

FY22/23 Stakeholder Budget Survey Results

June 22, 2020

Thank you to stakeholders of the Alaska Mental Health Trust Authority who completed our FY 22/23 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 16-item survey was developed and fielded to gather supplemental information to complement the FY22/23 stakeholder budget workgroups.

It was posted on the Trust website and distributed electronically to stakeholders by Trust program officers. The intent was to use the survey to reach beyond the core group of stakeholders actively engaged in the FY22/23 budget development work with program officers.

The survey focused on determining whether the Trust is working in relevant and appropriate areas of emphasis, prioritization of current strategies, identification of potentially new strategies, and the identification of key policy areas the Trust should consider in the FY22/23 budget cycle.

The survey was open from May 29, 2020 to June 15, 2020.

Who completed survey?

There were 61 surveys submitted.

The affiliations of participants are listed below. The top four affiliations are from state government, non-profits providing services or care coordination, community coalitions, or the University of Alaska.

Of note, is that there were no survey respondents that identified as being from Tribal Government. This is a result of a labelling error in the construction of the survey question. The survey item should have been labeled "Tribal Health Organization". While unfortunate, we are confident that we are receiving input from representatives of the Tribal Health Community through the active stakeholder work groups being facilitated by Trust program officers.

Affiliation	Number
State Government	21
Non-Profit Providing Services/Care Coordination to Trust Beneficiaries	18
Community Coalitions Supporting Trust Beneficiaries	10
University of Alaska	8
Friend, Family Member, or Caregiver of a Trust Beneficiary	3
Local Government	2
Trade Organization Representing Professionals Providing Services/Care Coordination to Beneficiaries	2
For Profit Organization Providing Services/Care Coordination to Trust Beneficiaries	1
Partner in Philanthropy	1
Trust Beneficiary	0
Tribal Government	0

* Totals in this table add up to more than 61. Some participants reported more than one affiliation.

Support for Trust Focus Areas, Areas of Emphases & Initiatives

Participants were asked to rate their level of support for the Trust continuing to focus efforts and resources on current focus areas, areas of emphases, and initiatives. Trust focus areas, emphases, and initiatives were affirmed by participants. As can be seen below, 90 - 94% 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	94%
Disability Justice	90%
Early Childhood, Intervention, & Prevention	94%
Long Term Support & Services	92%
Safe & Affordable Housing	94%
Substance Abuse Prevention & Treatment	94%
Workforce Development	92%
Psychiatric Crisis Care System Reform	92%

General Themes

Participants offered a variety of input on strategies and policies across the different focus areas, areas of emphasis and initiatives. Much of the content offered was specific to each of the focus areas or areas of emphasis, making it difficult to identify common themes. A few areas that were mentioned more than once across areas:

- Support for integrating efforts across beneficiary groups and areas of emphasis.
- An interest in more emphasis upon efforts addressing brain injury or brain-based disorders (i.e., Fetal Alcohol Spectrum Disorders).
- Addressing racial disparities across systems – especially the criminal justice system.
- Increasing access to a variety of services and supports across focus areas, areas of emphasis, and initiatives – treatment and care coordination, crisis services, affordable housing, and supported employment, and training.
- Continued need for Workforce Development across the continuum of care and services.

In addition to their ratings of support, participants offered the following comments in support of the Trust's work:

- “While there are a number of housing options available with vouchers, we still continue to experience difficulty getting criminally involved individuals with open criminal cases into housing. Any housing. If landlords would be willing to allow individuals with open criminal cases rent AND have the support (of therapeutic courts) this would greatly aid with supporting and monitoring people in their own housing (versus having to wait until a criminal case has closed). Interestingly, during the COVID-19 crisis a number of Trust Beneficiaries (with open criminal cases) that we work with have obtained employment. Please continue to support employment efforts for Trust Beneficiaries.”

