



Joint Advocacy Report

Advisory Board on Alcoholism and Drug Abuse • Alaska Commission on Aging
Alaska Mental Health Board • Alaska Mental Health Trust Authority
Governor's Council on Disabilities and Special Education

September 30, 2018

SMART SPENDING on Community Services

During the 2018 legislative session, advocates asked policymakers to practice “smart spending” on community-based support services so people with disabilities can remain stable and safe in the community and out of expensive institutional care. Community-based services are less expensive than institutional care and provide jobs for health care professionals and paraprofessionals—all of whom contribute to a healthy workforce and strong Alaskan economy.

The Alaska Mental Health Trust Authority and partner advisory boards support services that help “level the playing field” for Trust beneficiaries—

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Advocates supporting funding for addiction treatment and reentry supports testified before the House Finance Committee at the State Capitol during the 2018 legislative session.

How JUSTICE REFORMS Serve Trust beneficiaries

The Alaska Department of Corrections (DOC) reported in 2018 that the state’s prison system is by default “the largest provider of mental health and substance use disorders services in the state.”¹

Trust beneficiaries² account for more than 40% of the incarcerations each year and their median length of incarceration is “significantly longer than for other offenders.”³

DOC mental health data reports that 80% of inmates seen by DOC Behavioral Health were diagnosed with a substance use disorder.”⁴

DOC also reports that inmates over 50 years old represent the fastest growing population in Alaska’s prisons, and that 1 in 10 inmates over age 65 displays signs of dementia or other conditions related to aging.⁵ Advocates are concerned about the growth of this population, especially those with

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people with mental illness, substance use disorders (SUD), intellectual-developmental disabilities (IDD), Alzheimer’s disease and related dementia (ADRD), traumatic brain injury (TBI), and fetal alcohol spectrum disorders (FASD).

These services might include assisted living, housing and job assistance, addiction and mental health treatment, family caregiver and natural supports, case management, education and training, peer support, personal care attendants, caregiver respite, transportation, home-delivered meals, and adult day programs.

When community-based services are reduced or eliminated, Alaska’s most vulnerable citizens become more likely to be served in expensive emergency rooms, psychiatric hospitals, nursing homes, out-of-state residential care, or jails and prison—usually at state expense. A person with a developmental disability or mental illness becomes at higher risk for homelessness. The family of a senior with ADRD can lose their ability to care for their loved one at home. A justice-involved individual with an opioid addiction leaving incarceration is more likely to relapse, recidivate, and return to jail or prison.

The State will pay either way, on the front end with less expensive community services, or on the back-end with more expensive institutional care.

Comparing the cost of community versus institutional care, behavioral health treatment and rehabilitative services cost 20-50% less than a psychiatric hospital for people with severe mental illness,¹ and community supports for seniors can cost half to one-fourth less than nursing home care.²

As state lawmakers reflect on budget decisions, advocates stress the importance of supporting community-based services so people with disabilities are served appropriately and cost-effectively so they can remain safe, stable and productive members of the community. ❖

¹ Comparing outpatient mental health services provided by community behavioral health centers, clinics, and psychologists (average SFY2016 annual cost of \$8,478 per person) to inpatient psychiatric treatment at the Alaska Psychiatric Institute (average SFY2016 annual cost of \$24,800 per person) and residential psychiatric treatment center services (average 2010 annual cost of \$61,985 per person). Source: Department of Health and Social Services Division of Behavioral Health Overview, Presentation to the Alaska Legislature, January 31, 2017.

How Do Community-Based Services Help Trust Beneficiaries?

People with mental illness, substance use disorders, intellectual/ developmental disabilities, Alzheimer’s disease and related dementia, traumatic brain injury, and fetal alcohol spectrum disorders benefit from community-based services that help them stay stable, sober, and safe. This services might include the following:

For Behavioral Health Disorders

(schizophrenia, bipolar disorder, addiction disorders): Behavioral health treatment, case management, housing and employment assistance, peer support.

For Intellectual/Developmental Disabilities (I/DD) (autism, Down’s syndrome, fetal alcohol spectrum disorders): Group homes, in-home supports, day habilitation, supported employment, transportation, and care coordination.

For Alzheimer’s Disease and Related Dementia (ADRD): In-home care, adult day programs, personal care assistance, care coordination, transportation support, home-delivered meals.

For Trust beneficiaries with dual diagnoses: many of the above services serve multiple beneficiary groups.

² Comparing home and community-based services like personal care attendants (average SFY2016 annual cost \$18,183 per person) and Medicaid waiver services (average SFY2016 annual cost ranging from \$32,868 to \$110,849 per person) to skilled nursing facility costs (average SFY2016 annual cost \$153,009 per person). Source: Department of Health and Social Services Division of Senior and Disabilities Services, Presentation to the Alaska Legislature, February 9, 2017.

SUBSTANCE MISUSE *Across Beneficiary Groups*



Advocate Kara Nelson, Senator John Coghill, Reentry Case Manager Mike Van Linden, and Steve Williams from the Alaska Mental Health Trust Authority discuss reentry, addiction, and other concerns at Lemon Creek Correctional Center in Juneau.

Substance misuse in Alaska is a statewide issue that exists in both urban and rural areas, and across all socio-economic, ethnic and cultural, age and disability demographics. The consequences of addiction affect individuals, families, friends, neighbors, and communities across Alaska.

In 2017, the Alaska Mental Health Trust Authority (Trust) reported that 44,000 Alaskan adults experience alcohol dependence or abuse, and 17,500 adults experience illicit drug dependence or abuse. Also, 1,500 Alaskan youth (between ages 12-17 years) experience alcohol dependence or abuse, and 2,100 youth experience illicit drug dependence or abuse.¹

The Trust and partner advisory boards recognize that all Trust beneficiary groups² are impacted by substance misuse and support a full continuum of care, from prevention and early intervention to treatment and recovery for all beneficiaries.

Beneficiaries with cognitive impairments represent a substantial sub-population of Alaskans with disabilities linked to increased rates of substance misuse.³ These disorders when combined with substances can interrupt thinking, learning and memory, attention, concentration, and self-control.

Substance misuse is a growing problem for seniors as well. According to Alaska's Behavior Risk Factor Surveillance System (BRFSS) data, Alaska seniors, ages 65 and older, consistently self-report higher rates of binge and heavy drinking than seniors in the lower 48,⁴ and Alaska mortality rates for

alcohol-induced deaths and accidental deaths (non-fall related) are also higher.⁵ According to a draft of the new *Alaska Injury Facts Report on Injury and Deaths Related to Senior Falls and Transportation Incidents* (2018), most seniors with serious fall-related injuries are not tested for drugs and/or alcohol use when they seek treatment in acute care settings.⁶

Co-Occurring Disorders

Co-occurring disorders combine substance use disorders (SUD) with other disabilities, such as mental illness, Intellectual/Developmental Disorders (IDD), or Alzheimer's disease and related dementia (ADRD). People with co-occurring disorders often require more attention because of greater symptom severity and experience a greater number of barriers to successful outcomes.

The social and medical costs to serve people with co-occurring disorders has been estimated to be four times the cost to serve other clients.⁷

Other potential consequences of co-occurring substance use and other disorders include:

- Negative interaction with prescribed medicines
- Impaired cognition
- Impeded coordination and muscle control
- Affected self-care regimes
- Social isolation
- Poor health
- Interference with rehabilitation practices
- Delayed educational/vocational advancement
- Job loss, underemployment
- Housing instability

Challenges

State and independent stakeholders have worked for decades to address addiction and the capacity of the behavioral health system to serve Alaskans who need treatment. However, there is still a lack of capacity for existing providers to serve all the Alaskans who need these and other SUD services.

The reasons include decades of flat funding for behavioral health services, attrition of staff, services, and infrastructure, Medicaid restrictions for payment of behavioral health services, a shortage of professionals in the behavioral health field, and a substantial increase in demand and competition for resources resulting from the opioid crisis in Alaska.

People with disabilities experience additional

SUBSTANCE MISUSE – continued on page 4

barriers to accessing treatment for SUD, including lack insurance or funds to pay for services, complex eligibility requirements, criminal justice experience, lack of available screening and diagnosis, and more. Emergency responders and direct service providers are often not trained in SUD awareness, appropriate interventions, de-escalation techniques, and other practices which affect their ability to intervene effectively and promote a successful outcome.

With disabled and elderly populations, concerns rise from the over-prescription of long-term medications for pain, including opioids, increasing the likelihood of substance dependence or addiction. Also, people prescribed multiple medications have an increased likelihood of improper use, and adverse consequences from mixing substances.

Social and Economic Costs of Substance Misuse in Alaska

According to two 2017 McDowell Group reports on the economic costs of alcohol and drug abuse in Alaska, the estimated cost of drug addiction in 2015 was about \$3.06 billion, costs which “are borne by the state and local governments, employers, and residents of Alaska.” Of these costs, productivity losses account for the largest component.⁸

Productivity loss occurs when a person’s substance use prevents them from being employed or performing household services, and can include reduced efficiency through physical and/or mental impairment, employee absenteeism, premature death, incarceration for criminal offenses, and medical treatment or hospitalization.⁹

Substance misuse also plays a significant role in vehicle traffic collisions and criminal activity, such as driving under the influence, sale of illegal substances, assault, theft, and both violent and non-violent crimes.¹⁰

Finally, the misuse of alcohol and drugs also has a wide range of intangible costs, such as diminished quality of life, pain and suffering of victims, and impacts related to early childhood trauma.

