

2020-2024

Strengthening the System:

Alaska's Comprehensive Integrated
Mental Health Program Plan

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

VISION



Trust
Alaska Mental Health
Trust Authority



Trust

Alaska Mental Health Trust Authority

Dear Alaskan,

July 2019

Together, our organizations share a vision that Alaska Mental Health Trust beneficiaries – who experience mental illness, intellectual or developmental disabilities, or chronic alcoholism and drug dependence, or suffer from a traumatic brain injury or Alzheimer’s disease or related dementia – live meaningful lives while being supported in their home communities.

This shared vision requires that Alaska has a comprehensive behavioral health system with the necessary resources and funding behind it to provide a full continuum of care of prevention, treatment, and support services across the lifespan.

Strengthening the System: The Comprehensive Integrated Mental Health Program Plan outlines a path to achieving that vision by identifying priorities for the next five years to inform planning and funding decisions. In addition to defining nine goals with corresponding objectives, for the first time, strategies provide specific approaches to reach those goals. Unique to this plan is a strong focus on prevention and early intervention efforts that build resilience and addresses trauma in individuals who are at risk of developing disabling conditions.

This plan was developed by the Department of Health and Social Services through a partnership with the Alaska Mental Health Trust Authority and their associated advisory boards. It included a comprehensive, stakeholder-driven process that incorporated feedback from public comments.

Letter continued on next page

Continuing this collaborative effort with state, tribal and community groups working together and individually is key to deciding how resources, funding, and talent can best be applied to close existing gaps in the behavioral health system and improve care for all Alaskans.

Intended to serve as a living document, the plan will be available online along with a list of complementary resources where anyone working to promote behavioral health services can review the information and use it to guide their work. It will be revisited annually to monitor progress and assess impacts to the health and safety of Trust beneficiaries.

We extend our gratitude to everyone who has worked and will work to implement Alaska's Comprehensive Integrated Mental Health Program Plan and to all of you who work to improve the lives of our beneficiaries. We thank you for your partnership, contributions, and dedication.



Adam Crum, Commissioner

Alaska Department of Health
and Social Services



Mary Jane Michael, Board Chair

Alaska Mental Health Trust Authority

CONTENTS

TABLES AND FIGURES	1
INTRODUCTION	2
FOUNDATIONAL GOAL	4
GOAL 1: EARLY CHILDHOOD	5
GOAL 2: HEALTHCARE.....	10
GOAL 3: ECONOMIC AND SOCIAL WELL-BEING	15
GOAL 4: SUBSTANCE USE DISORDER PREVENTION.....	20
GOAL 5: SUICIDE PREVENTION	25
GOAL 6: PROTECTING VULNERABLE ALASKANS.....	29
GOAL 7: SERVICES IN THE LEAST RESTRICTIVE ENVIRONMENT ..	35
GOAL 8: SERVICES IN INSTITUTIONAL SETTINGS.....	39
GOAL 9: WORKFORCE, DATA, AND FUNDING	45

TABLES AND FIGURES

FIGURE 1: PERCENTAGE OF ALASKA ADULTS (18+) WHO EXPERIENCED ADVERSE CHILDHOOD EXPERIENCES PRIOR TO AGE 18.....	6
FIGURE 2: ADVERSE CHILDHOOD EXPERIENCES SCORES FOR ALASKA ADULTS AND THEIR FIVE-STATE ACES STUDY PEERS.....	8
FIGURE 3: PERCENTAGE OF POPULATION WITHOUT HEALTH INSURANCE.....	12
FIGURE 4: EMPLOYMENT RATE FOR PEOPLE IN ALASKA WITH DISABILITIES VS. THOSE WITHOUT DISABILITIES	16
FIGURE 5: CHRONIC HOMELESSNESS (RATE PER 100,000)	17
FIGURE 6: DRUG-INDUCED MORTALITY (RATE PER 100,000).....	22
FIGURE 7: ALCOHOL-INDUCED MORTALITY (RATE PER 100,000)	22
FIGURE 8: DRUG USE – PERCENTAGE OF ADULTS NEEDING BUT NOT RECEIVING TREATMENT.....	23
FIGURE 9: PERCENTAGE OF ADULTS REPORTING SERIOUS THOUGHTS OF SUICIDE	27
FIGURE 10: SUICIDE (RATE PER 100,000)	28
FIGURE 11: FOUNDED REPORTS OF HARM TO ADULTS (RATE PER 1,000).....	30
FIGURE 12: CHILD MALTREATMENT (RATE PER 1,000).....	31
FIGURE 13: POPULATION PROJECTION: NUMBER OF ALASKANS WITH ALZHEIMER’S DISEASE.....	36
FIGURE 14: ONE-YEAR RECIDIVISM RATES BY TRUST BENEFICIARY STATUS.....	40
FIGURE 15: ALASKA YOUTH IN RESIDENTIAL PSYCHIATRIC TREATMENT FACILITIES: IN-STATE VS. OUT-OF-STATE.....	41
FIGURE 16: PROJECTED PERCENTAGE OF INCREASED DEMAND FOR SELECTED TRUST BENEFICIARY-RELATED OCCUPATIONS, 2016-2026.....	47

INTRODUCTION

Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan 2020-2024 is the combined work of the Alaska Department of Health and Social Services (DHSS), the Alaska Mental Health Trust Authority (the Trust), the Alaska Mental Health Board, Governor's Council on Disabilities and Special Education, Advisory Board on Alcoholism and Drug Abuse, Statewide Suicide Prevention Council, and the Alaska Commission on Aging along with other partner agencies.

LIFESPAN: from the prenatal period through end of life

This plan is a response to a statutory requirement, Alaska Statute 47.30.660, which requires DHSS, in conjunction with the Trust, to develop and revise a plan for Alaska's Comprehensive Integrated Mental Health Program. Under the statute, the preparation of this plan is to be coordinated with federal, state, regional, tribal, local, and private entities involved in mental health services.

Recipients of the program, referred to as Trust beneficiaries, are Alaskans who experience mental illness, developmental disabilities, chronic alcoholism and other substance-related disorders, Alzheimer's disease and related dementia, and traumatic brain injuries. The target population also includes persons of all ages identified as vulnerable to developing beneficiary conditions. In addition to ensuring services for Trust beneficiaries, efforts include prevention, to the extent possible, of these conditions.

Strengthening the System serves to assist with guiding resource allocation decisions in the development of services, workforce, and facilities to meet the needs of Trust beneficiaries. The intent is to strengthen the system of care to allow a comprehensive approach that quickly meets the needs of Trust beneficiaries. This is only accomplished through coordinated partnerships and collaboration with state, federal, tribal, and private agencies. In addition, it provides guidance to reduce the incidence of disabling conditions through prevention and early intervention. Reduction of the incidence of disabling conditions will be supported through innovative, culturally informed and practice-informed strategies, services and supports provided across the lifespan. This plan will aid in aligning programs throughout the state to truly create a comprehensive system.

Strengthening the System's work is formatted with a goal for each facet of the service delivery system: early childhood (goal 1); healthcare (goal 2); economic and social well-being (goal 3); substance use disorder prevention (goal 4); suicide prevention (goal 5); protecting vulnerable Alaskans (goal 6); services in the least restrictive environment (goal 7); services in institutional settings (goal 8); and workforce, data, and funding (goal 9). Each goal has objectives and strategies to provide state agencies and local communities a blueprint from which to improve services and continue to improve outcomes for Trust beneficiaries. DHSS is developing an action plan that breaks out the strategies into manageable action-oriented steps (tactics).

In 2008, DHSS introduced the Alaska Scorecard as a tool that allows the state to examine outcomes and monitor progress over time as related to the goals that were outlined in the previous comprehensive plan (2006-2011 Moving Forward). The Scorecard is updated annually using both Alaska state department data and national data sources to display the same indicators and prevalence estimates with minimal modification. Through stakeholder engagement, Strengthening the System will be reviewed during the annual Scorecard update to make data-driven decisions, which may result in revised strategies and tactics that further support the desired outcomes outlined in this document.

While this plan can be downloaded and read as a single document, it is also accessible through the Strengthening the System website. Readers are encouraged to visit the site to access live links to services found throughout this document, implementation tools, resource materials, and more.

FOUNDATIONAL GOAL

THE STATE OF ALASKA WILL PROVIDE ADEQUATE RESOURCES AND FUNDING TO SUPPORT A COMPREHENSIVE BEHAVIORAL HEALTH SERVICE SYSTEM PROMOTING INDEPENDENT, HEALTHY ALASKANS SO THAT THEY MAY LIVE MEANINGFUL LIVES IN COMMUNITIES OF THEIR CHOOSING.

Statewide gaps continue to exist in the comprehensive behavioral health service system. Some of the most significant are a lack of 1) residential psychiatric facilities, 2) community-based crisis services, 3) residential and outpatient behavioral health services with case management, 4) medication-assisted treatment for substance use and associated recovery supports, 5) adequate workforce, 6) detoxification services, and 7) affordable supportive housing.

This plan contains recommendations for systemic and practice reform, practice-informed programming, integrating local and traditional knowledge, and fiscal service improvements to address gaps. Strengthening the System is striving to present long-term strategies to build a framework that links community-level mobilization to individual behavior.

This plan supports consistent and comprehensive, ongoing partnerships that seek to improve behavioral health treatment by strengthening guardianship, community attachment, and informal social control on the public agenda.

ENDNOTES

¹. <https://www.ihs.gov/forproviders/bestpractices/>

PRACTICE-INFORMED: a combination of Promising Practices and Best Practices (evidence-based)

PROMISING PRACTICES NETWORK (PPN): a program not yet formally evaluated but identified by experts as a program with results suggesting it works and is worthy of further study in broader pilot implementation efforts

BEST PRACTICES (I.E., EVIDENCE-BASED PRACTICE): a program formally evaluated to be effective and able to be replicated and implemented with appropriate modifications in other settings¹

GOAL 1

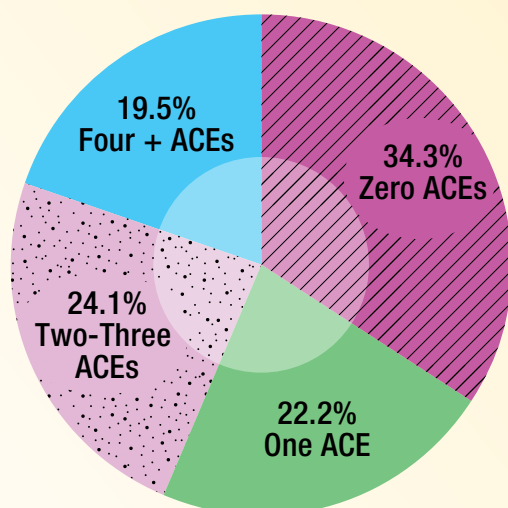
PROGRAMS SERVING YOUNG CHILDREN
PROMOTE RESILIENCY, PREVENT AND
ADDRESS TRAUMA, AND PROVIDE ACCESS
TO EARLY INTERVENTION SERVICES.

- 1.1 Objective:** Promote practice-informed, universal screening efforts and early intervention services.
- 1.2 Objective:** Provide ongoing support to ensure accurate identification and treatment of social-emotional needs for children and their caregivers, congruent with their cultural identification.
- 1.3 Objective:** Reduce the instances and impact of Adverse Childhood Experiences (ACEs) through community engagement and by improving social determinants of health.

GOAL 1: EARLY CHILDHOOD

At birth, brains are not fully developed; they are built throughout childhood as experiences and interactions create a foundation for the rest of life. Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences during childhood, including abuse, neglect, witnessing domestic violence, or growing up with a caregiver struggling with substance misuse, mental illness, or incarceration. Studies demonstrate these types of childhood trauma increase the risk of serious health problems that last into adulthood and may affect future generations.