- “We in the Human Services department at UAA have found conferences for substance use disorder to be an effective method for reaching all three groups of people. Thank you for your previous support. We will continue to address skillful preparation of those entering the field and those already in the field.”
- “Workforce underlies every category - without qualified workforce, none of those systems function well”
- “DVR and DOL/Alaska Works could take the lead on workforce development and employment for Trust beneficiaries. Operational funds for behavioral health and housing programs continues to be an emergency in communities across Alaska, regardless of size. For the next few years at least, communities need operational support (beyond pilot programs) to provide programs with real outcomes. During that time of sustaining operations, which wouldn't need to last forever, more Trust support could go toward training the AK service workforce to find and win SAMHSA and HUD grants--as well as specific advocacy for Alaska's needs with those two agencies.”
- “I work with brain injury survivors and they would benefit from many of these items.”
- “Employment is the underpinning of a lot of these areas, so if I had to choose one area it would be anything around supporting beneficiary employment and workforce development.”
- “The Trust has led Alaska in its efforts to prevent and divert Beneficiaries from entering the criminal justice system and working to transform the criminal justice system to so that Beneficiaries receive the care they need. Institutional, system-wide change is a slow and often frustrating process - but thanks to the Trust's leadership (as well as stamina and persistence) via its Disability Justice and Criminal Justice Reform focus area, the state of Alaska has made *tremendous* progress. In the absence of the Trust's leadership, Alaska would have much further to go.”
- All of these areas are critically important. The only one that I rated down slightly was "housing." It seems that this is better addressed by AHFC, and or a direct partnership with AHFC. That is (largely) the business that they're in.
- “The amount of federal funding that is currently available for substance abuse and prevention across the spectrum of care for substance use prevention and treatment, even including funding for implementation specific to health information technology is very high. Anecdotally, the funding levels are so high that program managers are having difficulties fully distributing funds. Due to this abundance, my recommendation is for the trust to decrease funding in this area. Conversely, there is a deficit in the funding and availability for safe and affordable housing for individuals with chronic mental illness. Investment in the Psychiatric Crisis Care System Reform has the potential to make significant and lasting changes to the continuum of behavioral health care in the state of Alaska, and that is an important initiative for improving the lives of beneficiaries!”

- “I appreciate the aspiration to: "Impact to all Beneficiary Groups." And I appreciate the desire to be focused and strategic. One thing I humbly suggest is supporting work where all of these concepts overlap and developing a framework that recognizes the shared factors across all of the mental health "focus areas." There is well developed guidance for this work for youth through adolescents. It is less well understood and operationalized for young adults and older. And even though the youth work is well researched and implemented, it is not strategically evaluated through shared performance measures of success. Perhaps this is an area that could fit into a shared advisory board request. There is a Statewide shared risk and protective factor workgroup that includes members of multiple coalitions, state funders and program managers, Native communities, ANTHC, and more. I hope you will consider bringing in these ideas to the Trust's work. It is valuable way to maximize resources, leverage existing work and creating sustainability for work that crosses multiple Trust focus areas.”

Specific Areas of Focus

The responses to questions about prioritization, strategies, and key policy issues have been organized 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.

BENEFICIARY EMPLOYMENT & ENGAGEMENT

Prioritization

Participants were asked to rank the strategies the Trust should prioritize in the next budget cycle.

The following strategies were ranked based on average rating on a scale of 1 (low priority) to 5 (high priority). They are presented in order of highest to lowest priority.

Strategy	Average Rating (1 Low to 5 High)	% of Participants rating strategy Medium to High Priority
Utilize ongoing recovery (including peer and family) supports services to reduce the impact of mental health and substance use disorders	4.40	96%
Beneficiaries increase self sufficiency	4.07	100%
Expand resources that promote successful, long term employment for Trust beneficiaries	4.07	96%
Increase Capacity, training, and competencies	4.02	93%
Ensure competitive and integrated employment at or above minimum wage	3.80	87%

New Strategies that should be Prioritized Over Existing Strategies

- “If behavioral health issues impact a significant percentage of those who fall under this category, I believe that both access to quality services (intended for the target population) and ongoing recovery support are critical.”
- “I am a proponent of IPS model of Employment Support”
- “Eradicating Trust beneficiary homelessness--erasing the "Special Education to Shelter" pipeline”
- “‘Supported employment’ in integrated settings should be the main goal (outcome)”

