



Formerly McDowell Group

YOUTH BEHAVIORAL HEALTH

Statewide Snapshot

March 2025

PREPARED FOR:

Spirit of Youth

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Executive Summary

Spirit of Youth contracted with McKinley Research Group to conduct a statewide assessment of youth behavioral health in Alaska, with a focus on behavioral health prevention and promotion. The assessment included analysis of a selection of youth behavioral health data, a facilitated discussion with stakeholders, and a review of other recently published assessments of youth behavioral health in Alaska, including a report summarizing findings from youth focus groups hosted by Spirit of Youth.

This assessment provides a synopsis of current youth behavioral health needs, challenges, and opportunities in Alaska. Findings from this study are intended to inform Spirit of Youth behavioral health prevention and promotion strategies.

Youth Behavioral Health Overview

The recently published data and assessment reports reviewed for this study provide an overview of mental health support in schools, the behavioral health care system for children, and regional challenges with youth behavioral health. This review revealed the following.

- **Limited recent changes in the prevalence of risk and protective factors.** Where trend data from the Alaska Youth Risk Behavior Survey is available, there is no short-term change in prevalence of most risk and protective factors and indicators of behavioral health among traditional high school students in Alaska. Two factors for which significant change occurred include bullying and binge drinking.
 - The percentage of traditional high school students who reported being bullied on school property decreased between 2019 and 2023, from 26% to 20%. This is a positive change, particularly for Spirit of Youth, which leads statewide bullying prevention efforts.
 - The percentage of high school students binge drinking decreased between 2019 and 2023, from 12% to 9%.
- **Behavioral health needs vary by region and community.** While some broad approaches may work at the state level, no one statewide, one-size-fits-all strategy can address all behavioral health prevention and promotion needs.
- **Behavioral health is connected to many persistent and systemic issues, challenging behavioral health prevention and promotion.** Recent reports connect behavioral

health and issues such as poverty, income inequality, colonization, racism, intergenerational trauma, the rural-urban divide, and other complex societal challenges.

- **More investment is needed in youth behavioral health statewide.** This includes investing in youth behavioral health and wellness across the spectrum of prevention and postvention, as well as in strategies that address the complex societal challenges associated with behavioral health issues.

Considerations for Spirit of Youth

Spirit of Youth's current prevention strategies include:

- Formation of a statewide advisory group.
- Creation of a statewide bullying prevention campaign.
- Administration of a youth recognition and positive media campaign.
- Advocating for youth mental health support in K-12 public education.

These strategies align with the recommendations presented in reports and assessments reviewed in this study and by discussion group participants.

- *The Behavioral Health Roadmap Project for Alaska Youth* calls for **specific prevention and early intervention efforts**, including expanding Comprehensive Behavioral Health Prevention and Early Intervention (CBHPEI) grants and investing in statewide youth prevention coalitions.
- Two prominent recommendations from youth behavioral health stakeholders include increasing **youth leadership opportunities** and focusing on **strength-based and skill-building activities**.
- Stakeholders engaged in this assessment identified effective prevention practices that include support for **youth leadership, collaboration** with other organizations and representatives from various sectors, celebration of **cultural connection**, and building **protective factors**.

Findings from this assessment suggest that as Spirit of Youth considers future prevention and promotion strategies, the organization might consider opportunities to:

- Advocate for improved behavioral health care systems for youth and young adults.
- Support regional and community partners in tailoring approaches to their community.
- Connect rural prevention stakeholders with resources.
- Support development and implementation of a mental health education curriculum.
- Engage parents and guardians in programs.

Introduction

Spirit of Youth is a nonprofit organization dedicated to creating, promoting, and recognizing youth involvement in communities across Alaska. Spirit of Youth contracted with McKinley Research Group to assess youth behavioral health in Alaska and prepare for future funding opportunities from the State of Alaska Division of Behavioral Health and other entities.

Methods

Methods used in this assessment included select secondary data analysis, review of recently published reports on youth behavioral health in Alaska – including a report summarizing findings from a series of focus groups with youth hosted by Spirit of Youth, and a discussion group with youth behavioral health prevention and promotion stakeholders.

Secondary Data

Data in this document are primarily sourced from the Alaska Youth Risk Behavior Survey (YRBS). Statewide data from the 2019 and 2023 surveys for traditional high school students were downloaded in January 2025 from the State of Alaska Department of Health's *Alaska YRBS Statewide Survey Results* dashboard. The dashboard includes a statistical assessment of significant trends between 2019 and 2023. The survey was not administered in 2021 due to the COVID-19 pandemic. The appendix of this report provides additional information about the YRBS. Additional secondary data included in this assessment were sourced from the Alaska Department of Health by Spirit of Youth.

Stakeholder Discussion Group

McKinley Research Group facilitated a one-hour discussion group with 10 youth behavioral health prevention and promotion stakeholders in March 2025. The discussion group, held in Juneau, coincided with the Council on Domestic Violence and Sexual Assault and the Division of Behavioral Health's 2025 Prevention Summit. Discussion group participants were asked to share their perceptions of youth behavioral health prevention and promotion in Alaska and opportunities for effective future prevention and promotion strategies.

McKinley Research Group designed a discussion group protocol, with review and input from Spirit of Youth. A copy of the protocol is included in the appendix. Individuals participating in the discussion group are acknowledged and listed in the appendix.

Review of Recent Reports

This assessment was designed to leverage other recently published assessments on youth behavioral health completed by or on behalf of the State of Alaska Department of Health, the Department of Family and Community Services, and the Alaska Mental Health Trust Authority. This study summarizes findings from four recent reports on youth behavioral health.

- Mental Health Support in Alaska's Schools (July 2022)
- Overview of Alaska's Behavioral Health System of Care for Children (April 2023)
- Behavioral Health Roadmap Project for Alaska Youth (Fall 2023)
- Young Adult Perspectives on Adults' Views of Teens (February 2025)

Document Organization

Following this introduction are three core chapters and an appendix. A brief description of each chapter follows.

- **Youth Behavioral Health Profile:** This profile presents data on key risk and protective factors for behavioral health, and mental health and substance use indicators.
- **Partner Perspectives:** This section presents findings from a facilitated discussion with youth behavioral health prevention and promotion stakeholders.
- **Review of Recent Reports:** This section summarizes key takeaways from McKinley Research Group's review of recently published reports on youth behavioral health in Alaska and findings from a recently prepared report on a series of focus groups with young adults hosted by Spirit of Youth.
- **Appendix:** Presents additional details about secondary data, report reviews, and the stakeholder discussion group.

Youth Behavioral Health Profile

This chapter summarizes risk and protective factors and behavioral health indicator trends. The data highlighted were collected from the 2019 and 2023 YRBS and from the Spirit of Youth management information system.

Data for some YRBS indicators were not available for 2019 and 2023, as data were not collected in both survey years. For a few indicators where data were not available for 2019, data were collected; however, the Alaska Department of Health (DOH) advises against using the results. The DOH assessed the validity of the YRBS survey and found evidence to suggest that the survey questions for some indicators, as asked in 2019, needed adjustment. Where needed, changes were made to question and response options for the 2023 survey. As a result, prevalence estimates from 2019 for some indicators cannot be compared to those from 2023.

Risk and Protective Factors

Key primary prevention approaches for improving youth behavioral health across the lifespan include reducing risk factors and increasing protective factors. Risk factors are characteristics and conditions that increase the likelihood of experiencing an adverse outcome. Protective factors are characteristics and conditions that increase the likelihood of experiencing a positive outcome. The risk and protective factors presented here are informed by past analyses of Alaska YRBS data that found statistically significant correlations between the presence of specific risk and protective factors and improved behavioral health outcomes.

Risk Factors

EXPERIENCE OF BEING BULLIED

- The percentage of high school students who reported being bullied on school property within the past year decreased significantly between 2019 and 2023, from 26% to 20%.
- No significant change occurred in the percentages of high school students who reported being electronically bullied during the past year, with 19% in 2023 and 20% in 2019.

DATING VIOLENCE

The percentage of high school students who reported experiencing physical dating violence within the past year did not change significantly, at 6% in 2023 and 10% in 2019.

FEEL UNSAFE AT SCHOOL

In 2019, 12% of high school students reported not going to school for at least one day within the last 30 days because they felt unsafe at school or on their way to or from school. Data for this indicator was not collected as part of the 2023 Alaska YRBS.

SLEPT AWAY FROM HOME

In 2023, 11% of high school students reported sleeping away from their parents' or guardians' home because they were kicked out, ran away, were abandoned, or felt unsafe in their home during the past 12 months, statistically similar to 12% in 2019.

