



**DRAFT Strengthening the System: The
Comprehensive Integrated Mental Health
Program Plan
FY2020-FY2024**

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Vision

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

Department of Health & Social Services in conjunction with the
Alaska Mental Health Trust Authority

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Executive Summary

Strengthening the System, the Comprehensive Integrated Mental Health Program Plan 2019-2024 is the combined work of the Alaska Department of Health and Social Services (DHSS), the Alaska Mental Health Trust Authority (the Trust), and other state boards, commissions, and agencies. This plan is a response to a statutory requirement (AS 47.30.660).

The vision of Strengthening the System is for Alaskans to receive comprehensive prevention, treatment, and support services at the appropriate level of care across the lifespan to lead to meaningful lives in their home communities. Especially, to support those Alaskans that receive services under this plan. By law, these recipients, referred to as Trust beneficiaries, are Alaskans who experience a mental illness, a developmental disability, experience chronic alcoholism & drug dependence, or suffer from a traumatic brain injury, Alzheimer's disease or a related dementia. Unique to Strengthening the System is the inclusion of those individuals that are at risk of developing these conditions.

Strengthening the System has evolved over the course of several months through a workgroup comprised of DHSS and Trust staff and representatives from the Commission on Aging, Governor's Council on Disabilities and Special Education, the Statewide Suicide Prevention Council, Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse. During the month of January, the workgroup solicited feedback from the Divisions within Health and Social Services, the Department of Education and Early Development, the Department of Corrections, the Department of Labor, Alaska Housing Finance Corporation, and the Alaska Native Tribal Health System. The plan is now available for public comment through April 12, 2019.

A program inventory was conducted to ensure a broad reach to include as many resources as possible available for plan implementation; to identify service gaps remaining to be filled; and to acknowledge good work to be sustained.

Strengthening the System's work is formatted with Goals, Objectives, Strategies, and Resources to provide state agencies and local communities a blueprint from which to improve services and continue to improve outcomes for Trust beneficiaries. Quality improvement and performance measures already in place will monitor the programs and practices currently being used to implement plan elements. The Strengthening the System's workgroup will meet annually to review data gathered through performance measures and will revise the plan as necessary. Performance measures and indicators are still under development.

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

Authority for Plan: Alaska Statute 47.30.660 requires the Department of Health and Social Services, in conjunction with the Alaska Mental Health Trust Authority, to develop and revise a plan for a comprehensive integrated mental health program for Alaska. Under the statute, the preparation of this plan is to be coordinated with federal, state, regional, tribal, local, and private entities involved in mental health services.

Purpose of Plan: The purpose of this comprehensive integrated mental health plan “Strengthening the System” is to assist with guiding resource allocation decisions in the development of services, workforce, and facilities to meet the needs of Alaskans who have a serious mental illness, severe emotional disturbance, a developmental disability, experience chronic alcoholism or Alzheimer’s disease or related dementia or have experienced a traumatic brain injury. The overall purpose is to create of a system of care that quickly meets the needs of individuals, where highly qualified staff from state, federal, tribal and private agencies have the resources necessary to work together to provide seamless care for the best outcome possible for each person. In addition, this plan provides guidance to reduce the incidence of disabling conditions through prevention and early intervention. Reduction of the incidence of disabling conditions will be supported through innovation and strategies that are culturally informed and practice tested, as services and supports are provided across the lifespan to Trust beneficiaries. This plan will aid in aligning programs throughout the state to truly create a comprehensive system.

Plan Development: Strengthening the System was developed by the Department of Health and Social Services (DHSS) in collaboration with the Alaska Mental Health Trust Authority and their advisory boards. This plan is coordinated with other plans and programs addressing specific services developed by the Alaska Mental Health Trust Authority, the Alaska Mental Health Board, the Governor’s Council on Disabilities and Special Education, the Governor’s Advisory Board on Alcoholism and Drug Abuse, the Statewide Suicide Prevention Council, and the Alaska Commission on Aging.

Target Population of Plan: Strengthening the System promotes statewide comprehensive services across the service recipient’s lifespan, especially for those Alaskans who receive services under the Comprehensive Mental Health Program (AS 47.30). By law, these service recipients (also called Trust beneficiaries or beneficiaries) are Alaskans who experience mental illness, or a developmental disability or who experience chronic alcoholism or Alzheimer’s disease or related dementia, or have experienced a traumatic brain injury. The target population also includes persons of all ages identified as vulnerable to developing beneficiary conditions. Efforts include prevention, to the extent possible, of these conditions.

Foundational Goal: The State of Alaska will provide adequate resources and funding to support a comprehensive behavioral health service system promoting independent, healthy Alaskans so that they may live meaningful lives in communities of their choosing.

As discussed in the Executive Summary, statewide, regional and community groups are working on issues to improve the mental health of all Alaskans and to ensure communities are healthy and safe. Integrating efforts allows governmental and non-governmental groups to individually and collectively determine how resources and funding are woven together and how Alaskans' own skills and talents can fit into the whole.

Statewide gaps continue to exist in the comprehensive behavioral health service system. The most significant of these are 1) inadequate number of residential psychiatric facilities, 2) a lack of community-based crisis services, 3) a need for more intensive levels of residential and outpatient behavioral health services, 4) a lack of medication assisted treatment and associated recovery supports to address the opioid crisis, 5) a workforce shortage, 6) lack of detoxification services, 7) and a lack of affordable supportive housing.

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

By ensuring adequate resources and funding, rooted in cultural understanding and traditional knowledge, the State of Alaska can support innovative and creative solutions to develop cooperative alliances between state agencies, community partners and all Alaskans. This plan supports consistent and comprehensive ongoing partnerships that seek to improve behavioral health treatment by strengthening guardianship, community attachment and informal social control on the public agenda.

1. Goal: Programs serving young children promote resiliency, prevent and address trauma, and provide access to early intervention services, to achieve educational attainment.