Key Policy Issues the Trust should Address

- “Continue to support Trust Beneficiaries and employers to hire individuals who want to work. Continue to provide employment supports for Trust Beneficiaries who want to work.”
- “Development of relationships with employers who can provide work that could support a beneficiary's living expenses versus positions with no potential for that.”
- “Municipality of Anchorage camp abatement and employer willingness to work with unhoused individuals”
- “More emphasis on better employment for the beneficiaries. Less group contract work. Sustained support of self-employment for beneficiaries”
- “Comprehensive support for wage and self-employment”
- “Support employment in integrated community settings.”
- “Focus on stigma busting”

DISABILITY JUSTICE & CRIMINAL JUSTICE REFORM

Prioritization

Participants were asked to rank the strategies the Trust should prioritize in the next budget cycle.

The following strategies were ranked based on average rating on a scale of 1 (low priority) to 5 (high priority). They are presented in order of highest to lowest priority.

Strategy	Average Rating (1 Low to 5 High)	% of Participants rating strategy Medium to High Priority
Re-entry	4.42	98%
Community intervention and diversion	4.40	95%
Increased capacity, training, & competencies	4.14	93%
Community prevention	4.12	95%
Systems and Policy Development	4.09	95%
In-facility practices	3.84	91%
Booking and screening practices	3.51	88%

New Strategies that should be Prioritized Over Existing Strategies

- “Community prevention and community intervention and diversion - ready access to quality services needed by this target population”
- “Recognition of DOC as an ad hoc crisis and housing provider to Trust beneficiaries, and recognition of the racial disparities especially affecting Alaska Native inmates.”
- “Programs to teach youth and young adults about healthy relationships and sexuality skills as a primary prevention strategy for offending/victimization.”
- “The interpersonal violence prevention program for beneficiaries, which has been highly successful, should continue to be a high priority. Beneficiaries with Developmental Disabilities and youth with severe emotional disturbance have a high rate of interpersonal violence in their lives. This program has been effective in reducing these rates. It also has proven to be effective in teaching social skills that prevent individuals from engaging in inappropriate sexual behavior that may lead to incarceration or more restricted living situations. It builds the capacity of community service providers to support the individuals they serve. Due to the high turnover of community service staff, there is a need to offer on-going training for community providers so beneficiaries are able to develop meaningful, healthy relationships.”
- “I would advocate for continued support for the Friendships and Dating program as a strategy for community prevention and community intervention. I would also like to see a more specific focus on brain injury across all of the strategies.”
- “For adults: A focus on "successful re-entry" is critical. For children and adolescents with SED, the challenge in this area is (a) diversion from DJJ facilities because of failure to produce and use community alternatives. And, if the youngster is IN the DJJ facility, there needs to be more focus on behavioral health treatment strategies while in, and better "transition services" to post- facility environments.”

Key Policy Issues the Trust should Address

- “Disparity of minorities”
- “Supporting and expanding holistic dispute resolution and justice systems that are more people-centered instead of lawyer centered.”
- “Training on sequential intercept for the community, including reluctant stakeholders. Work with the Alaska Justice Information Center to follow best-practice and promising practice interventions for criminally involved Trust Beneficiaries.”
- “Ready access to services appropriate to client/patient needs”
- “COVID-19 and social isolation has disrupted the link between the institution and the community. In short, prisons have become isolated and cut off from community by necessity due to the pandemic. One policy issue that the Trust can help with is ensuring the community and institutional links (face to face contacts and information sharing) are reestablished. This is a short-term policy endeavor. A longer-term policy issue will be state funding of reentry resources. As the state determines budget priorities over the next few cycles, with resources in critically short supply, community reentry should not be overlooked in favor of “secure prisons.” An extreme focus on inside security seems to lessen the focus on reentry and as a result individuals are ill prepared to remain outside successfully. This is a long-term policy endeavor.”

