



# **Substance Abuse and Mental Health Plan 2020-2022**

For the Community of Juneau

Commissioned by the Juneau Community Foundation  
for the City and Borough of Juneau Assembly

Toner Consulting  
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# Table of Contents

<b>Background</b> .....	2
<b>Executive Summary</b> .....	3
<b>The Changing Medicaid Funding System: Issues &amp; Possibilities</b> .....	4
<b>Healthy System, Current System &amp; Enhancements</b> .....	8
<b>Juneau Substance Abuse and Mental Health Treatment Plan</b> .....	10
<b>Appendices</b> .....	13
<b>Commentary from Juneau Behavioral Health System Stakeholders</b> .....	14
<b>Interviews</b> .....	16
<b>Southeast Alaska Behavioral Health/Integrated Services Continuum of Care</b> .....	17

## Background

Over the last five years, in community listening forums sponsored by the Juneau Community Foundation, individuals and agencies have shared their impressions with change makers in an effort to reshape our behavioral health (mental health and substance abuse) array into a healthy functioning system providing the necessary continuum of care. The Juneau Community Foundation requested funding from the City and Borough of Juneau (CBJ) to provide a behavioral health (mental health and substance abuse) plan that would complement CBJ development of a homelessness plan, to help identify the priority needs in our community's continuum of care in these areas. The following report reviews the elements of a healthy recovery-oriented system of care (ROSC), the existing array in our community, the gaps that exist, and the goals to help guide community and other funding as we move forward. It is anticipated that this plan will be discussed and modified on a semi-annual basis, at a minimum, as the behavioral health services and their funding sources continue to change.

At the same time as we mapped this snapshot of our behavioral health services, the state-funded system is experiencing a complete redesign affecting grant funding and system management. Through the roll out of an Administrative Services Organization (ASO) to manage the implementation of Alaska's 1115 Medicaid Waiver SUD/BHP (Substance Use Disorder/Behavioral Health Program) the State is totally realigning how people access care, where they access it, and what services can be provided. As stated by the Alaska Department of Health and Social Services in 2018, "The 1115 Demonstration Waivers provide states with the flexibility to test new approaches within Medicaid to aid in redesigning and improving their health systems *without increasing costs.*"(Emphasis added.)

Medicaid is a federal program that is managed by each state under its own state plan and any waivers that may be approved. Understanding as much as possible about the impact of these changes as we learn what is known and, as yet, unknown is important for the purposes of planning for services in Juneau moving forward. Because funding is critical to these programs, the changes in Medicaid and other state funding streams are discussed up front and in some detail to provide everyone with a common understanding of the potential impacts of these changes on the continuum of care for mental health and substance use disorder services and the organizations providing those services in Juneau.

Currently, the state behavioral health system is funded through state general funds and federal grants (e.g., block grants, Opioid grants, Suicide Prevention grants). In order to make sense of the complex funding streams and the accompanying mandates the State Department of Health and Social Services, in partnership the Alaska Mental Health Trust Authority, generated a plan entitled "Strengthening the System: The Comprehensive Integrated Mental Health Plan for Alaska FY2020-FY2024."

The Juneau Substance Abuse and Mental Health Plan links each of the identified priorities for Juneau with the corresponding goal from this state comprehensive mental health plan, as it is informally referred to.

Following the discussion of Medicaid changes and funding, we provide a simple overview of the characteristics of a healthy recovery-oriented system of care, a continuum, for mental health and substance abuse services.

## Executive Summary

In the US, one in twelve adults experiences a substance use disorder (SUD), and one in five adults experiences a mental illness.<sup>1</sup> Average age of onset is 11 for these behavioral health issues that, if not addressed, often lead to addiction later in life. In addition, 22.5% of the general population struggles with mental illness which, if left untreated, can negatively affect employment, housing, and personal relationships. The Healthy Alaskans 2020 Report Card developed by the Alaska Department of Public Health identified that the number of days each month that adults (age 18 and older) report being mentally unhealthy has increased from 2010 from 3.4 to 4.0. The target for this health indicator in Juneau is 2.9 days per 30 days.

Even though Alaska has some resources to address these issues, people report that these same services are difficult to access. This is true of Juneau as well. We have a rich array of both mental health and substance use disorder service options given our population, however, many of us have a personal story of someone who has struggled to get the help they need.

The Behavioral Health Program (BHP) section of the 1115 Medicaid Waiver is expanding adult and youth treatment options for both mental health and substance use, and to continue to build community resources focused on: reaching children early, keeping children and adults safe in the least restrictive setting, and sustaining their recovery.

The State of Alaska has recently instituted an Administrative Services Organization (ASO), through the 1115 Medicaid Waiver. The ASO provides client management (referral, assessment, prior authorization) for waiver services, and directs non-Medicaid beneficiaries to the other funded Behavioral Health (BH) services. The coordination issues among Juneau's current service providers are and will continue to be impacted by the activities of the ASO. However, at this point it is difficult to fully understand what those impacts will be because the policies and procedures for some of the 1115 Medicaid Waivers are still being developed. For example, the recovery support service providers that sustain our fragile behavioral health populations clearly identify the autonomous outreach and engagement specialists, known as navigators, as key to assisting those in need of these services. While this is not going to change in the next several years, it is unclear whether these positions could be funded under the new 1115 Medicaid Waivers. If not, they will need continued funding from other sources.

The Goals identified in this plan were developed through interviews and meetings with social service organizations, behavioral health agency personnel and community stakeholders to set priorities for 2020-2022. The identified priorities were aligned with the State comprehensive mental health plan goals. The top five goals for this plan are as follows:

- Create a Juneau Behavioral Health Recovery Council
- Develop and Maintain Current Inventory of Existing Services and Providers
- Coordinate with the Juneau Coalition on Housing and Homelessness
- Expand the capacity of the substance use disorder and mental health treatment providers, and ancillary supports, in order to provide treatments addressed in the 1115 Medicaid Waiver and the new ASO.
- Grow the current SUD and MH system services for youth and sustain the improvements

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<sup>1</sup> 2014 NSDUH Survey, SAMHSA.

## The Changing Medicaid Funding System: Issues & Possibilities

### *Changes in State of Alaska Funding – Big Picture*

Medicaid and State Grant funding provides a majority of the funding for the mental health and substance use disorder services in Juneau, including Bartlett Regional Hospital, SEARHC, JAMHI Health and Wellness, Juneau Youth Services, Gastineau Human Services, SAIL, others. The business models for these service providers rely on a stream of revenue from Medicaid, State DBH grant funds, and/or local taxes to pay for services for those who do not have other payment options such as self-pay or private insurance. For that reason, most of these providers do not rely heavily on other grant funding to ensure they can provide their services. If the Medicaid payments and/or State DBH grants decrease, then local government funding would of necessity increase to help cover the funding gap or local communities like Juneau will lose services (there isn't enough money in the Juneau Hope Endowment or CBJ Social Service grants to cover these gaps while providing funding for those social services NOT covered by Medicaid or reduced State/Federal Grants.

