

FY24/25 Trust Budget Development Stakeholder Meeting Summary Notes *July 2022*

Introduction

The Trust's mission is to improve the lives of beneficiaries through advocacy, planning, implementing and funding a Comprehensive Integrated Mental Health Program in Alaska. Trust beneficiaries include groups of Alaskans experiencing mental illness, developmental disabilities, chronic alcohol or drug addiction, Alzheimer's disease and related dementia, and traumatic brain injuries. The Trust also works in prevention and early intervention services for individuals at risk of becoming beneficiaries.

The Trust develops biannual budgets, and, following trustee approval, submits a budget for the upcoming fiscal year to the Governor and the Legislative Budget and Audit Committee each September. An essential part of developing the Trust's budget is listening to partner organizations who support and serve Trust beneficiaries across Alaska, as well as beneficiaries and advocates. One tool used to gather such feedback is direct engagement with partners through stakeholder meetings.

This document is a summary of the many conversations that took place during the stakeholder meetings informing the development of the FY24/25 budget in June 2022. In August 2022 the board of trustees will consider the proposed FY24/25 budget, and it is anticipated that trustees will consider revisions to the FY25 Trust budget in calendar year 2023.

For more information about the current budget development process, visit:
<https://alaskamentalhealthtrust.org/trust-fy24-25-budget-development/>

Purpose of Stakeholder Meetings

As a part of developing the FY 24 and 25 budgets, Trust staff engaged with numerous partners organizations in a series of designated budget development stakeholder meetings. Over a series of virtual and in-person meetings, most including facilitated breakout groups, Trust staff led and documented conversations with representatives from organizations support Trust beneficiaries through a variety of means. The diverse perspectives in the groups contributed to robust conversations, strengthening the stakeholder process.

The Trust offers sincere thanks to all partner organizations who participated in these stakeholder meetings. The experience, expertise, knowledge, and recommendations shared are invaluable in informing Trust budget development and decision making.

As a part of these meetings, Trust staff asked partners to provide input and prioritization of key issues impacting Trust beneficiaries. While specific initiatives were discussed in many of these meetings, the prime purpose of the Trust's stakeholder meetings was to solicit feedback on funding and advocacy priorities to help beneficiaries thrive in their communities. Stakeholders were asked to provide input from their respective areas of expertise by looking at the system holistically, not just what impacts a specific beneficiary group.

Though each stakeholder meeting was unique, the list below includes general questions asked in the meetings. This list does not represent all the questions asked.

- *What services/projects/initiatives do you identify as priorities for the Trust to serve beneficiaries?*
 - *How would you prioritize these areas based upon the needs of your communities?*
- *What kind of resources are needed to support Trust beneficiaries in rural communities?*
- *What investments should the Trust make, that will prevent institutionalization or service in higher levels of care?*
- *Are there projects that need formal evaluation to be replicated or brought to a statewide scale?*
- *What are advocacy priorities related Trust beneficiaries that we can work together on?*
- *How can the Trust better engage with organizations, communities, and regions?*

Stakeholders Engaged

The Trust met with a multitude of stakeholders as a part of the Trust's budget development process. Program staff organized stakeholder meetings around the Trust's established focus and priority areas, these include Housing and Long-Term Services & Supports, Mental Health and Addiction Intervention, Disability Justice, Beneficiary Employment and Engagement, Workforce Development, and Early Childhood Prevention and Intervention.

This list represents partner organizations that were engaged as a part of the Trust's FY24/25 budget development stakeholder meetings.

