

FY24/25 Stakeholder Budget Survey Results

May 2022

Thank you to stakeholders of the Alaska Mental health Trust Authority who completed our FY24/25 budget development stakeholder survey, and who have been participating in workgroups to generously share their valuable experience, expertise, and knowledge to help the Trust develop its budget. This document contains a summary of the responses received.

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INTRODUCTION

A survey was developed and fielded to gather supplemental information to help inform the Alaska Mental Health Trust Authority's (Trust) FY24/25 budget development process.

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

The survey focused on determining whether the Trust is working in relevant and appropriate areas of emphasis, the prioritization of current strategies, the identification of potential new strategies, and the identification of key policy areas the Trust should consider in the FY24/25 budget cycle.

The survey was open from April 8, 2022 to May 12, 2022.

WHO COMPLETED THE SURVEY?

There were 185 surveys submitted.

The affiliations of participants are listed below. A total of 166 people identified their affiliation in the categories provided below, while 23 offered written comments to clarify their response or to list a category for their affiliation that was not provided.

Affiliation	Number
State Government	59
Non-Profit Providing Services/Care Coordination to Trust Beneficiaries	56
Friend, Family Member, or Caregiver of a Trust Beneficiary	13
Tribal Government, Corporation, or Health Organization	13
Community Coalitions Supporting Trust Beneficiaries	10
For Profit Organization Providing Services/Care Coordination to Trust Beneficiaries	7
Local Government	3
Trade Organization Representing Professionals Providing Services/Care Coordination to Trust Beneficiaries	3
Trust Beneficiary	2

Of note, there were two individuals that identified as [Trust beneficiaries](#), and 13 that identified as friends, family members, or caregivers of a Trust beneficiary. People appeared to identify affiliation based upon their job, and in some instances, also identified as a Trust beneficiary, friend, family member, or caregiver of a Trust beneficiary.

The "Other" section was comprised of a mixture of people identifying themselves in roles such as family members, members of a Trust beneficiary related Statutory Advisory Boards, consultants or contractors, advocates, educators, or working for the university.

SUPPORT FOR TRUST EFFORTS

Participants were asked to rate their level of support for the Trust continuing to focus effort and resources on its current focus areas, areas of emphasis, and initiatives. Participants affirmed the Trust focus areas, emphases, and initiatives. As can be seen below, 81.1 – 92.6% of participants reported: “Support” or “High Support” for current Trust focus areas, areas of emphasis, and initiatives.

Focus Area, Emphases, Initiatives	% of Participants Support
Beneficiary Employment & Engagement	81.2
Disability Justice	81.1
Early Childhood, Intervention & Prevention	88.5
Home & Community-Based Services	92.2
Safe & Affordable Housing	89.6
Mental Health & Addictions Intervention	92.6
Workforce Development	86.1
Psychiatric Crisis Continuum of Care	89.6

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

Comments related to support for Trust efforts:

- Thank you. These are most relevant for beneficiaries and those who support them. Workforce Development, in particular, is a significant barrier to providing services and I hope that AMHT can throw its full weight behind improving the quantity, quality, and reimbursement of staff.
- I believe all these areas require a high level of consistent and coordinated engagement. I did specifically state workforce development as the highest priority because none of the other areas are possible without an adequately well-trained and continuously improved workforce.
- All these areas are extremely important -- it was difficult to differentiate between importance.
- So much of the Trust Focus has been on behavioral health reform that it appears that other focus areas have lost support. Not that behavioral health reform is not important, because it is. But now it seems like it is time for the trust to use its resources to ensure the seniors and persons with disabilities are able to access the services that they need at the level that they need that support.
- Access [to services] continues to be a problem in Alaska and needs Trust support.
- People should be given the opportunity to access resources that can help improve their quality of life. Being a person is hard and sometimes we need help.
- All these categories are vitally important.
- The Zero Suicide initiative will need more funding for startup costs in organizations across the state. High emphasis on strengthening pathways to care. For organizations to adopt this framework system-wide, they will need support through FTEs and technical assistance for training, integrating practices into the EHR, and transitions.
- My daughter has to be in a locked LCP due to a lack of services (safe) in the state. This is ridiculous. My daughter is an adult living with delusions.
- I love all the programs that help return folks to public life, skill training, housing, etc.
- If we are looking to improve some of the addiction, homeless and mental health issues we must start with a program or programs to change the culture at a younger age.

- The further upstream work can be done, the better. Prevention and Early Childhood programs are important to ensure the level of services and support that are needed are manageable in the future.
- All very important focus for Mental Health programs
- Our agency, RurALCAP, supports individuals who experience mental illness. However, I do not work in this department. I work in Child Development in multiple villages throughout the state. What I do know is that many communities are not receiving the services that they need for mental health and addiction interventions.
- It will be wonderful if the Trust could focus more attention in the future on providing non-profit support agencies that directly assist Trust stakeholders with additional funding opportunities. Many are struggling to survive currently due to current economic challenges associated with Covid-19, the Great Resignation, and Inflation, and could really use some form of financial assistance to launch, stay afloat, or expand their non-profit services. The financial assistance to these organizations could be like TABI mini-grants, but for the non-profit agencies seeking to assist those with a TABI. I know of at least three non-profit agencies whose missions would be greatly bolstered by this type of approach - i.e. The Alaska Brain Bus; BIA-AK, and the Disability Law Center of Alaska. It is a shame that the Disability Law Center cannot currently provide direct services because of their small TBI mini-grant funds going towards their support of the Alaska TABI Advisory Council. If they were more adequately funded, more could be accomplished by them in the TBI realm pertaining to offering direct legal services to those with a TBI.
- These are all ongoing issues for our beneficiaries and all very important to address.
- In our region we really need more people who can help get people on SSI/SSDI. Maybe an aging and disability resource center in Bethel.
- Employment and HCBS are very important, but the others have a bit more priority I think...
- Prevention is key - we need to not only feed the line but shorten it. Any program that helps work upstream should be key to the work of The Trust.
- There is a great need for a larger workforce to meet the needs for Crisis care for MH and SUD.
- We work in the housing world. We see an increased need for supportive services in the housing arena including Homelessness, Rapid Rehousing, prevention, and diversion.
- All of these are very important!
- When I click "support", I mean that I really believe in what you're doing in those areas. I haven't actually firsthand done anything to help though.
- We need more Trust work in prevention services, especially youth prevention activities like afterschool programs that prevent substance misuse and support families/students with disabilities and in recovery.
- These are the right areas and are all intertwined - especially workforce development. Would like to see more emphasis within these areas on suicide and brain injury.

TRUST FOCUS AREAS & INITIATIVES

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

The responses to questions about prioritization, strategies, and key policy issues have been organized below alphabetically by focus area, area of emphasis, or initiative. In addition to prioritization ratings,

specific comments from participants are included under *New Strategies* and *Key Policy Areas* for each area of focus.