For example, some agencies have not applied to the Juneau Hope Endowment or CBJ Social Service grant funds during the six years that the Juneau Community Foundation has been running this grant program. If Medicaid payments change in a way that makes it impossible for these service providers to provide some or all of their services, that could cause a significant change in services available in Juneau or require substantial grant or other funding.

Several, if not all of these service providers already need to be or are reviewing their business plans to determine how to continue to provide the array of services needed in Juneau, select the ones that they can receive funding for, or cover a change from grants to fee for service payments and the increased administrative costs of this model.

In an effort to streamline the Medicaid costs for behavioral health care in the state and to provide new service lines to effectively address the complex needs of children and adults who experience mental illness or a substance use disorder, the State of Alaska created the Administrative Services Organization (ASO) not only to manage the implementation of the 1115 Medicaid Waiver, but also, to do far more. In the Request for Proposals (RFP) soliciting these services, the ASO is charged with the following:

1. Actively funnel tribal participants to tribal providers;
2. Coordinate services for Medicaid and non-Medicaid participants;
3. Control service access and utilization;
4. Expand provider capacity through engagement/recruitment; and,
5. Implement evidence-based practices and professional training standards for behavioral health professionals, in the treatment of both mental health and substance use disorders.

**The full implications of this new management structure are not clear.** Up to this point, the rehabilitation services that make up a big part of our ROSC were only accessible to behavioral health grantees. Under this new system “any willing and able” provider can provide and bill these services. This means that for profit and not for profit agencies that are not existing grantees can become providers in this new system and can receive Medicaid reimbursement under the 1115 Waiver. At the

same time the State has been reducing funds for behavioral health grants and they may zero them out as the ASO and the 1115 Medicaid Waiver develop, because this new system is to be budget neutral.

Ultimately funds for the new system will come from the current system. This has the potential to completely overhaul the practice model and the business model for behavioral health providers in Juneau, both mental health and substance use disorder providers. While these services are being rolled out with the 1115 Medicaid Waiver, the existing Medicaid State Plan services remain in place and can be utilized by providers for their clients. However, it is possible that the existing Medicaid State Plan services will begin to shrink as 1115 Waiver are implemented when the ASO Management takes over control of the system. The ASO has been given the authority to reallocate grant funds within the state system. Key changes to watch for in Juneau are if any gaps that are created as system funding is moved.

### ***State Funding for Substance Use Disorder Treatment***

The 1115 Medicaid Waiver for SUD was approved in March 21, 2019 to address the immediate opioid crisis and the ongoing challenge of making addiction and substance misuse treatment services available to those who need them in Alaska. Access to treatment not only improves public health and safety but is targeted to help families unify more effectively. The implementation plan for the waiver aims to make the following changes within Alaska:

- Screen all Medicaid recipients for substance use disorder to allow for early access to needed services.
- Match individuals with substance use disorder with the appropriate level of services and tools necessary for recovery according to the American Society of Addiction Medicine criteria.
- Increase the range and number of treatment options for youth and adults to include community-based services available in more regions of Alaska, early intervention and treatment, and supports for those recovering from addiction.
- Improve the infrastructure and capacity of health care providers to offer services based on certification and accountability standards.
- Enhance certification and credentialing standards for professionals working in SUD.

In Juneau, the State funded expansion of SUD treatment services could include an array of outpatient treatment, inpatient (residential) treatment, and withdrawal management services. The exact number of services available in Juneau will depend on the breakout between the providers in Sitka and Juneau. These two hub communities make up Region 7 of the State 1115 Medicaid Waiver and will be managed together by the ASO. It is critical that our community and our community providers prepare to open these new services by examining whether and how they may be able to expand – their capacity for expansion in terms of budgets, building space, trained staffing, accreditation and board expertise, among other considerations.

### ***State Funding for Behavioral Health Treatment Programs***

The 1115 Medicaid Waiver for Behavioral Health Program (BHP), which include both mental health and substance use disorder programs, was recently approved and will target three groups:

- a. Group 1: Children, adolescents and their parents or caretakers with, or at risk of, mental health and substance use disorders (any member of the family, including parents and caretakers, is eligible to receive Group 1 services if able to meet Group 1 eligibility criteria)
- b. Group 2: Transition age youth and adults with acute mental health needs
- c. Group 3: Shared Behavioral Health Program benefits (Shared Group 1 and Group 2)

The services for children, youth, and adults listed below will now be reimbursed under this 1115 Medicaid Waiver. In Juneau, less than half of these services are currently available. Building this full complement of services in Juneau will require increased coordination and funding to develop the infrastructure, sites, and workforce.

- Home-based Family Treatment
- Intensive Case Management Services (ICM)
- Partial Hospitalization Program Services (PHP)
- Intensive Outpatient Services (IOP)
- Children’s Residential Treatment Level 1 (CRT)
- Therapeutic Treatment Homes
- Assertive Community Treatment Services (ACT)
- Adult Mental Health Residential Services (AMHR)
- Peer-based Crisis Services
- Mobile Outreach & Crisis Response Services (MOCR)
- 23-Hour Crisis Observation & Stabilization Services (COS)
- Crisis Residential/Stabilization Services
- Community Recovery Support Services (CRSS)

Alaska Substance Use and Disorder and Behavioral Health Program (SUD-BHP)

Approval Period: January 1, 2019 - December 31, 2023 Amendment Approval: September 3, 2019

While this expansion in eligible services under Medicaid is to be applauded, it is important to note that no additional funding is coming into the state Medicaid budget. Tracking the impact of this expansion of eligible services on the mental health and substance use disorder services in Juneau should be considered.

### ***State Budget and Funding Impacts of 1115 Medicaid Waiver and ASO Management System***

It is unclear whether the changes at the State level in the availability of Medicaid dollars to organizations, nonprofits, and businesses working with people with mental illnesses and substance use issues will strengthen Juneau’s continuum of care, or not.

Regarding the final 2020 State budget impact on service providers in Juneau, overall the sense of several, but not all organizations was that while the situation was stable regarding funding and funding

cuts from the State, organizations already have been absorbing State cuts for several years by using their reserves, increasing fund raising, and reducing training and benefits for staff. The uncertainty inherent in the change coming in the next few years weighs heavily on these nonprofit organizations and may adversely affect the quantity and quality of mental health and substance use services provided in Juneau.

