
Strengthening the System II

Alaska's Comprehensive Integrated Mental Health Program DRAFT Plan

FY2025-FY2029 | v. 3-15-2024

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.



Trust
Alaska Mental Health
Trust Authority

Department of Health and Department of Family & Community Services
in conjunction with the Alaska Mental Health Trust Authority

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Dear Alaska,

The draft plan in the following pages charts a course towards realizing this vision. It sets out priorities for the next five years, guiding planning and funding decisions. The plan encompasses ten focus areas, each with specific objectives and strategies designed to strengthen the system of care. A notable aspect of this plan is its emphasis on prevention and early intervention, which aims to build resilience and address trauma in individuals at risk of developing disabling conditions.

This draft plan is a collaborative effort between the Department of Health, the Department of Family and Community Services, the Alaska Mental Health Trust Authority, and their advisory boards. It was formulated through a comprehensive, stakeholder-driven process, incorporating public feedback.

Our organizations are united in a shared vision: to ensure that beneficiaries of the Alaska Mental Health Trust - individuals experiencing mental illness, intellectual or developmental disabilities, chronic alcoholism and drug dependence, traumatic brain injury, or Alzheimer's disease and related dementia - lead fulfilling lives while receiving support within their home communities.

Achieving this vision necessitates a robust and comprehensive behavioral health system in Alaska. This system should be well-resourced and funded to provide an all-encompassing continuum of care, including prevention, treatment, and support services throughout an individual's life.

The continuation of this collaboration among state, tribal, and community entities is crucial. Their collective efforts will determine the optimal allocation of resources, funding, and expertise to bridge existing gaps in the behavioral health system and enhance care for all Alaskans.

Designed as a dynamic document, the plan, once finalized, will be accessible online, accompanied by a list of additional resources. This will be a valuable tool for anyone involved in advancing behavioral health services, providing guidance for their endeavors. The plan will undergo an annual review to track progress and evaluate its impact on the health and safety of Trust beneficiaries.

We express our profound gratitude to all who have contributed to the development and future implementation of Alaska's Comprehensive Integrated Mental Health Program Plan. Your partnership, contributions, and unwavering commitment to improving the lives of our beneficiaries are invaluable.

Executive Summary

“Strengthening the System: Alaska’s Comprehensive Integrated Mental Health Program Plan 2025-2029” is the combined work of the Alaska Department of Health (DOH), Alaska Department of Family and Community Services (DFCS), the Alaska Mental Health Trust Authority (the Trust), the Alaska Mental Health Board, Governor’s Council on Disabilities and Special Education, Advisory Board on Alcoholism and Drug Abuse, Statewide Suicide Prevention Council, and the Alaska Commission on Aging along with other partner agencies.

The Comprehensive Integrated Mental Health Program Plan shows an evolution in focus and approach over the years. Earlier plans emphasized assessing the service system's impact on health, safety, economic security, and quality of life, with a strong focus on prevention and early intervention for conditions like fetal alcohol syndrome, mental illness, and substance use.

[The 2020-2024 plan](#) shifted towards strengthening the system, with an emphasis on integration, infrastructure development, workforce development, and public awareness. It aimed to enhance service delivery, fill service gaps, and address emerging issues and trends in mental health care.

The plan for 2025-2029 continues this trajectory, further evolving and adapting to the changing needs and understanding of mental health care.

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

The plan specifically is designed to meet the service needs of Trust beneficiaries – Alaskans impacted by mental illnesses, intellectual and developmental disabilities, chronic alcoholism, substance abuse disorders, Alzheimer’s and related dementias, and traumatic brain injuries. It also includes a preventive approach that assists with measures for those at risk of developing these conditions.

“Strengthening the System” serves to assist with guiding resource allocation decisions in the development of services, workforce, and facilities to meet the needs of Trust beneficiaries and Alaskans. The intent is to strengthen the system of care to allow a comprehensive approach that quickly meets the need. A core principle of the plan is collaboration. By working together, state, federal, tribal, private agencies, and community groups, can ensure resource allocation decisions address the critical needs of Trust beneficiaries and Alaskans. This collaborative approach guides the development of services, workforce, and facilities required for a truly comprehensive mental health system. The plan prioritizes reducing the incidence of disabling mental health conditions. This will be achieved through innovative, culturally informed, and evidence-based strategies, services, and supports offered throughout a person's lifespan. By focusing on prevention and early intervention, the plan aims to lessen the long-term impact of mental

health challenges on individuals and the healthcare system. This plan aims to create a truly comprehensive mental health system across Alaska. By aligning programs throughout the state, the plan ensures a coordinated approach that meets the needs of Alaskans seeking mental health services.

A key feature of this plan is the detailed structuring of service delivery, segmented into ten areas of focus. Each area of focus has specific objectives and strategies, providing a framework for State agencies and local communities to enhance services and outcomes for beneficiaries.

In addition to being available as a comprehensive document, the plan is also accessible through the "[Strengthening the System](#)" website. This online resource offers the current plan that will be coming to an end in June 2024 and the Alaska Scorecard to assist stakeholders and the public.

First introduced in 2008, the Alaska Scorecard plays a pivotal role in evaluating the plan's effectiveness. This tool tracks progress across all the areas of focus, utilizing updated state and national data. The data collected through the Scorecard allows for ongoing adjustments to the plan's strategies and tactics, ensures that the plan remains relevant and impactful. You can review the current [Alaska Scorecard here](#).

Foundational Goal:

Alaska's commitment is centered on establishing a robust and holistic behavioral health system, designed to empower independence and promote well-being. The aim is to support Alaskans in leading fulfilling lives within their chosen communities.

There are several critical areas within the state's behavioral health service system that require attention and enhancement. These include the expansion of residential psychiatric facilities, the development of community-based crisis services, the augmentation of both residential and outpatient behavioral health services with case management, the improvement of medication-assisted treatment for substance abuse and recovery support, the strengthening of workforce capacity, the provision of detoxification services, and the availability of affordable, supportive housing.

This plan proposes a comprehensive approach to address these gaps, encompassing systemic reform, and practice improvements. It emphasizes the integration of practice-informed programming and the incorporation of local and traditional knowledge into behavioral health strategies. "Strengthening the System" seeks to establish long-term strategies that connect community-level initiatives with individual behavior change.

1. Area of Focus: Early Childhood and Youth

Programs serving young children and youth will promote resiliency, prevent and address trauma, and provide timely access to early intervention services. Programs serving youth will provide connections to community, safe and secure options, and ongoing system coordination and development will be prioritized.

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

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

Objective 1.3: Improve social determinants of health and strengthen family resiliency through a comprehensive framework to promote consideration of shared protection and risk factors.

Objective 1.4: Behavioral health services are easily accessible, timely and include care navigation and wraparound services.

Objective 1.5: Youth and their caregivers are connected to their communities.

Objective 1.6: Youth are safe and secure.

Objective 1.7: Coordinated youth behavioral health systems work will continue to improve the health and wellness of Alaska's young people.

Early childhood significantly influences an individual's long-term health and well-being. This critical period lays the groundwork for future physical, mental, and emotional development, ultimately shaping lifelong health trajectories. Adverse Childhood Experiences (ACEs), encompassing traumatic events like abuse, neglect, or household challenges such as witnessing violence or living with a caregiver battling substance misuse, mental illness, or incarceration, profoundly impact these developmental stages. Research consistently demonstrates a dose-response relationship between childhood adversity and increased risks of chronic diseases, mental health issues, and substance misuse in later life. Alarmingly, adults with six or more ACEs have a life expectancy shortened by 20 years.