BENEFICIARY EMPLOYMENT & ENGAGEMENT FOCUS AREA

Prioritization

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

Strategy	Average Rating (1 Low to 5 High)	% Of Participants rating Strategy Medium to High Priority	% Of Participants rating Strategy as a High Priority
Utilize ongoing recovery (including peer and family) supports services to reduce the impact of mental health and substance use disorders	4.32	97.0	52.6
Beneficiaries increase self-sufficiency	4.14	96.3	42.2
Increase Capacity, training, and competencies	4.13	94.8	38.8
Expand resources that promote successful, long-term employment for Trust beneficiaries	3.93	92.6	33.8
Ensure competitive and integrated employment at or above minimum wage	3.63	85.8	28.4

New Strategies that should be Prioritized of Existing Strategies

- I am not sure what all these things include since the language is so limited, but the ideas are all good. I feel early intervention and consistent care help with prevention. This requires a caring family along with the support so a Big Brother, Big Sister or Partners Club like with Special Olympics type program along with all of this would be super beneficial. Self-sufficiency will increase through taking more responsibility for themselves with as much support as they need. I don't like to force businesses to employ folks, but I do like the idea of incentives for businesses to get involved. I realize it might be a fine line, but community involvement is good for some businesses' PR and bottom line.
- Building up more volunteer work for those who are scared if they work for money will lose their financial help. Giving those who can, even just visiting others the feeling they are also important and can give back to their community. One of the biggest assists we can do is give back their self-esteem. group activities that they do something, weed city flower boxes, collect trash, visit daycares, or home shut-ins who are physically unable to get out. Funding a nonprofit to work towards doing this.

- I would not be opposed to regulations that would allow a lower wage - if it ensures that participants do not lose other necessary public assistance benefits.
- Immediate crisis support to reduce the impact of being victimized.
- Heavy focus on youth to improve services.
- While it is vital that the beneficiaries can access competitive and integrated employment at or above minimum wage, it is further vital that those who provide services to the beneficiaries also paid at least a minimum wage, yet preferably a livable wage (since minimum wage is not livable).
- Need more support for guardianship and conservatorship for community understanding and court access.
- Investing in prevention reduces the number of future beneficiaries and reduces long-term costs.

Key Policy Issues the Trust Should Address

- How long extra variance background check takes for people to be able to be BH providers
- Partnerships with employment specialists for training in fields of need.
- Inclusive/adaptive recreation and community inclusion Youth transition services.
- Consumer owned and operated businesses. Apprentice programs target consumers and leverage DOL funds.
- Activities geared to individuals' interests and that have a true purpose for that individual.
- Access to services in remote rural communities.
- Technology in Prisons so clients can set up services.
- Lack of engagement by DVR and other community agencies who support beneficiaries to possible volunteer/training options in our division. We used to hear from DVR about possible placements several times a year.
- Continue efforts on employment and help in supporting the need for rate reimbursements to get increased.
- Ensure competitive and integrated employment at or above minimum wage.
- FASD needs to be better addressed.
- There is a huge gap in services needed and staff able to provide them. Please look at increasing recruiting, training, and paying direct service providers, ASAP.
- Folks are not always aware of the Trust or how they could use it.
- Work Matters Task Force recommendations.
- All adults in services should be screened for employment services with an expectation that adults are encouraged to find employment, recognizing that in rural Alaska this may mean involvement in subsistence activities. It is a meaningful activity. All adults need such engagement.
- Peer Support in the community opportunities, recovery centers, integrated socialization, and skill development.
- Top priority.
- Increase overall training and professionalism of the field. Policy issues could include increases in funding or standardization of the field (such as new certifications).
- Help those with disabilities to be understood and truly helped by employers and give them and all staff and employees training.
- (For all areas) Establish mandatory reporting of beneficiaries served for each program receiving trust funding.
- Ensuring all Trust Stakeholders who can work get paid minimum wage or better (now that the law has changed) and assist the Disability Law Center in advocating for those who do not.

- 1) Access to relevant training to be able to take advantage of the Infrastructure Bill jobs that will be coming to Alaska 2) Eliminating disability exclusive policies related to new jobs (that is, making sure job postings don't unnecessarily exclude potential employees with disabilities).
- Tapping the untapped beneficiaries and getting employers to hire them to work and lessen our employment gap.
- Support for keeping jobs--flexibility for employers.
- Reducing barriers for Alaskans with lived experience who want to enter the health care sector.
- Providing funds to help cover the employment costs of hiring a beneficiary.
- Ensure that we are listening to the beneficiary and their support team. What do THEY feel like they need?
- Employees are needed in the villages for family healing.
- EXPAND FUNDING FOR PREVENTION SERVICES!!! (Afterschool, early childhood services (pre-k), behavior health counselors in schools, youth employment services, and mentoring).

DISABILITY JUSTICE FOCUS AREA

Prioritization

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

Strategy	Average Rating (1 Low to 5 High)	% Of Participants rating Strategy Medium to High Priority	% Of Participants rating Strategy as High Priority
Re-entry	4.16	96.2	47.7
Community intervention and diversion	4.13	93.8	47
Community prevention	4.1	92.3	46
Systems and Policy Development	3.94	89.1	39.8
Increased capacity, training, & competencies	3.91	91.5	35.4
In-facility practices	3.81	90.5	27.6
Booking and screening practices	3.52	84.4	23.44

New Strategies that should be Prioritized of Existing Strategies

- Is the trust working on the system in place for supporting patients who have been accused of a crime, but are found incompetent to stand trial and not restorable?
- It would be nice to know what all of this includes. It would be nice to have a "learn more" link so that we could really understand what all of this involves. I know what my family has gone through, and all of this is very important but by learning more it would help me make priorities. All of us who are filling out this survey come from different backgrounds and life paths. Some of us are not professionals so we may need to know what is "behind" the short phrases in layman's terms.
- We need a better re-entry pathway.

- Services for youth region-wide so they stay in their region for services.
- I believe prevention and treatment of TBI in youth and juvenile offenders is critical to reducing adult incarcerations.
- Need better court access in guardianship cases and judicial training in this type of situation. Judges don't know sometimes even what the rules are.
- Support screening for traumatic brain injury in all populations and support the services they will need.
- We need more public data about the courts and corrections and beneficiaries to do systems change. Those systems especially corrections are in CYA mode 100% of the time, and never really release any useful data publicly that would help beneficiaries. It makes you wonder what they are hiding. It would be good to use the power of Trust to get data about mental health, drug use, and SUICIDE.

