals chance from getting out of crisis and stabilizing.

- Medevac Parity- Medicaid & other insurance reimbursement for medevacs for Psychiatric Crisis.
- Continue Crisis Now work.
- Psychiatric intervention for young children.
- Crisis Now services with 23-hour stabilization and enough time for someone to reach a therapeutic dose of medication for Bipolar mania or depression. 7 days isn't enough time. We need therapeutic services across the state with more regional services including rural solutions.
- Rural awareness and access to services.
- Psychiatric crisis hotline or intervention department with reliable response. Not calling 911.
- Better transitions of care from providers.
- access to care in all communities, crisis care.
- Individuals with challenging behaviors with a primary diagnosis of IDD often times get bounced in and out of psychiatric facilities, but there is no real change in the behaviors or the individual benefiting from the care. It would be great to see more of a collaboration between the mental health and IDD worlds to assist these individuals in being able to live in the community.
- You are already doing great work in the area. Continue to identify those treatment gaps and ways to support individuals at their various levels of crisis.
- Maintain progress and improvements.
- Increase crisis team and safe short term respite care for the indicated client/patient and their caregiver.
- More support for rural providers that are providing stabilization admissions in critical access hospitals.
- Behavioral health waiver approved but no providers of it when it comes to in home support so many recipients have longer stays in API for lack of supports in their communities or return because of simple things that could be avoided such as medication management.
- The current continuum is too heavily incentivized to keep people in care for the duration of their lifetime. The CoC would be better for beneficiaries if independent living, employment and community inclusion were the desired outcomes. It would be nice to not need to send Alaskans out of state!
- Crisis Now model in Southeast Alaska specifically.
- Community psychiatric response support for police and other first responders.
- Increase collaboration with policing agencies to better support people in crisis during police engagement.
- Pre-determined follow-ups of patients including their mental status, financial status, housing situation, safety concerns, etc.
- Develop assistive living residential temporary housing to transition to rural village.

- Utilizing food as medicine in a crisis setting could aid in community supported recovery. BipolarDisordersRecovery.com
- Rural systems, Zero Suicide implementation.
- Better access to Mental Health Professional.
- Continue focus on Crisis Now model implementation.

Abbreviations

ABA	Applied Behavioral Analysis intervention services
ACES	Adverse Childhood Experiences
AKBHC	Alaska Behavioral Health Certification
AKPIC	Alaska Psychology Internship Consortium
AKTC	Alaska Training Cooperative
ALI	Alaskan's Living Independently Medicaid waiver services
API	Alaska Psychiatric Institute
BEE	Trust Beneficiary Employment & Engagement focus area
BH	Behavioral Health
CIT	Crisis Intervention Team
CCBHC	Certified Community Behavioral Health Clinic
CMHC	Community Mental Health Center
CAN	Certified Nurse Assistant
CoC	Continuum of Care
CSSD	Child Support Services Division
DHSS	Department of Health and Social Services
DJ	Trust Disability Justice focus area
DJJ	Division of Juvenile Justice
DOC	Department of Corrections
DOJ	US Department of Justice
DSP	Direct Service Professional
DVR	Division of Vocational Rehabilitation
EBP	Evidence Based Practice
EMS	Emergency Medical Services
FASD	Fetal Alcohol Spectrum Disorder
HCBS	Home and Community Based Services
HCBW	Home and Community Based Waiver program
Health Tie	A workforce development innovation program that is a bridge between health and human service organizations and innovative entrepreneurial partners.
ICWA	Indian Child Welfare Act
IDD or I/DD	Intellectual or Developmental Disability
ILP	Infant Learning Program
K12	Kindergarten through Grade 12 educational programming

LPC	Licensed Professional Counselor
MH	Mental Health
NFP	Nurse Family Partnership
OCS	Office of Children's Services
PCA	Personal Care Attendant
PFD	Permanent Fund Dividend
PP	Promising Practice
PreK	Pre-Kindergarten educational programming
PT/OT	Physical Therapist/Occupational Therapist
SDS	Division of Senior and Disabilities Services
SEL	Social Emotional Learning
SME	Subject Matter Expert
TBI	Traumatic Brain Injury
WFD	Workforce Development
Zero Suicide	A framework to improve and transform healthcare systems suicide prevention response.