The impact of ACEs extends beyond immediate health outcomes, leaving an imprint on genetic expression. Epigenetic studies reveal that the environmental stresses from ACEs can modify gene expression, potentially heightening the susceptibility to health problems across generations and highlighting the concept of intergenerational trauma transmission. This phenomenon suggests that the effects of ACEs in parents or caregivers can influence their offspring's health outcomes.

Data from the Alaska Longitudinal Child Abuse and Neglect Linkage (ALCANLink) study connects pre-birth household challenges in Alaskan mothers to increased risks of child welfare allegations, elevated ACEs, and poor school readiness/performance in their children. Interestingly, ALCANLink data also reveals that reducing household challenges between pre-birth and early childhood can decrease the risk of child welfare allegations by nearly 30%. In contrast, increasing these challenges elevates the risk by 85%.

Nearly a decade ago, the Behavioral Risk Factor Surveillance System (BRFSS) measured ACEs in Alaska's adult population, highlighting their prevalence, societal costs, and significant health impacts. ALCANLink data has expanded this understanding by demonstrating the early accumulation of ACEs, often right from birth, and showing that mitigating adversities can significantly improve childhood outcomes. Notably, children born to mothers experiencing six or more life stressors in the year before birth are 4.7 times more likely to be reported to child welfare than those born to mothers with no reported stressors.

These findings underscore the paramount importance of prevention, early intervention, and support systems in mitigating the long-term health consequences of ACEs, fostering resilience, and promoting thriving individuals. The molecular alterations in gene regulation triggered by ACEs may perpetuate a cycle of trauma susceptibility, emphasizing the need for holistic approaches that address both individual and familial aspects. Research suggests that effective primary prevention strategies can yield a five-to-one return on investment within five years.

Research indicates that effective primary prevention strategies can yield significant returns on investment. In Alaska, building and strengthening parent support systems has shown potential in mitigating the impacts of childhood adversity. High-quality early childhood education is instrumental in reducing high-risk behaviors and their associated costs, contributing to economic development by nurturing a skilled, healthy, and reliable workforce. Crucial to these efforts is the support of caregivers and their integration into social systems within their communities. Leveraging cultural practices and existing familial and community support structures is vital in achieving these goals, underscoring the collective responsibility in shaping a healthier, more resilient future generation.

Childhood and adolescence are a time of significant growth and development as young people move toward adulthood. Key goals and transitions are being navigated by youth and the adults who support them. Patterns of behavior both positive and negative are built during these foundational years of body and brain development. Effective and timely supports and interventions allow youth to become healthy and resilient grownups who will lead our communities in the future. Youth is a time of great opportunity, and a time of potential danger as young Alaskans learn skills to manage their lives in increasingly complex situations.

Data from the Youth Risk Behavior Survey (YRBS) and other measures have shown growing risk for depression, substance misuse and suicide risk for Alaskan youth. These challenges, often linked to trauma, mean that Alaskan schools, agencies, and organizations must be ready and able to respond effectively with behavioral health supports for youth and their families. From prevention efforts to crisis response the full range of services in the system need to be strengthened.

Alaskan high school students indicate fewer behavioral health risk factors when they have reported that they have teachers who care, have supportive adults in their lives and feel

that they matter in their communities. These protective factors are central to supporting positive youth behavioral health. Skills training and systemic support for adults serving youth is a key component to boost youth wellbeing and behavioral health.

Work is being done to support the youth behavioral health system across the state in response to significant challenges within the system. These efforts, including better planning, coordination, and funding, are needed in a time of substantial stress for youth and caregivers. There is a need for building and maintaining levels of services that keep youth from being served in higher more disruptive and expensive levels of care. There are also opportunities to improve and expand specific and universal prevention efforts as we continue to understand the impacts of trauma and resilience across generations. Ultimately, positive and measurable results for youth, their caregivers, and communities are the aim for this work.

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

- a. Strategy: Establish standards of care that ensure developmental screenings and family education on developmental screenings are a normal part of the well-child check-up for all Alaskan children.
- b. Strategy: Implement culturally responsive strategies to promote participation and use of evidence-based developmental monitoring and screening tools.
- c. Strategy: Increase capacity for training healthcare providers on screening for neurodevelopmental disabilities.
- d. Strategy: Expand access to and availability of prenatal and early childhood home visitation services.

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

- a. Strategy: Increase access to Infant & Early Childhood Mental Health (IECMH) services and consultation through an expanded, highly qualified, and credentialed workforce.
- b. Strategy: Provide training on social-emotional development and behavioral health to providers, caregivers, and educators serving children.
- c. Strategy: Ensure programs have qualified staff who have training and understanding of various cultures.
- d. Strategy: Create resources, opportunities, and training for families related to system navigation, promoting resiliency, and connection to resources.
- e. Strategy: Expand Medicaid Part C eligibility statewide to include more children with developmental delays or medical conditions commonly associated developmental or social emotional concerns.
- f. Strategy: Provide training and technical assistance on trauma-engaged strategies for providers serving young children to assess children and their caregivers for service needs.
- g. Strategy: Ensure children and their families are supported in transition from early childhood services to next-level services through connection and coordination.

Objective 1.3: Improve social determinants of health and strengthen family resiliency through a comprehensive framework to promote consideration of shared protection and risk factors.

- a. Strategy: Support thoughtful and culturally relevant community education on ACEs.
- b. Strategy: Increase access to family and peer support services that address resiliency by reducing early adversity, toxic stress, and childhood trauma, and by building protective relationship supports, cultural identity, and self-regulation skills.
- c. Strategy: Provide training and technical assistance on practice-informed interventions for trauma-engaged providers and communities.
- d. Strategy: Promote trauma-informed practices through cross-departmental collaboration.
- e. Strategy: Promote and elevate family voice and partnership at the system of care level to inform change.
- f. Strategy: Provide referrals for basic needs services as a standard for perinatal and pediatric care.
- g. Strategy: Support families through increasing access to quality early childhood care and education programs, and promote the creation of paid leave policies and family-friendly workplaces.

Objective 1.4: Behavioral health services are easily accessible, timely and include care navigation and wraparound services.

- a. Strategy: Ensure behavioral health services are available to youth and caregivers as close to their homes, schools, and local communities as possible.
- b. Strategy: Implement evidence-based screening for behavioral health, suicide risk and other issues, such as Traumatic Brain Injury across multiple settings and ensure youth get connected to responsive interventions.
- c. Strategy: Provide professionally informed services for all youth and caregivers regardless of disability status.
- d. Strategy: Use a two generational approach to services that include youth and caregivers.
- e. Strategy: Increase targeted wraparound services and care coordination for children and families with complex care needs.
- f.

Objective 1.5: Youth and their caregivers are connected to their communities.

- a. Strategy: Provide services that are conducted in trauma-engaged, strength-based and a culturally respectful approach that promote connections between people and communities.
- b. Strategy: Include social needs such as food security, caregiver respite, transportation, and housing as essential parts of treatment and prevention services and account for their inclusion in evaluation of services.
- c. Strategy: Provide support for youth through life transitions and teach skills that prepare them for being successful adults in their home communities.
- d. Strategy: Provide caregivers and youth access to navigators or care coordinators to guide them through the behavioral health and other supportive systems of care.