- “Use of technology to extend services available to prisoners and reentrants. Peer Support in and outside of the prison with individuals with SUD/SMI, address felon to felon contact if it's by a trained PSS.”
- “Affordable housing for reentrants expanded to more communities.”
- “Increase Reentry Support”
- “Jail is revolving for a number of people because they don't have housing and support when they get out.”
- “Crisis diversion from DOC Assisted Living Facilities as part of the "revolving door" of crisis services”
- “Healthy relationships and sexuality training for youth and young adults as a primary prevention strategy.”
- “Require that individuals with Developmental Disabilities are provided training on sexual health and sexuality. Several states have already done this.”
- “Increase therapeutic court options. Increase access mental health care and transition services that include the resources necessary to integrate back in to the community. Address the cycle of transition from API to jail and the criminalization of persons with Cognitive impairments by creating a level of care to work with them.”
- “Brain injury screening within DOC”
- “CIT training for LEOs and Crisis Now facilities”
- “Accurate measurement and reporting of Trust Beneficiary groups contacts with/immersion in the criminal and juvenile justice systems is imperative, particularly in congregate institutional settings such as detention centers, jails, and prisons. Expanding CIT and IDD training to frontline justice system workers is also crucial, as well as crisis intervention models that provide sound alternatives to criminal justice involvement and detention.”
- “Focus on (a) behavioral health staffing in the prisons, and DJJ facilities, and (b) focus on the determinants of successful "re-entry" (transition into) community living.”
- “Increased reentry efforts across the state, including rural/remote communities.”
- “The biggest area of policy focus within the realm of disability justice and criminal justice reform should center on addressing the fundamental disparities in the current system which add to the stigma and persecution of mental and behavioral health conditions.”

EARLY CHILDHOOD, INTERVENTION & PREVENTION

Prioritization

Participants were asked to rank the strategies the Trust should prioritize in the next budget cycle.

The following strategies were ranked based on average rating on a scale of 1 (low priority) to 5 (high priority). They are presented in order of highest to lowest priority.

Strategy	Average Rating (1 Low to 5 High)	% of Participants rating strategy Medium to High Priority
Reduce instances and impact of Adverse Childhood Experiences (ACES)	4.76	100%

Promote practice-informed, universal screening efforts and early intervention services	4.17	96%
Ensure accurate identification of social-emotional needs for children and their caregivers.	4.15	96%

New Strategies that should be Prioritized Over Existing Strategies

- “Ready access to the behavioral health services needed by this population”
- “Support creative coalition building among private and public service providers to children to provide access to social workers in schools and make all those who provide services to young Trust beneficiaries aware of the Trust and other resources”
- “Increase access to child mental health services”
- “More overt connections between (a) children's mental health services, and (b) child protection services. There remains far too much "dis-connect." And in addition, a particular strategy is to develop and use "crisis nurseries"" and/or "crisis childcare." This is a concrete support for parents, and, it is a useful way to "pick-up" cases that may be dire but unreported.”

Key Policy Issues the Trust should Address

- “Disparity of minorities”
- “Access to special education supports”
- “Support early childhood programs that are evidence-based, such as Head Start to aid with the prevention of criminal involvement in the teen/adult years.”
- “Ready access to services appropriate to client/patient needs”
- “efforts to build resiliency”
- “Prevention of FASD --screening universal developmental screening”
- “Behavioral health professionals available in schools (or lack thereof)”
- “Early Childhood intervention in health and education”
- “Decrease gaps of uninsured and increase promotion of Medicaid enrollment to capture all eligible families. Increase access to child behavioral health”
- “Consider development of "crisis nurseries" (and related early childhood) for temporary day-care for use by troubled parents. This service can be connected to other directly related support services.”
- “Educate Alaskans about ACEs”
- “Focus on 0-6 comprehensive care for parents and their children.”
- “Child-care should not be creating deficits in children but leveraged as an opportunity to provide quality services to them. Much needs to be done to provide quality across child-care and other early childhood programs. In particular, children from low-income families need access to quality services. Increasing awareness of Adverse Childhood Experiences and support for at- risk families particularly with regard to housing, nutrition, and quality childcare.”

HOUSING & LONG TERM SERVICES & SUPPORTS

Prioritization

Participants were asked to rank the strategies the Trust should prioritize in the next budget cycle.

