

FY25 Stakeholder Budget Survey Results

May 2023

Thank you to stakeholders of the Alaska Mental Health Trust Authority who completed our FY25 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) FY25 budget development process.

The 15-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 FY25 budget cycle.

The survey was open from March 31, 2023, to April 21, 2023.

WHO COMPLETED THE SURVEY?

There were 433 surveys submitted by participants from across the State.

The affiliations of participants are listed below. A total of 413 people identified their affiliation in the categories provided below, while 38 offered written comments to clarify their response or to list a category for their affiliation that was not provided.

Affiliation	Number
Non-Profit Providing Services/Care Coordination to Trust Beneficiaries	165
State Government	77
Friend, Family Member, or Caregiver of a Trust Beneficiary	34
For-Profit Organization Providing Services/Care Coordination to Trust Beneficiaries	32
Members of the Public interested in Trust beneficiary related issues	28
Community Coalitions Supporting Trust Beneficiaries	24
Tribal Government, Corporation, or Health Organization	23
Trust Beneficiary	13
Local Government	9
Trade Organization Representing Professionals Providing Services/Care Coordination to Trust Beneficiaries	8

This year's survey included a category for members of the public with an interest in Trust beneficiary-related issues.

There were 13 individuals that identified as [Trust beneficiaries](#), and 34 that identified as friends, family members, or caregivers of a Trust beneficiary. In the “Other” section, of the 38 comments, 10 people identified themselves as or clarified that they were, Trust beneficiaries or family members.

The “Other” section was comprised of a mixture of people indicating that they fell in several or more of the categories, including Trust beneficiary or family member. There were comments identifying themselves in roles such as philanthropic funders, members of a Trust beneficiary-related Statutory Advisory Boards or beneficiary service non-profit board members, consultants or contractors, advocates, educators, or working for the University. Of note, one commenter indicated they were one of the original founders of the Trust when it began, and one reported they were a former board member.

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, and priority initiatives. Participants affirmed the Trust’s focus areas and priority initiatives. As can be seen below, 66.1 – 88.1% 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	79.8
Disability Justice	79.6
Early Childhood, Intervention & Prevention	83.3
Home & Community-Based Services	86.8
Safe & Affordable Housing	66.1
Mental Health & Addictions Intervention	88.1
Workforce Development	81.0

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

Comments related to support for Trust efforts:

<ul style="list-style-type: none"> All of the areas listed are important and need our support.
<ul style="list-style-type: none"> It's hard to determine that any of these are more valuable than the others. They are all important for the overall health and wellness of community members and human beings.
<ul style="list-style-type: none"> I think that once an individual is securely housed, many of the other issues can better be addressed. Without stable and safe housing, the beneficiaries will then be affected by the other areas of concern. With that safe and stable housing, they are at least patricianly insulated from other dangers and obstacles.
<ul style="list-style-type: none"> It's difficult to identify areas that are less important than others from the list above. I do think there is an interrelationship between these areas that can't be underestimated. One weak area pulls others down. For example, the lack of affordable housing pushes people with disabilities who could live more independently into group homes. This costs the state more yet the lack of funding for individualized services as well as the lack of affordable housing leaves people with no other options.

<ul style="list-style-type: none"> • Housing and supported housing for people earning less than 30% of Area Median Income and those who are low income is a critical first step to addressing other issues that people may have. I believe the Trust needs to support all the areas above, but I would stress the importance of living in a safe home with support that might be needed AND early childhood intervention and prevention (preventing the need for Trust support in the future for many people).
<ul style="list-style-type: none"> • These are all critical areas. One thing that I also think the Alaska Mental Health Trust could do better is infusing health equity in all of your programs.
<ul style="list-style-type: none"> • Alaska mental health trust needs to get back to its core mission. We don't need and can't afford an expanding state bureaucracy looking for reasons to expand even further.
<ul style="list-style-type: none"> • I feel that the Trust is very responsive to all the areas listed above. I would love to see the Waitlist registry resolved and people that truly need the services--have the support needed to remain as independent as possible. The Home and Community Based waivers are such a needed service for many people/families living in our state.
<ul style="list-style-type: none"> • Need more Peer-to-Peer mentoring and more individuals with lived experience in victimization in the workforce.
<ul style="list-style-type: none"> • There is an extreme need for an adequate workforce to help individuals with mental health needs. We need to prioritize mental health services -- and to do that we need trained workers. As we heard from the NAMI Exec. Director at the Trust Improving Lives Conference -- "It only took a few months of the pandemic to create a mental health epidemic. But it takes 4-8 years to grow a single provider to respond." We must have people always joining the pipeline and encouraging them to practice in Alaska.
<ul style="list-style-type: none"> • I think people need stability through housing and benefits before anything else can be focused on.
<ul style="list-style-type: none"> • Safe and affordable housing is key to forward movement for trust beneficiaries
<ul style="list-style-type: none"> • We need more beneficiaries working in the field of disability services
<ul style="list-style-type: none"> • All of these areas are important and necessary in Alaska, but there have been recent reports highlighting specific needs around community-based services and workforce development.
<ul style="list-style-type: none"> • I see a significant need to provide academic/professional training for mental health providers and school psychologists to meet the desire of students and the professional needs of the community.
<ul style="list-style-type: none"> • Each account of people whose lives, families, and dreams are lost due to mental health crises unchecked or facilitated is an immeasurable humanitarian cost. It greatly saddens me to see our beautiful state suffer from addiction and lack of leadership by those elected at the state level. It has profoundly affected my parents, and now my sons. I know I am not alone but under the current state policies, the burden feels unbearable. Thank you, for reaching out.

<ul style="list-style-type: none"> • Workforce development is the most critical focus point for residential services for beneficiaries with intellectual and developmental disabilities, including services in licensed group homes, apartment settings, and supported living settings managed by non-profit Intellectual and Developmental Disability (IDD) service agencies. With a current inadequate workforce, residential services and associated housing are facing a high risk of closure with few alternative options for beneficiaries in communities where these services are currently offered. The licensed assisted living home regulations associated with group home residential services as well as the needs of resident beneficiaries in all residential settings require an adequate workforce which is currently difficult, if impossible, to maintain. Increased recruitment strategies, increased wages, and other incentives have not been effective in solving this extremely serious problem. Other services for beneficiaries with IDD and their families, including supported employment, day habilitation and respite care for family members are also extremely limited or not currently available to beneficiaries due to workforce shortages. Given the Alaska state plan for reducing and ultimately eliminating the IDD waitlist for services, the current workforce shortage facing IDD service providers not only presents an immediate critical problem but impacts future goals for improving the lives of Trust beneficiaries.
<ul style="list-style-type: none"> • The Trust needs to narrow its focus to the beneficiaries and look at partners that can fill gaps. The Trust cannot do it all.
<ul style="list-style-type: none"> • Early Childhood Intervention and Prevention - support for Statewide Pyramid Model (Early Childhood Positive Behavioral Interventions and Support) implementation to both increase and scale up programs to provide high-quality inclusive care and education. Workforce development related to behavioral health training across the University of Alaska system, including support for a school psychology training program that would serve beneficiaries who receive special education services AND support a wide range of children's mental health prevention and intervention services within the context of schools.
<ul style="list-style-type: none"> • Each and every one of these areas needs support. They are all vital to the dignity and well-being of those the Trust serves.
<ul style="list-style-type: none"> • Alaska needs a lot of improvements. I am willing to help bridge the gaps.
<ul style="list-style-type: none"> • With the populous needs increasing in the face of mental health and recovery services, it's very difficult to rate what is not of high importance. However, In consideration of the current fentanyl crisis and the 269 (recorded) deaths in the 2022 period, I will rate this highest.
<ul style="list-style-type: none"> • I think we need more boots on the ground helping folks find a purpose to live, to try and do better for themselves. All the free housing, interventions, and mental health services will only work if the person actually wants a change in their situation.
<ul style="list-style-type: none"> • I am a direct service provider for disabled adults who are 30-55. It would be great if they could work more and contribute to their living expenses. Adults who have 2 hr. jobs which is all they can manage, due to mental health stress, and behavioral disruption. They need guidance in socializing and participating in the community.
<ul style="list-style-type: none"> • There are no beds/housing available for people with Mental Health issues combined with substance abuse. There need to be facilities available that homeless people with these issues can check into regardless of their mental health or addiction status.
<ul style="list-style-type: none"> • Workforce Develop state funding should be going to the community colleges at University of Alaska

<ul style="list-style-type: none"> We are in a state of crisis, in receiving HCBS in Fairbanks. We cannot get workers to work for the disabled for \$18/hr. with no benefits, while we compete with McDonald's workers and Janitors at Fairbanks Memorial Hospital making more money. I think you think people are getting services, but we are not. I haven't been able to find a respite, day habilitation, for over 10 years. Even though these services are "available" and part of my sons' plan of care- they can never be utilized because the reimbursement rent is so low. The only workers I am able to get will only be short-term until they find a job that beats the low pay. The turnover is not good. My son deserves better.
<ul style="list-style-type: none"> All areas that the Trust works on are in great need and are very important.
<ul style="list-style-type: none"> The lack of long-term case management supports is a major barrier to independent living for individuals struggling with mental illness.
<ul style="list-style-type: none"> I work on the Kenai Peninsula, and we are struggling with a severe lack of services supporting folk with mental health difficulties. We are seeing folk in need of Case Management and Housing as a top priority at this time.
<ul style="list-style-type: none"> Affordable housing is much needed on Prince of Wales Island. The only housing here that is subsidized is with Tlingit Haida Regional Housing Authority (THRHA) and you need to be a tribal member for most of their housing units.
<ul style="list-style-type: none"> My feeling is, generally, the earlier you can intervene and assist a person (e.g. infants/toddlers, school age) the more likely they are to avoid needing other services in the future. I also think getting folks' treatment can lead to them being successful in some of your other categories. So, I would focus more effort on early intervention and treatment.
<ul style="list-style-type: none"> There are many other community and state-level partners working on Early Childhood right now.
<ul style="list-style-type: none"> There are agencies that already provide some of these services although the Trust may be why they exist, no reason they have agencies do double duty of services, need to hold a meeting of all agencies and jointly make decisions on who is going to do what! Let's save \$'s for the actual services and allow each agency to concentrate on becoming the experts in their service.
<ul style="list-style-type: none"> Specifically, funding and development of new Medicaid revenue potential for the federal Individuals with Disabilities Education Act (IDEA) Part C Early Intervention system is a priority.
<ul style="list-style-type: none"> All areas are worthy of support and attention.
<ul style="list-style-type: none"> Guardianship and conservatorship
<ul style="list-style-type: none"> Sorry for endorsing all the items as high. However, it is difficult for a truly responsive system of support to place these into silos. Perhaps what we need to think about is how we as a community integrate all of these into a local system of support. A good example is the Integrative Service System approach that was visible in a number of progressive cities during the 1980s. Anchorage is small enough to test out an integrative approach in which we collectively can ensure integrated support across the life course with a principal focus on housing. Housing is one of the most important breakthroughs all of us can accomplish now.
<ul style="list-style-type: none"> Not sure if this fits anywhere but have long felt that a review or analysis of the governance structure for mental health programs could yield some low-hanging fruit. There is much duplication or overlap in the administration of mental health programs. Further, the Trust cannot be all things to all people nor should it try to be. The legislature will let the Trust try to be until the beneficiary money is all used up in the meantime freeing up money in the state budget for non-health activities.
<ul style="list-style-type: none"> These issues continue to need focus and support.

<ul style="list-style-type: none"> • So many of the people we serve with addiction, mental health issues, or disabilities do not want the label, so do not qualify as trust beneficiaries.
<ul style="list-style-type: none"> • I think your goals and support strategies are on track for current needs.
<ul style="list-style-type: none"> • The Alaska Mental Health Trust Authority is striving hard to fund organizations that can meet the needs of beneficiaries for employment, disability justice, early childhood intervention, home & community-based services, safe & affordable housing, mental health & addictions intervention, and workforce development. Alaska's communities and social service organizations need all the help possible to increase beneficiary employment and services; to provide early childhood intervention, workforce development, safe, affordable housing; and to decrease mental health illness and addictions.
<ul style="list-style-type: none"> • I only ranked the workforce/employment lower because it seems there are other partners better set up to address that and yet we count on the Alaska Mental Health Trust Authority to focus on things that others are not addressing adequately.
<ul style="list-style-type: none"> • Investments in early childhood development, intervention, and prevention has the most chance of changing children's lives, ending abuse/neglect and preventing costly, less effective treatment in later years. For the record on housing. I emailed your Director several years back with what I thought was an innovative idea to guarantee Native people with mental/developmental disabilities could have their own homes, at least in rural areas where I work. Many spend much of their time homeless due to difficulties in maintaining their financial/contractual obligations with rental property. The idea was either to have corporations deed them 1-acre lots or have the Trust purchase the land separately. The Trust could then lend them the money to erect tiny homes on their property. It is likely that volunteers would provide much of the labor. Given that most have disability income, their guardian/conservator would make monthly payments to repay the loan before issuing the rest of the funds. These funds could go back into a reserve account to make new loans. I received no reply from the Trust. Is it perfect? Of course not, but the upside is that they would have a place of their own where they could not be evicted.
<ul style="list-style-type: none"> • The workplace and workforce have changed dramatically in three years. If ever there was a time when employers needed to hire creatively, now is the time. With the right support systems in place, many people can reenter the workforce and meet a very pressing need. So has the housing crisis. The pandemic and eviction moratorium had the unintended consequence of lowering the supply of low-income housing in our communities. Our agency is working hard to improve the housing supply, but equally hard at keeping every vulnerable trust member in housing as long as possible.
<ul style="list-style-type: none"> • A lot needs to be done for Intellectual and Developmental Disability (IDD) as the Division of Vocational Rehabilitation does virtually nothing. The Division of Vocational Rehabilitation helps those with physical needs but claims it supports IDD. Every parent and individual knows this. The Executive Director knows it as well. Help!!!
<ul style="list-style-type: none"> • I think these programs listed have a lot of redundancies. For example, there's the Division of Vocational Rehabilitation, which focuses on workforce development. Most nonprofits have agencies that focus on early intervention. I think areas that the mental health trust could focus on are supporting more grants to people and helping more people with mental health issues get modifications to their homes or help people to become Environmental Modification (E-Mod) Home Accessibility program provider so there is more of that as an option under the home and community-based waiver system. Another area that needs to be included in the budget is the Minnie grant section. The \$50 fee to do the mini-grants does not cover the administrative cost that it takes to manage a grant for a person. It's about triple that.

<ul style="list-style-type: none"> • Safe and affordable housing along with early childhood intervention and prevention has the potential to have very significant and positive, meaningful effect on health and mental health outcomes for children and families.
<ul style="list-style-type: none"> • Affordable Housing should top the list.
<ul style="list-style-type: none"> • All areas are very important
<ul style="list-style-type: none"> • Our system to support the most challenging folks who experience multiple issues and highly challenging behaviors is cracking, we need to develop a plan for those who do not fit into the current system.

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). 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. They are presented in order of highest to lowest priority based upon the combination of Medium to High Priority ratings.

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	4.19	95.6	49.4
Beneficiaries increase self-sufficiency	3.84	90.63	32.7
Expand resources that promote successful, long-term employment for Trust beneficiaries	3.81	89.8	36.2

New Strategies that should be Prioritized of Existing Strategies

<ul style="list-style-type: none"> • Engagement with the state Office of Public Advocacy is increased so that those needing public guardians can get them. So many homeless folks are gravely disabled and unable to hold down a job or manage their money.
<ul style="list-style-type: none"> • I think a critical area is support for long-term employment. Alaska is an Employment First state, but employment is not the first service people are talking about because of the lack of funding for community providers and lack of emphasis/incentives for people to go to work. Because of this, many people with Intellectual and Developmental Disability (IDD) are spending their time in group day habilitation activities instead of in a valued role with a sense of purpose.
<ul style="list-style-type: none"> • Support must be at the forefront. Without support, how can we expect successful employment or improved self-sufficiency?
<ul style="list-style-type: none"> • Grow a school psychology program in Alaska
<ul style="list-style-type: none"> • Restore a functional intake system in our health care facilities for crisis acute mental disorders in adults.
<ul style="list-style-type: none"> • The second statement needs to be the Trust's priority [ED: <i>Utilize ongoing recovery (including peer and family) support services to reduce the impact of mental health and substance use disorders.</i>]
<ul style="list-style-type: none"> • Employment may be essential for recovery for some, but it is neither universally required for healing nor universally possible for all individuals. Therefore (without getting into the psychological complexities of "work" within the context of modern severe mental illness) while I totally support employment endeavors, in a world of scarce resources (i.e., many trust beneficiaries living without access to housing or adequate mental health/addiction services) it is my opinion that this should not be the highest priority.
<ul style="list-style-type: none"> • Definitely affordable housing and the availability. Also, provide resources for long-term employment.
<ul style="list-style-type: none"> • These are all very important
<ul style="list-style-type: none"> • Keeping Trust beneficiaries out of the criminal justice system.
<ul style="list-style-type: none"> • Outreach to support State funded employment insurance coverage and placement policies to employ beneficiaries.
<ul style="list-style-type: none"> • Does focus on mental health disorders encompass hoarding disorders? I believe this is a much-needed area that has basically no response or services for individuals experiencing issues with hoarding.
<ul style="list-style-type: none"> • As we enter the era of full employment, baby boomers are retiring, and there is aggressive competition for employees. A policy strategy to consider is empowering private-sector HR/workforce development entities with the tools to employ beneficiaries successfully.
<ul style="list-style-type: none"> • All three are very important. Beneficiaries should be self-sufficient which means knowing how to apply or look for resources and keep up with their ongoing care.
<ul style="list-style-type: none"> • Traumatic and acquired brain injury - identification of the problem and development and support of programs to address the medical, social, and emotional factors that result.