- e. Strategy: Ensure youth transitioning from institutions to the community receive appropriate, timely community-based services needed to remain in their homes and communities to the maximum extent possible

Objective 1.6: Youth are safe and secure.

- a. Strategy: Actively support youth and caregivers in ways that reduce childhood trauma in homes, schools, and communities.
- b. Strategy: Reduce stigma through promoting healthy messaging about topics such as mental health, prevention of substance misuse and suicide.
- c. Strategy: Provide youth and caregiver serving agencies and organizations resources to train and support staff in culturally informed trauma-engaged practices and health education.
- d. Strategy: Support schools in adopting trauma-engaged practices and comprehensive health education including mental health, substance misuse and healthy and safe relationships.
- e. Strategy: Create and maintain an effective crisis response system that quickly stabilizes youth and returns them to their homes and communities.

Objective 1.7: Coordinated youth behavioral health systems work will continue to improve the health and wellness of Alaska's young people

- a. Strategy: Promote and support the Youth Risk Behavior Survey and other youth measures that provide statewide and local data options to guide prevention and service development, implementation, monitoring, and evaluation.
- b. Strategy: Assure that ongoing planning, coordinating, and expanding the youth behavioral health system among all stakeholders will be designed for accountability.
- c. Strategy: Identify and implement use of additional funding opportunities and service delivery models such as telehealth for the behavioral health system and better coordination of existing resources.
- d. Strategy: Gather and use youth and caregivers' input in all planning and evaluation efforts.

2. Area of Focus: Healthcare

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

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

Objective 2.2: Medicaid is efficiently managed and adequately resourced.

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

Alaskans must be healthy if the State is to thrive. When a population is healthy, more people attend work and school, participate in their communities, engage in traditional cultural practices, and care for their families. Without access to and coverage for healthcare services, which include behavioral health in all geographic areas, there is an 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 November 2023, Medicaid served 240,579 Alaskans overall (32.66% of Alaska's population based on the Department of Labor's 2023 estimated Alaska population), and 68,524 Alaskans are served through Medicaid expansion. While Medicaid's required services for healthcare are critical, so are Medicaid's optional services. Both required and optional Medicaid services are essential to keep Alaskans in their home communities, affording them the opportunity to pursue meaningful lives. Optional services can also supplant the need for costlier services; for example, home- and community-based (optional) waiver services are less costly than similar (mandatory) services provided in institutional settings.

Alaska's Medicaid system has undergone many changes in the past few years. The COVID-19 pandemic has changed the way services are offered and delivered, including the expanded use of telehealth. The Department of Health and Social Services split in 2023, creating the Department of Family and Community Services and the Department of Health. Other key changes include the extension of postpartum Medicaid coverage from 60 days to 12 months as of February 1, 2024, the implementation of the Diagnosis of Related Groupers methodology of reimbursement to facilities as of January 1, 2024, and the continued implementation of 1115 Waiver and anticipated full approval for the next 5 years. In addition, committees are focusing on enhancing access to services to include initiating SB 57 Adult Host Home Waiver, reducing the IDD Waiver waitlist, analysis of Request for Proposal rates and methodology, and Complex Care residential services for individuals with high behavioral health supports. While Medicaid serves a significant portion of the state's population, timely and meaningful access across all regions continues to be a challenge.

Medicare is the leading insurance coverage for older Alaskans. Due to the low reimbursement rates with Medicare, many clinics have been unwilling to accept patients, resulting in many seniors utilizing community health centers or urgent care facilities for general primary care and preventative services. Receiving services in these settings does not guarantee that a patient will be seen by the same healthcare provider each visit, causing challenges for the patient, healthcare provider, and clinic. According to the [2030 Healthy Alaskans Scorecard](#), as of 2023, the percentage of population without health insurance is improving, but still has not reached the target of 11.3%.

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

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

- a. Strategy: Support an increase in the number of healthcare access points to expand the availability of services to underserved, disadvantaged, geographically isolated, and special needs population.
- b. Strategy: Ensure the state-funded healthcare system has the capacity and strength to provide 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 service options of healthcare to Alaskans.
- d. Strategy: Provide to all eligible Alaskans access and oversight to the full range of appropriate and affordable healthcare.
- e. Strategy: Facilitate guidance, resources, and flexibility to enable beneficiaries to access competitive, affordable insurance options.
- f. Strategy: Identify investments and provide technical assistance to communities and organizations that address the needs of vulnerable populations and promote quality improvement activities that advance health equity.

Objective 2.2: Medicaid is efficiently managed and adequately resourced.

- a. Strategy: Support an increase in the number of healthcare access points to expand the availability of services to underserved, disadvantaged, geographically isolated, and special needs population.
- b. Strategy: Ensure the state-funded healthcare system has the capacity and strength to provide 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 service options of healthcare to Alaskans.
- d. Strategy: Provide to all eligible Alaskans access and oversight to the full range of appropriate and affordable healthcare.
- e. Strategy: Facilitate guidance, resources, and flexibility to enable beneficiaries to access competitive, affordable insurance options.
- f. Strategy: Identify investments and provide technical assistance to communities and organizations that address the needs of vulnerable populations and promote quality improvement activities that advance health equity.

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

- a. Strategy: Support multi-disciplinary teams to provide continued level of services needed.
- b. Strategy: Ensure quality, comprehensive maternal health services are robust and readily available.
- c. Strategy: Continue promoting the implementation of screenings and early interventions across the healthcare system.
- d. Strategy: Support and promote access to Complex Behavior Collaborative services through a tiered level of services.
- e. Strategy: Provide comprehensive and coordinated services for seniors and individuals with disabilities.

- f. Strategy: Optimize the role of the Alaska Pioneer Homes within the statewide array of long-term services and supports.
- g. Strategy: Support and promote access to end-of-life care, including hospice and palliative care.

3. Area of Focus: Economic and Social Well-being

Trust beneficiaries have strong economic and social well-being.

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

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

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

Objective 3.4: Enhance timely access to basic needs services.

In Alaska, a state known for its vast and challenging geography, the issues of economic stability and social welfare are particularly pronounced. This is especially true for individuals with disabilities living in the state's many rural and remote communities. These unique conditions necessitate a multifaceted approach to improving the lives of this vulnerable population, focusing on critical areas such as housing, employment, and healthcare.

The complex Alaskan terrain amplifies transportation challenges and contributes to diverse economic structures, making it difficult for residents with disabilities to access the resources they need. In this context, the concept of supportive housing emerges as a vital solution. This approach to housing is more than just providing shelter; it's about creating a stable environment that supports recovery and well-being. In Alaska, supportive housing combines affordable living with essential support services, which can be permanent for some and transitional or time-limited for others, reflecting the varied needs of the residents.

Research underscores the effectiveness of supportive housing in Alaska. It not only enables people with disabilities to live stably within their communities but also reduces dependence on costly emergency healthcare and correctional systems. By facilitating access to appropriate healthcare, these housing models significantly contribute to the overall well-being of Alaskans with disabilities.