Table 1. Risk Factors, Alaska Traditional High School Students, 2019 & 2023

	Prevalence Estimate (%)		Trend
	2019	2023	
Risk Factors			
Bullying	25.5	19.5	Significant decrease
Electronic bullying	20.0	19.4	No change
Dating violence	9.7	6.3	No change
Felt unsafe at school	12.3	†	‡
Slept away from home	11.6	10.6	No change

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease and Prevention.

†Data not collected as part of the 2023 Alaska YRBS.

‡Data is only available for one year, and the commentary on trends is unavailable.

Protective Factors

CONTROL EMOTIONS

In 2023, 66% of high school students reported they frequently or almost always can control their emotions when they need to, statistically similar to 65% in 2019.

PARTICIPATE IN ORGANIZED ACTIVITIES

In 2023, 54% of high school students reported they take part in organized activities on one or more days during an average week, statistically similar to 54% in 2019.

COMFORTABLE SEEKING HELP FROM THREE OR MORE ADULTS

In 2023, 45% of high school students reported feeling comfortable seeking help from three or more adults besides their parents if they had an important question affecting their life, statistically similar to 49% in 2019.

YOUTH MATTER

In 2023, 59% of high school students agreed or strongly agreed that they feel like they matter to people in their community. As described earlier, data for 2019 was unavailable.

YOUTH FEEL ALONE IN THEIR LIFE

In 2023, 54% of high school students disagreed or strongly disagreed that they feel alone in their life. As described earlier, data for 2019 was unavailable.

TEACHERS CARE AND PROVIDE ENCOURAGEMENT

In 2023, two-thirds (66%) of high school students agreed or strongly agreed that their teachers care about and encourage them. As described earlier, data for 2019 was unavailable.

FRIEND AND PARENT PERCEPTIONS OF ALCOHOL USE

- In 2019, 87% of high school students reported that their parents would feel it would be wrong or very wrong for them to have one or two alcoholic beverages nearly every day. Data for this indicator was not collected as part of the 2023 Alaska YRBS.
- In 2019, 67% of high school students reported that their friends would feel it would be wrong or very wrong for them to have one or two alcoholic beverages nearly every day. Data for this indicator was not collected as part of the 2023 Alaska YRBS.

Table 2. Protective Factors, Alaska Traditional High School Students, 2019 & 2023

	Prevalence Estimate (%)		Trend
	2019	2023	
Protective Factors			
Control emotions when they need to	66.3	64.5	No change
Participate in organized activities	56.8	53.9	No change
Comfortable seeking help from 3+ adults	48.6	45.2	No change
Feel they matter to people in their community	*	58.9	‡
Youth do not feel alone in their life	*	54.2	‡
Teachers really care and give encouragement	*	65.7	‡
Friends would feel it would be wrong if they drank every day	66.7	†	‡
Parents would feel it would be wrong if they drank every day	87.0	†	‡

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease and Prevention.

*This indicator was assessed in the 2019 survey; however, the Alaska Department of Health advises against using 2019 data due to concerns about the validity of the YRBS survey question as it was asked in 2019. Adjustments were made to the question and response options for the 2023 survey.

†Data not collected as part of the 2023 Alaska YRBS.

‡Data is only available for one year, and the commentary on trends is unavailable.

Mental Health and Suicide

Sadness and Hopelessness

Between 2019 and 2023, the percentage of high school students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities remained relatively steady, at 43% in 2023 and 38% in 2019.

Anxiety

In 2023, 35% of high school students felt so anxious almost every day for two weeks or more that they stopped doing some of their usual activities. Data for this indicator was not collected as part of the 2023 Alaska YRBS.

Suicide Ideation and Attempts

- In 2023, 23% of high school students seriously considered attempting suicide, similar to 25% in 2019.
- In 2023, 21% of high school students made a plan about how they would attempt suicide, similar to 22% in 2019.
- In 2023, 19% of high school students attempted suicide, similar to 20% in 2019.

Table 3. Depression and Suicide, Alaska Traditional High School Students, 2019 & 2023

	Prevalence Estimate (%)		Trend
	2019	2023	
Mental Health and Suicide			
Felt sad or hopeless	38.1	43.2	No change
Felt anxious	*	34.5	‡
Considered suicide	25.3	22.6	No change
Planned suicide	21.6	20.5	No change
Attempted suicide	19.7	19.0	No change

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease and Prevention.

*Data not collected as part of the 2019 Alaska YRBS.

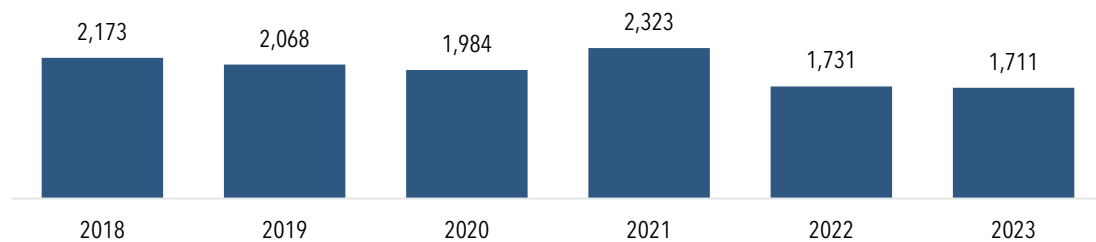
‡Data is only available for one year, and the commentary on trends is unavailable.

Careline Call Volume

Careline is a 24/7 hotline providing crisis intervention for individuals considering suicide or experiencing crisis, isolation, or depression. The hotline supports survivors of a suicide attempt or loss to suicide by providing crisis intervention, education, and referral. Between state fiscal

years 2018 and 2023, calls by youth and young adults ages 10-24 averaged 2,000 each year. Call volume was at its highest in 2021 and decreased in 2022 and 2023.

Figure 1. Alaska Careline Call Volume, Youth and Young Adults Ages 10-24, State Fiscal Years 2018-2023



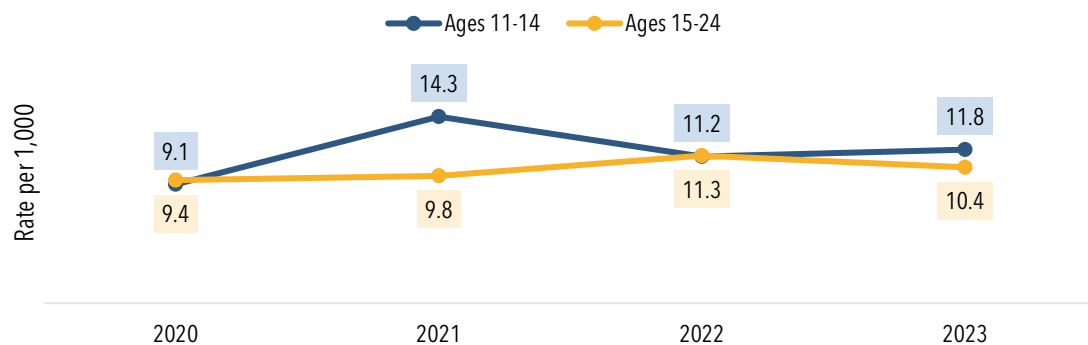
Source: Alaska Department of Health.

Emergency Department Visits

Spirit of Youth regularly requests emergency department visit data on Anchorage youth and young adult suicide attempts from the Alaska Department of Health, Section of Epidemiology. Spirit of Youth shared data for calendar years 2020 through 2023 with McKinley Research Group.

The rate of emergency department visits for suicide attempts among 11-14-year-olds fluctuated yearly from 2020 to 2023, with an upward trend over the four-year period. The suicide attempt emergency department visit rate reached a high of 14.3 per 1,000 in 2021. Among 15-24-year-old youth in Alaska, there were 9.4 visits for suicide attempts per 1,000 emergency department visits in 2020 compared to 10.4 per 1,000 youth in 2023.