- AARP
- Alaska Addiction Rehabilitation Services
- Alaska Behavioral Health Association
- Alaska Behavioral Health Center
- Alaska Children's Trust
- Alaska Commission on Aging
- Alaska Court System
- Alaska Hospital & Healthcare Association
- Alaska Mental Health Board & Alaska Board on Alcohol & Drug Abuse
- Alaska Youth & Family Network

- Alzheimer's Resource of Alaska
- Anchorage Project Access
- Anchorage Youth Court
- Brain Injury Association of Alaska
- Bristol Bay Native Association
- Cook Inlet Housing Association
- Department of Administration - Public Defenders Administration
- Department of Corrections
- Department of Education & Early Development
- Department of Health & Social Service
- Department of Public Safety
- Division of Behavioral Health
- Division of Public Health
- Division of Senior & Disabilities Services
- Gastineau Human Services Corporation
- Governor's Council on Disabilities & Special Education
- Interior Alaska Center for Non-Violent Living
- Juneau Reentry Coalition
- NAMI Anchorage
- Recover Alaska
- RurAL CAP
- SAIL, Inc.
- The Glory Hall
- Thread Alaska
- Tribal Behavioral Health Directors From: Kenaitze Tribe, Alaska Native Tribal Health Consortium, Southcentral Foundation, Eastern Aleutian Tribes, Metlakatla, Kodiak Area Native Association
- University of Alaska - Alaska Justice Information Center
- University of Alaska Anchorage - College of Health
- University of Alaska Anchorage - Center for Human Development
- Veteran's Administration (VA)

Organizations that were invited to participate in the Trust budget development stakeholder meetings but were unable to attend were invited to complete an online survey with the same questions noted above. Several Trust partners completed that survey, informing this summary:

- Alaska Coalition on Housing and Homelessness
- Anchorage Reentry Coalition
- Association of Alaska Housing Authorities
- Arctic Access Inc. Center for Independent Living
- Best Beginnings
- Ionia
- Mat-Su Health Foundation
- R.O.C.K. Mat-Su
- Senior Citizens of Kodiak, Inc.
- True North Recovery
- University of Alaska Fairbanks – Child Development & Family Studies
- Western Interstate Commission for Higher Education (WICHE)
- Yukon Koyukuk Elder Assisted Living Facility

Further, while the meetings chronicled in this summary were organized expressly to gather information to support Trust budget related decision making, it is notable that Trust staff remain engaged with a multitude of partners throughout the year, and information from those conversations also impact the work of the Trust.

Stakeholder Discussion Summary

The summaries below represent the many discussion comments recorded by Trust staff during the FY24/25 budget development stakeholder meetings.

Prior to being summarized in the table below, comments were organized by common themes as they relate to goals in [Strengthening the System: Alaska’s Comprehensive Integrated Mental Health Program Plan, 2020-2024](#), aka the Comp Plan. The Comp Plan is made up of nine goals, all intended to ensure that 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. The goals include:

Goal 1: Early Childhood	Goal 6: Protecting Vulnerable Alaskans
Goal 2: Healthcare	Goal 7: Services in the Least Restrictive Environment
Goal 3: Economic and Social Well-being	Goal 8: Services in Institutional Settings
Goal 4: Substance Use Disorder Prevention	Goal 9: Workforce, Data, and Funding
Goal 5: Suicide Prevention	

While organized by goal, many of the themes below were discussed in multiple stakeholder conversations, and across goal topics. In addition, the table below includes comments not directly related to a Comp Plan goal in an “other themes discussed” category.

Goal 1: Early Childhood <i>Programs serving young children promote resiliency, prevent and address trauma, and provide access to early intervention services.</i>	
Summary of comments related to Goal 1	<p>Stakeholders advocated that continued and increased priority areas focus on early childhood and “upstream” interventions to help prevent longer-term adverse health outcomes that impact young and those at risk of becoming beneficiaries. Many health and social problems are attributed to and can be predicted by childhood experiences. The COVID-19 pandemic has simultaneously increased family stress and reduced access to support. The multigenerational effect of trauma was noted, including the fact that many grandparents are parenting their grandchildren (kinship care) due to their children's unaddressed mental health needs. Eligibility for early intervention services (Infant Learning Programs) could also be addressed to lower barriers to participation in services for beneficiaries ages birth-three years to maximize positive therapeutic impact and prevent/reduce the need for higher levels of services.</p> <p>Stakeholders emphasized the need for continued focus on evidence-based practices such as Infant & Early Childhood Mental Health (IECMH) and expanding screening (developmental, social-emotional, and brain injury-related) efforts statewide. Mental health consultation in early care and education, as well as school settings, was identified as a critical strategy for</p>