Employment is another critical area where focused efforts can make a substantial difference. Supported employment programs in Alaska assist individuals with disabilities in acquiring and maintaining the skills necessary for long-term employment. These programs consider various factors that influence job success, including safe housing, healthcare access, vocational training, and financial literacy. They also emphasize the integration of individuals with disabilities into typical work environments, promoting inclusivity and diversity in the workforce.

The employment gap in Alaska is a significant concern. Approximately 28.8% fewer working-age Alaskans with disabilities are employed compared to those without disabilities. Moreover, the poverty rate among Alaskans with disabilities is alarmingly high, with 24% living below the poverty line. These statistics highlight the urgency for interventions that can improve employment outcomes for this population.

Enhancing employment rates for individuals with disabilities is not just a social issue but also an economic one. Increased employment can lead to reduced reliance on public services and boost self-sufficiency, potentially lowering healthcare costs for both federal and state programs.

In summary, addressing the unique challenges faced by Alaskans with disabilities requires a comprehensive approach that encompasses secure housing, accessible healthcare, and employment opportunities. Such efforts are crucial not only for the economic stability and self-sufficiency of this population but also for their meaningful engagement in the community. By focusing on these areas, Alaska can make significant strides in improving the lives of its residents with disabilities, ensuring they are an integral and valued part of the community.

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

- h. Strategy: Strengthen and enhance supportive services to maintain tenancy and address health-related social needs in rural and remote Alaska.
- i. Strategy: Create interoperability between the Homeless Management Information System (HMIS), health care, and social service data systems to help guide how we support stable housing.
- j. Strategy: Expand transition programs and tenancy supports to enable individuals to live in the least restrictive housing option of their choosing.
- k. Strategy: Develop a toolkit for local areas to use to implement year-round low-barrier shelters.
- l. Strategy: Leverage state and federal funding to provide sufficient supportive
- m. housing.
- n. Strategy: Implement homeless prevention services across DOH and DFCS programs.

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

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

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

- a. Strategy: Support advocacy and promotion of career paths with stair-step opportunities for those entering or returning to the workforce.

- b. Strategy: Increase understanding of the impact of employment on the availability of and qualification for benefits.
- c. Strategy: Provide training and information to promote financial literacy for all ages.
- d. Strategy: Increase awareness of Alaska's Achieving a Better Life Experience (ABLE) and other programs for those who want to work and retain basic needs services benefits.
- e. Strategy: Provide connection with benefits advisement and counseling resources.

Objective 3.4: Enhance timely access to basic needs services.

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

4. Area of Focus: Substance Use Disorder Prevention

Prevention and treatment for drug and alcohol misuse provided through collaborative, effective, and informed strategies.

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

Objective 4.2: Increase population level resiliency to promote mental health and prevent substance related harms.

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

Objective 4.4: Ensure ongoing recovery support services to strengthen whole-person wellness.

Objective 4.5: Support statewide alignment in planning, implementation, evaluation, and resource allocation across health promotion, prevention, treatment, and recovery efforts.

Alaska faces a significant challenge in addressing substance misuse, dependence, and addiction, which has resulted in pronounced impacts on alcohol-induced and overdose death rates over the years from 2013 to 2022. The situation has been marked by a significant increase in alcohol-related deaths, which more than doubled during this period, culminating in over 300 deaths in 2021. Equally concerning is the statistic of 1,506 drug overdose deaths across these years, averaging approximately 151 deaths annually. Despite a marginal reduction in overdose deaths in 2022, with 247 incidents down from 255 in 2021, the overdose death rate remained high at 33.5 deaths per 100,000 people, a slight decrease from 35.1 in the previous year. Notably, individuals aged 25 to 54 experienced the highest overdose death rates, with those aged 35 to 44 encountering an especially alarming rate of 64.7 deaths per 100,000 in 2022.

The disparities in substance use are evident across various factors such as race, socioeconomic status, gender, age, and geographical location. These disparities contribute to unequal access to the prevalence, treatment, and outcomes of substance use disorders. Marginalized communities are particularly vulnerable due to socioeconomic stressors, limited access to education, and lack of economic opportunities. Furthermore, racial and ethnic minorities encounter disparities in treatment access linked to systemic inequalities. Geographical disparities also pose significant challenges to all regions, with rural areas facing limited treatment access and urban areas grappling with higher substance misuse rates. Gender-based disparities reveal differing substance use patterns and consequences, which are influenced by societal expectations and stigma.

To effectively address these disparities, a multifaceted approach that considers biological, social, and environmental factors is essential. Additionally, drug prevention programs must be adaptable and responsive to new and emerging drug use patterns, such as the alarming emergence of Xylazine, which has now been detected in 48 out of 50 states in the U.S.

In response to these challenges, the State of Alaska has implemented various programs targeting prevention, treatment, and recovery strategies to combat drug overdose and

related harms. Among these initiatives is Project HOPE, which distributes naloxone kits and incorporates fentanyl test strips. Project Gabe is another initiative that extends opioid misuse awareness and prevention resources to the fishing industry and other sectors, recognizing occupational industry risks. The State also develops public service announcements, posters, and educational resources to raise awareness about substance misuse.

Engaging high-risk individuals is central to the prevention strategy, and a crisis system-of-care has been established to connect people in behavioral health crises to necessary resources. Medicaid Waiver Services, Project ECHO, and the Prescription Drug Monitoring Program play integral roles in these efforts. The collaboration between the Department of Commerce, Community, and Economic Development, the Department of Corrections, tribal, and academic partners further enhances the effectiveness of these programs.

The 1115 Medicaid Waiver Services support a variety of interventions, including broadened screening and linkage to care. Emphasizing a comprehensive approach to alcohol and other substance use, Area of Focus 4 of the state's strategy integrates upstream prevention, treatment, and recovery strategies. This approach recognizes the need for a continuum of care that addresses the multifaceted nature of alcohol and other substance use disorders. Central to this approach is the focus on addressing social determinants of health, Adverse Childhood Experiences (ACEs), the availability of medication-assisted treatment for alcohol and other substance use disorders, and the demographic disparities in overdose mortality.

Efforts are also concentrated on tailoring interventions to meet the specific needs of different demographic groups. This includes understanding and mitigating the impacts of societal pressures and stigma that can influence substance use patterns and treatment outcomes. Addressing novel substances and concerning trends, such as polysubstance use involved deaths, requires adaptability in prevention programs. This requires continuous monitoring and updating of strategies to ensure they remain effective and relevant.

The collaboration and commitment across various sectors, including healthcare, law enforcement, community organizations, and government agencies, are pivotal in these endeavors. Such collaborations facilitate a comprehensive response that not only addresses the immediate consequences of substance misuse but also works towards long-term prevention and recovery. These efforts underscore the importance of a coordinated and sustained response to the complex challenge of substance misuse in Alaska.

In summary, Alaska's response to the substance use crisis is characterized by a concerted effort that spans across prevention, treatment, and recovery, encompassing a broad range of strategies and programs. The state's approach demonstrates the importance of a comprehensive, adaptable, and collaborative strategy in addressing the multifaceted challenges posed by substance misuse and its associated disparities. As the situation evolves, the ongoing adaptation of these strategies will be crucial in effectively mitigating the impacts of substance use in Alaska.

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

a. Strategy: Continue to develop research-based health education tactics.

- b. Strategy: Support statewide alignment across primary, secondary, and tertiary substance-related prevention initiatives.
- c. Strategy: Create awareness and improve knowledge of how social determinants of health affect substance use across the lifespan.
- d. Strategy: Raise awareness of how individual precipitating factors such as trauma, genetics, and longevity of substance use affect likelihood of substance misuse.