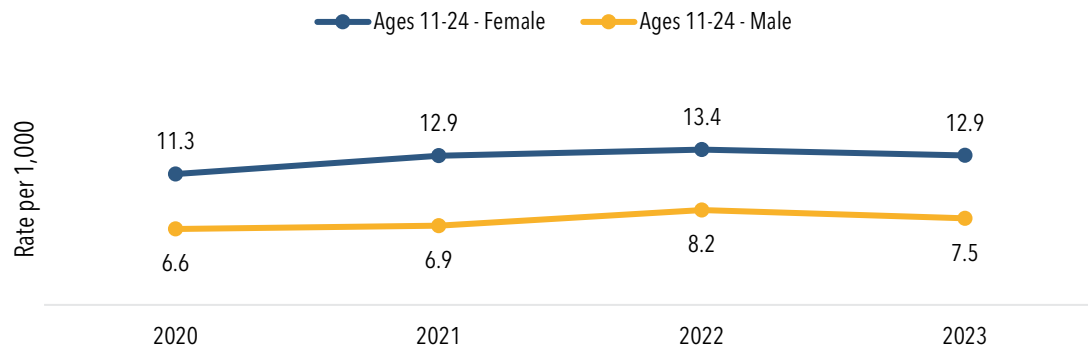
Figure 2. Visits to the Emergency Department for Suicide Attempts per 1,000 Youth Visits, by Age Group for Alaska Youth Ages 11-14 and 15-24, 2020-2023



Source: Alaska Department of Health.

Between 2020 and 2023, the rate of emergency department visits for suicide attempts among youth and young adults ages 11-24 was higher for females than males. In 2023, there were 12.9 visits to the emergency department for suicide attempts per 1,000 among females ages 11-24 compared to 7.5 per 1,000 for males.

Figure 3. Visits to the Emergency Department for Suicide Attempts per 1,000, by Gender for Alaska Youth and Young Adults Ages 11-24, 2020-2023



Source: Alaska Department of Health.

Substance Use

Alcohol

- In 2023, 17% of students reported current alcohol use, statistically similar to 21% of students in 2019.
- The percentage of high school students currently binge drinking decreased significantly between 2019 and 2023, from 12% to 9%.

Marijuana

In 2023, 18% percent of students reported current marijuana use, statistically similar to 22% of students in 2019.

Prescription Pain Medicine

In 2023, 6% of students reported prescription pain medicine misuse in the past 30 days, the same proportion as in 2019.

Heroin

In 2019, 2% of high school students reported using heroin one or more times during the past 30 days. Data for this indicator was not collected as part of the 2023 Alaska YRBS.

Methamphetamine

In 2019, 2% of students reported using methamphetamine one or more times during the last 30 days. Data for this indicator was not collected as part of the 2023 Alaska YRBS.

Table 4. Substance Use, Alaska Traditional High School Students, 2019 & 2023

	Prevalence Estimate (%)		Trend
	2019	2023	
Substance Use			
30-day alcohol use	20.9	16.9	No change
30-day binge drinking	12.4	9.0	Significant decrease
30-day marijuana use	21.6	17.8	No change
30-day prescription pain medicine misuse	5.7	6.1	No change
30-day heroin use	2.0	†	‡
30-day methamphetamine use	2.2	†	‡

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease and Prevention.

†Data not collected as part of the 2023 Alaska YRBS.

‡Data is only available for one year, and the commentary on trends is unavailable.

Partner Perspectives

McKinley Research Group facilitated a discussion group with youth behavioral health prevention and promotion stakeholders in March 2025. Discussion group participants were asked to share their perceptions of youth behavioral health prevention and promotion in Alaska and opportunities for effective prevention and promotion strategies. McKinley Research Group captured qualitative notes and quotes during the discussion group. Findings are presented topically under the headings of *State of Behavioral Health Prevention and Promotion*, *Effective Prevention Practices, Assets and Resources to Leverage and Build Upon*, and *Opportunities*.

State of Behavioral Health Prevention and Promotion

Improvements in Mental Health Approaches

Recent improvements in the mental health landscape include a greater focus on healing through culture and more awareness of mental health conditions. These changes led to more conversations on youth outcomes and mental health across life spans. Participants feel community and state leaders are listening to concerns raised about mental health and responding by supporting relevant state legislation. When developing strategies, mental health professionals are shifting away from an emphasis on data and toward personal experiences, although more work needs to be done in this area.

Focus groups members noted other recent improvements:

- Greater understanding of social determinants.
- More coordination and partnerships between organizations.
- Improvements in school curriculum.
- More trauma-informed practices.
- More social-emotional learning.

"There's more empowering and less offensive approaches than 'Don't be dumb and drink.'

"There is more respect in how we evaluate things, more respect for youth."

"The emphasis on joy and giving back to each other - that has changed since 2012."

Gaps in Promotion and Prevention

Grant structure and inflexibility are significant challenges. Programs are often dictated by federal grant mandates rather than local community needs. For example, need for food is a foundational problem among many youth served by grants, and yet program managers cannot use grant money to feed participants. Smaller communities often cannot access grants, as funding often goes to higher-population areas to impact greater numbers.

Need for more mental health resources also challenge program managers. Shortfalls include a limited number of counselors and social workers, youth programs, and youth skill-building opportunities. Basic needs for young people also need to be met, including food, shelter, transportation, and peer support.

Suggestions to improve prevention and promotion efforts include:

- A new definition of “sheltered” and “unsheltered” so that youth who are couch-surfing are eligible for programs.
- Keeping youth in prevention programs for a minimal amount of time.
- Keeping youth in their communities for treatment.
- Educating teachers on how to manage challenging student behavior.
- Better connectedness between staff and youth to build trust.

“Food is a protective factor. We recognize that, but we can’t buy food unless we pay for it out of our own pockets.”

“As a state, youth need to feel heard, respected, and understood. How can we, as communities, show our youth their importance in changing their community?”

“We need to change the language from ‘What’s wrong with you?’ to ‘What happened to you?’ ”

Effective Prevention Practices

Effective prevention strategies include:

- **Involving parents and guardians**, including meeting with them regularly, creating material to educate them, making them aware of important conversations to have, and teaching them how to talk about behavioral health in positive ways.
- **Youth leading their peers** in organizations, such as Spirit of Youth, in which they come up with solutions for problems.

- **Culturally based programs**, such as music and dancing, instill joy, a sense of identity, aspirations, and dreams.
- **Collaborating between agencies and sectors.**
- **Integrating responses to behavioral health issues** that share protective factors, such as dealing with domestic violence, substance abuse, and suicide together instead of separately.
- **Listening to life experiences to develop effective strategies**, rather than focusing solely on data.

Assets and Resources to Leverage

Focus group members suggested building upon the following existing assets in Alaska:

- **Encourage school districts to use the Alaska Youth Risk Behavior Survey (YRBS)**, which is the state's only self-reported youth data system.
- **Create more state-level networking and communication**, such as occurs in The Alliance.
- **Integrate culture as a tool for healing** and build behavioral health on positivity, identity, and joy.
- **Acknowledge existing practices known to work**, instead of waiting for data to confirm their effectiveness.
- **Combine funding streams** for multi-year funding commitments.
- **Continue to focus on social-emotional learning** and engaging young people civically; hold youth events and activities with built-in learning and community building.
- **Share data, professional development tools, and IT tools**, such as program tracking and texting platforms.

"We've done a lot of damage by requiring treatment to be evidence-based. We need Indigenized research and intergenerational programming to build independence."

"Culture is extremely effective for healing on all these levels. It has a huge impact on people - not just on Native people, on all people."

"Sometimes we see we want to remove things instead of casting aspirations or dreams. The opportunity to dream is diminished. That is something I'm hopeful we can create more of - creating aspirations and dreams."

"You're not forcing people to behave; you're building a spirit. It's something prevention could get in on more."

Opportunities

Focus group members suggested several opportunities for improving mental health outcomes:

- **Increase youth leadership opportunities** so young people help create a vision of well-being for themselves; have healthy adults support them.
- **Focus on parent mental health** to strengthen youth mental health.
- **Develop a mental health curriculum** that walks youth and family through developmental stages for adolescents and young adults. The curriculum would include necessary resources to help families and youth address challenges.
- **Concentrate on strengths, preventative knowledge, and skill building** to address behavior as opposed to deficiencies and using ACEs (Adverse Childhood Experiences).

"There is a lot of power in youth taking care of each other. They often know how to take care of each other better than we know how."

"We think we have to have canned packages, a structure. What's wrong with just bringing people together and allowing them to interact in positive healthy environments?"

"We need more focus on celebration and celebrating youth – focus on strength."

Review of Recent Reports

This section summarizes findings from McKinley Research Group's review of recently published reports on youth behavioral health in Alaska and findings from a report on a series of Spirit of Youth focus groups with young adults.

Youth Behavioral Health System Assessments

This youth behavioral health needs assessment was designed to leverage recently published reports completed by or on behalf of the State of Alaska Department of Health, the Department of Family and Community Services, and the Alaska Mental Health Trust Authority. McKinley Research Group's review of the following reports found that the state is facing significant challenges related to youth behavioral health and that there are many opportunities to bolster youth behavioral health and wellness promotion initiatives. Findings are summarized on the next page and discussed in detail for each report reviewed.

