Trust

Alaska Mental Health
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FY24/25 Trust Budget Development
Stakeholder Meeting Summary Notes
Updated July 2023

Introduction

The Trust's mission is to improve the lives of beneficiaries through advocacy, planning, implementing, and funding a Comprehensive Integrated Mental Health Program in Alaska. Trust beneficiaries include groups of Alaskans experiencing mental illness, intellectual and developmental disabilities, substance use disorders, Alzheimer's disease and related dementia, and traumatic brain injuries. The Trust also works in prevention and early intervention services for individuals at risk of becoming beneficiaries.

The Trust develops biannual budgets and, following trustee approval, submits a budget for the upcoming fiscal year to the Governor and the Legislative Budget and Audit Committee each September. An essential part of developing the Trust's budget is listening to partner organizations, beneficiaries, and advocates who support and serve Trust beneficiaries across Alaska. One tool for gathering such feedback is direct engagement with partners through stakeholder meetings.

This document summarizes the many conversations that took place during the stakeholder meetings informing the development of the FY24 and 25 budgets. In August 2022, the board of trustees adopted the FY24/25 budget, and trustees will consider revisions to the FY25 Trust budget in August 2023.

For more information about the current budget development process, visit: https://alaskamentalhealthtrust.org/fy25-budget-development/

The Trust offers sincere thanks to all partner organizations who participated in these stakeholder meetings. The experience, expertise, knowledge, and recommendations shared are invaluable in informing Trust budget development and decision making.

Purpose of Stakeholder Meetings

As a part of developing the FY 24 and 25 budgets, Trust staff engaged with numerous partner organizations through both regular contacts and with designated budget development stakeholder meetings.

In 2022, over a series of virtual and in-person meetings, including facilitated breakout groups, Trust staff led and documented conversations with representatives from organizations supporting Trust beneficiaries through various means. The diverse perspectives in the groups contributed to robust conversations, strengthening the stakeholder process.

During these meetings, Trust staff asked partners to provide input and prioritize key issues impacting Trust beneficiaries. While specific initiatives were discussed in many of these meetings, the prime purpose of the Trust's stakeholder meetings was to solicit feedback on funding and advocacy priorities to help beneficiaries thrive in their communities. Stakeholders were asked to provide input from their respective areas of expertise by looking at the system holistically, not just what impacts a specific beneficiary group.

Though each stakeholder meeting was unique, the list below includes general questions asked in the sessions. This list does not represent all the questions asked.

- *What services/projects/initiatives do you identify as priorities for the Trust to serve beneficiaries?*
    - *How would you prioritize these areas based upon the needs of your communities?*
- *What kind of resources are needed to support Trust beneficiaries in rural communities?*
- *What investments should the Trust make that will prevent institutionalization or service in higher levels of care?*
- *Are there projects that need formal evaluation to be replicated or brought to a statewide scale?*
- *What are advocacy priorities related to Trust beneficiaries that we can work together on?*
- *How can the Trust better engage with organizations, communities, and regions?*

Stakeholders Engaged

The Trust met with a multitude of stakeholders as a part of the Trust's budget development process. Program staff organized stakeholder meetings around the Trust's established focus and priority areas, including Housing and Home & Community Based Services, Mental Health and Addiction Intervention, Disability Justice, Beneficiary Employment and Engagement, Workforce Development, and Early Childhood Prevention and Intervention.

This list represents partner organizations engaged in the Trust's FY24/25 (meetings in 2022) and FY 25 (meetings in 2023) budget development process. Some organizations listed were engaged multiple times and pertaining to more than one Trust focus/priority area.

- AARP
- AK Child & Family
- AgeNet
- Alaska Addiction Rehabilitation Services
- Alaska Association of Developmental Disabilities
- Alaska Behavioral Health Association
- Alaska Behavioral Health Center
- Alaska Children's Trust
- Alaska Commission on Aging
- Alaska Court System
- Alaska Eating Disorders Alliance