For example, State Behavioral Health grant funding, the basis of the funds for the 1115 Medicaid Waivers, has been decreasing for several years. According to comments from Juneau organizations gathered in response to the potential State budget cuts in the summer and fall of 2019, organizations that use these funds to provide services have already increased efficiencies, altered their business model, changed or reduced their services to address the continuing shortfall in funding, or have actively pursued other grant funding where available. It is unclear if the grants will disappear completely in the next few years, as these funds are reallocated to fund the new 1115 Medicaid service array.

Most health and social service organizations are facing an uncertain future because of the potential continued reductions in State funds in upcoming years directly affecting their ability to provide needed services. Indirectly, State budget cuts may also lead to decreased local donations as the State budget impacts effect individuals, businesses, and the community. In addition, local government funds may decrease as less state funding goes to communities.

As organizations and businesses adapt to the 1115 Medicaid Waivers and the new services that can be billed to Medicaid, the potential increased billing may reduce Medicaid payments. Juneau must be alert to what services, if any, may experience decreased fee for service revenue due to changes in Medicaid payments.

## Healthy System, Current System & Enhancements

### **Healthy System<sup>2</sup>**

A Recovery Oriented System of Care (ROSC) is a continuum of addiction and mental health programs as well as ancillary social services that promote both individual and family recovery through prevention, wellness, crisis intervention, treatment, and recovery supports which range across the spectrum from very early interventions to the most intensive treatment interventions together with long term supports. Key characteristics include: culturally appropriate, accountable (effective and efficient), person-centered, and outcome-based

Services and Recovery Supports include:

<b>Mental Health Treatment</b>	<b>Substance Abuse Treatment</b>	<b>Recovery Supports</b>
<ul style="list-style-type: none"> <li>○ Emergency Psychiatric</li> <li>○ Forensic Psychiatric</li> <li>○ Crisis Intervention and Stabilization</li> <li>○ Residential Psychiatric</li> <li>○ Community-based Residential</li> <li>○ Outpatient and Home-based</li> <li>○ Community Outreach</li> </ul>	<ul style="list-style-type: none"> <li>○ Detoxification and Sobering Centers</li> <li>○ Long-term Residential</li> <li>○ Short-Term Residential</li> <li>○ Medication Management</li> <li>○ Outpatient</li> </ul>	<ul style="list-style-type: none"> <li>○ Housing</li> <li>○ Case Management and Navigation</li> <li>○ Sobriety Programs</li> <li>○ Natural Supports and Faith-based Programs</li> <li>○ Prisoner Re-Entry</li> <li>○ School and Employment</li> <li>○ Peer Supports</li> </ul>

The integration of treatment services and recovery supports are critical for people achieving and maintaining success in their personal journey to health. For example, simply providing behavioral health services will not enable recovery for someone who is homeless; when one is preoccupied with figuring out where they might sleep, and whether they will eat, tending to their illness is often not first on their list.

### **Current Local System**

For a community of our size, Juneau has strong continuum of care. Every year social service and treatment agencies gather to discuss priorities and identify service, prevention and treatment gaps. Some of these gaps are already being addressed by community stakeholders in our schools – implementing a trauma-informed environment across the school district. We have gaps, which our community members and service providers have identified and are struggling to address. Juneau’s current system in the Juneau Community Action Planning Group (CAP) Continuum of Care (COC) in the Appendices.

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<sup>2</sup> Goal 1 of the Plan (see page 11) is to develop a matrix of services in Juneau available to youth and adults for both mental health and substance use disorders. From these matrices, we will provide a client-friendly version that will be available on provider websites as well as handouts.

### ***Enhancements***

During these times of significant changes, there can be opportunities to re-imagine and re-configure the services that are delivered, who delivers them, how, and where. In interviews with the community stakeholders and providers, examining the potential of integration of services was of particular interest. This potential included examining the possibilities of:

- Network Opportunities/Shared Services Agreements
- Primary Care/Behavioral Health Integration
- Intersection with Tribal Health Corporations
- Intersection with Bartlett Regional Hospital

The behavioral health treatment agencies and the ancillary recovery support services that make up Juneau's behavioral health recovery continuum are a complex system. This system is undergoing massive change from the reorganization efforts at the State level, and the budgetary impacts from our Executive and Legislative Branches of government. As these changes occur, continued and well-directed support from the Juneau Community Foundation and the CBJ Assembly and municipal staff will be even more essential as our stakeholder agencies shift and adapt to the new service environment.

Juneau Substance Abuse and Mental Health Treatment Plan

<p><b>Goals</b>  <b>These reflect the input from service providers in Juneau. They are aligned with Alaska’s Comprehensive Integrated Mental Health Program Plan goals* (Comp Plan Goal) and can be aligned with future funding opportunities.</b></p>	<p><b>Priority</b></p>
<p>1. Create a Juneau Behavioral Health Recovery Council. (Comp Plan Goal 2)  <i>A Juneau Behavioral Health Recovery Council is needed to increase coordination of services and identification of gaps and recommendations for ways to fill gaps across the service system (in Juneau or with providers elsewhere). The mission of this Council would be to ensure that Juneau has the behavioral health services needed to serve all ages of our community. Membership should include an Assembly member, Bartlett Regional Hospital, SEARHC, JAMHI Health and Wellness, and other representatives of behavioral health and social services in Juneau, a member of the business community and a community member. Staff for the Council should come from the CBJ Housing Program. Potential strategies for the Council include:</i></p> <ul style="list-style-type: none"> <li>• Coordinate the State of Alaska Division of Behavioral Health Community Action Planning group with the Juneau Behavioral Health Recovery Council and recognize the Council as a leadership committee, with a standing agenda and meeting schedule.</li> <li>• Network among local agencies to integrate care and coordinate efforts to meet agreed upon goals of this Plan.</li> <li>• Capture the community substance abuse and mental health treatment and recovery funding from public monies that flow into the community and identify who controls not only the funding (i.e. which state agency/department or discretionary funding agency) but also how those funds are flowing into community-based agencies.</li> <li>• Utilize the group to address ongoing system changes wrought by the 1115 Medicaid Waiver. Track the changes over time to ascertain trends in how the system is responding to the changes in grant and Medicaid funding.</li> <li>• Identify the specific mental health and substance abuse services that are in short supply on an annual basis and report back to the Assembly.</li> <li>• Oversee implementation of Goals 2-8.</li> </ul>	<p>System Development</p>
<p>2. Develop and Maintain Current Inventory of Existing Services and Providers (Comp Plan Goal 9)  <i>While the report provides an overview of the providers and services, this list is not useful to families and friends in search of services for a loved one. Currently, a much more user friendly two-page version is being developed for Mental Health providers and updated for Substance Use Disorder. Services in Juneau are changing rapidly, with both the addition of new services and existing services closing. The Council would review the changing matrix of services and availability on a regular basis and ensure public information is updated regularly.</i></p> <ul style="list-style-type: none"> <li>• Include current and potential service providers.</li> <li>• Outline services based on clients’ priority needs for behavioral health treatment and recovery support services in the Juneau area.</li> <li>• Update Juneau Recovery Pathway [Substance Abuse] and develop the Mental Health Guide with the social service partners.</li> <li>• Review and validate services yearly by the Juneau Behavioral Health Recovery Council.</li> <li>• Consider implementing a software solution for tracking changes.</li> </ul>	<p>System Development</p>

