Certified Community Behavioral Health Clinic (CCBHC)

Community Needs Assessment

March 2024

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SECTION 1: SERVICE AREA DESCRIPTION AND CCBHC SITES

JAMHI Health & Wellness (JAMHI) is a multi-service, non-profit, community-based health center set in remote Juneau, Alaska. JAMHI was originally founded in 1985 as Juneau Alliance for the Mentally Ill—a family-based, grass-roots advocacy organization. Over the decades, JAMHI evolved to better meet the needs of the service area's population. In 2015, primary care services were added. About three years later, JAMHI's Board of Directors agreed to a merger with the National Council on Alcoholism and Drug Dependence, Juneau Alaska Affiliate (NCADD). This merger created a new entity called JAMHI Health and Wellness, Inc. In 2021, JAMHI earned designation as a Federally Qualified Health Center Look-Alike. With JAMHI's long history of providing mental health care, the addition of primary care services, plus NCADD's strength in providing substance abuse services, the organization is fully equipped to serve the varied and complex needs of the Juneau community. At JAMHI, our mission statement is to "help people live their own best lives." In alignment with the mission, we strive to improve health, wellness and support recovery for individuals and their families.

In the fall of 2023, JAMHI was awarded Federal funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement a Certified Community Behavioral Health Clinic, Improvement and Advancement (CCBHC-IA) grant, covering a four-year project period, beginning September 30, 2023 and ending September 29, 2027. This grant is a continuation of a CCBHC-E grant, awarded to JAMHI in 2020 which lasted for two years. JAMHI is fully equipped to serve the varied and complex health and behavioral health needs of the Juneau community.

1.1 CCBHC Population of Focus

JAMHI's population of focus for the CCBHC program aligns with the intended population of focus for the grant, as defined by SAMHSA: individuals of all ages (children, adults, seniors) living in the City and Borough of Juneau, Alaska, with a behavioral health diagnosis, including those with severe mental illness (SMI), severe emotional disturbance (SED), substance use disorders (SUD), and/or co-occurring disorders (COD). In addition, those served by the CCBHC are also comprised mostly of low-income individuals (at or below 200% FPG). As such, within this Needs Assessment, where possible, data focuses on indicators for Juneau's low-income population, to ensure the needs of those most likely to be served by the CCBHC are represented.

1.2 Geographic Description of Service Area and CCBHC Site

By land mass, Alaska is the largest state in the nation, but it remains sparsely populated. Juneau is the ancestral home of the A'akw Kwáan, Tlingit peoples. JAMHI's geographic catchment area for the CCBHC is the City and Borough of Juneau, located in the southeastern region of Alaska that borders British Columbia, Canada to the east, and the Gastineau Channel, then onto the Gulf of Alaska, to the west. The area is commonly referred to as the Alaska Panhandle. JAMHI's

service area covers the entire City and Borough of Juneau, which is a consolidated city-borough government. (In Alaska, a borough is equivalent to a county).

As the capital city of Alaska, Juneau is the third most populous municipality in the state, after Anchorage and Fairbanks, with 31,973 residents. That population can swell during parts of the year when cruise ships regularly dock in the harbor, however. As coastal community, Juneau is only one of two state capitals not accessible by road and can only be reached by ferry or airplane. In addition to its remote location, JAMHI's service area is also burdened by heavy snowfall during the winter months (extending November through March), receiving roughly three times more snow than the national average.

JAMHI's Salmon Creek Clinic (pictured to the right) is located at: 3406 Glacier Highway Bldg. A. This location houses many of our services, including the CCBHC program. JAMHI is committed to addressing behavioral health disparities in Juneau, and does so by providing substance use disorder services and intensive behavioral health services to all residents, regardless of ability to pay.

1.3 Demographics of the Service Area

This section of the Needs Assessment[1] focuses on the demographic profile of residents within the City and Borough of Juneau, to include: race/ethnicity, age, and LGBTQ+ identity.

Breakdown of Population by Race/Ethnicity

The City and Borough of Juneau is ethnically diverse with close to one-half (46.3%) of residents identifying as non-Caucasian or non-Hispanic/Latino. More than one in ten (13.3%) low-income residents identify as Other/ Multiple— a rate that is higher than Alaska (9.4%) and the U.S. (3.9%). This is followed by Hispanic or Latino (12.0%), American Indian, Alaska Native, Native Hawaiian, or Pacific Islander (11.1%), Asian (South or East) or Asian Indian (6.6%), and Black or African American (3.3%). Asian self-identification in Juneau (6.6%) is slightly higher than in Alaska (6.5%) and the U.S. (5.8%). Notably, while individuals identifying as American Indian, Alaska Native, Native Hawaiian, or Pacific Islander in Juneau (11.1%) is less than in Alaska (15.8%), it is ten times the rate in the U.S. (1.0%). Further, it should be noted that within Juneau, 8.5% of residents are foreign-born. Of the foreign-born residents, 45.1% are from the Philippines, followed by 14.8% hailing from Mexico. The table below presents the race/ethnicities within Juneau (for low-income populations), Alaska, and the nation.

[1] Throughout this Needs Assessment, data with a red up arrow (↑) represents disparities in the service area that are at a higher rate than in the state of Alaska, and/or the U.S. as a whole. Similarly, data with a red down arrow (↓) indicates disparity in data.

Race/Ethnicity[1]	Juneau (Low-Income)	Alaska	U.S.A.
Caucasian, Non-Hispanic (incl. N. African and West/Central Asian)	53.7 %	58.4 %	58.9 %
Other/ Multiple (non-Hispanic)	↑ 13.3 %	9.4 %	3.9 %
Hispanic or Latino	12.0 %	7.5 %	18.7 %
Amer. Indian, Alaska Native, Native Hawaiian, or Pacific Islander	11.1 %	15.8 %	1.0 %
Asian (South or East) or Asian Indian	↑ 6.6 %	6.5 %	5.8 %
Black or African American	3.3 %	3.2 %	12.5 %
Total	100.0 %	100.0 %	100.0 %
Total non-Caucasian, non-Hispanic/Latino	↑ 46.3 %	41.6 %	41.1 %

Source: U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates, Table B03002, B17001, and B17001B-17001I

[1]Hispanic/Latino is separated only from Caucasian and Other. It is duplicated in all other race categories.

Breakdown of Population by Age

Within Juneau, children ages 0-17 years account for 21.1% of the low-income service area population. In contrast, Alaska and the U.S. have rates of 24.4% and 22.1% respectively. The service area population for low-income young adults ages 18-24 (13.1%) is slightly higher than in Alaska (9.5%), and the U.S. (9.4%). The percentage of low-income adults between the ages of 45-64 (26.9%) is higher than Alaska (24.2%) and the U.S. (25.3%). Low-income seniors, age 65+, account for a lower-than-average percentage (11.3%) in comparison with state (12.8%), and national (16.5%) figures. The table below presents the age distribution within Juneau (for low-income populations), Alaska, and the nation.

Age Distribution	Juneau (Low-Income)	Alaska	U.S.A.
Ages 0-5	5.7 %	8.1 %	6.9 %
Ages 6-17	15.4 %	16.3 %	15.2 %
Ages 18-24	↑ 13.1 %	9.5 %	9.4 %
Ages 25-44	27.5 %	29.2 %	26.6 %
Ages 45-64	↑ 26.9 %	24.2 %	25.3 %
Ages 65-74	7.6 %	8.6 %	9.7 %
Ages 75+	3.7 %	4.2 %	6.8 %
Total Population	100.0 %	100.0 %	100.0 %
All Children Age 0-17	↓ 21.1 %	24.4 %	22.1 %
All Seniors Age 65+	↓ 11.3 %	12.8 %	16.5 %

Source: U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates, Tables B01001 and B17024.

Breakdown of Population by LBGTQ+ Identity

While there is no formal local data available reporting the percentage of the population who identify as LGBTQ+ in the City and Borough of Juneau, Juneau has received accolades for their inclusivity. According to an article published by a local news outlet, Juneau Empire (November

2022),[2] "*Juneau received a perfect score on the Human Rights Campaign's 2022 Municipality Equality Index scorecard, an assessment that explores municipal governments' inclusivity to LGBTQ+ people in the community it serves*." This is quite an accomplishment for Juneau; out of 500 cities assessed across the nation, only 120 received a perfect score, and only five (5) other cities in Alaska participated in the assessment. To further demonstrate the inclusivity within Juneau, the community supports the Southeast Alaska Gay and Lesbian Alliance (SEAGLA), a nonprofit organization formed in the mid-80s. SEAGLA has evolved into a community advocate dedicated to increasing queer visibility, promoting LGBTQ+ rights, and hosting various community pride events and celebrations.

JAMHI has recognized that there is limited local data available on LGBTQ+ identity. With the CCBHC grant, we are tracking this data (gender identity and sexual orientation) for individuals served, to ensure the needs of this population are represented and well-served by our grant. The table below presents the limited data that is available.

Sexual Orientation and Gender Identity (LGBT)	Alaska	U.S.A.
Adults who Identify as LGBTQ+ (age 18+)	↓ 3.7%	7.1%
Adults who Identify as Transgender (age 18+)	↑ .70%	.52%

1.6 Special Populations in Juneau: Those Experiencing Homelessness

Aside from providing high-quality services to the population of focus as outlined by SAMHSA JAMHI has identified unhoused individuals as a special population for service by the CCBHC. Economic, health, the COVID-19 pandemic, and housing challenges have resulted in increasing homelessness across Juneau. Statewide in Alaska, the 2023 point-in-time count reported 2,614 homeless individuals[3]. Juneau counted 220 total individuals, including 115 in emergency shelters[4]. According to a recent article published in the Juneau Empire[5], "*Juneau is Alaska's most homeless city on a per-capita basis, with 1.5 times the rate of Anchorage and three times that of Fairbanks*." The photo above, featuring a homeless encampment at the Mill Campground, accompanied the article (Clarise Larson / Juneau Empire).