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- Alaska Hospital & Healthcare Association
- Alaska Impact Alliance
- Alaska Mental Health Board & Alaska Board on Alcohol & Drug Abuse
- Alaska Network on Domestic Violence and Sexual Assault
- Alaska Suicide Prevention Council
- Alaska Psychiatric Institute
- Alaska Youth & Family Network
- All Alaska Pediatric Partnership
- Alzheimer's Resource of Alaska
- Anchorage Project Access
- Anchorage Youth Court
- Association of Alaska School Boards
- Brain Injury Association of Alaska
- Bristol Bay Native Association
- City and Borough of Fairbanks
- Cook Inlet Housing Association
- Department of Administration - Public Defenders Administration
- Department of Corrections
- Department of Education & Early Development
- Department of Family & Community Services
- Department of Health
- Department of Labor & Workforce Development
- Department of Public Safety
- Division of Behavioral Health
- Division of Public Assistance
- Division of Public Health
- Division of Senior & Disabilities Services
- Division of Vocational Rehabilitation
- Early Childhood Network
- Fairbanks Family Centered Services
- Fairbanks Memorial Hospital
- Gastineau Human Services Corporation
- Governor's Council on Disabilities & Special Education
- Health TIE
- Interior Alaska Center for Non-Violent Living
- Juneau Reentry Coalition
- Juneau Fire Department
- Juneau Police Department
- Ketchikan Fire Department
- Ketchikan Wellness Coalition
- Kids Corp Inc.
- Maniilaq Association
- Municipality of Anchorage
- NAMI Alaska
- NAMI Anchorage
- NAMI Fairbanks
- NAMI Juneau
- Office of Children's Services
- Providence Alaska
- Recover Alaska
- RurAL CAP
- SAIL, Inc.
- SERRC
- The Glory Hall
- Thread Alaska
- Tribal Behavioral Health representatives from: Cooper River Native Association, Kenaitze Tribe, Alaska Native Tribal Health Consortium, Southcentral Foundation, Eastern Aleutian Tribes, Metlakatla, Kodiak Area Native Association, Fairbanks Native Association, Tanana Chief's Conference
- True North Recovery
- University of Alaska - Alaska Justice Information Center
- University of Alaska Anchorage - College of Health
- University of Alaska Anchorage -Center for Human Development
- Veteran's Administration (VA)
- VOA Alaska

In addition to the current process, a stakeholder survey was distributed electronically each year to Trust partners across Alaska. The survey results are summarized in a separate

document and are not included in this summary. However, results have been considered in the FY24 and 25 budget development process and can be viewed on the Trust webpage.

Further, while the Trust has organized meetings expressly to gather information to support Trust budget development, it is notable that Trust staff remain engaged with a multitude of partners throughout the year, and information from those conversations also impacts the work of the Trust and the development of Trust budgets.

Stakeholder Discussion Summary

The summaries below represent the many discussion comments recorded by Trust staff during the FY24/25 budget development stakeholder meetings. Many themes discussed in 2022 meetings that informed the FY24/25 budget were repeated in 2023 when staff engaged with partners and discussed the Trust budget and priorities.

Before being summarized in the table below, comments were organized by common themes related to goals in Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan, 2020-2024, *aka* the Comp Plan. The Comp Plan comprises nine goals, all intended to ensure that Alaskans receive comprehensive prevention, treatment, and support services at the appropriate level of care across the lifespan, leading to meaningful lives in their home communities. The goals include:

Goal 1: Early Childhood	Goal 6: Protecting Vulnerable Alaskans
Goal 2: Healthcare	Goal 7: Services in the Least Restrictive Environment
Goal 3: Economic and Social Well-being	
Goal 4: Substance Use Disorder Prevention	Goal 8: Services in Institutional Settings
Goal 5: Suicide Prevention	Goal 9: Workforce, Data, and Funding

While organized by the Comp Plan goal, many themes below were discussed in multiple stakeholder conversations and across goal topics. In addition, the table below includes comments not directly related to a Comp Plan goal in an "other themes discussed" category.