Figure 1: Percentage of Alaska Adults (18+) Who Experienced Adverse Childhood Experiences Prior to Age 18



Sources

2013-2015 Alaska BRFSS, Section of Chronic Disease and Prevention, Alaska Division of Public Health, Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Module

Many health and social problems are attributed to and can be predicted by childhood experiences. Life expectancy in adults who experience six or more ACEs is reduced by 20 years. The Alaska Longitudinal Child Abuse and Neglect Linkage (ALCANLink) data indicates that 32% of Alaska children born between 2009-2011 experienced at least one report to child welfare before the age of 8 years.¹ ALCANLink data also found that children born to mothers reporting six or more life stressors during the 12 months prior to giving birth are 4.7 times as likely to be reported to child welfare compared to those mothers reporting zero life stressors.¹ ACEs are strong risk factors for a child's future involvement in domestic violence, alcohol misuse, and suicide attempts.² ACEs raise the chances of juvenile arrest by 59%, the likelihood of criminal behavior in adulthood by 28%, and violent crime by 30%. ACEs are also risk factors for medical conditions including heart disease, chronic lung diseases, and cancer.³

Considering these statistics, it is clear that preventing adverse experiences during early childhood is key, because it reduces a lifetime of adverse health issues.

Effective primary prevention strategies deliver a five-to-one return on investment in five years. High-quality early childhood education decreases high-risk

behaviors and their associated costs and also provides a foundation for the economic development of Alaska by promoting a skilled, healthy, and reliable workforce. Prevention programs in early childhood can also improve resiliency in Alaskans who experience ACEs for better life and health outcomes. Supporting caregivers in their local communities and cultural practices, including grandparents caring for grandchildren, is vital to the success of this goal.

PREVENTION: includes a wide range of activities — known as “interventions” — aimed at reducing risks or threats to health⁴

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

- a. Strategy:** Establish standards of care that ensure developmental screenings and caregiver education is a normal part of the well-child check-up for all Alaska children.
- b. Strategy:** Create and utilize a centralized registry for collecting developmental screening data using a standardized, developmental screening tool.
- c. Strategy:** Provide early intervention for infants born with fetal alcohol spectrum disorders (FASDs) and neonatal abstinence syndrome (NAS) and their caregivers.
- d. Strategy:** Provide training and technical assistance on trauma-engaged strategies for providers serving young children to assess children and their caregivers for service needs.
- e. Strategy:** Promote training for pediatricians in a tiered screening process for neurodevelopmental disabilities.

1.2 Objective: Provide ongoing support to ensure accurate identification and treatment of social-emotional needs for children and their caregivers, congruent with their cultural identification.

- a. Strategy:** Establish standards of care to ensure access to trauma-informed services for children and their caregivers.
- b. Strategy:** Provide training on social-emotional development and behavioral health to providers serving children.

TRAUMA-INFORMED CARE: adoption of principles and practices that promote a culture of safety, empowerment, and healing⁵

- c. Strategy:** Ensure programs have qualified staff who have training and understanding of various cultures.
- d. Strategy:** Create resources, opportunities, and training for caregivers, including grandparents and other extended family members.

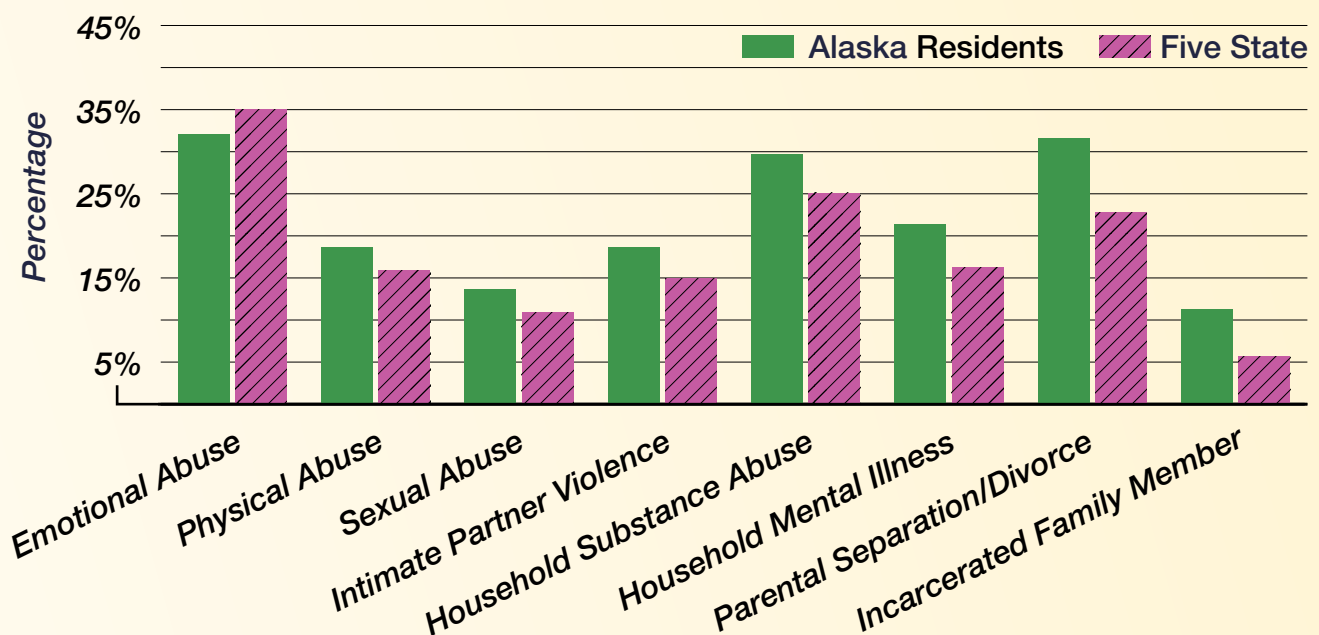
1.3 Objective: Reduce the instances and impact of Adverse Childhood Experiences (ACEs) through community engagement and by improving social determinants of health.

- a. Strategy:** Support community education on ACEs.

ADVERSE CHILDHOOD EXPERIENCES

(ACES): traumatic events occurring before age 18; include all types of abuse and neglect, as well as parental mental illness, substance use, divorce, incarceration, and domestic violence⁶


Figure 2: Adverse Childhood Experiences Scores for Alaska Adults and Their Five-State ACEs Study Peers



Sources

Five States Study data from the Centers for Disease Control and Prevention, Adverse Childhood Experiences Reported by Adults — Five States, 2009: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm>

2013-2015 Alaska BRFSS, Section of Chronic Disease and Prevention, Alaska Division of Public Health, Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Module

- 
- b. Strategy:** Increase access to family and peer support services that address resiliency by reducing early adversity, toxic stress, and childhood trauma, and by building protective relationship supports, cultural identity, and self-regulation skills.
 - c. Strategy:** Support parenting skill development through community programs and activities, building upon local, natural supports.
 - d. Strategy:** Support resiliency development efforts with training and technical assistance on practice-informed interventions for trauma-engaged providers and communities.
 - e. Strategy:** Support services and staff training that address trauma and resiliency for youth involved with the juvenile justice and child welfare systems.
 - f. Strategy:** Promote trauma-informed practices through cross-departmental collaboration.

ENDNOTES

- ¹. Alaska Longitudinal Child Abuse and Neglect Linkage Project: <http://dhss.alaska.gov/dph/wcfh/Pages/mchept/ALCANlink/default.aspx>
- ². Adverse Childhood Experiences in Alaska: <http://dhss.alaska.gov/abada/ace-ak/Pages/default.aspx>
- ³. Centers for Disease Control and Prevention: <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/>
- ⁴. <https://www.iwh.on.ca/what-researchers-mean-by/primary-secondary-and-tertiary-prevention>
- ⁵. https://www.integration.samhsa.gov/clinical-practice/trauma#trauma_informed_care
- ⁶. <https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/ace/>

GOAL 2

ALASKANS HAVE ACCESS TO
INTEGRATED HEALTHCARE OPTIONS
THAT PROMOTE OPTIMAL HEALTH,
WELLNESS, AND INDEPENDENCE.

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

2.2 Objective: Medicaid is efficiently managed and adequately resourced.

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

GOAL 2: HEALTHCARE

Alaskans must be healthy if the state is to thrive. When a population is healthy, more people attend work and school, participate in their communities, engage in traditional cultural practices, and care for their families. Without access to and coverage for healthcare services, which include behavioral health in all geographic areas, there is increased risk of Alaska's population having poor physical and mental health outcomes.

MEDICAID IN THE UNITED STATES: a federal and state program that helps with medical costs for some people with limited income and resources¹

OPTIONAL MEDICAID SERVICES: benefits that states may cover if they choose²

For many Alaska Mental Health Trust Authority (the Trust) beneficiaries, Medicaid is an integral access point for health, wellness, and independence within their home communities. As of 2017, Medicaid served 205,908 Alaskans overall³ (27.9% of Alaska's population based on the Department of Labor's 2017 estimated Alaska population),⁴ and 44,767 Alaskans are served through Medicaid expansion. While Medicaid's required services for healthcare are critical, so are Medicaid's optional services. Both required and optional Medicaid services keep Alaskans in their home communities, affording them the opportunity to pursue meaningful

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

Alaska's Medicaid system has undergone many changes in the past few years. The Medicaid Expansion and Reform Plan was initiated in 2015, enhancing access to Medicaid for Alaskans. Since Senate Bill 74 was passed in 2016, Alaska's Medicaid program has been in the process of comprehensive reform and redesign. A few initiatives included in Medicaid reform work to expand the availability of services through the application of the 1115 Medicaid waiver demonstration project, and telehealth technology and other initiatives add to new, optional programs, such as the Community First Choice program and the Individualized Supports Waiver (ISW), to bring in additional federal dollars. While Medicaid serves a significant portion of the state's population, timely and meaningful access across all regions continues to be a challenge.

Medicare is the leading insurance coverage for older Alaskans. Due to the low reimbursement rates with Medicare, many clinics have been unwilling to accept patients,

resulting in many seniors utilizing community health centers or urgent care facilities for general primary care and preventative services. Receiving services in these settings does not guarantee that a patient will be seen by the same healthcare provider each visit, causing challenges for the patient, healthcare provider, and clinic.

Most importantly, all Alaskans, no matter their medical insurance, should be covered by or have access to necessary medical and behavioral health services at a reasonable price.

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

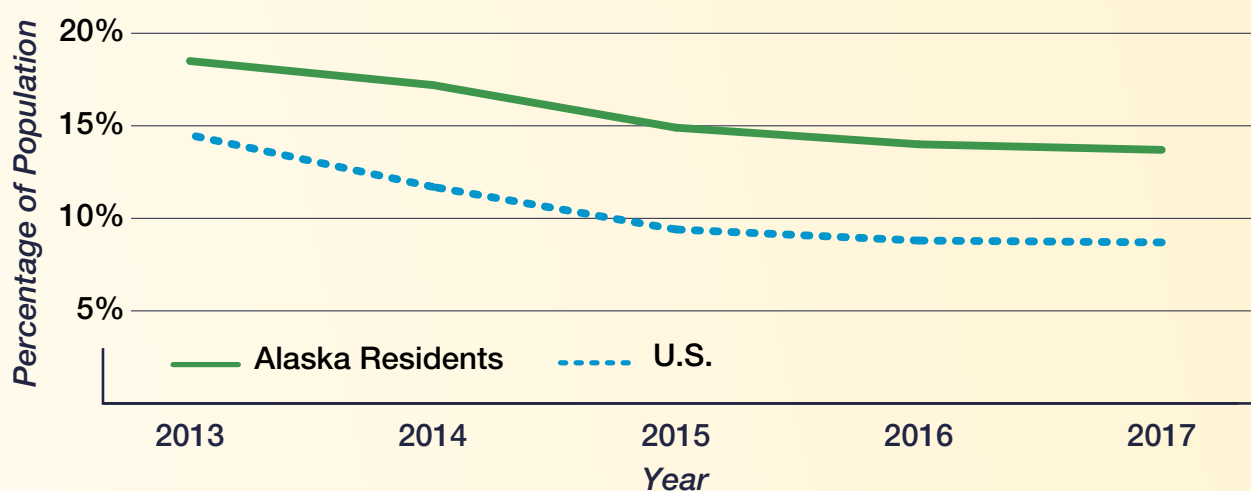
a. Strategy: Support an increase in the number of healthcare access points to expand the availability of services to underserved, disadvantaged, geographically isolated, and special needs populations.

b. Strategy: Expand upon, leverage, and navigate healthcare and service options to promote Alaskans seeking affordable healthcare.

c. Strategy: Provide guidance, resources, and flexibility to enable beneficiaries to access competitive, affordable insurance options.