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

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

Many health and social problems can be attributed to and even predicted by childhood experiences. Life expectancy in adults who have experienced six or more ACEs is reduced by 20 years. The Alaska Longitudinal Child Abuse and Neglect Linkage (ALCANLink) data shows that 32% of Alaska births occurring during 2009-2011 experienced at least one report to child welfare before age 8 years. ALCANLink data also found that children born to mothers reporting 6 or more life stressors during the 12 months prior to birth are 4.7 times as likely to be reported to child welfare compared to those reporting zero. ACEs are potent risk factors for involvement in domestic violence, alcohol dependence, and suicide attempts. ACEs raises the chances of juvenile arrest by 59%, the likelihood of criminal behavior in adulthood by 28% and violent crime by 30% (National Institute of Justice and CDC). They are also risk factors for medical conditions including heart disease, chronic lung diseases, and cancer.

Preventing adverse experiences during early childhood is key, because it reduces a lifetime of adverse health issues. Effective primary prevention strategies deliver a five-to-one return on investment in five years. Not only does high quality early childhood education decrease high risk behaviors and their associated costs, it also provides a foundation for the economic development of Alaska by promoting a skilled, healthy, and reliable workforce. Prevention programs in early childhood can reverse negative consequences of ACEs. Supporting caregivers in their local communities and cultural practices, including grandparents caring for grandchildren, is vital to the success of this goal.

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

- a. Strategy: Develop a statewide outreach campaign for health care providers to make developmental screenings and caregiver-education a normal part of the well-child check-up for all Alaska children.
- b. Strategy: Create and utilize a centralized registry for collecting developmental screening data using a standardized developmental screening tool.
- c. Strategy: Provide early intervention for infants born with fetal alcohol spectrum disorder and Neo-Natal Abstinence Syndrome (NAS) and their caregivers.
- d. Strategy: Provide training and technical assistance on trauma-engaged strategies for providers serving young children to assess children for service needs.
- e. Strategy: Promote training for pediatricians in a tiered screening process for neurodevelopmental disabilities.

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

- a. Strategy: Ensure access to trauma- informed services for children and their caregivers.
- b. Strategy: Provide training on social-emotional development and behavioral health to providers serving children.
- c. Strategy: Support programs to ensure that qualified staff are represented across diverse cultures and disciplines.
- d. Strategy: Create resources, opportunities, and training for caregivers, including grandparents and other extended family members.

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

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

Resources for Goal 1

- Early & Periodic Screening, Diagnostic & Treatment Program
http://dhss.alaska.gov/dhcs/pages/epsdt_hcs.aspx
- Partnership Access Line – Pediatric Alaska (PAL-PAK)
<https://www.seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/pal-pak/>
- Creating Opportunity for Families: A Two-Generation Approach
<https://www.aecf.org/resources/creating-opportunity-for-families/>
- Help Me Grow Alaska- <https://helpmegrowak.org/>
- Learn and Grow- Alaska Quality Recognition & Improvement System
<https://www.threadalaska.org/learn-and-grow-home>
- Strengthening Families Alaska
<http://dhss.alaska.gov/ocs/Pages/families/default.aspx>
- Trauma-Engaged Schools <https://education.alaska.gov/trauma-engaged-schools>
- Indian Child Welfare Alaska <http://dhss.alaska.gov/ocs/pages/icwa/default.aspx>
- Alaska Infant Learning Program
<http://dhss.alaska.gov/dsds/Pages/infantlearning/milestones/default.aspx>
- Alaska Infant Learning Program- Policies, Methods, and Descriptions: Aug. 2015
http://dhss.alaska.gov/dsds/Documents/InfantLearning/reports/partC/AK-C_SOPPoliciesAndProcedures.pdf
- Alaska Infant Learning Program- State Identified Measurable Result (SiMR)
<http://dhss.alaska.gov/dsds/Pages/infantlearning/default.aspx>
- DLWD- Division of Vocational Rehabilitation- Pre-Employment Transition Programs <http://www.labor.state.ak.us/dvr/transition-more.htm>
- The Trauma Informed Effective Reinforcement System (TIERS)
<https://www.stephaniecovington.com/tier-system.php>
- The Child and Youth Resilience Measure
<http://cyrm.resilienceresearch.org/how-to-use/>
- HRSA Maternal & Child Health Home Visiting Program
<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>
- Providence Alaska Nurse-Family Partnership
<https://alaska.providence.org/services/n/nursefamily>
- DHSS- Division of Public Health: Early Childhood Comprehensive Systems
<http://dhss.alaska.gov/dph/wcfh/Pages/eccs/default.aspx>
- Alaska Pregnancy Risk Assessment Monitoring System (PRAMS)
http://ibis.dhss.alaska.gov/topic/databases/AK_PRAMS.html
- DHSS- Division of Public Health: Alaska Childhood Understanding Behaviors Survey (CUBS)
<http://dhss.alaska.gov/dph/wcfh/pages/mchebi/cubs/default.aspx>
- DHSS CUBS Query Module Configuration Selection
<http://ibis.dhss.alaska.gov/query/selection/cubs23/CUBSSelection.html>
- Alaska Association for Infant and Early Childhood Mental Health
<http://www.akaimh.org/reflective-supervision/>
- Erikson Institute Facilitating Attuned Interactions
<https://www.erikson.edu/professional-development/facilitating-attuned-interactions/>
- NEAR @ Home a resource for addressing ACES <https://www.nearathome.org/>

Resources for Goal 1 Cont.

- Alaska Nurse Family Partnership
<https://www.nursefamilypartnership.org/locations/alaska/>
- DHSS- Division of Health Care Services
<http://dhss.alaska.gov/dhcs/Pages/denalikidcare/default.aspx>
- Parents as Teachers <https://ruralcap.com/early-childhood-education/parents-as-teachers/>

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2. Goal: Alaskans have access to integrated healthcare options that promote optimal health, wellness, and independence.

- 2.1 Objective: Alaskans have access to and receive quality healthcare services.
- 2.2 Objective: Medicaid is efficiently managed and adequately resourced.
- 2.3 Objective: Deliver person-centered healthcare services.

Alaskans must be healthy if the State is to thrive. When a population is healthy, it results in more people attending work and school, participating in their communities, engaging in traditional cultural practices, and caring for their families. Without access to and coverage for healthcare services in all geographic areas, there is increased risk of Alaska's population having poor physical and mental health outcomes.