<ul style="list-style-type: none"> • The farm in Palmer was an excellent opportunity for folks to work their body, let their mind rest and wander, and prepare for being in mainstream society again. Bring meaning to people’s lives by helping them explore options, arts, crafts, and meditation. Then meaningful employment will follow, giving them a purpose.
<ul style="list-style-type: none"> • Hand over-hand instructions on life skills, whether working or socially acceptable behavior at leisure.
<ul style="list-style-type: none"> • Workforce development needs to be included in conjunction with Mental Health & Substance Use Disorder services.
<ul style="list-style-type: none"> • Increased advocacy work to remove some of the barriers that are present in licensing regulations as an example for hiring people with lived experience. They should be eligible for roles beyond peer support specialists however if they don't have the requisite degrees or specific work experience prescribed by residential licensing, they are not eligible for employment unless agencies obtain a licensing variance. Variances are administratively burdensome as it's far from a streamlined process and it requires a lot of additional work for already overburdened organizational infrastructures.
<ul style="list-style-type: none"> • Right now, people need their basic necessities met to engage in anything. Housing, food, and Medicaid are must need for the population targeted. Alaska is struggling to meet these basics.
<ul style="list-style-type: none"> • The families or caregivers need assistance and provided the opportunity for training covering the different concerns that exist for survivors, the addicted, and the mentally challenged.
<ul style="list-style-type: none"> • The focus is on safe affordable housing for beneficiaries. This is becoming a major problem throughout our community. Lack of housing makes it difficult for beneficiaries to find and maintain employment.
<ul style="list-style-type: none"> • Self-sufficiency is important, but it is less of a priority given the need to get people into decent, dignified, and health-producing housing.
<ul style="list-style-type: none"> • It seems we have a shortage of mental health and treatment services for Alaskans. Sober support and recovery are also critical for people so they can succeed win their journey.
<ul style="list-style-type: none"> • Transportation needs. This is a huge area of need to obtain employment and self-sufficiency
<ul style="list-style-type: none"> • All beneficiaries, not just those with Severe Mental Illness will benefit from these programs and I would hope that all beneficiaries have access to these programs and efforts.
<ul style="list-style-type: none"> • Addressing issues facing pregnant individuals (both because they could be current beneficiaries and because their offspring is a potential beneficiary)
<ul style="list-style-type: none"> • Yes, community engagement for advocacy as opposed to indifference or even resistance to honoring the State's commitment to mental health
<ul style="list-style-type: none"> • Upstream primary drug prevention and education!
<ul style="list-style-type: none"> • I see employment as a key recovery strategy to provide a purpose and daily structure. Self-sufficiency is important but meaning and daily structure through employment are more important initially.

Key Policy Issues the Trust Should Address

<ul style="list-style-type: none"> • Public guardianship access to assisted living facilities
<ul style="list-style-type: none"> • No need for Service Authorizations we can go from treatment plans.
<ul style="list-style-type: none"> • Domestic violence Childcare as a workforce development strategy

<ul style="list-style-type: none"> • Ensuring Supplemental Nutrition Assistance Program (SNAP) and Medicaid benefits are in place for beneficiaries who are entering the workforce to reduce stress on the worker and the system. Developing workforce to assist with benefit review and distribution.
<ul style="list-style-type: none"> • Funding Employment
<ul style="list-style-type: none"> • Education and social services
<ul style="list-style-type: none"> • Mandatory minimum wage
<ul style="list-style-type: none"> • Early Childhood Prevention and Intervention
<ul style="list-style-type: none"> • In-patient housing or assisted living for mental health and state agencies sitting by doing nothing but acting as if they are. And Office of Children’s Services needs to go or be totally revamped or at least be held accountable in this state, because a marginalized person has no way to defend against them
<ul style="list-style-type: none"> • Disability Discrimination in the workplace.
<ul style="list-style-type: none"> • Affordable housing.
<ul style="list-style-type: none"> • Critical mental health care
<ul style="list-style-type: none"> • Lack of interest by beneficiaries or guardians on the benefit of Able accounts and maintain benefits
<ul style="list-style-type: none"> • Advocate for increased rate for HCBS Employment Services. Support work to address the relationship between the Division of Vocational Rehabilitation and Medicaid waiver recipients - currently the Division of Vocational Rehabilitation is more of a barrier than support.
<ul style="list-style-type: none"> • With the elimination of the federal Fair Labor Standards Act, part 14(c) waivers in Alaska, what becomes of Trust Beneficiaries who cannot engage in competitive employment?
<ul style="list-style-type: none"> • Seed money to start micro-businesses with beneficiary owners.
<ul style="list-style-type: none"> • Housing
<ul style="list-style-type: none"> • The Trust employs annihilation of our natural world (clearcutting old growth forests) to fund its program. This is WRONG and contributes to the need for increased Mental Health Services.
<ul style="list-style-type: none"> • Employment and transportation
<ul style="list-style-type: none"> • Reducing barriers to employment like government ID, childcare, and lack of resources for training and licensure. Focus more on wrap-around employment supports like housing, education, training, transportation, therapy, medical care, childcare, etc....
<ul style="list-style-type: none"> • Livable wages perhaps.
<ul style="list-style-type: none"> • Support for family caregivers and funding for in-home care services for individuals with dementia.
<ul style="list-style-type: none"> • Literacy, self-sufficiency, self-worth, employment goals
<ul style="list-style-type: none"> • Health Equity. Supports for Self-Determination for Beneficiaries.
<ul style="list-style-type: none"> • Deal with and create solutions for mental health and the homeless, particularly within the Indigenous communities. Encourage potential employers to consider variances for qualified felons in workforce development.
<ul style="list-style-type: none"> • Substance Abuse Prevention
<ul style="list-style-type: none"> • Mental health
<ul style="list-style-type: none"> • Working on Disability

<ul style="list-style-type: none"> • Advocacy for beneficiaries with legal issues related to the Anchorage Police Department Crisis Intervention Team response to receiving legal representation by qualified, trauma-informed attorneys.
<ul style="list-style-type: none"> • Easier tolerance for those that have struggled and trying to better themselves
<ul style="list-style-type: none"> • Advocacy around the Background Check process. Current Department of Health & Social Services [ED: Now the Department of Health, and the Department of Family & Community Services] back ground checks include Office of Children’s Services involvement which takes months to resolve and requires a variance so the new team member can work within the behavioral health field.
<ul style="list-style-type: none"> • Eliminating the Intellectual and Developmental Disability (IDD) waitlist/ higher wages for Direct Service Providers, and Fetal Alcohol Spectrum Disorders prevention
<ul style="list-style-type: none"> • Eating disorders
<ul style="list-style-type: none"> • Housing First. We know that the housing first model works in the long term and often leads to improved results for those suffering from mental health and substance use concerns. It also provides improved security for individuals who are too severely disabled to work by ensuring that their most basic need-shelter- is met and resources can be spent on other high-priority issues, like in-home care.
<ul style="list-style-type: none"> • Supported employment, beneficiaries employed to help other beneficiaries with higher needs
<ul style="list-style-type: none"> • We need safe shelters with private rooms where people can recover and stabilize enough to take on employment. We need more substance abuse rehabilitation options as well.
<ul style="list-style-type: none"> • Supportive employment opportunities
<ul style="list-style-type: none"> • Focus on supported employment programs
<ul style="list-style-type: none"> • Expanding academic/professional training for school psychologists.
<ul style="list-style-type: none"> • Variance process, barrier crimes.
<ul style="list-style-type: none"> • Grow a school psychology program in Alaska to address mental health needs in the schools
<ul style="list-style-type: none"> • A compassionate experienced clinically safe intake environment for severely mentally ill adults.
<ul style="list-style-type: none"> • Funding Social Determinants of Health (SDOH) under Medicaid
<ul style="list-style-type: none"> • Expand resources that promote successful transitions to employment and independence for Trust beneficiaries in young adulthood.
<ul style="list-style-type: none"> • Develop a school psychology program
<ul style="list-style-type: none"> • Without an adequate workforce to provide essential services to Trust beneficiaries with Intellectual and Developmental Disability (IDD) and to their families, Employment and Engagement policy issues may become secondary to the fundamental and basic needs of beneficiaries. Long-term policy issues that address and support a workforce having professional status, wages, and benefits as well as strategies for supporting and maintaining the non-profit agencies that provide for these needs must receive priority focus.
<ul style="list-style-type: none"> • Mental Health, Reentry
<ul style="list-style-type: none"> • Early childhood intervention for behavioral health issues
<ul style="list-style-type: none"> • Policies that lead to funding streams for communities that have no access to mental health or substance abuse treatment

<ul style="list-style-type: none"> Definitely affordable housing and the availability. Also, provide resources for long-term employment and demonstrate value towards the employee.
<ul style="list-style-type: none"> No Intellectual and Developmental Disability (IDD) waitlist and house the mentally ill. Provide funding to peer support.
<ul style="list-style-type: none"> Developing the behavioral health spectrum of care in Alaska (fill gaps)
<ul style="list-style-type: none"> How can the Trust support beneficiaries so they can stay in the community and out of the criminal justice system/incarceration?
<ul style="list-style-type: none"> Mentorships - Assigning a "life coach" to beneficiaries who enter employment.
<ul style="list-style-type: none"> We need supported housing options for people who experience mental health issues.
<ul style="list-style-type: none"> Treating addiction and improving mental health services
<ul style="list-style-type: none"> More grants available for various needs such as transportation assistance for beneficiaries and respite for beneficiaries and their natural supports to help prevent them from becoming beneficiaries themselves.
<ul style="list-style-type: none"> Update the working disabled Medicaid Buy-in program to make sure it's kept up with inflation.
<ul style="list-style-type: none"> Expand access to quality (evidence-based) treatment programs for substance/alcohol abuse.
<ul style="list-style-type: none"> SB 39 and SB 41 [ED: <i>Not sure if this is referring to the current legislative session, Senate Bill 39 Disclosure of Wage Information & Senate Bill 41 Appropriations: Capital/ Supplemental Budget</i>]
<ul style="list-style-type: none"> State legislative budgetary support
<ul style="list-style-type: none"> Opioid education in middle school, Protection of Elderly, in-home Health/Support
<ul style="list-style-type: none"> 1) Promote recruitment and retention of quality healthcare provider infrastructure in order to provide specialist healthcare services in Alaska without having to transfer patients to Seattle or other specialist sites in the lower 48 to receive high-quality care. 2) Expand collaboration between healthcare facilities and their specialty services in order to maximize the scope and breadth of these services provided in Alaska.

<ul style="list-style-type: none"> • OVERALL, EMPLOYERS NEED TO UNDERSTAND THAT THEY WILL NOT GET SUED, BY THE STATE OR OTHER ENTITIES, IF THEY HIRE PERSONS WITH DISABILITIES. THEY DON'T KNOW THIS. THE STATE NEEDS TO PUBLICLY BROADCAST THAT THIS IS A FALLACY. One of the issues employers have, be they large employers or small employers, is, employers are reluctant to employ persons with disabilities because they are afraid that if they engage persons with disabilities they will somehow get sued. They are afraid that if they, the company, does hire a person with a disability and the company purchases items to help the person with a disability bridge the gap in their employment and then something goes wrong, they, the company, will get sued. So they, the company, view persons with a disability as a road better to not go down. Also right now, the state is employing business engagement specialists through Department of Labor & Workforce Development /Division of Vocational Rehabilitation (DOLWD/DVR) whose job it is to engage business and to help find jobs for persons with disabilities. One of the biggest barriers our business engagement specialists are reporting over at DOLWD/DVR is yes business are open to persons with disabilities now more than ever due to the post covid economy however business be it small or large are still reluctant to engage over perceived legal issues. Having business engagement out of DOLWD/DVR is a great path and advocacy for the disabled but business is still reporting that just because you have put a government backed person at our door fronts has not helped alleviate our perceived legal concerns, its only made them worse. Now business thinks if they engage, they somehow have a guy with a rule book walking around and now not only the person with a disability can sue if something goes wrong, but they have an advocate from the state right behind them documenting this. Obviously, that is not the intention, but it is the perception that if you engage you have just let a huge legal liability walk right in your front door. In short, the states intentions, plan and advocacy (DOLWD/DVR) are first rate for persons with disabilities however the state's public relations of its intent with these programs needs to be communicated on a much grander scale "before" DOLWD/DVR and the disabled show up asking the business to engage with them, not "after". When you don't we look like lawsuits waiting to happen. YOU NEED A LARGE PUBLIC P.R. CAMPAIGN COMMUNICATING THAT THE STATE WILL NOT SUE YOU IF YOU HIRE THE DISABLED. You have got to budget or curtail or allocate to get some funding to communicate this otherwise your wonderful programs will not reach the goals you are shooting for. If you do, do this effectively before we show up so many more businesses will hire us and we can go to work. Obviously this has not been done. So what, do it anyway. Better late than never. Thank you for allowing me to communicate this.
<ul style="list-style-type: none"> • 1. Division of Vocational Rehabilitation do their job as they have in the past. 2. Direct Service Provider workforce development ...
<ul style="list-style-type: none"> • For folks with lived experience to be engaged and embedded in service provision at all levels of management to include executive and upper management levels.
<ul style="list-style-type: none"> • Community resources for employing those with disabilities networking social
<ul style="list-style-type: none"> • Childcare crises and lack of recovery options for those who suffer from addiction
<ul style="list-style-type: none"> • Alaska uses an obsolete IQ-based system to determine Intellectual and Developmental Disability (IDD) eligibility for services. California, Washington, and Oregon all use adaptive ratings scales, which show an individual's ability to function independently. As a result, many individuals who experience autism or Fetal Alcohol Spectrum Disorders cannot access services. Students in special education in Anchorage may join the homeless population after or even before they exit school district services at 22. This population should receive appropriate support instead of being lumped in with much older chronically homeless individuals. Covenant House will not house young adults over the age of 21.

<ul style="list-style-type: none"> • Streamline the Division of Vocational Rehabilitation process
<ul style="list-style-type: none"> • Supported employment services under HCBW are increasingly difficult to access / provide. This is an imminent threat to long-standing successful micro-enterprises. Is there anything the Trust can do to help policymakers make decisions that support Beneficiary employment.
<ul style="list-style-type: none"> • For the individuals that I have worked with a Job Coach, and immediate gratification of a job well done, perhaps material reward, other than and in addition to paycheck received later or on payday. The clients I work with do not make a connection between a distance reward and work.
<ul style="list-style-type: none"> • Housing issues: we need more in Fairbanks.
<ul style="list-style-type: none"> • Re-Entry Youth Transition
<ul style="list-style-type: none"> • Advocate for rate increases for services including supported employment.
<ul style="list-style-type: none"> • Self-advocacy and work skills
<ul style="list-style-type: none"> • Affordable housing and/or safe placement options so beneficiaries can access community-based outpatient or step-down services.
<ul style="list-style-type: none"> • Frontline wages
<ul style="list-style-type: none"> • 1. Barrier crimes and how they affect employment. 2. The effects of disabilities on employment and how to overcome them.
<ul style="list-style-type: none"> • Self-directed resources and empowering those in need of support easier options to find programs they need.
<ul style="list-style-type: none"> • Transportation Streamlining the variance process for individuals with criminal backgrounds.
<ul style="list-style-type: none"> • Expand Crisis Now and community crisis response and continue to support rural homelessness response
<ul style="list-style-type: none"> • Removing barriers to employment for those with lived experience that exists in state licensing requirements to allow people to apply for roles beyond peer support specialists. Telling providers to "just obtain a licensing variance" is not a viable, sustainable solution.
<ul style="list-style-type: none"> • Increased support for community driven upstream wellness systems of care. Initiatives such as Youth 360 in the Mat-Su and Seward seek to transform the systems of care to reach youth and families that are at highest risk and benefit the most from this support. This proven model has great potential for Alaska. Where DBH already has established the foundation for implementing this model in numerous additional communities.
<ul style="list-style-type: none"> • The Medicaid Waiver Intellectual and Developmental Disability (IDD) waitlist issues. There are many Trust Beneficiaries who are completing high school and other young adults who do not have access to home and community-based services such as respite or habilitative services, which include supported employment.
<ul style="list-style-type: none"> • Funding support
<ul style="list-style-type: none"> • Support for Alaska's Youth Systems Building Academy team is to develop a strategic action agenda that will guide system development in Alaska with the purpose of ensuring that young Alaskans between 16 to 24 years of age who are disconnected from school and the workforce, will have easy access to training, work-based learning, and support services to grow and thrive.