<p>3. Coordinate with Juneau Coalition on Housing and Homelessness. (Comp Plan Goal 7)</p> <p><i>Locating CBJ Council Staff in the offices of CBJ Housing Program would serve to have a focal point at CBJ for coordinating behavioral health services with housing and homelessness services. Coordination in this area is essential as many clients served by the CBJ Housing Program also have mental health problems and substance use disorders. In order to tackle homelessness in a meaningful way behavioral health resources are needed.</i></p> <ul style="list-style-type: none"> <li>• Identify the homeless programs that are targeted to meet the needs of behavioral health clients.</li> <li>• Ensure Navigation services extend to support stability for housed behavioral health clients.</li> <li>• Develop specialized detox services for homeless behavioral health clients.</li> </ul>	<p>Service Capacity</p>
<p>4. Expand the capacity of the substance use disorder and mental health treatment providers, and ancillary supports, in order to provide treatments addressed in the 1115 Medicaid Waiver and the new State Administrative Services Organization (ASO). (Comp Plan Goal 2)</p> <p><i>Currently, the Medicaid 1115 waiver and ASO implementation of services is a changing target. CBJ and agencies need to understand, in real time, what services will be covered by the new Medicaid waiver programs that are being rolled out by the state, in order to be in a position as a community to receive the funding needed to respond to changes. We have to be nimble to have programs in place that will be eligible for funding.</i></p> <ul style="list-style-type: none"> <li>• Review of ASO guidance by the Juneau Behavioral Health Recovery Council as it becomes available and recommend action, as necessary.</li> <li>• Ascertain whether primary care settings are adequately reimbursed for integrated behavioral health.</li> </ul>	<p>Treatment Expansion</p>
<p>5. Grow the current SUD and MH system services for children and youth and sustain the improvements. (Comp Plan Goal 4)</p> <p><i>An early task of the Council would be to determine the demand for behavioral health treatment for children and youth in Juneau. What is currently known, is that the number of beds and programs for behavioral health and homelessness that were available for youth in the past have greatly decreased. Currently, the CBJ Housing Program staff are working with agencies and youth to put together a viable program to attract federal Housing and Urban Development funds to support youth who are homeless. Broadening those efforts to include behavioral health resources that will be needed to support recovery and avoid chronic homelessness is critical in all efforts to support youth.</i></p> <ul style="list-style-type: none"> <li>• Identify needed youth mental health and substance use services and monitor changes in services to determine how to implement the current Medicaid state plan and 1115 Medicaid Waiver Substance Use Disorder-Behavioral Health Plan.</li> <li>• Identify and provide state-supported MH and SUD treatment services in schools.</li> <li>• Determine whether to provide substance abuse treatment services and pre and post treatment options for youth, which are currently limited. Develop and sustain any services determined to be needed in order to safeguard the opportunity for young people to remain in Juneau as they work to attain/maintain their recovery.</li> </ul>	<p>Treatment Expansion</p>

<p>6. Increase assessment and referral options for young children to support early access to Medicaid funded community and school-based services. (Comp Plan Goal 1)</p> <p><i>The early identification and treatment of behavioral health issues can have a profound positive impact on a child and their family as they grow up and integrate into the larger community through school, community activities, and sports. The opposite is also true, in that failure to address these issues in children will stifle their development and success in later years.</i></p> <ul style="list-style-type: none"> <li>• Sustain community and grant funding to early childhood and infant learning as well as Head Start programs.</li> <li>• Implement additional Best Beginnings and Mental Health Consulting Program for early childhood to sustain and support children as they move through day care, and K-6.</li> </ul>	<p>Treatment Expansion</p>
<p>7. Promote ongoing efforts focused on suicide prevention in our community for adults and youth. (Comp Plan Goal 5)</p> <p><i>Focusing resources on destigmatizing suicide, providing help to individuals contemplating suicide, and addressing the aftershocks for people who have lost someone to suicide through postvention services is essential to mitigate further harm to families and the community.</i></p> <ul style="list-style-type: none"> <li>• Advertise the website - <a href="http://juneamentalhealth.org">juneamentalhealth.org</a>, a user-friendly mental health resource service and guide for Juneau.</li> <li>• Ensure continuation of Suicide Prevention and Postvention Training</li> </ul>	<p>Service Capacity</p>
<p>8. Investigate the workforce projects with AMHTA and UAA Training Cooperative to determine if there are opportunities to improve staffing stability in our agencies. (Comp Plan Goal 9)</p> <p><i>Workforce issues plagued our behavioral health providers in Juneau. Ongoing support is needed to addressing the impact on nonprofits, such as worker of turnover, lack of employee healthcare coverage, low wages, high stress, and trauma.</i></p>	<p>System Development</p>

Priority Key:

Treatment Expansion - MH and SUD services not provided in Juneau or areas that require leaving to receive the care.

Service Capacity – Increase in MH or SUD services already provided in Juneau and removing barriers.

System Development and Coordination – Understanding services being provided and the coordination among providers and addressing sustainability and staffing.

\*“Strengthening the System: Comprehensive Integrated Mental Health Plan for Alaska FY 2020-FY 2024, ” State of Alaska, Department of Health and Social Services, in coordination with Alaska Mental Health Trust Authority.

## Appendices

1. Commentary from Juneau Behavioral Health System Stakeholders
2. List of service providers and others Interviewed
3. Juneau Community Action Planning Group (CAP) Continuum of Care (COC)

## Commentary from Juneau Behavioral Health System Stakeholders

The community providers that are the focus of this assessment gave generously of their time and expertise to outline areas in the Juneau behavioral health and social services array that need attention. The following are the highlights of those interviews.