State Efforts to Address Substance Misuse

Advocates maintain that ‘smart spending’ on community support services is a practical solution for addressing addiction in Alaska, at a lower cost than institutional care. Additionally, community supports are more likely to promote stability and crime free lifestyles.

Community services that support people with substance use disorders might include outpatient

and ambulatory treatment, peer and natural supports, vocational rehabilitation, case management, and transitional service—which cost less than police, hospital emergency rooms, psychiatric institutions, residential treatment, courts, and prison.

In 2018, the governor and legislature worked to pass \$12 million to expand SUD services statewide. These funds will support crisis stabilization services, inpatient and outpatient treatment, detox services, Medication Assisted Treatment (MAT), and recovery supports. See *Substance Use Disorder Service Expansion* on page 15 for details.

Communities across Alaska have formed local opioid workgroups that work both locally and statewide to address opioid addiction and related problems. A statewide opioid task force convened in 2015 and its recommendations are being implemented through a variety of statewide efforts.

Over the past several years, the Trust and partner advisory boards have prioritized the need to address substance misuse across beneficiary groups and continue to work with stakeholders, both public and private, including policymakers and people with lived experience, to address barriers and expand programs and services that address the causes and the consequences of addiction.

The state’s effort to develop an 1115 Medicaid waiver contains several components that will address SUD in Alaska. See *1115 Behavioral Health Medicaid Waiver* on page 7.

With all these efforts, advocates continue to call for informed policies, evidence-based practices, and smart spending to address the epidemic of addiction in Alaska. ❖

¹ Trust beneficiaries include people with mental illness, substance use disorders (SUD), intellectual-developmental disabilities (IDD), Alzheimer’s disease and related dementia (ADRD), traumatic brain injury (TBI), and fetal alcohol spectrum disorders (FASD).

² “A Promising Future,” Alaska Mental Health Trust Authority, 2017 Annual Report.

³ From “Addiction and Substance Use Among Persons with Disabilities” Thomas C. Wiess, (2013/2017). *Disabled World*, www.disabled-world.com

⁴ BRFSS, Alaska Division of Public Health, Chronic Disease Prevention and Health Promotion, July 2018.

⁵ Division of Public Health, Alaska Bureau of Health Analytics & Vital Records.

⁶ Alaska Injury Facts Report on Injury and Deaths Related to Senior Falls and Transportation Incidents, 2018.

⁷ From DHSS Healthy Alaskans 2010 – Volume 1.

⁸ McDowell Group. (2017). “The Economic Costs of Alcohol Abuse in Alaska” and “The Economic Costs of Drug Abuse in Alaska.” 2016 Update. Juneau: McDowell Group.

⁹ Ibid.

MEDICAID REFORMS:

Moving forward

Medicaid is the state's health insurance program for low-income citizens—serving children, pregnant women, adults with dependent children, and permanently disabled individuals who meet eligibility requirements. Medicaid is a federal program implemented by the states and is funded through a combination of federal and state funds.

When the state brings in federal dollars, it frees up state general funds for needed community-based services not covered or reimbursed by Medicaid. These extra dollars also support adequate troopers, emergency response, and public education. Accepting federal dollars is common in Alaska, for building roads, airport runways, schools, and other capital projects, and is especially helpful during times of state revenue shortfalls, which Alaska is experiencing today.

Medicaid Reform

Medicaid reform was passed in 2016 with SB 74 to address efficiencies the millions of dollars the State of Alaska spends on services for uninsured, low-income, and disabled residents who regularly used emergency levels of care at a substantial cost to state and local governments.

One of the goals of Medicaid reform has been to enroll more Alaskans using these services so they receive regular, preventative health care and are less likely to depend on expensive emergency care for their health care needs. Additionally, the reforms sought to create efficiencies that save money, reduce fraud and waste, remove ineffective services, and reduce unnecessary spending. This is being accomplished through a variety of mechanisms: payment reforms, expanded telemedicine (to improve access to care and reduce travel costs), increased fraud prevention, coordination with the tribal health care system, collaborations between departments to leverage resources, improved use of patient health information, increased access to preventative services and incentives for healthy behaviors, cost-sharing requirements for certain



Legislators debate items in the Operating and Mental Health budgets during the 2018 legislative session, some of which included addressing Medicaid spending

enrollees and services, and increased access to supportive services that help reduce emergency, institutional, and acute care costs.

Since passage of the reform bill in 2016, DHSS has also implemented difficult fiscal measures, including elimination of staff positions, reduction of services, and furloughs of remaining staff who manage the Medicaid program.

2018 Legislative Session

During the 2018 legislative session, Governor Walker requested \$93 million supplemental state funds to support a shortfall in the budget resulting from an unanticipated increase in Medicaid claims in FY18 (July 2017-July 2018). These additional claims were due in part to Alaskans experiencing hardships in the state's economic recession, as well as the federal budget estimate being developed 2-years in advance.

In testimony to the legislature, the Department of Health & Social Services (DHSS) noted they work hard to control spending, but must, by law, provide the funding for health services for people who qualify.

Legislators ended up partially funding the Governor's request with \$45 million in a fast-track supplemental bill, and another \$28 million in the capital budget, but did not fund the full

MEDICAID – continued on page 6

requested amount, leaving the department with an expected shortfall of \$20 million for FY18. With this, DHSS committed to prioritizing payments through June 30, 2018 to smaller providers with fewer resources to withstand lack of payment and a few others that contacted the department about not being able to meet payroll were promptly issued their payments.

For FY19 (July 2018-June 2019) Medicaid spending, the legislature supported the Governor’s recommended increases to the base budget for Behavioral Health and Adult Preventative Dental care, but left an overall shortfall to the rest of the program for \$30 million. Policymakers also added intent language that the department address future Medicaid spending: “It is the intent of the legislature that [DHSS] significantly increase its efforts to reduce the state share of Medicaid service costs by managing Medicaid utilization to index with the national average per enrollee cost. In doing so, the department should take into consideration a multiplier to the national average to account for a reasonably higher cost of health care in Alaska.”

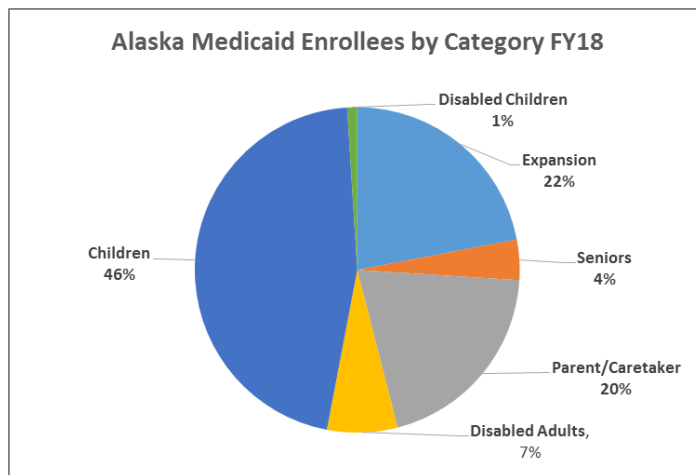
At the end of the session, both the FY18 and FY19 shortfalls were expected to result in a supplemental request next session so that the department can “pay its bills” to Medicaid providers who are currently serving recipients.

The Value of Medicaid for Alaskans

Alaskans without adequate health care are more likely to use hospital emergency rooms, psychiatric hospitals, nursing homes, and other acute services.

When people’s medical needs are met, they are more likely to hold down a job, maintain a stable home, and contribute positively in the community. Healthier employees means fewer lost work days due to untreated illnesses and injuries, and less turnover. Parent access to physical and mental health care is important so they are healthy and providing for their families.

Medicaid plays a critical role in the state’s response to the opioid epidemic, providing access to treatment that previously was not eligible. Access to behavioral health care helps people with



mental illness or addiction disorders who are homeless get on their feet so they can gain employment and move into stable housing.

Finally, Medicaid provides Alaska’s prisoner and parole population better access to health care upon release into the community, which has shown to increase the likelihood they will remain stable, sober, and crime free.

State and local governments will pay for their uninsured citizens — either for expensive acute care, or for more affordable preventative care in traditional health care settings. Medicaid insurance helps many at-risk Alaskans get the preventative care they need to remain out of acute care settings.

Moving Forward

The department delayed paying some claims to providers who expressed concerns about meeting payroll or other hardships, but still met federal guidelines.

As of this writing, the current projected Medicaid shortfall for next legislative session will include \$37.8 million in suspended payments (that were paid with FY19 funds) and \$30 million for the short-funding of the Governor’s FY19 request. The legislature budgeted an additional savings of \$20 million due to increased Tribal Medicaid claiming and a staffing increase to facilitate this claiming.

The overall projected Medicaid shortfall for FY19 is \$47.8 million. However, it is expected there will be a reduction of this amount with the certification of the Medicaid Management Information System (MMIS) by the Centers for Medicare and Medicaid Services (CMS). ❖

1115 Behavioral Health Medicaid Waiver

The Alaska Department of Health and Social Services (DHSS) has submitted a Section 1115 Behavioral Health Demonstration Waiver application to the Centers for Medicare & Medicaid Services (CMS) to develop a data-driven, integrated behavioral health system of care for children, youth, and adults with serious mental illness, severe emotional disturbance, and/or substance use disorders.

