

## PUBLIC COMMENT

Categories of Comments	Summary	Rationale
Eligibility	Concerns with the direct and indirect costs of implementing the plan for providers.	Thank you for your comment. Direct implementation costs for providers has not been determined, the Department will be developing an action plan to aid in the implementation of the Comprehensive Plan.
	Question regarding whether a new Medicaid waiver specific to chronic and significant mental illness might be a part of the Comprehensive Plan. Specifically, a waiver that covers debilitating and chronic mental illness experienced by beneficiaries who don't meet the criteria for IDD.	Thank you for your comment. The Department identifies these current gaps. An action plan is under development for more specific ways that waivers can cover this population. This falls under Objective 7.2 in the plan.
	Concerns that Medicare's payment rate to providers for mental health is too low.	Thank you for your comment. Staff retention, cost transparency, etc., are included in the Comprehensive Plan.
Workforce Development, Infrastructure, and Training	Suggestion to conduct a regional level Behavioral Health scan to ensure that the services and programs	Thank you for your comment. This plan is focused on a comprehensive statewide approach to services. The action plan may divide the work on a regional or specific level.

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	that are crucial to carry out the plan are present for each region.	
	Suggestion for the addition of the strategy: “Establish and support Crisis Intervention Teams” to objective 7.3.	Thank you for your comment. The Department likes this suggestion but is opting to put it in the action plan which is under development. It will fall under 7.3c.
	Comment supporting the objectives in section 6.1. Reinforcement provided for strategy 6.1c.	Thank you for your comment. The Department appreciates your support. The deployment of prison nurseries was added this as a strategy to the newly revised 6.1.
	Suggestion for the addition of the strategy: “Support statewide ADRCs to continue to do a robust service delivery (options counseling, eligibility testing, etc.)” to be added under section 2.3.	Thank you for your comment. Support statewide ADRCs to continue to do a robust service delivery (options counseling, eligibility testing, etc.), was added as a strategy under 2.3.
	Recommendation suggesting the addition of children and youth to be included in objectives 6.3 and 6.4, the addition of strategies to these objective, or creating a new objective that deals specifically with children and youth.	Thank you for your comment. Recruitment and retention of OCS protective services workers was changed to a strategy and caseload standards will be addressed in the action plan.
	Recommendation for a greater focus on the primary prevention of child abuse, neglect, and ACEs. Recommends starting much further upstream to change the conditions	Thank you for your comment. This suggestion was streamlined into one objective under 6.1. Strategies 6.1d, 6.1e, and 6.1f were also implemented into the comprehensive plan.

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	that lead to higher risk of developmental disabilities, mental illness, alcoholism, drug dependence, and other issues.	
	Comment regarding the statewide gaps for mentally ill individuals who are incarcerated and the deficiencies with the level of the care in that setting. Additional comment regarding the goal to expand services not aligning with financial realities.	Thank you for your comment. Goal 8.3 addresses enhancing and expanding access to clinical and case management resources for Alaskans who are incarcerated, as well as the financial realities that accompany it.
	Suggestion that the inclusion of efforts to limit economic barriers to the poor for receiving behavioral health services be included within the plan.	Thank you for your comment. The Department recognizes workforce shortages in our State. Please see goal 9 for specific strategies.
Service Array	Suggestion for an amendment to the in-patient substance abuse form, to provide urgent access to treatment for suicidal patients.	Thank you for your comment. In response to your suggestion, we have added this to the action plan in development.
	Comment highlighting the importance of Objective 7.2 and that reimbursement rates match acuity levels for long term services and supports.	Thank you for your comment. We expanded this in the action plan, and is reflected in 7.2e.