Priority	Gaps in the current system	Goal
SD	Communication and Coordination amongst the providers (the Who? What? How? of each provider)	1
	<ul style="list-style-type: none"> <li>○ agencies need to provide frequent updates on their changing service array</li> </ul>	
	<ul style="list-style-type: none"> <li>○ more transparency in the system is needed</li> </ul>	
SD	Behavioral health grant and Medicaid rate cuts are impacting non-tribal providers' ability to serve an increasing number of clients	4
SD	Referral and Intake – clients find the administrative process for accessing services burdensome and will use the emergency room system rather than the community providers	3
SD	Focus on use of Chemical Dependency Counselor (CDC) 2 staff is shutting the door on people who need the career ladder	7
SD	All providers identified staffing shortages as a huge worry	7
	<ul style="list-style-type: none"> <li>○ impossible to keep pace with the increasing salary requirements</li> </ul>	
	<ul style="list-style-type: none"> <li>○ staff instability leads to poor treatment outcomes, adversely affecting client retention</li> </ul>	
SD	No information on the roll-out of the 1115 Medicaid Waiver changes	*
SD	No information on the roll-out of the ASO	*
SC	Supported Housing opportunities are scarce, but a very necessary resource for the recovering behavioral health beneficiary	6
SC	Medical coverage for psychiatric services is limited given the number of clients in the community	3
	<ul style="list-style-type: none"> <li>○ Telemedical solutions have worked in many Alaskan communities, could do so in Juneau</li> </ul>	
SC	Vocational Rehabilitation (VR) are only accepting referrals on “employable clients”	*
SC	Same day access for treatment services is a huge gap across programs	3
	<ul style="list-style-type: none"> <li>○ waiting in the lobby to catch an appointment is a hardship for many</li> </ul>	
	<ul style="list-style-type: none"> <li>○ timeliness of service and authorization are a barrier</li> </ul>	
	<ul style="list-style-type: none"> <li>○ long waitlists for adult Seriously Mentally Ill (SMI) clients and no easy intake for previous clients</li> </ul>	
SC	Parents do not know what to do when their child is in crisis	2
SC	In-home services are limited for adults without a primary care diagnosis	6
SC	Lack of specialized detox services for homeless	6
SC	Need same day MAT option that is not too fancy and flexible	6
TE	Treatment (TX) services for young children and adolescents –	2,3 & 4
	<ul style="list-style-type: none"> <li>○ limited treatment services in schools <ul style="list-style-type: none"> <li>▪ they are seeing success with the teen health clinics</li> <li>▪ increasing engagement with families in-home is a goal</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>○ private counseling providers have waitlists and there are too few of them in the community</li> </ul>	

	○ no substance abuse treatment services are available in Juneau at this time	
	○ there are no case management services targeted for Traumatic Brain Injury (TBI) clients in Juneau	
	○ pre/post treatment options for youth are non-existent	
	○ schools have need of additional social workers in schools	
	○ infant learning – there is a gap in services for ages 3-5	
TE	Court-ordered treatment for substance abuse is not used as often as need indicates	*
TE	Most complicated/vulnerable clients are unserved	4
	○ number of agencies doing outpatient behavioral health rehabilitation services is shrinking, decreasing the availability of care for the most severe clients (SED, SMI and SUD)	
	○ new treatment options are needed for adolescents (both outpatient and residential)	

Priority	Recovery Supports	Goal
SD	Agencies have identified that having Navigators is critical	6
SC	Homeless Services experiencing a 7.8% cut in FY 2020	6
SC	Homeless services providers are stretched	6
SC	Shelter services for older adolescents/young adults are non-existent	6
SC	Need a detail of housing units required to meet population	6

Priority	Change Opportunities	Goal
SD	A path to reorganization under the 1115 Medicaid Waiver	*
SD	Map of the Health Status of the state by region	*
SD	Integration with primary care	*
SD	Increased use of Peer Staff	6
SD	Changes in lead positions at agencies has led to improvements in coordination and access	*
TE	Assertive Community Treatment (ACT) Model for Adults	*
TE	Inclusion of telemedical treatment solutions to leverage access to professionals	*
TE	Afterschool Services at Zach Gordon Youth Center	*
TE	Schools are experiencing improved outcomes through Trauma Informed Early Intervention practices with:	*
	○ STEPS and Restorative Practices programs	
	○ MH Consultation and Reflective Practice	

Priority Key:

- TE Treatment Expansion - MH and SUD services not provided in Juneau or areas that require leaving to receive the care.
- SC Service Capacity – Increase in MH or SUD services already provided in Juneau and removing barriers.
- SD System Development and Coordination – Understanding services being provided and the coordination among providers and addressing sustainability and staffing.

## Interviews

Doug Harris, JAMHI  
Dave Branding, JAMHI  
Crystal Bourland, NAMI Juneau  
Bruce Van Dusen, Polaris House  
Saralyn Tabachnick, AWARE  
Wayne A. Stevens, United Way  
Bradley Grigg, BRH  
Mandy O'Neal Cole, AWARE  
Linda Landvik, JAMHI  
Gus Marx, JYS  
Michael Pellerin, GHS  
Michele Federico, GHS  
Amy Simmons-Taylor, JYS  
Erin Walker-Tolles, CCS  
Bradley Perkins, SVDP  
Jordan Nigro, ZGYC  
Mariya Lovishchuk, Glory Hall  
Beth Leban, Teen Health Centers  
Patrick Taylor, JPD  
Tristan Knutson-Lombardo, SAIL  
Hilary Young, Juneau Suicide Prevention Coalition  
Mark Walker, SEARHC  
Kelly Nieman, YKSD  
Cindy Brown Mills, JYS  
Don Habeger, Prisoner Re-Entry  
Dave Moore, JUMPP  
Scott Ciambor, CBJ  
Irene Gallon, CBJ  
Katie Chapman, DHSS/DBH  
Lynn Squires, DHSS/DBH  
Courtney King, DHSS/HCS  
Patrick Sidmore, ASBA  
Kristen Bartlett, JSD  
Ted Wilson, JSD  
Maressa Jensen, JSD  
Jeri Museth, OCS  
Andrew Strand, OCS  
Pres. Richard Peterson, CCTHITA  
Becky Roth, R.O.C.K. Juneau

Southeast Alaska Behavioral Health/Integrated Services Continuum of Care

Updated October 29, 2019

Please Note: The process to share and coordinate screening, assessment and treatment material to coordinate care with referred or shared clients/consumers—as required in the RFP—is included within the attached “Memorandum of Agreement for Juneau Behavioral Health Providers for FY20.”