Key Policy Issues the Trust Should Address

- Earlier identification and more support for people with FASD
- Increased access to housing and employment
- Holistic defense practices.
- Reentry Services and Community Education on the effects of justice involvement.
- Removal of convictions for drug or addiction-related offenses. Parole board reform/lack of people getting parole due to board actions.
- COVID-19 illustrates the difficulty of overreliance on "face-to-face" service delivery systems within DOC facilities. Across the board, communities were isolated from involvement, except for a hit-and-miss email or telephonic delivery. The State must figure out how to deliver a one-to-many system through better utilization of technology that transcends the one-to-one model we fall back to.
- Continuing community awareness of the laws is vital so there will be fewer infractions. A powerful PR campaign can stop problems before they start, thus less involvement is needed by the courts.
- Enhance and promote training and workforce capacity in AK centered around peer support that recognizes and honors that the lived experience of incarceration (sans a SUD or mental health diagnosis) is also a valid identity for some and can be leveraged to reach more people currently & formerly incarcerated.
- Advocacy for change to affect rural residency.
- Criminal behavior related to behavioral health concerns should be directed towards treatment versus prosecution resulting in incarceration.
- Expand the availability of training opportunities provided to justice system practitioners to increase the level of service for those living with disabilities.
- Law enforcement/judicial system unwilling to advocate or investigate abuse, neglect, and financial exploitation. Numerous times told the individual will not make "for a good witness." Elders and vulnerable adults are being victimized time and time again. Lack of justice for this population.
- Continue efforts on intervention, prevention, awareness (de-stigmatization), and re-entry.
- The complicated, confusing, and convoluted system of services is so frustrating to navigate that there are entire professions devoted to helping people find their way. Is this really person-centered? We need to advocate for these systems and rules we work within to be made simpler and easier to navigate, otherwise, we are supporting inequity and inaccessibility and, whatever our intentions, are ultimately part of the problem.

- No more waitlist
- There is no justice for people born with FASD and neurodevelopmental/behavioral disabilities. DJJ has failed my granddaughter twice and ignored the fact that she was born with FASD. They say they understand, but they do not. They disregard the diagnosis and each time put her in the wrong environment for treatment that ALWAYS fails. She needed Level 5 out-of-state placement in a Neurobehavioral treatment center, as recommended by clinicians. And even though she was denied by all residential treatment facilities in Alaska, they convinced one facility, which had denied her twice because they are Level 3, to change it and accept her. Yes, she did well there, but we knew it would only last as long as she was there, and she would fail as soon as she was off probation. DJJ's philosophy is to blame the parents for their child's behavior and therefore, bad child, bad parent. They use a behavioral approach, which does not work with people with FASD. I am an expert on FASD and an FASD Parent Navigator. DJJ turned away and would not allow her FASD team of experts who supported her, to be involved in her treatment. They disregarded the great IEP we had and essentially destroyed her life, and ours. Many children with FASD and their families are being destroyed by the DJJ philosophy. It is not the philosophy of the Federal Government, but there is a loophole in the Federal law that Alaska uses in the treatment of child offenders. I have more information about that. It is difficult to explain. DJJ and FASD need to be addressed.
- When they have been victims of past circumstances, you should listen. Not ignore.
- A lot of providers and services are not following the law or providing equitable opportunity.
- Re-entry support and services, court diversion programs.
- Screening and treatment while incarcerated for SUD.
- Transitional housing for sex offenders. Even reentry housing programs tend to exclude S.O. which is probably the most counter-intuitive I've seen. More housing for S.O. is needed.
- Allowing beneficiaries to marry without risking the loss of services such as Medicaid/Medicare, social security, etc.
- The jails are filled with people with mental health issues, and it is not helping them. Their medication is often changed in ways that only hurt the person and destabilize them.
- Working on how people with disabilities are treated and those who are in positions of authority are trained. Give them compassion and care or have them fired.
- Assist the Disability Law Center in providing direct services for stakeholders who seek to not be discriminated against in their pay by employers.
- Ensuring peer support for reentry and community prevention efforts.
- In our region we need more people who can help people get on SSI/SSDI. I think that's a bigger priority than legal matters.
- Reducing stigma, reducing the burden of probation/parole obligations and supporting efforts to provide more educational and training opportunities in DOC facilities.
- Better youth TBI screening, not just sports-related, to prevent youth from getting into trouble/entering the DJJ system.
- There needs to be protection for seniors that want to work but are discriminated against because of their age because jobs don't want to risk injuries or health issues.
- Support policy that would enact Return to Learn/School for all youth in Alaska that would include concussion management and accommodations following a head injury (that are not just sports-related).
- Improved public data sharing.

EARLY CHILDHOOD, INTERVENTION & PREVENTION PRIORITY AREA

Prioritization

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

Strategy	Average Rating (1 Low to 5 High)	% Of Participants rating Strategy Medium to High Priority	% Of Participants rating Strategy as High Priority
Reduce instances and impact of Adverse Childhood Experiences (ACES)	4.50	92.7	74
Promote practice-informed, universal screening efforts and early intervention services	4.28	92	63.2
Ensure accurate identification of social-emotional needs of children and their caregivers.	4.14	91.1	52

New Strategies that should be Prioritized of Existing Strategies

- Support Professional Development and a workforce of the clinical behavioral health community to serve Infant Early Childhood intervention.
- Early intervention through support like what my family received works well. When families feel they are being forced into a way of life rather than being supported to be successful in the way their family lives their lives worked for.
- More support for parents especially in-home behavioral/mental health support, to reduce ACEs and increase healthy attachment and parenting.
- I'm not clear on the role of the Mental Health Trust in Early Childhood Intervention and Prevention, but I do know much of this work is done through the Maternal Child Health section of the State, i.e. the ILP and Home Visiting Programs. Perhaps more partnership with that group, and less focus by the MHT on this area?
- Screening efforts are not an issue, supporting early intervention to provide the necessary services is where the true barrier exists.
- Alaskan Early Interventionists have been building & attempting these practices above since 1984. AND until our society and government BELIEVES that children are our greatest long-term investment, then our efforts will be for naught.
- This is my area. I would love to see anything related to supporting families, interventions/treatment for families experiencing a mental health crisis, addictions, and other chronic hardships.
- These strategies need to involve all systems of care that touch the lives of children and families in our community.

- Mental health, substance misuse, and suicidal thoughts of pregnant women are a big concern although I do not know the data on this. It is hard to support folks without stigma and the threat of child protection services.
- Starting early has the greatest impact on preventing many of the issues the Trust is addressing today.
- A huge intervention strategy to prevent child abuse and neglect is to work with God's design of maternal instincts by promoting long-term breastfeeding. I'd like to see more support in the workplace for this. I'd also like to see advocacy for prisoners who are mothers of young children to have their children stay with them. This can break family cycles of abandonment and abuse by keeping these moms breastfeeding and getting counseling while incarcerated.
- YES, love hearing about these upstream prevention efforts to reduce long-term negative health outcomes. Child development doesn't end with early childhood! We need comprehensive prenatal, birth, early childhood, adolescents, and opportunity adult systems that are coordinated and supported to ensure great long-term outcomes.
- Support home visiting models.
- Yes, an overall Data and policy strategy. Or perhaps Trauma-informed education, healthcare, and whatever systems involved youth.