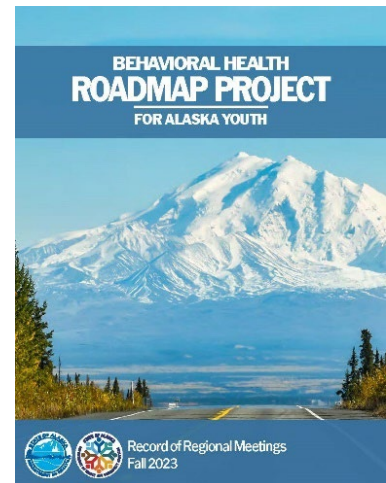
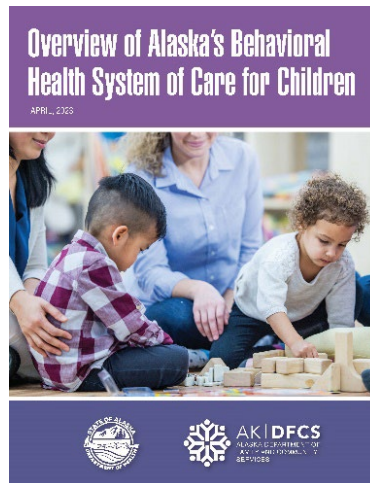
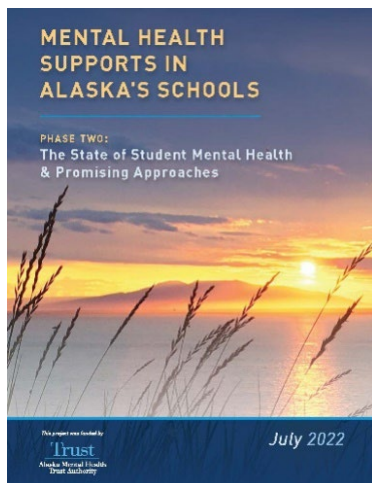


Table 5. Summary of Findings

Mental Health Supports in Alaska Schools, Phase Two (2021)

Prepared by Stellar Group for the Alaska Mental Health Trust Authority

Summary: This report provides case studies of promising approaches for providing mental health support to youth in schools and communities. Additionally, it summarizes data from various sources on youth mental health in Alaska and describes initiatives that may support progress toward a more comprehensive youth behavioral health system.

Takeaways for Spirit of Youth: Several school districts in Alaska successfully partnered with community agencies and service providers to support student mental health through various care delivery and staffing models. Policy changes to support expansion of mental health services for students are suggested.

Overview of Alaska's Behavioral Health System of Care for Children (2022)

Prepared by the State of Alaska Department of Health and Alaska Department of Family and Community Services

Summary: This report describes the State of Alaska's near- and long-term approach to improving mental health services for minors with behavioral health disabilities.

Takeaways for Spirit of Youth: The Department of Health and Department of Family and Community Services commit to improving the continuum of care and serving more Alaska youth in community settings. The departments indicate interest in working with behavioral stakeholder groups, such as Spirit of Youth, to identify and implement solutions.

Behavioral Health Roadmap Project for Alaska Youth (2023)

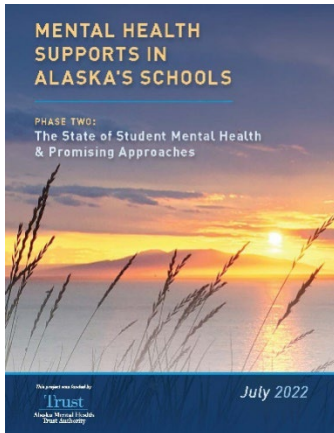
Prepared by the State of Alaska Department of Health and Alaska Department of Family and Community Services

Summary: This report describes the State of Alaska's effort to engage stakeholders, providers, partners, and families to identify challenges, opportunities, and solutions to improve the youth behavioral health care system in Alaska.

Takeaways for Spirit of Youth: Challenges to youth behavioral health vary by region. Statewide efforts should consider unique conditions faced by each region and by distinct communities.

Mental Health Supports in Alaska's Schools

This report was prepared by prepared by Stellar Group for the Alaska Mental Health Trust Authority in 2021.



BACKGROUND AND METHODOLOGY

Recognizing the growing mental health crisis among youth in Alaska, in 2020, the Alaska Mental Health Trust Authority (Trust), Alaska Department of Education and Early Development (DEED), and Alaska Department of Health (DOH) convened a group of stakeholders to work toward improved mental health supports for Alaska students.¹ Initial discussions among these stakeholders recognized a need for more comprehensive information on the landscape of school-based behavioral health supports and services in the state.

The working group contracted Stellar Group to complete a landscape analysis of current mental and behavioral health initiatives in the Alaska school system. The first deliverable, *Phase One: A Landscape Assessment*, was published in June 2021, and included detailed school district profiles with inventories of mental health services available in each participating district. *Phase Two: Mental Health Supports in Alaska's Schools: The State of Student Mental Health and Promising Approaches* followed in July 2022.

The Phase Two report presents research in four main sections:

- Role of Schools in Youth Mental Health
- Case Studies: Mental Health in Schools
- The State of Youth Mental Health
- Progress Toward Comprehensive Care Systems

A summary of each section follows

ROLE OF SCHOOLS IN YOUTH MENTAL HEALTH

While schools are critical in providing students access to behavioral health services, many gaps exist in school-based care across Alaska. These include:

- A shortage of school counselors and psychologists

¹ Stellar Group, 2022. Mental Health Support in Alaska's Schools: Phase Two: The State of Student Mental Health & Promising Approaches. Prepared for the Alaska Mental Health Trust Authority. <https://alaskamentalhealthtrust.org/wp-content/uploads/2022/09/BHInSchools-Phase2-FINALi.pdf>

- Recruitment and retention of school-based providers in rural and remote communities
- Competing demands on school-based mental health service providers' time
- Varying levels of commitment to and prioritization of social-emotional learning by school leadership

CASE STUDIES: MENTAL HEALTH IN SCHOOLS

The report's case studies highlight care delivery models and staffing structures in school districts of varying community sizes and locations.

Several case studies found positive outcomes resulting from school-based programs. Matanuska-Susitna Borough School District (MSBSD) experienced improved student outcomes from integrating specific onsite mental health clinician support into school communities. The clinicians primarily focus on targeted support for students with risk factors and intensive services for students experiencing mental health or substance-related issues. The presence of onsite clinicians reduced barriers for students, such as need for transportation, long wait times, perceived stigma, and insurance status.

Similarly, Kodiak Island Borough School District (KIBSD) partnered with Providence Kodiak Island Counseling Center to staff the district's middle and high school health clinics with mental health clinicians. While the program primarily focuses on targeted support for students with high risk factors and intensive services for students experiencing mental health or substance-related issues, KIBSD plans to broaden its focus to include more prevention initiatives.

THE STATE OF YOUTH MENTAL HEALTH

The report includes basic population, demographic, and socioeconomic data for Alaskan youth and presents data on behavioral health indicators and risk and protective factors.

Behavioral Health Risk Factors and Outcomes

The report highlights data on indicators of youth behavioral health in Alaska. Findings indicate:

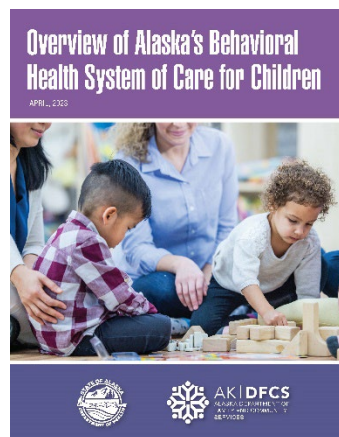
- High rates of child maltreatment compared to the United States overall.
- High rate of children in foster care compared to the United States overall.
- Disparities in the rate of suspension and expulsions among students.
- Increase of Division of Juvenile Justice youth referrals related to domestic violence.
- Lower graduation rates than national averages, with variable graduation rates by region.
- Significant and increasing rates of depression, anxiety, and mood disorders.
- Increase in the rate of visits to the emergency department for suicide attempts.
- Decreases in some indicators of alcohol and marijuana use.
- Concerning rates of vaping.

PROGRESS TOWARD COMPREHENSIVE CARE SYSTEMS

The report also highlights funding sources for school-based mental health services and points to opportunities for state policies to expand and enhance service provision. The Alaska Medicaid program funds some school-based mental health services, and opportunities may exist to expand Alaska's Medicaid program to include coverage for more school-based services. Additionally, the report notes that state policymakers introduced multiple bills concerning student mental health, including a bill that would establish guidelines for health and personal safety education.