<ul style="list-style-type: none"> • Proper training for support staff is critical to help reduce the high employee turnover. Having the reimbursement rate based on the level of care the recipient needs. The higher the needs the higher the reimbursement rate. It would help make ALH more interested in accepting those with a high level of needs.
<ul style="list-style-type: none"> • Education reimbursement to attract interest in the field so there is greater access to professionals for treatment.
<ul style="list-style-type: none"> • Recovery and Mental Health wellness are key foundational needs everything else comes after that for a person who is struggling.
<ul style="list-style-type: none"> • Ensure long-term case management support.
<ul style="list-style-type: none"> • Not sure of actual policies, but there is very limited supported employment opportunities- especially in the Valley
<ul style="list-style-type: none"> • Lack of public transportation to get to work, particularly for those who can't drive
<ul style="list-style-type: none"> • Supporting individuals who have committed a crime of a sexual nature
<ul style="list-style-type: none"> • Central accommodation funds, peer-to-peer and companion services to help address the DSP workforce crisis.
<ul style="list-style-type: none"> • Homelessness
<ul style="list-style-type: none"> • Transportation for these individuals is so very difficult in rural areas.
<ul style="list-style-type: none"> • HELP, AND TRAINING, OF THE CAREGIVER, OR FAMILIES
<ul style="list-style-type: none"> • Employment First State - continue Work Matters Taskforce implementation
<ul style="list-style-type: none"> • Employment skills work with businesses to hire and retain individuals
<ul style="list-style-type: none"> • Affordable housing and community engagement centers
<ul style="list-style-type: none"> • More money for Medicaid billing for Direct Service Providers to support employment
<ul style="list-style-type: none"> • Early Childhood and family prevention and support programs
<ul style="list-style-type: none"> • Pre-family support(s) to prevent Office of Children's Services child-removals
<ul style="list-style-type: none"> • Interface for actual meaningful outcomes from the Division of Vocational Rehabilitation involvement
<ul style="list-style-type: none"> • Housing and substance use disorders in inpatient facilities
<ul style="list-style-type: none"> • Non-discrimination against individuals with a history of mental health, substance use, and/or traumatic brain injury in hiring practices
<ul style="list-style-type: none"> • Obstacles for those with real-life experiences trying to become peer support specialists
<ul style="list-style-type: none"> • Transportation and community attitude are major barriers to self-sufficiency in our state. Spreading awareness and promoting transportation as a basic life need are key policy issues to address.
<ul style="list-style-type: none"> • Incarceration of people with mental disabilities who have used violence.
<ul style="list-style-type: none"> • Allow tax credits for employers who bring on beneficiaries into their organization
<ul style="list-style-type: none"> • I think there is a real opportunity at this moment to advance priorities for folks with dementia. There is a lot of new energy on this front in the House.
<ul style="list-style-type: none"> • Continue building organizational connections between mental health vendors (and the community) - with "supported employment" vendors, and AK State DOLWFD.
<ul style="list-style-type: none"> • Housing, housing, housing. We are in the midst of a crisis and people suffering from homelessness or housing insecurity cannot focus on long term health or stability. They are further traumatized.

<ul style="list-style-type: none"> • Supports to stay housed. Access to substance abuse treatment.
<ul style="list-style-type: none"> • Secondary transition Employment supports training
<ul style="list-style-type: none"> • Enhancing employment opportunities inside Department of Correction facilities
<ul style="list-style-type: none"> • Preventing homelessness of beneficiaries. Stabilization services for beneficiaries to avoid involvement in the criminal legal system.
<ul style="list-style-type: none"> • A policy that fosters diversity in employment options and a policy that fits jobs to people rather than fitting people into jobs.
<ul style="list-style-type: none"> • See comment to question 2. Also, pls be sure that the legislature does not shift the increasingly greater share of health care to the trust.
<ul style="list-style-type: none"> • 1) Addressing Alaska's Caregiver shortage 2) Addressing the lack of employment opportunities for those with I/DD after the elimination of the federal Fair Labor Standards Act part 14(c) program.
<ul style="list-style-type: none"> • Building stronger supports for emerging adulthood. There is a strong disconnect between juvenile and adult services of support. There is a tendency not to support a strong continuum of care, but just let issues become crises, which then uses up all available resources and prevents meaningful solutions.
<ul style="list-style-type: none"> • Housing & Home and community-based services
<ul style="list-style-type: none"> • Recruitment of mental health professionals. Treatment service expansion in rural areas.
<ul style="list-style-type: none"> • The growth of peer support employment leads to increased educational opportunities, which leads to better employment opportunities for promotion.
<ul style="list-style-type: none"> • Helping employers understand the ease and benefits of beneficiary employment.
<ul style="list-style-type: none"> • Hire more Division of Vocational Rehabilitation contractors to add transportation coverage
<ul style="list-style-type: none"> • Fund more comprehensive integrated centers to assist the homeless and the Trust beneficiaries to find services, sustenance, education, employment, and affordable housing in Anchorage, Fairbanks, Bethel, Juneau, Kenai, and other Rural Alaska communities.
<ul style="list-style-type: none"> • Supportive employment programs. Most of the beneficiaries we work with cannot engage in state vocational rehab - need more specialized interventions that are easier to maintain while experiencing other traumas/disabilities.
<ul style="list-style-type: none"> • Removing barriers for crimes in many occupations and not allowing public access to a person's criminal history
<ul style="list-style-type: none"> • Homeownership and Home-Based Services
<ul style="list-style-type: none"> • In general, any strategy to increase the low rate of employment among Alaskans with SMI, improve employment of people with Severe Mental Illness and enhance access to evidence-based models of supported employment.
<ul style="list-style-type: none"> • For those with Traumatic Brain Injuries (TBI), educating the Division of Vocational Rehabilitation counselors is essential to getting employment opportunities. The Division of Vocational Rehabilitation often presents those with TBI significant barriers to successfully utilizing their services. For TBI, Beneficiary Engagement & Employment needs to be looked at on a spectrum because as people with TBI are treated, they become un-disabled and the world of work needs to change with them. This is very different for other beneficiary groups with fixed disabilities.
<ul style="list-style-type: none"> • Grants to support/start businesses for beneficiaries so that they can maintain independence. Job training or education grants.

<ul style="list-style-type: none"> • Employment support for those with disabilities or in recovery can be extra beneficial in this employment market.
<ul style="list-style-type: none"> • Help eliminate the waitlist. The state is mismanaging by using the Developmental Disabilities Registration and Review (DDRR). Social Security Administration forbids individuals on the waitlist to be compared to others. That is exactly what a rating measure does whether within groups or between groups. Help create meaningful work for Intellectual and Developmental Disability (IDD) since the Division of Vocational Rehabilitation refuses. Some want to work and support themselves. Some don't need or want service from a system that does more harm than good.
<ul style="list-style-type: none"> • Access to health insurance outside of employment
<ul style="list-style-type: none"> • Continuing work to change public knowledge, beliefs, and behaviors that stigmatize and marginalize persons with mental health challenges including the belief/fear that beneficiaries are dangerous or a threat to the general public.
<ul style="list-style-type: none"> • Increasing wages, decreasing discrimination within the workplace
<ul style="list-style-type: none"> • I think making families go through Social Security disability, determinations before they can be covered by Medicaid is ridiculous. It takes 6 to 8 months and is a very time-consuming process. Also, I think the mental health trust should try to get the feds on board with revamping the Social Security process for people with mental health issues. The current system is not working for people and that is why people are ending up homeless on the streets because they have no way to get anybody at the disability office to even return their phone calls.
<ul style="list-style-type: none"> • Road development
<ul style="list-style-type: none"> • Mental health leave
<ul style="list-style-type: none"> • Drug and alcohol prevention
<ul style="list-style-type: none"> • Expand peer specialist apprenticeship for individuals with I/DD
<ul style="list-style-type: none"> • Supports for people with moderate mental health challenges prior to challenges becoming severe.

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). 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. They are presented in order of highest to lowest priority based upon the combination of Medium to High Priority ratings.

Strategy	Average Rating (1 Low to 5 High)	% Of Participants rating Strategy Medium to High Priority	% Of Participants rating Strategy as High Priority
Community intervention and diversion	4.05	91.8	41.9
Community prevention	3.85	91.4	32.7
Re-entry	3.93	88.8	40.8

Increased capacity, training, & competencies	3.75	88.6	31.2
In-facility practices	3.48	81.9	23.8
Systems and Policy Development	3.45	80.7	24.2

New Strategies that should be Prioritized of Existing Strategies

<ul style="list-style-type: none"> • Everything should be a priority. I have lost everything as a direct result of no Domestic Violence (DV) help and help for my child w declining mental health issues. When you are dragging your child out of courtrooms for over a year for screaming in the courtroom and or breaking a protective order. And no help or consequences rendered by anyone in the state or local in a position of authority and all this funding for DV and then using these things against someone to take and keep their grandchild and give him away. There is something wrong with this system or the people in place running it.
<ul style="list-style-type: none"> • Mental Health Court as a diversionary practice.
<ul style="list-style-type: none"> • I'm not familiar with these efforts.
<ul style="list-style-type: none"> • Start the re-entry process while still incarcerated, and make it more holistic...for example, make sure the participant has opportunities like career aptitude tests, online and in-person training, financial education, housing supports, peer-to-peer mentoring, and recovery services. Look to other states, and regions (even other countries) for examples of programming that has worked well and that could be adapted to Alaska.
<ul style="list-style-type: none"> • If there are systems and policy development that you believe could be passed/supported or implemented that if done would significantly support trust beneficiaries, then focus here. But if it involves the legislature and they are just not going to deal with it with the current legislative makeup, focus elsewhere. Same with working with local governments.
<ul style="list-style-type: none"> • Health Equity.
<ul style="list-style-type: none"> • There needs to be more emphasis placed on preventing the victimization of beneficiaries - Housing is one way that beneficiaries can engage less with the criminal justice system. Individuals who are housed are less likely to be sexually assaulted, robbed, and beaten up. They are less likely to suffer from severe medical conditions after being exposed to extreme weather. Please increase your focus on reducing the victimization of trust beneficiaries.
<ul style="list-style-type: none"> • Finding ways to deliver behavioral healthcare (including for substance use disorder) in the criminal justice system. Increase capacity of the workforce of behavioral health providers - Appropriate housing options for those with chronic, serious mental illness
<ul style="list-style-type: none"> • Finding ways to deliver care in forensic settings for mental health and addictions is crucial. Developing the ability to mandate treatment for individuals who have committed crimes and have mental health or addiction problems. Developing sufficient services to address the needs of mandated populations. Appropriate levels of housing options
<ul style="list-style-type: none"> • This is an area of importance due to the high recidivism rates in Alaska.
<ul style="list-style-type: none"> • It's very difficult to know what "Systems Policy Development", "Increased Training" and "In-facility practices" mean as far as initiatives, so it's difficult to rate how important I think they are. It is my opinion that the priority be for more resources that can go to helping people live healthy lives outside of the criminal justice system and that there is more acknowledgment of disability and diversion to services rather than punishments given those disabilities.

<ul style="list-style-type: none"> • Training - Focus on Hiring criteria for prison workers. Checks and balances, closer monitoring
<ul style="list-style-type: none"> • I do not know what the category of Re-entry means. So, I guess I would start by educating people about what that term means
<ul style="list-style-type: none"> • Please consider how many individuals involved in the justice system have Fetal Alcohol Spectrum Disorders (FASD), either diagnosed or not. We need to re-establish FASD diagnostic teams and provide FASD-related training
<ul style="list-style-type: none"> • The State of Alaska makes it incredibly difficult for the disabled to live and get services in rural areas. We have fought hard to defend our clients' rights to remain and get services in their communities. The State pushes hard against services (Home Community Based Waivers) provided in a client's home opting for group homes and institutionalization. The local City is complicit, taxing their non-profits out of existence and supporting non-inclusive, unsafe practices... Please watch In a Different Key on PBS for a video of a young man being assaulted by police in Kodiak. The rest of the movie shows how a community can get it right and support its citizen's differences.
<ul style="list-style-type: none"> • Public awareness and education about the normal behavior of mentally challenged people. Although many look like everyone else, their thoughts don't think of the needs of others or the reason they should be thankful for the State and or Federal living expenses they receive.
<ul style="list-style-type: none"> • Placement options for children and adults are significant and absorb much time of all providers trying to get a person into a home with necessary supports. Providers are not taking on individuals that have low IQ, mental health and offending behaviors.
<ul style="list-style-type: none"> • Running through all of these is basing re-entry on housing options that work for people and that support their progression in health. In addition, linking housing and disability justice is a top priority.
<ul style="list-style-type: none"> • Ensuring a uniform approach across all agencies. Training of the judiciary and law enforcement.
<ul style="list-style-type: none"> • This is a strategic and important focus
<ul style="list-style-type: none"> • Use of peer support within Department of Corrections has been used very successfully in other states and could be used in AK with equally good results, I am sure. I think identifying that as a specific strategy would be useful.
<ul style="list-style-type: none"> • Redundant with the Division of Vocational Rehabilitation
<ul style="list-style-type: none"> • I'm not familiar with most of these strategies and don't know which would be most important.

Key Policy Issues the Trust Should Address

<ul style="list-style-type: none"> • Simplify barrier crimes/variance process.
<ul style="list-style-type: none"> • Ensuring that the institutions allow the unsentenced beneficiaries attend classes in the institution. Developing affordable housing for re-entrants in their communities.
<ul style="list-style-type: none"> • Policies that decriminalize addiction and offer alternatives to incarceration.
<ul style="list-style-type: none"> • Support early childhood bills.
<ul style="list-style-type: none"> • Setting reentry people up to fail from the get-go. No Medication Assisted Treatment (MAT) program is universally offered in the state when it's federally mandated. Mental Health training for police and court and or the Office of Public Advocacy criminal lawyers to respond And interject to help beneficiaries

<ul style="list-style-type: none"> • Incarceration of those whose crimes are rooted in their mental health disability.
<ul style="list-style-type: none"> • As in the previous window, please discontinue the practice of forest habitat destruction to fund your programs.
<ul style="list-style-type: none"> • Homeless and mental health
<ul style="list-style-type: none"> • Re-entry support and Community-based interventions
<ul style="list-style-type: none"> • Increased support and advocacy for individuals living in assisted living facilities and nursing-level care facilities.
<ul style="list-style-type: none"> • Literacy, understanding of one's disability background and how it can affect going forward, self-sufficiency and how to overcome disability limitations
<ul style="list-style-type: none"> • Disproportionality in resource allocations. In other words, who is getting access to services. More community health promotion.
<ul style="list-style-type: none"> • Returning to the core mission. Reversing the expansion of this state bureaucracy.
<ul style="list-style-type: none"> • Mental and Behavioral Health and Recovery in the Homeless communities.
<ul style="list-style-type: none"> • Re-entry
<ul style="list-style-type: none"> • Re-entry
<ul style="list-style-type: none"> • Homelessness, food
<ul style="list-style-type: none"> • Trauma-informed attorneys with knowledge of mental health issues
<ul style="list-style-type: none"> • Prevention strategies should be available and accessible to everyone, strongly promoted and utilized, while at the same time keeping the public safe from potential offenses.
<ul style="list-style-type: none"> • Once again, housing first. If we want to talk about justice, we need to talk about equity and security. There are few things more secure, or that promote equity, than every individual having access to safe, clean housing.
<ul style="list-style-type: none"> • Disability justice policy development regarding beneficiary groups and needs across the lifespan.
<ul style="list-style-type: none"> • Updating and aligning disability law with appropriate stakeholder language
<ul style="list-style-type: none"> • Preventing abuse of people with disabilities
<ul style="list-style-type: none"> • Not just re-entry but work with incarcerated individuals before they leave the prison -
<ul style="list-style-type: none"> • Housing and mental health programming for folks with disabilities. Advocacy within the social security system (unjust/discordant) denial rate from Social Security Administration to help people have access to resources and payees (currently difficult to come by which causes many problems) to help folks with disabilities live a resourced life outside of the criminal justice system.
<ul style="list-style-type: none"> • Providing group support throughout the community that caters to disability justice for families and individuals.
<ul style="list-style-type: none"> • Establishing peer support for the mentally ill, prevention of Department of Corrections
<ul style="list-style-type: none"> • Strategies to help keep Trust Beneficiaries out of the criminal justice system.
<ul style="list-style-type: none"> • Collaborative support with law enforcement agencies in developing policies for responding to calls for service involving beneficiaries.
<ul style="list-style-type: none"> • Extra training for public defender attorneys and judicial system employees (including judges/prison personnel/police/etc.) on disability issues.
<ul style="list-style-type: none"> • Better and fully staffed justice attorneys for those who are experiencing the myriad of problems that have happened during the pandemic