Objective 4.2: Reduce the impact of mental health and substance use disorders through misuse and harm prevention strategies that are responsive to the most vulnerable populations.

- a. Strategy: Promote awareness and workforce development of misuse and harm prevention interventions across a variety of stakeholders and systems who work with those who are vulnerable.
- b. Strategy: Create sustainability of tools such as naloxone to support misuse and harm prevention efforts.
- c. Strategy: Prevent substance misuse behaviors by using evidence-based strategies with fidelity before problem substance use arises.
- d. Strategy: Reduce and prevent substance misuse and addiction-related harms such as overdose, impaired driving, and infectious disease.

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

- a. Strategy: Encourage and expand practice-informed and culturally responsive universal mental health and substance use screenings that are age-appropriate statewide.
- b. Strategy: Enhance early access to care by creating more awareness and knowledge, for the “Screening, Brief Intervention, and Referral to Treatment” (SBIRT) test across a variety of disciplines and settings.
- c. Strategy: Support the use of a standardized, algorithm-based, electronic substance use disorder assessment that is universally accepted across all providers and payer types.
- d. Strategy: Strengthen access to substance use disorder, mental health services, and respective case management services.
- e. Strategy: Increase provider capacity to support substance use disorder and mental health services.
- f. Strategy: Improve transitions of care between providers delivering substance use disorder and mental health supports to those who are referring people to these services
- g. Strategy: Expand medication-assisted treatment (MAT) options across a variety of settings.

Objective 4.4: Ensure ongoing recovery support services to strengthen whole person wellness.

- a. Strategy: Increase awareness of available certified peer supports regarding substance misuse for individuals and family members across the lifespan (i.e., youth, older adults, families).
- b. Strategy: Support the economic stability of people living with substance use disorder and/or mental illness.
- c. Strategy: Improve the education accessibility for people living with substance use disorder and/or mental illness.

- d. Strategy: Strengthen the health care access including physical and mental care for people struggling with substance use disorder and/or mental illness.
- e. Strategy: Elevate social and community opportunities for people struggling with substance use disorder and/or mental illness.
- f. Strategy: Address the neighborhood and built environment of people struggling with substance use disorder and/or mental illness

Objective 4.5: Support statewide alignment in planning, implementation, evaluation, and resource allocation across health promotion, prevention, treatment, and recovery efforts.

- a. Strategy: Support cross-departmental collaboration
- b. Strategy: Improve communication across State agencies
- c. Strategy: Alignment across use of technology and AI
- d. Strategy: Increase the braiding of funding sources

5. Area of Focus: Suicide Prevention

Individuals, families, communities, and governments take ownership to prevent suicide and self-harm in Alaska.

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

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

Suicide is a devastating public health concern that impacts all Alaskans, but it is preventable. Through early intervention, prevention and postvention services we can reduce the incidence of suicide in Alaska. Alaskans and our communities are resilient. However, the unique sociodemographic circumstances experienced by Alaskans, and particularly Alaskans from underserved populations and living in rural areas, can increase the risk for suicide. Traumatic events and adverse experiences are a strain upon human resiliency. Through coordinated suicide prevention efforts, we can all work to reduce suicides in Alaska. This goal highlights a comprehensive and integrated approach to suicide prevention that includes the continuum of wellness promotion, suicide prevention, crisis intervention, and postvention.

While each suicide or attempted suicide can be as unique as the person who experiences it, there are ways to address the “web of causation”, the social, emotional, environmental, and health factors involved.

Alaska has one of the highest rates of suicide in the nation, and this is particularly true for Alaska’s youth. Alaska’s suicide mortality rate in 2022 was 27.5 per 100,000, almost twice the US rate of 14.3 per 100,000. For Alaskan’s aged 15-24 the 2021 suicide mortality rate was 63.1 per 100,000 compared to the US rate of 15.15 per 100,000. This means that Alaskan youth are dying by suicide at a rate that is four times higher than their national peers. Furthermore, in 2019 19.7% of Alaskan youth reported having attempted suicide within the last year and 38.1% reported feeling sad or hopeless, while less than half reported markers of social supports and connectedness. To effectively address suicide within Alaska requires an approach that includes the unique factors associated with adolescence.

Equally critical to addressing Alaska’s suicide rate is ensuring that Alaskans experiencing a suicidal crisis have access to needed supports. Crisis service infrastructure is expanding throughout Alaska and is poised to dramatically improve the system of care. This includes 24/7 crisis call services, crisis mobile response, crisis receiving and stabilization, as well as best practice suicide care and supported care transitions. In July 2022, the 988 Suicide and Crisis Lifeline launched, ensuring that crisis call services are easily accessible through a three-digit number. The Alaska Careline, the Lifeline accredited call center for Alaska, received over 24,000 calls in 2022 providing needed crisis resolution to Alaskans throughout our state.

The healthcare system is uniquely situated to intervene with those experiencing suicide risk. More than 90% of people who die by suicide have depression or another

diagnosable, treatable mental health or substance use disorder and 45% of people who died by suicide had contact with their primary care provider in the month prior to their death. The State of Alaska is currently working to ensure that best practices for suicide care in healthcare settings, including universal screening and suicide specific psychotherapy, are fully integrated into our healthcare system.

[“Messages of Hope”](#), Alaska’s 2023-2027 statewide suicide prevention plan, challenges local communities and regional and state governments to work individually and collectively to prevent suicide. Messages of Hope includes six goals: Address upstream factors that impact suicide; implement a broad-based public health response to suicide; reduce access to lethal means; enhance Alaska’s crisis continuum of care; address special considerations for Alaskan youth, seniors, elders, veterans, and military families; improve the quality of data and research for suicide prevention efforts. The comprehensive integrated mental health program plan strives to align with the goals of the statewide suicide prevention plan.

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

- a. Strategy: Recognize the connection between suicide, substance misuse, mental illness, and adverse life events.
- b. Strategy: Establish consistent communication and coordination across suicide prevention stakeholders.
- c. Strategy: Promote best-practices in lethal means safety.
- d. Strategy: Ensure that state agencies/providers have guidance and training on suicide prevention approaches and available services and supports.
- e. Strategy: Provide financial and technical support for implementation of practice-informed and evidence-based suicide prevention strategies.
- f. Strategy: Provide coordinated postvention planning and supports.
- g. Strategy: Provide safe and effective messaging for suicide prevention that is consistent with Suicide Prevention Resource Center Guidelines.

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

- a. Strategy: Improve and support 988 interoperability.
- b. Strategy: Ensure Alaskans have access to comprehensive suicide care in healthcare settings.
- c. Strategy: Ensure Alaskans who encounter the continuum of care are universally screened for behavioral health conditions and suicidal ideation.
- d. Strategy: Develop a continuum of community-based crisis intervention services to support beneficiaries in community settings whenever possible.

6. Area of Focus: Protecting Vulnerable Alaskans

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

Objective 6.1: Prevent maltreatment of all vulnerable Alaskans and their families across the lifespan.

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

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

Objective 6.4: Increase timely access to protective services statewide.