Key Policy Issues the Trust Should Address

- Mandated healthy boundaries/safe touch/emotional intelligence education in elementary
- Invest in smaller community specialty courts (for instance Infant-Toddler Court) for intervention services.
- Increased access to pre k (universal, voluntary pre-K) improved early screening of infants and toddlers
- Early Childhood Mental Health Consultants.
- Age-appropriate education throughout childhood Youth empowerment tools and advocacy efforts that are culturally relevant.
- Providing basic needs, such as safe, secure housing as well as food security. Teaching parenting skills for those who did not have good parenting models in their own lives could help to break the cycle of abuse and neglect. Early education should be available to all children.
- Positive Childhood Experiences Expanding mental health curriculum to other MH conditions, like eating disorders.
- Explore the "Handle with Care" initiative in other states (Montana) where law enforcement notifies schools of children exposed to trauma (for example domestic abuse or arrest in the home) so schools can be trauma-informed early and handle a child with a little targeted understanding in the immediate aftermath.
- As challenging as it is to get a negative diagnosis when a baby is born, it is vital to identify issues as early as possible so that families can learn and implement practices to help their child.
- Increase funding for MCG
- Policies on when to conduct screenings--what providers and how and policies on interventions...such as if one answers A. on the screening, this intervention needs to be implemented. Policies should include training of providers as well.
- Support evidence-based practices in early childhood (training and capacity building).
- Preschool for all.
- Program opportunities to support families.

- Funds needed to support ILP programs and training opportunities for these professionals. Difficult to keep the workforce due to significantly low pay.
- Continue efforts on early intervention and prevention.
- Bring ACEs training into schools for teachers/staff. Overhaul OCS -- especially increased pay and reflective supervision. Work on MMIW and IPV -- concrete supports for people who want to leave abusive situations but can't b/c of finances (e.g., housing, food, \$). Home-visiting parent/nurse-based support for families.
- Access to services including mental health.
- FASD needs to be better addressed.
- Identifying problems and solutions early on leads to much better outcomes for our children
- Increase the availability of screening even to the point that all children receive at least some basic screening. Maybe train PHNs to do during well-child checks and anyone doing well-child checks.
- This work belongs more to groups staffed, trained, and funded to conduct it, such as the State and private entities such as Providence, RurALCAP, and Southcentral Foundation.
- Families do not know where to start or how to access services.
- Increased funding to support an expansion of eligibility criteria, and increased funding to support appropriate pay/benefits (commensurate to highly qualified requirements) for all ILP staff.
- Expansion of the Little Tykes model at AKBH.
- Reduce ACEs and increase PACEs.
- Increase support for ICWA compacting of services. Supporting Social Determinants of Health toward the prevention of ACEs, support use of suicide prevention funding to be used toward ACEs.
- Need to narrow the focus to make a greater impact. Fix things one thing at a time.
- Abuse, Autism, TABI, Nutrition.
- Upstream wellness promotion across the continuum of care.
- Expanding access to quality childcare to allow for more family choices.
- ACES screening and any policies that reduce the probability or impact of ACES (supporting housing practices, substance use treatment, access to mental health services, etc.).
- Develop programs that will keep Alaska children and youth in the state when they need help with mental health and behavioral problems. Does anyone remember the Alaska Youth Initiative?
- Get children diagnosed and help as early as babies and not rejected by people and a system that hurts their progress but lifts it forward.
- Family resource centers located in schools and communities.
- Community Embracement of Children's inclusive needs.
- Better support for schools so they can support students in most need of behavioral health support.
- I would like to see policies around child removal reviewed. I would like to see families supported to intervene before children are considered to be taken away. Child trauma is huge around removal from families.
- Rural Alaskan brain injury screening.
- Ensure parents and families have the services and support they need. STATEWIDE SAFE AND AFFORDABLE CHILDCARE
- Supporting community systems building and strengthening of early childhood system(s). Also, support for universal developmental screening and social-emotional screening implementation.

Also support of prevention activities including increased access to infant early childhood mental health consultation by various provider settings, and partnership with OCS in some of their prevention activities.

- I think not enough kids are screened appropriately in our region.
- Advocating for increased funding for Part C services. Increase funding support for home visiting programs, and increase supports for early childhood mental health supports in childcare programs.
- There is a huge need to work with the State of Alaska to help streamline and improve their children’s support and services.
- Universal Parents as Teachers programs for all families. 1-year paid family leave.
- Reduce barriers to access to affordable early childhood care.
- State investment in early childhood education and programs needs to increase. Increase the rate of childhood developmental screenings. Decrease the rate of uninsured children (third highest in the nation). Reproductive health is extremely important & vital in the development of young children.
- There is never enough. Middle school and high school students should have ongoing education that is not just fluff, but meaningful and thoughtful. We should produce THINKERS in this field, not talk AT them.
- Encourage breastfeeding and keep prisoners with their infants. Re-build the jail system to include young children so that these families can get the support and counseling they need to succeed.
- EXPAND FUNDING FOR PREVENTION SERVICES!!! Afterschool, early childhood services (pre-k), behavior health counselors in schools, youth employment services, and mentoring. Tribal child welfare compacting!
- More trauma-informed systems.

HOUSING & HOME AND COMMUNITY BASED SERVICES FOCUS AREA

Prioritization

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

Strategy	Average Rating (1 Low to 5 High)	% Of Participants rating Strategy Medium to High Priority	% Of Participants rating Strategy as a High Priority
Beneficiaries have safe, stable housing with tenancy supports	4.46	98	60.5
Beneficiaries access effective and flexible person-centered HCBS	4.16	95	47
Housing and Home & Community-Based Services (HCBS) Policy	4.10	95	45.1

Coordination and Capacity Development			
Institutional diversion and return to the community	4.02	95	38
Optimize information technology and data analytics	3.63	87.6	22.5

New Strategies that should be Prioritized of Existing Strategies

- Many of the beneficiaries we serve are not only facing homelessness but are struggling with access to food while awaiting benefits upon release from our facilities. Having services to meet these essential needs is an area of focus to explore.
- No more waitlist for people with developmental disabilities. This population is only growing.
- The Trust should take a position on the mayor's plan to build a mega-shelter at Tudor and Elmore. This will not serve unhoused people well and will be there in perpetuity if constructed. The Trust should support smaller supportive housing units so there is not a need for a mega-shelter, which is a means to an end (so the mayor can abate camps with law enforcement if he meets the bed threshold for Anchorage).
- Trauma-informed systems.

Key Policy Issues the Trust Should Address

- Focus on transitional housing opportunities over shelters
- Increased low-income housing. Policies that do not screen out applicants for supported housing.
- Transitional housing availability--suitable housing and sufficient housing throughout the state.
- expanding supportive housing first options, support of eviction prevention and diversion.
- Priority housing for those with children
- Transitional Housing
- Nursing home and assisted living diversion and transition, inclusive/adaptive recreation, and community inclusion.
- Adults with FASD do not have easy access to supportive living arrangements and desperately need these services (besides those being provided by family members who essentially have no 'off ramp' from caregiving into adulthood).
- Access to affordable housing regardless of addiction status.
- Direct support for individuals with backbone and love are vital to make this program work. Seeking these individuals is a top priority. Bringing in the construction community to help with the actual housing issues might be a good plan such as Habitat for Humanity.
- Affordable housing.
- Provide funds to support programs assisting beneficiaries to find, stay and live in the community of choice with housing, housing modification, and age in place services.
- Policies around housing and home and community-based services for adolescents and young adults with developmental disabilities as currently there are no homes available to serve anyone under the age of 18yrs of age.
- Housing availability is needed in all communities for those with criminal and behavioral health histories that tend to make them ineligible for safe and affordable housing.
- Apartment-style housing availability for mental illness assisted living facilities.
- More affordable housing