<ul style="list-style-type: none"> • Department of Correction’s facilities could improve the array of education, treatment, self-help groups, etc., through the expansion of digital technology. The mantra to "be secure" usurps progress in self-betterment opportunities and advancements.
<ul style="list-style-type: none"> • Do not criminalize a person's disability or disease!
<ul style="list-style-type: none"> • SB 39 and SB 41 [ED: <i>Not sure if this is referring to the current legislative session, Senate Bill 39 Disclosure of Wage Information & Senate Bill 41 Appropriations: Capital/ Supplemental Budget</i>]
<ul style="list-style-type: none"> • Community intervention & diversion
<ul style="list-style-type: none"> • Recovery services in ALL prisons And continuum of care
<ul style="list-style-type: none"> • I wish I did but I'm not as educated in this area, nor do I think the general public is either. So you need to change that on a large scale, I'd say. But what I would say is, no matter what you do, "Don't scare business with Disability Justice". We want them to hire us right now. We want in. If you scare business, we all lose. They don't need more reasons to keep us at bay.
<ul style="list-style-type: none"> • 1. Help folks find opportunities to make a living and not re-offend .. 2. support system for re-entry into society
<ul style="list-style-type: none"> • Investigate and expose injustices that result from systemic stigma.
<ul style="list-style-type: none"> • Fetal Alcohol Spectrum Disorders also... support for families impacted by domestic violence so that that victim is not arrested and to reduce recidivism.
<ul style="list-style-type: none"> • Please address the gap in services for young adults who experience developmental disabilities like autism and Fetal Alcohol Spectrum Disorders. Only a small percentage of these youth have IQs of 60 or under and will not qualify for any services. If they do not have family support, they often end up homeless. Please work to expand community transition education in the school districts. Anchorage needs more college-based District programs for individuals experiencing intellectual disabilities. Tapestry does not offer any special education minutes; Tapestry IEPs are written with 0 minutes and no access to a special education teacher. There is no other college-based transition program for Intellectual and Developmental Disability (IDD) students in Anchorage. The ACT (Adult Community Transition) Program urgently needs community support. This 40+ year model program is not well understood by school district administrators and is often under attack - this year ACT teachers were denied the 6% raise granted to their colleagues, ACT is being forced to accept students who need extensive behavioral support and pose a danger to students and staff, the new administrator is planning to redesign the program against the objections of teachers, students, and families. ACT Program students bring in over \$6 million to the District, yet outside of the Trust building, are in donated classrooms and windowless former storage rooms.
<ul style="list-style-type: none"> • In Alaska there is no justice for the disabled. They are vulnerable and struggling. They would need an army of lawyers to defend them. Policies and regulations keep them down and threatened and threaten those who support them.
<ul style="list-style-type: none"> • Special Education for the community to teach and expect our socially challenged to do what they can for themselves while acknowledging when they are not able.
<ul style="list-style-type: none"> • Re-entry and no housing for them.
<ul style="list-style-type: none"> • ADA [ED: Unsure, American with Disabilities Act?] in Rural Remote Alaska, Increase salary for Mental Health Field workers American Indian and AK Native equal access to services in remote Alaska

<ul style="list-style-type: none"> • Combat recidivism through proper support.
<ul style="list-style-type: none"> • Incarceration of the mentally ill
<ul style="list-style-type: none"> • Recovery housing options.
<ul style="list-style-type: none"> • Re-entry
<ul style="list-style-type: none"> • Housing availability and funding for reentrants. subsidized wages for those with disabilities and those who are reentrants.
<ul style="list-style-type: none"> • Developing standards for case management and continuing to support Aging & Disability Resource Centers
<ul style="list-style-type: none"> • Workforce challenges impact all of the above areas; focus on workforce recruitment and retention across the continuum of care to include smaller agencies and nonprofits so that people have access to resources and support.
<ul style="list-style-type: none"> • Flexibility of funds for housing that is sustainable.
<ul style="list-style-type: none"> • Agency resource support to carry out these initiatives
<ul style="list-style-type: none"> • Continued work on identifying and changing State policies and statutes that hinder prison reentry efforts.
<ul style="list-style-type: none"> • Advocacy for victims
<ul style="list-style-type: none"> • Community bias against transitional housing for reentry, group homes, etc. Show positive outcomes. The news covers problems. People hardly hear of successes.
<ul style="list-style-type: none"> • Support for beneficiaries with a conviction of sexual offending
<ul style="list-style-type: none"> • Homelessness
<ul style="list-style-type: none"> • Legislation to ensure that somehow potential employers are rewarded somehow to encourage the hiring of Traumatic and Acquired Brain Injury (TABI) individuals.
<ul style="list-style-type: none"> • Mental health counseling and employment training availability while incarcerated and development of employment prior to release from incarceration.
<ul style="list-style-type: none"> • Affordable housing and community engagement centers
<ul style="list-style-type: none"> • Medicaid Reimbursement rates
<ul style="list-style-type: none"> • Looking at system-wide bottlenecks that affect individuals' access to a just and fair system of support
<ul style="list-style-type: none"> • Victimization and re-victimization, and education re: involvement in the criminal justice system, of individuals with a history of traumatic brain injury
<ul style="list-style-type: none"> • Judicial awareness of disabilities and of community resources.
<ul style="list-style-type: none"> • Increase the staffing for Behavioral Health services within Alaska Dept of Corrections facilities for purposes of both (a) reduced severity of mental illness while in prison, and (b) increased likelihood of post-release adjustment. AK Department of Corrections is painfully short of mental health staffing, and this needs to be further addressed.
<ul style="list-style-type: none"> • Crisis intervention prevention
<ul style="list-style-type: none"> • Juvenile re-entry
<ul style="list-style-type: none"> • Statutory requirements that rehabilitation services be accessible to incarcerated people in AK.
<ul style="list-style-type: none"> • Preventing homelessness of beneficiaries by providing more community-based supports. Stabilization services for beneficiaries to avoid involvement in the criminal legal system.
<ul style="list-style-type: none"> • Housing that supports people's health and functioning. Linking housing and transportation and housing and food security.

<ul style="list-style-type: none"> • Appropriately funding infrastructure and services.
<ul style="list-style-type: none"> • We need an Olmstead Suit to force local and state governments to fund core services. We need to fulfill the promise of community-based supports that were supposed to be implemented after the downsizing of API and corrections reform; both of which sent untreated beneficiaries into the streets.
<ul style="list-style-type: none"> • The Trust should assist and continue to support State of Alaska Department of Corrections with mental health training in our jails to stop the number of deaths occurring.
<ul style="list-style-type: none"> • Community intervention and transportation services
<ul style="list-style-type: none"> • Increase support for training and Peer Support Services within all facilities to assist others with mental health issues and substance abuse problems.
<ul style="list-style-type: none"> • The system is designed to be blind to a person's experience of disability. Until that is changed on a wider level, most beneficiaries will continue to suffer. Specialized courts have some success- need more investment.
<ul style="list-style-type: none"> • Ease of access in the community and more awareness to the general public about issues around disabilities. More protections in employment for people with visible and invisible disabilities.
<ul style="list-style-type: none"> • While not specific to criminal law, would like to see increased emphasis on guardianship support, including improving the process, training for stakeholders
<ul style="list-style-type: none"> • Medicaid eligibility re-determinations; Supplemental Nutritional Access Program (SNAP) eligibility
<ul style="list-style-type: none"> • Interactions between law enforcement/Justice and those with Traumatic Brain Injury (TBI) and Severe Mental Illness (SMI) often go wrong due to a lack of education and awareness among those in law enforcement and justice systems. Working to educate those working in these systems should be a key and ongoing priority if we expect to see change.
<ul style="list-style-type: none"> • Reentry support needs to improve.
<ul style="list-style-type: none"> • Supporting the expansion of Alaska Legal Services' Community (ALSC) Justice Worker program, now that the Supreme Court has approved a rule permitting non-lawyers to engage in limited-scope legal practice on behalf of ALSC.
<ul style="list-style-type: none"> • Special focus on person impacted by fetal alcohol exposure and the subsequent adverse experience with the justice system
<ul style="list-style-type: none"> • Elder abuse
<ul style="list-style-type: none"> • Increased outreach to employers about hiring individuals coming out of corrections as a mechanism to meet some of their workforce concerns with increased job coaching support
<ul style="list-style-type: none"> • Wraparound services for criminal defendants ruled incompetent to stand trial to include additional funding for Alaska Psychiatric Institute (API) and the court system to better serve the "frequent flyers" of the criminal competency system.

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). 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. They are presented in order of highest to lowest priority based upon the combination of Medium to High Priority ratings.

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)	4.28	94.8	57.7
Ensure accurate identification of social-emotional needs of children and their caregivers.	4.11	93.9	44.1
Promote practice-informed, universal screening efforts and early intervention services	4.06	92.3	45.8

New Strategies that should be Prioritized of Existing Strategies

<ul style="list-style-type: none"> • Ensure that Child Homelessness and Hunger are included into any address of Adverse Childhood Experiences (ACEs).
<ul style="list-style-type: none"> • Sometimes there is a wide gap between offering services and making those services easily accessed. Updating processes so that people get more quickly to available services should be a high priority. Too often systems are really hard and time consuming to navigate and people are treated so poorly that they give up.
<ul style="list-style-type: none"> • Families who are healthy and supported will be able to access important resources to get their needs met - seems like addressing the Adverse Childhood Experiences (ACEs) population will impact the other two areas.
<ul style="list-style-type: none"> • Statewide coordination of all programs and services; the programs and departments seem so disperse and compartmentalized. There are state agencies and non-profits and there could be more coordination between all that are working on early childhood issues.
<ul style="list-style-type: none"> • Reduce Fetal Alcohol Spectrum Disorders - increased comprehensive sex education, etc.
<ul style="list-style-type: none"> • Do NOT leave screened children out because they do not meet the screening threshold for services when they clearly have something affecting them. A lot of children continue to fall through the cracks that clearly need help. Increase tutoring opportunities and availability for children. Broaden screening criteria. Support school districts to prevent budget cuts to critical programs.
<ul style="list-style-type: none"> • Increase eligibility of infant learning program (ILP) services from 25% delay to 50% delay

<ul style="list-style-type: none"> • -Consider good behavior game • -Develop primary care-behavioral health integrated care models • -Consider poverty prevention model (such as Up Together, https://www.uptogether.org)
<ul style="list-style-type: none"> • Consider strategies such The Good Behavior Game. Develop primary care behavioral health integration capacity to address more problems in the primary care center. Consider poverty prevention programs such as the Family Independence Initiative.
<ul style="list-style-type: none"> • School Psychologists are able to employ early intervention systems in schools, which, for our community, is the only or primary service they are exposed to or access.
<ul style="list-style-type: none"> • I believe there are other entities to address this whole issue and takes the Trust off of what I believe is their priority-mission
<ul style="list-style-type: none"> • "Accurate identification of social-emotional needs" is only a fraction of a strategy. We generally know what the needs are of children--systems in Alaska (and the families that function within those systems) fail to meet them. Identification is not the need, service delivery is needed. Similarly, "Reducing instances and impact of ACES" is an incredibly vague goal, to the point of being un-implementable. Alaskan school systems are broken and broke, substance abuse, domestic violence, and gun violence are some of the highest in the nation. Those are primary causes of ACES. Tirelessly calling awareness to those societal failures and advocating, on behalf of both children and downstream consequence and backing it up by dedicating resources to those areas would be advisable.
<ul style="list-style-type: none"> • Case workers to respond and follow through with the prevention of adverse childhood experiences. Case workers are very hard to get a hold of and do not respond in a timely manner.
<ul style="list-style-type: none"> • I would like to see more programs to support families through parent support groups, parent education, play groups, and mentoring programs. Supporting families from pre-natal care through early childhood development would help prevent future needs and services. Reducing the ILP eligibility criteria to 25% delay, rather than the current 50% delay would help to support more families; however, we need more funding to hire more qualified individuals. Also - there are so many layers with System for Early Education Development (SEED) certification and other "highly qualified" criteria, that it is difficult to hire individuals with the funding that we have available.
<ul style="list-style-type: none"> • We pay to help kids now or pay to incarcerate and house them in prisons later.
<ul style="list-style-type: none"> • Whole families will do the most to support young beneficiaries.

<ul style="list-style-type: none"> • Provide funding for home visiting programs, ideally starting prenatally and continuing through the first 2 years of life. Consider the Nurse-Family Partnership as an example of an excellent program. Or the Canadian model where a public health nurse visits EVERY newborn/family in the home within the first few days of life and continues as long as there is a need. This way, you aren't relying on an office visit in hopes that the overburdened healthcare provider picks up on the family dynamics that suggest strain and red flags for potential abuse/neglect. The best bang for your buck is the first 2 years of life and prevent the abuse/trauma from happening in the first place. Waiting until 3 years of age for a "quality" early childhood program is often too late and still doesn't address the stressors in the home. Though early childhood programs are important, they aren't preventative when it comes to ACEs. Another strategy, given the acute shortage of childcare workers would be to provide paid maternity (paternity) leave so the baby is left in the care of a loving parent, ideally the mom since they provide the food source. A strong parent/child bond is essential for optimum development and having mom returning to the workforce too early and having to rely on patched together childcare increase the chances of abuse/neglect.
<ul style="list-style-type: none"> • Foster care monitoring and screening/wellness checks
<ul style="list-style-type: none"> • Reach out to pediatricians about their role in referrals and using the diagnosis codes related to social-emotional health, trauma, etc. Continue funding for at-risk, non-Individuals with Disabilities Education Act (IDEA) Part C kids. • SUPPORT CHILD CARE AS PART OF OUR EARLY CHILDHOOD EDUCATION SYSTEM
<ul style="list-style-type: none"> • Training for home visitors working with caregivers who suffer from mental illness
<ul style="list-style-type: none"> • TBI screenings, better training for educators who work with non-verbal youth - there are several strategies that help non-verbal people experiencing autism develop functional communication - getting to these kids young means they will need fewer services in the future.
<ul style="list-style-type: none"> • After an issue is identified there are inadequate supports / interventions.
<ul style="list-style-type: none"> • We have infant learning staff in rural interior not making reports of harm!
<ul style="list-style-type: none"> • Funding to ensure young children who experience adverse childhood experiences receive adequate support regardless of meeting their developmental milestones.
<ul style="list-style-type: none"> • Keep the teens in mind too, although not early intervention in the technical sense of the word - these are young people that may soon start careers, families etc. and it's critical to break the cycle of ACEs across all age groups.
<ul style="list-style-type: none"> • Promote coordinated systems of care for youth and families at the community level.
<ul style="list-style-type: none"> • Consider impacts (and subsequent needed supports) for families and caregivers of young children experiencing increased needs. It is often overlooked that families and caregivers also need to be supported/sustained in order to continue providing support for their child.
<ul style="list-style-type: none"> • Support for early childhood educators and direct service providers as early intervention and prevention.
<ul style="list-style-type: none"> • Get parents to feel comfortable identifying delays or behavioral issues. So many live in denial, hoping their kids will "grow out of it/will catch up." They put essential interventions. Remove parents' fear, shame, and stigma.

<ul style="list-style-type: none"> • Workforce development - We can promote screening and identification, but if there are no qualified professionals to provide the services it won't help. Adequate funding for Infant Learning Program (ILP) programs Expanding ILP services by lowering criteria of acceptance into program - also would require workforce development.
<ul style="list-style-type: none"> • Work with Infant Learning Programs (ILP), State Maternal, Infant, and Early Childhood Home Visiting & Maternal and Child Health programs and other community partners on these items.
<ul style="list-style-type: none"> • Expansion of eligibility criteria with additional funding for the Individuals with Disabilities Education Act, Part C Early Intervention program. This would include lowering the required delay cut-off for eligibility to 40% in one area or 25% in 2 areas and expanding the list of diagnoses that would lead to automatic eligibility.
<ul style="list-style-type: none"> • Fully fund for Early Intervention statewide to create significant impact to social-emotional development and reduce the impact of ACES.
<ul style="list-style-type: none"> • Family preservation and in home supports
<ul style="list-style-type: none"> • Linking early childhood development and housing. Will Proposition 14 in Anchorage truly make a positive difference? I am deeply concerned about the centrality of housing and its linkage to the five successes: (1) progression from early childhood into school, (2) elimination of housing uncertainty, (3) building the housing stock to reduce anxiety about housing loss, (4) housing as a source of a child's health, and (5) safe housing. To what extent does ACEs focus on housing stability as a factor in family stress?
<ul style="list-style-type: none"> • Promote skilled childcare and early education as prevention.
<ul style="list-style-type: none"> • Identifying children much easier than school age is critical as those are lost critical development years
<ul style="list-style-type: none"> • Pre-natal supports and early relational health in pediatric settings, including an Early Relational Health (ERH) workforce.
<ul style="list-style-type: none"> • Improved access to quality childcare, including funding to help with teacher retention and recruitment.
<ul style="list-style-type: none"> • Interventions in the birth-to-three crowds can be hugely important in their ability to deal with what will come in their lives. Focusing efforts on this age group will yield the biggest returns. For example, enrolling newborns in music and movement classes has been shown to build social skills, cognitive ability, and resiliency. This is what is most important because this is what successful lives are built upon. Identifying populations of at-risk children before birth is necessary to do this. These programs are already developed and can be deployed state-wide via in-person or remote systems.
<ul style="list-style-type: none"> • More focus on building resiliency under the knowledge that ACEs, in many cases in our current cultures and laws, are unavoidable.
<ul style="list-style-type: none"> • Increasing resources to families of children in early intervention: stable and accessible housing, accessible recreation opportunities -- such as accessible and safe playgrounds, quality child care that can handle children with special needs in appropriate ways, transportation accessibility for families with very small children - such as cabs/ride services with different types of car seats or public transportation with safe seating as dragging a personal car seat around and handling a child with a disability is very challenging; access to services such as grocery or pharmacy delivery
<ul style="list-style-type: none"> • Support and advocate for trauma-informed schools to address high risk behaviors that can lead to substance misuse!