For many Trust Beneficiaries, Medicaid is an integral access point for health, wellness, and independence within their home communities. As of 2017, Medicaid serves 205,908 Alaskans overall (27.9% of Alaska's population based on Department of Labor's 2017 estimated Alaska population); and 44,767 are served through Medicaid expansion. While Medicaid's required services for healthcare are critical, so are Medicaid's optional services, such as dental, vision, occupational and speech therapy, hearing and language disorder services, home and community based waiver services, as well as 40 other optional services. These Medicaid services, both required and optional, keep Alaskans in their home communities, affording them the opportunity to pursue meaningful lives. Optional services can also supplant the need for costlier services, for example, home and community based (optional) waiver services are less costly than similar (mandatory) services provided in institutional settings.

Alaska's Medicaid system has seen many changes in the past few years. The Medicaid Expansion and Reform Plan was initiated in 2015, enhancing access to Medicaid for Alaskans. Since Senate Bill 74 was passed in 2016, Alaska's Medicaid program has been in the process of comprehensive reform and redesign, an effort that includes a series of 16 different initiatives. A few initiatives expand availability of services through use of telehealth technology; other initiatives add new optional programs, like the Community First Choice program and the Individualized Supports Waiver to bring in additional federal dollars. While Medicaid serves a significant portion of the state's population, timely and meaningful access across all regions continues to be a challenge.

Medicare is the leading insurance coverage for older Alaskans. When seniors turn 65 years of age many will become eligible for Medicare. Due to the low reimbursement rates with Medicare, many clinics have been unwilling to accept patients. This results in, many seniors utilizing community health centers or urgent care facilities for general primary care and preventative services. Seeing providers in these settings does not guarantee that a patient will be seen by the same health care provider each visit. This causes challenges to the patient, health care provider and clinic.

- 2.1 Objective: Alaskans have access to and receive quality healthcare services.
 - a. Strategy: Support an increase in the number of health care access points to expand the availability of services to underserved, disadvantaged, geographically isolated, and special needs populations.
 - b. Strategy: Ensure the State-funded healthcare system has the capacity and strength to promote timely access to appropriate levels of high quality, person-centered care for Alaskans in their region or communities of choice.
 - c. Strategy: Expand upon, leverage, and navigate healthcare and service options to promote Alaskans seeking affordable healthcare. Strategy: Provide guidance, resources and flexibility to enable beneficiaries to access competitive, affordable insurance options.

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

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

Resources for Goal 2

- The Community Health Center-Senior Access Program (CHC-SAP)
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/chc-sap/default.aspx>
- Circle of Security International: Early Intervention Program for Parents & Children <https://www.circleofsecurityinternational.com/>
- Primary Care Needs Assessment
http://dhss.alaska.gov/dph/HealthPlanning/Documents/Primary%20Care%20Needs%20Assessment/AlaskaPrimaryCareNeedsAssessment_2015-2016.pdf
- Workforce Investment Act Of 1998 Sec. 508. Electronic And Information Technology <https://www.justice.gov/crt/pl-105-220-1998-hr-1385-pl-105-220-enacted-august-7-1998-112-stat-936-codified-section-504>
- Anchorage Project Access <https://anchorageprojectaccess.org/>
- Patient Protection and Affordable Care Act (ACA) <https://www.healthcare.gov/>
- Alaska ECHO Projects (Behavior Analysis, Neurodevelopmental Disabilities, Head Injury, and the Pain and Opioid Management):
<https://www.uaa.alaska.edu/academics/college-of-health/departments/center-for-human-development/AK-ECHO/index.cshtml>
- ANTHC palliative care ECHO <https://anthc.org/palliative-care/palliative-care-echo/>
- ANTHC palliative care telemedicine <https://anthc.org/palliative-care/>
- DHSS- Senior & Disabilities Approved HCBS Waivers
<http://dhss.alaska.gov/dsds/Pages/AK-HCBS-waivers.aspx>
- DHSS- Senior & Disabilities Grant Services
<http://dhss.alaska.gov/dsds/Pages/grantservices/default.aspx>
- DHSS- Senior & Disabilities Alaska's Home and Community Based Waivers Brochure, October 2018
http://dhss.alaska.gov/dsds/Documents/pdfs/SDS_MedWaiverBrochure.pdf
- DLWD- Division of Vocational Rehabilitation- Benefits Analysis
<http://www.labor.alaska.gov/dvr/steps.htm>
- National Center for Healthy Safe Children: Project Linking Actions for Unmet Needs in Children's Health (LAUNCH)
<https://healthysafechildren.org/grantee/project-launch>
- DHSS- 1115 Behavioral Health Medicaid Waiver
<http://dhss.alaska.gov/HealthyAlaska/Pages/PublicComment/1115waiverComment.aspx>
- DHSS- DHSS- Division of Health Care Services-Golden Ticket FAQ
<http://dhss.alaska.gov/dhcs/Documents/PDF/Golden-Ticket-FAQ.pdf>
- DHSS- Division of Health Care Services Medication Prior Authorization
<http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx#opioid-dependence>
- DHSS Annual Medicaid Reform Report FY 2018
http://dhss.alaska.gov/HealthyAlaska/Documents/redesign/FY-2018_Annual_Medicaid_Reform_Report_with_Appendices.pdf

Resources for Goal 2 Cont.

- Notice of Intent to Award Contracts for the Medicaid Coordinated Care Demonstration Project <http://notice.alaska.gov/190274>
- Alaska State Plan for Senior Service, FY2016-FY2019 http://dhss.alaska.gov/acoa/Documents/ACoA_StatePlan_FY16-FY19.pdf
- Alaska Roadmap to Address Alzheimer's Disease and Related Dementias <http://dhss.alaska.gov/acoa/Documents/documents/Alaskas-Roadmap-to-Address-ADRD.pdf>

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3. Goal: Trust beneficiaries have strong economic and social well-being.

- 3.1 Objective: Ensure that competitive and integrated employment at part-time or full-time jobs that pay minimum wage or above in integrated settings are the first and preferred outcome for Trust beneficiaries.
- 3.2 Objective: Expand resources that promote successful long-term employment for Trust beneficiaries.
- 3.3 Objective: Promote efforts to have beneficiaries meaningfully engaged in their communities.
- 3.4 Objective: Alaskans have stable, safe housing with appropriate community-based social supports to maintain tenancy.
- 3.5 Objective: Enhance timely access to safety net services.