Behavioral Health Care System of Care for Children

This report was published by the State of Alaska Department of Health and Alaska Department of Family and Community Services in 2022.



BACKGROUND AND METHODOLOGY

Department of Justice Investigation

In 2020, the US Department of Justice (DOJ) notified the State of Alaska of plans to investigate possible violations of Title II of the Americans with Disabilities Act (ADA) by the State.² DOJ's intent was to determine whether the State unnecessarily institutionalizes children with behavioral health disabilities.

DOJ's investigation included outreach to community-based service providers, behavioral health facility administrators, Tribal organizations, State officials, and clinical experts. Interviews were conducted with youth receiving State-funded behavioral health services, along with their parents and guardians. The investigation also included site visits across Alaska, Division of Juvenile Justice facility tours, and document reviews.

Investigation Findings

In 2022, DOJ published a report finding reasonable cause to believe that Alaskan children with behavioral health disabilities were not being served adequately by the State of Alaska. The report documents that the State violated Title II of the ADA "by failing to provide services to children with behavioral health disabilities in the most integrated setting appropriate to their

² State of Alaska Department of Health and State of Alaska Department of Family and Community Services, 2023. *Overview of Alaska's Behavioral Health System of Care for Children*. <https://health.alaska.gov/Commissioner/Documents/BehavioralHealthCareForChildren.pdf>

needs.”³ The investigation found that because the State had not ensured availability and accessibility of community-based services, children with behavioral health disabilities were institutionalized at high rates and for long periods, often far from their home communities.

The report found that many children with behavioral health disabilities who would be eligible for community-based services were “forced to endure unnecessary and unnecessarily long admissions to psychiatric hospitals and psychiatric residential treatment facilities,” thereby violating the ADA through unnecessary segregation.

Response from the State of Alaska

Following the DOJ report, in April 2023, the State of Alaska Department of Health (DOH) and Alaska Department of Family and Community Services (DFCS) issued a report called *Overview of Alaska’s Behavioral Health System of Care for Children*. The report responded to DOJ’s findings, outlining steps the State took to address gaps in its service system, identifying processes designed to improve outcomes, and disputing some claims from the DOJ report. Contents of the State’s report are summarized below.

OVERVIEW OF ALASKA’S SYSTEMS OF CARE

Funding Mechanisms

The State of Alaska does not provide direct behavioral health services, aside from services provided by the Alaska Psychiatric Institute (API). In Alaska, most individuals receive care from private or public sector service providers who are reimbursed through various mechanisms, including Medicaid, grants, and private insurance.

Challenges

The State notes that Alaska’s rural geography and dispersed population centers pose significant challenges in equitable provision of behavioral health care services. In rural Alaska, reduced access to education, public safety, internet, phone service, electricity, and water and sewer exacerbate behavioral health issues and create significant challenges to providing care.

EFFORTS TO IMPROVE MENTAL HEALTH OUTCOMES FOR YOUTH

The State of Alaska outlined approaches to improve systems of care and mental health outcomes for youth, emphasizing that meaningful progress relies upon engagement with stakeholder groups, analysis of reasons for historically poor outcomes, and depth of understanding of

³ United States Department of Justice Civil Rights Division, 2022. *Investigation of the State of Alaska’s Behavioral Health System for Children*.

Alaska's unique cultures and geography. Key approaches to improving mental health outcomes for youth include the following.

- Improved Medicaid reimbursement structure and Medicaid participation
- Expanded methods of service delivery and facility types
- Implementation of crisis stabilization services
- Adherence to intensive review processes to avoid out of state placements
- Increased coordination and collaboration with stakeholders and families
- Collaborative relationships and inter-departmental coordination
- Commitment to Tribal-State collaboration

NEXT STEPS

The State of Alaska outlined the following steps to improve provision of quality community-based care (some of which are underway or complete as of March 2025).

Near-Term Planning

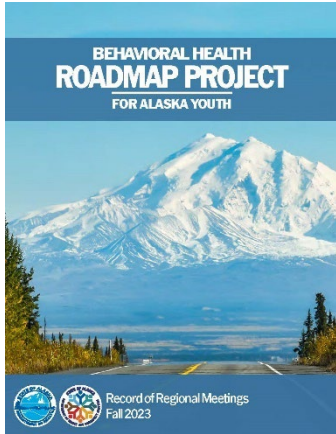
- Behavioral health workforce development initiatives
- Increased support and training for behavioral health professionals
- Increased behavioral health infrastructure, including for complex care coordination.
- Increased utilization of Medicaid waivers

Long-Term Planning

- Development of a steering committee
- Development of a roadmap to focus on regional and statewide services, gaps in care, barriers to service provision, and a timeline for implementation
- Implementation of a process to gather public input on the behavioral health roadmap
- Completion of a framework with specific, phased approaches to regional and statewide service expansion

Behavioral Health Roadmap Project for Alaska Youth

This report was prepared by the State of Alaska Department of Health and Alaska Department of Family and Community Services in 2023.



BACKGROUND AND METHODOLOGY

The Behavioral Health Roadmap Project for Alaska Youth was developed as a continuation of the *Overview of Alaska's Behavioral Health System of Care for Children*, in which the State committed to a systematic approach to improving behavioral health care for youth. The Roadmap Project represents the State's long-term planning process for improving youth behavioral health.

To gather public input on the Roadmap, DOH and DFCS held a series of regional and statewide listening sessions and events. The events brought together various providers, stakeholders, and individuals with lived experience to identify service gaps, resources, and potential pathways to improve youth behavioral health outcomes in Alaska.

The events were framed around six service categories:

- Prevention and early intervention
- Community-level supports
- Mental health in schools
- Residential services
- Crisis services
- Acute care

Regional in-person and web-based hybrid listening sessions were hosted by the State in five regions: Northern, Southwest, Interior, Southcentral, and Southeast Alaska. Event organizers worked with partners to identify key stakeholders to participate in each regional event. In addition to regional sessions, the State hosted three statewide listening sessions.

FINDINGS BY REGION

Regional work sessions offered participants an opportunity to identify region-specific issues as well as those impacting communities statewide. A summary of each session follows.

Table 6. Work Session Themes by Region

	Interior	Northern	Southcentral	Southeast	Southwest
Need for improved navigation support	✓			✓	
Data collection and utilization challenges	✓				
Workforce challenges	✓	✓	✓		
Importance of integrating cultural practices into care		✓			✓
Need for housing, behavioral health facilities, and community infrastructure	✓	✓			
Need for intensive residential care in the region, including acute inpatient care for youth	✓	✓		✓	
Need for enhanced communication among the State, Tribes, providers, and partners				✓	
Need for increased focus on youth and families, including expanded school-based services				✓	
Need for respite care				✓	
Need for stigma reduction				✓	
Importance of access to quality child care			✓		
Need for timely access to services in a variety of settings			✓		
Importance of streamlining administrative processes			✓		
Need for expanded support for reintegration from intensive care to community living					✓
Need for increased village-based services and supports					✓
Need for improved transitional care for youth in foster care					✓

Source: Table created based on a review of *The Behavioral Health Roadmap Project for Alaska Youth* document, published by the State of Alaska Department of Health and Alaska Department of Family and Community Services.

PRIORITY SOLUTIONS

Work session participants also suggested solutions to the issues identified. Priority solutions are summarized below, by region and by service category. Detailed action plans in response to this effort can be found in *The Behavioral Health Roadmap Project for Alaska* appendix.

Table 7. Priority Solutions by Region

	Interior	Northern	Southcentral	Southeast	Southwest
Prevention and Early Intervention	Initiatives to support healthy communities for youth	Providing resources for adults, youth mentorship, and relationship building	Screenings and targeted interventions in primary care and other health care settings	Implementation of Youth 360 model, development of strategic plan, and expanded partnerships	Establish telehealth initiatives including identifying providers, funding, and community readiness
Community-Level Supports	Region-focused dashboard to assist in resource navigation	Establishment of a tribal wellness center (<i>Qagsri</i>)	Improve access to more community-based and home-based services; workforce development initiatives	Multi-disciplinary team coordination and increased development of case histories	Build capacity for youth aging out of foster care system
Mental Health in Schools	Identify partners, sources of data, and funding streams	Student-led cultural practices with peer-to-peer engagement	Expand access and utilization of Medicaid for school-based services	Develop pilot program and enhance communication strategies to create more holistic family support	Improve collaboration among community health providers and ensure each village has a behavioral health provider
Residential Services	Holistic approach including recruiting in-state workers	Residential facility with step-down services for co-occurring issues	Expanded bed capacity through multifaceted approach; explore Therapeutic Treatment Home model	Ensure Residential Child Care Facilities are able to offer crisis care without additional licensure	Establish transitional housing for youth in treatment
Crisis Services	Use of Aging and Disability Resource Centers as referral pathway	Define and mobilize regional mobile crisis team	Development of informational materials; research other state funding models	Establishment of short-term reentry and transitional care options	Development of youth crisis residential facility
Acute Care	Addition of inpatient acute care beds	Establishment of full-scale psychiatric unit with step-down services	Workforce development through "upskilling" current providers, supporting current providers with wellness initiatives, and additional outreach	Establishment of a patient navigator	Promote training for clinicians through workforce initiatives and community partnerships

Source: Table created based on a review of *The Behavioral Health Roadmap Project for Alaska Youth* document, published by the State of Alaska Department of Health and Alaska Department of Family and Community Services.