- Reducing instances and the impact of ACES is a great start. Training primary care providers to have better competency and facility with supporting families struggling with mental health issues is also needed. Universal screening is really only as good as the capacity to leverage that information into providing appropriate treatment and interventions. Increasing the capacity for school-based treatment for children and adolescents is another strategy that has the potential to facilitate early connections with therapists, provide early interventions, and reduce stigma.

Key Policy Issues the Trust Should Address

- Ensuring the 1115 waiver covers the true cost of providing youth services in Alaska.
- Advocating to meet the federal match at the highest dollar for head start and early head start.
- Please support increased early childhood funding in the budget and bills that support access to quality childcare.
- Transparency and accountability within the Office of Children’s Services, the family court system and Guardian Ad Litums (GALs) as well....Family reunification focus #1
- Child Homelessness and Child Hunger
- Improving acceptable policies and practices so that updated means of onboarding can include Health Insurance Portability & Accountability Act (HIPAA)-compliant, easily accessed technology.
- Support care of identified problems
- Ensure that families with children with disabilities are able to access services early - this should be prioritized in the Intellectual and Disability (IDD) waitlist process.
- Continue funding for Head Start and tying early intervention programs into special needs preschool via school district. It requires this partnership for continuity of intervention.
- - more coordination, centralization
- - support for developing more childcare options, there are no vacancies and long waiting lists all over.
- Assisting pregnant and new mothers. Prevention.
- Support for children that have experienced adverse childhood experiences (ACEs).
- Literacy, emotional and scholastic development and achievement, develop goals to promote a more well-adjusted self-sufficient individual
- Early childhood learning happens mostly in the first 3 years of life. This is such an important service for families that have an infant/toddler that experience a disability. Early support may offset the costs at a later date if a child can be helped earlier in life.
- Adverse Childhood Experiences (ACEs)
- Identify social-emotional needs and concern
- Do NOT leave screened children out because they do not meet the screening threshold for services when they clearly have something affecting them. Do not screen them out because of parental income either. A lot of children continue to fall through the cracks that clearly need help. Increase tutoring opportunities and availability for children. Broaden screening criteria. Support school districts to prevent budget cuts to critical programs.

<ul style="list-style-type: none"> • Housing first, again. We know that not having access to secure housing is a major barrier to children developing in-step with peers who do not experience lack of housing. Additionally, violence prevention begins with trauma cycle interruption.
<ul style="list-style-type: none"> • increase infant learning program eligibility
<ul style="list-style-type: none"> • The development of a school psychology training program.
<ul style="list-style-type: none"> • Medicaid regulations that restrict community-based services such as 4 walls rule for clinic services. Additionally, advocacy for the adoption of 1115 demonstration waiver specific services for school-based reimbursement mechanisms.
<ul style="list-style-type: none"> • Promote a school psychology program in Alaska. Continue to develop/support mental health services in the schools
<ul style="list-style-type: none"> • Identifying needs for early childhood, intervention and prevention across all demographic groups, including where domestic violence is involved.
<ul style="list-style-type: none"> • We need to develop a school psychology program to meet the needs of our younger population
<ul style="list-style-type: none"> • Women's rights to the decision-making of their own bodies. Welfare and Medicaid support & Funding.
<ul style="list-style-type: none"> • Early childhood interventions related to behavioral health
<ul style="list-style-type: none"> • Childcare capacity, early childhood mental health supports to childcare programs
<ul style="list-style-type: none"> • Work with other groups to strengthen this need
<ul style="list-style-type: none"> • Save the education system. Better wages for teachers. Better and more available childcare, and better wages for caregivers.
<ul style="list-style-type: none"> • Background check process for childcare providers.
<ul style="list-style-type: none"> • Lower the caseload of caseworkers and hire more staff.
<ul style="list-style-type: none"> • There needs to be more services working with families to prevent children from experiencing abuse and neglect. Services for at-risk families that can be served PRIOR to the Office of Children's Services, or as a diversion from legal Office of Children's Services intervention. Family care (warp the family in support)
<ul style="list-style-type: none"> • Increasing early childhood mental health workforce, including
<ul style="list-style-type: none"> • Early identification of mental health problems for kids and families and linkage to mental health services.
<ul style="list-style-type: none"> • Lowering the eligibility criteria for ILP services. Increase grant funds to be able to offer more services and attract highly qualified individuals for employment.
<ul style="list-style-type: none"> • Social-emotional learning program supports
<ul style="list-style-type: none"> • Child physical AND mental abuse accountability in spite of Substance Use Disorders (SUD). A consequence.
<ul style="list-style-type: none"> • 1) Screening for Cerebral Palsy and early referral for Therapy services • 2) Early referral to Therapy services for infants and children with Down Syndrome

- So children with disabilities get identified early, that is wonderful and then they get an Individual Education Plan (IEP) at school, also wonderful and you have all this documentation backing up their disability and a plan to teach and accommodate the child. Lots of paperwork and lots of signatures and you have this wonderful document. But way, way, way too many times you have a document that says how, when and by whom the services will be executed but the day to day plan on the ground for the child at the school does not reflect your wonderful proud document. The IEP, or the plan, for the child is not even close to what is happening at the school. It ends up just being dots and check marks and lofty goals to check off. Look, the state and fed has done a great job getting the legal stuff or the IEP going but its far past time to shift your focus from the wonderful document and time to shift your focus to what's actually happening on a day-to-day basis inside the school with each and every child on a personal basis. YOU WOULD BE SURPRISED AT WHATS "NOT" HAPPENING ON A REGULAR DAY TO DAY BASIS!!! The IEP is not what's happening. You need to shift your budget from Document or paper compliance to persons doing audits or actual state personnel or boots on the ground following children with IEPs on a day to day basis to ensure compliance. Look if you actually show up and ask regular education teachers what is in your child's IEP, they can't tell you. The fact is they haven't read it. They have received it and it looks fabulous sitting in a file somewhere, but they haven't read it, let alone instituted it. If you show up and ask a regular education teacher how they have instituted your child's IEP into their daily lesson plans that the wonderful IEP says they have to legally do, they have no idea what you're talking about. The best answer your going to get is, "ma'am, you need to go ask the resource teacher for that. That's what they do for your child, this is the regular education classroom". And yes, that is the best answer, you don't even want to know the most common answer or the worst answer but I assure you, its atrocious. Again, what you need is compliance monitors on a regular unannounced basis whose job it is to follow these kids over several days to ensure they are getting what your wonderful document legally says they are getting because it aint happening. Its not even close. So wonderful job on the document, I mean that, but now its past time to actually see to it that the child is getting what it says the are legally entitled to receive. Do that. Then we have a wonderfully educated accommodated child and not a beautiful document somewhere in regular education classroom file drawer.

- Head start and childcare

- Find creative ways to support childcare, childcare providers, and families who cannot afford child care

- Early childhood care crisis

- Universal preschool - my kid benefitted from this in California, the state preschools there are new and led by master's level teachers, we could not have afforded this service and it made it possible for our son to be included in regular education later on.

- Support increased funding for ILP programs across the State.

- Access to treatment

- Behavioral Health in relation to alcohol addiction and family disorder

- Mandated reports of harm by ILP staff need to be addressed

- Fully fund Infant Learning Programs, Parents Cooperative Pre-School, Head Start and pre-kindergarten Provide input from remote individuals and independent living.

- Expanding proper childcare opportunities so parents are still able to work.

<ul style="list-style-type: none"> • Affordable housing.
<ul style="list-style-type: none"> • Screening
<ul style="list-style-type: none"> • Promotion of and importance of early intervention.
<ul style="list-style-type: none"> • School-based behavioral health services. Connecting youth aging out of foster care to transitional supports.
<ul style="list-style-type: none"> • Develop Medicaid billing codes for Infant Learning Programs & reinstate the Early Childhood Special Education Master's program
<ul style="list-style-type: none"> • Expand the focus to include adolescents as well as young children and families.
<ul style="list-style-type: none"> • Whole family recognition and support
<ul style="list-style-type: none"> • Increasing access to quality child care.
<ul style="list-style-type: none"> • enhanced incentives for foster parents.
<ul style="list-style-type: none"> • expanding the definition of who qualifies as Individual with Disabilities Special Education Act, Part C in order to serve more families, especially those in rural areas where resources are very limited.
<ul style="list-style-type: none"> • Workforce development, expansion of program/lowering of criteria.
<ul style="list-style-type: none"> • Better referral and collaborative processes
<ul style="list-style-type: none"> • Early Intervention eligibility criteria (we are among three of the most restrictive states for eligibility) • Infant/Early Childhood Mental Health billing opportunities need to be expanded with Medicaid.
<ul style="list-style-type: none"> • Expand early intervention eligibility in Alaska and increase funding for early intervention services
<ul style="list-style-type: none"> • Affordable housing and community engagement centers
<ul style="list-style-type: none"> • Increased funding for licensed childcare programs and family support programs offering in-home support
<ul style="list-style-type: none"> • More industry-wide training on ACES and lifelong effects of early childhood trauma and prevention, also the impact on adults - especially those aging out of the Office of Children's Services support with no additional community options once they are out of the Office of Children's Services system
<ul style="list-style-type: none"> • Injury/abuse prevention for infants and young children (to mid-elementary school age)
<ul style="list-style-type: none"> • Community support is key to parental success. Spreading awareness of the cyclical nature of trauma over generations, an understanding that the health of the community is dependent on the health of the individuals in the community, including the health of home life. Incidents of child welfare could be greatly reduced by increased community compassion and support.
<ul style="list-style-type: none"> • (a) Increase the organizational and service connections between early childhood education (child-care services, etc.) and children's mental health, and disability services. Examples include: "Crisis Nursery," and the model of "Healthy Families" for EARLY detection and intervention of child maltreatment. (b) Increase the organizational and service connections between early childhood education (child-care services, etc.) and the Office of Children's Services (both Protective Services Specialist line workers, & administrators, and the Office of Children's Services assorted vendors.
<ul style="list-style-type: none"> • Housing stability for families with young children.

<ul style="list-style-type: none"> • How to deal with ACEs without infringing on parental rights. How to deal with ACEs without becoming a nanny state
<ul style="list-style-type: none"> • Acknowledging the emotional and mental help needs of caregivers would be a great first step.
<ul style="list-style-type: none"> • Early identification and intervention works.
<ul style="list-style-type: none"> • Ensure access to resources in the rural areas.
<ul style="list-style-type: none"> • Infant and toddler screening is needed
<ul style="list-style-type: none"> • Early Intervention and access to obtain these services
<ul style="list-style-type: none"> • Continue to support the efforts of the Office of Children's Services and other organizations such as Parents, Infants & Children, Denali Family Services, the Stone Soup Group, Alaska Youth & Family Network, etc. Early childhood intervention and education can help to prevent future substance abuse and trauma.
<ul style="list-style-type: none"> • Not specifically my areas, however, I work with many adults who are beneficiaries, and they have children who also need assistance. Basic needs are critical, but the cycle of poverty, oppression, and disability is hard to change.
<ul style="list-style-type: none"> • Reproductive health! Promoting well timed pregnancies can help prevent many issues that the Trust and other entities see later on in life.
<ul style="list-style-type: none"> • Workforce development and retention, early intervention, and healthy child development
<ul style="list-style-type: none"> • Lack of employment/ training and services for families cause many ACEs to occur.. So maybe something along employment.
<ul style="list-style-type: none"> • Advanced training in early childhood and brain development for staff and opportunities to try new interventions
<ul style="list-style-type: none"> • Screening children from early years through Secondary education for TBI is not being done and should be because a Traumatic Brain Injury (TBI) identified, can be a TBI treated and then it is not the cause of a child's future social failure. Education about TBI and training in screening and referring needs to be part of every program working with children. If we catch these kids early, we avert so many problems in the future.
<ul style="list-style-type: none"> • Family supports for pregnant individuals and their family.
<ul style="list-style-type: none"> • Focus on supporting parents and caregivers to young children on their own terms, in their own lives. Full funding for preschool and safe, affordable childcare
<ul style="list-style-type: none"> • Accessible quality childcare, accessible and affordable housing
<ul style="list-style-type: none"> • Every school child In Alaska should have a counselor for kids. This is a billable service through Medicaid, so it doesn't make any sense why they don't.
<ul style="list-style-type: none"> • Childcare
<ul style="list-style-type: none"> • Crisis counselors at all levels of education and support groups w/ peer helper programs!
<ul style="list-style-type: none"> • Primary care provider education and competencies in supporting children and families with behavioral health challenges.
<ul style="list-style-type: none"> • Access to high-quality affordable childcare with providers knowledgeable about early intervention.
<ul style="list-style-type: none"> • Flat funding of Early Intervention/Infant Learning Program. Eligibility requirements for Early Intervention/Infant Learning Program.

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). 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. They are presented in order of highest to lowest priority based upon the combination of Medium to High Priority ratings.

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	98.1	62.1
Beneficiaries access effective and flexible person-centered HCBS	4.13	97.1	42.1
Housing and Home & Community-Based Services (HCBS) Policy Coordination and Capacity Development	4.06	95.5	42.1
Optimize information technology and data analytics	3.19	70.03	17.3

New Strategies that should be Prioritized of Existing Strategies

<ul style="list-style-type: none"> Someone needs to figure something out that is going to work for people in my daughter's situation. Where she is she is being taken advantage of, and I can't get any help. Other states have many programs geared for after psychosis and stuff, and we have one that ends at age 25 and 80 beds, and they release them from Alaska Psychiatric Institute (API) with a week's worth of meds not even enough to sustain them giving enough time for family and friends to even get them in to see a prescribing doctor on the outside. My whole situation could have been avoided with properly trained civil authorities w prevention steps or tools in place at the very beginning of this ordeal.
<ul style="list-style-type: none"> Cooperate with and support housing authorities.
<ul style="list-style-type: none"> Is there a way that more training and/or resources could be offered for low-income families to learn about managing finances and how a mortgage works and building credit, etc.... So many people ask about this and have trouble getting info they can understand (including me!)
<ul style="list-style-type: none"> There should not be a waitlist for services in our State. Not everyone on the registry for services is in need of higher-cost supports. It is important that Senior and Disabilities Services knows their families and understands their needs better.
<ul style="list-style-type: none"> ALLOW the use and creation of Tiny Home communities to house the homeless rather than seasonal shelter at Sullivan Arena and misc. campgrounds! This is NOT the solution! It's merely putting a band-aid on a full-blown hemorrhaging system.
<ul style="list-style-type: none"> Home and Community-Based services (HCBS)

<ul style="list-style-type: none"> • Access to person-centered care, and Accurate IT and data analysis
<ul style="list-style-type: none"> • Strategies for addressing the workforce crisis facing Intellectual and Developmental Disability (IDD) service providers in Alaska, particularly the staff shortage that is required to maintain safe and stable housing for beneficiaries.
<ul style="list-style-type: none"> • A statewide database that links to all regions and is kept up to date with clear mission statements and clear instructions to help people in crisis feel empowered enough to advocate for their own housing without feeling intimidated by the level of paperwork and the many agencies they have to contact. It's a very complex system that requires extreme attention to detail and is sometimes left to the whim of whichever caseworker finds it on their desk.
<ul style="list-style-type: none"> • For agencies that provide housing for beneficiaries, support their ability to do so with grants for ongoing preventative maintenance. It is not enough to build the housing but essential to maintain.
<ul style="list-style-type: none"> • Too much of the funding never reaches the beneficiaries. The State of Alaska is committed to the institutional model. The State of Alaska routinely exploits disabled.
<ul style="list-style-type: none"> • For technology and data analytics equipment and training will need to be provided to direct service staff and agencies.
<ul style="list-style-type: none"> • Need better pay for the workforce and more hours of day habilitation for consumers
<ul style="list-style-type: none"> • Paying better wages to the people who do the work involved in all of the above!
<ul style="list-style-type: none"> • Focus on the Developmental Disabilities shared vision and making services flexible e.g. self-directed Home and Community-Based Service (HCBS) options.
<ul style="list-style-type: none"> • There is a great need for Assisted Living Homes (ALHs) that are dual licensed for both Intellectual and Developmental Disability (IDD) and one of the other Waivers. Many ALH Administrators feel that they lack the training to deal with IDD behaviors. It would be great to offer some type of courses on behaviors associated with IDD diagnoses and possibly also substance use disorders so that beneficiaries can have more available Waiver and/or General Relief housing options.
<ul style="list-style-type: none"> • We need to focus on affordable housing. We need to make major investments in affordable housing.
<ul style="list-style-type: none"> • This basic need is essential for individuals to move forward in their lives and strengthen their capabilities.
<ul style="list-style-type: none"> • Assertive Community Treatment (ACT) teams would provide great support to mental health beneficiaries who need extra support. We continue to need a waiver similar to Senior & Disabilities Services' (SDS) that would provide housing, employment services, medication assistance, care coordination, and social programs to mental health beneficiaries. Currently, assisted living homes are the only real housing support for many of the consumers who need more additional support, and the services the assisted living homes provide are mostly minimal under the General Relief program. With the SDS waiver individuals can stay in an apartment and get one on one support to maintain in the community and this is what mental health beneficiaries need, as it is they are lucky if they get case management once a week. Along those same lines, we need more community-based case management. Consumers tend to do better and get better care when they have a case manager assist them with appointments, medications, etc.
<ul style="list-style-type: none"> • Increasing opportunities for Home and Community-Based Services (HCBS) and housing in rural areas is crucial. Working with communities to develop their own strategies should be

<p>primary. One communities' solution may not work for another and there is no good one size fits all plan.</p>
<ul style="list-style-type: none"> • Help build more intentional communities! Individuals experiencing Intellectual and Developmental Disability (IDD) should be able to live outside their parent's home without always receiving a Medicaid Waiver that the state refuses to grant. The Developmental Disabilities Registration and Review (DDRR) is biased and is discriminatory towards families that keep their loved ones from falling into crises. Should a state encourage, and force, parents to see and report all the deficits all the bad all the personal and hurtful weaknesses? State-supported DD abuse.
<ul style="list-style-type: none"> • Housing should include things like fenced yards for busy children, elevators, and soundproofing for kids who have large loud behaviors (related to their disability)
<ul style="list-style-type: none"> • Somebody should bring back housing for humanity, or housing for habitat to areas where people are chronically under-employed and teach them skills to build their own housing. We live in a national forest. One area where the trust could really help is coming up with some sort of plan to make it easier for contractors to become environmental modification providers for the state. They don't want to do the length of time-consuming paperwork to become approved Medicaid providers, maybe the trust could help subcontract. There are a number of people that would qualify under the home and community-based waiver program, and that Program would pay for environmental modifications, but there are simply no contractors in Alaska signed up to do the work.