The demonstration project also seeks to increase services for at-risk families in order to support the healthy development of children and adults through increased outreach and prevention and early intervention supports. The waiver seeks to provide Alaskans with a comprehensive suite of cost-effective, high quality behavioral health services designed to ensure access to the right services at the right time in the right setting. The goals and objectives of the application are:

Goal 1: Rebalance the current behavioral health system of care to reduce Alaska’s over-reliance on acute, institutional care and shift to more community- or regional-based care.

Goal 2: Intervene as early as possible in the lives of Alaskans to address behavioral health symptoms before symptoms cascade into functional impairments.

Goal 3: Improve the overall behavioral health system accountability by reforming the existing system of care.

Source: DHSS Website:

<http://dhss.alaska.gov/HealthyAlaska/Pages/dashboard.aspx>

dementia being charged with crimes they may not have knowingly committed due to their disabling cognitive condition.

Alaska’s justice reform efforts passed in 2016 have been steadily building an effective system for appropriately serving Trust beneficiaries involved in the criminal justice system. Practices such as diverting certain individuals to mental health and substance use disorder treatment, providing transitional support and case management to beneficiaries leaving incarceration, and strengthening community supervision (probation and parole) practices, have shown to increase rehabilitation, reduce recidivism, and increase the likelihood a justice-involved individual will be stable, sober, and productive in the community.

The philosophy behind justice reforms is that justice-involved individuals are best served with improved supervision, treatment, case management, and other supports, so they are more likely to be rehabilitated, crime free, and contributing productively in the community.

Justice Reforms Underway in Alaska

- Individualized case management planning 90 days prior to an inmate’s release supports better access to addiction and mental health treatment, Medicaid enrollment, housing and employment assistance, job training, and other transition support.
- Funding for institutional substance use treatment programs and for community-based treatment programs. Research shows supervised treatment is more likely to reduce criminal behavior than stiffer prison sentences.
- Strengthened community supervision (probation and parole) practices that focus resources on high-risk offenders and uses incentives and sanctions more effectively. The practice of diverting low-risk defendants to treatment instead of incarceration has been demonstrated in other states to decrease the likelihood they will reoffend.
- Implementation of a new Pretrial Enforcement Division that is working on building and supporting diversion programs that can serve

Trust beneficiaries in getting appropriate treatment while they're awaiting sentencing.

- Access to a limited driver's licenses for people convicted of a first felony DUI offense if: 1) the person participated in a therapeutic court program, or, if living where there isn't a therapeutic court, participated in a treatment program similar to a therapeutic court program, and 2) can prove he or she has been sober for 18 months. In both cases, the individual must complete the program in order to get the limited license.
- Expands the definition of time served to include any time spent in a residential program for treatment of substance use disorders under prerelease furlough.
- Improved prison population management approaches—such as keeping low-level offenders separate from serious violent offenders. This follows a large body of research showing that mixing low-level misdemeanants with high-level criminal offenders results in the low-level offenders learning more anti-social coping skills, adopting more serious criminal behaviors, and returning to the community at higher risk for committing additional crimes.
- Discretionary parole reforms allowing early release for certain geriatric inmates.
- Removes restrictions on *Supplemental Nutrition Assistance Program* (SNAP), Alaska's food stamp program, for people convicted of drug felonies, provided they comply with supervision conditions and treatment requirements.
- Identifies 50% of the revenue collected from marijuana taxes to be placed into the "Recidivism Reduction Fund" and invested in evidence-based services and programs that serve justice-involved individuals.

Similar reforms have been shown in other states to divert funds for more effective programs and saved costs overall. For example, Texas closed three correctional facilities, averted \$684 million in new prison construction and operating costs, and reinvested \$241 million of their savings into institutional and community-based treatment and diversion programs. North Carolina closed five correctional facilities and reinvested \$38 million in probation and community-based treatment. Hawaii

saw a 4% reduction in their prison population and saved \$2.5 million in corrections costs, invested in treatment programs, and hired more corrections and victims' services staff.

Many Alaskans are concerned about increases in crime rates in communities around the state. Alaska crime data demonstrates that both violent and property crimes were rising prior to 2016. According to a 2017 report by the Alaska Justice Statistical Analysis Center at the University of Alaska, violent crime rates have steadily increased since 1986⁶ and property crimes have been rising since 2011.⁷

Observers point to numerous factors contributing to Alaska's rising crime rates, including a dramatic increase in opioid and other substance misuse, unemployment from the state's economic recession, and budget cuts to police, prosecutors, and community treatment programs.

About 95% of the individuals currently incarcerated in Alaska's prisons will serve their time and be released to Alaskan communities.

The philosophy behind justice reforms is that justice-involved individuals are best served with improved supervision, treatment, case management, and other support so they are more likely to be rehabilitated, crime free, and contributing productively in the community. ❖

¹ "Substance Abuse Treatment Services – Alaska Department of Corrections," Presentation to Alaska State Legislature. January 2018.

² Trust beneficiaries include people with mental illness, substance use disorders (SUD), intellectual-developmental disabilities (IDD), Alzheimer's disease and related dementia (ADRD), traumatic brain injury (TBI), and fetal alcohol spectrum disorders (FASD).

³ Trust Beneficiaries in Alaska's Department of Corrections, Hornby Zeller Associates (May 2014), pii). <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>

⁴ "Substance Abuse Treatment Services – Alaska Department of Corrections," Presentation to Alaska State Legislature. January 2018.

⁵ Ibid.

⁶ "Violent Crime Reported in Alaska, 1986-2015," Alaska Justice Statistical Analysis Center FACT SHEET, University of Alaska Anchorage, February 2017, https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/alaska-justice-statistical-analysis-center/documents/Fact_Sheets/ajsac.17-02.viol_crimes_1986-2015.pdf

⁷ "Property Crime Reported in Alaska, 1986-2015," Alaska Justice Statistical Analysis Center FACT SHEET, University of Alaska Anchorage, January 2017, https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/alaska-justice-statistical-analysis-center/documents/Fact_Sheets/ajsac.17-02.viol_crimes_1986-2015.pdf

Beneficiary **EMPLOYMENT** and Engagement

Employed Alaskans with mental, cognitive, and physical disabilities report improved self-esteem, increased quality of life, and better control of symptoms. Employed Alaskans are less dependent on public assistance, but most importantly, are given the opportunity to experience inclusion and a sense of value and contribution in their communities.

The Alaska Mental Health Trust Authority (Trust) and partner advisory boards support beneficiary employment and engagement through evidence-based strategies and best practices that promote integrated and competitive employment for all beneficiaries who are able to work.

People with developmental disabilities have traditionally been presented with few employment choices and directed to facility-based segregated services. People with substance use disorders or mental illness with involvement in the criminal justice system face a long list of “barrier crimes” that prevent them from being considered for many jobs. Seniors may experience employment barriers associated with stigma stemming from a belief that older workers lack adequate education and relevant training, would incur high medical/health costs, and are short on stamina to get the work done.

Employment in the general workforce means regular jobs in typical work settings, working side by side people without disabilities, earning at least minimum wage with benefits, and being part of the economic mainstream of society.

State and private stakeholders around Alaska are working to ensure sustainable, meaningful, and dignified employment opportunities for people with disabilities. Goals include cultivating community and business awareness that results in reduced stigma related to hiring people with disabilities, and programs that consider each person’s specific abilities and attributes in developing their employment plan.

In 2014, Alaska became an *Employment First* state, a national movement centered on the premise that individuals with disabilities are capable of being fully employed and engaged in community life and that employment should be the first and preferred option for people with disabilities receiving assistance from publicly-funded systems.

This year, Alaska became the 24th state (plus five countries) to implement the Individual Placement and Supports (IPS) model for helping beneficiaries with mental illness and substance use disorders obtain and maintain gainful employment. IPS is an

evidence-based practice of supported employment that focuses on competitive employment, client choice and worker preferences, integration of rehabilitation and mental health services, personalized benefits counseling, rapid job search, systematic job development, and time-unlimited and individualized support.

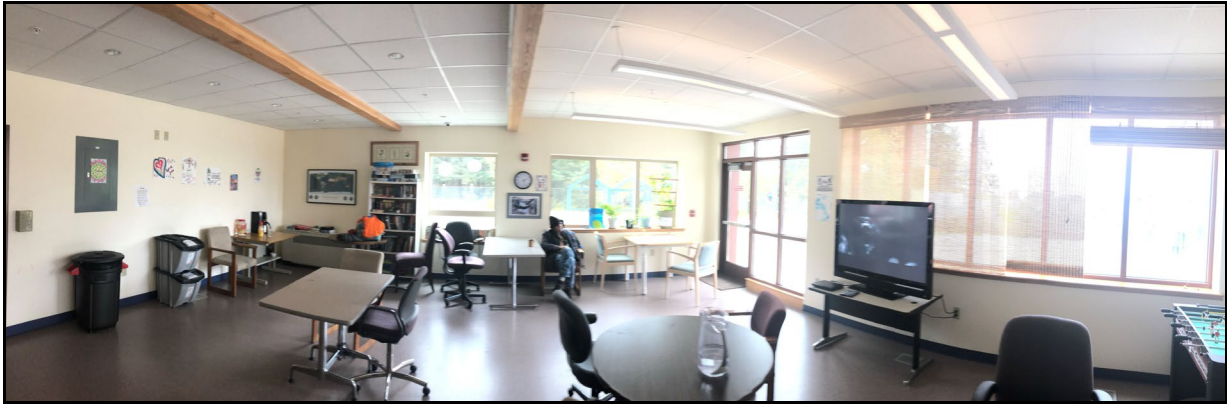
Also this year, as a result of the repeal of a sub-minimum wage exemption, employers are no longer allowed to pay less than minimum wage to workers with disabilities.