JAMHI has decided to focus on this special population within the CCBHC, because individuals and families experiencing homelessness in Juneau face harsh challenges due to the geography, weather, and temperature, as well as limited

[2] Larson, Clarise. November 2023. *Juneau receives perfect score for LGBTQ+ inclusivity*, Juneau Empire. Retrieved on 02/05/2024 from: https://www.juneauempire.com/news/juneau-receives-perfect-score-for-lgbtq-inclusivity/
[3] Alaska Point-In-Time Count. 2023. Retrieved on 02/06/2024 from: https://public.tableau.com/app/profile/alaska.hmis/viz/AKPITHICSince2012/AlaskaPITHICCountsYear-to-Year
[4] Alaska Point-In-Time Counts by Community 2023. Retrieved on 02/06/2024 from: https://public.tableau.com/app/profile/alaska.hmis/viz/AKPITHICSince2012/AlaskaPITHICCountsYear-to-Year
[5] Larson, Clarise. August 2023. *Sheltering homeless people this summer is hard—it may get worse come fall*. Juneau Empire. Retrieved on 02/06/2024 from: https://www.juneauempire.com/news/sheltering-homeless-people-this-summer-is-hard-it-may-get-worse-come-fall/

available resources to support individuals transitioning from homelessness (for example, limited space in shelters and limited access to food banks, etc.). To address homelessness in Juneau, we have focused outreach activities within the CCBHC to target those experiencing homelessness, and we track the housing stability and housing status among those served.

SECTION 2: APPROACH / METHODOLOGY

2.1 Guiding Questions

Guiding questions informed JAMHI on decisions about how the needs assessment would be conducted, and how the information would be utilized. The development of this document was based on the following set of core set of guiding questions.

- To what extent is the agency serving residents of Juneau, who have SMI, SED, SUD, or COD diagnoses, including those who are low-income?
- How can we address the needs of low-income populations, diverse populations, veterans, youth, and older adults?
- How can we improve coordination of care within the community, to supplement the CCBHC grant and share resources while supporting whole-person care?
- Is there a specific need within the community that we are not meeting effectively? How can we intervene to improve outcomes around that need, and what data can demonstrate the outcomes?
- Are our screening tools and assessment process inclusive of all populations, ages, and circumstances?
- How can we ensure meaningful inclusion of the patient voice, and that input from people we serve and the community are represented in our Needs Assessment?

Throughout this document, our efforts to investigate these guiding questions are evident, as is our commitment to explore the needs, gaps in care, and barriers to care within Juneau.

2.2 Methodology and Approach

SAMHSA requires CCBHC grantees to complete a Needs Assessment, to be updated at a minimum of every three (3) years, and to include patient/community input. Regular, thorough assessments of need within the service area will ensure that a) JAMHI is informed regarding the implementation of the CCBHC program; b) the range of services and selected interventions continue to serve the needs of the service area; and c) JAMHI has capacity to identify and address emerging gaps in services.

This Needs Assessment was completed by Gary Bess Associates (GBA), a consulting firm specializing in serving non-profit health and behavioral health providers such as CCBHCs, in conjunction with JAMHI's CEO and CCBHC Project Director. Key indicators of need were reviewed to present barriers to care. This includes descriptive data (race/ethnicity, age, LGBTQ+ identify, etc.) and social determinants of health that adversely impact service area residents.

Factors such as cultural and linguistic concerns; educational, economic, and employment status; and behavioral health disparities were reviewed with findings included in this report. When available, data were compared across the state, county, and the service area. From these sources, significant differences were identified across regions, notably, the needs, disparities, and gaps in service, thus informing the implementation of the CCBHC.

Secondary Data

Analysis was completed primarily using secondary data collected from the U.S. Census Bureau, 5-year average American Community Survey (2022). In addition, we researched other Community Needs Assessments completed in the service area within the last few years. These reports were reviewed and are included herein.

Primary Data

As required by the CCBHC criteria, JAMHI sought meaningful inclusion of the consumer voice, and community at large as part of our process conducting this Needs Assessment. We developed an online survey, using Survey Monkey as our platform, and began marketing and administration of the survey throughout January, February, and March 2024. The survey collected demographic information, and queried on access to and need for several service categories: mental health services; psychiatric crisis and suicide services; substance use services; supportive services; medical care; and dental care. To distribute our community survey, we utilized several strategies: a) promotion on our website; b) promotion on social media; c) access through links and QR codes; d) printed posters in the community; and e) voluntary entry into a raffle to win a prize for completed surveys. We sought the input from patients, people with lived experience and/or in recovery from behavioral conditions, family/friends of individuals with a behavioral health concern, the community at-large, other service providers, stakeholders, CCBHC partners, and JAMHI staff.

SECTION 3: SECONDARY DATA FINDINGS

3.1 Mental Health and Substance Use Conditions and Needs in Our Service Area

There is greater need and demand for behavioral health care in Juneau, especially among low-income and vulnerable populations, than can be provided by existing resources. Our hope is to alleviate any behavioral health service gaps through our CCBHC. In this section of our Needs Assessment, we identify the most alarming disparities in our service area-- lack of awareness / access; incidence of suicide; and incidence of substance use.

Service Gaps: Lack of Awareness / Access

According to the US Census Bureau, QuickFacts (2021), Alaskans are not receiving the SUD treatment and care at a higher rate than their national counterparts. According to the *Alaska Behavioral Health Systems Assessment,* an estimated 19.0% of Alaskans were not able to access needed outpatient services for SMI, SUD, SED, or COD**.** This lack of access comes at a time when the need for these services is increasing, as evidenced by JAMHI's consistently growing

patient base. Between 2020 to the end of 2022, JAMHI's patient population grew by 17.2% in Severe Mental Illness (SMI), Severe Emotional Disturbance (SED), substance use disorders (SUD), and co-occurring disorders (COD) categories alone. To address this disparity, we have focused activities within the CCBHC to increase awareness and access to services, which include an active social media campaign and multiple planned community events for outreach

Behavioral Health Disparity: Incidence of Suicide

Data from the City and Borough of Juneau is limited for behavioral health disparities at this time, so Alaska population data versus national data is often the closest representation for Juneau populations. As can be seen in the table below, residents of Alaska have twice the prevalence of death by suicide per 100,000 population (28.7) when compared to the US population (14.4). The prevalence of suicide for young adult and youth specifically, ages 15-24, is four times the national rate (57.9 and 13.3 per 100,000 population respectively). The suicide prevalence demands resources centered on preventing avoidable tragedy. There is clearly a service gap between the needs of the community, and the community's capacity to respond to suicide. To address this disparity, we have focused activities within the CCBHC to screen for depression and suicide risk, to make and track referrals for mental health treatment, and to compare screening results at two points in time, with the goal of reduced symptoms of depression and/or suicide ideation.

Incidence of Suicide, by Age Range (per 100,000 population)	Alaska	U.S.A.
Adult (Age 18+)	28.7	13.9
Young Adult / Youth (Age 15 to 24)	57.9	13.3

Source: US Census Bureau, QuickFacts, Juneau city and borough v United States, v2021.

Behavioral Health Disparity: Incidence of Substance Use and Alcohol Mortality

According to the US Census Bureau, QuickFacts (2021), Alcohol is a leading substance of choice among Alaskans. According to PLACES, Centers for Disease Control and Prevention, 2023 Release, twenty percent (20.0%) of adult residents in Juneau have engaged in binge drinking in the past 30 days, a rate that is higher than the state (18.3%) and the nation (15.5%). The alcohol mortality rate per 100,000 population in Alaska (23.7) is more than twice the rate of the nation (10.4). To address this disparity, we have focused activities within the CCBHC to screen for alcohol misuse via the AUDIT-C, to make and track referrals for SUD treatment, and to make and track referrals for SUD support/peer groups. To ensure patients with alcohol or substance use are entered into treatment at the appropriate level of care and receive effective treatment planning, JAMHI uses American Society of Addiction Medicine (ASAM) criteria, a widely-used evidence-based practice.

3.2 Socioeconomic Factors and Social Drivers of Health

This section of the Needs Assessment focuses on social determinants of health and socioeconomic factors that can contribute to reduced access and/or reduced utilization of behavioral health care. These social determinants of health include: income, transportation, employment, educational attainment, and insurance status.

Income and Poverty Status

JAMHI services, including the CCBHC, primarily serve low-income residents within Juneau. Those living in households earning less than 200% of the Federal Poverty Guideline (FPG) are deemed "low-income." Approximately sixteen percent of Juneau residents (16.7%) live below 200% FPG. Close to one in seven residents (14.9% or 4,681individuals) live below 138% of the FPG, which is the income eligibility threshold for expanded Medicaid in Alaska. More than 2,000 residents (6.9%) live below 100% FPG, which is the threshold to be deemed "living in poverty" by the U.S. Department of Health and Human Services.

Income as a Percent of Federal Poverty Guideline (FPG)	Juneau	State	U.S.A.
Below 100% FPG	6.9 %	10.5 %	12.5 %
100% to 137% FPG	8.0 %	12.3 %	13.8 %
138% to 199% FPG	1.8 %	1.9 %	2.5 %
200% to 399% FPG	29.1 %	29.8 %	29.6 %
400% FPG and above	54.3 %	45.5 %	41.6 %
Total pop. for whom poverty is determined	100.0 %	100.0 %	100.0 %
Total below 138% FPG	14.9 %	22.8 %	26.3 %
Total below 200% FPG	16.7 %	24.7 %	28.8 %

Source: Source: U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates, Table B17024 and C27016. Some data extrapolated by Gary Bess Associates.

Transportation

Juneau residents, regardless of income level, also experience vehicle shortages (more workers in the household than vehicles available). More than 1,200 households (or 9.6% of total households in Juneau) have no vehicles available—a rate that is higher than the state (9.1%) and the nation (8.3%).