Key Policy Issues the Trust Should Address

<ul style="list-style-type: none"> • Developing efficiency and one-bedroom apartments that are safe and affordable for beneficiaries. Ensuring the Alaska Housing Finance Corporation (AHFC) vouchers are meeting 70% of the cost of rent in communities (Landlords are raising rents and the vouchers are not sufficient to cover the cost).
<ul style="list-style-type: none"> • Insufficient low and supportive housing stock---need to incentivize developers with funding partnerships and strategies.
<ul style="list-style-type: none"> • Without a focus on rate restructuring the system is headed for collapse - this may fall under the capacity development initiative but wanted to identify it specifically
<ul style="list-style-type: none"> • Mental health assisted living or housing or more mental health beds overall. More guided help and support
<ul style="list-style-type: none"> • Recovery/Re-entry Housing as a way to counter homelessness
<ul style="list-style-type: none"> • Connect Home and Community-Based Services (HCBS) providers with affordable housing providers to create housing options - this is greatly needed! The opportunity to use technology to create supported housing settings is an untapped need/resource.
<ul style="list-style-type: none"> • 1) Mandated information sharing between State Agencies. 2) More HCBS services outside the Anchorage bowl.
<ul style="list-style-type: none"> • Beneficiary barriers to housing include legal convictions and prior evictions. This needs to change so we can house beneficiaries.
<ul style="list-style-type: none"> • - Housing First programs • - furniture bank for those needing it

<ul style="list-style-type: none"> • Assisting nonprofits in meeting housing needs for no-income folks.
<ul style="list-style-type: none"> • Increased support for family caregivers!!
<ul style="list-style-type: none"> • Literacy, emotional and developmental personal goals, self-sufficiency
<ul style="list-style-type: none"> • Fentanyl crisis in rural Alaska! Need treatment centers!!!
<ul style="list-style-type: none"> • Funding for home modifications and friends/family care providers. Some individuals require a substantial amount of care, making it impossible for their caregivers to work a paying job to support the family. This is not acceptable.
<ul style="list-style-type: none"> • Housing First
<ul style="list-style-type: none"> • flexibilities and budget control with consumer
<ul style="list-style-type: none"> • Identifying needs across all stakeholder groups and making housing and home and community-based services more easily available statewide, including in rural areas.
<ul style="list-style-type: none"> • Addressing workforce shortages in Intellectual and Developmental Disability (IDD) community-based services and its impact on housing and other services offered to beneficiaries as well as the critical impact on the non-profit agencies offering these services.
<ul style="list-style-type: none"> • Funding regarding Medicaid and support for transient families.
<ul style="list-style-type: none"> • Focusing on person-centered approaches to working with beneficiaries
<ul style="list-style-type: none"> • More housing! Paying for support on-site in ways that are proactive and flexible and not bound to restrictive Medicaid rules that are time in-effective and restrict the ability to provide the support actually needed on the ground.
<ul style="list-style-type: none"> • Strategy to increase the amount of housing in AK for Trust Beneficiaries.
<ul style="list-style-type: none"> • We need a quality waiver program for those who experience mental health issues. Something more robust than General Relief (GR). Also, need to expand the Assisted Living Home (ALHs) that accept General Relief so people can stay in their home communities. Right now, they have to go to Anchorage if they need GR placement.
<ul style="list-style-type: none"> • More state and Trust funding support for public transportation
<ul style="list-style-type: none"> • Mental health issues that affect housing and lack of resources.
<ul style="list-style-type: none"> • Participants directed services
<ul style="list-style-type: none"> • SB 39 and SB 41 [ED: <i>Not sure if this is referring to the current legislative session, Senate Bill 39 Disclosure of Wage Information & Senate Bill 41 Appropriations: Capital/ Supplemental Budget</i>]
<ul style="list-style-type: none"> • Advocacy for tenancy supports with the legislature
<ul style="list-style-type: none"> • 1) More focus on actual assistance with Activities of Daily Living (ADL) modifications to homes or provision of devices to make ADLs safer for those that require this. 2) Logistical assistance to individuals who cannot perform instrumental activities of daily living (IADLS). Not just policy but actually making a change in the lives of individuals.
<ul style="list-style-type: none"> • Ok, so here is the deal. Pre-covid persons with disabilities had to learn around 28 assistive technologies to bridge the gap with persons without disabilities. Post covid with all the tech innovations that ensued has brought that number up to 41. You need to fund tech. You need to fund assistive technologies.
<ul style="list-style-type: none"> • 1. affordable housing
<ul style="list-style-type: none"> • 2. Direct Service Provider (DSP) workforce development
<ul style="list-style-type: none"> • Using beneficiaries as support for one another.

<ul style="list-style-type: none"> • Again, basing Intellectual and Developmental Disability (IDD) waiver eligibility on IQ scores is Wrong and leaves a large group of people without support they need like supported employment and housing. Only @2% of the population has IQ scores under 60, @10% of the population is eligible for special education.
<ul style="list-style-type: none"> • Continue to support rate rebasing
<ul style="list-style-type: none"> • Individuals should be supported in their own homes if that is their choice.
<ul style="list-style-type: none"> • Retrofitting homes for appropriate living situations is less expensive than building new.
<ul style="list-style-type: none"> • ADA in remote Alaska housing for individuals. Fully fund elderly services and housing
<ul style="list-style-type: none"> • Again, address Medicaid reimbursement rates or assist agencies by providing funds to allow for a competitive wage for direct support professionals.
<ul style="list-style-type: none"> • Assist w rate rebasing bridge funding
<ul style="list-style-type: none"> • Increased Rate of Reimbursement for Medicaid and Better wages and include benefits
<ul style="list-style-type: none"> • Assistive technology services and devices
<ul style="list-style-type: none"> • Defining case management and providing training for the multitude of case managers across nonprofits who receive varying levels of training or oversight.
<ul style="list-style-type: none"> • There are any Trust Beneficiaries who are "falling through the cracks" because the State does not have grant services any longer. They have been transitioning people to the Individualized Support Waiver (ISW) which is very challenging for families to access. There needs to be Trust funding to help these Beneficiaries who are in the process of applying for the Medicaid Waiver.
<ul style="list-style-type: none"> • Increased community-based services (beyond 12 hours) for more opportunities for engagement and integration in the community and with peers.
<ul style="list-style-type: none"> • Reimbursement rates need to be annual and at pace with inflation. Providers cut services every year just to keep providing basics. Waiver recipients deserve better than that from Alaska.
<ul style="list-style-type: none"> • Expand safe housing for families that are homeless or living in substandard conditions.
<ul style="list-style-type: none"> • Long term case management/care coordination.
<ul style="list-style-type: none"> • A lot of housing programs focus on home purchase or developing subsidized housing units. Many adult beneficiaries are good candidates for group homes and live in substandard housing stock. The beneficiaries or the structures don't qualify for rehab programs. Their homes are falling apart. There needs to be a grant for major repairs or improvements without requiring the whole property meet an unattainable standard. There are a lot of homes in disrepair while expensive new homes are being built. Some of our clients' homes are so bad, beneficiaries sleep in their detached garages due to failing house roofs.
<ul style="list-style-type: none"> • Self-directed Home and Community-Based Services (HCBS) options
<ul style="list-style-type: none"> • Increased availability of family habilitation and therapeutic foster home care. Address / create payer path for intermediate care so there is a step down between hospitalization and foster care or therapeutic care. Increase funding for Home and Community Based Waiver (HCBW) services to increase staffing and utilization of those services.
<ul style="list-style-type: none"> • Optimizing procurement of adaptive equipment for more community involvement
<ul style="list-style-type: none"> • Increased funding for senior housing development and ADRD HCBS
<ul style="list-style-type: none"> • Education of caregivers and families

<ul style="list-style-type: none"> • Develop Remote Monitoring Technology as a service provision. Address complex care needs for individuals with both I/DD and behavioral health disabilities in need of housing and other services.
<ul style="list-style-type: none"> • AFFORDABLE HOUSING and HOUSING FIRST!
<ul style="list-style-type: none"> • Medicaid Reimbursement rates
<ul style="list-style-type: none"> • Potential impacts of sustainability of the Home and Community-Based Services (HCBS) waiver program given burden on a shrinking Care Coordination group - and Senior and Disabilities Services' lack of regard of the recent Care Coordination study project funded by the Trust. Also the issues with initial contact for families through Aging and Disability Resource Centers (ADRC) and lack of consistent information and policy application to be fair and equitable for all waiver types.
<ul style="list-style-type: none"> • Availability of affordable housing options in urban areas
<ul style="list-style-type: none"> • Community awareness needs to be prioritized. There seems to be a limited understanding of how the lack of housing affects our entire community. Spread of disease, increased medical expense and incarceration, violence in the community, these are all reasons for even the most selfish person to consider supporting safe housing for all. Our streets are littered with garbage, people are self-medicating with dangerous drugs and scattering needles on playgrounds, and our jails are full. It's time to get creative and to re-route some finances toward recovery-oriented solutions. That can only happen if the voters understand how the current practices are wasteful and non-preventive.
<ul style="list-style-type: none"> • (a) Increase connections between crisis mental health services and stable housing alternatives. For instance, improve "discharge planning" from Alaska Psychiatric Institute (API) and from general hospitals to placement in stable housing; make that more efficient, more available, and routine. Too many people stay too long in restrictive facility care due to a lack of basic supported-housing options.
<ul style="list-style-type: none"> • Through a policy lens, connect the homeless response system & the corrections/reentry system. They are completely disconnected and two disparate systems. The Trust is well positioned to bring stakeholders together from both these systems to find efficiencies, collaborate, and establish a common language that will improve Beneficiary outcomes in both the Housing focus area and the Disability Justice area.
<ul style="list-style-type: none"> • Preventing homelessness of beneficiaries. Stabilization services for beneficiaries to avoid involvement in the criminal legal system.
<ul style="list-style-type: none"> • The Trust's Affordable Housing Initiative.
<ul style="list-style-type: none"> • Developing a workforce that can provide suitable Home and Community-Based Services (HCBS)
<ul style="list-style-type: none"> • Providing appropriate supports. 2) require open and transparent communication between I/DD agencies.
<ul style="list-style-type: none"> • Hoping someday the State of Alaska might adopt managed care.
<ul style="list-style-type: none"> • Safe housing available and staffed for beneficiaries.
<ul style="list-style-type: none"> • Help support Anchorage's efforts to create new housing units via adaptive reuse of old hotels into homes.
<ul style="list-style-type: none"> • More supported housing wherever it is needed.
<ul style="list-style-type: none"> • Increase initiatives, funding and support for Housing First, to include Re-entry and Recovery homes.

<ul style="list-style-type: none"> • Safe stable housing for beneficiaries is possibly the most vital safety strategy. Lack of housing means a lack of progress addressing any of the other areas.
<ul style="list-style-type: none"> • Community awareness about people experiencing homelessness.
<ul style="list-style-type: none"> • Any housing, especially housing first models and other evidence-based models
<ul style="list-style-type: none"> • Although not an HCBS I/DD issue but Behavioral Health issue; other states are using 1115 waivers as a vehicle to fund housing for people with SMI and other services to address Social Determinants Of Health however Alaska is not and could be. Also, other states are creatively challenging the budget neutrality requirements of 1115 and doing so successfully and innovating their systems to the benefit of the people served; Alaska should be doing this as well in my opinion
<ul style="list-style-type: none"> • HCBS services for those with Traumatic Brain Injury (TBI) are limited due to the lack of Medicaid waiver programs in Alaska. We must expand waiver programs for those with TBI to leverage federal funds to help these folks.
<ul style="list-style-type: none"> • I blame the growth of short-term rentals such as AirBNBs for much of the housing crisis. Why would someone rent to a beneficiary when they could make more with Airbnb? Could we have a high bed tax on those units that go to housing support?
<ul style="list-style-type: none"> • Not enough housing for demand
<ul style="list-style-type: none"> • Evaluating the expansion of the number of service providers on the quality of services provided - Is more better?
<ul style="list-style-type: none"> • Current HCBS supports approved for consumers are minimal level needed which is often inadequate for the fluctuations of day-to-day full living.

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). 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. They are presented in order of highest to lowest priority based upon the combination of Medium to High Priority ratings.

Strategy	Average Rating (1 Low to 5 High)	% Of Participants rating Strategy Medium to High Priority	% Of Participants rating Strategy as a High Priority
Expand the continuum of behavioral health interventions, services, and supports for youth and adults	4.40	96.7	60.9
Ensure Alaskans have access to comprehensive crisis services and supports (Crisis Now)	4.29	96.02	53.3
Improve treatment and recovery support services	4.31	94.7	56.5

Increase awareness, and improve knowledge to prevent drug and alcohol misuse	3.50	78.2	26.1
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New Strategies that should be Prioritized of Existing Strategies

<ul style="list-style-type: none"> • More dual diagnosis treatment facilities or higher level of mental health issues as well integrated into them and more training w this issue within state and govt entities
<ul style="list-style-type: none"> • There is currently a statewide focus on Housing First Initiatives, which is definitely necessary and much needed. However, sober housing has been put to the side in order to focus on those Housing First Initiatives. This is a mistake for several reasons. Those of us who work hard to provide clean and sober living environments are often passed over for resources in the rush by the state to address homelessness. Those of us who provide clean and sober housing cannot change our policy to begin housing individuals who are not sober and have no interest in becoming sober. By doing such, we would put our program participants in danger. They are already struggling with recovery, but at least they do not have others around them using or drinking and thus triggering them. We have been asked to change our housing requirements to allow non sober individuals in, and because we hold to our principles of protecting our program participants from unnecessary triggers, we are then not eligible for the resources going towards housing the homeless. I believe a better strategy is to eliminate the eligibility for resources being limited to housing first programs and open them up to all programs that house those who would otherwise be unhoused. Not all unhoused people are drinking or actively using drugs. And agencies should not be put into a position where they have to choose operational resources over the protection and safety of their clients.
<ul style="list-style-type: none"> • Support for emergency room-based intervention.
<ul style="list-style-type: none"> • More support for Medication-Assisted Treatment Services (MATs) and comprehensive services, already mentioned above but so important to have medical, emotional, and psychological supports available to those recovering. If one leg of the stool is missing it's not going to hold you!
<ul style="list-style-type: none"> • With Fentanyl becoming a drug of choice and cheap--the addiction within our communities will not be improving unless more supports/services are put forth.
<ul style="list-style-type: none"> • Fentanyl issue!!!
<ul style="list-style-type: none"> • Crisis intervention
<ul style="list-style-type: none"> • Crisis now intervention
<ul style="list-style-type: none"> • - Increase efficiency and effectiveness of available behavioral health services (e.g. improve match between patient's needs and available interventions) • - Crisis Now program is extremely important, but it is essential that patients can be referred for ongoing care at appropriate facilities • - Improved reimbursement rates for behavioral health services • - Improved parity for behavioral health services • - Reduced administrative burden associated with behavioral health costs • - Enhance current workforce for behavioral health, including support • - Increased use of novel, effective care models (e.g. Crisis Now, Integrated Primary-Behavioral healthcare, and peer supports)

<ul style="list-style-type: none"> • - Employ data analytics to drive quality improvement methods across behavioral health continuum of care
<ul style="list-style-type: none"> • Crisis Now is extremely important but has limited effectiveness without services to refer to. Improve matching of the individual/family's needs and the interventions that they receive. Parity and improved reimbursement rates. Reduce administrative burden. Workforce improvement including peer support. Develop ways to assess outcomes to drive quality improvement initiatives
<ul style="list-style-type: none"> • School Psychologists are able to provide crisis response in the public-school setting with trauma-informed practices.
<ul style="list-style-type: none"> • Given the mental health crisis among our youth and fentanyl overdoses surging, youth need a priority area specific to their unique needs. In 2021 we saw the sharpest increase in attempted suicide in our kids ages 11-14 and overdoses skyrocketing with our 25-35-year-olds - these two data sets are related to one another and tell a story of where we need to invest to make a difference. The youth continuum of care does not look the same as adults.
<ul style="list-style-type: none"> • Increased focus on emergency behavioral health services for 17 and under.
<ul style="list-style-type: none"> • Vital!!!! Especially for children and youth. More focus on the younger population, please
<ul style="list-style-type: none"> • When you identify 'improve treatment & recovery support services' I recommend an emphasis on evidence-based treatments.
<ul style="list-style-type: none"> • I'd like to see something to assist individuals experiencing hoarding disorders.
<ul style="list-style-type: none"> • Ease the referral process to services and expand the capacity so when someone is ready to accept help, there is no waitlist, and that it will be covered, even if it means contracting with treatment facilities outside of the state until we are able to increase our capacity.
<ul style="list-style-type: none"> • I rarely check all the boxes for "High Priority" but I do in this case. But here is the thing, and all politics aside, close the dammed southern border. The drugs have got to stop. Every state needs to be on board with closing the drug flow through all of our southern border, again all politics aside.
<ul style="list-style-type: none"> • Treatment and recovery supports for non-Medicaid folks
<ul style="list-style-type: none"> • Help individuals get identifications (IDs) and sign up for healthcare. The Medicaid application is confusing and there is no one in the community who will help people fill them out - 211 won't do this, the Loussac library no longer does this, Disability Law won't do this, Ninestar might if they are under 24, etc. Likewise, a liaison from Alaska Native Medical Center (ANMC) could do outreach and connect eligible individuals to healthcare. This is the same for Supplemental Security Income (SSI), there is no one in the community who helps people sign up for SSI. There is no agency or organization available to help people get IDs. Catholic Community Services will only serve refugees. Without an ID, accessing services and employment is much more difficult.
<ul style="list-style-type: none"> • Identify needs based on presenting behavior and disabilities in children. Immediate treatment and recommendations early.
<ul style="list-style-type: none"> • These are all priority number 1! it was difficult to rank them
<ul style="list-style-type: none"> • Our community is in desperate need for treatment and recovery services. There are so many people with significant needs related to untreated or unsuccessfully treated mental health needs and addiction, who are not being served successfully in our community and they are falling through the cracks. There are also no real option for step-down services.