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
<b>EMERGENCY SERVICES - 24-hour Community Wide</b>			
Emergency Mental Health Svcs- Adults	24/7 Response; includes Telebehav. Health access for Tenakee Sprgs, Elfin Cove, Gustavus	JAMHI	State/Med
24/hr Crisis Line and Safe Emergency Shelter	DV/SA Crisis	AWARE	State/Local
Emergency Services Program - Public Inebriate Social Detox - Crisis Van	SA Crisis	RRC/BRH	CBJ
SEARHC Help-Line	24/7 Crisis Hot Line	SEARHC	Fed
<b>PREVENTION</b>			
Public campaign	Educ, safety, media, advocacy, community for misuse of prescription Rx	JAMHI	Fed/State
CHOICE Retreats	Prevention and cessation, peer modeling, life skills and healthy choices education	JYS	JCF
Family Services & MH Prgm, SA/MH	Educ & support with Native Community, schools	SEARHC	Fed

<b>PROGRAM/TYPE</b>	<b>DESCRIPTION</b>	<b>AGENCY</b>	<b>FUNDING</b>
Overdose Prevention	Narcan distribution and training	JAMHI	State
Personal Safety Education	Pre-school thru college age	AWARE	State/Local
Girls on the Run & Boys Run	Girls & boys grades 3-8	AWARE	State/Local
Alaska Men Choose Respect	High School and adult age male programming	AWARE	Fed/Local
Education & Support Groups	For community and women impacted by dv/sexual assault	AWARE	State/Local
Life Skills & Creative Play Groups	For community & children/youth impacted by dv/sexual assault	AWARE	State/Local
Healthy Relationship Class for Women	10-week education class	AWARE	State
Juneau Choice & Accountability Program- Men at Work	24-week education class	AWARE	State/Local
Coaching Boys into Men	High school and adult	AWARE	State
<b>Haa Tóoch Lichéesh</b> (formally the Juneau Violence Prevention Coalition)	Community planning and partners	AWARE	State
Suicide Prevention Project	School-based, community awareness and postvention.	JYS	State/JCF/ACT
Cultural Community Support Gps	Tlingit-based story-telling, Arts/crafts, drum group for community	SEARHC	State/Fed
<b>EARLY INTERVENTION</b>			
Early Childhood Services Program (ECS)	HeadStart/Pre-schools BH services for ages 3-5. Consultation	JYS	State/Med

<b>PROGRAM/TYPE</b>	<b>DESCRIPTION</b>	<b>AGENCY</b>	<b>FUNDING</b>
NAMI Basics	6-week education and skills course for parents & caregivers with children or adolescents with emerging behavioral health needs.	NAMI/J	AMHTA
NAMI Family & Friends Seminar	Informational seminar on common mental health conditions, treatment options, caregiving strategies and navigating resources.	NAMI/J	AMHTA, NAMI/J
Juneau Alcohol Safety Action Program (ASAP)	Screening, referral, compliance monitoring, Alcohol Drug Info School for youth and adults, Victim Impact Panel	JAMHI	State/SP/TPR
Individual/Group Counseling	For child survivors of dv, sexual assault, child abuse	AWARE	State/Local
Child Advocacy Center	Medical & forensic exams for children; advocacy, referrals and case management.	CCS	State
Love & Logic Parenting Group/Circles of Security	For survivors of domestic violence	AWARE	State/Local
Juneau Coordinated Resource Project	Case mgmt and outpt. clinic services-for mental health court participants	JAMHI	State/Med
JAMHI Wellness Program	Primary care medical prevention/early intervention services, BH integrated care prevention/early intervention services	JAMHI	State/Med/SP
<b>OUTPATIENT</b>			
Comprehensive Sub Abuse Eal/MH/TBI/FASD screening	Adult CD Assessments, screening and referral	GHS	DBH/SP/Med/TPR

<b>PROGRAM/TYPE</b>	<b>DESCRIPTION</b>	<b>AGENCY</b>	<b>FUNDING</b>
Juneau Therapeutic Court	Assmt, Tx Recommendations, Referral, SA Tx, Indiv/Grp/Fam Couns, Educ, Life Skills, Case Mgt, Relapse Pvtn, Cont Care, Fam Prgm, Gender-specific grps	GHS	State
Adult SA/Dual Diag Capable ASAM I	Indiv, Grp, Fam Couns, Care Coordination, after/extended care, (Moral Reconciliation Therapy with Community Work Svc, Cognitive Restructuring, Addiction education, Relationships, Early Recovery Skills, Relapse Prevention)	GHS	DBH/SP/Med/TPR
Adult Behavioral Health – Co-occurring Disorder Capable, SMI-Rehabilitation, Case Management	Walk-in or tele-behav. health integrated clinical assessments M-Th 8a – 1:30p; individual and group therapy and case management for persons with SED, SUD, SMI and co-occurring disorders; psychiatric, med mgt, nursing svcs.	JAMHI	DBH/Med/SP/SFS TPR
MH/CD/Risk/Psychiatric Assessment	Assessments	JYS	State/Med
Family Outpatient Program	Therapy/skill dev	JYS	State/Med
School-Based Services (SBS)	Clinical Therapy/Rehab Skill development in elementary schools	JYS	State/Med
Integrated Behavioral Health Assessment	Integrated BH Assmt for SA/Co-Occurring Disorders	RRC	SP/SFS/TPR/Med
ASAM Level I.0 Outpatient Tx – Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Indiv/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy,	RRC	SP/SFS/TPR/Med/MAT

<b>PROGRAM/TYPE</b>	<b>DESCRIPTION</b>	<b>AGENCY</b>	<b>FUNDING</b>
	Urine Drug Screens, Relapse Pvtn, Cont Care MAT -OBOT		
Family Services Prgm/SA, Youth & Adult	Indiv & Fam Couns.	SEARHC	SEARHC /Fed
Family Services Prgm/SA, Youth & Adult	Assessments & Eval	SEARHC	SEARHC/Fed
MH Prgm, Adolescent, Adult, Elderly	Assessment, Med Mng, Psychotherapy, Psychiatric.	SEARHC	SEARHC/Fed/TPR
MH Prgm, Child & Adolescent, Parents	Child & Fam Therapy	SEARHC	SEARHC/TPR
BH Department	Case Management	SEARHC	Fed/TPR
BH Department	Tele-Behavioral Conf	SEARHC	Fed/TPR
SA/MH Co-Occurring	Indiv, Fam Therapy,	SEARHC	Fed/TPR
Screening and Integrated Behavioral Health Assessment	DSM/ASAM Assessments	SEARHC	SEARHC/FED
ASAM Level 1.0 outpatient treatment	Continuing Care, Relapse Prevention, education, group counseling, individual counseling, case management	SEARHC	SEARHC /Fed
Screening and Integrated Behavioral	Adult integrated BH assessments and referrals	SEARHC	SEARHC /Fed
SEARHC BH Dept	Walk-in Open Enrollment for intake M, W, & F 1-3PM, T & THR 9-11AM. Crisis Walk-Ins M-F 8-5PM	SEARHC	SEARHC /Fed