Despite nearly one in ten Juneau residents experiencing a vehicle shortage, driving in a private vehicle is still the most common form of transportation in city. Yet, low-income residents are less likely (61.5%) to drive alone than their state (65.9%) and nationwide counterparts (71.7%). Similarly, they are less apt to carpool as a means of work-related transportation. For those who travel for work alone in their vehicle, the expense and time is takes to travel for non-work-related reasons may also have a negative impact on the ability to attend medical and behavioral health visits. Additionally, known drawbacks of carpooling include dependency on others and inconvenience of coordinating schedules, and this, too, may impact access to health and behavioral health care services. The high percentages (rates) for low-income individuals in Juneau using public transportation (9.4%), are in stark contrast to state (1.1%) and national (3.8%) figures. Some modes of public transportation, convenient for work purposes, may not necessarily be convenient for accessing healthcare without a larger investment in time and planning. Moreover, 9.3% of low-income service area individuals reported that they primarily get to work by walking, as compared to the state (7.7%), and nation (2.4%). The lack of a vehicle at the work place may also limit an individuals' ability to access health care due to distance, time, and frequent inclement and/or dangerous weather and temperatures.

Means of Transportation to Work	Juneau (Low-Income)	Alaska	U.S.A.
Drove alone	↓ 61.5 %	65.9 %	71.7 %
Carpool	↓ 6.3 %	12.2 %	8.5 %
Public transportation	↑ 9.4 %	1.1 %	3.8 %
Walked	↑ 9.3 %	7.7 %	2.4 %
Other means	2.6 %	5.0 %	1.9 %
Worked at home	10.9 %	8.1 %	11.7 %
Total Workers Age 16+	100.0 %	100.0 %	100.0 %

Source: U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates, Tables B08006, B08122 and B17024. Some data extrapolated by Gary Bess Associates.

Employment

Juneau's low-income residents are more likely to be either unemployed or not participating in the labor force, compared to the state and nation. The civilian unemployment rate represents 7.3% of working-age low-income adults in the service area, a rate higher than the state and nation (6.0% and 5.0% respectively). The percentage of low-income residents ages 20-64 years who are not participating in the labor force is also higher (24.1%) in Juneau, than the state (22.8%) and the nation (21.8%). Lower labor participation typically indicates challenges with finding employment to the extent that some people may stop looking for work.

Civilian Employment Status, Ages 20-64	Juneau (Low-Income)	Alaska	U.S.A.
Employed	↓ 70.4 %	72.6 %	74.3 %
Unemployed	↑ 5.5 %	4.7 %	3.9 %
Not in labor force	↑ 24.1 %	22.8 %	21.8 %
Total civilians ages 20-64	100.0 %	100.0 %	100.0 %
Labor participation rate	↓ 75.9 %	77.2 %	78.2 %
Civilian unemployment rate	↑ 7.3 %	6.0 %	5.0 %

Source: U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates, Tables B23001 and B23024.

Educational Attainment

Lower educational attainment is often a result of needing to go to work to support self or family (rather than going to school), limited economic and academic opportunities, and/or limited English proficiency. A lack of education can also be a barrier to income upward mobility. Lower educational attainment may also impact behavioral health and health literacy, likely contributing to poorer health outcomes and access to care. In Juneau's low-income population, 5.7% of residents have not graduated from high school. Additionally, when compared to state data, less low-income residents of Juneau have some college or associate's degree (30.7% compared to 33.9%).

Educational Attainment (Age 25+)	Juneau (Low-Income)	Alaska	U.S.A.
Less than high school graduate	5.7 %	6.5 %	10.9 %
High school graduate (includes equivalency)	28.7 %	28.8 %	26.4 %
Some college or associate's degree	30.7 %	33.9 %	28.5 %
Bachelor's degree or higher	↑ 34.9 %	30.7 %	34.3 %
Total persons age 25+[1]	100.0 %	100.0 %	100.0 %

Source: Gary Bess Associates. Estimates derived from U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates, Tables B15001 and B17003. [1]Population for whom poverty status is determined.

Insurance Status

A lack of health insurance can pose a significant barrier to accessing behavioral health and medical healthcare, and can significantly contribute to poor outcomes. Within Juneau, 6.9% of all residents are medically uninsured, representing more than 2,155 people in the service area. Just over one in ten (10.1%) or 3,157 Juneau residents are insured through Medicaid or other means-tested coverage. Between the two, 16.9% of residents or 5,312 individuals were either on Medicaid or uninsured. Though these rates may be lower in Juneau, when compared to the state and nation, the struggles and barriers to care is still very real for the 5,312 residents in question.

Primary Health Insurance	Juneau	Alaska	U.S.A.
Private insurance or VA coverage	↑ 77.7 %	65.7 %	65.1 %
Medicare (incl. Medi-Medi)	5.4 %	6.5 %	11.3 %
Medicaid or other means-tested coverage	10.1 %	16.1 %	14.9 %
None/uninsured (N=2,155)	6.9 %	11.7 %	8.7 %
Total noninstitutionalized persons	100.0 %	100.0 %	100.0 %
Total uninsured or on Medicaid	16.9 %	27.8 %	23.5 %

Source: Gary Bess Associates. Estimates derived from U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates, Table B27010. Some values extrapolated by Gary Bess Associates.

Further inquiry of uninsured residents in Juneau, shows that nearly one-third (30.3%) live at or below 138% of the FPG, which is the income threshold for expanded Medicaid coverage in Alaska. This means that while 2,155 low-income residents are not medically insured, nearly 700 are income-eligible for Medicaid. While JAMHI provides care to patients regardless of insurance status or ability to pay, our staff work to assist Medicaid-eligible patient to enroll in the program.

Uninsured by FPG Percentage (N=2,155) [1]	Juneau	Alaska	U.S.A.
Below 100% FPG	19.4 %	15.4 %	21.7 %
Total below 138% FPG	30.3 %	21.8 %	31.5 %
Total below 200% FPG	44.7 %	34.4 %	48.1 %

3.3 Physical Health Disparities in Our Service Area

This section of the Needs Assessment focuses on health disparities within Juneau. The areas of health addressed herein include: access to medical care, health status, health conditions,

underlying causes of mortality, obstetrical/gynecological care, prenatal/neonatal health, and impact of the COVID-19 pandemic.

Access to Medical Care

JAMHI's service area lags in access as compared to the state and U.S. Examples of these disparities include visiting a doctor for a routine checkup in the past year, taking medicine for diagnosed high blood pressure, and getting screenings for health problems such as high cholesterol, colon cancer, breast cancer, or cervical cancer. Across these measures of routine and preventative care, Juneau residents are not consistently engaging in recommended care. For example, 35.0% of service area residents have not visited a doctor for a routine checkup within the past year. Alaska is slightly higher at 37.4%, while the U.S. overall is 26.4%. Similarly, Juneau residents diagnosed with high blood pressure are not taking their medicines (34.4%) as compared with the state (31.0%), and nation (21.8%).

Health Care Access, 2020, Ages 18+, Unless Otherwise Specified	Juneau	Alaska	U.S.A.
Have not visited a doctor for routine checkup within the past year	35.0 %	37.4 %	26.4 %
Not taking medicine for high blood pressure control among adults diagnosed with high blood pressure, 2019	↑ 34.4 %	31.0 %	21.8 %
Not screened for cholesterol in the past five years, 2019	22.0 %	24.1 %	13.6 %
Not current on screening for colon cancer, ages 50-74[1]	31.3 %	32.6 %	27.6 %
Not current on screening for cervical cancer, women ages 21-64[2]	19.9 %	22.2 %	17.2 %
No mammogram in the past two years, women ages 50-74	28.6 %	36.6 %	21.8 %
Men ages 65+ who are not up to date on a core set of clinical preventive services[3]	61.5 %	62.6 %	56.3 %
Women ages 65+ who are not up to date on a core set of clinical preventive services[4]	59.8 %	68.7 %	62.1 %
Did not visit a dentist or dental clinic in the past year	30.7 %	38.3 %	35.2 %

Source: PLACES, Centers for Disease Control and Prevention, 2023 Release.

[1]Colon cancer recommended screening includes either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or a colonoscopy w/in the past 10 years.

[2]For women ages 21-29 years, the recommended screening test is a Pap test in the past 3 years. For those ages 30-65 years, recommended screening is either Pap test every 3 years or HPV test in the past five years.

[3]Men ages 65+ set of clinical preventive services: Flu shot past year, PPV shot ever, Colorectal cancer screening

[4]Women ages 65+ set of clinical preventive services: Flu shot past year, PPV shot ever, Colorectal cancer screening, Mammogram past 2 yrs.

Health Status

In self-reported health status, one in eight residents of Juneau (12.4%) rated their health status as fair to poor. Reporting on past-month health status, 14.8% of Juneau residents reported that their mental health was not good for 14+ days during the past month—similar to state (15.3%) and national (14.7%) comparisons. In the same time period, 9.9% of service area residents reported that their physical health was not good for 14+ days during the past month. While these rates are similar to/or lower than state and national rates, they still represent meaningful numbers of Juneau residents who express a need for more effective medical care (physical and mental).

Health Status, 2020 and Ages 18+	Juneau	Alaska	U.S.A.
Fair or poor self-rated health status	12.4 %	15.2 %	16.1 %
Mental health not good for 14+ days this past month	14.8 %	15.3 %	14.7 %
Physical health not good for 14+ days this past month	9.9 %	11.4 %	10.9 %

Source: PLACES, Centers for Disease Control and Prevention, 2023 Release.

Health Conditions

For many health conditions experienced by adults (ages 18+), JAMHI's service area ranks similarly or favorably when compared to the state and the U.S. JAMHI was founded as a grassroots alliance to improve mental health disparities in Juneau and continues to focus efforts accordingly. Additionally, many of the health conditions measured (e.g., arthritis, heart disease, high blood pressure, kidney disease, and others) occur more frequently in aging populations and are more likely to occur for individuals as they age. As Juneau's population ages, these rates may increase.