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	Comment suggesting that objectives 4.3 and 4.4 could be strengthened by including the need for expansion and immediate access to detox services along with the MAT services. Detox services should be mentioned as a targeted objective.	Thank you for your comment. Objectives 4.3 and 4.4 cover detox services, because detox is the entry to the continuum of care for ASAM.
	Suggestion for the addition of the following strategies to be mentioned for statewide use under goal 6: Sexual Assault Response Teams (SART); SCAN teams and Robust Child Advocacy Centers; and education for residents on ACEs and healthy relationships.	Thank you for your comment. The Department believes ACEs education is already covered in Goal 1. Thank you for your comment regarding SARTs. Specific Child Advocacy Centers will possibly be addressed in the action plan. We also plan to expand MDTs and SCAN in the action plan.
	Recommendation that a separate objective be created for children and youth in residential treatment, along the lines of Objective 8.2.	Thank you for your comment. The action plan will address under 8.1c to utilize therapeutic foster homes as a step-down level of care. In addition, under 8.1d the action plan will work to ensure regular in-person visits to out-of-state treatment centers.
	Recommendation for the addition of telehealth to be used for substance use disorders.	Thank you for your comment. The action plan under 2.2 will address the use of telehealth and substance use disorders.
	Recommendation to add follow up on requests for services in 3.5c.	Thank you for your comment. The Department considered this and will add it to the action plan which is under development.
General questions, comments, and concerns.	Suggestion to revise the psychiatric patient grievance law AS47.30.847 to cover all disabled Trust beneficiaries.	Thank you for your comment. The Department will add this to the action plan under 8.1d.

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	Comment regarding the creation of support that legislatively improves rights for the disabled to be added to the DHSS's 5-year plan to care for the disabled.	Thank you for your comment, no further changes were made.
	Comment regarding the development of mental health facilities in Southeast Alaska.	Thank you for your comment.
	Comment suggesting an addition to the thought and language in Goal 8, to include links to beneficiaries' culture and/or community of choice in the institutional or prison setting.	Thank you for your comment. We agree and will add in "culturally sensitive" where appropriate as it relates to supports and services.
	Recommendation for the insertion of "culturally competent" (or another appropriate phrase) after "comprehensive"	Thank you for your comment.
	Recommendation that the following strategy be added to objective 7.2: "Reduce the use of acute psychiatric hospitalizations, such as at Northstar Hospital".	Thank you for your comment.
	Recommendation to change the term "trauma-informed" to "trauma-informed, culturally-responsive" to be in line with the SAMHSA principles of trauma-informed care.	Thank you for your comment. We believe culturally responsive is now properly addressed in the narrative and implied throughout the document.

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	Concern about the Comprehensive Plan being too broad and lacking specificity regarding Alaska's suicide problem.	Thank you for your comment. The Statewide Suicide Prevention Plan includes specific strategies addressing Alaska's suicide rates. It can be found here: <a href="http://dhss.alaska.gov/SuicidePrevention/Documents/pdfs/Recasting-the-Net-Promoting-Wellness-to-Prevention-Suicide-2018-2022.pdf">http://dhss.alaska.gov/SuicidePrevention/Documents/pdfs/Recasting-the-Net-Promoting-Wellness-to-Prevention-Suicide-2018-2022.pdf</a>
	Concern regarding the treatment of inpatient psychiatric citizens occurring in a privately contracted facility.	Thank you for your comment. The treatment of inpatient psychiatric citizens occurring in a private facility is addressed in goal 8.2.
	Question regarding the list on the Foundational Page and if the third point in that list includes alcohol/substance use disorders.	Thank you for your comment. We believe behavioral health is inclusive of substance use disorders, which is why it does not appear on the Foundational Goal page.
	Question regarding the list on the foundational page and if the fourth point in the list points out opioids specifically and not alcohol.	Thank you for your comment. The foundational goal page was broadened so it's not specific to opioids.
	Comment referencing a recent statewide conversation about workforce development, and a focus on stair step opportunities, or positions with clear ways to advance.	Thank you for your comment. The Department added this to the action plan in 9.1 and we added a strategy to 3.2 that includes beneficiaries entering/ returning to the workforce.
	Comment to always use "misuse" instead of "abuse".	Thank you for your comment. The Department made a global change to change all references to Substance Abuse to Substance Misuse.

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	Recommendation for adding defining/teaching low-risk alcohol use in objective 4.1.	Thank you for your comment. The Department expanded the action plan to address this in 4.1a.
	Recommendation for adding moderation management as a strategy to objective 4.2.	Thank you for your comment. The Department expanded 4.2e to include moderation management as a strategy.
	Suggestion for objective 7.3 to consider including recidivism, not just first entering or becoming.	Thank you for your comment. Recidivism is covered in 8.3, which is focused on not entering the system.