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
Juneau Coordinated Resource Project	Mental health court case mgt and outpatient clinical services	JAMHI	State/Med
<b>INTENSIVE OUTPATIENT</b>			
Beh Health Eval SA/MH/FASD screening Adult Beh health-Dual Diag capable ASAM II.I.	Adult Assessmts	GHS	DBH/SP/Med/TPR
Adult SA/Dual Diag Capable ASAM II.I	Indiv, Grp, Fam, Couns, Care Coordination, Rehab Tx, Extended Care, Moral Reconation, Cog Restructuring, Early Recovery, Gender grps, soc support.	GHS	DBH/SP/Med/TPR
MH Intensive Program	Couns/Skill Dev	JYS	State/Med
Integrated Behavioral Health Assessment	Integrated BH Assmt for SA/Co-Occurring Disorders	RRC	SP/SFS/TPR/Med
ASAM Level II.I Outpatient Tx – Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Indiv/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvttn, Cont Care; MAT -OBOT	RRC	SP/SFS/TPR/Med/MAT
Matrix Model Group with Substance Use Assessments ASAM Level 2.1	Assmt, Tx Recommendations, Referral, SA Tx, Indiv/Grp/Fam Couns, Educ, Life Skills, Case Mgt, Relapse Pvttn, Cont Care, Fam Prgm, Gender-specific grps	SEARHC	SEARHC /Fed
<b>DAY TREATMENT</b>			

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
<b>RESIDENTIAL</b>			
<b>Youth Mental Health</b>			
15-bed level-four girls' Tx Program	Lighthouse: Long-term Tx Dual Dx (Matrix Model)	JYS	State/Med
15-bed level-four boys' Tx Program	Montana Creek: Long-term Dual Dx (Matrix Model)	JYS	State/Med
Residential Educational Program	Education	JYS/Sch Dist.	CBJ/State/Med
Wilderness Therapy multi-bed	Crossings: Wilderness Therapy Wrangell Based 65-day Mental health primary diagnosis with the ability to have a secondary diagnosis of SUD	SEARHC	FED/STATE/SEARHC
<b>Youth Behavioral Health – Co-Occurring Capable</b>			
Raven's Way Program-Adventure Bound	Matrix Model; Referral/ open enrollment	SEARHC	Fed
<b>Youth Long-term Transitional</b>			
7-bed transitional living apartments	Transitional Living Program at the Black bear Apartments, offering Supported Housing	JYS	CBJ/Fed
<b>Child/Youth Crisis/Respite</b>			

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
<b>Adult Mental Health</b>			
Bartlett Mental Health Unit	Eval and Treatment	BRH	DBH/Med/TPR
Independent Permanent Housing (15 units)	Independent Housing	JAMHI	HUD/SP
Permanent Supported Housing (30 beds)	Person-centered support across 4 settings	JAMHI	DBH/Med/TPR/SP
Polaris House	Adult Substance Abuse. Maintain less than 10% homelessness for members	Polaris	DBH/AMHTA
NAMI Peer-to-Peer Course	8-session, peer-led recovery education course for individuals experiencing a mental illness or co-occurring SUD.	NAMI/J	AMHTA, NAMI/J
NAMI Connection Support Group	Weekly peer-led support group for adults with a mental illness or co-occurring SUD	NAMI/J	AMHTA, NAMI/J
Senior Mental Health Services	Individualized in home counseling services for seniors and their families.	CCS	State/Local
<b>Adult Substance Abuse</b>			
Integrated Behavioral Health Assessment	Integrated BH Assmt for SA/Co-Occurring Disorders	RRC	SP/SFS/TPR/Med
ASAM Level III.5 Residential Tx – 16- Bed, Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Indiv/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvt, Cont Care; MAT -OBOT	RRC	DBH/SFS/SP/TPR/Med/MAT

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
ASAM Level II.I Outpatient Tx – Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Individ/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvtn, Cont Care; MAT -OBOT	RRC	SP/SFS/TPR/Med/MAT
ASAM Level I.0 Outpatient Tx – Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Individ/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvtn, Cont Care; MAT -OBOT	RRC	SP/SFS/TPR/Med/MAT
ASAM Level III.7-D & IV-D Medically Monitored Tx - MHU, Med Surg, CCU	Detoxification	RRC/BRH	DBH/TPR/Med
Integrated Behavioral Health Assessment	Primary care assessment and treatment, Integrated Behavioral Health assessment for SUD, co-occurring disorders, individual, referral services, continuing care and support, MAT	JAMHI	DBH/Med/TPR
Intensive Outpatient Treatment; ASAM Level I.0 and II.I	Matrix Model; Integrated Behavioral Health assessment for co-occurring disorders; Tx Planning, Individ/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvtn, Cont Care; MAT -OBOT	SEARHC	Fed/SEARHC
ASAM Level 1.0 Outpt Substance Use Disorder Treatment- Adult SA	Integrated BH Assmt, Individ., Grp. & Fam. Couns., Referral Svcs, Continuing Care	GHS	DBH/SP/Med/TPR

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
ASAM Level II.I Intensive Outpt. Substance Use Disorder Treatment – Adult SA	Integrated BH Assmt., Indiv, Grp., & Fam. Couns., Referral Svcs, Continuing Care	GHS	DBH/SP/Med/TPR
<b>Adult Behavioral Health – Co-Occurring Capable</b>			
Intervention and Referral	Individual, Family	GHS	State/SP
Independent Permanent Housing (15 units)	Independent Housing	JAMHI	HUD/SP
Permanent Supported Housing (30 beds)	Person centered support across 4 settings	JAMHI	DBH/Med/TPR/SP
Outpatient Adult Svcs –Ages 18+	Primary care assessment and treatment, Integrated behavioral health assessment, psychiatric eval, med mgmt, individual and group counseling, case mgmt, rehab services, care coordination and referral. Same-day assessment access; tele-behavioral health capacity.	JAMHI	DBH/ Med/ TPR/ SP/SFS
Integrated Behavioral Health Assessment	Integrated BH Assmt for SA/Co-Occurring Disorders	RRC	SP/SFS/TPR/Med
ASAM Level III.5 Residential Tx – 16- Bed, Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Indiv/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvtn, Cont Care; MAT -OBOT	RRC	DBH/SFS/SP/TPR /Med/MAT