- Continued lack of safe, secure housing for seniors. Many of the facilities are being overrun by individuals who are taking advantage of those living in subsidized housing. Difficult to keep individuals in the least restrictive setting with minimal assistance when dealing with advanced age, declining health, and chronic mental illness.
- As Alaska has such a shortage of this. Yes, for now, we need to concentrate on it.
- Continue efforts in supporting housing options and help in supporting the need for rate reimbursements to get increased.
- More housing for families in poverty. Mental health support for people experiencing homelessness.
- Housing options are severely limited, and there are no homes available for Alaskans who suffer from mental illness or behavioral disturbances. If someone is willing to cooperate and cheerfully give up their independence, finding housing is possible if still difficult. In cases when an Alaskan lets a traumatic loss of independence or health get them, however, they have to either "get with the program" or learn to survive on the street.
- No more waitlist for DD.
- FASD needs to be better addressed. There really are no appropriate services for adults or children with FASD or their families. I have been working on this since 1990.
- Kids need stability.
- Very important to maintain stability. If you are constantly worried about where you will live, or how it can be affordable, you're not getting better or living, you are merely surviving, and or existing.
- Subsidize and help make available decent, basic housing. There is and always has been a shortage of low-end housing in Anchorage and Alaska.
- Not enough staff to provide services to those who wish to remain in their own homes (ALI and APDD Waivers), or who don't need around-the-clock (Nursing Facility) level of care.
- Without community-based services, folks are being removed from their home and state to get care. There are no choices in our community and no staff for the hours that are available.
- affordable housing for vulnerable populations, non-aggregate setting options
- Recognize that there are gaps in the housing continuum now. Not everyone currently fits in the offerings specifically on the higher end of needs. Another level is needed with assisted living.
- Housing is a key issue for one's health of mind, CBS is the best and cheapest way to provide needed services.
- Keeping ADRD patients at home as long as possible, better training and pay for Direct Support Professionals
- Having appropriate housing and HCBS services available. Including expanding the number of beds for those who need additional services (skilled nursing) more accessible housing, more housing close to stores, doctors, etc.
- Funding for building beautiful, efficient, low-income housing.
- Make sure that people get the hours that adequately match their needs. Placements that are appropriate for the individuals. Cut the red tape on telling them they aren't allowed to do what they want and when they want in the community. Quit the DSP 15-minute habilitation difficulties altogether so people can enjoy life. Recognize autism as people needing help by changing the perspective on how services are needed
- Access to HCB Services that are determined by the consumer, not the agency.
- Focus on regional services
- Housing and affordable housing is needed. Any subsidies to reduce costs would be good.
- In-home services for families at risk of protective services involvement.

- More hub housing for those with a TBI who seek to live independently. Work with telephone companies to further expand Telehealth services in rural areas via expansion of Wi-Fi services in rural communities.
- Safe affordable housing across the state for beneficiaries.
- We need Permanent Supportive Housing in our region.
- I think the Trust should continue to work with other philanthropic agencies to build new homes and housing projects. Brick and mortar investments, especially if they can be done on Trust land.
- Access to services for people with Alzheimer's and other dementia.
- Not enough reentry housing.
- We need school-based behavioral health services.
- We need affordable housing for both people with disabilities, and people returning to their community from MH/SUD and/or reentry from corrections.
- Homeless Children and Youth Act, this law has been introduced several different times. Currently, our most vulnerable homeless population (children) is not counted as such. Housing and Urban Development's definition of homelessness should be in line with the McKinney Vento.
- The entire nation struggles with housing. Let's get real about the need for low-income housing. Better yet, let's find a way to get folks working to support them into housing.
- Senior housing in the interior needs more attention and there also needs awareness of more senior interaction in those facilities. Dances, art, grandchild

MENTAL HEALTH & ADDICTIONS INTERVENTION FOCUS AREA

Prioritization

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

Strategy	Average Rating (1 Low to 5 High)	% Of Participants rating Strategy Medium to High Priority	% Of Participants rating Strategy as High Priority
Ensure Alaskans have access to comprehensive crisis services and supports	4.65	99.3	76
Improve treatment and recovery support services	4.51	99.3	64
Increase awareness, and improve knowledge to prevent drug and alcohol misuse	3.99	95	41

New Strategies that should be Prioritized of Existing Strategies

- Alaska needs to greatly increase the availability of mental health and addiction treatment and facilities. More such services could prevent and/or reduce suicide, as well as homelessness and the community issues that come with it.

- Increase the utilization of Evidence-Based and/or Guideline Specific practices and programs. Ensure quality through systematic fidelity review and quality improvement training, as well as adaptation efforts to ensure the fit of EBPs to Alaska. Don't just assume Alaska cannot deploy EBPs or Guideline Specific Care, we wouldn't stand for that in other areas of healthcare such as heart care or diabetes. We can do this.
- Link data systems to better demonstrate and understand the impact of crisis interventions supported by the Trust (e.g., DOC data systems to city-led crisis interventions)
- More providers in the state, in SE Alaska we are so deprived of care. Build more in-house facilities to treat kids and adults (separately housing) so we do not have to send them away from families. Insist all Hospitals have good outpatient mental health providers to keep families together. Where addiction and mental health are, have residential housing that treats the individual but then works to treat the family so returning to the family home it blends easily. Spend more money on facilities then find someone to run them correctly with MH oversight.
- Reduce stigma about utilizing mental health services.
- Clear, accessible supports and resources for people in crisis & Mental health facilities & Alternatives to homelessness.
- The lack of mental health options and facilities in Alaska is abysmal. Frequently, children are recommended to out-of-state treatment RTCs, and although research shows RTCs are not very successful in helping children successfully improve their mental health children all too often are taken from their communities and sent out of state. This is difficult to challenge as community mental health providers and RTCs in Alaska are quick to deny placement and treatment. The state of Alaska is not helping children/youth who have mental health/behavioral disorders.
- Focus on rural youth for services
- Continue to focus our energies on inter and intra-generational trauma caused by substances and abusive acts from substance addiction. This is NOT a one-shot budgetary item; this is choosing HOW we accept and adapt to life-long challenges. AND how we learn to live in a community of acceptance.
- Incorporate a brain injury screening protocol into the Crisis Now framework, and/or the Treatment and Recovery Support Services.
- It is vital that the treatment and recovery support services are available and accessible where the individual lives and calls home.
- Increase access to mental health services for youth mental health needs.
- Inclusion of assistive technologies to support recovery from substance use disorders, such as *The Bridge Device for opioid withdrawal (many individuals experience an 85% reduction in withdrawal symptoms within the first hour). *Emocha (this is for remote Directly Observed Therapy to ensure medications, such as Suboxone, are being taken as prescribed) *Soberlink (for remote Breath Alcohol Monitoring) *CheckUp & Choices (a 24/7, online, confidential, self-led SMART Recovery platform)
- This is #1 for me. When we address all things in this area, we reduce the need for so many other services (or at least the crisis part of it).
- We need to enhance and increase addiction recovery facilities in the interior region. Many people are being sent far away due to lack of room here I last heard.
- Please invest in direct youth prevention strategies and community coalition work to reduce the risk of substance misuse and addiction. Youth prevention strategies such as afterschool/summer programs, mentoring, in school mental health/addiction services.
- Improved data sharing and collaborative policy with departments AND divisions. Really worried about the splitting of DHSS and its impact on people needing services. Really concerned about department/division leadership's ability to break silos down, and the split just makes more silos,

especially DBH and their ability to handle 1115 waiver and Optum. Maybe something about improving system integration and collaboration? Trauma-informed systems.