The following strategies were ranked based on average rating on a scale of 1 (low priority) to 5 (high priority). They are presented in order of highest to lowest priority.

Strategy	Average Rating (1 Low to 5 High)	% of Participants rating strategy Medium to High Priority
Beneficiaries have safe, stable housing with tenancy supports	4.67	98%
Housing & Long Term Services and Supports (LTSS) Policy Coordination and Capacity Development	4.42	96%
Beneficiaries access effective and flexible person-centered LTSS	4.22	93%
Institutional diversion and return to community	4.16	93%
Optimize information technology and data analytics	3.66	93%

New Strategies that should be Prioritized Over Existing Strategies

- “Revise and support Assisted Living Facilities--support the formation of a Coalition of ALF providers, mandate communication and provide better security for ALF providers.”
- “In combination work with AHFC and/or other financiers, create supported housing for the destitute who are also experience severe mental illness. Get them off the streets into stable housing a much of the "emergency" contacts (e.g. going to the ER) largely vanish.”

Key Policy Issues the Trust should Address

- “Support safe, affordable housing for Trust Beneficiaries with open criminal cases and for beneficiaries with prior criminal histories. While there are a number of housing options available with vouchers we still continue to experience difficulty getting criminally involved individuals with open criminal cases in to housing. Any housing. If landlords would be willing to allow individuals with open criminal cases rent AND have the support (of therapeutic courts) this would greatly aid with supporting and monitoring people in their own housing (versus having to wait until a criminal case has closed).”
- “Access to affordable safe and sober long-term housing versus transitional housing”
- “increase capacity and quality of services”
- “Medicaid reimbursement for remote supports via technology”
- “Increase support for transitional and short term housing”
- “Housing needs to be available that is clean and sober for persons with or without a substance use disorder, those with MH disorders don't live well with others that are using”

- “Rents that can be paid for on SSI/APA incomes Zoning and other barriers that reduce housing stock availability Case management for all who need it”
- “Increase Trust beneficiaries have access to housing including those with the most difficult behaviors and complex needs. Deliver the needed clinical services at the housing. Increase housing first beds”
- “It's amazing how when the community and agencies came together they could find solutions for homelessness during COVID by turning little used facilities into care centers. Why not harness that momentum and energy and continue those efforts but on a more permeant, longer term efforts? We need the homeless off of our trails and into housing with jobs and the support they need for public safety of all.”
- “Further develop supported housing in partnership with the Alaska Housing Finance Corporation, and related entities.”
- “Increase supported housing options”
- “Increased housing, services and supports across the state for beneficiaries”

SUBSTANCE ABUSE PREVENTION & TREATMENT

Prioritization

Participants were asked to rank the strategies the Trust should prioritize in the next budget cycle.

The following strategies were ranked based on average rating on a scale of 1 (low priority) to 5 (high priority). They are presented in order of highest to lowest priority.

Strategy	Average Rating (1 Low to 5 High)	% of Participants rating strategy Medium to High Priority
Improve treatment and recovery support services	4.72	100%
Ensure Alaskans have access to comprehensive crisis services and supports	4.59	100%
Increase awareness, improve knowledge to prevent drug and alcohol misuse	3.93	98%

New Strategies that should be Prioritized Over Existing Strategies

- “Ensure access to comprehensive services for FASD.”
- “Ensure ease and timely entry into detox and treatment.”
- “The dually-diagnosed are a huge challenge for the service system. More integration of these two service and treatment modalities is very important.”

Key Policy Issues the Trust should Address

- “supporting local community based and culturally appropriate treatment options”
- " Provide treatment on demand for individuals in need of substance interventions”

- “Providing local training by experts in the field.”
- “Ready access to services appropriate to client/patient needs”
- “more, more, more treatment”
- “Increase support in Peer Mentor Training Development”
- “Universal screening by primary care providers”
- “Immediately available treatment at the level needed”
- “Increase housing first beds/with services Increase access to harm reduction services for persons who sobriety based treatment has not been effective Require that SUD providers report aggregate data of treatment outcomes”
- “Training on brain injury for staff inside rehabilitation facilities because there are links between brain injury and increased risk of substance abuse.”
- “Please increase efforts to de-stigmatize mental health issues and substance abuse issues and increase awareness of these as medical issues, so that they are seen as disease of the brain, which is part of the body.”
- “Further integration of medical care (physical health) and behavioral health and substance abuse treatment for the "dually diagnosed."
- “Increase access to treatment”
- “Medicaid rates and reimbursement which sustains the needed prevention and treatment efforts across the state.”
- “Standardized assessment and intake processes.”