<ul style="list-style-type: none"> • There are already many programs out there for these areas so my priority on these was lower, but I still think they are necessary
<ul style="list-style-type: none"> • You can anticipate what I am going to say--linking long term housing solutions and supports for long term recovery.
<ul style="list-style-type: none"> • The trust should examine what other agencies/ sources of funding are available for these activities and fill in the hole.
<ul style="list-style-type: none"> • All of these strategies need to be a high priority.
<ul style="list-style-type: none"> • Agencies need to be reimbursed well enough to keep their employees.
<ul style="list-style-type: none"> • We need more treatment facilities- both inpatient and outpatient
<ul style="list-style-type: none"> • Adopt the Public Health Initiative program. We lost the drug war. Make clean drugs available to addicts through hospitals and safe places to do drugs. Provide medication to alcoholics and drug abusers that reduce cravings. Take the shame out of the game!
<ul style="list-style-type: none"> • From my perspective and I believe that of others, the BH system continues to be fragile and tenuous with fewer providers being able to sustain and successfully navigate the Administrative Services Organization (ASO), unanticipated and burdensome DBH requirements, insufficient rates for specific 1115 services, billing, and reimbursement challenges, unprecedented service demand and capacity issues and I'm sure this is of concern of the Trust; how to address all this in a succinct strategy we'll leave to your capable team, thanks!
<ul style="list-style-type: none"> • We need to focus on the root causes of substance use/misuse. One of those which is rarely addressed is traumatic brain injury. Studies show that up to 70% of those misusing substances are suffering from traumatic brain injury which created their use. We must find those folks and treat them if we ever hope to get in front of this problem. It is mandatory that substance-abuse agencies and staff are educated about the connection between brain injury and substance misuse and screen for this robustly and continuously within their systems.
<ul style="list-style-type: none"> • Please, please, please build detox centers and in-patient addiction treatment for people who don't have financial means.
<ul style="list-style-type: none"> • increase aftercare services so that supports just don't disappear once a person exits programs
<ul style="list-style-type: none"> • The biggest problem in Alaska is that people want access to Services decide they want to go to rehab then go to get the referral and are told that could be 3 to 6 months. That's not how we treat broken bones or any other person that comes from medical treatment, so why is it acceptable with addiction?
<ul style="list-style-type: none"> • Direct drug prevention and education in middle and high school's w/ a holistic approach w/ addressing ACEs, trauma informed and support!
<ul style="list-style-type: none"> • Access to crisis support and the corresponding robust continuum of care are both needed to adequately support youth and adults in our communities.

Key Policy Issues the Trust Should Address

<ul style="list-style-type: none"> • Ensuring providers are reimbursed for services provided though the Administrative Services Organization (ASO). Re-educating the community about Crisis Now again now that communities are using Mobile Crisis Teams (MCT). Informing the community that 23 hour and stabilization centers are in process (basically an update on progress on Crisis Now).

<ul style="list-style-type: none"> • Parity issues regarding access to behavioral health services in insurance plans. Also, parity when it comes to local jurisdictions requiring planning councils to sign off on behavioral health treatment services but not physical health treatment services.
<ul style="list-style-type: none"> • A big help would be to have them met where they are now not where they have been. And health workers and state, and court agencies really trying to help not just acting and playing a part in the harm
<ul style="list-style-type: none"> • More Support for Sober Housing
<ul style="list-style-type: none"> • Emergency Room support
<ul style="list-style-type: none"> • More access to "as needed" (crisis) mental health medicines
<ul style="list-style-type: none"> • More funding for medication-assisted treatment and more focus on treatment protocols that have been proven effective in other areas.
<ul style="list-style-type: none"> • Increased support for safe detoxing centers and information dissemination.
<ul style="list-style-type: none"> • Literacy, emotional and personal development, self-sufficiency
<ul style="list-style-type: none"> • Funding to support the above focus areas
<ul style="list-style-type: none"> • Housing first. We know it works.
<ul style="list-style-type: none"> • Develop more crisis-based mental health facilities for kids and teens
<ul style="list-style-type: none"> • Identify programs that work and invest in them.
<ul style="list-style-type: none"> • Identifying underserved populations and targeting services to those groups.
<ul style="list-style-type: none"> • Prevention of child maltreatment
<ul style="list-style-type: none"> • Increasing funding for school districts and support for Medicaid and other community services.
<ul style="list-style-type: none"> • Anything that focuses on prevention and early intervention
<ul style="list-style-type: none"> • More treatment options. Juneau lacks sleep-off, medically supervised detoxification, day-long Intensive Outpatient Program, and longer than 28-day treatment programming. Therefore, we are missing many opportunities. Additionally, wait lists are long around the state. • -Treatment at a higher than ASAM 3.5 level. • -Transitional housing after residential.
<ul style="list-style-type: none"> • Workforce development for Alaska Native mental health clinicians and peer support specialists.
<ul style="list-style-type: none"> • Access to treatment on demand.
<ul style="list-style-type: none"> • Remove barriers to accessing treatment. Consider having the state cover the cost of treatment as the default until insurance coverage is determined.
<ul style="list-style-type: none"> • SB 39 and SB 41 [ED: <i>Not sure if this is referring to the current legislative session, Senate Bill 39 Disclosure of Wage Information & Senate Bill 41 Appropriations: Capital/ Supplemental Budget</i>]
<ul style="list-style-type: none"> • Diversion programming in drug and alcohol misuse prevention efforts
<ul style="list-style-type: none"> • 1) Free or significantly reduced-price access to mental health services including prescription medication - besides and separate from Medicaid qualification.
<ul style="list-style-type: none"> • Here is the thing, and all politics aside, close the dammed southern border. The drugs have got to stop. Every state needs to be on board with closing the drug flow through all of our southern border, again all politics aside.
<ul style="list-style-type: none"> • We need more recovery centers!

<ul style="list-style-type: none"> Utilize community resources to assist individuals with gaining state IDs (identification) and signing up for healthcare and Supplemental Secure Income (SSI).
<ul style="list-style-type: none"> Services need to be available beyond the urban hubs.
<ul style="list-style-type: none"> Anything working on addressing the Fentanyl epidemic, please
<ul style="list-style-type: none"> Provide financial assistance for treatment services. Support Subsistence and traditional practices into recovery services as a requirement for funding group projects.
<ul style="list-style-type: none"> Higher tax rates for alcohol and marijuana sales and the allocation of those funds for social services.
<ul style="list-style-type: none"> Recovery housing options.
<ul style="list-style-type: none"> prevention and re-entry
<ul style="list-style-type: none"> Reentry programs.
<ul style="list-style-type: none"> Oversight for Medication-Assisted Treatment (MAT) Prescribers and public education on the benefits & risks of long-term MAT. Community and provider safety supports for Fentanyl exposure.
<ul style="list-style-type: none"> Crisis Now
<ul style="list-style-type: none"> The focus on Crisis Now has been great and much-needed. Continuing to expand the continuum of care at all levels addressing anygaps - to ensure access to the right level of care for all.
<ul style="list-style-type: none"> Increase education incentives to increase interest in the field.
<ul style="list-style-type: none"> Decrease wait time to establish/access mental health services.
<ul style="list-style-type: none"> Inpatient SUD programs for sexual offenders while on supervision
<ul style="list-style-type: none"> Increasing access to Mental Health care for individuals with I/DD
<ul style="list-style-type: none"> Affordable housing and community engagement centers
<ul style="list-style-type: none"> Treatment programs currently are not geared toward multiple diagnoses clients. Many treatment programs for addiction will not treat people with disabilities, FAS or other mental health-related issues, they just want to address the addiction issues and will not interface with clients who experience other disabilities that may be contributing factors for substance abuse.
<ul style="list-style-type: none"> Increasing quality inpatient psychiatric and substance use treatment beds or facilities
<ul style="list-style-type: none"> Re community awareness: having fostered from 2001-2015, many of the children I cared for are now adults with children of their own. When I hear community members speak vindictively about today's parents, I can't help but shake my head, because 10 short years ago they were full of compassion for these same people, and convicting their parents, who also grew up abused. Our community needs to be better about wrapping around families, teaching them a better way to live, and refraining from judgment as much as possible. Education on trauma is key. The foster care system is struggling. We need to get better at helping families heal.
<ul style="list-style-type: none"> End the bizarre and destructive practice of sending children and adolescents to out-of-state facilities, at public expense. That practice is destructive, culturally incompetent, distant from anything like family and community of origin, and is horrendously expensive. Divert those funds into wrap-around services for preventing, and ending, out-of-state placements.
<ul style="list-style-type: none"> Our community needs more mental health providers. Currently there is a six week wait list for beneficiaries to get an appointment.

<ul style="list-style-type: none"> • Advocate that qualified Substance Use Disorder (SUD) treatment personnel/programs be made available in 100% of Alaska Department of Correction's (DOC) facilities; expand SUD treatment capacity inside DOC facilities and track results/outcomes.
<ul style="list-style-type: none"> • Development of a policy focus on recovery and long-term affordable housing options.
<ul style="list-style-type: none"> • Strategic prevention works but it must be resourced.
<ul style="list-style-type: none"> • Medicaid reform to promote access to behavioral health services
<ul style="list-style-type: none"> • Funding for mental health and addiction services. It should be talked about like education and the Permanent Fund Divident.
<ul style="list-style-type: none"> • Support the development of Anchorage's mobile crisis team as well as the 23-hour crisis response system.
<ul style="list-style-type: none"> • Appropriate timely reimbursement
<ul style="list-style-type: none"> • Workforce development in this arena
<ul style="list-style-type: none"> • Provide increased funding for Crisis Now teams throughout the state. Especially in the larger communities. However, the Village Public Safety officers and State troopers need training as well to meet the needs of Crisis Now in Rural Alaska.
<ul style="list-style-type: none"> • Lining up access to treatment when a person is ready for treatment is still one of our greatest barriers. My hope is that crisis now may actually help with the gap, but I also would love to see more availability and flexibility with treatment providers to move into the "urgent service" space, rather than the interminable wait that usually accompanies application.
<ul style="list-style-type: none"> • Advocate to lower the age of consent for mental health services.
<ul style="list-style-type: none"> • Medicaid funding and increasing alternative funding methods for accessing treatment. Improving telehealth options for rural Alaskans.
<ul style="list-style-type: none"> • Adopt PHI [ED: <i>Protected Health Information?</i>] policies
<ul style="list-style-type: none"> • The unanticipated, burdensome, duplicative and non-value-added requirement that Adult Mental Health Residential (AMHR) providers be licensed as Assisted Living Homes
<ul style="list-style-type: none"> • Traumatic Brain Injury (TBI) is a key factor in substance misuse. Identifying and treating traumatic brain injury in this population is essential to reducing the human and financial impact of these behaviors.
<ul style="list-style-type: none"> • Forge more & better collaborations, such as with Women's shelters, etc. for coordination of treatment & crisis housing. Use the resources we have - resist compartmentalizing
<ul style="list-style-type: none"> • Interdiction
<ul style="list-style-type: none"> • Providing current and accurate drug facts and data w/ continued updating of those facts and data. Youth are smart and know the score. Don't think they don't know!
<ul style="list-style-type: none"> • It is very difficult to access mental health services even if someone wants them and the continuum of care is lacking. Making people aware of the challenges in getting care and the huge caps in the continuum is important. Get policy makers to read this book Healing: Our Path from Mental Illness to Mental Health by Thomas Insel
<ul style="list-style-type: none"> • availability of qualified providers

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). 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. They are presented in order of highest to lowest priority based upon the combination of Medium to High Priority ratings.

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 healthcare providers is available to serve Alaskans with behavioral health needs	4.48	96.7	68.9
Expand and enhance training and professional development opportunities for all healthcare and healthcare professionals	4.04	95.04	37.1
Support curriculum development and the training of health professionals to ensure they learn, enhance, and update essential knowledge and skills	3.90	93.7	34.9

New Strategies that should be Prioritized of Existing Strategies

<ul style="list-style-type: none"> Address difficulties in accessing housing and childcare as drivers of workforce shortage issues.
<ul style="list-style-type: none"> Maybe a specific strategy to better engage and facilitate primary care practitioners addressing behavioral health.
<ul style="list-style-type: none"> There seems to be no help to even get to a starting point for this. People need stability before they can even attempt to be engaged in this, we have bigger problems to tackle 1st
<ul style="list-style-type: none"> Strategy identification and testing
<ul style="list-style-type: none"> Healthcare providers are not always willing to take people that have disabilities when they have Medicare and Medicaid. More providers need to be on board to accept both insurances.
<ul style="list-style-type: none"> Curriculum Development
<ul style="list-style-type: none"> Curriculum and training support for health care professionals

<ul style="list-style-type: none"> • More people working in Intellectual and Developmental Disability (IDD) field, higher rate of pay and opportunities for career advancement
<ul style="list-style-type: none"> • Increased mental health supports in our schools and communities - there is a greater need that what is available, and there seems to be the fewest options for mental health supports for children under the age of 12. Would love to see increased school-based mental health services and training programs available in the state (i.e. school psychologist, school social work, mental health clinicians doing community-based work).
<ul style="list-style-type: none"> • -Provide grants for providers to attend educational events (online or out of state) to allow them to enhance and/or update essential knowledge or skills. These trainings tend to be costly, but would reduce the need for AK to develop its own curriculum for topics that are not AK-specific • -Reduce wait time/administrative burden for behavioral healthcare professionals to get licensed in the state
<ul style="list-style-type: none"> • In addition, ensure that the qualifications required align with the needed knowledge and skills of a particular position so that inappropriate requirements do not inhibit workforce development. Ensure that the workforce reflects the diversity of the state. Properly aligning qualifications will help in this area. Reduce wait times and administrative burden for applicants' health-related licensure.
<ul style="list-style-type: none"> • There is a national youth mental health crisis, and this is sharply felt and clearly visible in Alaska. School is the primary community experience of children, and school psychologists are the primary mental health experts in schools. Despite this, there is an extreme shortage of school psychologists in this state, particularly in my district, MSBSD (Mat Su Borough School District). The National Association of School Psychologists recommends one school psychologist for every 500 students. However, MSBSD currently employs only 15 psychologists as district employees despite recruitment efforts, 23 short of the recommended number to support our 19,000 students. There are simply very few applicants available, and Alaska has no way to produce them. With current staffing levels, there is minimal time to do much beyond special education evaluations, and students suffer from this. There are many students who need our support but do not receive it because we are mired in legal compliance and paperwork from the overwhelming amount of special education referrals. There would be many fewer referrals if there was more capacity to support the needs of these students sooner, and thus it is a vicious cycle. Because of our unattractive retirement system, the restrictive cap on the years of experience accepted for salary placement, isolated geographical location, and other barriers, it is a near-insurmountable challenge to attract an adequate number of school psychologists from other states. However, since there is no training program in this state, they must all be recruited this way, or choose to place a financial burden on themselves to leave the state for university and return later, IF they choose to return. A school psychology training program in Alaska would have a significant and perpetual impact on the mental health and life outcomes of Alaska's future adults.
<ul style="list-style-type: none"> • Support University of Alaska Anchorage in developing a school psychology training program and increase school-based mental health support and services.
<ul style="list-style-type: none"> • Increasing support within public education. We need to provide a school psychology program at University of Alaska Anchorage because of the difficulty in recruiting these providers to Alaska. Along with additional funding for school-based mental health providers. These positions are oftentimes the first to be cut due to budget constraints.