Goal 1: Early Childhood *Programs serving young children promote resiliency, prevent and address trauma, and provide access to early intervention services.*	
Summary of comments related to Goal 1	Stakeholders advocated that continued and increased priority areas focus on early childhood and "upstream" interventions to help prevent longer-term adverse health outcomes that impact young and those at risk of becoming beneficiaries. Many health and social problems are attributed to and can be predicted by childhood experiences. The COVID-19 pandemic has simultaneously increased family stress and reduced access to support. The multigenerational effect of trauma was noted, including the fact that many grandparents are parenting their grandchildren (kinship care) due to their children's unaddressed mental health needs. Eligibility for early intervention services (Infant Learning Programs) could also be addressed to lower barriers

	to participation in services for beneficiaries ages birth-three years to maximize positive therapeutic impact and prevent/reduce the need for higher levels of services.
	Stakeholders emphasized the need for continued focus on evidence-based practices such as Infant & Early Childhood Mental Health (IECMH) and expanding screening (developmental, social-emotional, and brain injury-related) efforts statewide. Mental health consultation in early care and education, as well school settings, was identified as a critical strategy for development. Additionally, continued focus on school-based services, increased accessibility services, and "normalization/de-stigmatization" of mental health education for youth help improve outcomes for Trust beneficiaries of all ages. Systems-level strategies include the development of the "Pyramid Model" of Positive Behavioral Intervention & Supports (PBIS) for both early childhood and K-12 school systems.
	Workforce needs were highlighted, including increased capacity for IECMH providers, inclusive early care and learning, and school-based mental health service providers. Private foundations and other funders have expressed interest in planning a coordinated approach to increasing statewide access to high-quality early care and education programs.
	Stakeholders emphasized using public health data such as the Alaska Longitudinal Child Abuse and Neglect Linkage Project (ALCAN) to focus more on adverse childhood experiences (ACEs) prevention, prenatal and preconception, and family planning.
	Stakeholders stressed the increasing need to improve state systems and organization and state government's capacity for administering and coordinating early childhood services. Infant & Early Childhood Mental Health Consultation (indirect support of beneficiaries through direct support of beneficiary caregivers) is an extremely high priority for providers, educators, and families. Stakeholders were pleased and excited to support the increased Trust investment in Infant & Early Childhood Mental Health capacity approved by Trustees for FY24-25.

Goal 2: Healthcare *Alaskans have access to integrated healthcare options that promote optimal health, wellness, and independence.*	
Summary of comments related to Goal 2	Stakeholders promoted the idea that Trust beneficiaries should have real access to integrated healthcare options that promote optimal health, wellness, and independence. The need for increased numbers of providers, and accessible services, including telehealth services, was emphasized for a broad range of populations across the lifespan. Specifically, the feedback highlighted the increased need for access to care for beneficiaries who experience traumatic and acquired brain injury (TABI),

	other brain-based disorders (e.g., Alzheimer's and Related Dementias (ADRD), Fetal Alcohol Spectrum Disorder (FASD) and eating disorders), and individuals experiencing complex behaviors. When considering those experiencing traumatic and acquired brain injury, or other brain-based disorders, a need for a complete continuum of response was emphasized. The continuum of need ranged from screening to the coordination of care and intervention across the life span and in multiple settings ranging from schools to rehabilitation facilities. Additionally, there was a call to address funding options, the need for improved population data, and increased advocacy.
Goal 3: Economic and Social Well-Being *Trust beneficiaries have strong economic and social well-being.*	
Summary of comments related to Goal 3 Part 1: Employment	Stakeholders encouraged the Trust to continue supporting the Center for Human Development's work around Microenterprise efforts and supported employment best practices. These services are gaining momentum, and thoughts were expressed to expand these and get more beneficiaries working. Where possible, the Trust was asked to leverage its funds to bring in more federal dollars, and support increased transportation and housing for staff and beneficiaries. Interest was expressed in expanding housing and transportation infrastructure to rural settings. When considering those experiencing TABI, or other brain-based disorders, a need for a complete continuum of response was emphasized. Care for beneficiaries with TABI was noted as not having many resources in the communities of Alaska. COVID impacts on employment and opportunities for employment were discussed, with supported employment providers emphasizing the need to continue individualized, person-centered employment services rather than "plugging" beneficiaries into any job available regardless of fit. The supported employment workforce has also been impacted by COVID, with a reduced number of specialized support staff available to assist beneficiaries with seeking and maintaining employment. The "Alaska Work Matters Task Force" report was published in 2022 and included program and policy recommendations relevant to Trust beneficiaries, including expansion of the Individual Placement and Supports (IPS) supported employment model. Some partners continue to identify engagement with DVR as a challenge to supporting beneficiaries seeking employment, particularly in rural communities. Stakeholders acknowledge that despite being an "Employment First" state, Alaska has difficulty making systemic progress in this area, and measurement of cross-departmental success continues to be a challenge. Trust Beneficiaries are part of the workforce solution in the continuum of care as peers and as