	<p>development. Additionally, continued focus on school-based services, increased accessibility services, and “normalization/de-stigmatization” of mental health education for youth, help improve outcomes for Trust beneficiaries of all ages. Systems-level strategies include the development of the “Pyramid Model” of Positive Behavioral Intervention & Supports (PBIS) for both early childhood and K-12 school systems.</p> <p>Workforce needs were highlighted, including increased capacity for IECMH providers, inclusive early care and learning, and school-based mental health service providers. Private foundation and other funders have expressed interest in planning a coordinated approach to increasing statewide access to high quality early care and education programs.</p> <p>Stakeholders emphasized using public health data such as the Alaska Longitudinal Child Abuse and Neglect Linkage Project (ALCAN) to focus more on adverse childhood experiences (ACEs) prevention, prenatal and preconception, and family planning.</p>
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Goal 2: Healthcare
Alaskans have access to integrated healthcare options that promote optimal health, wellness, and independence.

<p>Summary of comments related to Goal 2</p>	<p>Stakeholders promoted the idea that Trust beneficiaries should have real access to integrated healthcare options that promote optimal health, wellness, and independence. The need for increased numbers of providers, and accessible services, including telehealth services, was emphasized for a broad range of populations across the lifespan.</p> <p>Specifically, the feedback highlighted the increased need for access to care for beneficiaries who experience traumatic and acquired brain injury (TABI), other brain-based disorders (e.g., Alzheimer’s and Related Dementias (ARD), Fetal Alcohol Spectrum Disorder (FASD)), and individuals experiencing complex behaviors.</p> <p>When considering those experiencing traumatic and acquired brain injury, or other brain-based disorders, a need for a complete continuum of response was emphasized. The continuum of need ranged from screening to the coordination of care and intervention across the life span and in multiple settings ranging from schools to rehabilitation facilities. Additionally, there was a call to address funding options, the need for improved population data, and increased advocacy.</p>
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Goal 3: Economic and Social Well-Being

Trust beneficiaries have strong economic and social well-being.

<p>Summary of comments related to Goal 3 Part 1: Employment</p>	<p>Stakeholders encouraged the Trust to continue supporting the Center for Human Development's work around Microenterprise efforts and supported employment best practices. These services are just starting to gain momentum, and there were thoughts expressed to expand these and work to get more beneficiaries working.</p> <p>Where possible, the Trust was asked to leverage its funds to bring in more federal dollars and support increased transportation and housing for staff and beneficiaries. Interest was expressed in expanding housing and transportation infrastructure to rural settings.</p> <p>When considering those experiencing TABI, or other brain-based disorders, a need for a complete continuum of response was emphasized. Care for beneficiaries with TABI was noted as not having many resources in the communities of Alaska.</p> <p>COVID impacts on employment and opportunities for employment were discussed, with supported employment providers emphasizing the need to continue to focus on individualized, person centered employment services rather than “plugging” beneficiaries into any job available regardless of fit. The supported employment workforce has been impacted by COVID as well, with a reduced number of specialized support staff available to assist beneficiaries with seeking and maintaining employment.</p> <p>Some partners identified engagement with DVR as a continued challenge to supporting beneficiaries seeking employment, particularly in rural communities. The “Work Matters Task Force” recommendations scheduled to become available in Summer 2022 have been identified as a hopeful opportunity to address policy and other barriers faced on the state and community levels.</p> <p>Stakeholders acknowledge that despite being an “Employment First” state, Alaska has difficulty making systemic progress in this area, and measurement of cross-departmental success continues to be a challenge. Trust Beneficiaries are part of the workforce solution in the continuum of care as peers and as direct service providers. Participants urged seeking opportunities to expand attractive career paths for all types of beneficiaries who want to enter or reenter the workforce. Creating an attractive career path includes prioritizing the advocacy work of the Trust and reducing the stigma of hiring and interacting with beneficiaries in the community.</p>
<p>Summary of comments related to Goal 3 Part 2: Housing</p>	<p>Stakeholders overwhelmingly supported the growing need for housing. It was reported that beneficiaries who lack affordable and safe shelter could not work on treatment, relationships, employment, etc.</p>