Employment disparity between typical working age Alaskans with disabilities as compared with the general population continues to be wide. The 2017 Annual Disability Statistics Compendium finds only 47.9% of Alaskans with disabilities ages 18-64 are employed vs. 76.1% of similar aged Alaskans without disabilities. Approximately, 17.9% of Alaskans age 18-64 with disabilities live in poverty compared to 8.2% of Alaskans without disabilities. Improving employment outcomes for individuals with disabilities also has the potential to lessen reliance on publicly funded services and increase self-sufficiency. Employment has also been associated with lower health care costs to federal and state benefit programs. The Centers for Disease Control and Prevention note low income and unstable housing as having a strikingly negative impact on health. Securing and analyzing housing and homelessness data on both local and statewide levels is vital to understanding all the barriers in this area.

Alaska's geography and high number of rural and remote communities amplify typical economic stability concerns, presenting unique transportation challenges and diverse economic structures. Successful long-term employment is strongly influenced by a myriad of different situational dynamics, including: access to safe and affordable housing and healthcare, appropriate vocational training and support, financial literacy training, as well as understanding the impact of employment on benefits such as Medicaid and Social Security along with the awareness of applicable employment safety net programs.

- 3.1 Objective: Ensure that competitive and integrated employment at part-time or full-time jobs that pay minimum wage or above in integrated settings are the first and preferred outcome for Trust beneficiaries.
 - a. Strategy: Establish a formal "Employment First" taskforce or commission, including other departments in cross agency collaboration to fully implement Alaska's Employment First statute.
 - b. Strategy: Increase coordination between programs providing employment and education services for Trust beneficiaries to reduce service gaps.

- c. Strategy: Enhance home and community based services and supported employment service.
- d. Strategy: Enhance vocational training and placement that supports beneficiaries to obtain meaningful and productive employment.

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

- a. Strategy: Increase understanding of the impact of employment on availability of and qualification for benefits.
- b. Strategy: Provide training and information to promote financial literacy for all ages.
- c. Strategy: Increase awareness of Alaska's Achieving a Better Life Experience (ABLE) accounts which allow the ability to save money without risking loss of Medicaid and Social Security benefits due to asset limits.
- d. Strategy: Increase awareness of safety net programs for those who want to work and who need to retain vital benefits.
- e. Strategy: Provide connection with benefits advisement and counseling resources.

3.3 Objective: Promote efforts to have beneficiaries meaningfully engaged in their communities.

- a. Strategy: Promote volunteer, recreation, and peer-directed opportunities for beneficiaries within their home communities.
- b. Strategy: Improve access to food security across all geographic regions.

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

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

3.5 Objective: Enhance timely access to safety net services.

- a. Strategy: Strengthen core safety net programs.
- b. Strategy: Collaborate across agencies to improve transportation infrastructure.
- c. Strategy: Support a streamlined database that efficiently aids in the processing of requests for services.

Resources for Goal 3

- Alaska 211 <http://www.alaska211.org/>
- Connect Mat-Su <http://www.healthymatsu.org/connect-mat-su>
- Ticket to Work <http://jobs.alaska.gov/t2w/>
- Social Security-Continued Medicaid Eligibility (Section 1619(B))
<https://www.ssa.gov/disabilityresearch/wi/1619b.htm>
- 811 Project Rental Assistance (PRA) Program
<https://www.ahfc.us/pros/landlords/811-project-rental-assistance-pra-program>
- Anchorage Coalition to End Homelessness- Anchored Home Plan
<https://anchoragehomeless.org/anchored-home/>
- SNAP benefits to purchase hunting and fishing gear
<http://dhss.alaska.gov/dpa/Documents/dpa/programs/snap/SNAP-Subsistence.pdf>
- DHSS- Senior & Disabilities Alaska's Home and Community Based Waivers Brochure, October 2018
http://dhss.alaska.gov/dsds/Documents/pdfs/SDS_MedWaiverBrochure.pdf
- Application for 1915 (c) HCBS Waiver: AK 0260.R05.04- Jul 01, 2018
<http://dhss.alaska.gov/dsds/Documents/pdfs/IDD-0260-7-18-18.pdf>
- DHSS- Senior & Disabilities Grant Services-
<http://dhss.alaska.gov/dsds/Pages/grantservices/default.aspx>
- Work Incentive Planning & Assistance Project
<https://www.uaa.alaska.edu/academics/college-of-health/departments/center-for-human-development/wipa/>
- Healthy People 2020 <http://hss.state.ak.us/ha2020/>

4. Goal: Prevention and treatment for drug and alcohol misuse is provided through collaborative, effective, and informed strategies.

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

This goal emphasizes the need for Alaska to build the treatment infrastructure necessary to improve the outcomes of Alaskans suffering from addiction while putting in place in all the geographic regions, the infrastructure and services necessary for early intervention.

Alcohol and substance misuse impacts every community in Alaska. Alaska continues to exceed the national average for alcohol induced deaths, heavy drinking and binge drinking rates. According to the Alaska Behavioral Health Systems Assessment Final Report (2016), approximately one in nine adults or roughly 62,815 adults in Alaska required treatment for an illicit drug or alcohol problem. Among Alaska's traditional high school students, roughly 33.5% are estimated to have a risk behavior for substance use with 18.4% having moderate to high risk behavior for substance use. Approximately 80% of the adult corrections population struggle with substance use.

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

As part of the recommendations in the 2017 report of the Governor's Task Force on Alaska Opioid Policy and the mandates from the Alaska Legislature via Senate Bill 74 (passed in 2016), Alaska applied for and was awarded a fast-tracked substance use disorder (SUD) portion of a Section 1115 Demonstration Waiver through the Centers of Medicare and Medicaid Services (CMS). The SUD portion will assist Alaska with the goal of strengthening the SUD treatment continuum of services by increasing the benefits offered to Medicaid recipients, building provider capacity throughout the State, and continuing to develop Alaska's SUD workforce capacity and competencies.

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

- a. Strategy: Develop research-based health education campaigns that encompasses lifelong learning approaches.
- b. Strategy: Develop a collaborative and long-term prevention program.
- c. Strategy: Educate young people and their caregivers using informed strategies about the adverse health impacts of using substances during critical brain development years.