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

Vulnerable Alaskans of all ages should be provided with supportive and protective services. State and local public awareness campaigns, training programs, and multi-disciplinary teams are essential when providing these supportive services. In addition to improving the systems for responding to children and adults experiencing, or at risk of experiencing, abuse or neglect, it is vital that we focus on preventing Alaskans from ever entering the system by supporting healthy, resilient families and healing intergenerational trauma. The overarching approach encompasses multifaceted initiatives spanning prevention, early intervention, public education, and the facilitation of timely access to protective services.

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 have slightly decreased from 23,919 in fiscal year 2019 (FY19) to 20,022 in fiscal year 2023 (FY23). During the COVID-19 pandemic, OCS saw a decrease in the number of reports of harm received, however since the pandemic has ended, the reports of harm received have been increasing. APS has seen an increase of reports of harm (particularly self-neglect and financial exploitation) to adults with mental illness, cognitive impairments, and chronic substance misuse.

Depending on the family circumstances, severity of safety concern, and family support systems, OCS is responsible for determining if a removal from the home is required to maintain child safety. In FY19 the number of children in out-of-home placement in Alaska was 4,215. That number was dramatically larger than in years past but has decreased to 3,809 in FY23. The high number of children in care, the struggle to gain permanency for children in care, and the high turnover of caseworkers at OCS have made it difficult for OCS to maintain the statutory caseload maximum for caseworkers. Likewise, the increase in adult reports of harm has continued to push APS investigator caseloads past the national average.

The following objectives and strategies will provide for a protective system that not only reacts to crises but actively works towards building resilient families. Alaskans should be equipped with knowledge on social-emotional skills, healthy relationships, and the

indicators of potential maltreatment. The plan recognizes the power of informed communities in preventing and addressing abuse and emphasizes the adoption of trauma-informed, culturally sensitive practices across all programs. Early intervention measures include the implementation of Medicaid behavioral health waiver services, support for family peer groups, and collaboration with the Alaska Tribal Child Welfare Compact. These initiatives collectively strive to create a supportive environment that curtails the escalation of potential harm.

Objective 6.1: Prevent maltreatment of all vulnerable Alaskans and their families across the lifespan.

- a. Strategy: Develop a comprehensive and coordinated statewide framework to prevent maltreatment of all Alaskans.
- b. Strategy: Promote public education on social-emotional skills and regulation, healthy relationships, healthy and equitable communities, trauma, and cultural connectedness.
- c. Strategy: Promote public education on positive caregiving to vulnerable Alaskans.
- d. Strategy: Promote early screening and detection and access to resources for families with or without an understood issue or diagnosis.
- e. Strategy: Increase effective public awareness of risk factors and indicators of maltreatment and how to report suspected maltreatment.
- f. Strategy: Promote awareness and utilization of trauma-engaged, culturally responsive practices across all State of Alaska departments.
- g. Strategy: Support resiliency through focused services to both families and communities at risk for maltreatment.
- h. Strategy: Coordinate with other state departments to consider policies and trends to support prevention on a societal level (legal, economic, medical, etc.).
- i. Strategy: Encourage practice-informed strategies to build or maintain caregiver-child bond in the face of a caregiver's extended absence.

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

- a. Strategy: Build infrastructure to implement 1115 Medicaid behavioral health waiver services and services for non-Medicaid-eligible families, including intensive family preservation services to prevent out-of-home placement of children whenever possible.
- b. Strategy: Support family peer support groups and programs that support families in crisis and help families to transform negative practices and beliefs into positive caregiving behaviors and attitudes.
- c. Strategy: Support the Alaska Tribal Child Welfare Compact through continued funding for prevention services and other scopes of work.
- d. Strategy: Support a Coordinated Community Response to interpersonal violence by bringing advocacy programs, law enforcement, court systems, human services, and health care agencies together.
- e. Strategy: Create interagency coordination to ensure that vulnerable young adults have a reduced risk of victimization.

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

- a. Strategy: Increase awareness of OCS, child abuse reporting procedures, and mandatory reporter obligations.
- b. Strategy: Increase awareness of APS, abuse reporting procedures, and mandatory reporter obligations.
- c. Strategy: Increase awareness of services and supports available to Alaska Native/American Indian families per the Indian Child Welfare Act (ICWA).
- d. Strategy: Ensure online reporting is available 24/7 for both OCS and APS.
- e. Strategy: Establish interagency data-sharing agreements to ensure reports of harm are transmitted timely and accurately.

Objective 6.4: Increase timely access to protective services statewide.

- a. Strategy: Support communities building sustainable, systemic approaches to protection services for both adults and children.
- b. Strategy: Apply a person-centered model to the delivery of protective services.
- c. Strategy: Prioritize and enhance existing strategies to increase recruitment and retention efforts for protective services workers in OCS and APS.
- d. Strategy: Ensure individuals who require a public guardian/conservatorship receive OPA services.
- e. Strategy: Ensure access to certified and/or trained volunteers such as long-term care ombudsman volunteers and legal advocates.
- f. Strategy: Ensure communication and response between advocacy and guardianship bodies and protective service agencies.
- g. Strategy: Develop a comprehensive and coordinated state response to adult protection services through resources and funding.

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

- a. Strategy: Support communities building sustainable, systemic approaches to protection services for both adults and children.
- b. Strategy: Apply a person-centered model to the delivery of protective services.
- c. Strategy: Prioritize and enhance existing strategies to increase recruitment and retention efforts for protective services workers in OCS and APS.
- d. Strategy: Ensure individuals who require a public guardian/conservatorship receive OPA services.
- e. Strategy: Ensure access to certified and/or trained volunteers such as long-term care ombudsman volunteers and legal advocates.
- f. Strategy: Ensure communication and response between advocacy and guardianship bodies and protective service agencies.
- g. Strategy: Develop a comprehensive and coordinated state response to adult protection services through resources and funding.

7. Area of Focus: Services in the Least Restrictive Environment

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

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

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

Objective 7.2: Reduce the number of Trust beneficiaries entering or becoming involved with Alaska's criminal justice or juvenile justice system.

Alaska's ongoing effort to move away from institutionalized care towards community-based, least restrictive practices represents a positive step in mental health care. However, to fully realize the benefits of this approach, there is a need for systemic enhancements. These improvements should focus on reducing wait times for services, involving beneficiaries in their care planning, and ensuring the availability of appropriate support levels in the community. By doing so, Alaska can provide more effective, efficient mental health care to its citizens.

In summary, Alaska's evolution towards community-based mental health services marks a significant step forward in its approach to mental health care. By focusing on providing services in the least restrictive environments and involving beneficiaries actively in their treatment and recovery, the state can improve outcomes for individuals with behavioral health needs. However, the current limitations in the system, such as long waiting lists and insufficient support levels, highlight the need for continued policy enhancements and system reforms to fully realize the benefits of this approach.

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

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

Objective 7.2: 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 access to crisis stabilization services statewide.
- b. Strategy: Provide a mechanism for individuals to receive timely assessment and placement in least restrictive environments.
- c. Strategy: Leverage Medicaid options to provide alternatives to institutional placement.
- d. Strategy: Use appropriate assistive technologies and environmental modifications to improve safety and health outcomes for vulnerable Alaskans living in their communities.
- e. Strategy: Establish a multi-agency committee focused on meeting the needs of individuals with complex presenting behaviors.
- f. Strategy: Establish standards of care focused on person-centered services.
- g. Strategy: Increase options, availability and access of least restrictive, long-term services and supports through counseling on options and person-centered interviewing.
- h. Strategy: Increase residential providers for individuals who do not receive HCBS/Waiver services to provide an alternative to institutional placement.