	<p>There is an increased need for specialty housing in all beneficiary categories. Specifically noted was transitional housing for people stepping down from treatment with substance use disorders or those experiencing serious mental illness, which is reportedly not readily available. Housing for people with ADRD and TABI is hard to come by as well. So, all forms of transitional and supportive housing are needed. Getting transitional housing in rural Alaska is even more complex and is a barrier to improving a beneficiary's life.</p> <p>Lastly, permanent supportive housing, including sober living, is vital to long-term outcomes for beneficiaries.</p>
<p>Summary of comments related to Goal 3 Part 3: Services for Alaskans Experiencing Developmental Disabilities</p>	<p>Stakeholders discussed that through the Shared Vision, we are promoting the idea that beneficiaries can live the life they direct but is this happening, and are enough resources being put to this end to make it a reality?</p> <p>Many barriers significantly impact beneficiaries, such as lack of access to affordable transportation. In addition, food insecurity across beneficiary categories was reported to be exacerbated by the COVID pandemic.</p> <p>Furthermore, beneficiaries need additional support with supported employment, increased case management, and better access to direct support professionals.</p> <p>One highlight is the Trust mini-grant program, which is working very well to have positive impact on the individual lives of beneficiaries.</p>
<p><i>Goal 4: Substance Use Disorder Prevention</i> <i>Prevention and treatment for drug and alcohol misuse are provided through collaborative, effective, and informed strategies.</i></p>	
<p>Summary of comments related to Goal 4 Part 1: Access and Treatment</p>	<p>Stakeholders emphasized the need to build out the treatment and recovery infrastructure to include access to residential beds and outpatient services for all ages. Providers are seeking a clear understanding of the systemic methods needed to increase access and support to navigate funding. It was noted that older Alaskans are less apt to engage in the treatment system and are less likely to get help. In addition, children and adolescents in rural Alaska cannot access substance use disorder (SUD) services and often must access care in the larger cities.</p> <p>There is also a great need and support for behavioral health resources to be offered outside the traditional brick-and-mortar behavioral health center, and to shift to service delivery into schools, universities, mobile behavioral health units, and adult and pediatric primary care settings. Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are working, and there was a dialogue about expanding these services to families. Several stakeholders expressed the need for enhanced access to SUD case management services with the ability to do ongoing community-based support.</p>

	<p>Stakeholders would like to see the burdensome administrative requirements for gaining access to care be alleviated and progress on this expedited.</p> <p>There was general support for the work of Recover Alaska and the mini-grant program administered by the Trust.</p>
<p>Summary of comments related to Goal 4 Part 2: Recovery and Supports Using Peers</p>	<p>Stakeholders encouraged the ongoing development of peer and recovery-oriented services as a solution for serving underserved areas, increasing the workforce, and expanding the continuum of care.</p> <p>Stakeholders also promoted enrichment activities for those beneficiaries in recovery, such as healing circles, sports, recovery cafes, and other activities that support community connection.</p> <p>Wrap-around intensive case management is also critical to recovery.</p>
<p><i>Goal 5: Suicide Prevention</i> <i>Individuals, families, communities, and governments take ownership to prevent suicides and self-harm in Alaska.</i></p>	
<p>Summary of comments related to Goal 5</p>	<p>There was a lot of feedback encouraging the Trust to continue supporting the Crisis Now system of care, including 988/Call Center, mobile crisis teams, and 23-hour crisis stabilization centers. There is agreement that Alaska needs to act to transform its system of behavioral health crisis response. Support for the Trust and its partners need to continue working to make this happen. Funding, policy support, and technical help for agencies who want to provide these services are necessary to support the implementation of these improvements.</p> <p>Stakeholders expressed strong interest in including child and youth mental health in the emerging crisis continuum of care work led by the Trust. The need for specialized training and staffing for youth and families was highlighted, with a focus on best practice and prioritizing developmentally appropriate interventions across settings for youth, particularly for mobile response services. Crisis stabilization facilities and respite for families experiencing a high level of stressors were identified as critical gaps in the child/youth mental health continuum.</p> <p>Several stakeholders expressed a concern that behavioral health crisis response services should reach rural Alaska, understanding that adaptations to the Crisis Now model may be needed. Stakeholders support the screening process in all phases of the crisis triage process, plus keeping up the evidenced-based training like Mental Health First Aid.</p>