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

- a. Strategy: Standardize mental health and substance use screenings and assessments that are age appropriate (i.e., older adults, youth) statewide.
- b. Strategy: Access and assess data to ensure that substance misuse prevention efforts are appropriate and targeted across the lifespan.
- c. Strategy: Explore environmental strategies that limit exposure and/ or access to alcohol & drug information and products.
- d. Strategy: Promote continuing education for professionals to include teachers on addiction and crisis intervention.

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

- a. Strategy: Increase awareness of available peer supports regarding drug and alcohol misuse for individuals and family members.
- b. Strategy: Create statewide standards for peer recovery supports.
- c. Strategy: Increase access to community-based outpatient services and other community supports.
- d. Strategy: Increase access to residential substance use disorder services and respective case management services.
- e. Strategy: Increase access to sub-acute and acute mental health and substance use disorder treatment and services.
- f. Strategy: Increase efforts to integrate primary care with behavioral health treatment.
- g. Strategy: Expand Medication Assisted Treatment (MAT) options across Alaska and across settings.

4.4 Objective: Utilize ongoing recovery supports to end the cycle of substance misuse.

- a. Strategy: Enhance early access to care by training providers on Screening, Brief Intervention, and Referral to Treatment (SBIRT).
- b. Strategy: Increase the number of treatment spaces available across the *American Society of Addiction Medicine* (ASAM) continuum of care.
- c. Strategy: Promote same day access to substance use disorder treatment.
- d. Strategy: Support funding for and increase the number of aftercare treatment programs for youth and adults.

- e. Strategy: Build a comprehensive substance use disorder case management system to assess client needs and facilitate referrals and assistance.

Resources for Goal 4

- Tobacco Prevention- Youth Encouraging Alaskans' Health (YEAH!)
<https://ruralcap.com/health/tobacco-prevention-and-cessation/>
- Alaska's Education Challenge: <https://education.alaska.gov/akedchallenge>
- Community Reinforcement Approach
<https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-1>
- Adolescent Community Reinforcement Approach
<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=137>
- Contingency Management-
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3083448/>
- Community Reinforcement and Family Training (CRAFT)
<https://www.apa.org/pi/about/publications/caregivers/practice-settings/intervention/community-reinforcement>
- Hazelden Matrix Model <https://www.hazelden.org/web/public/matrix.page>
- School Transition Camps <https://www.labor.state.ak.us/dvr/transition-more.htm>
- The Seven Challenges Youth Drug Addiction Counseling Program
<http://www.sevenchallenges.com/>
- Prime for Life- Prevention <https://www.primeforlife.org/>
- 2018-2022 The State of Alaska Statewide Opioid Action Plan
<http://dhss.alaska.gov/dph/Director/Documents/heroin-opioids/Statewide-Opioid-Action-Plan-2018-2022.pdf>

5. Goal: Individuals, families, communities, and governments take ownership to prevent suicides and self-harm in Alaska.

- 5.1 Objective: Coordinate prevention efforts to ensure that Alaskans have access to a comprehensive suicide prevention system.
- 5.2 Objective: Support and improve the system to assist individuals in crisis.

Suicide is preventable. Humans by nature are resilient but events and adverse experiences can weaken the resiliency to a point of individuals becoming at risk for suicide. Through this goal, we hope to mend the support system through the entire spectrum of wellness promotion, suicide prevention, crisis intervention and post-vention. If every one of us learned about suicide, and the risk factors and protective factors involved, we would be better prepared to prevent suicide in our families and communities. While each suicide or attempted suicide can be as unique as the person who experiences it, there are ways to address the “web of causality” — the multiple social, emotional, environmental, and health factors — involved.

Data from Health Analytics and Vital Records shows that 197 Alaskans died by suicide in 2017, resulting in a statewide suicide rate of 25.3/100,000. Alaska’s rate remains nearly double the national average (13.99/100,000 in 2016).

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

- 5.1 Objective: Coordinate prevention efforts to ensure that Alaskans have access to a comprehensive suicide prevention system.
 - a. Strategy: Recognize, within prevention efforts, the connections between suicide, substance abuse, mental illness and adverse life events.
 - b. Strategy: Ensure that DHSS agencies/providers have guidance and training on referral supports and services and prevention approaches.
 - c. Strategy: Provide financial and technical support for implementation of practice informed suicide prevention strategies.
 - d. Strategy: Provide safe and effective messaging for suicide prevention that is consistent with Suicide Prevention Resource Center guidelines.
- 5.2 Objective: Support and improve the system to assist individuals in crisis.
 - a. Strategy: Maintain effective Careline services to all Alaskans in crisis.
 - b. Strategy: Provide public education on mental health and suicide.
 - c. Strategy: Support vulnerable Alaskans through protective services.
 - d. Strategy: Develop a continuum of community-based crisis intervention services to support beneficiaries in community settings whenever possible.

Resources for Goal 5

- The Alaska Training Cooperative- <https://aktclms.org/>
- QPR Gatekeeper Training for Suicide Prevention
<https://www.sprc.org/resources-programs/qpr-gatekeeper-training-suicide-prevention>

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

- 6.1 Objective: Promote prevention of maltreatment.
- 6.2 Objective: Ensure individuals that suspect potential abuse understand the role of protective agencies and how to report potential abuse, and neglect.
- 6.3 Objective: Increase timely access to protective services statewide.
- 6.4 Objective: Ensure vulnerable adults understand their rights and responsibilities.

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

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

Results from the 2017 Federal Child and Family Services Review have lead OCS to focus on recruitment and retention of frontline OCS staff. As well as staff training, supervisory training, and continuous quality improvement processes. Additional positions were provided in 2018 through House Bill 151. Despite new positions and a focus on lowering caseloads, the agency continues to battle high turnover rates.

The Division of Senior and Disabilities Services (SDS), through a four-prong approach, works to achieve this goal by developing and strengthening prevention and awareness efforts at the State and local levels; conducting abuse, neglect and exploitation investigations from reports of harm on vulnerable individuals; providing protective services to prevent or stop harm from occurring; and offering supportive services to ensure the safety in their community and home environment.

Vulnerable Alaskans should be provided with supportive and protective services. State and local public awareness campaigns, training programs, and multi-disciplinary teams are essential when providing these supportive services.