	direct service providers. Participants urged that seeking opportunities to expand attractive career paths for all types of beneficiaries who want to enter or reenter the workforce is vital. Creating an attractive career path includes prioritizing the advocacy work of the Trust and reducing the stigma of hiring and interacting with beneficiaries in the community. Partner agencies and beneficiaries identified access barriers to employment-related resources, including policy barriers that prevent waiver-supported individuals from working from home and issues related to the Trust-funded Microenterprise program.
Summary of comments related to Goal 3 Part 2: Housing	Stakeholders overwhelmingly supported the growing need for housing. It was reported that beneficiaries who lack affordable and safe shelter could not work on treatment, relationships, employment, etc. There is an increased need for specialty housing in all beneficiary categories. Expressly noted was transitional housing for people stepping down from treatment with substance use disorders or those experiencing serious mental illness, which is reportedly not readily available. Housing for people with ADRD and TABI is hard to come by as well. So, all forms of transitional and supportive housing are needed. Getting transitional housing in rural Alaska is even more complex and is a barrier to improving a beneficiary's life. Lastly, permanent supportive housing, including sober living, is vital to long-term outcomes for beneficiaries.
Summary of comments related to Goal 3 Part 3: Services for Alaskans Experiencing Developmental Disabilities	Stakeholders discussed that through the Shared Vision, we are promoting the idea that beneficiaries can live the life they direct; but is this happening, and are enough resources being put to this end to make it a reality? Many barriers significantly impact beneficiaries, such as a lack of access to affordable transportation. In addition, food insecurity across beneficiary categories was reported to be exacerbated by the COVID pandemic. Furthermore, beneficiaries need additional support with supported employment, increased case management, and better access to direct support professionals. One highlight from stakeholders is the Trust mini-grant program, which is working very well and positively impacts the beneficiaries' individual lives.
Goal 4: Substance Use Disorder Prevention *Prevention and treatment for drug and alcohol misuse are provided through collaborative, effective, and informed strategies.*	
Summary of comments related to Goal 4	Stakeholders emphasized the need to build the treatment and recovery infrastructure to include access to residential beds and outpatient services for all ages. Providers seek a clear understanding of the systemic methods needed

Part 1: Access and Treatment	to increase access and support to navigate funding. It was noted that older Alaskans are less apt to engage in the treatment system and are less likely to get help. In addition, children and adolescents in rural Alaska cannot access substance use disorder (SUD) services and often must access care in the larger cities. There is also a great need and support for behavioral health resources to be offered outside the traditional brick-and-mortar behavioral health center and to shift to service delivery in schools, universities, mobile behavioral health units, and adult and pediatric primary care settings. Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are working, and there was a dialogue about expanding these services to families. Several stakeholders expressed the need for enhanced access to SUD case management services with the ability to do ongoing community-based support. Stakeholders would like to see the burdensome administrative requirements expeditiously alleviated to support access to care. There was general support for the work of Recover Alaska and the mini-grant program administered by the Trust.
Summary of comments related to Goal 4 Part 2: Recovery and Supports Using Peers	Stakeholders encouraged the ongoing development of peer and recovery-oriented services as a solution for serving underserved areas, increasing the workforce, and expanding the continuum of care. Stakeholders also promoted enrichment activities for those beneficiaries in recovery, such as healing circles, sports, recovery cafes, and other activities that support community connection. Wrap-around intensive case management is also critical to recovery.

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

Summary of comments related to Goal 5	A lot of feedback encouraged the Trust to continue supporting the Crisis Now system of care, including 988/Call Center, mobile crisis teams, and 23-hour crisis stabilization centers. There is agreement that Alaska needs to act to transform its behavioral health crisis response system. Support for the Trust and its partners needs to continue working to make this happen. Funding, policy support, and technical help for agencies who want to provide these services are necessary to support the implementation of these improvements. In order to effectively implement local change, partners engaged in the implementation of Crisis Now reinforce the importance of a local coordinator and community-wide crisis collaboration with technical supports.