<ul style="list-style-type: none"> • Support adequate wages, benefits and status for Intellectual and Developmental Disability (IDD) health professionals. Over the past decade, the consequences of Alaska's inadequate response to Medicaid waiver rate rebasing and supporting the IDD workforce have been exacerbated by the pandemic and now result in a grave risk for IDD community-based services.
<ul style="list-style-type: none"> • Creating/developing programs in a 'grow your own' perspective to support those who grew up in Alaska are able to find appropriate educational programs without having to leave the state.
<ul style="list-style-type: none"> • These are all a high need but is the Trust the entity to do this work?
<ul style="list-style-type: none"> • This is not a prioritized strategy over the listed ones but rather expands on #3 ranked as a high priority. Consideration for financially supporting curriculum development for a graduate school psychology training program at University of Alaska Anchorage (UAA) could bolster the mental health workforce that can directly serve beneficiaries (children who receive special education services) and provide mental health prevention and intervention supports within the school setting. A school psychology training program is in the early development stages at UAA and will require financial support both internally and externally. The proposed UAA Specialist in School Psychology (SSP) degree will be aligned with the National Association of School Psychologists (NASP) Professional Standards (2020), which is a set of national standards that guide graduate education, credentialing, professional practice and services, and ethical behavior of school psychologists.
<ul style="list-style-type: none"> • Compensation of mental health professionals needs to be addressed. Those working in community mental health, often having a master's degree and regularly intervening in life threatening situations, are poorly compensated compared to say, a nurse practitioner working in a medical clinic. I would suggest salary comparison to similar professionals working in healthcare. Many providers working in community mental health move to private practice as soon as they are credentialed resulting in high turnover and lack of continuity of care for Trust beneficiaries.
<ul style="list-style-type: none"> • Healthcare providers trained in AK are much more likely to stay in AK, consider increasing AK educational programs so we don't have to recruit from outside AK as much
<ul style="list-style-type: none"> • You may need to pay them more! Agencies are complaining about a lack of service providers but they pay \$15/hour or less, require the use of a personal car, and require training and expensive background checks. Job coaches should not make less per hour than their clients!
<ul style="list-style-type: none"> • We have had a number of employees resign because of abuse from the State. Policies and regulations appear to be designed to exclude and reduce. Too much funding goes to the State employees rather than the providers. Can we level the field - allow providers the income and benefits comparable to the State employees. Direct Service Provider (DSP) providing "institutional level of care" pay is similar to a fast food worker; while the healthcare managers are compensated many times the DSP rate, with benefits. There is a disconnect between the Healthcare Managers and providers. Providers are focused on quality of care while Healthcare managers focus on cutting services. Providers and clients are routinely threatened and mistreated. The State withholds essential support services, threatening the safety and welfare of clients, until the providers sign off on suboptimal inappropriate plans.
<ul style="list-style-type: none"> • Suggest training and capacity building be that - building skills and application as opposed to the same rudimentary, redundant make you feel good but useless info type of "training."

<ul style="list-style-type: none"> • Incorporate NP [ED: Nurse Practitioner?] and direct service support staff in training scenarios, as they are often those who engage with mental health firsthand in living situations and can shed light on thinking and behavior of those needing assistance. Before the doctor identifies the problem.
<ul style="list-style-type: none"> • Ensure funding for the Alaska Training Cooperative and increase capacity.
<ul style="list-style-type: none"> • Training programs are great but you cannot get people in training programs if you can't even get them to apply to do the work to begin with. This work is HARD work and the pay does not equate to the difficulty both physically and emotionally. Retail jobs rival the pay scale of many direct support professionals even after going through additional training. People can do it because they have a servant's heart but an \$18-\$20 an hour job does not even pay for rent on a small apartment, car payment insurance and food/supplies each month for a single person. Expanded curriculum and training requirements will not fix the workforce crisis.
<ul style="list-style-type: none"> • People don't stay in jobs that are emotionally draining for little pay and no benefits. Workers in this field need training to process the difficulties they face and a livable wage with benefits. Otherwise, the cycle of training new hires, burn-out/quitting, and training new hires, ... will continue. Hard to develop a skilled and experienced workforce that way. The process, money, and efforts never get traction.
<ul style="list-style-type: none"> • Not a strategy, but a comment: this is where it is at. We should be in crisis mode with our workforce. Without a workforce, all other changes will not matter. We need scholarships, University of Alaska Anchorage programs, other professional programs, concerted recruitment effort, and wages that attract individuals to the areas we need them.
<ul style="list-style-type: none"> • Traditional (culturally) curriculum based on the local service areas for all healthcare providers
<ul style="list-style-type: none"> • Tangible incentives are needed: cash, fringe benefits, professional development opportunities, housing, etc. We need to start throwing money at the problem and increase pay and benefits for entry-level, case carrying, and first-line supervisory staff.
<ul style="list-style-type: none"> • This strategy needs to be a coordinated effort with University of Alaska Anchorage (UAA), large hospitals, and local businesses. A healthy and well-staffed workforce will make the whole state more productive and help all businesses. The Trust is just one player.
<ul style="list-style-type: none"> • As the subject experts, The university needs to be hand in hand with the Trust on this issue. I would like to see a targeted workforce meeting with the Trust and University of Alaska Anchorage, the University of Alaska Fairbanks and University of Alaska Southeast.
<ul style="list-style-type: none"> • Training has been shown to increase retention of staff as well as staff satisfaction.
<ul style="list-style-type: none"> • Providing certification programs for providers across the spectrum who are educated and trained in the identification, support of and treatment of those with Traumatic Brain Injury (TBI) will encourage providers to become trained and then provide services for those with TBI. If we can tie the certification to increased pay and employment opportunities, we can make a significant difference in increasing the capacity of the Alaska workforce capable of dealing with our huge TBI problem.
<ul style="list-style-type: none"> • Eliminate the waitlist! There are MANY highly trained professionals at home providing care to loved ones that the state refuses to serve! And then we hear the cry of workforce shortages. How shortsighted.

<ul style="list-style-type: none"> • Enhance training and skill building for home health care and 'lesser' credentialed persons. Double their pay and add generous benefits. Act like our lives depend on these people. Because they do.
<ul style="list-style-type: none"> • Increase access to patient advocates and care coordinators
<ul style="list-style-type: none"> • Isn't this the whole purpose of the Division of Vocational Rehabilitation program?

Key Policy Issues the Trust Should Address

<ul style="list-style-type: none"> • Improved collaboration with University of Alaska and Alaska Pacific University and providers to develop internships that turn into jobs.
<ul style="list-style-type: none"> • Other loan repayment options?
<ul style="list-style-type: none"> • Align workforce supports to also include the early childhood workforce.
<ul style="list-style-type: none"> • Really, the highest priority is making sure that entry-level healthcare workers get living wages.
<ul style="list-style-type: none"> • Wages and career ladder for direct support professionals The Direct Service Provider (DSP) certification program is an important step toward developing an additional career path - please support this!!!
<ul style="list-style-type: none"> • Yes, we need more effort
<ul style="list-style-type: none"> • Literacy, emotional and personal development, self-sufficiency
<ul style="list-style-type: none"> • incentives for work in field
<ul style="list-style-type: none"> • Pediatric providers need more training on identifying, managing and treating youth with head injuries and how to liaison with their schools to ensure continuum of care.
<ul style="list-style-type: none"> • Focus on successful transitions to work and independence for young adult beneficiaries with service needs.
<ul style="list-style-type: none"> • Support adequate wages, benefits and status for health professionals in Intellectual and Developmental Disability (IDD) services. These is one component of the current crisis related to workforce shortage.
<ul style="list-style-type: none"> • Increasing education funding and addressing policies that support 'grow your own' perspective.
<ul style="list-style-type: none"> • Lobby for increased pay/benefits for direct support professionals
<ul style="list-style-type: none"> • Use resources to pay people what it takes to live and root in Alaska, and garner commitments from those people in exchange for those high rates of pay.
<ul style="list-style-type: none"> • 1. funding to districts to increase school-based mental health services, including school counselors, school psychologists and school-based social workers, all of whom serve some overlapping, yet independent roles and responsibilities.
<ul style="list-style-type: none"> • We need a funnel of Alaskans choosing behavioral health careers to serve Alaskans in crisis. I would love to see more partnerships with tribal entities to support a flow of Alaska Natives into these careers.
<ul style="list-style-type: none"> • Pay/compensation for the workforce.
<ul style="list-style-type: none"> • Agencies are struggling to find people willing to work as Direct Service Providers's for the low wages that Medicaid reimbursement pays.

<ul style="list-style-type: none"> • SB 39 and SB 41 [ED: <i>Not sure if this is referring to the current legislative session, Senate Bill 39 Disclosure of Wage Information & Senate Bill 41 Appropriations: Capital/ Supplemental Budget</i>]
<ul style="list-style-type: none"> • Consider curriculum coordination with nursing and provider training programs in our state
<ul style="list-style-type: none"> • 1) Recruitment and retention of qualified specialist healthcare professionals for Alaska • 2) Improve provision of high-quality healthcare services in Alaska village communities
<ul style="list-style-type: none"> • Building the direct care workforce skillsets to promote increased pay rates and quality of care for individuals who need ongoing support.
<ul style="list-style-type: none"> • The beneficiaries themselves should be viewed as a resource for the workforce
<ul style="list-style-type: none"> • Recruitment of good people with market wages, perks and benefits.
<ul style="list-style-type: none"> • Hiring is tough, training is an investment, retention is crucial.
<ul style="list-style-type: none"> • Job Coaching and Retraining when a position or client changes and must be adjusted
<ul style="list-style-type: none"> • Continuation of professionalizing the Direct Support Professional workforce - certification, living wages/compensation
<ul style="list-style-type: none"> • Youth employment services and transition from school to work. Support Independent Living as part of the employment goals.
<ul style="list-style-type: none"> • Provide funding for provider agencies to allow for an increased wage for direct service providers.
<ul style="list-style-type: none"> • Interstate compacts.
<ul style="list-style-type: none"> • Work force shortage bridge funding to assist w rate rebasing
<ul style="list-style-type: none"> • Streamline the provider enrollment process and create a database to help track deadlines and progress toward certification requirements. Education for providers on the benefits and misconceptions about Peer Support Services.
<ul style="list-style-type: none"> • Supporting professional standards and evaluations of community-based behavioral health providers
<ul style="list-style-type: none"> • The more short-staffed agencies are, the less available time there is for attendance to training or conferences. It can be difficult for staff to free up time to attend training so a stable, sustainable workforce trumps everything else.
<ul style="list-style-type: none"> • SB 39 and SB 41 [ED: <i>Not sure if this is referring to the current legislative session, Senate Bill 39 Disclosure of Wage Information & Senate Bill 41 Appropriations: Capital/ Supplemental Budget</i>]
<ul style="list-style-type: none"> • Continued support for telehealth so beneficiaries receive quality and timely healthcare Support for cross-state reciprocity of licensing so doctors and related service providers (Physical Therapy, Occupational Therapy, Speech & Language Pathologist) can practice in Alaska (example: specialists at Seattle Childrens provide telehealth to trust beneficiaries in Alaska). I recognize this may not be in the purview of the Trust directly but advocating for and supporting processes and remove these barriers.
<ul style="list-style-type: none"> • Less resources to providers who only turn it to profit. put the resources into the hands of the professionals to promote skills and commitment to the field.
<ul style="list-style-type: none"> • Already covered, legislation to somehow encourage employers, reward them, to hire the Traumatic and Acquired Brain Injury (TABI) individuals
<ul style="list-style-type: none"> • Personnel preparation programs for key fields including Early Childhood Special Education need to be reinstated in Alaska.

<ul style="list-style-type: none"> • Support Early Childhood and Special Education graduate degrees being offered in-state (University of Alaska discontinued due to loss of accreditation)
<ul style="list-style-type: none"> • Harm reduction/trauma informed care secondary trauma resilience/regulation for care givers
<ul style="list-style-type: none"> • Ensuring that providers will even take Medicaid / Medicare (M/M) patients needs to be addressed - the pool here is ever shrinking and clients are losing choice and access to providers if they rely on M/M health services. Training and continuing education for our current workforce is also needed - we have the same old same old options, and it would be nice to have more meaningful and fresh training opportunities for those in the field needing continued education credits annually.
<ul style="list-style-type: none"> • Reciprocity of provider state licensing with licenses from other states
<ul style="list-style-type: none"> • Community awareness: there is a jaded attitude in our community toward many beneficiary categories. It is difficult to find people who want to serve with compassion and who see the potential for recovery. This isn't a money-making business, it's a passion project. The reward comes from seeing the success of those we serve and from gratitude from our community. When the community shows hatred toward the people we care about and throws up barriers to their success, burnout is imminent. Burned out people are not very good at recruiting new people to do the work. We have got to shift the attitudes so helpers feel like they matter.
<ul style="list-style-type: none"> • Traditional (culturally) curriculum based on the local service areas for all healthcare providers
<ul style="list-style-type: none"> • Continue and increase the use of "support-for-service," meaning use of (a) education loan repayment, and (b) direct incentive, to increase recruitment and retention of healthcare practitioners in Alaska. There are numerous occupations that Alaska does not provide training for, such as psychiatry; and in several others, e.g., Licensed Clinical Social Workers (LCSW's), we train very few. Thus, Alaska must further prioritize recruitment (from out-of-state), and intensely focus on retention in jobs here. We have to stop the whole "Train and Hope strategy."
<ul style="list-style-type: none"> • Living wage and benefits appropriate to the training and skills provided.
<ul style="list-style-type: none"> • University of Alaska needs to step up in this area and become who the Trust and State of Alaska rely on...
<ul style="list-style-type: none"> • Educate youth in the schools (at least by 6th grade) at McLaughlin Youth Center, Assets, and the ARC of Anchorage to become aware of the dangers of substance abuse and ACES.
<ul style="list-style-type: none"> • Burnout: Of the funded agencies, what is the rates of employee turnover?
<ul style="list-style-type: none"> • We need more awareness around generational trauma, and not just ACE's and public awareness of issues experience by Alaska Native people
<ul style="list-style-type: none"> • The lack of workforce capacity to treat beneficiaries with traumatic brain injury in the State is primarily due to a lack of awareness of the problem and training in how to support and treat these folks. Creating a robust and sustainable system to train and certify providers to offer these services will totally change the outcome for Alaska's with Traumatic Brain Injury (TBI)
<ul style="list-style-type: none"> • Address the worker shortage
<ul style="list-style-type: none"> • Developing and supporting a cadre of trained, competent, and engaged personal care attendants and home healthcare providers.
<ul style="list-style-type: none"> • Patient Advocacy and Care/Case coordination support

<ul style="list-style-type: none"> • CDL training
<ul style="list-style-type: none"> • Monitor and forecast health and human service workforce needs
<ul style="list-style-type: none"> • We need the workforce to implement evidenced based treatment.
<ul style="list-style-type: none"> • shortage of qualified providers

Trust and the Goals of the Comprehensive Integrated Mental Health Program Plan

The Alaska Mental Health Trust Authority works in conjunction with the Alaska Department of Health to ensure that there is a [Comprehensive Integrated Mental Health Program Plan](#) (Comp Plan). The current Comp Plan, *Strengthening the System*, consists of nine goals that highlight important objectives and strategies that will help improve the quality of life and continuum of care for Trust beneficiaries.

Participants were asked to select the Comp Plan goal with the highest priority for the Trust to focus its efforts upon in FY25. Efforts might include advocacy, funding, programming, policy recommendations, and decision-making. 306 survey participants responded to this question.

The following are ranked in order of perceived priority.

Comp Plan Goal	% of Responses
Goal 1: Early Childhood – Programs serving young children promote resiliency, prevent, and address trauma, and provide access to early intervention services.	20.9%
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 the Comp Plan.	17.3%
Goal 6: Protecting Vulnerable Alaskans – Alaskans are free from abuse, neglect, self-neglect and exploitation.	14.1%
Goal 2: Healthcare – Alaskans have access to integrated healthcare options that promote optimal health, wellness, and independence.	11.8%
Goal 4: Substance Use Disorder Prevention – Prevention and Treatment for drug and alcohol misuse are provided through collaborative, effective, and informed strategies.	10.1%
Goal 7: Services in the Least Restrictive Settings – Trust beneficiaries’ behavioral health needs are accurately assessed and met in the least restrictive environment.	10.1%
Goal 3: Economic and Social Well-Being: Trust beneficiaries have strong economic and social well-being.	6.9%
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.	5.9%
Goal 5: Suicide Prevention: Individuals, families, communities, and governments take ownership to prevent suicides and self-harm in Alaska.	2.9%