- 6.1 Objective: Promote prevention of maltreatment.
 - a. Strategy: Increase effective public awareness around the signs of potential abuse and how to respond.
 - b. Strategy: Leverage 1115 Medicaid Behavioral Health Waiver Services and develop Families First Prevention and Services Act services to support children in their homes and prevent out of home placement whenever possible.
 - c. Strategy: Explore and consider expanding the Family Infant Toddler Courts statewide.
 - d. Strategy: Negotiate with tribes and Alaska Native tribal organizations to implement prevention services under the Alaska Tribal Child Welfare Compact.

- 6.2 Objective: Ensure individuals that suspect potential abuse understand the role of protective agencies and how to report potential abuse, and neglect.
 - a. Strategy: Increase awareness of the Office of Children’s Services; child abuse reporting and mandatory reporter obligations.
 - b. Strategy: Increase awareness of services and supports available through ICWA.
 - c. Strategy: Increase awareness of Adult Protective Services; abuse reporting and mandatory reporter obligations.
 - d. Strategy: Improved access to training for mandatory reporters.
 - e. Strategy: Online reporting is available 24 hours per day 7 days per week.
 - f. Strategy: Establish interagency data sharing agreements to ensure reports of harm are transmitted timely and accurately.
 - g. Strategy: Encourage communities to implement a coordinated community response system.

- 6.3 Objective: Increase timely access to protective services statewide.
 - a. Strategy: Support communities building sustainable systemic approaches to protection services.
 - b. Strategy: Apply a person-centered model to the delivery of protective services.
 - c. Strategy: Continue funding for emergency and transitional housing options.
 - d. Strategy: Meet national caseload standards for protective services workers.
 - e. Strategy: Recruit and retain certified long-term care ombudsman volunteers.
 - f. Strategy: Establish pathways for vulnerable adults who are institutionalized, either at Alaska Psychiatric Institute (API) or in the Department of Corrections, to access protective services.

- 6.4 Objective: Ensure vulnerable adults understand their rights and responsibilities.
- a. Strategy: Develop an awareness campaign to educate people about the array of legal services or options offered in Alaska.
 - b. Strategy: Improve access to advocacy supports, quality civil and criminal legal assistance for all beneficiaries.
 - c. Strategy: Support the court system in creating a statewide probate process that is consistent across judicial districts.

Resources for Goal 6

- DEED- Mandated Reporters of Child Abuse and Neglect Training Course <https://education.alaska.gov/elearning/childabuse>
- DHSS- Senior & Disabilities: Adult Protective Services <http://dhss.alaska.gov/dsds/Pages/aps/default.aspx>
- DHSS- Senior & Disabilities: Making Reports to Adult Protective Services (Report of Harm) <http://dhss.alaska.gov/dsds/Pages/aps/apsreportinfo.aspx>
- DHSS- Senior & Disabilities: Mandated Reporters http://dhss.alaska.gov/dsds/Pages/aps/mandated_reporters.aspx
- DHSS- Senior & Disabilities: Centralized Reporting <http://dhss.alaska.gov/dsds/Pages/CentralizedReporting.aspx>
- Alaska Court System- Therapeutic Courts <http://www.courts.alaska.gov/therapeutic/index.htm>
- The Center for Holistic Defense <https://www.bronxdefenders.org/programs/center-for-holistic-defense/>
- Alaska Court System Families with Infants and Toddlers Court- Palmer <http://www.courts.alaska.gov/therapeutic/pfit.htm>
- Alaska Court Appointed Service Advocates (CASA) <http://www.alaskacasa.org/>
- Direct Service Workers' Recommendations for Child Welfare Financing and Systems Reform, January 2012 <https://www.cwla.org/wp-content/uploads/2014/05/DirectServiceWEB.pdf>
- AFSCME Caseworkers at Risk Helping At-Risk Kids <https://www.afscme.org/news/publications/workplace-health-and-safety/double-jeopardy-caseworkers-at-risk-helping-at-risk-kids/caseloads>
- National Adult Protective Services Association <http://www.napsa-now.org/>

7. Goal: The assessed needs of Trust beneficiaries are met in the least restrictive environment.

- 7.1 Objective: Work towards the use of a common assessment tool using a case-mix approach, to reduce duplication and increase efficiencies across the service spectrum.
- 7.2 Objective: Increase access to effective and flexible person-centered long-term services and supports in urban and rural areas to avoid institutional placement.
- 7.3 Objective: Reduce the number of Trust beneficiaries entering or becoming involved with Alaska’s criminal justice or juvenile justice system.

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

Currently, Alaska’s capacity to provide timely appropriate level of support to avoid institutional placement is limited. Least restrictive practices in home communities is paramount for Trust beneficiaries to be able to live meaningful, as a contributing member of their home community. Receiving services in this way preserves existing natural supports and allows for the development of additional supports.

Enhanced and timely options are considerable challenges in the current mental health system as there are frequently long waitlists for the services referred to address the assessed needs of the individual. Outcomes can be improved by adopting state policies to require that individuals with behavioral health issues are supported and empowered to participate in treatment planning, recovery and improving their overall wellbeing.

- 7.1 Objective: Work towards the use of a common assessment tool using a case-mix approach, to reduce duplication and increase efficiencies across the service spectrum.
 - a. Strategy: Evaluate assessment tools and case-mix methodologies to discern what best meets the diverse needs of all divisions serving beneficiaries.
- 7.2 Objective: Increase access to effective and flexible person-centered long-term services and supports in urban and rural areas to avoid institutional placement.
 - a. Strategy: Ensure crisis stabilization services statewide.
 - b. Strategy: Provide mechanism for individuals to receive timely assessment and installation of environmental modifications.
 - c. Strategy: Leverage Medicaid options to provide alternative to institutional placement.

- d. Strategy: Utilize appropriate assistive technologies to improve safety and health outcomes for vulnerable Alaskans living in the community.
- e. Strategy: Establish a multi-agency committee focused on meeting the needs of individuals with challenging behaviors.
- f. Strategy: Establish standards of care focused on person-centered services.