STATEWIDE THEMES

Several themes emerged in the statewide Roadmap meetings and listening sessions:

- **Affordable access:** Importance of affordable access to services, parity, and reducing costs of providing services
- **Integration of cultural values:** “Culture is the foundation for everything.” Importance of integrating cultural values and opportunities for intergenerational connections and traditional activities into behavioral health services
- **Stigma reduction:** Importance of reducing stigmas around behavioral health issues
- **Improved continuum of care:** Need for a more robust behavioral health continuum of care including prevention, early intervention, community-level supports, quality residential and crisis services, and acute care
- **Community-based resource development:** Importance of community-based resources across the continuum of care
- **Community school engagement:** Need for improved family-school engagement, along with trauma-informed and social/culturally-supportive practices in schools
- **Care coordination:** Importance of improved coordination and communication across behavioral health systems, along with a need for navigation support for affected families
- **Workforce development:** Need for workforce development initiatives informed by cultural relevance, rural issues, and increased trauma-informed practices
- **Housing and child care shortage:** Impact of housing and child care issues on behavioral health care providers, and children, families, and communities across the state

ACTION ITEMS AND NEXT STEPS

The Roadmap presents 47 action items divided into the following eight categories:

- Prevention and early intervention
- Outpatient support
- Crisis response and subacute care
- Residential and inpatient services
- Step-down services
- Data systems
- Care coordination and navigation
- Provider support

Each action item includes specific next steps and notes on how the steps align with regional discussions. Details on next steps for prevention and early intervention follow.

Prevention and Early Intervention: Next Steps

Six next steps were identified for prevention and early intervention, as described in the following table. The full *Behavioral Health Roadmap Project for Alaska Youth* report provides additional context and details on how the next steps relate to regional discussions.

Table 8. Prevention and Early Intervention: Next Steps

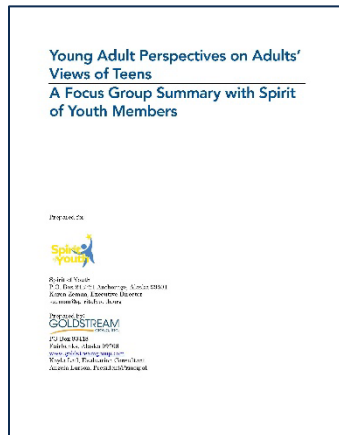
Initiative	Next Steps
Infant Learning Program	Review options to expand capacity, including changes in eligibility criteria, to serve an increased number of Alaskan children who are at risk for or diagnosed with developmental delays
School-Based Medicaid Services	Explore new grant opportunities for Medicaid services; provide technical assistance to providers and school districts; establish interdepartmental working group; expand telehealth in school-based intervention services; collaborate with DEED to educate schools and communities on opportunities for interventions
Mental Health in Schools	Support schools to move toward destigmatized, trauma-informed school environments; build collaborative partnerships with DEED to support coordination and clearly identified roles and responsibilities in supporting youth behavioral health in schools
Comprehensive Behavioral Health Prevention and Early Intervention (CBHPEI) Grants	Increase capacity of regional coalitions focused on youth strategies to reduce mental health stigma, increase help-seeking and problem solving skills, and engage youth in substance use and suicide prevention
Statewide Youth Prevention Coalition	Use new coalition to lead statewide and community-level efforts to increase wellness, youth capacity, and strategies for improving youth mental health and wellness
Crisis Call Center	Designate staff to provide follow-up services for youth who contact crisis call center; continue outreach strategies such as the statewide "988 Create" youth art contest; develop and disseminate an updated Alaska 988 Communications Plan with culturally informed messaging

Source: Table created based on a review of *The Behavioral Health Roadmap Project for Alaska Youth* document, published by the State of Alaska Department of Health and Alaska Department of Family and Community Services.

Youth Focus Groups

This report was prepared for Spirit of Youth by Goldstream Group in 2024.

Youth Perspectives on Adults' Views of Teens



As a youth-serving organization, Spirit of Youth routinely seeks out perspectives from youth and young adults. Findings from a recent series of focus groups provide insight into how youths perceive adults. These insights can inform behavioral health and wellness promotion efforts.

BACKGROUND AND METHODOLOGY

In 2024, Spirit of Youth contracted with Goldstream Group to learn more about how young people perceive adults' views of teens.⁴ Goldstream Group held two focus groups, one for three in-person participants and one for four virtual participants. The participants were 14-23 years old and lived in Anchorage and surrounding communities.

Focus group questions centered on the following topics:

- Perceptions of adult views
- Experiences with adult judgment
- Impacts and consequences of adult judgment
- Bridging the gap between adults and teens
- Positive experiences

Key Themes

Focus group discussions resulted in four key themes as described below.

Difference between Supportive Adults and Adults in General

When asked about their perception of adult views on teens, focus group participants consistently distinguished between adults close to them and adults generally. Participants shared positive perspectives about the views of adults with whom they feel close, and said these adults play an important role in their perceptions of adult views of youth.

⁴ Goldstream Group, Inc., 2024. Young Adult Perspectives on Adults' Views of Teens: A Focus Group Summary with Spirit of Youth Members. Prepared for Spirit of Youth.

Asked about adult views of teens more generally, youth participants shared more negative perceptions, including ideas that adults view teens as lazy, immature, incapable, and addicted to media and devices. Participants expressed a desire for more understanding from adults about responsibilities and stresses teens face.

Role of Social Media, Cultural Change, and Generational Differences

Focus group participants named several factors that contribute to adult misconceptions of youth, including social media, generational differences, and political polarization. Participants mentioned impacts of significant cultural changes between their generation and the one adults grew up in. They felt adults often do not appreciate the hardship and complications teens experience today.

Participants shared concerns about negative impacts of social media and tendencies of social media platforms to spread stories of more extreme behaviors. Participants felt that adults use such extreme media portrayals as reasons to underestimate and dismiss youth.

Focus group participants also mentioned negative reactions from some adults regarding topics around gender identity and sexual orientation. They felt that LGBTQ issues, while important to many youths, are perceived as polarizing topics with adults. Due to these perceptions, participants observed that many youths refrain from sharing their views, particularly with older adults.

Impacts of Misjudgment by Adults

Asked about feeling misjudged by adults, focus group participants shared experiences of feeling unheard, uncomfortable, unable to relax, and detached. Some participants mentioned experiencing discrimination and dismissiveness due to age. One individual mentioned particular concern for youth without supportive home environments or other supportive adults.

Conversely, focus group participants shared positive and neutral experiences related to feeling judged by adults who are supportive figures in their lives. Participants enjoy receiving feedback or advice from adults when the insights were not informed by stereotypes. Most focus group participants considered feedback from respected adults to be helpful guidance and constructive criticism instead of misjudgment.

Qualities of Supportive Adults

Focus group participants shared several traits they value in the supportive adults in their lives. They mentioned the importance of understanding, empathy, and feeling supported. Participants described adult supportiveness as listening, showing interest in their activities and hobbies, and treating them as capable individuals.

Key Takeaways

In general, focus group participants viewed adult perceptions of youth positively for the adults in their lives and more negatively for adults overall. Participants shared various positive experiences with adults, such as receiving helpful guidance and feeling a sense of trust and confidence. However, focus group participants also expressed a feeling of general distrust and a sense of misjudgment from adults they were not familiar with. The focus group report included a recommendation that programming allow teens to interact more positively with adults.

Youth Risk Behavior Survey

Data Source Description

Data for high school students in Alaska was sourced from the Alaska Youth Risk Behavior Survey (YRBS). The following information about the survey is adapted from Alaska YRBS documentation published by the Alaska Department of Health.