- i. Strategy: Promote interdepartmental and divisional communication and cooperation through memorandums of agreement and data usage agreements.

Objective 7.3: 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 justice and community 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: Expand access to services to accommodate the needs of victims and offenders who are Trust beneficiaries and involved in the criminal justice or juvenile justice system.
- e. Strategy: Expand re-entry and case management systems navigation for individuals and families within the DFCS and DOC systems.
- f. Strategy: Expand support services and staff training that address trauma and resiliency for individuals involved with the DFCS and DOC systems.

8. Area of Focus: 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.

Objective 8.1: Establish a standard of care that provides equitable, person-centered, culturally appropriate, and trauma-informed care in institutional settings.

Objective 8.2: Ensure Alaskans who are in non-correctional institutional settings are provided the appropriate therapy and services in accordance with an individual's person-centered support plan.

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

Objective 8.4: Ensure Alaskans who are transitioning out of institutional settings have appropriate supports.

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, State correctional facilities, Division of Juvenile Justice (DJJ) facilities, out-of-state Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), a residential psychiatric treatment center (RPTC), or nursing home.

With state suicide and substance abuse rates considerably higher than the national average, coupled with limited options for quality treatment, particularly in remote villages, improving the behavioral health system continues to be an area of focus and intensive concern for Alaskans. There is an increased need to ensure that individuals receiving services within our institutions can transition successfully to a less restrictive environment. This plan emphasizes fostering a supportive environment within these institutions and facilitating the seamless transition of individuals back to their preferred communities.

In 2012, 65% of individuals in the Alaska Department of Corrections (DOC) were Trust beneficiaries. This group was more likely to have felony convictions and longer incarcerations compared to other inmates. Furthermore, a considerable number of these individuals had previous interactions with the juvenile justice system. This situation exacerbates the challenges within Alaska's behavioral health, juvenile justice, and correctional systems, leading to a broader increase in the incarcerated population.

Health outcomes for individuals in institutional care are typically poorer than for those in community settings. This decline in health can be attributed to both pre-existing conditions and the detrimental impact of life within institutional environments. As a result, elderly individuals with behavioral health issues often face exacerbated health challenges. In some cases, these individuals may spend their final years in institutional care. This trend, reflective of national patterns, poses a significant challenge to institutions, including those in Alaska. Policy decisions regarding such individuals should prioritize their dignity, with a focus on health, social, and economic factors, particularly for older adults, including those with mental and physical disabilities, terminal illnesses, disabilities, or special needs.

For individuals in institutional settings, whether by choice or circumstance, it is imperative that their needs are accommodated appropriately. This includes understanding their rights and

responsibilities, as well as active involvement in their treatment and plans for discharge or reintegration into the community. Emphasizing individual choice in treatment, through a recovery-oriented approach, not only enhances the quality of life but also facilitates a smoother transition back into the community.

Objective 8.1: Establish a standard of care that provides equitable, person-centered, culturally appropriate, and trauma-informed care in institutional settings.

- a. Strategy: Ensure all individuals residing in an institutional setting are regularly reassessed to ensure they are at the appropriate level of care and information from reassessment is incorporated into the person-center support plan as updates.
- b. Strategy: Align quality of care standards to ensure that state, federal, and accreditation standards are met and followed.
- c. Strategy: Provide a robust therapeutic offering of various physical, mental, emotional, vocational, recreational, and psychosocial activities.
- d. Strategy: Provide routine health screening and treatment for all patients residing in an institutional setting on a yearly basis.
- e. Strategy: Ensure individuals residing in institutional settings are offered information on less restrictive setting options and benchmarks they must reach in their treatment to transition to this level of care.

Objective 8.2: Ensure Alaskans who are in non-correctional institutional settings are provided the appropriate therapy and services in accordance with an individual's person-centered support plan.

- a. Strategy: Provide continuing education to clinical and direct-care staff on evidence-based practice models and interventions to best serve their patient population.
- b. Strategy: Assess the effectiveness of the programming offered to patients in institutional settings through an internal quality assurance program.
- c. Strategy: Ensure that the Office of the Long-Term Care Ombudsman (OLTCO) visits all skilled nursing facilities at least twice annually and all assisted living homes licensed to service seniors at least annually.
- d. Strategy: Ensure all individuals in institutional settings undergo an initial review of individuals' background and subsequent reassessments include efforts to clarify or obtain additional background information.
- e. Streamline the waiver process for new applications and transfers between waiver types.
- f. Ensure settings are designed to be supportive of an individual's physical and mental well-being.

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

- a. Strategy: Ensure all correctional and juvenile facility staff are trained in addressing mental health including trauma informed care, suicide prevention, Mental Health First Aid, or similar approaches, to properly respond to crises as they occur.
- b. Strategy: Support the efforts of the DOC and DJJ to expand access to care for people with mental, cognitive, behavioral, and/or substance use disorders.
- c. Strategy: Provide therapeutic environments for individuals who require specialized physical and programmatic efforts to meet their needs.

- d. Strategy: Support the DOC's efforts to expand upon and provide the full range of medication-assisted treatment (MAT) options.
- e. Strategy: Provide opportunities for funding and technical assistance that aid DOC and DJJ efforts to eliminate suicides that occur inside a correctional or detention facility.
- f. Strategy: Provide screening for appropriate intervention and accommodation/placement for Alaskans with neurobehavioral disabilities (fetal alcohol spectrum disorders, traumatic and acquired brain injuries, Alzheimer's disease or related dementia, etc.) who are incarcerated or detained.
- g. Strategy: Support DOC and DJJ in expanding their mental health and substance use workforce to meet the needs of the population.

Objective 8.4: Ensure Alaskans who are transitioning out of institutional settings have appropriate supports.

- a. Strategy: Enhance community case management process and wraparound services for a successful transition from an institutional setting.
- b. Strategy: Improve the system for those with complex behavioral needs by enhancing service-level options.
- c. Strategy: Ensure each individual in an institutional setting receives a person-centered discharge plan that includes continued services appropriate for the level of care, as well as ongoing follow-up and adjustments to plans as needed.
- d. Strategy: Establish processes for transition to the community of choice when an individual is discharged or transferred from an institutional setting to a step-down level of care/setting that is not located in the community of choice.
- e. Strategy: Support re-entry coordination for justice-involved individuals returning to the community.

9. Area of Focus: Workforce

The State of Alaska has the workforce capacity in place to support the resources and funding of a Comprehensive Integrated Mental Health Program.

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

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

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

Alaska's healthcare sector is currently facing a pivotal challenge, characterized by an acute disparity between the increasing demand for healthcare professionals and the availability of qualified workers. Recent analyses reveal that the state requires approximately 7,500 new healthcare workers annually to keep pace with both growth and turnover within the sector. This situation necessitates a multifaceted approach to enhance the capacity, capabilities, and competencies of Alaska's healthcare workforce. The absence of such measures could compromise the state's ability to provide a continuous spectrum of services and care, particularly to its most vulnerable populations.

The risks associated with this workforce shortage are significant. They include a heightened reliance on the most intensive, intrusive, and costly services, such as emergency departments in hospitals, or on more restrictive settings like residential care or correctional facilities. Furthermore, this shortage may compel Alaskans to seek certain necessary services outside the state, which presents additional challenges.