Key Policy Issues the Trust Should Address

- Opt-out policy for teens to be screened for BH needs, instead of opt-in that most schools use.
- Suicide prevention - support for state-wide zero suicide initiative, universal screening
- Policies that support improved access in smaller rural communities
- Working with DOC and service partners for a continuum of care.
- Crisis Intervention
- We need more treatment programs for women with children and supportive follow up needs to be fairly intensive until after the child reaches age 2-3
- Access to treatment & harm reduction tactics.
- Just early as possible reaching out to families with love, not laws.
- Include employment services and support to maintain healthy living
- Policies around training that grantees must have on interventions related to mental health and addictions. There need to be more policies in place on providers offering affordable sliding scale fees so that people can afford the services.
- Ready access to the full continuum of behavioral health services.
- Cognitive processing therapy training enrollment for certificate available in Alaska.
- More home-based services
- Licensed, transitional ALHs required to assist those living with mental illness. Providing 24/7 oversight to assist those who are able to transition to independent living and ongoing support for those who require lifelong oversight. Many individuals cycle in and out of acute psychiatric facilities and incarceration need stability and structure.
- Continue efforts on intervention, prevention, awareness (de-stigmatization), and re-entry.
- Home-visiting mental health services.
- Increased accessibility and awareness of mental health supports. Imagine if there were outreach and awareness campaigns about mental health support options implemented on a level similar to the outreach that was done for COVID vaccine clinics.
- Reduce stigma to accessing mental health care.
- FASD needs to be better addressed.
- More emphasis on getting those addicted off the street and into treatment - voluntary and involuntary. Again, for someone not on Medicaid and with minimal insurance, there is not much help available.
- Increase funding for and capacity to assist with the ISW and IDD Waivers.
- We need more access to interventions for mental health and addiction support.
- SBIRT and screening for suicide and mental illness need to be a universal expectation.
- Partner with providers and the State of AK, to reduce administrative burden, which is bottlenecking access to care. Support efforts for parity of payment for MH/SUD services. RVUs may be similar, but reimbursement is WAY less for MH/SUD providers
- Natural consequences, hold them responsible for their part in the problem. Get the individuals to buy into the process.
- Mental health ties more closely into all other areas and with this being the primary concern and area of focus, everything else becomes easier.
- Housing first models of care
- See disability justice. As always, more substance abuse treatment and dual diagnosis treatment programs. Wider use of medically assisted treatment.

- Recognize mental health and autism connection with suicide, anxiety, and depression as well as develop help for it. There are behavioral health specialists, counselors, and psychologists turning people away refusing to deal with ones they interpret as being too difficult.
- Include sex trafficking.
- Family Support Care Line
- I would like to see resources concentrated on addiction prevention, mental health wellness, and related.
- Brain injury screening for all stakeholders with mental health and/or addiction issues. Meditation, Yoga, and Mindfulness Centers for Veterans and other Trust stakeholders to address TBI mental health, PTSD, and other mental health concerns.
- Qualified and capable workforce to work with our beneficiaries - licensing parity.
- More long-term facilities in more rural areas that can take children.
- Mental Health Education in Schools
- Increase funding and support for POSC and home visiting
- Keep on with the excellent stigma-busting work! I think we should all work on more alcohol misuse prevention efforts.
- Traditional healing practices
- Age of consent - decrease to 14 years old.
- Looking into innovative solutions (such as assistive technologies) to help people transition into treatment and support them in their long-term recovery efforts.
- Intervention is key to helping, educating & providing a more stable way of life for people with mental health disabilities & addiction. And providing a tool to a better life in the choices they make.
- Start with all-out awareness campaigns, then all out "here's where to go" for those seeking help, and support for their caregivers and family members.
- The best way to prevent mental health problems is to heal families and early childhood intervention by promoting a close mother/child bond. Also, marital counseling services to keep families together.
- EXPAND FUNDING FOR PREVENTION SERVICES!!! Afterschool, early childhood services (pre-k), behavior health counselors in schools, youth employment services, and mentoring. Expand the mental health & addiction workforce through investment in the University of Alaska.
- Improved rates for providers; Improved work on 1115 (not sure what DBH leadership is doing, but it needs to be fixed!). Improved policy about actual data being shared publicly. Improved health information technology infrastructure and policy and transparency (why is DHSS trying to kill the health information exchange?)

WORKFORCE DEVELOPMENT PRIORITY AREA

Prioritization

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

Strategy	Average Rating (1 Low to 5 High)	% Of Participants rating Strategy Medium to High Priority	% Of Participants rating Strategy as a High Priority
Ensure a stable, sustainable statewide network of behavioral health providers is available to serve Alaskans with behavioral health needs	4.53	98.5	72
Expand and enhance training and professional development opportunities for all healthcare and behavioral health professionals	4.34	97	55.2
Support curriculum development and the training of health professionals to ensure they learn, enhance, and update essential knowledge and skills	4.27	96.3	53.3

New Strategies that should be Prioritized of Existing Strategies

- Really appreciate the emphasis on curriculum development. Would also suggest the increased use of work placements/internships while students are in their education programs to bridge that theory to reality gap and provide meaningful experience and practice.
- Ensure all licensed behavioral health providers in Alaska can bill Medicaid for providing services in any setting and make it as simple to bill Medicaid for behavioral health services as it is to bill Medicaid for home and community-based services provided to Elders and people with disabilities through the 1915c waivers.
- The workforce development plan and efforts launched in the 2000s need to be revisited, refreshed and realigned to the present and near future.
- We just don't want to make the system top-heavy with developing curriculum-type stuff. We need caring individuals in the field to support families as needed. Programs to give families a rest are vital. Places to go and interesting things to do are vital for individuals with mental health issues. Individuals just want to fit into a loving community. My son is really enjoying a photography class that Hope Community Resources has been conducting. Not only is he learning how to take photos, but he is going on interesting field trips to take photos.
- Insist that all emergency room providers have training that will assist them in treating MH patients. Most do not know and do not want to try. They themselves feel impotent in treating.
- Increase training for culturally responsive care especially for working with Alaska Native population.
- Better pay and working conditions for direct care workers & a commitment to the mental health and wellness of care workers, including guardrails to prevent exploitation and ensure employers are as committed to employees as they are to profits and to their clients
- HCBS DSP certification, increase training opportunities, and career path development.
- We need collegiate courses targeting specific modalities including motivational interviewing, CBT, TF-CBT, and DBT. In addition, a focus on SUD within the collegiate courses/majors.