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

- a. Strategy: Establish a process to use pre-charge and pre-arrest diversion without incarceration.
- b. Strategy: Collaborate with other criminal justice or juvenile justice involved partners to develop and implement services for Trust beneficiaries.
- c. Strategy: Expand immediate access to treatment and support services for individuals who encounter law enforcement and the legal system.
- d. Strategy: Accommodate the needs of victims and offenders who are beneficiaries and involved in the criminal justice or juvenile justice system.

Resources for Goal 7

- Governor’s Council on Disabilities & Special Education: Living Well Grant <http://dhss.alaska.gov/gcdse/Pages/partners/LivingWell.aspx>

8. Goal: Support the needs of Trust beneficiaries who are in an institutional setting and ensure they have the necessary services and recovery supports to return to the community of their choice.

- 8.1 Objective: Establish a standard of care to ensure individuals receive appropriate therapy and supports while residing in psychiatric settings in state or out-of-state.
- 8.2 Objective: Ensure Alaskans who are in nursing homes, hospitals, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) are provided the appropriate therapy and supports including services while in these facilities as well as transitional supports upon discharge, and aftercare/follow-up.
- 8.3 Objective: Enhance and expand access to clinical and case management resources for Alaskans who are incarcerated.

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

Trust beneficiaries experience high levels of placement within institutional settings which may result in a loss of connection with their culture and home community. Examples of institutional settings include the Alaska Psychiatric Institute (API), correctional facilities, Division of Juvenile Justice facilities, and out-of-state intermediate care facilities for individuals with intellectual disabilities (ICF/IID) or a Residential Psychiatric Treatment Center (RPTC).

- 8.1 Objective: Establish a standard of care to ensure individuals receive appropriate therapy and supports while residing in psychiatric settings in state or out-of-state.
 - a. Strategy: Ensure all individuals residing in an institutional setting are regularly reassessed.
 - b. Strategy: Discharge planning from an institutional setting back to one's home community that includes a warm hand off to the respective step-down level(s) of care.
 - c. Strategy: Improve the system for those with complex behavioral needs by enhancing service level options.
 - d. Strategy: Establish quality of care standards and improvement processes for psychiatric inpatient services.

8.2 Objective: Ensure Alaskans who are in nursing homes, hospitals, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) are provided the appropriate therapy and supports including services while in these facilities as well as transitional supports upon discharge, and aftercare/follow-up.

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

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

- a. Strategy: Ensure all correctional and juvenile facility staff are trained in Mental Health First Aid, or similar approaches, to properly respond to crises as they occur.
- b. Strategy: Support the efforts of the Department of Corrections (DOC) and DHSS-Division of Juvenile Justice (DJJ) to expand access to care for people with mental, cognitive, and/ or substance use disorders.
- c. Strategy: Provide therapeutic environments for individuals in the mental health, aging, and substance use disorder units.
- d. Strategy: Support the DOC's efforts to expand upon and provide the full range of Medication Assisted Treatment (MAT) options.
- e. Strategy: Provide opportunities for funding and technical assistance that aid DOC's and DJJ's efforts to eliminate suicides that occur behind the walls.
- f. Strategy: Support efforts such as conducting listening sessions and collecting data on reasonable accommodations and the respective grievance process of incarcerated individuals who have disabilities to enhance living with dignity.
- g. Strategy: Provide screening for appropriate intervention and accommodation/ placement for Alaskans with neurobehavioral-disabilities (FASD, TABI, and ADRD) who are incarcerated.
- h. Strategy: Support DOC and DJJ in expanding its mental health and substance use workforce to meet the needs of the population.
- i. Strategy: Support reentry coordination for returning citizens.

Resources for Goal 8

- DHSS- Senior & Disabilities Services: Aging & Disability Resource Centers
<http://dhss.alaska.gov/dsds/Pages/adrc/default.aspx>
- DHSS- Senior & Disabilities Services: Short-Term Assistance & Referral Programs (STAR)
<http://dhss.alaska.gov/dsds/Pages/grantservices/starmini.aspx>
- Center for Evidenced-Based Practices- Trauma Informed Care (TIC)
<https://www.centerforebp.case.edu/practices/trauma>
- Council of Juvenile Justice Correctional Administrators- Reducing Isolation in Youth Facilities Technical Assistance <https://cjca.net/project/reducing-isolation-in-youth-facilities/>

9. Goal: The State of Alaska has the workforce capacity, data, and technology systems in place to support the resources and funding of a Comprehensive Integrated Mental Health Program.

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

It is vital that there are adequate resources and funding committed to ensure a Comprehensive Integrated Mental Health Program that helps improve the quality of life of all Trust beneficiaries and Alaskans.

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

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

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

Optimizing infrastructure and policy related to the use of health information technology and data sharing will bring a significant return on investment of funding and resources. For example, the use of distance technologies such as telemedicine can not only improve the quality of care for Alaskans, but also have the potential to drive down

costs through increasing access and service in an individual's community of choice and reducing travel costs.

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

- a. Strategy: Engage and prepare Alaska's youth for health careers.
- b. Strategy: Improve retention strategies for existing health professionals.
- c. Strategy: Develop strong leadership courses and offerings.
- d. Strategy: Promote organizational culture that supports workforce development.
- e. Strategy: Ensure a stable sustainable statewide network of behavioral health providers is available to serve Alaskans with behavioral health needs.

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

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

9.3 Objective: Funding is available to support the Comprehensive Integrated Mental Health Program.

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

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

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

- a. Strategy: Explore utilization of innovative distance technology to increase access and cost savings.
- b. Strategy: Evaluate potential technologies and solutions.

9.5 Objective: Encourage a culture of data-driven decision making that includes data sharing, data analysis, and management to link support services across DHSS Divisions and other Departments.

- a. Strategy: Support innovation policies and collaborative planning efforts.
- b. Strategy: Understand what data is available and streamline efficiencies.
- c. Strategy: Purpose driven data collection and data analysis.
- d. Strategy: Using the Department's systems map and legal determination, create a data streamlining and data sharing plan.
- e. Strategy: Obtain legal counsel for final determination on the opportunities and constraints of inter-divisional data sharing, including new regulations found in 42 CFR part 4.