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	Stakeholders expressed strong interest in including child and youth mental health in the emerging crisis continuum of care work led by the Trust. The need for specialized training and staffing for youth and families was highlighted, focusing on best practices and prioritizing developmentally appropriate interventions across settings for youth, particularly for mobile response services. Crisis stabilization facilities and respite for families experiencing high stressors were identified as critical gaps in the child/youth mental health continuum. Several stakeholders expressed a concern that behavioral health crisis response services should reach rural Alaska, understanding that adaptations to the Crisis Now model may be needed. Stakeholders support the screening process in all phases of the crisis triage process, plus keeping up the evidenced-based training like Mental Health First Aid.
Goal 6: _Protecting Vulnerable Alaskans_ _Alaskans are free from abuse, neglect, self-neglect, and exploitation._	
Summary of comments related to Goal 6	Stakeholders advocated for increasing resiliency among families by expanding support for working families, including access to affordable, high-quality childcare, universal pre-K programs, and after-school programs. They also supported increased access to prenatal and early childhood home visitation, in-home therapy services, and parenting classes promoting trauma-informed care. Stakeholders desire leadership to help build and implement the early intervention services outlined in the 1115 Medicaid Behavioral Health Waiver. They seek support regarding the administrative burden these services carry and faster access to the continuum of care to prevent an individual from having a crisis. As noted above, the emerging crisis continuum of care work should include child, youth, and family-specific support as soon as possible. State partners working with at-risk and child welfare-involved families also prioritize increased access to stabilization services and facilities for youth and respite for families. They also voiced that investing in provider resources will aid in strengthening families who may interact with the protective service system by using innovative programs that support the whole family, not just the individual family member who entered the system. Provider resources should be expanded to recruit and retain an adequate census of foster parents. It was encouraged that we explore using the Indian Child Welfare Act (ICWA) workforce as a powerful voice in prevention. Overall, there is an ongoing need to focus on additional strategies and investments in the protective service system, especially the child welfare system. Trust partners expressed concern and a need for increased state investment in children's mental health services and support in response to the findings of the US Department of Justice report published in December 2022. The report found that "Alaska Unnecessarily Segregates Children with Behavioral Health

	Disabilities in Institutions." Recommendations for more community and home-based services, especially for child welfare-involved families, were amplified with increasing intensity during this budget consultation period. The need for the full continuum of behavioral health care for families and children starting in early childhood through adolescence (including schools) has become a huge area of focus for community partners and advocates and was a resounding theme of the 2023 legislative session. Trust partners support the FY25 disability justice focus area proposed program to provide Transitional Support and Services to support victims of domestic violence and sexual assault.

Goal 7: Services in the Least Restrictive Environment
Trust beneficiaries' behavioral health needs are accurately assessed and met in the least restrictive environment.

Summary of comments related to Goal 7	Stakeholders emphasized that the Trust's work and initiatives should be conducted with diversity, equity, and inclusion at its core, and its respective policies should also reflect the same. Stakeholders aspire to have more prevention and early intervention supports and services for families to raise children into healthy adults. Raising healthy children has an upstream impact on preventing future engagement with the criminal justice system. The Department of Corrections (DOC) should not be Alaska's largest behavioral health provider. To improve justice outcomes for Trust beneficiaries, stakeholders would like to increase our training partners, for example, additional law enforcement/ judiciary/legal professionals, to increase the understanding of behavioral health crisis response, beneficiary challenges, etc. Another example is training more professionals using the Crisis Intervention Training (CIT) model. Stakeholders would like to see an expansion of the therapeutic, family, and wellness courts to rural communities. Public defender clients are Trust beneficiaries, and further work must be done to divert Trust beneficiaries away from the criminal justice system, such as through diversion facilities. Furthermore, the Trust should explore expanding the restorative justice efforts, such as those occurring in Kake, Alaska, and prioritize these practices. Stakeholders continue to support the Assess Plan Identify and Coordinate (APIC) program and ask the Trust to continue support until the backlog at the Social Security Administration and Alaska Department of Public Assistance is caught up.

Goal 8: Services in Institutional Settings
Trust beneficiaries who are in an institutional setting receive the necessary services and recovery supports to return to the community of their choice.