To address this issue effectively, a series of key workforce strategies have been proposed. One such strategy is the concept of "growing our own," which focuses on ensuring that Alaskans of all ages, especially those entering the workforce, are informed about and have clear pathways to careers in healthcare. This involves establishing training opportunities that not only provide essential skills for service provision, leadership, and career advancement, but also increase the accessibility and availability of training for both new and current workers. This can be achieved through technological advancements, the development of new programs, enhancing program accessibility, and the implementation of employer-sponsored models. Additional measures include the utilization of loan repayment programs, incentives, and various other recruitment and retention strategies.

Innovative approaches and the collaborative leveraging of efforts are crucial in establishing a comprehensive, integrated mental health program plan for Alaska. This requires appropriate funding, including amendments to the Medicaid State Plan and waiver programs, to adequately serve the needs of all Alaskans. Additionally, evaluating Medicaid and grant-funded programs and services is vital to ensure the implementation of best practices and the achievement of desired outcomes. To realize these objectives and strategies, it is essential to support collaborative engagement of all stakeholders across the state. This comprehensive approach is imperative to address the critical stage of Alaska's healthcare sector workforce, ensuring the provision of quality healthcare services to all residents, particularly those in the most vulnerable segments of the population.

Objective 9.1: 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.

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

- a. Strategy: Create an attractive career path for those entering the workforce with accompanying training.
- b. Strategy: Ensure payment levels align with actual costs to promote providers paying a livable wage.
- c. Strategy: Expand and enhance training and professional development opportunities for all healthcare and behavioral health professionals.
- d. Strategy: Enhance the use of technology for distance-delivered educational opportunities.
- e. Strategy: Support curriculum development and the training of health professionals to ensure they learn, enhance, and update essential knowledge and skills.
- f. Strategy: Support training and other activities that enhance the health workforce's competency in providing culturally and linguistically appropriate care.
- g. Strategy: Expand the number and type of training and technical assistance opportunities that educate K-12 and post-secondary students, clinicians, and professional providers to work in inter-professional/inter-disciplinary 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 (HIT) to support service delivery and quality improvement.

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

- a. Strategy: Advocate to ensure the Mental Health Budget Bill includes the appropriations necessary to fund the operating and capital expenditures for the continuum of services.
- b. Strategy: Maintain grant funding to pay for essential behavioral health services which are not funded through Medicaid or other sources.
- c. Strategy: Develop an interdepartmental process for evaluating the efficacy of grantee programs and having technical support services for grantee programs and their services.
- d. Strategy: Ensure adequate infrastructure is in place to support program efforts and equal collaboration between Department of Health and the Department of Family and Community Services.
- e. Strategy: Leverage Medicaid funding and further explore Medicaid Waivers and other state plan amendments.

10. Area of Focus: Data

The State of Alaska has the data and technology systems in place to support the resources and funding of a Comprehensive Integrated Mental Health Program.

Objective 10.1: Optimize information technology investments to improve process efficiency and enable innovation.

Objective 10.2: Encourage a culture of data-driven decision making that includes data sharing, data analysis and management to link support services across DOH and DFCS and other departments.

Optimizing the infrastructure and policy frameworks surrounding Health Information Technology (HIT) and data sharing is poised to yield substantial returns on investments in terms of funding and resource allocation. The integration of advanced distance technologies, notably telemedicine, alongside remote delivery mechanisms for training and education, stands as a pivotal approach in enhancing healthcare quality for Alaskan residents. This strategy is not only beneficial in elevating the standard of care but also holds significant potential in cost reduction. By facilitating increased access to healthcare services directly within an individual's preferred community, this approach inherently minimizes the need for extensive travel, thus leading to a decrease in associated expenses.

The implementation of such technologies is particularly crucial in Alaska, where geographical challenges often pose a barrier to traditional healthcare delivery. Telemedicine bridges this gap by providing remote consultations, diagnostics, and treatment options, effectively bypassing the logistical hurdles of distance and accessibility. This is especially pertinent in rural or isolated communities, where healthcare facilities may be scarce or non-existent.

Moreover, the remote delivery of training and education for healthcare professionals via these technologies ensures a continuous enhancement of skills and knowledge, directly benefiting patient care. This mode of education is not only cost-effective but also ensures a broader reach, enabling professionals in even the most remote areas to stay abreast of the latest medical practices and technologies.

The broader implementation of HIT also facilitates a more efficient and effective data sharing system. This system enhances patient care through a more comprehensive understanding of patient histories and needs, allowing for more tailored and timely interventions. The digitization of health records and the integration of various health information systems play a critical role in this context, ensuring seamless data exchange among healthcare providers.

Furthermore, these advancements in HIT and telemedicine contribute significantly to preventive care, allowing for early detection and treatment of diseases, which in turn reduces the overall burden on the healthcare system. This not only translates into cost savings but also ensures a higher quality of life for individuals, as early intervention often leads to better health outcomes.

In summary, the strategic enhancement of infrastructure and policy related to HIT and data sharing is a critical step towards improving healthcare delivery in Alaska. By embracing telemedicine and remote educational technologies, the state can effectively address the unique challenges posed by its geography, enhance the quality of care, and achieve significant cost

savings. This forward-thinking approach not only benefits the healthcare system but also ensures that Alaskans receive timely and quality healthcare in their communities of choice.

Objective 10.1: Optimize information technology investments to improve process efficiency and enable innovation.

- a. Strategy: Explore utilization of innovative distance technology for treatment and training to increase access and cost savings.
- b. Strategy: Evaluate potential technologies and solutions.
- c. Strategy: Modernize websites to ensure information is easily accessible and relevant to the audience.
- d. Strategy: Ensure appropriate care is taken to protect patient privacy and security when evaluating projects.

Objective 10.2: Encourage a culture of data-driven decision making that includes data sharing, data analysis, and management to link support services across DOH and DFCS divisions and other departments.

- e. Strategy: Support innovation policies and collaborative planning efforts.
- f. Strategy: Understand what data is available and streamline efficiencies.
- g. Strategy: Ensure that data sharing and analysis efforts are accessible and relevant to stakeholder groups including patients, providers, DOH, DFCS, the Trust, and the Legislature.
- h. Strategy: Ensure privacy and security while considering projects that include artificial intelligence components.
- i. Strategy: Enact purpose-driven data collection and data analysis.
- j. Strategy: Using the department's systems map and legal determination, create a data-streamlining and data-sharing plan.
- k. 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.

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)
EPST stands for:

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:

- Realizes the widespread impact of trauma and understands potential paths for recovery.
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system.
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices.
- 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 (CBC): 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.

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.

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 line Crisis Now is at 988 or hotline 877-266-4357 (HELP).

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.

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 DOH, DFCS, and Tribes to better serve all Alaskans.

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.

Participating State Departments and Agencies

- Alaska Commission on Aging
- Alaska Mental Health Board/Alaska Board on Alcoholism and Drug Abuse/ Statewide Suicide Prevention Council
- Alaska Mental Health Trust Authority
- Department of Family and Community Services
- Department of Health
- Department of Corrections
- Department of Labor and Workforce Development
- Department of Law
- Governor’s Council on Disabilities and Special Education
- Long-term Care Ombudsman