Health Conditions, 2020 and Ages 18+, Unless Otherwise Specified	Juneau	Alaska	U.S.A.
Asthma, current	9.5 %	9.6 %	9.7 %
Obesity, current	31.9 %	33.9 %	33.0 %
High cholesterol, screened in the past 5 years, 2019	24.0 %	25.1 %	36.4 %
Ever diagnosed with arthritis	21.4 %	22.5 %	25.2 %
Ever diagnosed with cancer (excluding skin cancer)	5.9 %	6.2 %	7.0 %
Ever diagnosed w/chronic obstructive pulmonary disease, ever diagnosed	4.4 %	5.4 %	6.1 %
Ever diagnosed with coronary heart disease	5.2 %	6.2 %	6.4 %
Ever diagnosed with depression	↑ 20.9 %	20.1 %	19.5 %
Ever diagnosed with diabetes	7.2 %	8.8 %	11.3 %
Ever diagnosed w/high blood pressure (excl. pregnancy or only borderline)	27.0 %	29.5 %	32.7 %
Ever diagnosed with kidney disease	2.4 %	2.8 %	3.1 %
Ever diagnosed with stroke	2.4 %	2.9 %	3.3 %
All natural teeth lost due to tooth decay or gum disease, ages 65+	10.4 %	11.3 %	13.4 %

Source: PLACES, Centers for Disease Control and Prevention, 2023 Release.

Underlying Causes of Mortality

Poor healthcare access and health behaviors have produced many disparate health outcomes in terms of mortality in JAMHI's service area. Several leading causes of mortality are higher in Juneau when compared with the state of Alaska. These include malignant neoplasms, cerebrovascular diseases, chronic lower respiratory diseases, essential hypertension, and hypertensive renal disease. All causes of mortality in Juneau are lower than national figures—with the exception of intentional self-harm (suicide) and chronic liver disease, which are higher in Juneau than national rates. For suicide, the mortality rate is 18.8 per 100,000 population, compared to 14.4 in the nation. Though there is not a disparity for most causes of death, the rates in Juneau would not be as high if there were better access to primary and behavioral health care for residents of the service area; this speaks to the importance of JAMHI's services.

Leading 15 Causes of Mortality, Crude Rates per 100,000 Population, Annual Average 2017-2021	Juneau	Alaska	U.S.A.
Malignant neoplasms (C00-C97)	↑ 155.6	140.3	182.8
Diseases of heart (I00-I09,I11,I13,I20-I51)	117.3	122.2	205.6
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	54.7	64.4	58.2
Cerebrovascular diseases (I60-I69)	↑ 32.1	30.4	47.2
Chronic lower respiratory diseases (J40-J47)	↑ 30.5	29.5	46.4
Intentional self-harm (suicide) (X60-X84,Y87.0)	↑ 18.8	27.9	14.4
Chronic liver disease and cirrhosis (K70,K73-K74)	↑ 14.9	20.0	14.8
Diabetes mellitus (E10-E14)	14.9	20.2	28.7
COVID-19 (U07.1)*	25.1	67.8	116.1
Essential hypertension and hypertensive renal disease (I10,I12,I15)	↑ 11.0	7.7	11.9
Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	7.8	8.8	15.9
All other causes	139.9	157.9	210.5
Annual average deaths, 2016-2020	622.3	697.1	952.5

Source: Gary Bess Associates, calculated from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released Dec 2022.

[1]Mortality rates for COVID-19 are two-year rates (starting in 2020) for more meaningful comparison with other underlying causes of mortality.

Obstetrical/Gynecological Care

There are similar concentrations of younger, low-income residents assigned female at birth in Juneau compared with Alaska, or the U.S. overall, more than forty percent (41.5%) of low-income Juneau residents assigned female at birth, are of childbearing age and likely require gynecological primary care. This percentage represents 1,049 service area residents and indicates a strong need for JAMHI's service offerings, including its obstetrical and gynecological care.

Women (Assigned at Birth) of Childbearing Age	Juneau Low-Income	Alaska	U.S.A.
Ages 0-14	15.2 %	21.0 %	17.7 %
Ages 15-17	3.8 %	4.0 %	3.8 %
Ages 18-24	↑ 13.8 %	8.6 %	9.1 %
Ages 25-34	13.1 %	15.3 %	13.3 %
Ages 35-44	↑ 14.6 %	13.4 %	12.7 %
Ages 45+	39.4 %	37.6 %	43.4 %
Total	100.0 %	100.0 %	100.0 %
Women of likely child bearing age (18-45)	41.5 %	37.4 %	35.2 %

Source: U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates, Tables B01001 and B17024.

Prenatal/Neonatal Health

According to the Alaska Vital Statistics 2021 Annual Report,[6] in Southeast Alaska (JAMHI's service area), 11% of births were preterm as compared with 10% statewide. Moreover, 7% of

[6] Alaska Vital Statistics 2021 Annual Report. Alaska Department of Health, Division of Public Health. Access here: https://health.alaska.gov/dph/VitalStats/Documents/PDFs/VitalStatistics_Annualreport_2021.pdf.

infants in the service area were underweight. Southeast Alaskans were also more likely to have a cesarean (32%) than their state counterparts (24%). They were only slightly less likely to use tobacco during pregnancy (8%) than those in Alaska (9%). Overall, 76% of pregnant people in Southeast Alaska reported adequate or higher prenatal care as compared with 64% statewide.

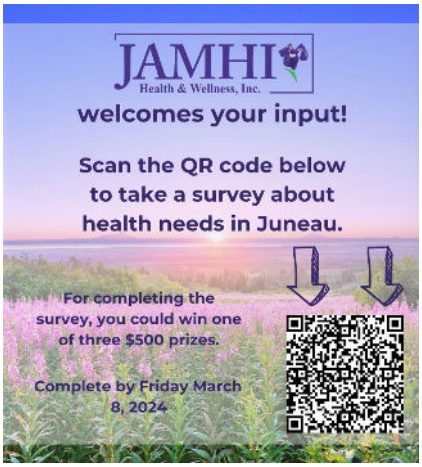
Impact of the COVID-19 Pandemic

With a population of approximately 31,973, the City and Borough of Juneau holds the highest COVID-19 vaccination rate (82%), and one of the lowest deaths per capita (63) as compared with all other Alaska Home Rule Boroughs. Anchorage Municipality, by comparison, has a vaccination rate of 67% with 187 COVID-19 deaths per capita. Researchers note Juneau's strong response to COVID-19 and attribute its success to good leadership[7]. They maintain that leaders within the City and Borough of Juneau started meeting on response efforts as early as February 2020—well before the Governor of Alaska announced statewide mandates. Juneau also focused on improving public methods of communication and worked to ensure knowledge-sharing capacities for disparate populations during the height of the pandemic. Juneau's relative isolation—especially from a road system—may have further assisted with case control as officials were able to screen at the ferry and airport terminus. Upon becoming more open, Juneau's cases noticeably increased. In recognition of JAMHI's good work, the Health Resources and Services Administration (HRSA) awarded our organization with a 2023 COVID-19 Public Health Champion award (see photo).

The COVID-19 public health emergency undoubtedly differentially impacted local Alaska Native populations. Early in the pandemic, the Johns Hopkins Center for American Indian Health noted that "*COVID-19 has amplified health inequities in American Indian communities because of underfunded and under-resourced health systems, limited access to health services, poor infrastructure, and underlying health disparities*."[8] Indeed, by 2021, American Indian or Alaska Native individuals were 3.5 times more likely to be hospitalized with COVID-19. Yet a recently published study,[9] focused on Southeast Alaska Native communities in particular, maintains the importance of highlighting local emergency response models that prioritized Indigenous perspectives as a part of "*promoting social cohesion, resilience, and survival*." This same research highlighted the many successful "*culturally relevant coping mechanisms*" used in JAMHI's service area including highly adaptive COVID-19 risk mitigation strategies that ultimately led to high rates of vaccination and lower morbidity and mortality rates among Alaska Native communities.

[7] Powell, J. E., Orttung, R. W., Topkok, S. A., Akselrod, H., Little, J., & Wilcox, P. (2023). Juneau, Alaska's Successful Response to COVID-19: A Case Study of Adaptive Leadership in a Complex System. State and Local Government Review, 55(1), 41-61. Access here: https://journals.sagepub.com/doi/full/10.1177/0160323X221136504.
[8] Weeks, Rose. 2021. "New data shows COVID-19's disproportionate impact on American Indian, Alaska Native tribes." Access here: https://hub.jhu.edu/2021/10/11/map-covid-19-impact-american-indian-population/.
[9] Taylor P. van Doren, Deborah Zajdman, Ryan A. Brown, Priya Gandhi, Ron Heintz, Lisa Busch, Callie Simmons, Raymond Paddock. (2023). "Risk perception, adaptation, and resilience during the COVID-19 pandemic in Southeast Alaska Natives." Social Science & Medicine, 317. Access here: https://www.sciencedirect.com/science/article/pii/S0277953622009157.

SECTION 4: PRIMARY DATA / COMMUNITY SURVEY FINDINGS



To gather primary data for this community Needs Assessment, JAMHI administered an electronic survey to the residents within the City and Borough of Juneau, of southeastern Alaska. The purpose of the survey was to assess for gaps in care, accessibility of services, and needs within the City and Borough of Juneau for the following services: mental health care, psychiatric/crisis care, substance use services, supportive services, health/primary care, and dental care.

Respondents participated in the survey electronically through a link, via access on our website, or QR code. As an appreciation for completing surveys, respondents were offered entry into a raffle for a chance to win one (1) of three (3) $500 prizes. The surveys were administered throughout the months of January, February, and March of 2024. JAMHI garnered 254 surveys; about two-thirds of respondents (64.9%, or 165 people) were entered into the raffle.

To ensure meaningful inclusion of those with lived experience, including JAMHI's patients, respondents were queried from a variety of perspectives. Nearly thirty percent of survey respondents (29.7% or 74 individuals) have lived experience (self or family).

Survey Respondent Perspective	Percent
Behavioral health client of JAMHI (current and former)	10.8%
Parent caregiver, friend, or family of a behavioral health client of JAMHI	10.0%
BH client or parent/family of a behavioral health client, but not with JAMHI	8.9%
Total survey respondents with Lived-Experience (self or family; current or former)	29.7%
Community service provider	19.3%
Community member	47.8%
Other perspective (board members, retired healthcare providers, attorney, and pastor)	3.2%

The majority of respondents (75.2%) of the respondents were female; 2.4% were veterans; nearly all respondents (99.5%) identified as age 18 and older, with the largest population of respondents (46.7%) to 45 years old; and more than one-quarter (26.9%) of survey respondents identified as non-white, with nearly thirty percent (29.4%) identifying as Native American/Alaska Native.