QUALITY HEALTHCARE SERVICES: are provided to individuals and patient populations to improve desired health outcomes; to achieve this, healthcare must be safe, effective, timely, efficient, equitable, and person-centered⁵

Figure 3: Percentage of Population Without Health Insurance



Sources

Data from the Alaska Scorecard indicator <http://dhss.alaska.gov/dph/HealthPlanning/Pages/scorecard/default.aspx>.

The indicator pulled from the U.S. Census Bureau Survey - Health Insurance Coverage in the U.S.

2.2 **Objective:** Medicaid is efficiently managed and adequately resourced.

- a. Strategy:** Maintain funding for Medicaid services.
- b. Strategy:** Target investments and technical assistance toward communities and organizations that address the needs of vulnerable populations and promote quality improvement activities that advance health equity.
- c. Strategy:** Support ongoing Medicaid waiver and demonstration projects.
- d. Strategy:** Expand Medicaid administrative claiming for the proper and efficient administration of Medicaid.
- e. Strategy:** Bolster Medicaid program integrity efforts to support Medicaid as the payer of last resort.
- f. Strategy:** Provide technical assistance to safety net organizations to ensure their financial and operational health and sustainability.
- g. Strategy:** Ensure effective and efficient management of services for Alaskans who are dually eligible for Medicaid and Medicare by enhancing coordination to improve health outcomes and reduce costs.

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

- a. Strategy:** Support multi-disciplinary teams to provide the needed level of service.
- b. Strategy:** Ensure quality, comprehensive maternal health services are robust and readily available.
- c. Strategy:** Increase screenings and early interventions across the healthcare system.
- d. Strategy:** Support access to Complex Behavior Collaborative services through a tiered level of services.
- e. Strategy:** Provide comprehensive and coordinated services for seniors and individuals with disabilities.
- f. Strategy:** Optimize the role of the Alaska Pioneer Homes within the statewide array of long-term services and supports.
- g. Strategy:** Improve access to end-of-life care, including hospice and palliative care, and provide appropriate training for caregivers.

PERSON-CENTERED:
an approach to service delivery that is respectful of and responsive to the preferences, needs, cultural identification, and values of the individual seeking services

MULTI-DISCIPLINARY TEAMS: a group made up of members with varied but complementary experience, qualifications, and skills that contribute to the achievement of an organization's specific objectives⁶

ENDNOTES

1. <https://www.medicaid.gov/>
2. <https://www.medicaid.gov/medicaid/benefits/list-of-benefits/index.html>
3. Department of Health and Social Services State of Reform Presentation, October 10, 2018: Alaska Medicaid Redesign Update: http://dhss.alaska.gov/HealthyAlaska/Documents/redesign/20181010_DHSS-Update-State-Reform.pdf
4. Department of Health and Social Services State of Reform Presentation, October 10, 2018: Alaska Medicaid Redesign Update: http://dhss.alaska.gov/HealthyAlaska/Documents/redesign/20181010_DHSS-Update-State-Reform.pdf
5. https://www.who.int/maternal_child_adolescent/topics/quality-of-care/definition/en/
6. <http://www.businessdictionary.com/definition/multidisciplinary-team.html>

GOAL 3

TRUST BENEFICIARIES HAVE STRONG
ECONOMIC AND SOCIAL WELL-BEING.

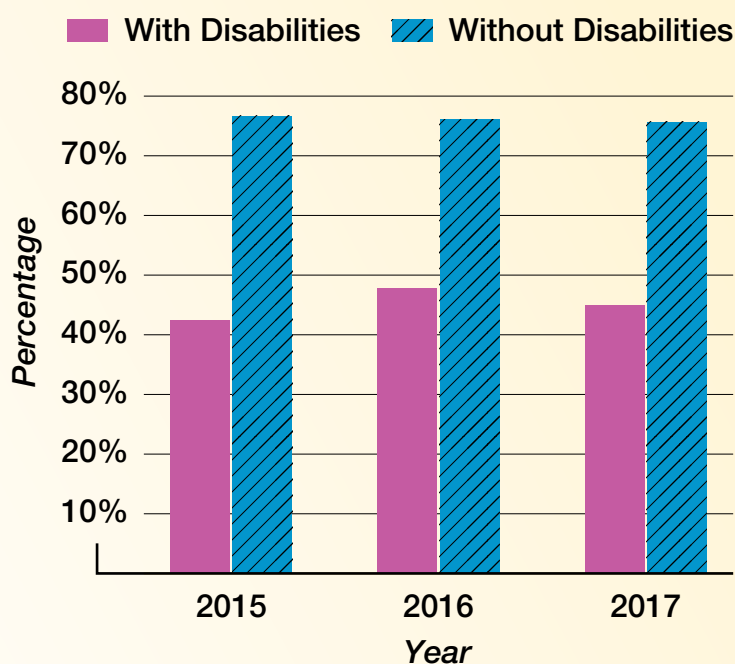
- 3.1 Objective:** Alaskans have stable, safe housing with appropriate, community-based social supports to maintain tenancy.
- 3.2 Objective:** Ensure that competitive and integrated employment at part-time or full-time jobs pays minimum wage or above in integrated, typical work settings.
- 3.3 Objective:** Expand resources that promote successful, long-term employment for Trust beneficiaries.
- 3.4 Objective:** Enhance timely access to basic needs services.

GOAL 3: ECONOMIC AND SOCIAL WELL-BEING

Being active in local communities, having a safe place to call home, and being employed are vital components to living a meaningful life. Having a place to live and the capacity to meet one's basic needs can lower stress. Working and volunteering can provide day-to-day purpose. Ensuring Alaska Mental Health Trust Authority (the Trust) beneficiaries have access to secure homes, basic needs, and fulfilling work affords them opportunities to improve their social well-being. Through this goal, efforts are made to have beneficiaries meaningfully engaged in their communities by promoting volunteer, recreational, and peer-directed opportunities.

Alaska's geography and high number of rural and remote communities amplify typical economic stability concerns, presenting unique transportation challenges and diverse economic structures. Services such as supported employment provide individuals with assistance to acquire and maintain the skills necessary for employment. Supported employment is one component in the beneficiary employment continuum that aids beneficiaries in becoming employed long-term. Successful long-term employment is strongly influenced by a myriad of different situational dynamics, including access to safe and affordable housing and healthcare, appropriate

Figure 4: Employment Rate for People in Alaska with Disabilities vs. Those Without Disabilities



Source

Data from the Annual Disability Statistics Compendium from the Institute on Disability/UCED University of New Hampshire

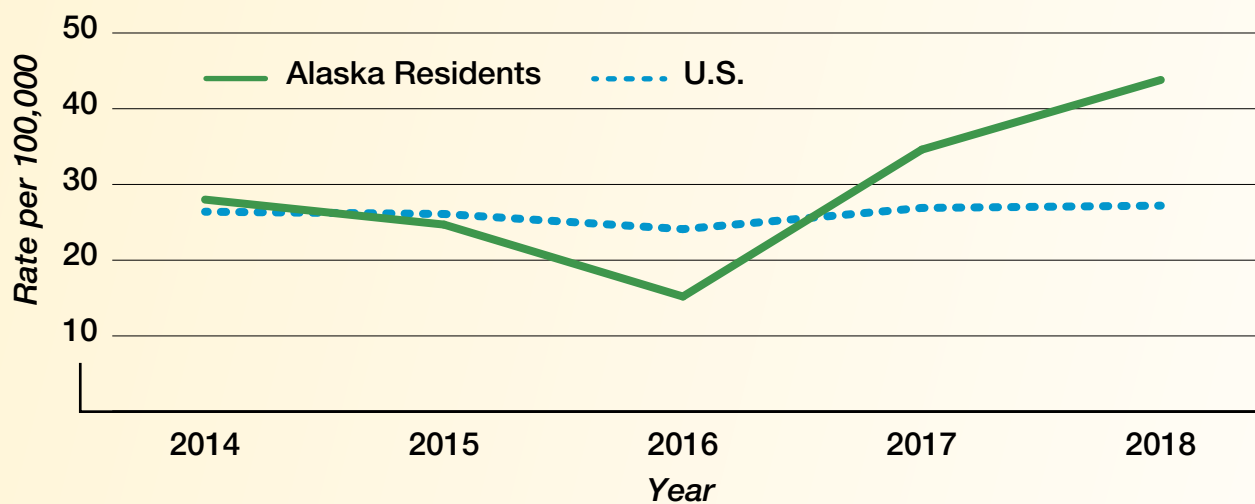
vocational training and support, and financial literacy training, as well as understanding the impact of employment on benefits, such as Medicaid and Social Security, and being aware of applicable employment safety net programs. Another facet of successful, long-term employment is integrating individuals with disabilities who work in typical settings alongside individuals without disabilities.

Supportive housing is affordable housing paired with tenant supports and services that may be permanent for some populations and transitional or time-limited for others. Research shows supportive housing helps people with disabilities live stably in the community; reduces their use of costly systems, especially emergency healthcare and corrections; and can even help them receive more appropriate healthcare and improve their health.

The employment disparity between typical, working-age Alaskans with disabilities and the general population continues to be wide. Approximately 17.9% of Alaskans ages 18-64 with disabilities live in poverty compared to 8.2% of Alaskans without disabilities.¹ Improving employment outcomes for individuals with disabilities has the potential to lessen reliance on publicly funded services and increase self-sufficiency. Employment has also been associated with lower healthcare costs to federal and state benefit programs.

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

Figure 5: Chronic Homelessness (rate per 100,000)



Source

U.S. Department of Housing and Urban Development Office of Community Planning and Development, Annual Homeless Assessment Report; Alaska Point in Time Survey - Alaska Homeless Information Management System

- a. Strategy:** Strengthen and enhance long-term services to support rural and remote regions of the state.
- b. Strategy:** Provide transition and housing services to enable individuals to live in the least restrictive housing option of their choosing.
- c. Strategy:** Provide training to housing professionals on fair housing laws to reduce discrimination.
- d. Strategy:** Leverage state and federal funding to provide sufficient affordable housing.
- e. Strategy:** Improve long-term tenancy through pre-tenancy training, including a full understanding of tenant responsibilities.

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

- a. Strategy:** Establish a formal “Employment First” taskforce or commission that includes other departments in cross-agency collaboration to fully implement Alaska’s Employment First statute.
- b. Strategy:** Increase coordination between programs providing employment and education services to Trust beneficiaries to reduce service gaps.
- c. Strategy:** Enhance the home- and community-based services system, especially with respect to the provision of supported employment services to beneficiaries.
- d. Strategy:** Enhance vocational training and placement that supports beneficiaries to obtain meaningful and productive employment.