Goal 6: Protecting Vulnerable Alaskans

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

Summary of comments related to Goal 6

Stakeholders advocated for increasing resiliency among families by expanding support for working families, including access to affordable, high-quality childcare, universal pre-K programs, and after-school programs. They also supported increased access to prenatal and early childhood home visitation and in-home therapy services, along with parenting classes that would promote trauma-informed care.

Stakeholders desire leadership to help build and implement the early intervention services outlined in the 1115 Medicaid Behavioral Health Waiver. They seek support regarding the administrative burden these services carry and faster access to the continuum of care to prevent an individual from having a crisis. As noted above, the emerging crisis continuum of care work should include child, youth and family specific supports as soon as possible. State partners working with at-risk and child welfare involved families also prioritize increased access to stabilization services and facilities youth as well as respite for families.

They also voiced that investing in provider resources will aid in strengthening families who may interact with the protective service system by using innovative programs that support the whole family, not just the individual family member who entered the system. Provider resources should be expanded to recruit and retain an adequate census of foster parents. It was encouraged that we explore using the Indian Child Welfare Act (ICWA) workforce as a powerful voice in prevention. Overall, there is an ongoing need to focus on additional strategies and investments in the protective service system, especially the child welfare system.

Goal 7: Services in the Least Restrictive Environment

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

Summary of comments related to Goal 7

Stakeholders emphasized that the Trust's work and initiatives should be conducted with diversity, equity, and inclusion at its core, and its respective policies should also reflect the same.

Stakeholders aspire to have more prevention and early intervention supports and services for families to raise children into healthy adults. Raising healthy children has an upstream impact on preventing future engagement with the criminal justice system. The Department of Corrections (DOC) should not be Alaska's largest behavioral health provider.

To improve justice outcomes for Trust beneficiaries, stakeholders would like to increase our training partners, for example, additional law enforcement/

	<p>judiciary/legal professionals, to increase the understanding of behavioral health crisis response, beneficiary challenges, etc. Another example is training more professionals using the Crisis Intervention Training (CIT) model.</p> <p>Stakeholders would like to see an expansion of the therapeutic, family, and wellness courts to rural communities. Public defender clients are Trust beneficiaries, and further work must be done to divert Trust beneficiaries away from the criminal justice system, such as through diversion facilities. Furthermore, the Trust should explore expanding the restorative justice efforts such as those occurring in Kake, Alaska, and prioritize these practices.</p>
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Goal 8: Services in Institutional Settings
Trust beneficiaries who are in an institutional setting receive the necessary services and recovery supports to return to the community of their choice.

<p>Summary of comments related to Goal 8</p>	<p>Stakeholders highlighted that significant investment is needed in building the technology infrastructure to deliver behavioral health programming and reentry coordination within DOC institutions. It was noted that this technology infrastructure likely requires amending statutes. There is a need for expanded programming within DOC institutions for beneficiaries developing and living with ADRD. These beneficiaries require critical wrap-around intensive case management.</p> <p>There is a desire for designated, flexible funds that probation officers could use to assist reentrants with quickly accessing support services such as housing. Expanding immediate access to care for reentrants is critical to their success. The population of reentrants experiences long wait lists for behavioral health services, including case management, and services for reentrants are negligible to nonexistent, especially in smaller/rural communities.</p> <p>Investment is needed for in-state solutions to better address the needs of individuals with complex behaviors to keep them from having to leave the State. The Trust needs to be more involved in these discussions.</p> <p>Use existing screening tools, and develop new tools if needed, that can assess the risk level of reentrants. Work on coordinating care with BH service providers using risk assessment.</p>
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Goal 9: Workforce, Data, and Funding

The State of Alaska has the workforce capacity, data, and technology systems in place to support the resources and funding of Alaska's Comprehensive Mental Health Program.