4.1 Mental Health Services

In this section, we present highlights about the mental health services in Juneau.

- 72.5% of respondents had mental health concerns for themselves or their family
- 60.0% who had concerns**,** obtained the needed services
- Respondents reported the mental health services obtained to be *somewhat to very helpful* (mean score of 3.57)

- 81.2% of respondents found the mental health services to be at least somewhat helpful (*somewhat*, *very*, and *extremely helpful*, combined)
- 29.4% of respondents experienced not *being able to get an appointment*, as a barrier to not receiving the needed mental health service(s)
- 27.9% of respondents experienced being *unsure of where to go, or who to see to get services or care*, as a barrier to not receiving the needed mental health service(s)
- 17.6% of respondents experienced *not being able to take off work or school to get services*, as a barrier to not receiving the needed mental health service(s)

The table below provides a summary of needed mental health services in Juneau, as reported in the survey, presented in aggregate, and from the perspective of those with lived experience.

Needed Service	Aggregate (N=246)	Respondents w/ Lived Experience (n=74)
Free or low-cost outpatient mental health counseling for adults	72.4%	71.6%
Free or low-cost outpatient mental health counseling for children	62.4%	64.9%
Free or low-cost case management services for adults	54.0%	59.5%
Free or low-cost case management services for children	46.8%	51.4%
MH support groups, including led by peers and trained providers	51.2%	56.8%
Mental health services for veterans	38.8%	44.6%

4.2 Psychiatric Crisis and Suicide Services

In this section, we present highlights about psychiatric/crisis and suicide services in Juneau.

- 23.7% of respondents experienced a psychiatric/crisis or suicidal thoughts/ attempts (self or family/friends)
- 52.7% with a need, obtained psychiatric/crisis or suicide services
- Respondents reported the psychiatry/crisis services obtained to be *somewhat helpful* (mean score of 3.42)
- 75.0% of respondents found the psychiatry/crisis services to be *at least somewhat helpful* (*somewhat*, *very*, and *extremely helpful*, combined)
- 34.6% of respondents experienced *not trusting providers and/or the healthcare system*, as a barrier to not receiving the needed psychiatric/crisis service(s)
- 30.8% of respondents experienced *wanting to handle the problem without outside help*, as a barrier to not receiving the needed psychiatric/crisis service(s)
- 30.8% of respondents experienced *not having health insurance*, as a barrier to not receiving the needed psychiatric/crisis service(s)

The table below provides a summary of needed psychiatry/crisis services in Juneau, as reported in the survey, presented in aggregate, and from the perspective of those with lived experience.

Needed Service	Aggregate (N=246)	Respondents w/ Lived Experience (n=74)
Mobile crisis team to go to a person in crisis or who is suicidal	60.4%	67.6%
Psychiatric services, including medications and monitoring	58.0%	58.1%
Psychiatric beds for adults or children	51.6%	54.1%
Call center to help individuals in crisis or suicidal	41.2%	47.3%
Crisis or suicide services for veterans	40.8%	50.0%

4.3 Alcohol and Drug Services

In this section, we present highlights about alcohol and drug services in Juneau.

- 36.2% of respondents had concerns about alcohol and/or drug use (self or family/friends)
- 37.5% of those with concerns obtained the needed alcohol or drug services
- Respondents reported the alcohol or drug services obtained to be *somewhat to very helpful* (a mean score of 3.55)
- 79.3% of respondents found the services to be at least *somewhat helpful* (*somewhat*, *very*, and *extremely helpful*, combined)
- 28.0% of respondents experienced *wanting to handle the problem without outside help*, as a barrier to not receiving the needed alcohol and drug service(s)
- 24.0% of respondents experienced *being unsure of where to go, or who to see to get services or care*, as a barrier to not receiving the needed alcohol and drug service(s)
- 16.0% of respondents experienced *not trusting providers and/or the healthcare system*, as a barrier to not receiving the needed alcohol and drug service(s)

The table below provides a summary of needed alcohol and drug services in Juneau, as reported in the survey, presented in aggregate, and from the perspective of those with lived experience.

Needed Service	Aggregate (N=246)	Respondents w/ Lived Experience (n=74)
Opioid addiction Tx, including medication assisted Tx for adults	58.0%	58.1%
Opioid addiction Tx, including medication assisted Tx for children	41.6%	50.0%
Nicotine cessation services (stop or reduce nicotine use)	36.0%	41.9%
SUD support groups, including led by peers and trained providers	48.0%	50.0%
Free or low-cost alcohol and drug use services (outpatient)	59.6%	62.2%
Residential substance use services (rehabs, halfway house, etc.)	56.0%	58.1%
Drug or alcohol detoxification or sobering centers/clinics	56.8%	62.2%
Alcohol and drug use services for veterans	40.4%	45.9%

4.4 Supportive Services

In this section, we present highlights about supportive service needs in Juneau. Supportive services are designed to help people achieve their treatment goals by supporting their efforts to reach or maintain stability, recovery, and/or sobriety. Supportive services may include, but are not limited to: transportation, referrals, wellness education, assistance obtaining food, shelter, employment, health insurance, or other benefits.

- 34.4% of respondents reported that they needed supportive services (self or family/ friends)
- 57.9% with the need, obtained the supportive services
- Respondents reported the supportive services obtained to be *somewhat helpful* (mean score of 3.30)
- 86.0% of respondents found the supportive services to be at least *somewhat helpful* (*somewhat*, *very*, and *extremely helpful*, combined)
- 40.6% of respondents experienced *being unsure of where to go, or who to see to get services or care*, as a barrier to not receiving the needed supportive service(s)
- 25.0% of respondents experienced *not trusting providers and/or the healthcare system*, as a barrier to not receiving the needed supportive service(s)
- 21.9% of respondents experienced *being unable to get an appointment*, as a barrier to not receiving the needed supportive service(s)

The table below provides a summary of needed supportive services in Juneau, as reported in the survey, presented in aggregate, and from the perspective of those with lived experience.

Needed Service	Aggregate (N=246)	Respondents w/ Lived Experience (n=74)
Safe, affordable housing options	74.0%	78.4%
Food/nutrition services (free food, food banks, nutrition, cooking)	57.6%	68.9%
Transportation assistance (providing rides or paying for rides)	57.2%	67.6%
Services to assist individuals in obtaining benefits or insurance	54.8%	62.2%
Wellness workshops (yoga, meditation, art, social, gardening, etc.)	52.4%	62.2%
More community outreach to find people in need and offer care	52.0%	58.1%
Services provided for extended hours (beyond standard hours)	51.6%	62.2%
Youth centers (after school care, clubs, groups, tutoring, etc.)	49.2%	58.1%
Employment/job-seeking or preparation services	47.6%	59.5%
Senior center (meals, activities, other services for those over 65)	41.6%	48.6%
Services to assist people w/ obtaining high school diploma or GED	36.0%	48.6%
Veteran's services	32.4%	40.5%

4.5 Primary Care and Medical Services

In this section, we present highlights about primary care and medical services in Juneau.

- 51.1% of respondents had medical concerns for themselves or their family
- 72.7% of those with concerns, obtained the needed medical services
- Respondents reported the medical services obtained to be *somewhat to very helpful* (a mean score of 3.62)
- 74.0% of respondents found the medical services to be at least *somewhat helpful* (*somewhat*, *very*, and *extremely helpful*, combined)
- 30.0% of respondents experienced *not trusting providers and/or the healthcare system*, as a barrier to not receiving the needed medical/primary care service(s)

- 26.7% of respondents experienced *being unable to get an appointment*, as a barrier to not receiving the needed medical/primary care service(s)
- 26.7% of respondents experienced *not having health insurance*, as a barrier to not receiving the needed medical/primary care service(s)

The table below provides a summary of needed medical/primary care services in Juneau, as reported in the survey, presented in aggregate, and from the perspective of those with lived experience.

Needed Service	Aggregate (N=246)	Respondents w/ Lived Experience (n=74)
Free/low-cost outpatient primary care/medical care for adults	58.4 %	63.5%
Alternatives to using the hospital emergency room for healthcare	49.6%	50.0%
Free/low-cost outpatient primary care/medical care for children	49.2%	50.0%
Care to manage chronic illness or chronic pain	49.2%	55.4%
Medical care provided for extended hours (beyond standard hours)	46.4%	52.7%
Access to specialty medical care	44.0%	51.4%
Nutrition or weight management services	42.4%	47.3%
Telehealth medical services	38.8%	45.9%
Mobile medical services and screenings	36.4%	39.2%
Medical services for veterans	30.4%	35.1%
Urgent care services	29.2%	35.1%

4.6 Oral Health and Dental Services

In this section, we present highlights findings about dental services and oral health in Juneau.

- 52.8% of respondents had dental concerns for themselves or their family
- 51.3% of those with concerns, obtained the needed dental services
- Respondents reported the dental services obtained to be *somewhat helpful* (mean score of 3.09)
- 90.6% of respondents found the dental services to be at least *somewhat helpful* (*somewhat*, *very*, and *extremely helpful*, combined)
- 38.2% of respondents experienced *being afraid to see the dentist/afraid of dental work*, as a barrier to not receiving the needed dental service(s)
- 34.5% of respondents experienced *not having dental insurance*, as a barrier to not receiving the needed dental service(s)
- 25.5% of respondents experienced *not being able to get an appointment*, as a barrier to not receiving the needed dental service(s)

The table below provides a summary of needed dental care services in Juneau, as reported in the survey, presented in aggregate, and from the perspective of those with lived experience

Needed Service	Aggregate (N=246)	Respondents w/ Lived Experience (n=74)
Free or low-cost dental services for adults	61.6%	63.5%
Free or low-cost dental services for children	55.2%	51.4%
Emergency or urgent dental services	51.6%	52.7%
Dental care provided for extended hours (beyond standard hours)	43.6%	45.9%
Specialty dental care	34.8%	39.2%
Dental services for veterans	29.2%	29.7%
Mobile dental services	26.4%	25.7%

SECTION 5: REVIEW OF OTHER LOCAL NEEDS ASSESSMENTS

In preparation for this Needs Assessment, and at the advice of the National Council on Well Being, JAMHI has conducted research to find other local Community Health Needs Assessments (CHNA) and/or other local Needs Assessment reports that may have been conducted recently. The purpose of reviewing these other reports, was to identify the needs that other entities had deemed as important in their service areas, and within their patient/client populations.