YRBS was established by the Centers for Disease Control and Prevention and was first implemented in Alaska in 1995. The Alaska YRBS is an anonymous and voluntary survey of public high school students in grades 9–12. The survey is administered in traditional schools, as well as in schools serving students facing higher risks. The survey includes questions about priority health risk behaviors for key health risks affecting youth. The Alaska YRBS is administered on a biennial basis in odd-numbered years. District-level results are released when there are enough student responses in a school district to protect student privacy and ensure data quality.

Indicator Descriptions

The following tables provide indicator definitions for each YRBS indicator presented in this assessment.

Table 9. Youth Risk Behavior Indicator Details, Risk Factors

Short Title	Indicator Definition
Risk Factors	
Bullying	Percentage of students who were bullied on school property during the past 12 months
Electronic bullying	Percentage of students who were electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media) during the past 12 months
Dating violence	Among students who dated or went out with someone, the percentage of students who experience physical dating violence (being physically hurt on purpose by someone they were dating or going out with [counting such things as being hit, slammed into something, or injured with an object or weapon]), one or more times during the past 12 months
Felt unsafe at school	Percentage of students who did not go to school because they felt unsafe at school or on their way to or from school (on at least one day during the past 30 days)
Sleep away from home	Percentage of students who ever slept away from their parents' or guardians' home because they were kicked out, ran away, were abandoned, or felt unsafe in their home during the past 12 months

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease and Prevention.

Table 10. Youth Risk Behavior Indicator Details, Protective Factors

Short Title	Indicator Definition
Protective Factors	
Control emotions when they need to	Percentage of students who frequently or almost always are able to control their emotions when they need to
Participate in organized activities	Percentage of students who take part in organized after school, evening, or weekend activities on one or more days (such as school clubs; community center groups; music, art, or dance lessons; drama; church; or cultural or other supervised activities) during an average week
Feel they matter to people in their community	Percentage of students who agree or strongly agree that they feel like they matter to people in their community
Youth do not feel alone in their life	Percentage of students who disagree or strongly disagree that they feel alone in their life
Teachers really care and give encouragement	Percentage of students who agree or strongly agree that their teachers really care about them and give them a lot of encouragement
Comfortable seeking help from 3+ adults	Percentage of students who would feel comfortable seeking help from three or more adults besides their parents if they had an important question affecting their life
Friends would feel it would be wrong if they drank every day	Percentage of students who think their friends feel it would be wrong or very wrong for them to have one or two drinks of an alcoholic beverage nearly every day
Parents would feel it would be wrong if they drank every day	Percentage of students who think their parents feel it would be wrong or very wrong for them to have one or two drinks of an alcoholic beverage nearly every day

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease and Prevention.

Table 11. Youth Risk Behavior Indicator Details, Mental Health and Suicide

Short Title	Indicator Definition
Depression and Suicide	
Felt anxious	Percentage of students who felt so anxious, nervous, tense, scared, or like something bad was going to happen almost every day for two weeks or more in a row that they were unable to do what they were supposed to do (during the past 12 months)
Felt sad or hopeless	Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (during the past 12 months)
Considered suicide	Percentage of students who seriously considered attempting suicide (during the past 12 months)
Planned a suicide	Percentage of students who made a plan about how they would attempt suicide (during the past 12 months)
Attempted suicide	Percentage of students who attempted suicide (one or more times during the past 12 months)

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease and Prevention.

Table 12. Youth Risk Behavior Indicator Details, Substance Use

Short Title	Indicator Definition
Substance Use	
30-day alcohol use	Percentage of students who currently drank alcohol (at least one drink of alcohol, on at least one day during the past 30 days)
30-day binge drinking	Percentage of students who currently were binge drinking (had four or more drinks of alcohol in a row for female students or five or more drinks of alcohol in a row for male students, within a couple of hours, on at least one day during the past 30 days)
30-day marijuana use	Percentage of students who currently used marijuana (one or more times during the past 30 days)
30-day prescription pain medicine misuse	Percentage of students who currently took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (counting drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet, one or more times during the past 30 days)
30-day heroin use	Percentage of students who currently used heroin (also called smack, junk, or China White), one or more times during the past 30 days
30-day methamphetamine use	Percentage of students who currently used methamphetamines (also called speed, crystal meth, crank, ice, or meth), one or more times during the past 30 days

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease and Prevention.

Stakeholder Discussion Group

Discussion Group Questions

1. What is going well with youth behavioral health promotion and prevention in Alaska?
2. What are some of the most significant behavioral health promotion and prevention gaps?
3. Compared to three years ago, would you say Alaska's behavioral health systems are better or worse? Why?
4. What types of behavioral health promotion and prevention efforts do you see as most effective?
5. Are there any emerging behavioral health promotion and prevention practices that seem particularly promising?
6. What assets can be leveraged and built upon to advance youth behavioral health promotion and prevention? *As necessary probe to ask about:*

- a. Schools (school counselors, student groups, coaches, other school-based supports)
 - b. CBHPEI grant and grantees
 - c. Regional and statewide coalitions
 - d. Increased awareness of and openness to talking about behavioral health
 - e. *Other assets outside of funding?*
7. What behavioral health promotion and prevention assets or resources do you wish Alaska had more of?
8. What behavioral health promotion and prevention efforts are under-resourced but potentially effective if they were more adequately resourced?
9. If you could wave a magic wand and make one change that could prevent youth behavioral health challenges or promote well-being in Alaska, what would it be?
10. Do you have any other thoughts or ideas? Is there anything else I should have asked?

Participants

We thank the individuals listed below for giving us their time and trust. Interviewees are listed alphabetically by their first name. Many have additional roles and affiliations that are not listed.

Aaron Osterback, Coalition Coordinator, Volunteers of Alaska Anchorage Adolescent Substance Misuse Prevention Coalition; regional Co-Chair, The Alliance, Anchorage.

Anda Whiskey, Evaluator, Taylor and Associates, Anchorage.

Brittany Simon, Coalition Leader, Hooper Bay Wellness Coalition; Native Connections, Hooper Bay.

Chloe Bowman, Youth Outreach Advocate, The LeeShore Center Youth Advocacy, Kenai.

Emmanuel Portillo, Director, Anchorage Youth Development Coalition; Anchorage.

Jenny Baker, Adolescent Health Project Coordinator, Adolescent Health Program, Alaska Department of Health and Social Services, Homer.

Karen Zeman, Executive Director, Spirit of Youth, Anchorage.

Loyd Platson, Sitka Healing Art; Regional Co-Chair for The Alliance, Sitka.

Stephanie Allen, Executive Director, United Way of Alaska; Coalition Director, Thrive Mat-Su Coalition; Co-Chair, Youth 360, Palmer.

Willamina O'Brien, Program Director, Native Connections; Coalition Leader, Hooper Bay Wellness Coalition Hooper Bay.

Notes

STATE OF BEHAVIORAL HEALTH PREVENTION AND PROMOTION

What is going well with youth behavioral health promotion and prevention in Alaska? Compared to three years ago, would you say Alaska's behavioral health systems are better or worse? Why?

- Social emotional learning within school districts has been advanced since three years ago; we have seen improvements in curriculum and awareness, more trauma-informed practices, more social-emotional learning.
- The pandemic had a huge impact. Being back in school has been really important in terms of wellness.
- What's better:
 - Awareness and normalcy of mental health.
 - Understanding of social determinants.
 - More coordination and partnerships.
- From an evaluation perspective, there is more on Shared Risk and Protective Factors (SRPF) than in 2012. There is more talk about that, more empowering and less offensive approaches than "Don't be dumb and drink." There is more respect in how we evaluate things, more respect for youth.
- In terms of general knowledge of formal prevention work, there is normalization of conversations about that in different spaces - what health outcomes are and implications for youth health, youth outcomes, and health across a person's life span.
- There is more of a focus on healing through culture and cultural impacts on health. That's been a dynamic shift over the course of my career. It was very westernized in the past; there is more appreciation of Indigenous culture.
- This conference used to be a lot more data-based. Today it felt more personal. It included the food we eat and the relationships we have.
- Looking at the school district with schools shutting down, the landscape is shifting; teachers are moving, students are moving, and class sizes changing.
- State and local leaders are hearing and responding to mental health concerns through legislation.

What are some of the most significant behavioral health promotion and prevention gaps?

- Teachers often do not know what they need to do to manage challenging student behavior. They don't get the tools or techniques to de-escalate angry students. They don't understand where the behaviors are coming from. Why are they occurring?