- Add learn cultural knowledge of where they are located, limit Intern staff
- I am not seeing the critical area of Developmental Disabilities Professionals (Direct Service and Frontline Supervisors... oh heck, let's name Executive Directors and leaders of Organizations for beneficiaries, here also!) I have observed incredible shorts in our workforce habits and understandings through FLI training since the pandemic. The expertise has changed and what used to be necessary components of a Leadership Curriculum have now entered into the "zone of the unknown". We MUST pay attention to this shift, learn from it and adapt. Without a viable, engaged, and committed retention workforce; We will have NO services as we know them today.
- Expand and enhance training and professional development opportunities for all healthcare and behavioral health professionals specifically in the area of implementation of a state-wide brain injury screening protocol (as essential knowledge and skills).
- The workforce is underpaid, specifically for direct services staff. There are entry-level positions in the job market that pay better than the direct service staff receive. Although this is not the only contributing factor to turnover and the inability of agencies to hire staff, it does play a role. We need to ensure that the staff working with and for the beneficiaries can pay their bills and make ends meet for them and their families.
- Please include the villages in this and try to get native employees involved. I was told by a native man that it's better to be aborted than born into an abusive situation in a village. That broke my heart that they'd rather be dead than find a path to healing and recovery.
- YES, I would LOVE to see the Trust and the University of Alaska working together to build world-class degree programs to increase the number of therapists, counselors, social workers, early childhood educators, traditional healers, and others in the health and social services field. Our biggest issue is the lack of providers and professionals in the workforce from Alaska. We need to build this workforce just like how the UA system has built the oil industry/engineering workforce. This ANSEP but for behavioral/mental/physical health service! Alaska should be a national leader on this!
- The Alaska Training Cooperative is vital in this area, need to reinforce them and ensure they are funded and sustained and supported by university and state administration. We really need more workforce initiatives reflecting the life span - need WAY more emphasis on aging and gerontology across inter/intradisciplinary training. We also need more medical providers trained in mental health and related issues - why don't we have a medical school here? Maybe strategy building health providers training like psychiatrists and nurse practitioners, if not a medical school, maybe residency psychiatric training to produce more. Recruitment is good and important, maybe we could "grow our own" and capture them.

Key Policy Issues the Trust Should Address

- Increase compensation for peer support specialists who are typically the lowest paid professionals at BH organizations typically due to reimbursement.
- Open the Loan Forgiveness options for smaller non-profit agencies not falling under current HRSA guidelines or IHS.
- Policies that support increasing the quantity and quality of providers and support adequate reimbursement of providers.
- Working with DOLWD, DHSS, and DOC for the development of training and programs that lead to career-pathway employment.

- Development of a culturally appropriate community-based network of community justice workers that are integrated into anchor institutions statewide, the like Medical-Legal Partnerships that Alaska Legal Services, ANTHC, and APU.
- Assessable [ED: possibly meant accessible] workforce Training
- The Trust could promote required training for professional licensing in the area of FASD as relevant for their field of practice. Over 47,000 people in AK are estimated to have this condition and the health, behavioral health systems are woefully unprepared to serve them well.
- Student loan reduction/retention policies for BH providers.
- A one-to-many service delivery system through technology adaptation as mentioned in Disability Justice can be used to provide lower cost and multi-person job readiness programming for the reentry population.
- Develop embedded work, earn, learn partnerships between higher ed and employers that enable workplace embedded teaching and learning, and earning of wage + college credit.
- Seek out what makes a person tick and get them involved in a project with as much support as they need. Using volunteers if possible.
- Provide more funding to rural remote services providers in client that supports individual and group cultural activities.
- Stabilization of OCS workforce
- State employees are provided little to no training to address the crises faced in social services. This also contributes to a high level of burnout and significant turnover. As a result, talented workers leave the state system or transfer to other jobs that are less demanding.
- Unified professional certifications that can be used to train up this front-line work force and also make the more ready to work. This will help increase quality and expedite onboarding.
- Direct care staff deserve to make a living wage and to be valued and cared for by employers. How can we reasonably and ethically ask workers to care for others when they themselves are not cared for, protected, valued, paid a reasonable wage, respected, etc.?
- Make DSP a career and not just a job.
- FASD needs to be better addressed.
- More and better career planning information available to middle and high schoolers
- Spend more on training and development of workforce in the trades and in the types of jobs that folks can be successful in. Things like making prison uniforms, supply chain work for state facility, custodial services for state facilities, etc. The state should be looking to this workforce group first to see if they have folks that can meet the need for support services for their facilities
- The looming problem now is how to staff behavioral health programs, post-COVID. Is there a training plan in State for this, such as with the UAA RN program?
- Training and career pathways for supported employment. DVR is impossible to access or use and community providers don't want to "deal" with it.
- DSP certification
- Appreciate the efforts of The Trust on this topic. One policy might be addressing barrier crimes for peers who have significant history while practicing their addiction.
- Work to recruit and retain qualified BH professionals
- Partner with providers and State of AK, to reduce administrative burden, which is bottle-necking access to care and increasing provider burnout. Support efforts for parity of payment for MH/SUD services. RVUs may be similar, but reimbursement is WAY less for MH/SUD providers
- Continued and increase support to build a sustainable and locally based workforce
- This is a crisis area for all beneficiaries. Maybe develop a way to import workers from other countries.

- Peer Support Specialist trainings
- Increase funding for training and professional development opportunities, especially for frontline staff. Increase in offers of free CE credit for licensed practitioners to help increase retention.
- Fix DVR prejudice in refusing to help certain people with disabilities succeed and be judged on if they're worthy of being helpable.
- Professionalize the field of Direct Service & Frontline Leadership. Secure long-range funding for career progression for Direct Service Workers and Frontline Leaders. It's just not a title.
- Start younger and continue to support these students as they pursue career paths in this field.
- The training and retention of Alaskan neurologists.
- Additional workforce training programs and certifications
- Increase in Medicaid reimbursable rates to ensure that quality staff are paid a livable wage.
- Fill the health industry needs throughout the state
- At this point I think anything that can be done for the behavioral health workforce is the priority.
- Not enough employees in the field
- Job shadowing, apprenticeship, and mentorship opportunities.
- Need for more locally trained MH/SUD providers such as MSW, that receive training on working in rural Alaska.
- Streamline the licensing process. Ensure smooth transition from other states. ONE THING MISSING = workforce development for beneficiaries! How are we helping employers learn about how to hire our beneficiaries?
- Protect seniors' rights to work by protecting employers from workman's comp or liability from elderly injuries.
- Expand the mental health & addition workforce through investment in University of Alaska. Increase the wages for early childhood educators.
- More policy...barrier crimes, salary/rates to decrease churn and improve retention.