Our research revealed that while we were conducted this CCBHC Needs Assessment, two (2) additional local entities were concurrently conducting their own Community Health Needs Assessments. As we do not wish to duplicate efforts, we will contact these two (2) entities, as well as the others on this list, in advance of our next Needs Assessment update in three years, and will ensure communication with these entities in the meantime.

We identified the following reports that had been completed in 2020 or later, or that were in progress:

- SouthEast Alaska Regional Health Consortium (SEARHC) Community Health Needs Assessment (2024, results not yet published)
- City and Borough of Juneau Community Health Needs Assessment (2024, results not yet published)
- Juneau Economic Development Council, Juneau Senior Survey (2020)
- Alaska Department of Labor and Workforce Development, Division of Vocational Rehabilitation, Comprehensive Statewide Needs Assessment (2020)
- Alaska Division of Public Health, Primary Care Needs Assessment (2021)

While the service areas of these entities may not be fully aligned, they all cover at least portions of the greater Juneau area. Many of these reports, like this Needs Assessment, also involved the community and/or clients/patients in the development of their respective reports. Further, each of these entities conducted their Needs Assessment from their own lens as a service provider, so there is a range of modalities, strategies, and perspectives that were inherent in the crafting of the reports. One report reviewed focuses on the Alaskan workforce including the disabled, one focuses on the specific needs of seniors, and the last report focuses on health needs across the state. Upon review of these reports, there is overlap in the needs that we identified within our service area, and our patient population. These congruencies include:

- Need for more providers, need to expand workforce
- Need for specialty care
- Need for supportive services
- Need for affordable/supportive housing

The table below presents the title of each Juneau-area/Alaskan needs assessment report, the year of the report, and the top needs or priorities identified within each publication.

Report Name/ Year	Need or Priority Identified in Each Report	
SEARHC Community Health Needs Assessment (2024)	• Results not yet published, conducted around same time as JAMHI's report	• JAMHI will consider collaboration for the next Needs Assessment in 3 years
City and Borough of Juneau Community Health Needs Assessment (2024)	• Results not yet published, conducted around same time as JAMHI's report	• JAMHI will consider collaboration for the next Needs Assessment in 3 years
Alaska Division of Public Health, Primary Care Needs Assessment (2021)	• Access to care • Increasing demand for healthcare workforce at all levels, including paraprofessional, EMS, primary care, and specialty care	• Addressing health disparities for rural and tribal populations in chronic disease, unintentional injuries, behavioral health including substance misuse and suicide
Juneau Economic Development Council, Juneau Senior Survey (2020)	• Housing and in-home care needed for seniors • Support services needed for seniors	• Cost of living is an issue for seniors • Specialty medical care needed for seniors
Alaska Dept of Labor and Workforce Development, Division of Vocational Rehabilitation, Comprehensive Statewide Needs Assessment (2020)	• Providing services to the most severely disabled and supported employment population • To share resources and data to improve workforce in Alaska • Expand outreach to students with disabilities	• Focus efforts on in-demand industries • Identify employers and employment opportunities for individuals with disabilities • Focus on underserved rural and remote populations

SECTION 6: CULTURE AND LANGUAGE

This Needs Assessment has informed our planning to meet the language needs of our patients and the greater service area. As an organization serving a mix of diverse, non-white populations, JAMHI's provision of quality care and services are responsive to diverse cultural health beliefs and practices, preferred languages of our clients/patients; and health literacy and other communication needs of those within our service area.

Language Needs in Our Service Area

Within Juneau, 8.5% of residents are foreign-born. Of these foreign-born residents, 45.1% are from the Philippines, followed by 14.8% hailing from Mexico. Twelve percent of the low-income population within Juneau identify as Hispanic/Latino, with 6.6% identifying as Asian. These rates are both higher than in Alaska. As such, it is not surprising that the most common languages spoken, after English, are Tagalog followed by Spanish.

Within Juneau, about one in ten residents (11.1%) speak a language other than English at home. Of the population speaking a language other than English at home, 31.3% speak Tagalog (which includes Filipino); another 24.7% speak Spanish.

Primary Language Spoken at Home, Top (3) Languages	Juneau	Alaska	U.S.A.
Speak only English	↑ 88.9 %	84.3 %	78.3 %
Tagalog (incl. Filipino)	↑ 3.5 %	2.7 %	0.6 %
Spanish	2.7 %	3.5 %	13.3 %
All other languages	4.9 %	9.5 %	7.8 %
Total population ages 5 and over	100.0 %	100.0 %	100.0 %
Total who speak a language other than English at home	↓ 11.1 %	15.7 %	21.7 %

Source: Gary Bess Associates, interpolated from the U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates, Table B16001.

Ethnic/Racial Cultural Considerations

As discussed throughout this Needs Assessment, the City and Borough of Juneau is ethnically diverse with 46.3% of residents identifying as non-Caucasian or non-Hispanic/Latino. The next most frequent ethnic/racial group is Other/ Multiple races (13.0%), followed by Hispanic or Latino residents, at (12.0%). About one in ten Juneau residents identify as American Indian, Alaska Native, Native Hawaiian, or Pacific Islander (11.1%), which is ten times the rate in the U.S. (1.0%). Six percent (6.6%) of Juneau residents are Asian (South or East) or Asian Indian.

Given these considerations, to provide culturally humble care, JAMHI staff and providers must understand the cultures of Hispanic/Latinos, Natives, and Filipinos (just to name the primary cultural groups), and how Alaskan culture and lifestyle may also play a role in shaping the cultures and worldviews of these diverse individuals. Further, military culture and the culture of those who identify as LGBTQ+ are also important considerations.

Alaskan Culture

In addition to culture, as related to language, country of origin, and racial/ethnic background, Alaskans as a whole, especially those living in rural/frontier regions, experience life differently than the rest of the nation. These experiences impact their social norms, values, and worldview. For example, depending on the time of year, the amount of sunlight during the day varies tremendously. Alaskans often take full advantage of summers and daylight, participating in a variety of activities, including preparation for winter.

Additionally, in Alaska, there is often severe weather, geographic isolation, limited infrastructure in some areas, clusters of close-knit communities, and other factors impacted by rural/frontier living. As such, Alaskans tend to be more self-reliant, with less preference towards reliance on the government for services and assistance, when compared to the continental United States. Accordingly, there may also be some caution or distrust around outside influence, authorities, and strangers from outside Alaska.

Many Alaskans also choose a homesteading lifestyle, and/or embrace the abundance of nature and resources by hunting, fishing, canning, gathering more so that the general population of the nation. Finally, Alaskans tend to have strong regional identity, with variance in perspective in each region. The experience in the Southeast (which includes Juneau) is different than the experience of resident living in the Interior, the North Slope, etc.

The culture of Southeast Alaska is unique and one that has become a rich tapestry created through diverse histories, traditions, peoples, and purposes of its Alaskan Native peoples, settlers, and contemporary locals. At the center of this tapestry is a steadfast connection to the land and sea. Juneau is isolated, and is only accessible by boat/ferry or plane. In either direction "Out the road" of Juneau spans a total of 45 miles, while the main populated area from Auke Bay to Downtown spans only 12 miles. Juneau is laden with dense, lush forests; intricate network of waterways, and rugged terrain. The Tlingit, Haida, and Tsimshian peoples have their own languages, art forms, social structures, and sovereignty, have inhabited this land for thousands of years, shaping the cultural landscape of Juneau.

The culture of Southeast Alaska is further reflected by a blend of influences from continuous ways of migrants including Russian fur traders, European explorers, and American travelers and re-settlers. This has brought an impact to the region's architecture, customs, and food. Now, the tapestry has expanded to show an eclectic mix of culinary customs and offerings, a diverse population, and brings with it a myriad of festivals and celebrations from the unique heritage of Southeast Alaska.

SECTION 7: STRENGTHS AND CHALLENGES AT OUR CCBHC

JAMHI's Strengths


Second from left: Rachel Gearhart, LCSW, CDC I pictured with other 2023 award recipients

- JAMHI has an exceptional workforce and staff, who are dedicated and committed to the well-being of Juneau, to serving its patients, and to implementing the CCBHC in the true spirit of the grant. JAMHI's COO and Project Director was honored as 2023 National Association of Social Worker's Alaska Chapter Member of the Year (see photo).
- As a Federally Qualified Health Center Look- Alike (FQHC-LAL), JAMHI offers a one-stop shop where all services are available at a single location, with a "no-wrong door" approach
- JAMHI practices care integration: primary care and behavioral health providers screen, assess, refer, and treat clients, as needed, for the services the clients need. Further, JAMHI's care integration includes a shared electronic health record system, CareLogic by Qualifacts, across all departments. JAMHI is also working to implement a new

electronic health record system to better serve clients, e-Clinical Works. These efforts are led by Erika Lindsey, who has been with JAMHI for 16 years.

- JAMHI practices care equity: primary care and behavioral health providers conduct screenings for Social Determinants of Health (SDOH) and refer patients to appropriate community-based services, either provided within the larger system of care directly provided by JAMHI Health and Wellness or through other community-based social service providers.
- JAMHI treats individuals across the lifespan, making care accessible to Juneau residents of any age.
- Founded in 1985, JAMHI has established strong roots within the community for the last four decades. Relationships with other providers and agencies in Juneau are invaluable, as resources are limited in the area.
- JAMHI is actively ensuring the sustainability of our programs, by preparing for more advanced alternative payment models and accountable care arrangements, as they become available. CCBHC services can receive enhanced payment if Alaska joins the CCBHC demonstration.
- JAMHI offers culturally sensitive and linguistically appropriate care aligned with the demographics of the community, as identified in this needs assessment.
- JAMHI provides services that focus on individuals in the community with serious mental health issues. JAMHI is the only agency in Juneau with a focus on this high-needs population, and as such the services offered are very unique and necessary for the community of Juneau.
- JAMHI has many staff members that have served the community with JAMHI for many years. This adds to the wisdom and experience that JAMHI carries in its service to the community. The following staff members have been with JAMHI for over 10 years: Rachel Gearhart (Interim CEO, 13 years); Brandon Hauser (Wellness Supervisor, 10 years); Erik Lindbeck (Facilities Specialist, 27 years); Erika Lindsey (Operations Support, 16 years); Chris Pearson (Housing Supervisor, 12 years); Mansour Sadeghi (Operation Support Assistant, 10 years); Walt Siskin (JASAP Administrator, 16 years); and Craig Smith (Licensed Clinician, 12 years) . This growing knowledge-bank and experience increases the effectiveness of our services and understanding of the community we serve.