WORKFORCE DEVELOPMENT

Prioritization

Participants were asked to rank the strategies the Trust should prioritize in the next budget cycle.

The following strategies were ranked based on average rating on a scale of 1 (low priority) to 5 (high priority). They are presented in order of highest to lowest priority.

Strategy	Average Rating (1 Low to 5 High)	% of Participants rating strategy Medium to High Priority
Ensure a stable, sustainable statewide network of behavioral health providers is available to serve Alaskans with behavioral health needs	4.67	100%
Expand and enhance training and professional development opportunities for all healthcare and behavioral health professionals	4.44	98%
Support curriculum development and the training of health professionals to ensure they learn, enhance, and update essential knowledge and skills	4.39	100%

New Strategies that should be Prioritized Over Existing Strategies

- “Assuming behavioral health/health professionals includes direct support professionals who work with people with I/DD or have ADRD.”
- “ECHO has been a beneficial practice for workforce development”
- “Providing "support-for-service" such as education loan repayment in exchange for providing care to the underserved is a win-win-win. We need to do much more to encourage recruitment and retention of healthcare practitioners, and especially behavioral health practitioners to come and continue working in Alaska. There are numerous relevant occupations that we either do not train for here in Alaska, or, we do train for but in woefully low numbers. For example, we do not have a psychiatry residency in Alaska. Where do you think that psychiatrists come from. They ALL come from the Lower-48, and we need to do more to enhance the recruitment of such practitioners. We are also way short on psychologists, LCSWs, and LPCs.”
- “Increase supervisory capacity for licensure.”

Key Policy Issues the Trust should Address

- “Support the development of behavioral health workers who are culturally appropriate and community based. Using a legal empowerment framework, cross-train community based, culturally appropriate behavioral health aides in screening and surfacing unmet civil legal needs and connecting them to legal resources.”
- “Training, competitive pay and incentives for individuals to work in the behavioral health continuum.”
- “Work with employers to increase employee training, support/supervision and compensation to promote employee retention (not just UAA classes/internships).”
- “Certification for DSPs, Increased wages through cost-based provider reimbursement rates”
- “Direct Service Professional (DSP) certification & career lattice with accessible, low cost training opportunities”
- “The ability of the service workforce to find and win (and manage) federal grants”
- “Staff turnover, professionalization of direct supports”
- “Advocate for increased wages for Direct Support Professionals.”
- “Requirement of healthcare providers to complete trauma informed practices and care training on annual basis with focus on ACES. Incentivize mental health providers to come work in Alaska, or incentivize Alaskans to become mental health providers. We simply do not have enough and for the few that we do have there are long wait lists, sometimes up to 9 months. Unacceptable for those who truly need urgent psych care!”
- “Recruitment & retention of practitioners, especially in licensed behavioral health occupations. Key strategy is support-for-service, esp. education loan repayment.”
- “Maintain current workforce efforts”
- “Marketing and recruitment of Alaska into health care occupations. Student success strategies for retention of students in health care training and education.”
- “Sharp is a good program, with significant limitations. The WAMI program has made a big difference in the number of Alaskans who are able to attend medical school. Development

or advocacy for a similar program focused on behavioral health professionals with loan repayment corresponding with years of service within the state.”

PSYCHIATRIC CRISIS CARE SYSTEM REFORM

Prioritization

Participants were asked to rank the strategies the Trust should prioritize in the next budget cycle.

The following strategies were ranked based on average rating on a scale of 1 (low priority) to 5 (high priority). They are presented in order of highest to lowest priority.