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Summary of comments related to Goal 8	Stakeholders highlighted that significant investment is needed in building the technology infrastructure to deliver behavioral health programming and reentry coordination within DOC institutions. It was noted that this technology infrastructure likely requires amending statutes. There is a need for expanded programming within DOC institutions for beneficiaries developing and living with ADRD. These beneficiaries require critical wrap-around intensive case management. There is a desire for designated, flexible funds that probation officers could use to assist reentrants with quickly accessing support services such as housing. Expanding immediate access to care for reentrants is critical to their success. The population of reentrants experiences long wait lists for behavioral health services, including case management, and services for reentrants are negligible to nonexistent, especially in smaller/rural communities. Investment is needed for in-state solutions to better address the needs of individuals with complex behaviors to keep them from having to leave the State. The Trust needs to be more involved in these discussions. Use existing screening tools, and develop new tools, if needed, that can assess the risk level of reentrants—work on coordinating care with BH service providers using risk assessment.

Goal 9: Workforce, Data, and Funding
The State of Alaska has the workforce capacity, data, and technology systems in place to support the resources and funding of Alaska's Comprehensive Mental Health Program.

Summary of comments related to Goal 9 Part 1: Workforce Shortages	The healthcare workforce remains a significant issue, particularly concerning recruiting enough people to staff the positions that provide and implement the care for Trust beneficiaries. There are ongoing retention issues due to chronic low wages in the non-profit agency world, plus burnout and stress are taking a toll on the current workforce. Another retention method discussed involved providing behavioral health care to the caregivers and the team serving beneficiaries. Current programs like the Alaska Psychology Internship Consortium (AK PIC), AmeriCorps, and Behavioral Health Aids and Community Health Aids (BHA/CHA) are all successful programs, and discussions focused on how to expand these excellent programs. *Grow Your Own* programs in high schools are great and one of the only programs that target future staff in rural regions. Stakeholders would like to see such programs expanded to include younger students. The Trust was encouraged to be engaged in expanding diversity in the workplace and delivering innovative programs and outreach. Further, stakeholders urged exploring creative solutions to enhance wages and create attractive career paths for the workforce serving beneficiaries. Their workforce solution includes beneficiaries, youth, and peers with lived experience. Utilize

	diversity, equity, and inclusion approaches when exploring workforce strategies.
Summary of comments related to Goal 9 Part 2: Training the Workforce	Overall, the workforce training themes discussed involved the need for the continued support of the University system classes, Alaska Training Cooperative, and the Center for Human Development. Support the DEI goals that the University of Alaska, Anchorage, is weaving into its training programs. Also, support the hybrid methods for training delivery that have evolved through the pandemic. Provide evidence-based training on-site for clinical teams that cannot travel to training to enhance their clinical skills. Expand the training offered to law enforcement, including Village Public Safety Officers (VPSOs), to include TABI, co-occurring behavioral health, and ADRD. Law enforcement and clinical teams also need support around compassion fatigue and burnout.
Summary of comments related to Goal 9 Part 3: Data	Data is critical, and the need to evaluate our systems of care for the young, adults ages, and elderly is needed. Stakeholders were concerned that there was a lack of actionable data and that the Health Information Exchange (HIE) was underutilized. Stakeholders encouraged the Trust and DOH & DFCS to support the evaluation of the Crisis Now system of care and support. The Trust can assist with getting people connected with the available data resources through the State's various divisions. There was an emphasis on ensuring the data was secure and safe, especially where protected health information was involved.
Summary of comments related to Goal 9 Part 4: Funding	Stakeholders encouraged the Trust to advocate for funding from the State of Alaska for the Comp Plan goals and initiatives. Concern was expressed that there is a heavy administrative burden connected to the 1115 Behavioral Health Waiver and how to advocate with Optum—also factor in equitable funding for rural Alaska.
Other Themes Discussed *(Not directly related to the Comp Plan)*	
Summary of other comments received	Support Health and Racial equity across the Trust initiatives and beneficiary-related systems of care. Increased focus on cultural awareness across diverse cultural groups and addressing social determinants of health for all. Explore equity consultants. Improved parity between rural and urban programming, funding, and advocacy. More regional/hub-based services. It is helpful to consider rural-only focus groups to identify challenges and solutions—advocate for increased regional and rural outreach and legislative visits.

	Increase the use of culturally based, evidence-based, or promising practice interventions. Work with the State and partners to create solutions to challenges in the provider system, such as reducing providers' administrative burden.