TENANCY: the possession or occupancy of something (such as a house) that belongs to the individual or another

LEAST RESTRICTIVE: an environment or level of care that enables an individual to function with as much choice and self-direction as safely appropriate

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

- a. Strategy:** Create an attractive career path with stair-step opportunities for those entering or returning to the workforce.
- b. Strategy:** Increase understanding of the impact of employment on availability of and qualification for benefits.
- c. Strategy:** Provide training and information to promote financial literacy for all ages.

- d. Strategy:** Increase awareness of Alaska's Achieving a Better Life Experience (ABLE) accounts, which allow for saving money without risking loss of Medicaid and Social Security benefits due to asset limits.
- e. Strategy:** Increase awareness of basic needs programs for those who want to work and need to retain vital benefits.
- f. Strategy:** Provide connection with benefits advisement and counseling resources.

3.4 **Objective:** Enhance timely access to basic needs services.

- a. Strategy:** Strengthen core basic needs programs.
- b. Strategy:** Improve access to food security across all geographic regions.
- c. Strategy:** Collaborate across agencies to improve transportation infrastructure.
- d. Strategy:** Support a streamlined database that efficiently aids in the processing of requests for services.

BASIC NEEDS: things that are necessary to sustain life and can consist of adequate food, shelter, and clothing plus some household equipment and furniture²

FOOD SECURITY: all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for an active and healthy life³

ENDNOTES

Robert Rosenheck et al., "Cost-Effectiveness of Supported Housing for Homeless Persons with Mental Illness," *Archives of General Psychiatry*, September 2003, Vol. 60, No. 9, pp. 940-951.

Laura S. Sadowski et al., "Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults," *Journal of the American Medical Association*, May 2009, Vol. 301, No. 17, pp. 1771-1778.

Dennis P. Culhane, Stephen Metraux, and Trevor Hadley, "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing," *Housing Policy Debate*, 2002, Vol. 13, Issue 1, pp. 107-163.

¹. 2017 Annual Disability Statistics Compendium: https://disabilitycompendium.org/sites/default/files/user-uploads/Compendium_2017_Final.pdf

². <https://definitions.uslegal.com/b/basic-needs/>

³. <https://www.ifpri.org/topic/food-security>

GOAL 4

PREVENTION AND TREATMENT FOR DRUG AND ALCOHOL MISUSE IS PROVIDED THROUGH COLLABORATIVE, EFFECTIVE, AND INFORMED STRATEGIES.

- 4.1 Objective:** Increase awareness, improve knowledge, and change behaviors to prevent drug and alcohol misuse.
- 4.2 Objective:** Reduce the impact of mental health and substance use disorders through prevention and early intervention.
- 4.3 Objective:** Improve treatment and recovery support services to reduce the impact of mental health and substance use disorders.
- 4.4 Objective:** Utilize ongoing recovery support services to end the cycle of substance misuse.

GOAL 4: SUBSTANCE USE DISORDER PREVENTION

Drug and alcohol misuse and abuse are issues across the nation; however, in Alaska, rates are among some of the highest. To directly address this issue, this goal aims to emphasize the need for Alaska to build the treatment and recovery infrastructure necessary to improve the outcomes of Alaskans suffering from addiction while also establishing the infrastructure and services necessary for early intervention in all geographic regions.

DRUG OR ALCOHOL MISUSE: use of substance for a purpose not consistent with legal or medical guidelines, as in the non-medical use of prescription medications¹

Alcohol and substance misuse impacts every community in Alaska. Alaska continues to exceed the national average for alcohol-induced deaths and heavy drinking and binge drinking rates. According to the Alaska Behavioral Health Systems

Assessment Final Report (2016), approximately one in nine adults, or roughly 62,815 adults in Alaska, required treatment for an illicit drug or alcohol problem. Among Alaska's traditional high school students, roughly 33.5% are estimated to have a risk behavior for substance use with 18.4% having moderate to high risk behavior for substance use. Approximately 80% of the adult corrections population struggle with substance use.²

The highest number of opioid-related deaths identified in one year in Alaska was 108 in 2017 (preliminary data from the Centers for Disease Control and Prevention (CDC)); of those, 100 (93%) were due to overdose. Despite the escalating rate of opioid overdose deaths and high hospitalization rates, there are several encouraging findings. Preliminary data suggests a possible reduction in the number of deaths during the first six months of 2018 – 29 Alaskans were known to have died of opioid overdose in the first six months of 2018 compared with 44 and 56 during the first and last six months of 2017.³

As part of the recommendations in the 2017 report of the governor's Alaska Opioid Policy Task Force and the mandates from the Alaska Legislature via Senate Bill 74 (passed in 2016), Alaska applied for and was awarded a fast-tracked substance use disorder (SUD) portion of a Section 1115 demonstration waiver through the Centers for Medicare & Medicaid Services (CMS). The SUD portion assists in strengthening the SUD treatment

continuum of services by increasing the benefits offered to Medicaid recipients, building provider capacity throughout the state, and continuing to develop Alaska's SUD workforce capacity and competencies.⁴

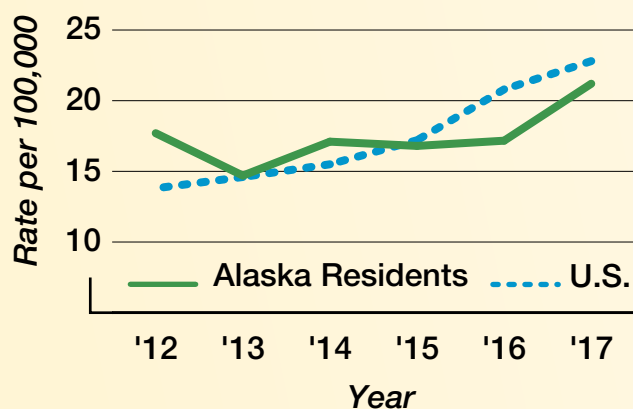
4.1 Objective: Increase awareness, improve knowledge, and change behaviors to prevent drug and alcohol misuse.

a. Strategy: Develop research-based health education campaigns that encompass lifelong learning approaches.

b. Strategy: Develop a collaborative and long-term prevention program.

c. Strategy: Use informed strategies to educate young people and their caregivers about the adverse health impacts of using substances during critical brain development years.

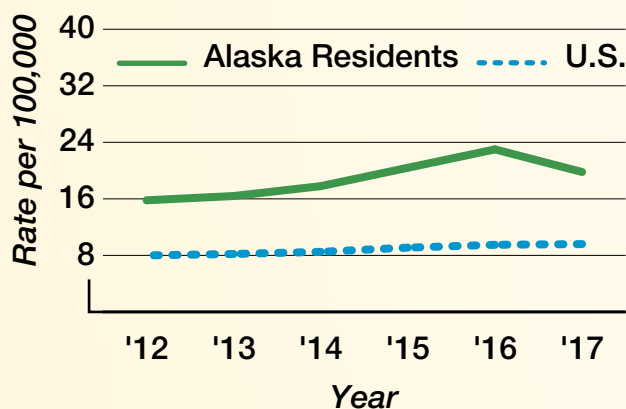
Figure 6: Drug-Induced Mortality (rate per 100,000)



Sources

Data from Alaska Department of Health and Social Services - Health Analytics & Vital Records; U.S. Centers for Disease Control & Prevention National Center for Health Statistics

Figure 7: Alcohol-Induced Mortality (rate per 100,000)



Source

Data from Alaska Department of Health and Social Services - Health Analytics & Vital Records; U.S. Centers for Disease Control & Prevention National Center for Health Statistics

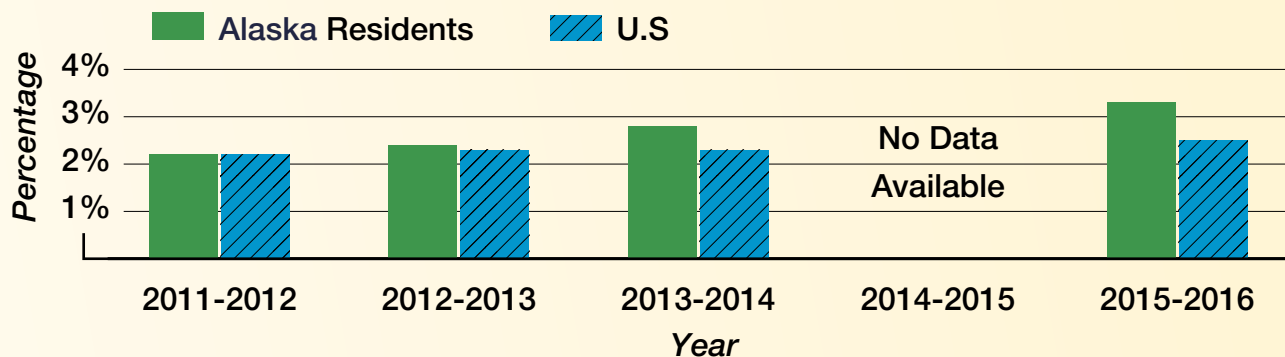
4.2 Objective: Reduce the impact of mental health and substance use disorders through prevention and early intervention.

a. Strategy: Standardize mental health and substance use screenings and assessments that are age-appropriate (i.e., older adults, youth) statewide.

b. Strategy: Enhance early access to care by training providers on Screening, Brief Intervention, and Referral to Treatment (SBIRT).

- c. Strategy:** Access and assess data to ensure that substance misuse prevention efforts are appropriate and targeted across the lifespan.
- d. Strategy:** Explore environmental strategies that limit exposure and/or access to alcohol and drug information and products.
- e. Strategy:** Promote continuing education for professionals – to include teachers – on addiction, moderation management, and crisis intervention.

Figure 8: Drug Use – Percentage of Adults Needing but Not Receiving Treatment



Source

Data from Substance Abuse and Mental Health Services Administration National Survey on Drug Use and Health

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

- a. Strategy:** Support the use of a standardized, algorithm-based, electronic substance use disorder assessment that is universally accepted across all providers and payer types.
- b. Strategy:** Increase access to the ASAM Continuum of Care for detoxification services to include case management to the next appropriate level of care.
- c. Strategy:** Increase access to community-based outpatient services and other community supports.

RECOVERY SUPPORT SERVICES:

any services designed to initiate, support, and enhance recovery, such as child care, housing and legal services

THE ASAM CRITERIA: treatment criteria for addictive, substance-related, and co-occurring conditions, American Society of Addiction Medicine (ASAM), 3rd edition, 2013

ASAM CONTINUUM OF CARE: an integrated network of treatment services and non-clinical modalities, designed so that an individual's changing needs will be met as that individual moves through the treatment and recovery process

- d. Strategy:** Increase access to residential substance use disorder services and respective case management services.
- e. Strategy:** Increase capacity of the treatment spaces available across the ASAM Continuum of Care.
- f. Strategy:** Increase access to sub-acute and acute mental health and substance use disorder treatment and services.
- g. Strategy:** Expand medication-assisted treatment (MAT) options across Alaska and across settings.

4.4 **Objective:** Utilize ongoing recovery support services to end the cycle of substance misuse.

- a. Strategy:** Increase awareness of available peer supports regarding drug and alcohol misuse for individuals and family members.
- b. Strategy:** Create statewide standards for peer recovery supports.
- c. Strategy:** Support funding for the ASAM Continuum of Care to include increasing the number of aftercare treatment programs and peer-based services for youth and adults.
- d. Strategy:** Increase efforts to integrate primary care with behavioral health treatment.
- e. Strategy:** Build a comprehensive behavioral health case management system to assess client needs and facilitate referrals and assistance.