<b>PROGRAM/TYPE</b>	<b>DESCRIPTION</b>	<b>AGENCY</b>	<b>FUNDING</b>
ASAM Level II.I Outpatient Tx – Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Individ/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvt, Cont Care; MAT -OBOT	RRC	SP/SFS/TPR/Med/MAT
ASAM Level I.0 Outpatient Tx – Adult SA/Co-Occurring Disorders	Integrated BH Assmt, Tx Planning, Individ/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvt, Cont Care; MAT -OBOT	RRC	SP/SFS/TPR/Med/MAT
ASAM Level I.0 Outpt. Substance Use Disorder/Co-Occurring Disorders-Adult	Integrated BH Assmt, Individ, Gp., & Fam Couns, Referral Svcs, Continuing Care	GHS	DBH/SP/Med/TPR
ASAM Level I.I Intensive Outpt. Substance Use Disorder/Co-Occurring Disorders - Adult	Integrated BH Assmt., Individ, Gp., & Fam. Couns., Referral Svcs, Continuing Care	GHS	DBH/SP/Med/TPR
Intensive Outpatient Treatment; Outpatient Treatment; ASAM Level I.0 and II.I with Mental Health Services	Matrix Model; Integrated Behavioral Health assessment for co-occurring disorders; Tx Planning, Individ/Grp/Fam/Couples Coun, Gender-Specific Grps, Case Mgt, Rec Therapy, Urine Drug Screens, Relapse Pvt, Cont Care; MAT –OBOT; with mental health therapist treating mental health condition	SEARHC	Fed/SEARHC
Residential Transitional Living for Survivors of Domestic Violence/SH	11 units of transitional housing, counseling	AWARE	State/Local

<b>PROGRAM/TYPE</b>	<b>DESCRIPTION</b>	<b>AGENCY</b>	<b>FUNDING</b>
Forget-Me-Not Manor	Juneau Collaborative Housing Apartments- -32 people experiencing chronic homelessness and substance misuse. Housing-1st.	JHFC	State/Local
<b>DETOXIFICATION</b>			
ASAM Level III.7-D & IV-D Medically Monitored Tx - MHU, Med Surg, CCU	Detoxification	RRC/BRH	DBH/TPR/Med
Emergency Services Program - Public Inebriate Social Detox - Crisis Van	SA Crisis	RRC	CBJ
<b>MISC ADULT BEHAVIORAL HEALTH SERVICES</b>			
Anger Management	Group	GHS	SP
Adult Re-Entry Prgm-Corrections (APIC)	Pre and post release case management services; clinical & psychiatric assessments, treatment planning, Individual and group services, primary medical care.	JAMHI	DOC
Adult Re-Entry Prgm	Group, Case Mgt	GHS	DOC
Candlelight AA and Women's AA	Self help	GHS	Donation
Coordinated Resource Project (MH Court)	Case Management, OP services	JAMHI	DBH/CBJ/Med/ TPR
Emergency Services Patrol Public, Inebriate Program	Social Detox	RRC	DOC

<b>PROGRAM/TYPE</b>	<b>DESCRIPTION</b>	<b>AGENCY</b>	<b>FUNDING</b>
Adult Community Support	Group and Individual	Polaris	AMHTA
Adult Community Job Service	Individual Support	Polaris	DBH, DVR
Court Ordered Ed	Alcohol and Drug Info adult and youth; ADIS and YADIS	JAMHI	SP
Victim Impact Panel	Group	JAMHI	SP
Adult Reducing Recidivism Case Mgt.	Case mgt for medium to high risk offenders	JAMHI	State
<b>INTEGRATED PRIMARY CARE</b>			
Adult Primary Care	Primary medical care for all adults integrated with behavioral health services	JAMHI	SAMHSA
Pain Management	Integrated Primary Care Mental Health-Pain Management Care coordination	SEARHC	FED/SEARHC
MAT Group	Integrated Primary Care Mental Health-MAT group using Matrix material prescribers doing group visits at the end of the group, UA's prior	SEARHC	FED/SEARHC
<b>OTHER</b>			
Transitional Supported Housing	Case Mgt Life Skills, Placement and Rental Assistance	GHS	AHFC/SP
Juneau Choice and Accountability Program (JCAP)	24 class psychoeducational program for dv offenders, community and prison programs	AWARE	State/Local
Teen Health Center	Clinical support to school-based Teen Health Centers	JYS	JSD/JCF
Foster Care	Therapeutic foster care	Akeela	Medicaid

<b>PROGRAM/TYPE</b>	<b>DESCRIPTION</b>	<b>AGENCY</b>	<b>FUNDING</b>
Bereavement Support	Individual and 8-wk group education 2X year.	CCS	Local/State
NAMI Family-to-Family Course	8-session education course for family members and caregivers who support loved ones with mental illness or co-occurring SUD	NAMI/J	AMHTA, NAMI/J
NAMI Family Support Group	Peer-led support group for family members and friends who support loved ones with a mental illness or co-occurring SUD	NAMI/J	AMHTA, NAMI/J
Family Support Group	Group for families experiencing SUD	JAMHI	Donation
<b>AGENCIES</b>			
Bartlett Regional Hospital		BRH	
Catholic Community Services		CCS	
Division of Behavioral Health		DBH	
Division of Juvenile Justice		DJJ	
Gastineau Human Services		GHS	
Indian Health Service		IHS	
JAMHI Health and Wellness		JAMHI	
Juneau Youth Services		JYS	
NAMI Juneau		NAMIJ	
Mt. Edgecombe Hospital		MEH	

PROGRAM/TYPE	DESCRIPTION	AGENCY	FUNDING
Office of Juvenile Justice and Delinquency		OJJDP	
Office of Violence Against Women		OVW	
Rainforest Recovery Center		RRC	
Southeast Alaska Regional Health Consortium		SEARHC	
Polaris House		Polaris	
Aiding Women in Abuse & Rape Emergencies (AWARE), Inc.		AWARE	
Akeela		AKEELA	
Community Connections		CC	
Alaska Island Community Service		AICS	
Lynn Canal Counseling		LCC	
Youth Advocates of Sitka		YAS	
Sitka Counseling and Prevention Svcs		SCPS	
Southeast AK Regional Health Consortium		SEARHC	
<b>ACRONYMS AND ABBREVIATIONS</b>			

PROGRAM/TYPE		DESCRIPTION	AGENCY	FUNDING
AMHTA	Alaska Mental Health Trust Authority			
CM	Case Management	Mgt	Management	
Couns	Counseling	Outpt	Outpatient	
DBH	Division of Behavioral Health	PC	Primary Care	
Dep	Dependence	Ref	Referral	
DOC	Dept. of Corrections			
Detox	Detoxification	SA	Substance Abuse	
Dist	District	Sch	School	
DV	Domestic Violence	SED	Severely Emotionally Disturbed	
Educ	Education	SMI	Seriously Mentally Ill	
Fam	Family	SP	Self-Pay	
FASD	Fetal Alcohol Spectrum Disorder	TPR	Third Party Reimbursement	
Fed	Federal	Tx	Treatment	
Grp	Group	SFS	Sliding Fee Scale	
Indiv	Individual			
Inpt	Inpatient			
Med	Medicaid			
MH	Mental Health			