Since the state’s passage of the ABLE Act in 2016, stakeholders have been working to develop the program to help people with disabilities set up tax-free accounts to save money for education, housing, transportation, and other expenses, which wouldn’t disqualify them from receiving their disability benefits.

Alaskan programs supporting people with disabilities in gaining meaningful employment, include *Ticket To Work*, providing employment support for people over 18 years receiving social security disability benefits; *Aging and Disability Resource Centers* (ADRC) connecting seniors and individuals with disabilities with services; *Centers for Independent Living*, non-profit organizations run by and for people with disabilities; *Division of Vocational Rehabilitation* (DVR), providing job counseling and support for individuals with mental or physical disabilities; *Tribal Vocational Rehabilitation* (TVR), providing culturally-relevant services and supports; *Mature Alaskans Seeking Skills Training* (MASST), promoting community service employment for low-income Alaskans age 55 or older; and the Trust’s *Microenterprise Grants* to increase access to self-employment opportunities for Trust beneficiaries. ❖



Ric Nelson is pictured at work with the Governor’s Council on Disabilities and Special Education in Anchorage.



SUPPORTED HOUSING *for Trust Beneficiaries*

Supported housing means a safe and affordable place to live with access to community support services that help improve people's lives and reduce the use of emergency services, police, hospitals, nursing homes, jails and prisons.

The *National Alliance to End Homelessness* identified that 41% of the people who are homeless in the United States also experience a disability.¹

People with disabilities (physical, mental, and cognitive) often require some accommodation in order to remain stable and safe at home.

Support services might include mental health and addiction treatment, assisted living, food and basic needs, life skills training, case management, day habilitation, crisis intervention, job training, employment assistance, and transportation.

Without supports, vulnerable people are more likely to cycle through expensive emergency services, institutional care, have more chronic health problems, and experience an overall reduced quality of life.

In 2017, the senior housing workgroup of the Governor's Housing Summit reported housing is a top priority for Alaskan seniors. The workgroup indicated that "accessible and supportive housing in combination with appropriate and flexible long-term support services and transportation is increasingly recognized as a cost effective health intervention that enhances quality of life, independence, and the ability to age in place."²

In 2018, a presentation to the Alaska Mental Health Trust Authority indicated that *Permanent Supportive Housing* (PSH) works across the nation to improve outcomes for people who need it, and that in Alaska, 43% of individuals with frequent prison stays and patterns of homelessness "are considered candidates for permanent supported housing."³

The Trust and partner advisory boards support efforts that promote beneficiary access to housing and community-based support services; addressing policies and funding barriers; and building a robust continuum of

care that acknowledges autonomy, independence, and inclusion for people with disabilities.

Housing First is an approach that prioritizes permanent housing for people experiencing homelessness. The approach is guided by the belief that people need basic necessities, like food and a place to live, before they can address other parts of their life, like employment, budgeting, and recovery. Alaska has three *Housing First* programs—in Anchorage, Fairbanks, and Juneau.

Rapid Re-Housing (RRH) is an intervention designed to help individuals who have greater independent living skills and need less-intensive supports to quickly exit homelessness and return to permanent housing. RRH follows the *Housing First* principle that stable housing is provided before other issues can be addressed.

Other state-funded programs that address homelessness and supported housing include, *Assertive Community Treatment/Institutional Diversion Housing Program* (intensive community-based mental health and housing support); *Office of Integrated Housing* (technical assistance for supported housing projects); *Beneficiary Housing and Special Needs Housing*; *Discharge Incentive Grants* (for Trust beneficiaries transitioning from institutional care into the community); *Senior Citizen Housing Development Fund* (for construction and renovation of housing for seniors); and home modification grants from the *Department of Health and Social Services*. ❖

¹ *National Alliance To End Homelessness*
<https://endhomelessness.org/resources/>

² Governor's Housing Summit Update, Senior Housing Workgroup Summary, *Challenges, Opportunities, and Strategies for Developing Sustainable Senior Housing*. January 18, 2017.

³ *Pay For Success Feasibility Study: Initial Findings*, Agnew::Beck, April 2018.

2018 Bills and Resolutions

The following bills were tracked by the Trust and partner advisory boards during the 2018 legislative session. To read more about these bills, go to: www.akleg.gov and click on Bills & Laws, then type the bill number into the Search box.

HB 64 - Reading proficiency task force; dyslexia (Rep. Drummond). Establishes a legislative task force to recommend improvements to reading instruction and support for children with dyslexia, to include a school principal, parent of child with a reading disability, and public members. Signed into law on July 12, 2018.

HB 106 - Civil Legal Services Fund (Rep. Claman). Allows the legislature to appropriate up to 10% of court filing fees to a fund to pay for civil legal services to low-income Alaskans. The legislature may then make appropriations from the fund to organizations that provide these services to low income Alaskans. Adds \$300,000 GF in the bill's fiscal note. Signed into law on August 22, 2018.

HB 151 - Foster care, child protection (Rep. Gara). Implements standards for training, mentoring, reporting, and workload standards for new OCS social workers, timelines for foster parent application reviews, and expands protections for children in OCS custody. Mandates six weeks of training for new caseworkers and puts caseload limits on new caseworkers, establishes a statewide average caseload of no more than 13 families per worker, adopts other major changes to support the well-being of youth in care and to promote quicker timelines for children returning to or finding new, permanent homes. These changes include requiring certification that searches for relatives that youth can be placed with have been carried out, and encouraging the sharing of contact information, so separated siblings can stay in touch with one another. Signed into law on June 6, 2018.

HB 215 - DHSS: Public health fees (House Finance). Allows the Division of Public Health (DPH) to assess and collect fees for enhanced services, such as health

planning and data analysis for communities or agencies. DPH must develop regulations for assessing and collecting fees, and asks the department to consult with stakeholders, with at least one public meeting, before a notice of proposed action is made related to new fees. Signed into law on July 24, 2018.

HB 216 - Crimes; Restitution; Dividend Fund (Rep. Kopp). Establishes a Restorative Justice Account for crime victims within the permanent fund, which prioritizes the use of the funds for victims compensation and restitution; authorizes the use of the funds for grants to nonprofit organizations that provide services to crime victims and for behavioral health treatment for justice-involved individuals; clarifies language around the Attorney General's office duties and Office of Victims' Rights priorities when helping crime victims with restitution payments through the Restorative Justice Account; adds the ability for Alaskans to donate to the crime victim compensation fund that resides within the Violent Crimes Compensation Board when applying for a permanent fund dividend, except to the PFD charitable contributions program, Pick. Click. Give. Signed into law on June 14, 2018.

HB 236 - Extend Senior Benefits program (Rep. Kawasaki). Extends Senior Benefits Program through June 30, 2024. This legislation also increased funding to allow for a 2% average annual projected growth beyond FY18 funding, as well as restored funding for monthly payments of the upper income tier from \$76, currently, back to the original \$125 monthly, beginning in FY20. Signed into law on May 10, 2018.

HB 273 - Extend Marijuana Control Board (Rep. Kito). Extends the Marijuana Control Board to June 30, 2024. Signed into law on June 29, 2018.

HB 280 - Extend the Board of Marital and Family Therapy (Rep. Josephson). HB 280 addresses medical licensing, regulation,

BILLS AND RESOLUTIONS – continued on page 12

and family therapy, by streamlining medical licensing and addressing regulatory issues in the medical field by addressing application backlog and prevents increase in malpractice premiums. It is an extension for the Board of Marital and Family Therapy. It was amended on the final day of the session to include portions SB 108 by Sen. Giessel, which dealt with reforms requested by the state Medical Board to better reflect common practices as legal. Signed into law on June 29, 2018.

HB 299 - Extends Alcohol Beverage Control (ABC) Board (Rep. Wool). Extends the ABC Board to June 30, 2022. Restricts reappointment of a member who has served all or part of three successive terms, unless at least three years have elapsed. Also, requires the director is not a member of the board and may not vote on a matter before the board, except casting a tiebreaking vote with the consent of the board executed at the beginning of the meeting. Amendments added later include adding “Outdoor Recreation Lodge” to the list of licenses municipalities may vote to opt-in to, and a provision to require only three corporate officers to be fingerprinted rather than every corporate officer when renewing a Beverage Dispensary License (BDL). Signed into law on June 29, 2018.

HB 312 - Crimes against medical professionals (Rep. Claman). Allows for arrest without warrant for a fourth degree assault in a health care facility and adds an aggravator to Alaska’s felony assault statute for violence committed in the hospital setting. In the last days of session, the Senate added provisions from SB 149, related to surcharge for commission of an offense, SB 150, related to pretrial release and out-of-state criminal history, both introduced by Governor Walker, and HB 387, by Rep. Claman, related to powers of the Attorney General regarding controlled substances. In its final form, the bill removes mandatory release requirements in favor of judicial discretion, grants judges more flexibility to hold defendants in jail while they await trial; ensures judges can consider out-of-state criminal charges when making pre-trial release decisions; strengthens the pre-trial release assessment for those charged with vehicle theft and other crimes; increases surcharges

imposed for felonies, misdemeanors, and violations, and puts the increased revenue back into public safety funding; and authorizes the attorney general to schedule controlled substances by emergency regulation or repeal an emergency regulation that scheduled a controlled substance. Signed into law on June 14, 2018.