PEER SUPPORTS: encompass a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both⁵

ENDNOTES

- ¹. https://www.who.int/substance_abuse/terminology/who_ladt/en/
- ². Alaska Behavioral Health Systems Assessment Final Report 2016: http://mhtrust.org/mhtawp/wp-content/uploads/2015/11/BH-Systems-Assessment-Report_Updated-1.22.2016_email.pdf
- ³. http://www.epi.alaska.gov/bulletins/docs/rr2018_03.pdf
- ⁴. 2017 Report of the Governor's Alaska Opioid Policy Task Force: <http://dhss.alaska.gov/AKOpioidTaskForce/Documents/AOPTF-Recommendations-1-19-17.pdf>
- ⁵. https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/peer-support-2017.pdf

GOAL 5

INDIVIDUALS, FAMILIES,
COMMUNITIES, AND GOVERNMENTS
TAKE OWNERSHIP TO PREVENT
SUICIDES AND SELF-HARM IN ALASKA.

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

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

GOAL 5: SUICIDE PREVENTION

Suicide is preventable. Humans by nature are resilient, but events and adverse experiences can weaken that resiliency to a point at which individuals become at risk for suicide. This goal focuses on mending the support system through the entire continuum of wellness promotion, suicide prevention, crisis intervention, and postvention. If every one of us learned about suicide and the risks and protective factors involved, we would be better prepared to prevent suicide in our families and communities. While each suicide or attempted suicide can be as unique as the person who experiences it, there are ways to address the “web of causation” – the multiple social, emotional, environmental, and health factors involved.

RESILIENCY: a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development¹

POSTVENTION: an organized response in the aftermath of a suicide to accomplish any one or more of the following:

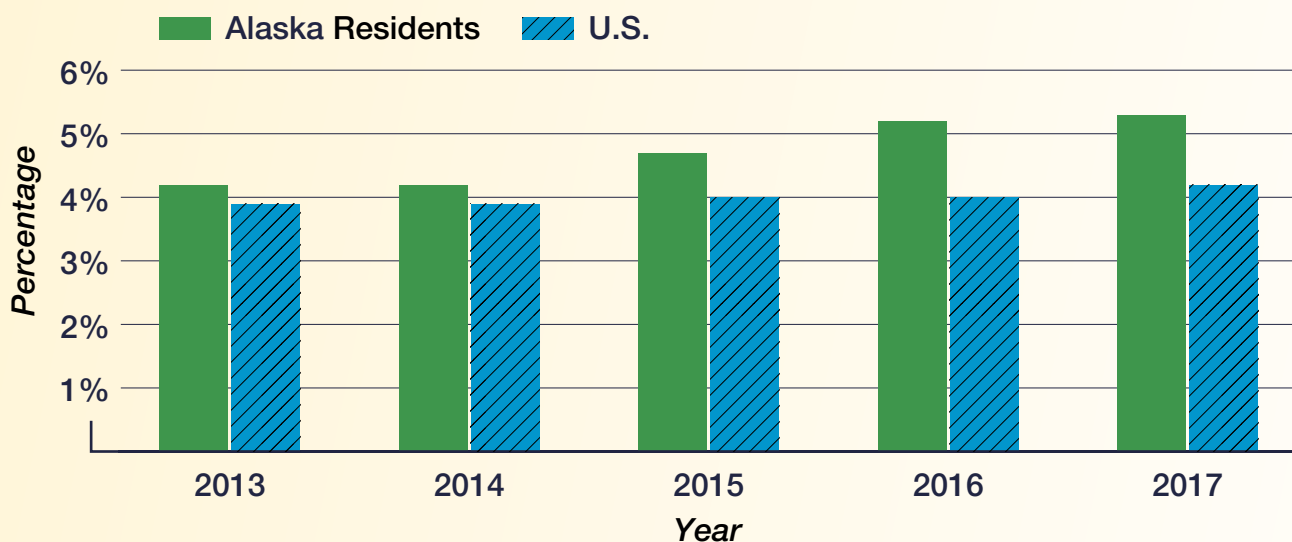
- Facilitate the healing of individuals from the grief and distress of suicide loss
- Mitigate other negative effects of exposure to suicide
- Prevent suicide among people who are at high risk after exposure to suicide²

More than 90% of people who die by suicide have depression or another diagnosable, treatable mental health or substance use disorder.³ Statistics from the Centers for Disease Control and Prevention (CDC) show that 193 Alaskans died by suicide in 2017, resulting in a statewide suicide rate of 25.8/100,000. Alaska’s rate remains nearly double the national average.⁴

In 2017, 45.4% of Alaska adolescents (high school students) felt comfortable seeking help from an adult in their life (besides their parents) to discuss serious problems.⁵ One way both youth and adults can seek help is by calling the suicide prevention hotline referred to as the Careline Alaska, which is available 24/7 with skilled staff. Careline Alaska responded to 20,976 calls in fiscal year 2018.⁶

Recasting the Net, Alaska’s suicide prevention plan for 2018-2022, challenges local communities and regional and state government to work individually and collectively to prevent suicide. The objectives and strategies in Strengthening the System align with Recasting the Net.

Figure 9: Percentage of Adults Reporting Serious Thoughts of Suicide



Source

Data from Substance Abuse and Mental Health Services Administration National Survey on Drug Use and Health

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

- a. Strategy:** Recognize the connections between suicide, substance misuse, mental illness, and adverse life events.
- b. Strategy:** Ensure that DHSS agencies/providers have guidance and training on referral supports and services and prevention approaches.
- c. Strategy:** Provide financial and technical support for implementation of practice-informed suicide prevention strategies.
- d. Strategy:** Provide safe and effective messaging for suicide prevention that is consistent with Suicide Prevention Resource Center guidelines.

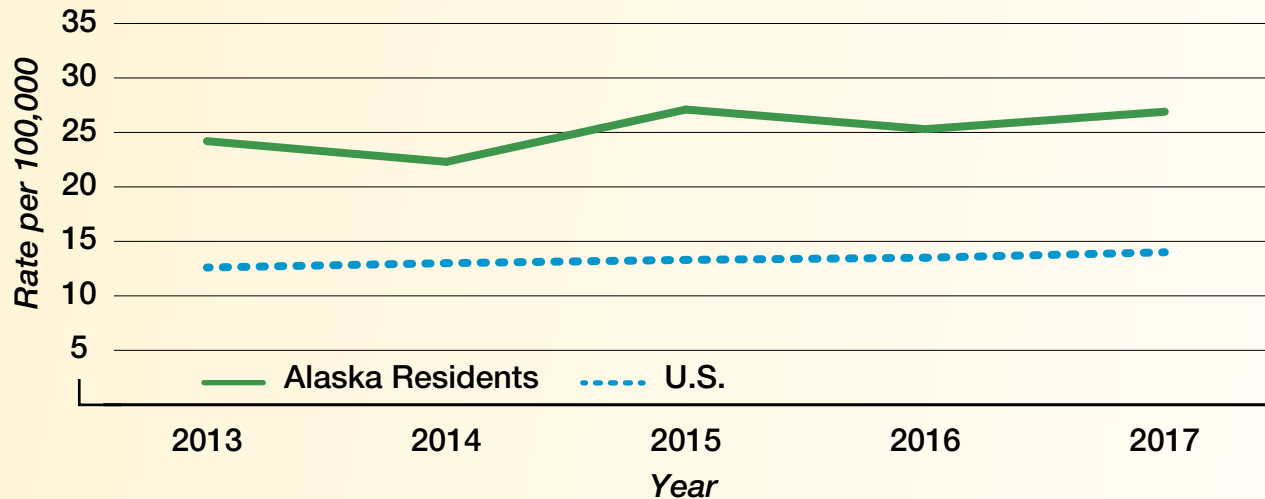
5.2 Objective: Support and improve the system to assist individuals in crisis.

- a. Strategy:** Maintain effective Careline Alaska services to all Alaskans in crisis.
- b. Strategy:** Provide public education on mental health and suicide.

UNIVERSAL SCREENING: the systematic assessment of all children within a given class, grade, school building, or school district, on academic and/or social-emotional indicators that the school personnel and community have agreed are important⁷

- c. Strategy:** Ensure Alaskans who encounter the continuum of care are universally screened for behavioral health conditions and suicidal ideation.
- d. Strategy:** Develop a continuum of community-based crisis intervention services to support beneficiaries in community settings whenever possible.

Figure 10: Suicide (rate per 100,000)



Source

Data from Alaska Department of Health and Social Services - Health Analytics & Vital Records; U.S. Centers for Disease Control & Prevention National Center for Health Statistics

ENDNOTES

1. https://www.ihs.gov/telebehavioral/includes/themes/newihstheme/display_objects/documents/slides/nationalchildandadolescent/traumainformedcare_120115.pdf
2. <https://www.sprc.org/comprehensive-approach/postvention>
3. 21.Isometsa, E.T., (2001). Psychological Autopsy Studies - A Review. European Psychiatry, 16(7), 379-85. May 14, 2019, from <https://www.ncbi.nlm.nih.gov/pubmed/11728849>
4. <https://www.cdc.gov/nchs/pressroom/states/alaska/alaska.htm>
5. Alaska Department of Health and Social Services, Division of Public Health, Youth Risk Behavior Survey, 2017 Survey Results.
6. Casting the Net Upstream: Promoting Wellness to Prevent Suicide Annual Report 2017: http://dhss.alaska.gov/SuicidePrevention/Documents/pdfs/CTN_Implementation_Report_2017.pdf
7. <https://www.pbis.org/>

GOAL 6

ALASKANS ARE FREE FROM
ABUSE, NEGLECT, SELF-NEGLECT,
AND EXPLOITATION.

- 6.1 Objective:** Prevent child maltreatment by ensuring resilient families.
- 6.2 Objective:** Promote early intervention in maltreatment and with families at risk for maltreatment.
- 6.3 Objective:** Ensure individuals who suspect potential abuse understand the role of protective agencies and how to report potential abuse and neglect.
- 6.4 Objective:** Increase timely access to protective services statewide.
- 6.5 Objective:** Ensure vulnerable Alaskans understand their rights and responsibilities.

GOAL 6: PROTECTING VULNERABLE ALASKANS

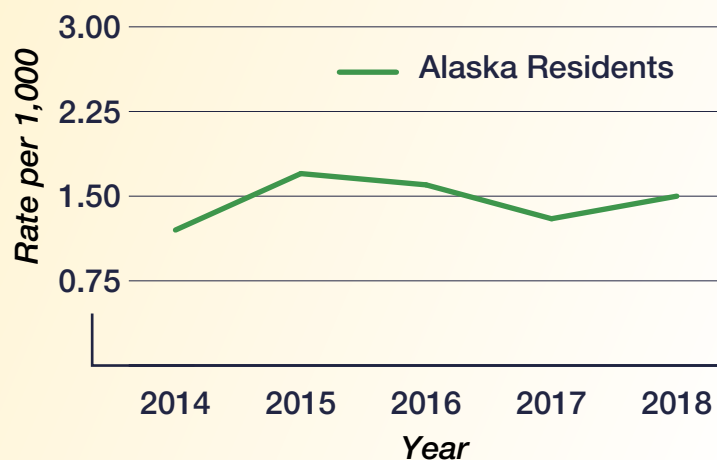
Vulnerable Alaskans, both children and adults, should be provided with supportive and protective services. State and local public awareness campaigns, training programs, and multi-disciplinary teams are essential when providing these supportive services. In addition to improving the systems for responding to children and adults experiencing, or at risk of, abuse or neglect, it is vital that we focus on preventing them from ever entering the system by supporting healthy, resilient families and healing intergenerational trauma.

Concerns for the safety of Alaska's children and vulnerable adults are reported by neighbors, teachers, nurses, treatment providers, and others to the Office of Children's Services (OCS) and Adult Protective Services (APS). At OCS, over the past five years, these reports increased from 15,917 in fiscal year 2014 (FY14) to 22,253 in fiscal year 2018 (FY18). APS has seen an increase of reports of harm (particularly self-neglect and financial exploitation) to adults with mental illness, cognitive impairments, and chronic substance misuse.