- We need to be able to use the [grant] funds we have to address one of our biggest needs – being able to buy snacks and water for the kids we work with. This is a huge need and we can't use the funds to buy food. Food is a protective factor. We recognize that, but we can't buy food unless we pay for it out of our own pockets.
- In one case I said to the grant administrator, I know that this grant is not food-specific. But there's nothing in the grant identifying that I can't spend it on food and we're going to lose this money if we don't spend it.
- Challenges include:
 - Affordable housing
 - Healthy, affordable food
 - Transportation
 - Spirit of Alaska/individualism
 - Limited capacity (time and ability)
 - Vulnerable kids with basic needs such food, utilities, clothes, toiletries, laundry, and transportation
 - Poverty
 - Lack of mental health resources
 - Counselors and social workers
 - Peer support
 - Youth programs such as rec centers, afterschool activities, case management programs (Power Center, Alaska Seeds of Change)
 - Skill building for future jobs (such as shop and volunteer programs)
 - Ways to develop "identity" (cultural, family and community, hobbies)
- We need to use our understanding of prevention for everyone's wellness. How do we apply these things we are learning for youth to ourselves (adults), so we can be the adults that can be there for youth?
- We need to address how grants are written or not written. The Center for Disease Control website states local problems are solved locally, and yet there's a mandate from the federal government on what we're focusing on. We assess our communities, but that's not in line with the grants. Putting more focus on culture is a move in the right direction. There are organizations doing advocacy to change how grant applications are structured.
- Listening to local needs and conditions especially for rural communities, which are often overshadowed by urban areas.
- Smaller communities need to be able to access grants. A lot of grants are written for urban areas and not for smaller communities because grants do not have an impact on the same number of people as urban areas.
- Grants need to be more flexible. We are not allowed to pay youth out of this grant because that would be a stipend. Can't spend this on food because they can get it over here. The Foraker report came out and noted how many nonprofits are funded by federal grants.

- One of the other key things is a changing definition of what it means to be houseless. Youth might be considered for a low-income program but they're not eligible because they're couch-surfing, so they're "sheltered." People who are sheltering them are not always doing it in the best interest of the individual.
- Better pay for prevention workers, especially in rural communities; more support for their personal and family well-being; really being valued.
- Agency members want change in the community but lack community input, participation, and engagement.
- As a state, youth need to feel heard, respected, and understood. How can we as communities show our youth their importance in changing their community?
- A need for:
 - More trauma-informed care.
 - Better connectedness between staff and youth to build trust
 - More conversations on Shared Risk and Protective Factors (SRPF)
 - Being in prevention for a minimal amount of time.
- Changing language from "What's wrong with you?" to "What happened to you?" Focus on the good, the resources, the protective factors.
- Focus on what was before colonization, when Natives were healthy; focus on traditional life lessons and food and culture as prevention.

EFFECTIVE PREVENTION PRACTICES

What on-the-ground activities or practices have been most effective?

- Getting parents and guardians involved. Meeting with parents and guardians on a more consistent basis. Creating material that's educational for them. Instead of saying drugs are bad, these are what we see as the challenges. Saying "Your voices are important - parents or guardians, and teachers." We need to make sure they're aware these are important conversations to have.
- Youth-led coalitions and organizations such as Spirit of Youth. Youth come up with the ideas. They're the driving forces. The Youth Matters grant is creating more shared protective factors. Youth-led activities such as story sharing, community engagement between youth and adults, culturally appropriate activities.
- Through our Native Connections grants, we brought back our youth and elder dances. We're trying to build connections between school staff and youth, doing traditional activities.
- Best practices:
 - More collaboration and multi-sector partnerships
 - Multi-issue partnerships
- Having identity is a big one for youth.

- Breaking down compartmentalization has helped. We're using a more integrated approach, involving parents. At the conference, we're working on domestic violence, substance abuse, suicide and domestic violence together. They have so many similarities in protective factors and we can leverage each other's wisdom by being more coordinated.
- Focusing more on listening to the stories of real-life experience instead of requiring we have hard data about effective strategies. We're listening to people instead of just focusing on data.
- Children who were isolated during their most vital period of social-emotional learning and skill-building yearn for connection but are not able to express themselves with others. Going into the schools and teaching them relationship-building skills resulted in staff, students, and parents seeing changes in social understanding and maturity.
- What's most valuable is coming from the youth themselves instead of from evidence-based studies. In Anchorage, youth are sharing their stories and looking at ways to cope with stress. They're identifying with healthy activities and not using substances to self-medicate.

ASSETS AND RESOURCES TO LEVERAGE AND BUILD UPON

What assets can be leveraged and built upon to advance youth behavioral health promotion and prevention?

- We could be using The Alaska Youth Risk Behavior Survey (YRBS) better. This represents youth voices. It's the only self-reported data system in the state. We need to encourage school districts to continue in that work.
- Assets to build upon:
 - Data sharing and timeliness
 - Professional development tools
 - Mentoring
 - IT tools, such as program tracking and texting platforms
 - Youth events and activities with build-in learning and connections
 - Coming together to share food, a holiday; hold block parties
 - Combine funding streams for multi-year funding commitments
 - Grow a culture of belonging
 - Closer shared language on youth
- Risk and protective factor focus – focus on those things that cut across various areas, such as substance misuse, suicide, and domestic violence.
- Create state-level networking and communication, such as The Alliance.
- Our connection to the environment and being able to work well together.
- Youth are the leaders of now, not tomorrow. Integrate them into the work and planning.
- Opportunities for youth to be in leadership positions to help create a vision of well-being for themselves and have healthy, supportive adults to dream with them.

- Our systems are messy in Alaska, in terms of access to treatment and beds and being separated from families for treatment. Westernized treatment systems do not work well. It makes people hesitant to seek treatment because people don't want their children taken away, especially when you may put them into a system that could do more damage. There's a big disconnect there.
- The Surgeon General Report looks at the mental health of parents; there is an understanding that parents need to be healthy for youth to be healthy.
- There is second-order change through the Anchorage Youth Development Coalition (AYDC), trauma-informed care that's essential for youth. There is a lot of power in youth taking care of each other. They often know how to take care of each other better than we know how. They understand social boundaries around internet usage. There's a lot of learning we can do from youth.
- We need more focus on celebration and celebrating youth - focus on strength.
- The resource that could be leveraged more are culture. In focus groups, we heard, we just want our parents to be sober. Culture is extremely effective for healing on all these levels. It has a huge impact on people. Not just on Native people, on all people. After they opened up Eskimo dancing, now people want to do it every single day. There is joy in that. The emphasis on joy and the natural juice of the community and giving back to each other - that has changed since 2012. You feel like they're bringing something back. There's so much specialness there. You're not forcing people to behave; you're building a spirit. It's something prevention could get in on more.
- Our coalition has a focus on social-emotional learning. It's a place for growth is adults, for adult wellness, but especially for youth. For young people, it's to be civically engaged. We build a vision for wellness and well-being, creating more of those spaces and opportunities. Sometimes we see we want to remove things instead of casting aspirations or dreams. The opportunity to dream is diminished. That is something I'm hopeful we can create more of - creating aspirations and dreams.
- I think oftentimes for growth or opportunity we think we have to have canned packages, a structure. What's wrong with just bringing people together and allowing them to interact in a positive healthy environments? With evidence-based programs, there was a structure you have to follow. That creates a power imbalance. I think, why can't we just come together? In my community, the first deer we harvested each season was brought to the community center. We butchered the deer and served the deer. We identified ourselves as a community. We are sharing resources. Sharing food without a canned program. We need to move back to that. That's a strength of Native cultures because they still have that. My Norwegian culture has given it back.
- Alaska is starting to understand there are existing practices that you know work. We don't need data for them to know they are effective. We've done a lot of damage by requiring treatment to be evidence-based. We need Indigenized research and intergenerational programming to build independence.

- Are school districts following the required Fourth R (Relationships) curriculum and how is that being tracked?

OPPORTUNITIES

If you could wave a magic wand and make one change that could prevent youth behavioral health challenges or promote well-being in Alaska, what would it be?

- Create flexibility in grant spending, based on a community's needs.
- Eliminate poverty.
- Fully sponsored college or trade school.
- Kid Uber (rides for kids).
- Promote cultural healing practices and traditions.
- A mental health curriculum that walks youth and family through developmental stages from adolescent to young adults; this would include necessary resources to help families and youth address or overcome those challenges
- Preventative knowledge and skill building as opposed to using ACEs (Adverse Childhood Experiences) to address behavioral base deficiencies and discrepancies.
- Be more open about good and bad social norms in whatever location youth are in in Alaska.
- Every youth and family's basic needs are met, including connection.

Review of Recent Reports

Reference Documents

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Additional Resources

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