Resources for Goal 9

- Federal Healthcare Workforce Incentive Programs
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/workforce.aspx>
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/sharp/default.aspx>

Definitions

People

Trust Beneficiaries: include broad groups of Alaskans with mental illness, developmental disabilities, chronic alcohol or drug addiction, Alzheimer's disease and related dementia, traumatic brain injuries. Look here for the legal definition: [Legal Definition of Trust Beneficiaries](#)

Children: persons under the age of 18

Vulnerable Adults: a person 18 year of age or older who, because of physical or mental impairment, is unable to meet the person's own needs or to seek help without assistance

Services

System of Care: a service delivery approach that builds community-based service and support partnerships to create a broad, integrated process for meeting families' multiple needs

Across the Lifespan: from the prenatal period through end of life

Primary Prevention: refers to a regimen of programs and research with the main goal of promoting physical, behavioral and mental health; actions, both individual and communal, people take directed at reducing exposure to a risk factor or health effect before it occurs in an individual or the population

Adverse Childhood Experiences (ACES): traumatic events occurring before age 18. ACES include all types of abuse and neglect as well as parental mental illness, substance use, divorce, incarceration, and domestic violence; a landmark study in the 1990s found a significant relationship between the number of ACES a person experienced and a variety of negative outcomes in adulthood, including poor physical and mental health, substance abuse, and risky behaviors-the more ACES experienced, the greater the risk for these outcomes

Well child check-up: A routine, check-up visit for a child may be called either:

- A Well-Child Check (WCC) or
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
- **EPSDT=**
 - **Early:** Identifying problems early
 - **Periodic:** Checking children's health at periodic intervals
 - **Screening:** Providing screening tests to detect potential problems
 - **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified
 - **Treatment:** Controlling or correcting any problems that may be found

A Well-Child Check is a time for the doctor to evaluate the whole child in-depth. Unlike a "sick visit," a Well-Child Check is a time for the doctor to look at all the factors that go into the health and well-being of a child.

Practice Informed:

- **Emerging Practices:** interventions that are new, innovative and which hold promise based on some level of evidence of effectiveness or change that is not research-based and/or sufficient to be deemed a 'promising' or 'best' practice
- **Promising Practices:** a program not yet formally evaluated but identified by experts as a program with results suggesting it works and is worthy of further study in broader pilot implementation efforts.
- **Best Practices:** method or technique that has been generally accepted as superior to any alternatives because it produces results that are superior to those achieved by other means or because it has become a standard way of doing things
- **Evidence-Based Programs:** a program formally evaluated to be effective and able to be replicated and implemented with appropriate modifications in other settings.

Trauma-informed Approach/Trauma-engaged Strategies: seeks to deliver services in such a way as to be sensitive to trauma recovery needs, and to avoid unintentional re-traumatization; a program, organization, or system that is trauma-informed:

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery;
2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist *re-traumatization*.

Trauma-informed Services: behavioral health service provision that considers the reality that a significant percentage of service recipients are survivors of one form or another of traumatic experience. Human service systems become trauma-informed by thoroughly incorporating, in all aspects of service delivery, an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery. Trauma-informed services are designed specifically to avoid re-traumatizing those who come seeking assistance. They seek "safety first" and commit themselves to "do no harm."

Complex Behavioral Collaborative: helps providers meet the needs of Medicaid clients with complex needs who are often aggressive, assaultive and difficult to support. The CBC program offers consultation and training to providers and clients' natural supports, including family members. Click here for more information: [CBC](#)

508 Compliant: Section 508 of the Rehabilitation Act of 1973 requires the federal government to ensure government website content be accessible to people with disabilities. This applies to Web applications, Web pages and all attached files on the intranet and, as well as, internet. State agencies receiving federal funds are also required to follow Section 508 regulation. Click here for more information: [Section 508](#)

Screening Brief Intervention Referral to Treatment (SBIRT): an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

Screening — a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting.

Brief Intervention — a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice

Referral to Treatment — a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.

Peer Supports: encompass a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both. This mutuality often called “peerness” between a peer support worker and person in or seeking recovery promotes connection and inspires hope.

Multi-disciplinary Teams: a group made up of members with varied but complimentary experience, qualifications, and skills that contribute to the achievement of an organization's specific objectives.

Careline: Alaska’s 24/7 suicide prevention hotline 877-266-4357.

Families First Prevention Services Act: Signed into law February 2018, the Act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system. The legislation aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training. It also seeks to improve the well-being of children already in foster care by providing incentives for states to reduce placement of children in congregate care. Click here for more information: [FFPSA](#)

Alaska Tribal Child Welfare Compacting: A tribal consultation policy that outlines how the department and Tribes will set annual consultation meetings and facilitate on-going communications throughout the year to develop shared goals that further the government-to-government relationship. The policy recognizes the inherent sovereignty of Alaska Tribes and sets a framework for regular communication between DHSS and Tribes to better serve all Alaskans.

Click here for more information: [Tribal Consultation Policy](#)

Person-centered Model of Services: a philosophical approach to service development and service delivery that sees services provided in a way that is respectful of, and responsive to, the preferences, needs and values of people and those who care for them. The Person-centered Model of Service encompasses person-directed services, when the person wants to direct his or her services.

American Society of Addiction Medicine Continuum of Care: a continuum marked by four broad levels of service and an early intervention level. These levels of care provide a standard way of describing the sequence of recovery-oriented addiction services. Clinicians conduct a multidimensional assessment that explores individual risks and needs, as well as strengths, skills and resources; then, provides clinicians with a recommended Level of Care that matches intensity of treatment services to identified patient needs.

Medication Assisted Treatment (MAT): the use of medications with counseling and behavioral therapies, to provide a “whole-patient” approach to treatment of substance use disorders. MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates.

Intermediate Care Facilities (ICF): an optional Medicaid benefit that enables states to provide comprehensive and individualized health care and rehabilitation services for individuals with intellectual disabilities (ICF/IID) to promote their functional status and independence. Click here for more information: [ICF](#)

State Departments, Agencies

Department of Health and Social Services

Alaska Mental Health Trust Authority

Alaska Mental Health Board/Alaska Board on Alcoholism and Drug Abuse

Statewide Suicide Prevention Council

Commission on Aging

Governor’s Council on Disabilities and Special Education

Office of Children’s Services

Adult Protective Services

Long-term Care Ombudsman

Department of Corrections