Strategy	Average Rating (1 Low to 5 High)	% of Participants rating strategy Medium to High Priority
Develop a continuum of community-based crisis intervention services to support beneficiaries in community settings whenever possible.	4.60	100%
Ensure Alaskans who encounter the continuum of care are universally screened for behavioral health conditions and suicidal ideation.	4.53	98%

New Strategies that should be Prioritized Over Existing Strategies

- “Prioritize speedy access to behavioral health residential services to those in crisis”
- “Alaskans in the continuum of care should also be screened for brain injuries as these are often misdiagnosed as behavioral health conditions and have a high rate of suicide.”
- “Include persons experiencing differences in cognition in every level of the community continuum of care. (Persons with brain injuries, FASD, and developmental disabilities.”

Key Policy Issues the Trust should Address

- “Provide adequate psychiatric services for Trust Beneficiaries in Alaska. Fill the psychiatric hospital beds that we have (staff the hospitals). Avoid unnecessary arrest and criminalization of the mentally ill who are seeking psychiatric care. Provide a range of psychiatric crisis services for Trust Beneficiaries so individuals can remain in community when appropriate and be hospitalized or in a partial-hospital setting when additional psychiatric care is necessary. Avoid incarceration for mentally ill individuals in psychiatric crisis.”
- “Ready access to services appropriate to client/patient needs”
- “Crisis Now model”
- “It is more than psychiatric crisis; often the crisis is drug/alcohol related - it can put a whole family in crisis”

- “Self-referral to crisis support areas, and support of the Mobile Intervention Team model Discharge resources--can't discharge safely to shelter or street or camp, nor most homes
- “Treatment of individuals with IDD in psych care”
- ” Consider policy on allowing certain waivers of HIPAA in times of acute psychological distress in the name of safety. Example: a loved one has a psychotic episode and ends up facility. A family member is there to support them but cannot get access to medical records, etc. because of HIPAA unless the person under mental distress gives written authority. Not sure if out of scope but if states have the ability to be flexible under certain circumstances it would be beneficial.”
- “Further enhance the effectiveness, the workflow, safety, staffing capacity and community integration of Alaska Psychiatric Institute (API).”
- “Implement statewide continuum of crisis services”
- “Medicaid alignment with the continuum of crisis care. Rates and reimbursement which allows for a robust system of care.”
- “The development of a psychiatric crisis care system is critical to increasing the capacity and quality of psychiatric care in the state. Policy focus areas should include advocacy for parity with regard to reimbursement for psychiatric and other behavioral health services to help expand availability of community BH services thereby improving access to care and facilitating referrals.”

Abbreviations

ACES	Adverse Childhood Experiences
ADRD	Alzheimer’s Disease and Related Dementias
AHFC	Alaska Housing and Finance Corporation
ALF	Assisted Living Facility
ANTHC	Alaska Native Tribal Health Consortium
APA	Adult Public Assistance
API	Alaska Psychiatric Institute
CIT	Crisis Intervention Team
DJJ	Division of Juvenile Justice
DOC	Department of Corrections
DOL	Department of Labor
DSP	Direct Service Professional
DVR	Division of Vocational Rehabilitation
ECHO	Extension for Community Healthcare Operations is a telehealth-based collaborative model of medical education and care management.
ER	Emergency Room
FASD	Fetal Alcohol Spectrum Disorder
HIPAA	Health Information Portability and Accountability Act = federal law protecting patients medical information
HUD	US Department of Housing and Urban Development
IDD or I/DD	Intellectual or Developmental Disability

IPS	Individual Placement and Support model of supported employment
LEO	Law Enforcement Officer
LCSW	Licensed Clinical Social Worker
LPC	Licensed Professional Counselor
LTSS	Long Term Support & Services
MH	Mental Health
PSS	Peer Support Services
SAMHSA	United States – Substance Abuse and Mental Health Services Administration
SED	Severely Emotionally Disturbed
SMI	Severely Mentally Ill
SSI	Supplemental Security Income (Social Security)
SUD	Substance Use Disorder
UA	University of Alaska
UAA	University of Alaska Anchorage
WWAMI	University of Washington’s Medical multi-state medical education program. WWAMI stands for the states served, Washington, Wyoming, Alaska, Montana, and Idaho