JAMHI's Challenges

- Ensuring that patients have transportation to services is a primary challenge faced by our CCBHC and organization.
- Inclement weather can lead to cancelled appointments and reduced access to care.
- Social and cultural stigma around receiving behavioral health is a significant challenge, such as lack of trust in the system, and a desire to solve problems without outside assistance.
- JAMHI is located in a health care provider shortage area, and thus has experienced some workforce challenges in recruitment, hiring, and retention of staff within the CCBHC and the organization overall.

- Timely access to care as required by the CCBHC Criteria (for emergency, urgent, and routine care), including the provision of extended hours and 24/7 crisis services is often difficult to meet, though we are maintaining compliance.
- It is difficult to provide 24/7 in-person crisis response to individuals living in rural areas, and/or to those in areas difficult areas to access (i.e. those living in areas with limited road access, or impassable roads during weather).
- It has been a challenge to get formal, written care coordination agreements or Memorandums of Understanding (MOUs) from some community partners.

SECTION 8: NEEDS ASSESSMENT CYCLE AND UPDATES

Plans to Update the Needs Assessment

Per the CCBHC Criteria, we update our CCBHC Needs Assessment every three years. As such, an update will be compulsory by March of 2027. Anticipating there are other community partners in Juneau that may also have compulsory needs assessments during this time period, JAMHI intends to collaborate on collection of information whenever possible.

Needs Assessment Communications Plan

The CCBHC Needs Assessment is presented to the Board of Directors (Board) for review, discussion, questions, and approval. The Board uses the findings in the needs assessment to chart the direction of JAMHI's CCBHC throughout the grant period. The findings inform the type of services offered directly and through referral, and opportunities to expand services and geographic scope to areas with documented unmet need.
As stated in JAMHI's Corporate Bylaws, the Board maintains the authority to add or remove services, to update or change any policy, and to ensure that its patients are receiving high-quality care, appropriate to their needs. The Board ensures that any changes maintain adherence to the CCBHC Criteria. JAMHI's needs assessment informs the Board and its senior managers of the factors associated with the delivery of high-quality behavioral health care. These include, but are not limited to: a) determining the unique behavioral healthcare needs of the general and target populations; b) determining if the available services are meeting the unique behavioral healthcare needs of the general and target populations; c) identifying the demographic make-up of the target and general population; d) ensuring culturally and linguistically appropriate care is available to diverse populations; e) determining key barriers to care experienced by the general and target populations; and f) determining what policies and services may be needed to reduce barriers to care. JAMHI also regularly solicits input from its clients to ensure we operate appropriately and effectively from their perspective. JAMHI utilizes its CCBHC needs assessments and client surveys to improve the experience of persons served and behavioral health outcomes.

SECTION 9: ACTION PLAN TO ADDRESS FINDINGS

This CCBHC Needs Assessment, completed in March of 2024 (month 6 of Grant Year 1), in compliance with grant requirements, has been and will continue to be used to inform on the planning, development, and implementation of the CCBHC program within our organization. This section of the Needs Assessment discusses: Informed development of the staffing plan;

Informed selection of training; Informed selection of evidence-based practices; Informed selection of screening tools; Plan to address disparities; Data collection for informed implementation; Integration of needs assessment action plan with CQI Process; and concludes with a summary of priorities for implementation.

9.1 Informed Development of the Staffing Plan

A supportive workplace contributes to attracting competent staff, who in turn provide effective patient services, which leads to positive patient/program outcomes. Fostering a positive, compassionate, and challenging workplace is key to maintaining a healthy work culture and loyalty of our employees. To this point, Mental Health America (MHA) recently awarded JAMHI with the Bell Seal for Workplace Mental Health for the second year in a row. MHA is a national certification program recognizing employers who are committed to creating mentally healthy workplaces. Our dedication to expanding our workforce is unwavering, as a competent workforce is essential for good patient outcomes.

JAMHI's CCBHC staffing plan, as proposed in our grant application, and reviewed again for efficacy at the completion of this Needs Assessment, has been determined to meet the needs of the CCBHC. Our staffing plan will be updated annually to ensure we meet the needs of our patient population and greater service area. Staff or positions may be added, removed, or FTE adjusted, as needed. Our staffing plan, as proposed in our grant application, includes 8.50 FTE, funded by the CCBHC-IA grant. The table below presents the staffing plan, as we proposed for Grant Year 1, and as verified after completion of this CCBHC Needs Assessment.

Staff Position	Position Role	Position Type	FTE	Status
Psychiatrist (Required by Criteria)	Leadership / Direct	Employee/Contract	--	Filled
Evaluator (Key Personnel)	Support / Compliance	Employee	100.0%	Filled
Project Director (Key Personnel)	Leadership / Direct	Employee	50.0%	Filled
Chief Financial Officer	Leadership	Employee	50.0%	Filled
Director of Behavioral Health	Support / Compliance	Employee	100.0%	Filled
Data Collection Staff / Intake Coordinator	Support / Compliance	Employee	50.0%	Filled
Clinician	Direct Service	Employee	100.0%	Filled
Clinician	Direct Service	Employee	100.0%	Filled
Wellness Coach	Direct Service	Employee	100.0%	Vacant
Care Coordinator	Direct Service	Employee	100.0%	Filled
Program Manager, NOMS, etc.	Support / Direct Service	Employee	100.0%	Filled

9.2 Informed Selection of Trainings

The CCBHC will ensure all staff are trained in accordance with the findings of this Needs Assessment and the CCBHC criteria, including trainings to implement our selected evidence-based practices. The table below presents the trainings we will conduct, and will ensure are repeated annually, as needed. JAMHI tracks staff completion of trainings and when trainings are due/upcoming. Per CCBHC criteria, we ensure documentation of all completed trainings is maintained in each staff member's personnel file. Additional support is provided to any staff needing further trainings.

De-escalation / crisis intervention	Psychiatric Rehabilitation Services	CCBHC 24 hr. Crisis Service
Patient triage (level of need)	EBP: Strengths-based Case Management	Timeliness of Care
Privacy of a minor in California	EBP: Family Psychoeducation	Enrollment of CCBHC Clients
Cultural Competence	EBP training: Cognitive Behav. Therapy	Care coordination with partners
Person- and family-centered care	EBP: Assertive Community Tx (ACT)	CCBHC's Continuity Plan
Recovery-oriented care	Training on Military-Culture	HIPAA, confidentiality, privacy
Primary care/BH integration	Training on Screening Tools	Psychiatric Advance Directives
Suicide risk, prevention, response	Training on conducting NOMs interviews	Collection of Health Measures
Role of families and Peers	Training on the CCBHC Evaluation Plan	Serving SED and SMI population
SPARS /eRA Commons trainings	Training on EHR documentation	Other trainings and in-services
ASAM	PHQ-9	

9.3 Informed Selection of Evidence-Based Practices and Screening Tools

Evidence-Based Practices

The evidence-based practices (EBP), as identified in our grant application and confirmed as appropriate after conducting this Needs Assessment include:

a) Cognitive Behavioral Therapy (CBT)– therapeutic framework, continued use by clinicians
b) Dialectical Behavior Therapy (DBT) – therapeutic framework, continued use by clinicians
c) Assertive Community Treatment (ACT) – multidisciplinary team approach for treatment
d) Eye Movement Desensitization and Reprocessing (EMDR) – therapeutic technique, continued use by clinicians.

This Needs Assessment supports the selection of these EBPs for the CCBHC because they have been demonstrated to be effective in the treatment of depression, suicidality, and substance use disorders. They are also effective with diverse populations.

Screening Tools

As part of JAMHI's vision for universal screening for CCBHC patients, we have selected the following screening tools. We administer these tools with clients at intake, at 6-month reassessment, and/or at discharge.

a) Trauma – Adverse Childhood Experiences (ACEs)
b) Suicide – Columbia-Suicide Severity Rating Scale (C-SSRS)
c) Depression – Patient Health Questionnaire (9-item) for depression (PHQ-9)
d) Drug Use – ASAM CONTINUUM (Drug/SUD screening)
e) Alcohol Use – Alcohol Use Disorders Identification Test-Concise (AUDIT-C)
f) Nicotine – Fagerstrom Test for Nicotine Dependence (FTND)
g) SDOH – Accountable Health Communities Health-Related Social Needs Screening Tool (AHC HRSN)

This Needs Assessment supports the selection of these screening tools for the CCBHC because they are all standardized for the population of focus, and are available in English and other languages if needed. These tools are all common practice in the screening of mental health, substance use, suicide, and trauma. The completed screening tools, along with other assessments, deemed clinically appropriate, serve to inform the patient-centered treatment planning process.

9.4 Informed Plan to Address Disparities

JAMHI has carefully considered the disparities experienced by subpopulations within the City and Borough of Juneau. Our plan to address these disparities includes establishing target projections for each subpopulation that are reflective of the composition within Juneau. These projections provide accountability for the CCBHC to ensure we serve all subgroups and disparate populations equally and proportionate, when compared to the greater Juneau community.