VULNERABLE ALASKAN: a person who, because of physical or mental impairment, is unable to meet their own needs or to seek help without assistance AS 47.24.900 (21)

INTERGENERATIONAL TRAUMA: a traumatic event that began years prior to the current generation and has impacted the ways in which individuals within a family understand, cope with, and heal from trauma¹

Figure 11: Founded Reports of Harm to Adults (rate per 1,000)



Source

Data from Alaska Department of Health and Social Services, Adult Protective Services

Since 2005, OCS has coordinated Alaska's effort to use the Strengthening Families approach to engage families, programs, and communities in building five protective factors to prevent abuse. The five protective factors that are related to the prevention of child maltreatment for adults are: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and for children healthy social and emotional development. This framework is now embedded in professional development across multiple systems and communities. OCS continues to

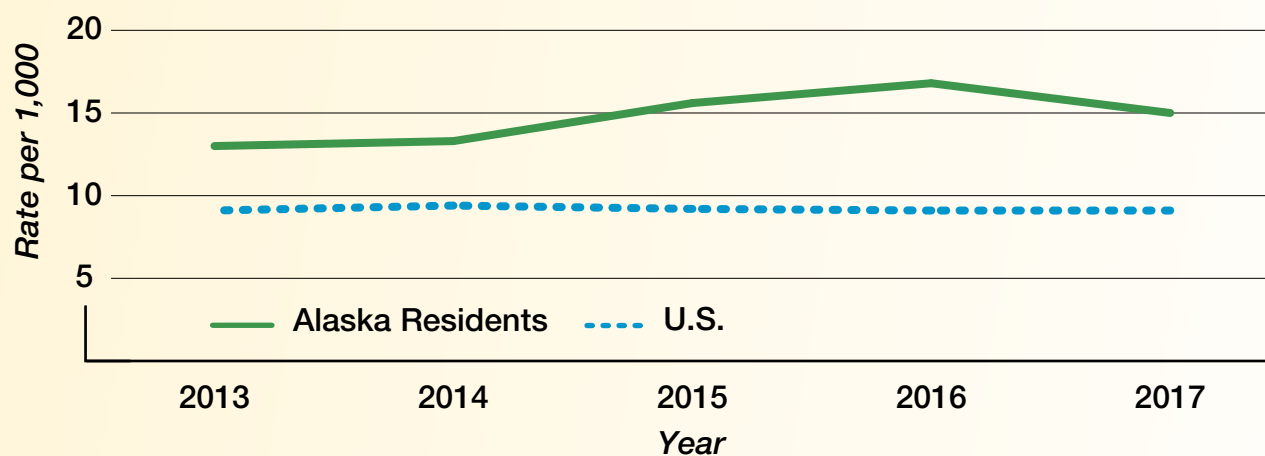
CULTURAL COMPETENCE:

the ability of providers and organizations to effectively deliver healthcare services that meet the social, cultural, and linguistic needs of patients²

enhance these prevention efforts by asking agencies and communities to consider three main philosophies when designing and conducting their services for families. Services should be 1) individualized and strength-based, 2) culturally sensitive/competent, and 3) trauma-informed. A recent initiative titled Circles of Support aims to prevent children from being placed out of their homes and to strengthen families.

APS, a unit within the Division of Senior and Disabilities Services (SDS), through a four-pronged approach, works to achieve this goal by 1) developing and strengthening prevention and awareness efforts at the state and local levels; 2) conducting abuse, neglect, and exploitation investigations from reports of harm on vulnerable individuals; 3) providing protective services to prevent or stop harm from occurring; and 4) offering supportive services to ensure safety in community and home environments.

Figure 12: Child Maltreatment (rate per 1,000)



Source

Data from U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau
<https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>

Depending on the family circumstances, severity of safety concern, and family support systems, OCS is responsible for determining if a removal from the home is required to maintain child safety. In FY14 the number of children in out-of-home placement in Alaska was 3,024. That number was dramatically increased to 4,234 in FY18. This increase, as well as the struggles to gain permanency for children in care, has increased the caseloads of family services and generalist protective services staff to more than double the recommended average. Likewise, the increase in adult reports of harm has continued to push APS investigator caseloads past the national average.

6.1 Objective: Prevent child maltreatment by ensuring resilient families.

- a. Strategy:** Develop, in partnership with a collective network, a comprehensive statewide plan to prevent child abuse and neglect.
- b. Strategy:** Develop a statewide outreach campaign for perinatal care providers to make trauma-informed, culturally responsive approaches.
- c. Strategy:** Provide referrals for basic needs services as a standard for perinatal and pediatric care.
- d. Strategy:** Expand access to and availability of prenatal and early childhood home visitation services.
- e. Strategy:** Move toward the creation of paid family leave policies, family-friendly workplaces, and other employment policies that support caregiver attachment and bonding with children and leave time to care for children who are sick or out of school/care.
- f. Strategy:** Explore practice-informed strategies to support attachment and bonding for incarcerated caregivers.
- g. Strategy:** Support working families through increasing availability, affordability, and quality of early childhood education programs from infancy through pre-K.

6.2 Objective: Promote early intervention in maltreatment and with families at risk for maltreatment.

- a. Strategy:** Increase effective public awareness around the signs of potential abuse and how to respond.
- b. Strategy:** Leverage 1115 Medicaid behavioral health waiver services and develop Families First Prevention Services Act services to support children in their homes and prevent out-of-home placement whenever possible.
- c. Strategy:** Explore and consider expanding the Palmer Families with Infants and Toddlers (FIT) Courts statewide.
- d. Strategy:** Negotiate with tribes and Alaska Native tribal organizations to implement prevention services under the Alaska Tribal Child Welfare Compact.

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

- a. Strategy:** Increase awareness of OCS, child abuse reporting procedures, and mandatory reporter obligations.
- b. Strategy:** Increase awareness of services and supports available through the Indian Child Welfare Act (ICWA).
- c. Strategy:** Increase awareness of APS, abuse reporting procedures, and mandatory reporter obligations.
- d. Strategy:** Improve access to training for mandatory reporters.
- e. Strategy:** Ensure online reporting is available 24/7.
- f. Strategy:** Establish interagency data-sharing agreements to ensure reports of harm are transmitted timely and accurately.
- g. Strategy:** Encourage communities to implement a coordinated community response system.

6.4 Objective: Increase timely access to protective services statewide.

- a. Strategy:** Support communities building sustainable, systemic approaches to protection services.
- b. Strategy:** Apply a person-centered model to the delivery of protective services.
- c. Strategy:** Continue funding for emergency and transitional housing options.
- d. Strategy:** Prioritize and enhance existing strategies to increase recruitment and retention efforts for protective services workers.
- e. Strategy:** Recruit and retain certified long-term care ombudsman volunteers.
- f. Strategy:** Promote timely reunification with families for children and youth in state custody.

PROTECTIVE SERVICES:
are intended to prevent or alleviate harm resulting from undue influence, abandonment, exploitation, abuse, neglect, or self-neglect and are provided to a vulnerable adult or child who needs protection

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

- a. Strategy:** Develop an awareness campaign to educate people about the array of legal services or options offered in Alaska.
- b. Strategy:** Improve access to advocacy supports, and quality civil and criminal legal assistance for all beneficiaries.
- c. Strategy:** Support the court system in creating a statewide probate process that is consistent across judicial districts.
- d. Strategy:** Establish pathways for vulnerable adults who are in institutional levels of care, such as the Alaska Psychiatric Institute (API), Department of Corrections (DOC), Division of Juvenile Justice (DJJ), residential psychiatric treatment centers (RPTC), or nursing homes to access protective services.

ENDNOTES

Online Resource for the Children of Alaska (ORCA) database query emailed by the Department of Health and Social Services Program Administrator on 12/14/2018.

¹. <https://www.acamh.org/blog/intergenerational-trauma/>

². Betancourt, J. R., Green, A. R., & Carrillo, J. E. Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches, New York: The Commonwealth Fund. 2002.

GOAL 7

TRUST BENEFICIARIES' BEHAVIORAL
HEALTH NEEDS ARE ACCURATELY
ASSESSED AND MET IN THE LEAST
RESTRICTIVE ENVIRONMENT.

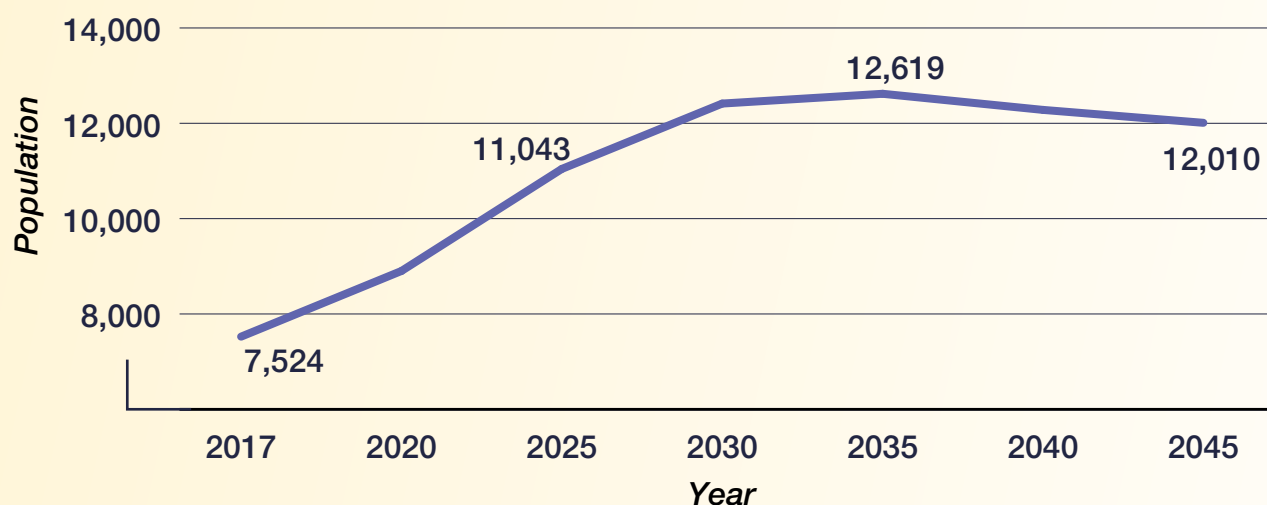
- 7.1 Objective:** Promote universal screening and standardized assessment and reassessment tools to reduce duplication and increase efficiencies across the service spectrum.
- 7.2 Objective:** Increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement.
- 7.3 Objective:** Reduce the number of Trust beneficiaries entering or becoming involved with Alaska's criminal justice or juvenile justice system.

GOAL 7: SERVICES IN THE LEAST RESTRICTIVE ENVIRONMENT

Alaska has had a strong progression away from institutional settings and toward serving Alaska Mental Health Trust Authority (the Trust) beneficiaries in their home communities. Receiving services in a least restrictive environment ultimately leads to more meaningful lives for beneficiaries, as well as cost efficiencies for state government. Every person's journey to recovery is different and treatment in an inappropriate setting can delay recovery.

Currently, Alaska's capacity to provide timely, appropriate levels of support to avoid institutional placement is limited. Least restrictive practices in home communities are paramount for Trust beneficiaries to be able to live meaningfully as contributing members of those communities. Receiving services in this way preserves existing natural supports and allows for the development of additional supports, making it the desired first choice.