HB 336 - Supportive decision-making agreements (Rep. Millett). This bill provides a mechanism for elderly Alaskans and adults Intellectual/Developmental disabilities to enter into newly-created legal structures called “supported decision-making agreements” that provide a less restrictive alternative to full guardianship. Signed into law on September 27, 2018..

SB 45 - Licensing of Contractors (Senate Labor & Commerce Committee). While this bill relates mostly to licensing of construction contractors, amendments were made on the House floor on the last day of session to add provisions contained in HB 301, by Rep. Wool, related to hospitality businesses (roadhouse) licensing, and HB 269, by Rep. Tuck, related to distillery licensing. HB 301 grandfathers establishments in business for at least thirty years to continue operating with a tourism beverage dispensary license. HB 269 clarifies the Legislature’s original intent to allow craft distillers to serve their product with mixers, garnishes, and other ingredients that are non-alcoholic beverages. Signed into law on July 13, 2018.

SB 80 - Telecommunications; disabled subscribers (Sen. Costello). Expands existing protections and increases the independence of disabled Alaskans through modernizing and enhancing telecommunication services. Signed into law on September 29, 2018.

SB 81 - DHSS registry; license; background check (Governor Walker). Improves the background check process for individuals who must undergo these checks to receive licensure or payment from DHSS. The changes made fix redundancies and loopholes in the current statutes. For example, the bill clarifies that a civil history check is a check of already existing registries, rather than a check of a DHSS-created, stand-alone registry. It also clarifies that the background check

process applies not only to the entities that are licensed by the state, but also to those who work for licensed entities, which was not clear previously. Signed into law on July 24, 2018.

SB 104 - Education curriculum

requirements (Senate Finance Committee). This bill proposes a pilot program to examine and review curriculum that meets Alaska Education Standards and produces effective outcomes for students in English/Language Arts, and Math. It also contains provisions for school curricula approval and review; duties of school boards; operations of state boarding schools; electronic management of student information related to education programs for children with disabilities; and a curriculum improvement and best practices fund. At the end of session, provisions in SB 128, by Sen. Giessel, establishing the marijuana education and treatment fund and depositing 25% of the state's marijuana tax into the fund, were rolled into SB 104. These provisions also provide for contracting with organizations to provide community-based marijuana misuse prevention programs. Provisions also support public education about effects of marijuana use and marijuana laws and data collection, training and planning, monitoring health status, substance use disorder screening, and brief intervention and referral to treatment (SBIRT). Finally, SB 104 clarifies the use of the annual estimated balance of the state's recidivism reduction fund in making appropriations to DOC, DHSS, DPS for recidivism reduction programs. Signed into law on July 30, 2018.

SB 105 - Marital and family therapy licenses and services (Sen. Wilson). This bill relates mostly to Licensed Marital and Family Therapists (LMFT), including LMFT supervision, hours of supervision and adds physicians and advanced practice registered nurses to the list of supervisors. SB 105 was amended to include HB 123, adding requirements related to disclosure and reporting of health care services, price, fee information, and good faith estimates, and requires DHSS to prepare a report describing the effectiveness and cost-effectiveness of the coverage of these licenses to include distribution of services provided by billing

code and the diversion from more expensive alternatives. The bill also includes provisions from HCR 2, requiring the state to acknowledge the principles of early childhood and youth brain development, early adversity, toxic stress, and childhood trauma, and the promotion of reliance through protective relationships, supports, self-regulation, and services. Signed into law on August 6, 2018.

SB 134 - Termination of Parental Rights; Guardians (Sen. Gardner).

Clarifies that a parent who chooses to keep a child conceived through rape has the ability to sever ties with their rapist if they choose. The bill makes clear that termination of parental rights can be court-ordered under parental incarceration, adoption, CINA, or an independent proceeding issued on the grounds that the parent committed sexual assault or abuse of a minor or incest or a comparable offense, that resulted in the conception of the child, and that termination of parental rights of the biological parent is in the best interests of the child. An amendment was added in the House which states that child support obligations are not terminated if parental rights are terminated, unless explicitly stated in the termination decree. Signed into law on June 15, 2018.

SB 169 - Medicaid behavioral health coverage

(Sen. Giessel). Relates to the definition of "supervision or direct supervision" for purposes of medical assistance coverage of behavioral health clinic services. Allows for remote supervision by a psychiatrist or physician. Signed into law on August 29, 2018.

SB 174 - Programs for people with disabilities (Sen. Micciche).

Requires DHSS to take a flexible approach to administering programs for persons with physical and mental disabilities, allowing each person to participate more actively, with assistance, based on strengths and abilities, in managing the support services they receive in their home and community. Signed into law on August 25, 2018.

SB 208 - March as Sobriety Awareness Month

(Sen. Gardner). Establishes the month of March as Sobriety Awareness Month in Alaska. Signed into law on August 30, 2018. ❖

ADVOCATES *in Action*

People all over Alaska bring their voices to policymakers



Clockwise from top left: Advocates at the Juneau advocacy training practice telling their personal stories to each other with an “ask” that supports their concerns and requests to policymakers; an elder at the Anchorage advocacy training speaks about supports for aging Alaskans with mental illness; an advocate at the Cordova halfway house in Anchorage stresses her concerns about reentry services for people after incarceration; an advocate who participated in the Juneau advocacy training speaks before the House Finance Committee at a budget hearing during the 2018 legislative session; participants of the Ketchikan advocacy training included individuals with lived experience, family members, and providers of services for people with mental illness, substance use disorders, intellectual and developmental disabilities, Alzheimer’s disease and dementia, and traumatic brain injury.



FY19 State Budget

Legislators passed the Operating, Mental Health, and Capital budgets for Fiscal Year 19 (FY19). Following are budget items of interest to the Trust and partner advisory boards.

Definitions

MHTAAR = a state funding source, Mental Health Trust Authority Authorized Receipts
GF/MH = a state funding source, General Funds found in the Mental Health budget bill (HB 109)
GF = General Funds, a state funding source (included UGF and DGF)
DGF = Designated General Funds
UGF = Undesignated General Funds
I/A Receipts = Interagency Receipts (allocated between departments)
Federal = Federal funds
ACHI = Alaska Comprehensive Health Insurance Fund
OTI = One Time Item
Inc = Increment (added to the base budget)
IncOTI = Reflects Trust's annual zero-based budgeting
IncM = Maintenance increment
IncT = Temporary Increment
Trin = Transfer In
AHFC = Alaska Housing Finance Corporation dividends
DHSS = Department of Health & Social Services
DBH = Division of Behavioral Health
SDS = Senior and Disability Services
DPH = Division of Public Health
DPA = Division of Public Assistance
DJJ = Division of Juvenile Justice
OCS = Office of Children's Services
SDS = Division of Senior and Disabilities Services
DEED = Department of Education and Early Development
DOA = Department of Administration
DOC = Department of Corrections
DOL = Department of Law
DOLWD = Department of Labor and Workforce Development
DOR = Department of Revenue
DPS = Department of Public Safety
ACS or Courts = Alaska Court System
Trust = Alaska Mental Health Trust Authority
GCDSE = Governor's Council on Disabilities and Special Education
ACOA = Alaska Commission on Aging
AMHB = Alaska Mental Health Board
ABADA = Advisory Board on Alcoholism and Drug Abuse
API = Alaska Psychiatric Institute
ADRD = Alzheimer's disease/related dementia
SUD = Substance Use Disorders
SMI = Serious Mental Illness
I/DD = Intellectual/Developmental Disabilities
FASD = Fetal Alcohol Spectrum Disorders

BEHAVIORAL HEALTH

Hospital-based Behavioral Health Care (DHSS)
Behavioral Health/Designated Evaluation and Treatment
\$7 million (GF/ACHI); \$7 million (Federal) Two-year funding for FY19 and FY20
Funds support hospitals serving adults with acute mental health needs awaiting admission to Alaska Psychiatric

Institute (API). This may include training in mental health awareness and de-escalation, psychiatric and social work support, crisis intervention and "safe rooms" that support people who are a danger to themselves or others.

Alaska Psychiatric Institute (API) Nursing (DHSS)
Behavioral Health/API (Capital/Supplemental Budget)
\$3.1 million (\$1,736.0 million GF, \$682,000 DGF, \$682,000 IA receipts) for fiscal years FY18 and FY19

Funds support hiring qualified nurses and providing recruitment incentives to enhance the state's ability to hire and keep nurses employed at Alaska Psychiatric Institute (API). A nursing shortage in FY18 at API has restricted the facility from operating at full capacity. This crisis puts hospital staff at risk and affects patients in receiving the most appropriate care.

Alaska Psychiatric Institute (API) Forensic Bed Study (DHSS)
Medicaid Services/Behavioral Health Medicaid Services
\$159,000 OTI (GF); \$159,000 OTI (MHTAAR)

This one-time funding will support a study to research Alaska's need for a forensic hospital or facilities apart from API to serve justice-involved individuals with acute mental health needs who are waiting for evaluations, found incompetent to stand trial, civilly-committed, or sentenced and in need of psychiatric care. Recommendations could result in alternative approaches for serving forensic populations, efficiencies and improved effectiveness for service of the forensic population, and increased civil commitment capacity.