<p>Summary of comments related to Goal 9 Part 1: Workforce Shortages</p>	<p>The healthcare workforce continues to be a significant issue, particularly around concerns related to recruiting enough people to staff the positions that provide and implement the care for Trust beneficiaries. There are ongoing retention issues due to chronic low wages in the non-profit agency world, plus burnout and stress are taking a toll on the current workforce. Another retention method discussed involved providing behavioral health care to the caregivers and the team serving beneficiaries. Current programs like the Alaska Psychology Internship Consortium (AK PIC), AmeriCorps, and Behavioral Health Aids and Community Health Aids (BHA/CHA) are all successful programs, and discussions focused on how to expand these excellent programs.</p> <p><i>Grow Your Own</i> programs in the high schools are great, and one of the only programs that target future staff in rural regions. Stakeholders would like to see such programs expanded to include younger students.</p> <p>The Trust was encouraged to be engaged in expanding diversity in the workplace and delivering innovative programs and outreach. Further, stakeholders urged the exploration of creative solutions to enhance wages and create attractive career paths for the workforce serving beneficiaries. Beneficiaries, youth, and peers with lived experience are part of this workforce solution. Utilize diversity equity and inclusion approaches when exploring workforce strategies.</p>
<p>Summary of comments related to Goal 9 Part 2: Training the Workforce</p>	<p>Overall, the workforce training themes discussed involved the need for the continued support of the University system classes, Alaska Training Cooperative, and the Center for Human Development. Support the DEI goals that the University of Alaska, Anchorage, is weaving into its training programs. Also, support the hybrid methods for training delivery that have evolved through the pandemic. Provide evidenced-based training on-site for clinical teams that cannot travel to training to enhance their clinical skills.</p> <p>Expand the training offered to law enforcement, including Village Public Safety Officers (VPSOs), to include TABI, co-occurring behavioral health, and ADRD. Law enforcement and clinical teams also need support around compassion fatigue and burnout.</p>
<p>Summary of comments related to Goal 9 Part 3: Data</p>	<p>Data is critical, and the need to evaluate our systems of care for the young, adults ages, and elderly is needed. Stakeholders were concerned that there was a lack of actionable data and that the Health Information Exchange (HIE) was underutilized.</p>

	<p>Stakeholders encouraged the Trust and DHSS to support the evaluation of the Crisis Now system of care and support.</p> <p>The Trust can assist with getting people connected with the available data resources through the State's various divisions. There was an emphasis on ensuring the data was secure and safe, especially where protected health information was involved.</p>
<p>Summary of comments related to Goal 9 Part 4: Funding</p>	<p>Stakeholders encouraged the Trust to advocate for funding from the State of Alaska for the Comp Plan goals and initiatives. Concern was expressed that there is a heavy administrative burden connected to the 1115 Behavioral Health Waiver and how to advocate with Optum. Also, factor in equitable funding for rural Alaska.</p>
<p><i>Other Themes Discussed</i> <i>(Not directly related to the Comp Plan)</i></p>	
<p>Summary of other comments received</p>	<p>Support Health and Racial equity across the Trust initiatives and beneficiary-related systems of care. Increased focus on cultural awareness across diverse cultural groups and addressing social determinants of health for all. Explore equity consultants.</p> <p>Improved parity between rural and urban programming, funding, and advocacy. More regional/hub-based services. It is helpful to consider rural-only focus groups to identify challenges and solutions. Advocate for increased regional and rural outreach and legislative visits.</p> <p>Increase the use of culturally based, evidence-based, or promising practice interventions. Work with the State and partners to create solutions to challenges in the provider system, such as reducing providers' administrative burden.</p>