Figure 13: Population Projection: Number of Alaskans with Alzheimer's Disease



Sources

Department of Labor and Workforce Development: Alaska Population Projections 2017 to 2045
<http://live.laborstats.alaska.gov/pop/projections.cfm>

Prevalence Estimates: Trust Beneficiaries are from the 2018 Alaska Scorecard
http://dhss.alaska.gov/dph/HealthPlanning/Documents/scorecard/2018_MHT_Scorecard_full.pdf



Providing enhanced and timely treatment options to Trust beneficiaries presents considerable challenges to the current mental health system, as there are typically long waitlists for the referred services that address the assessed needs of the individual. We can improve outcomes by enhancing and adopting state policies that require individuals with behavioral health needs to be supported and empowered to participate in treatment planning and recovery in hopes of improving their overall well-being.

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

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

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

a. Strategy: Ensure crisis stabilization services statewide.

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

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

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

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

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

LONG-TERM SERVICES AND SUPPORTS: a wide range of services to help people with disabilities who need support to live more independently by assisting with personal and healthcare needs and activities of daily living, such as eating, bathing, grooming, etc.¹

ASSISTIVE TECHNOLOGIES: any item, piece of equipment, software program, or product system that is used to increase, maintain, or improve the functional capabilities of persons with disabilities²

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

a. Strategy: Establish a process to use pre-charge and pre-arrest diversion without incarceration.

b. Strategy: Increase awareness of least restrictive, long-term services and supports through counseling on options and person-centered interviewing.

c. Strategy: Collaborate with other criminal justice- or juvenile justice-involved partners to develop and implement services for Trust beneficiaries.

d. Strategy: Expand immediate access to treatment and support services for individuals who encounter law enforcement and the legal system.

e. Strategy: Expand access to services to accommodate the needs of victims and offenders who are Trust beneficiaries and involved in the criminal justice or juvenile justice system.

DIVERSION: the broad category of justice models that divert people away from further prosecution, jail, or sentencing and into services in the community³

ENDNOTES

¹. <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/info/ltss-overview.html>

². <https://www.atia.org/at-resources/what-is-at/>

³. <http://www2.centerforhealthandjustice.org/content/project/police-deflection>

GOAL 8

TRUST BENEFICIARIES WHO ARE IN AN INSTITUTIONAL SETTING RECEIVE THE NECESSARY SERVICES AND RECOVERY SUPPORTS TO RETURN TO THE COMMUNITY OF THEIR CHOICE.

8.1 Objective: Establish a standard of care to ensure individuals receive appropriate therapy and supports while residing in psychiatric settings in state or out of state.

8.2 Objective: Ensure Alaskans who are in nursing homes, hospitals, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) are provided the appropriate therapy and supports.

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

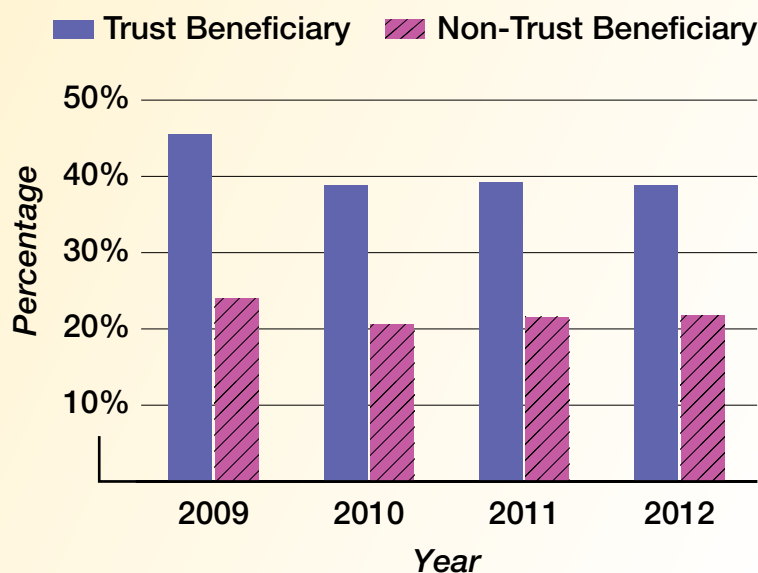
GOAL 8: SERVICES IN INSTITUTIONAL SETTINGS

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

Institutional settings such as API are at the center of a fragile network of behavioral health services in Alaska. With state suicide and substance abuse rates considerably higher than the national average, coupled with limited options for quality treatment, particularly in remote villages, improving the behavioral health system continues to be an area of focus and intensive concern for Alaskans.¹

In 2012, 65% of the Alaska Department of Corrections (DOC) population were Trust beneficiaries. Those beneficiaries were significantly more likely to be convicted of a felony crime and stayed in custody

Figure 14: One-Year Recidivism Rates by Trust Beneficiary Status



Source

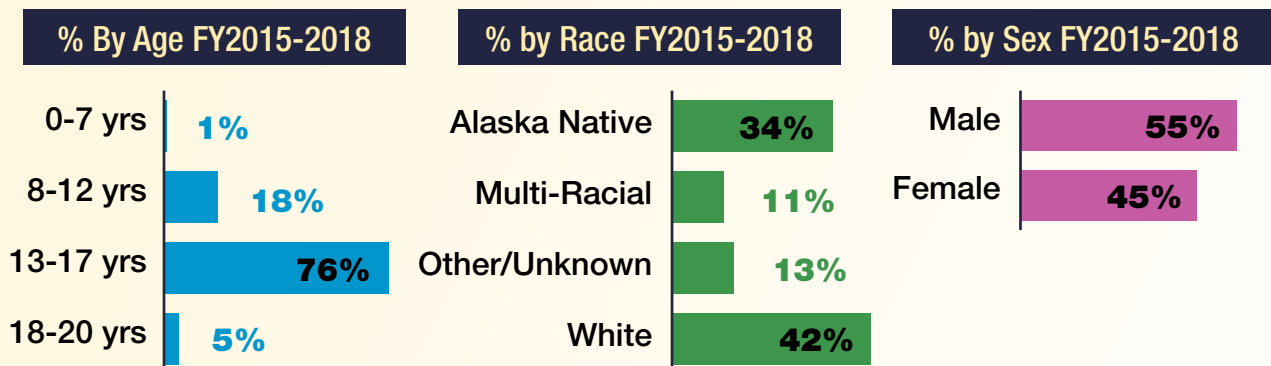
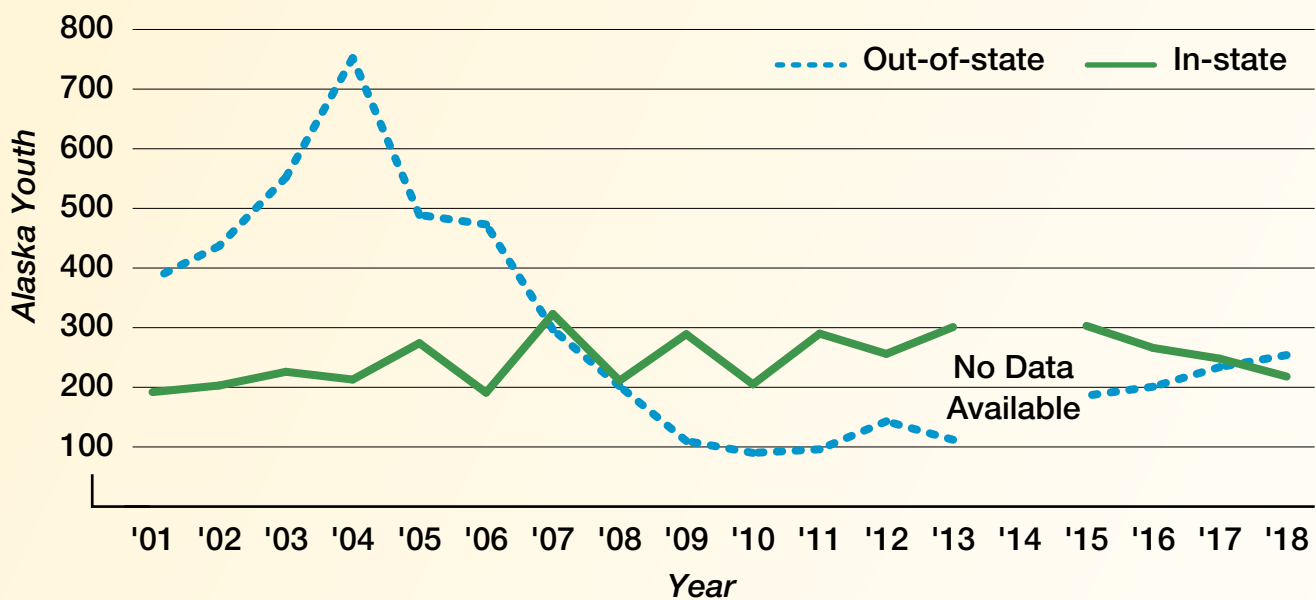
Data from the 2014 Trust - Hornby Zeller & Associates report on Trust Beneficiaries in Alaska's Department of Corrections.

Alaska one-year recidivism rates are defined as the percentage of Trust beneficiary or non-Trust beneficiary groups committing a new crime within one year of discharge.

significantly longer compared to the rest of the inmate population. Nearly one-quarter of these individuals (4,309) also had a history with the juvenile justice system. This reality goes beyond the burden imposed by people with mental illness, substance misuse, and other disorders by perpetuating the overall expansion of the incarcerated population and further crippling an already fragile behavioral health, juvenile justice, and correctional system.²

The health situation of many individuals residing in institutional levels of care is, generally speaking, worse than in the community. This health decline is often attributed to the

Figure 15: Alaska Youth in Residential Psychiatric Treatment Facilities: In-State vs. Out-of-State



Source

Data from Alaska Department of Health and Social Services, Division of Behavioral Health

ways they lived before, as well as the pains that institutional settings impose on them. Thus, there are more elderly people suffering from various behavioral health illnesses, who, because of their age, health, long sentence, or a security-related reason, may die in institutional levels of care. Nationally, prisons may become a place where people die. This trend poses a challenge in many institutions across the nation, including Alaska. When considering policy decisions and providing rationale and response regarding the dignity of beneficiaries who are in institutions, special consideration should be given to health, social, and economic practices for older adults, including those with mental and physical disabilities, terminal illnesses, and special needs populations.³

Individuals who are within an institutional setting, either voluntarily or involuntarily, should 1) have their needs accommodated appropriately, 2) understand their rights and responsibilities, and 3) be given the opportunity to participate in their treatment and discharge/re-entry planning. Individual choice as part of treatment (through a recovery-oriented approach) provides more opportunities to live a meaningful life and will aid in the transition from an institutional setting back to the community of choice.

8.1 Objective: Establish a standard of care to ensure individuals receive appropriate therapy and supports while residing in psychiatric settings in state or out of state.

a. Strategy: Ensure all individuals residing in an institutional setting are regularly reassessed.

b. Strategy: Discharge planning from an institutional setting back to one's home community includes a warm hand-off to the respective step-down level(s) of care.

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

d. Strategy: Establish quality-of-care standards and improvement processes for psychiatric inpatient services.

WARM HAND-OFF:
a transfer of care between two members of the healthcare team, occurring in front of the patient and family⁴

8.2 Objective: Ensure Alaskans who are in nursing homes, hospitals, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) are provided the appropriate therapy and supports.