Substance Use Disorder Service Expansion (DHSS)
\$12 million (\$3 million GF/MH; \$9 million ACHI) (Capital Budget)

Funds will support additional detox beds, crisis stabilization services, residential and outpatient treatment, sobering centers, intensive case management, medically-monitored outpatient withdrawal management, Medication Assisted Treatment (MAT), recovery and reentry supports, housing and other assistance. These efforts will address some of the gaps in the state's capacity to address the opioid crisis that is fueling the crime rate and devastating families. Community substance use disorder treatment provide the means to maintain recovery and contribute positively in the community.

Sleep-Off Alternatives in Targeted Communities (DHSS)
Behavioral Health/Behavioral Health Treatment and Recovery Grants
\$50,000 IncT (MHTAAR)

Funds will support staff in planning for a Wellness Center in Nome. The center is expected to support addiction treatment for the region, including services to prevent the incarceration of people requiring protective custody at the Anvil Mountain Correctional Center. Other activities may include maintaining a staff person to plan, develop, and manage the implementation of the center, assessing the service capacity of existing programs and facilities in the region, developing a regional implementation plan for the services, securing fiscal

support, and/or support for physical facilities that may be needed.

MEDICAID/PUBLIC ASSISTANCE

Public Assistance Field Services (DHSS)

Public Assistance/Public Assistance Field Services

\$1,107.2 IncT (GF); \$1,107.2 (Federal) recurring over 3 years
Funding will support 20 Permanent Full Time (PFT) positions in DPA over three years to address the backlog of over 20,000 public assistance applications and unmanageable worker caseloads. Public assistance provides aid to low-income Alaskans, including seniors and people with disabilities. The division reported in 2018 that roughly 17,500 Alaskans were waiting an average of 231 days for their first-time Medicaid application to be processed, and more than 1,700 were waiting roughly 40 days Food Stamp (SNAP) application processing. The legislature offered half the Governor's request, with the intention to re-evaluate the need for these positions in three years.

Administrative Services Organization (ASO) (DHSS)

Behavioral Health Medicaid Services/Medicaid Services
\$2,650.0 IncOTI (MHTAAR)

Funding supports DHSS in contracting with an Administrative Service Organization (ASO) to assist in managing Alaska's behavioral health system transformation as part of the 1115 Behavioral Health System Reform effort. Activities of the ASO would include quality and outcomes management, provider network development, data management, utilization management, cost management, claims processing, and coordination with larger Medicaid redesign efforts. Note: Due to anticipated delays in the implementation of the ASO, DHSS requested \$1,231.0 of this increment be allocated across five different new projects. This was approved by the Board of Trustees at the May 24, 2018 meeting.

Health Care Services Staffing (DHSS)

Medical Assistance Administration/Health Care Services
\$291,000 IncOTI (MHTAAR)

Funds will support overseeing the implementation of various aspects of Medicaid reform within the Division of Health Care Services. Two new staff positions will be dedicated to Primary Care Case Management, Coordinated Care Demo Project, Health Homes, and ER Initiative, and will support four Long-term, non-permanent FTE's.

Quality & Cost Effectiveness Workgroup (DHSS)

Medicaid Services/Health Care Medicaid Services
\$2,500 IncOTI (MHTAAR)

Funds will support DHSS in hiring a contractor to facilitate a workgroup with stakeholders to address quality and cost effectiveness as part of the state's Medicaid redesign.

SENIOR and DISABILITY SERVICES

Senior Benefits Program (DHSS)

Public Assistance/Senior Benefits Payment Program
\$19,985.1 (GF) FY19 (same as FY18)

The Alaska Senior Benefits Program provides needs-based financial support for more than 11,000 low-income, elder Alaskan seniors. The program provides needs-based financial

support for more than 11,000 low-income, elder Alaskan seniors. HB 236 extended the program through FY24 at FY18 funding levels. The fiscal note included out-year projections which assumed an FY20 \$4 million UGF increase to fully fund the program and restore the lowest benefit tier payment back to \$125/month, from the reduced \$76/month. This increase is not automatic and will need to be requested. *Note:* Language was included in the fiscal note that if benefits to seniors are prorated, the amount appropriated may not be used for any purpose other than payment of benefits for the Senior Benefits Payment Program.

Pioneer Homes Renovations and Repairs (DHSS)

Alaska Pioneer Homes (Capital Budget)
\$1 million (DGF)

Funding supports renovations at the Anchorage Pioneer Home to better serve elders with Alzheimer's disease or related dementia (ADRD). An increasing number of elders with ARD are inappropriately being placed at API due to their challenging behaviors. Alaska's Pioneer Homes serve elders with ARD in semi-secure wings for seniors who are at a high risk of wandering or have memory issues, extreme confusion and agitation, and/or minor behaviors related to their dementia.

Senior and Disabilities Community-Based Grants (DHSS)

Senior & Disabilities Services/Senior & Disabilities Community-based Grants
\$735,200 IncM (GF)

Funding supports home and community-based grants to non-profit agencies that provide services to individuals 60 years of age and over who are physically frail, or of any age with ARD, and caregivers that assist these Alaskans in maintaining independence and improving quality of life at home or in a community-based setting. Grants support Adult Day Services, Senior In-Home Services, National Family Caregiver Support Program, ARD Education and Support, ARD Mini-Grants, and Health Management Associates.

Senior and Disabilities Community-Based Grants (DHSS) *DHSS Action*

This year, SDS created a new component, Senior and Disabilities Community-Based Grants that combines three components serving the same or similar populations: Senior Residential Services, Community Developmental Disabilities Grants, and Senior Community-Based Grants.

Senior and Disabilities Eligibility Assessments (DHSS)

DHSS position transfers

Action authorizes two non-permanent program manager positions to conduct initial assessments for home and community based services offered through the 1915(c), 1915(i), and 1915(k) waivers. Federal rule requires the State to ensure that individuals conducting the eligibility assessments for the waivers be qualified in intellectual and developmental disabilities. The state originally intended to contract out for assessment services, but the required level of qualification is a barrier to the State's ability to contract for this service. DHSS will conduct the assessments utilizing these non-permanent positions.

Maintain Aging and Disability Resource Centers (DHSS)

Senior & Disabilities Services/Senior Community-based Grants
\$300,000 IncT (MHTAAR)

Funds support Alaska's Aging and Disability Resource Centers (ADRC), which serve older Alaskans, people with disabilities, family caregivers, and community members in offering a reliable source for information and referral related to health, home care, financial support, housing, transportation, equipment, and counseling to assist individuals with understanding and navigating services. ADRCs are federally-mandated to support the state's long-term care services delivery system as a strategy under DHSS's priority for long-term care.

Staff for 1915 (i) (k) Options (DHSS)

Senior & Disabilities Services/Senior & Disabilities Services Administration
\$146,800 IncOTI (MHTAAR)

Funds support four long-term, non-permanent positions to prepare and implement the necessary components of the Home and Community-Based Services (HCBS) Final Rule (settings, person centered, conflict free case management, quality assurance) in preparation for developing and implementing the department's 1915 (i) (k) state plan options.

Supported Housing Program Manager (DHSS)

Senior & Disabilities Services/Senior & Disabilities Services Administration
\$71,000 IncOTI (MHTAAR)

Funding supports hiring a position to provide program management for the *General Relief Assisted Living Home* program, working collaboratively with other divisions to identify opportunities to increase quality of care, program efficiencies, and coordination of programs for people with Alzheimer's disease and related dementias, and other cognitive disabilities, in rural regions of the state. This position will also oversee the implementation and ongoing telehealth project for the division, provides outreach, education, and intensive community-based work.

Telehealth Service System Improvements (DHSS)

Senior & Disabilities Services/Senior & Disabilities Services Administration
\$37,000 IncOTI (MHTAAR); \$100,000 IncOTI (GF/MH)

Funds support expanding SDS's telehealth pilot project statewide to include dedicated full time staff. Reassessments are conducted through telehealth between SDS's office and local clinics, through a collaboration with the regional health organization. SDS workers can meet with individuals, family, and/or community members, allowing for increased access to services and the ability to reduce high travel costs.

Maintain Microenterprise Capital (DHSS)

Senior and Disability Services/GCDSE
\$150,000 IncT (MHTAAR)

Funding provides resources for small business development and technical assistance for individuals with a disability establishing small businesses and self-employment. Microenterprise funds provide alternative and innovative resources, and greater options for beneficiary self-employment and economic independence.

Technical Assistance and Program Coordination

Senior & Disabilities Services/GCDSE
\$100,000 IncM (MHTAAR)

Funds support technical assistance according to the provisions of HB 211 for implementing *Employment First* for serving Trust beneficiaries under DOLWD's *Disability Employment Initiative*. Funds also support increased coordination capacity for benefits planning services in Alaska.

Day Habilitation (DHSS)

Senior & Disabilities Services
Intent Language

While there was no funding change, intent language was adopted that addressed day habilitation: "It is the intent of the legislature that funding for day habilitation be sufficient to provide up to 624 hours annually per recipient. The request for additional day habilitation over the annual 'soft cap' of 624 hours may be approved to avoid institutional care or for the safety of Medicaid recipients." Also: "It is the intent of the legislature that the Department of Health & Social Services re-examine service delivery models to ensure eligible senior and disabled populations receive appropriate services irrespective of where they live in Alaska."

Alaska Autism Resource Center (DEED)

Education Support and Administration Services/Student and School Achievement
\$50,000 IncT (MHTAAR)

Funds support the Alaska Autism Resource Center (AARC), which provides autism resources to individuals affected by autism, their families, service providers, and community members. The AARC provides education, training, consultation, and other resources to people living in rural, remote, and urban areas of Alaska.