The disparate subpopulations for which we have established target projections for each grant year, as outlined in our Disparity Impact Statement, include:

- Age (0-17 years old, 18-65 years old, and 65+ years old)
- Race/Ethnicity (Black, American Indian/Alaskan Native, Asian, White, Hispanic, Hawaiian/Pacific Islander, and 2+ races)
- Gender Identify/Expression (female, male, non-binary/gender expansive)
- Military Relationship (veteran, active duty, non-affiliated)

In addition to the above disparate populations, JAMHI has also opted to focus on several additional subgroups, that we wish to ensure are served in a manner that is reflective of the composition within Juneau. These additional subgroups are:

- Increasing the number of children and youth served
- Increasing number of Asian-identifying persons served
- Increasing number of veterans served
- Improving the ways that we provide culturally relevant services to the American Indian/Alaska Native (AN/AI) population
- Improving the ways that we provide services to people who are across the spectrum of gender expressions/identifications
- Because there is limited/no data currently available for Juneau, JAMHI will work to capture data for gender identity/expression through improved measures

9.5 Data Collection for Informed Implementation

To ensure our CCBHC implementation is data-driven, and adjustments to the program are data-informed, we will collect, monitor, and report on the following measures as part of our quality improvement and as part of CCBHC compliance:

- Number of people receiving CCBHC services
- Number served by CCBHC grant
- Number of organizations collaborating/ coordinating /sharing resources with JAMHI
- Percent of governance members who are behavioral health consumers/family members
- Number of people receiving evidence-based mental health-related services
- Percent of individuals receiving mental health or related services after referral
- Number of Individuals screened for depression using PHQ-9
- Percent of patients screened for suicide risk using a combination of narrative assessment and standardized tools
- Percent of patients positive for suicide or major depression, who develop a crisis plan
- Percent of patients with depression or positive suicide screening, who have improved scores between assessments
- Percent of patients screened at-risk for alcohol abuse at intake
- Percent of patients screened at-risk for alcohol abuse at intake who attend their referral appointment
- Percent of patients positive for alcohol abuse referred to peer support
- Percent of patients positive for alcohol abuse who attend their referral appointment
- Number of social media posts to increase CCBHC and behavioral health service awareness
- Number of community outreach events per year
- Number of individuals reached during community outreach events
- NOMs/GPRA data for a representative, random sampling of 10% of the patient population

We will also collect data on the required performance indicators as prescribed by the CCBHC Criteria, and conduct regular patient satisfaction surveys. Together, all of this data will inform the implementation of the program, as well as speak to the effectiveness of services.

9.6 Informed Care Coordination and Partnerships

JAMHI participates in a growing network of formal and informal partnerships with other agencies to cooperatively address a large scope of behavioral health and healthcare needs through referrals. Continuity of care across community providers is ensured through formal and informal bidirectional referral agreements; formal agreements to inform JAMHI when our patients are seen for other services; and formal agreements for timely and accurate documentation by JAMHI partner providers. Additionally, open and effective communication between JAMHI and patients facilitate continuity of care within the community.

Informed by this Needs Assessment, and facilitated by our long-standing reputation in the community for the last four (4) decades, JAMHI has developed extensive relationships with a variety of service providers in the community, as part of the CCBHC's care coordination plan, and JAMHI's greater strategic plan:

- Southeast Alaska Regional Health Consortium (SEARHC)
- Alaska Department of Health Services
- Denali KidCare
- Bartlett Regional Hospital
- Aiding Women in Abuse and Rape Emergencies (AWARE)
- Gastineau Human Services
- Jac Gordon Youth Center
- Catholic Community Services
- Juneau Youth Services
- Central Council of Tlingit and Haida Indian Tribes of Alaska
- Area youth centers
- Dental providers
- Support groups
- Childcare and parenting programs
- Employment assistance programs
- Housing programs
- Domestic violence programs
- Homeless programs/shelter
- Family resource center
- Senior center
- Providers of food resources for food
- Resources and service providers for the LBGT population
- Forget Me Not Manor
- Juneau Housing First Collaborative
- State of Alaska Ryan White Program
- Juneau Coalition on Housing and Homelessness
- DAHL Memorial Clinic
- Juneau Community Foundation
- Veterans Administration
- Juneau Police Department
- Juneau Court Systems
- Juneau Public School Systems

9.7 Integration of Needs Assessment Action Plan with CQI Process

JAMHI maintains a Continuous Quality Improvement (CQI) plan which ensures the quality of our programs and processes, including the CCBHC. The CQI plan states that the Board of Directors holds the ultimate accountability for the quality of care and services for the organization, and is authorized to adjust the array of services as needed to ensure JAMHI meets the evolving needs of the residents of Juneau. The overall responsibility for quality management within the CCBHC is maintained by the Chief Executive Officer, Project Director, or her delegate(s). Additionally, the Project Director and Data Collection Staff / Intake Coordinator work together on a day-to-day basis to ensure the fidelity and quality of the CCBHC program, including compliance with clinic performance.

This Needs Assessment was used to inform on the implementation of the program, along with meaningful patient feedback. As described in this section, our Needs Assessment Action Plan is data-driven and thoughtfully planned. Should any data or community feedback reveal JAMHI is not meeting targets, projections, objectives, fulfilling grant activities as proposed, and/or is no longer meeting the needs of the patient population and greater service area—we will adjust the implementation process to ensure we continue serving the community as effectively as possible. We regularly review our staffing plan, training plan, sustainability plan, and program outcomes.

Our current strategies are aligned with this Needs Assessment (drafted March of 2024), and will be updated in three (3) years' time, with any necessary adjustments being made in the interim.

SECTION 10: SUMMARY OF FINDINGS & PRIORITIES FOR IMPLEMENTATION

Priorities Around Community Needs and Barriers to Care

Based on this Needs Assessment, which includes secondary data on disparities in the service area, primary data collected from those with lived experience and the greater community, and review of other area Needs Assessment reports, our priorities for addressing needs and barriers include:

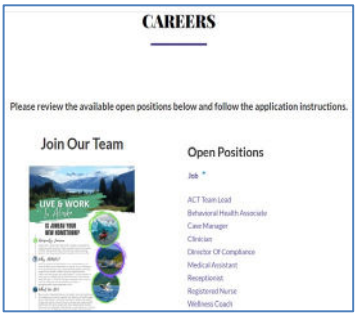
- Increase access to care through the expansion of hours to include some weekend and evening hours. This action will address two barriers to care identified in our survey:
    - *Not being able to get an appointment due to long waits*
    - *Not being able take off work or school to attend an appointment*
- Improve awareness of services and availability across all services/departments, via social media, in-person outreach, and care coordination. This action will address this barrier to care identified in our survey:
    - *Unsure of where to go, or who to see*
- Reduce stigma through patient education. This action will address two barriers to care identified in our survey:
    - *Wanting to handle the problem without outside help*
    - *Not trusting providers and/or the healthcare system*
- Continue to build strong Supportive Services/Case Management. Per our survey, 86.0% of respondents found supportive services to be helpful. Review of other area Needs Assessments also revealed the importance of supportive services, including for seniors.
- Improve accessibility and timeliness of 24/7 crisis intervention, especially to patients in more remote locations, with a focus on improving the mobile crisis team.

Priorities Around Community-Responsive Staffing

Each year, we update our staffing plan based on the needs within the community and our plans for service delivery for the upcoming year. As such, based on this Needs Assessment, our priorities for implementation of staffing include:

- To continue and improve efforts to retain current staff and workforce. For example, in March we celebrated Employee Appreciation Day with a staff breakfast; and we provided staff with comfortable JAMHI-branded attire (see photo to the right).
- To continue and improve efforts to entice candidates and remain a competitive employer in the area, we offer a good hourly rate, benefits, and sign-on bonuses for full-time positions.

- To maintain our two-year streak of being awarded the Bell Seal for Workplace Mental Health certification by Mental Health America (MHA); continue to meet qualifications by supporting the mental health of our staff, thus reducing burnout and turnover.
- To continue efforts to diversify our workforce, so that our staff may have representation of our patient population and greater service area, to include staff who speak a second language (such as Spanish or Tagalog), staff with diverse ethnic backgrounds, and staff who identify with various subpopulations servied by JAMHI and present in the Juneau service area.
- To continue and improve recruitment strategies for positions that will enhance behavioral health service delivery. Current efforts include social media postings (see photo below), online job search platforms, participation in job fairs with JAMHI swag for interested parties (see photo below), listing career opportunities on our website (see photo below), and more.



Priorities Around Services

Our Board is open to adjusting the program and services as needed, and have the authority to make those changes. As such, based on this Needs Assessment, our priorities for implementation of services include:

- To conduct patient satisfaction surveys this year, to ensure services provided are aligned with the needs of the community.
- To continue to refine and improve the core nine (9) CCBHC services, including working to expand the hours of operations and improve crisis services.
- To continue to monitor staff competencies to ensure all services are provided with fidelity to the model/framework intended, and that staff are properly trained.
- To improve the ways that we provide culturally relevant services to the AN/AI population, individuals across the spectrum of gender expressions and gender identifications, veterans, and youth/families.
- To establish data collection process in Juneau for individuals across the spectrum of gender expressions and gender identifications, and sexual orientation. Currently, there is no data available in the Juneau area on these populations. As such, we are prioritizing establishing an approach to capture our own data for these measures, so that we can improve service delivery and reduce disparities for these populations.

Priorities Around Effective Partnership and Care Coordination

The CCBHC grant is centered around care coordination, and developing partnerships within the community to provide whole-person care to the residents of Juneau, Alaska. Resources in the service area are limited, so leveraging the expertise and services offered by other entities is critical for our patients. Per the CCBHC Criteria, a multitude of entities are required partners for the CCBHC's greater care coordination strategy. As such, based on this Needs Assessment, our priorities for implementation of care coordination include:

- To finalize written agreements with agencies with whom we have already engaged.
- To identify other providers in the community with whom we can establish a new partnership, and pursue the acquisition of a written agreement.
- To hold community coalition meetings or host community provider gatherings to solicit more interest and support in partnering with the CCBHC.
- To establish written protocols with entities with which we are required to partner, but we are not able to secure a written agreement (CCBHC Criteria states in Section 3.c.1, that CCBHCs may develop written protocols for care coordination instead, if the CCBHC is unable to enter into written agreements, signed by both parties).
- To improve communication and exchange of information between JAMHI and care coordination partners.
- To partner with LGBTQ+ serving organizations and advocacy groups to improve data collection in the Juneau area, on gender identity/expression and sexual orientation.