- a. Strategy:** Enhance care coordination process and wraparound services for a successful transition from a nursing home or ICF/IID setting back to one's community of choice.
- b. Strategy:** Improve the system for those with complex behavioral needs by enhancing service-level options.
- c. Strategy:** Ensure all individuals residing in nursing homes and ICF/IID settings receive information on less restrictive setting options.
- d. Strategy:** Create person-centered after-care plans and provide case management, as well as ongoing follow-up for adjustments to plans as needed.
- e. Strategy:** Ensure that the Office of the Long-Term Care Ombudsman (OLTCO) visits a minimum of 90% of assisted living and nursing homes each year that are licensed to serve seniors. (Pending approval from the OLTCO)

CARE COORDINATION: a process of improving communication among various medical professionals with whom patients come in contact and between these professionals and the patients themselves (and their families)⁵

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

- a. Strategy:** Ensure all correctional and juvenile facility staff is trained in Mental Health First Aid, or similar approaches, to properly respond to crises as they occur.
- b. Strategy:** Support the efforts of the DOC and DJJ to expand access to care for people with mental, cognitive, and/or substance use disorders.
- c. Strategy:** Provide therapeutic environments for individuals in the mental health, aging, and substance use disorder units.
- d. Strategy:** Support the DOC's efforts to expand upon and provide the full range of medication-assisted treatment (MAT) options.
- e. Strategy:** Provide opportunities for funding and technical assistance that aid DOC and DJJ efforts to eliminate suicides that occur inside a correctional or detention facility.

THERAPEUTIC ENVIRONMENTS: can refer to physical, social, and psychological safe spaces that are specifically designed to be healing⁶

- f. Strategy:** Conduct an assessment of the current therapeutic treatment units and least restrictive treatment interventions to aid in enhancing living with dignity for incarcerated Trust beneficiaries.
- g. Strategy:** Provide screening for appropriate intervention and accommodation/ placement for Alaskans with neurobehavioral disabilities (fetal alcohol spectrum disorders, traumatic and acquired brain injuries, and Alzheimer’s disease or related dementia) who are incarcerated.
- h. Strategy:** Support DOC and DJJ in expanding their mental health and substance use workforce to meet the needs of the population.
- i. Strategy:** Support re-entry coordination for returning citizens.

RE-ENTRY: services and programs that assist an individual in their transition from incarceration back into the community⁷

ENDNOTES

- ¹. http://dhss.alaska.gov/HealthyAlaska/Documents/Initiatives/API%20Privatization%20Feasibility%20Report_Jan%2026%202017.pdf
- ². <https://alaskamentalthrust.org/wp-content/uploads/2018/05/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>
- ³. <https://journals.sagepub.com/doi/full/10.1177/1078345816685116>
- ⁴. <https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/interventions/warmhandoff.html>
- ⁵. <https://innovation.cms.gov/Files/reports/Best-Prac-Congressional-Report.pdf>
- ⁶. <https://study.com/academy/lesson/therapeutic-environments-definition-history-principles.html>
- ⁷. <http://www.correct.state.ak.us/rehabilitation-reentry/faq>

GOAL 9

THE STATE OF ALASKA HAS THE WORKFORCE CAPACITY, DATA, AND TECHNOLOGY SYSTEMS IN PLACE TO SUPPORT THE RESOURCES AND FUNDING OF ALASKA'S COMPREHENSIVE INTEGRATED MENTAL HEALTH PROGRAM.

- 9.1 Objective:** Strengthen workforce capacity with improved recruitment and retention to obtain and maintain knowledge and support innovation and modernization.
- 9.2 Objective:** Advance the competencies of the healthcare, behavioral health, and public health workforce.
- 9.3 Objective:** Ensure funding is available to support Alaska's Comprehensive Integrated Mental Health Program.
- 9.4 Objective:** Optimize information technology investments to improve process efficiency and enable innovation.
- 9.5 Objective:** Encourage a culture of data-driven decision-making that includes data sharing, data analysis, and management to link support services across Alaska Department of Health and Social Services (DHSS) divisions and other departments.

GOAL 9: WORKFORCE, DATA, AND FUNDING

It is important that there are adequate resources and funding committed to ensure Alaska's Comprehensive Integrated Mental Health Program is available to help improve the quality of life of all Alaska Mental Health Trust Authority (the Trust) beneficiaries and Alaskans.

Funding is required to support programs and services. In addition to funding, requisite planning and logistical resources are needed to maintain a continuum of care that provides quality services at maximum efficiency and effectiveness. Without the programs and resources contained in this plan, more Alaskans will utilize the most intensive, intrusive, and expensive services, such as hospital emergency departments, or the most restrictive services, such as residential care or correctional facilities. In some cases, Alaskans may require services only available out of state.

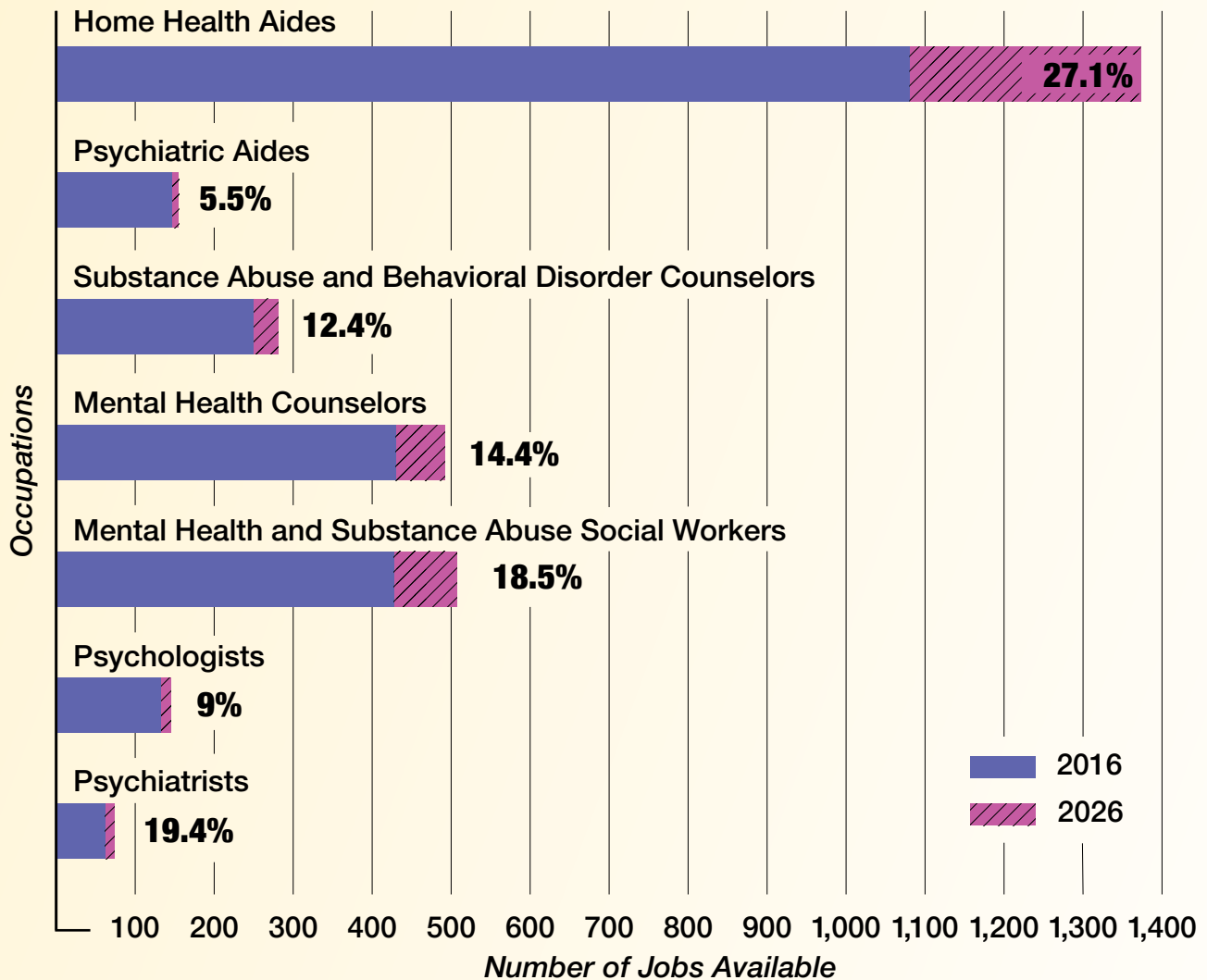
HEALTH INFORMATION TECHNOLOGY (HIT): tools and processes for data gathering and comprehensive management of health information¹

Three core areas that maintain and support a comprehensive program are 1) a competent and qualified workforce, 2) a complete system of health information technology (HIT) to facilitate quality services, and 3) available data and data sharing that allow for appropriate data-driven decision-making and policy development.

Alaska has a known workforce shortage across many health- and behavioral health-related disciplines. Without a capable and competent workforce, the continuum of services and care is at risk of not being able to meet the needs of the most vulnerable Alaskans. Key workforce development strategies include “growing our own” professionals through primary and secondary education, training, loan repayment, recruitment, and retention.

Optimizing infrastructure and policy related to the use of HIT and data sharing will bring a significant return on investment of funding and resources. For example, the use of distance technologies such as telemedicine can not only improve the quality of care for Alaskans, but also has the potential to drive down costs through increasing access and service in an individual's community of choice and reducing travel costs.

Figure 16: Projected Percentage of Increased Demand for Selected Trust Beneficiary-Related Occupations, 2016-2026



Source

Alaska Department of Labor and Workforce Development <http://akdoltest.ayera.net/occfst/index.cfm#g21>

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

a. Strategy: Engage and prepare Alaska's youth for health careers.

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

c. Strategy: Develop strong leadership courses and offerings.

- d. Strategy:** Promote organizational culture that supports workforce development.
- e. Strategy:** Ensure a stable, sustainable statewide network of behavioral health providers is available to serve Alaskans with behavioral health needs.

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

- a. Strategy:** Create an attractive career path for those entering the workforce with accompanying training.
- b. Strategy:** Ensure payment levels align with actual costs to promote providers paying a livable wage.
- c. Strategy:** Expand and enhance training and professional development opportunities for all healthcare and behavioral health professionals.
- d. Strategy:** Enhance the use of technology for distance-delivered educational opportunities.
- e. Strategy:** Support curriculum development and the training of health professionals to ensure they learn, enhance, and update essential knowledge and skills.
- f. Strategy:** Support training and other activities that enhance the health workforce's competency in providing culturally and linguistically appropriate care.
- g. Strategy:** Expand the number and type of training and technical assistance opportunities that educate students and providers to work in inter-professional teams and participate in practice transformations.
- h. Strategy:** Support technical assistance, training, and other opportunities to help safety net providers expand, coordinate, and effectively use HIT to support service delivery and quality improvement.

CULTURALLY AND LINGUISTICALLY APPROPRIATE CARE: effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs²

9.3 **Objective:** Ensure funding is available to support Alaska's Comprehensive Integrated Mental Health Program.

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

b. Strategy: Maintain grant funding to pay for essential behavioral health services that are not funded through Medicaid or other sources.

c. Strategy: Leverage Medicaid funding.

MENTAL HEALTH BUDGET BILL: Alaska is unique in that it has an operational budget, a capital budget, and a mental health budget bill; the mental health budget bill provides appropriations/funding to ensure there is an integrated comprehensive mental health program³

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

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

b. Strategy: Evaluate potential technologies and solutions.

9.5 **Objective:** Encourage a culture of data-driven decision-making that includes data sharing, data analysis, and management to link support services across Alaska Department of Health and Social Services (DHSS) divisions and other departments.

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

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

c. Strategy: Enact purpose-driven data collection and data analysis.

d. Strategy: Using the department's systems map and legal determination, create a data-streamlining and data-sharing plan.

e. Strategy: Obtain legal counsel for final determination on the opportunities and constraints of inter-divisional data-sharing, including new regulations found in 42 CFR Part 4.

ENDNOTES

¹. http://dhss.alaska.gov/HIT/Documents/HIE_HIT%20Update_20100719.pdf

². <https://www.thinkculturalhealth.hhs.gov/clas/standards>

³. AS 47.30.046



Trust

Alaska Mental Health
Trust Authority