PUBLIC ADVOCACY**Public Guardians (DOA)**

Legal and Advocacy Services/Office of Public Advocacy
\$700,000 Inc (GF); \$465,000 Inc (GF); \$86,700 IncT (MHTAAR)
Legislators and the Alaska Mental Health Trust Authority agreed to support adding Public Guardians and Guardians Ad Litem to the Office of Public Advocacy. OPA provides guardianship and conservatorship services to vulnerable Alaskans who are found by the Court to be in need of a protective order—including managing finances, maintaining client benefits, making medical decisions, insuring suitable housing, and more. Guardians Ad Litem provide advocacy for abused and neglected children, Children in Need of Aid (CINA), youth involved with the juvenile justice system, domestic violence, adoption, emancipation, and private custody cases. In 2017-18, individual Public Guardian caseloads approached 100 cases, over double the recommended national maximum of 40 cases per guardian.

DISABILITY JUSTICE**Transitional Housing and Electronic Monitoring (DOC)**

Population Management
Intent Language

Legislators added intent language that the commissioner "prioritize funding and implement solutions that may include,

but not limited to, transitional housing and diversion programs that reduce the disparity in Alaska Native incarceration throughout the state.” Also, that the commissioner “prioritize expanding the Electronic Monitoring program to Bethel.”

Recidivism Reduction Services - Third Year (DHSS)

*Medicaid Services/Behavioral Health Medicaid Services
\$375,000 Inc (Recidivism Reduction Fund); \$1,125.0 Inc
(Federal)*

This is the third year of the state’s three-year commitment to fund access community reentry and rehabilitation services for returning citizens after incarceration. These funds are part of an evidence-based strategy to address recidivism through increased access to transition and reentry services that may include case management, substance use disorder and mental health treatment, housing and employment assistance, peer and recovery support, life skills training, and other support services. The strategy of supporting access to community rehabilitation supports is a cornerstone of the justice reforms outlined in SB 91.

Anchorage Veterans' Court (Courts)

*Therapeutic Courts/Therapeutic Courts
\$96,300 Inc (GF/MH)*

Funds support a coordinator for the Anchorage Veterans’ Court, which helps eligible veterans charged with criminal offenses to address their rehabilitation needs. This court links veterans (including seniors and people with substance use and/or mental health disorders) with housing, employment, rehabilitation and treatment service, and provides monitoring and assistance to help participants succeed and return to a productive and law-abiding life. The court reported the demand for the veterans’ court is steadily growing and it can no longer rely on coverage from other therapeutic courts staff to manage its operations.

Public Defender Agency (DOA)

*Legal and Advocacy Services/Public Defender Agency
\$827,200 Inc (GF)*

Funds will add four permanent full time positions to address projected caseload growth in the Public Defender Agency. Public defenders serve low-income Alaskans, many of whom experience mental health and/or substance use disorders. Caseloads for public defenders have been increasing substantially and are projected to exceed the American Bar Association guideline of 150 case per attorney, per year. This problem increases costs, creates delays, and impacts victims of crimes who have a constitutional right to the timely resolution of their case.

Alcohol Safety Action Program (ASAP) (DHSS)

*Behavioral Health/Alcohol Safety Action Program
\$100,000 Trin (I/A Receipts)*

This action transfers positions and receipt authority from Behavioral Health Prevention and Early Intervention Grants to ASAP to cover increased workload related to serving justice-involved individuals with SUD, and expanded use of ASAP’s data collection and analysis system. The positions are funded through a reimbursable services agreement with the Alaska Court System.

Professional Conduct Investigator (DOC)

*Administration and Support/Office of the Commissioner
Position Adjustment*

This action adds two positions to the Professional Conduct Unit who will work in coordination with DPS, Law, and the Office of the Governor to investigate external and internal complaints into alleged misconduct or criminal activities on the part of DOC employees, inmates, visitors, and contractors. Having these dedicated positions will provide professional conduct standards, identify staff training deficiencies, as well as implement, maintain, and oversee a departmental complaint and professional integrity software program. Existing funding from reduced contractual obligations is being used to support the cost of these positions and associated operating needs.

Holistic Defense Model in Bethel (DOA)

*Legal and Advocacy Services/Public Defender Agency
\$193,800 IncOTI (MHTAAR)*

Funds support implementing the Holistic Defense model in Bethel, in a partnership between the Public Defender Agency and Alaska Legal Service Corporation. The model addresses a defendant’s criminal legal needs by criminal attorney, a social worker to address unmet social support needs, and a civil legal aid attorney will work with the team to address any civil legal needs. All program services are designed to address the defendant’s obstacles to successful reintegration and thus reduce the likelihood of future criminal activity/recidivism.

Interpersonal Violence Prevention (University)

*UAA/Anchorage Campus
\$80,000 IncM (MHTAAR)*

This project uses a train-the-trainer model to deliver a social skills curriculum to justice-involved individuals with cognitive impairments. The project builds community behavioral health provider skills and focuses on building capacity within the provider community to prevent interpersonal violence. On-going clinical technical assistance and support is provided to trained facilitators.

Specialized Skills & Services Training (University)

*UAA/Anchorage Campus
\$72,500 IncM (MHTAAR)*

Funding supports a two-day statewide conference focusing on best-practice interventions and resources for serving justice-involved individuals with cognitive impairments. Additionally, the skills offered support the safety of the providers and to minimize the risk of institutionalization within a correctional or psychiatric institution.

Training for DOC Mental Health Staff (DOC)

*Health and Rehabilitation Services/Behavioral Health Care
\$25,000 IncT (MHTAAR)*

Funding supports training for DOC mental health clinical staff from across the state to bring them to one location for a 2-day training from both in-state and out-of-state experts on a variety of topics related to mental health disorders and cognitive impairments.

Implement APIC Discharge Planning Model (DOC)

Health and Rehabilitation Services/Behavioral Health Care
\$260,000 IncOTI (MHTAAR)

Funding supports implementation of Assess, Plan, Identify, & Coordinate (APIC) model of support for inmates with mental illness returning to the community after incarceration. Community treatment providers proactively engage with the soon-to-be-released inmate to develop and secure a transition plan. Establishing a relationship and having a transition plan prior to release decreases the risk of recidivism and the associated high costs of care within the correctional setting. The FY19 Mental Health Trust Authority Authorized Receipt (MHTAAR) increment maintains the FY18 level of funding and momentum of effort.

Juneau Mental Health Court (Courts)

Therapeutic Courts/Therapeutic Courts
\$204,400 IncOTI (MHTAAR)

Funds support the Juneau Mental Health Court, which works with justice-involved Trust beneficiaries to identify the underlying reasons for their contact with the criminal justice system, and develop a court-ordered treatment plan that addresses their treatment needs, which are monitored by the court. By addressing these underlying causes, the risk of recidivism and high costs associated justice system are decreased, promoting better outcomes for the individual and for the community.

Training for Therapeutic Court Staff (Courts)

Therapeutic Courts/Therapeutic Courts
\$15,000 IncOTI (MHTAAR)

This funding provides additional professional training to existing Therapeutic Court teams (judges, attorneys, project coordinators, clinical case coordinators, etc.) at an identified national conference, in-state training, developed and coordinated by the Court System and/or other training opportunities. The focus of the training is on the intersection of the criminal justice and community behavioral health systems (mental health and substance use disorder) and the use of evidence-based practices to improve treatment outcomes and reduce criminal recidivism.

CHILDREN, YOUTH, and FAMILIES**Early Learning Programs Support (DEED)**

Education Support & Administrative Services/Early Learning Coordination
\$1.2 million IncM (GF)

Funds restore the FY18 level of funding that expanded pre-elementary grant support to nine districts, serving 434 children and increasing the number of pre-elementary services provided by districts to 758 children statewide. In FY19, the department will continue to ensure that districts are leveraging state funds to meet the needs within their community and providing high-quality and equitable access to programs that target families with the least access to opportunity and support parents as a child's first teacher.

Enhanced Training for Front Line Social Workers (DHSS)

Children's Services/Front Line Social Workers
\$978,700 Inc (GF); \$481,800 Inc (Federal)

Funds support enhanced training for all new case workers in an effort to retain case workers and serve clients effectively. In FY18, 31 positions were added to address rising caseloads in the Office of Children's Services (OCS), which experiences a high staff vacancy rate resulting in caseloads that are significantly higher than the recommended national average of 12 cases per worker.

Mental Health Clinician Oversight (DHSS)

Juvenile Justice/Probation Services
\$157,700 IncT (MHTAAR)

Funding supports a supervisory position that provides mental health clinician oversight in DJJ youth facilities statewide, including clinical service delivery, case consultation, development of training plans, and expertise related to confidentiality and ethical issues. The position also works to further the integration and development of statewide behavioral health services, both within the facilities and probation.

Nome Youth Facility (DHSS)

Juvenile Justice/Nome Youth Facility
\$1,693.9 IncM (GF)

Funds support ongoing operations of the Nome Youth Facility, which serves justice-involved juveniles in 28 villages in northwest Alaska. Several years ago, legislators proposed closing the facility and reduced funding that reflected that intent. The decision was later reversed and funding was restored as a one-time increment (OTI). This action in the FY19 budget reflects the intent legislative intent to keep funding in the base as an ongoing expense. The facility provides mental health and substance use disorder treatment to youth, and a robust "out-of-facility" program that supports job training, physical fitness, social events, subsistence and other outdoor activities, using a therapeutic approach to building competencies that to prevent future crime.