PSYCHIATRIC CRISIS CARE SYSTEM REFORM PRIORITY AREA

Prioritization

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

Strategy	Average Rating (1 Low to 5 High)	% Of Participants rating Strategy Medium to High Priority	% Of Participants rating Strategy as High Priority
Develop a continuum of community-based crisis intervention services to support beneficiaries in community settings whenever possible.	4.54	96.3	69
Ensure Alaskans who encounter the continuum of care are universally screened	4.35	95	59

for behavioral health conditions and suicidal ideation.			
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New Strategies that should be Prioritized of Existing Strategies

- If it is a question form with check blocks [boxes], the RNs who do the questions just mark whatever. It needs to be a questioner that has to have an actual dialog between the care provider and the patient. Time-consuming but the patient deserves this time.
- Clear and accessible options for people in crisis.
- Find solutions to keep kids in their own region to receive services.
- Suicidality is a huge problem in the villages I serve, some worse than others. It has been difficult to address this issue over the time that I have worked for RurALCAP but it is not for lack of trying.
- Ensure Alaskans who encounter the continuum of care are universally screened for (brain injury), behavioral health conditions, and suicidal ideation.
- Developing new children's residential services is a great need in Alaska. The Trust could help support this on the back end by advocating for better Medicaid rates, offering providers support for planning and technical assistance to develop new services, and working with the State to advocate for ongoing system reform efforts.
- Focus on teen suicides in the villages and suicides at Wainwright AFB in Fairbanks. Also, intervention that nobody is talking about is desperately needed in the exposure kids are engaged in on the internet and online games. It's an entire world that they are addicted to that many parents don't even realize how evil and sexually and socially damaging it is.
- So very important the work you are doing in this area - need more rural emphasis, and I understand focusing on adults, but it would be good to have a youth focused response to crisis so things like that child with autism being handcuffed and pepper sprayed and terrorized by teachers and police never happen again. Trauma informed systems of care or involvement.

Key Policy Issues the Trust Should Address

- More capacity resources for rural community's "safe" location - such as ER.
- Address the Medicaid policy issues that limit payment to hospitals holding recipients longer than 2 days (resulting in non-payment for 3+ days of hospitalization while waiting for a DET Psych bed.)
- Increased focus on care coordination, patient navigators, wrap-around services, increasing utilization of peer support staff
- Ensuring continuity of care and care planning across the spectrum of care - medical, behavioral health, etc.
- Crisis Intervention
- Access to crisis care in rural communities.
- Promote hiring from outside Alaska for people to come and enjoy the outdoor lifestyle Alaska is known for. The "new hires" might need a support network of their own.
- Increase access to direct services in the rural remote community. Including IHS services availability
- Policies preventing state psychiatric care facilities or grantees providing psychiatric care from being able to deny an individual being accepted for care
- Ready access to psychiatric crisis services

- Services for autistic adults. Transitioning life skills
- This is and always will be a necessary step.
- Continue efforts with Crisis now.
- Home-visiting mental-health services in general and especially during/after psychiatric crises.
- It does not seem that there are clear options for individuals in crisis, and the available options seem to have very strict and narrow requirements that exclude individuals who severely need help.
- Access to crisis services besides API, jail, and hospital.
- FASD needs to be better addressed.
- Prevent the problems before they reach crisis level, if possible. More money to overall Behavioral Health programs. Also, a huge shortage of LCSWs
- There are almost no options in our community, API is riddled with abusive staff and few choices.
- Need readily available access to a full continuum of services. Mobile crisis has viable options other than ER/Acute referrals.
- More mobile crisis
- Partner with providers and State of AK, to reduce administrative burden, which is bottle-necking access to care and increasing provider burnout
- Early intervention, make sure there are achievable benchmarks to meet a realistic goal.
- Zero Suicide, Mobile Crises Response Team
- For people with disabilities, recognize the need and help needed for the connections between psychiatric moments and what they're crying out for help in that moment and then make real changes to assist them
- Services available to all, not just those who can afford them. Focus on services after not just during crisis.
- This is critical to find solutions, especially for youth
- Crisis Now framework expanded to include more Alaskan communities.
- Continue the Crisis Now work across the state.
- More facilities than just API.
- Suicide prevention and developing rural crisis services. Please also continue to support Crisis Now!
- Examine how nutrition affects mental health. For example, gluten sensitivity is highly linked to schizophrenia. Supporting beneficiary wellness through diet and nutrition would be wonderful to see.
- Better facility care for beneficiaries. Intervention & improvement of relations of staff & patients.
- Crisis Now to every community.
- Don't do what Grants Pass Oregon had done and just throw them out in the streets. Keep funding help for them. Especially soldiers and veterans with PTSD and opioid users whose brains have been damaged.

ABBREVIATIONS

ACES	Adverse Childhood Experiences
ADRD	Alzheimer's Disease and Related Dementias
AFB	Airforce Base – U.S. military installation
AKBH	Alaska Behavioral Health community behavioral health provider

ALI Waivers	Alaskans Living Independently Waivers
ANSEP	Alaska Native Science & Engineering Program at University of Alaska Anchorage
ANTHC	Alaska Native Tribal Health Consortium
APDD Waivers	Alaskans with Physical and Developmental Disabilities Waivers
API	Alaska Psychiatric Institute
APU	Alaska Pacific University
ASAP	As Soon As Possible
b/c	Because
BIA-AK	Brain Injury Association – Alaska Chapter
BH	Behavioral Health
CBS	Community Based Services
CYA-Mode	Protecting One’s Position
DHSS	Department of Health and Social Services
DJJ	Division of Juvenile Justice
DOC	Department of Corrections
DOL/DOLWD	Department of Labor and Workforce Development
DSP	Direct Service Professional
DVR	Division of Vocational Rehabilitation
EHR	Electronic Health Record
FASD	Fetal Alcohol Spectrum Disorder
FLI	Family Leave Insurance
FTE	Full Time Equivalent – Full-Time Personnel position
HCB/HCBS	Home and Community Based, Home and Community Based Services
ICWA	Indian Child Welfare Act
IDD or I/DD	Intellectual or Developmental Disability
IEP	Individual Education Plan – Special Education Plan part of Federal Special Education Law
IHS	Indian Health Service
ILP	Infant Learning Program
IPV	Interpersonal Violence
LCP	Licensed Care Provider/Facility
LCSW	Licensed Clinical Social Worker(s)
MCG	Maternal Child Health Grants
MH	Mental Health
MHT	Alaska Mental Health Trust Authority
MMIW	Missing and Murdered Indigenous Women
MSW	Masters degree in Social Work
OCS	Office of Children’s Services
PACES	Positive and Adverse Childhood Experiences
Part C	Part C of the federal Individuals with Disabilities Education Act assists states in operating early intervention services for infants and toddlers with disabilities, ages birth through age 2 years, and their families.
PHN	Public Health Nurse(s)
POSC	Plan(s) of Safe Care
PR	Public Relations
Pre-K	Pre - Kindergarten educational programming
RN	Registered Nurse

RTC	Residential Treatment Center(s)
RurALCAP	Rural Alaska Community Action Program
RVU	Relative Value Unit is used by Medicare to determine the amount of reimbursement to providers.
S0/S.O.	Sex Offender
SSI/SSDI	Supplemental Security Income/Social Security Disability Insurance; Programs to provide assistance to people with disabilities.
SUD	Substance Use Disorder(s)
TABI/TBI	Traumatic and Acquired Brain Injury, Traumatic Brain Injury
UA	University of Alaska
Zero Suicide	A framework to improve and transform healthcare systems suicide prevention response.