HOUSING**Assertive Community Treatment (ACT)/Institutional Diversion Housing Program (DHSS)**

Behavioral Health/Behavioral Health Treatment and Recovery Grants
\$750,000 IncT (MHTAAR)

Funds supports intensive community based mental health services for people with serious mental illness and other conditions cycling through emergency services and institutional settings that ensures successful community housing. The project allows for up to 100 individuals to receive continuous services in order to 'bridge' from institutional discharge onto housing with intensive in-home support services. This request allows for expansion of the

program in other critical parts of the state outside of Anchorage and assists in increasing the intensity of services for people with more complex service delivery needs.

Office of Integrated Housing (DHSS)

Behavioral Health/Behavioral Health Administration
\$122,000 IncOTI (MHTAAR)

Funds support this ongoing project for technical assistance to develop expansion and sustainability of supported housing opportunities statewide for people with mental illness and/or substance use disorders. The office works to ensure beneficiaries have access to safe and affordable housing in the least restrictive environment of their choice that is supportive of their individual rehabilitation process.

Assisted Living Targeted Capacity Development (University)

UAA/Anchorage Campus
\$50,000 IncOTI (MHTAAR)

Funding supports training for assisted living home providers and selected supported housing providers to increase their ability to house individuals with intensive behavioral health needs in order to prevent homelessness and improve daily functioning for very impaired Trust beneficiaries.

Rental Assistance for Victims

AHFC (Capital Budget)
\$1.5 million GF

Funds support the *Empowering Choice Housing Program* which offers a referral-based, transitional housing assistance program to low-income survivors of domestic violence and sexual assault.

Senior Citizens Housing Development Program

AHFC (Capital Budget)
\$1 million GF

This program provides gap financing for new construction and renovation of affordable and accessible senior housing projects, and is used in combination with other funding sources.

Weatherization Program

AHFC (Capital Budget)
\$3 million (GF); \$3 million (other funds)

This program provides funding to income-eligible households for weatherization improvements.

Home Modification and Upgrades to Retain Housing

DHSS (Capital Budget)
\$1.050 million (\$750,000 GF; \$300,000 MHTAAR)

Beneficiary Housing and Special Needs Housing

DOR (Capital Budget)

Homeless Assistance Program

DOR (Capital Budget)
\$7.8 million (\$6.85 million UGF; \$200,000 MHTAAR)

Discharge Incentive Grants

DOC (Capital Budget)
\$100,000 MHTAAR

These grants support housing and support services for Trust beneficiaries in immediate need, who are transitioning from institutional care (DOC, API) into the community.

Hope Community Resources, Inc.

DCCED (Capital Budget)
\$85,000 (GF)

Funds support upgrades to housing to meet licensing requirements.

TRANSPORTATION

Public and Community Transportation (DOTPF)

DOTPF (Capital Budget)
\$500,000 (GF)

Funds support local transportation services for people with disabilities who depend on buses and other local transit services for getting to work, medical appointments, shopping, social events, and other activities. These state funds are leveraged to bring in federal dollars for public and private systems to purchase of vehicles, dispatch systems, maintenance buildings and shelters, and for operating funds.

Coordinated Transportation and Vehicles

DPTPF (Capital Budget)
\$1.3 million (\$1 million UGF; \$300,000 MHTAAR)

Funds support capital and operating expenses for public transit programs statewide, including funds to social services providers and community transportation that serve Trust beneficiaries. Transportation for seniors and people with disabilities means a dependable ride to work or school, making it on time to a medical appointment, or going shopping for food and other necessities.

WORKFORCE DEVELOPMENT

Service to Health Care Practitioners (SHARP) (DHSS)

Public Health/Emergency Programs
\$200,000 IncT (MHTAAR)

This funding supports continuation of the SHARP-I program, which focuses on providing support-for-service to medical practitioners in the form of either repayment of qualifying education loans, and/or payment of direct incentive to increase the recruitment and retention of health care practitioners in Alaska. The Trust has requested the program focus on behavioral health practitioners and practitioners in rural areas.

Alaska Area Health Education Centers (University)

UAA/Anchorage Campus
\$55,000 IncT (MHTAAR) Three-year grant

Funds will support three community-based behavioral health day camps located in the Northwest, Southeast, Southcentral, and the Yukon-Kuskokwim regions, and will concentrate on behavioral health careers exploration. This effort supports engaging and recruiting youth into behavioral health occupations that may include social work, counseling, behavioral health aides, psychologists, psychiatrists, and other positions within the field of behavioral health and social services.

Maintain Workforce Director (University)

UAA/Anchorage Campus
\$146,100 IncT (MHTAAR)

Funds support a workforce director responsible for retooling

the Trust's existing workforce focus area and its strategies in response to identified needs identified through Medicaid Expansion, Reform and Redesign and the Criminal Justice Reinvestment.

Alaska Training Cooperative (University)

UAA/Anchorage Campus

\$984,000 IncT (MHTAAR)

Funds support the Alaska Training Cooperative (AKTC) which promotes training and career development opportunities for non-degreed professionals, direct service workers, supervisors, and professionals in the behavioral health, home and community-based, and long-term care support services working with Trust beneficiaries.

Supported Employment Provider Training Infrastructure and Capacity (University)

UAA/Anchorage Campus

\$65,000 IncOTI (MHTAAR)

Funds support development and implementation of a multi-level approach to benefits counseling to assist Trust beneficiaries and their families in understanding how earned income affects their benefits, and create a statewide system that includes training, credentials and certification for Community Rehabilitation Providers (CRP's) in providing employment placement and retention services.

PLANNING and EVALUATION

Behavioral Risk Factor Surveillance System (BRFSS) (DHSS)

Public Health/Chronic Disease Prevention & Health Promotion

\$10,000 IncT (MHTAAR)

This funding will be added to the overall costs of the Adverse Childhood Experiences (ACEs) Module of the Behavioral Risk Factor Surveillance System (BRFSS) to ensure the BRFSS survey is conducted annually in Alaska and the data collected allows communities to understand their respective populations and assist the statewide efforts to address trauma and enhance our prevention treatment and early childhood system.

Alaska Scorecard Update (DHSS)

Public Health/Bureau of Vital Statistics

\$40,000 IncT (MHTAAR)

Funds support managing the annual data collection, document revisions, and web-postings for the Trust/DHSS Alaska Scorecard. The scorecard represents an annual effort to compile and publish population-level indicators for the Trust and other stakeholders to monitor trends and track changes in the lives and circumstances of Trust beneficiaries and other Alaskans.

Develop Targeted Outcome Data (DHSS)

Senior & Disabilities Services/Senior & Disabilities Services Administration

\$80,000 IncOTI (MHTAAR)

Funds support the state's implementation and use of the National Core Indicators, an effort among states to standardize the collection of performance and outcome measures for home and community-based services (HCBS).

Data is gathered from a variety of surveys directed at consumers, families and providers and is frequently used as part of quality assurance programs for HCBS.

Medicaid Reform Program Manager/TABI Program Research Analyst (DHSS)

Senior & Disabilities Services/Senior & Disabilities Administration

\$54,000 IncM (MHTAAR)

Funds support a lead staff for data development, collection, analysis and reporting activities associated with the planning and implementation of the Alaska Traumatic and Acquired Brain Injury (TABI) program. In addition, this position is the project manager for the HCBS Medicaid Reform efforts, which manages technical assistance contracts, coordinates and schedules stakeholder engagement, monitors timelines and implementation plan.

Healthcare Transformation Project

DCCED (Capital Budget)

\$250,000 (GF)

Funds awarded to Sultana New Ventures LCC will support further development of the Alaska Healthcare Transformation Project, a "comprehensive healthcare blueprint for Alaska that includes actionable strategies that will move towards the goals of reduction per capita cost growth of healthcare, increasing the percentage of Alaskans with a usual source of primary care, and aligning payment methodology toward value-based models."

Maintain Research Analyst (DOC)

Behavioral Health Care/Health and Rehabilitation Services

\$101,900 IncT (MHTAAR)

This project enables DOC to track and evaluate outcome measures and other relevant data, including tracking and reporting on program outcome measures, clinical contacts, unit census changes, mental health Title 47s, access to programming, treatment failures, suicide data, assault and injury data, release data, and a variety of other patient and programming needs, which is critical to providing data related to recidivism, relapse, and reentry data related to the state's justice reform efforts.

Alaska Justice Information Center (AJIC) (University)

UAA/Anchorage Campus

\$150,000 Inc (GF/MH); \$225,000 IncOTI (MHTAAR)

These funds support continued operations of the center, which collects and analyzes data from key criminal justice agencies, reports on criminal justice topics, and supports criminal justice research and developing an Alaska-based inventory of best practices. The AJIC provides 1) reports on the state of the criminal justice system in Alaska; 2) answers to data questions from agencies and legislators; and 3) reports on the status of Trust beneficiaries within the criminal justice system. ❖

JOINT ADVOCACY PARTNERS

The **Alaska Mental Health Trust Authority** (Trust) is a state corporation that administers the Alaska Mental Health Trust, a perpetual trust, to improve the lives of beneficiaries. The Trust operates much like a private foundation, using its resources to ensure that Alaska has a comprehensive integrated mental health program. The Trust Land office protects and enhances the values of the Trust lands while maximizing revenues from those lands over time. Website: <https://alaskamentalhealthtrust.org>

The **Advisory Board on Alcoholism and Drug Abuse** (ABADA) is a statutorily authorized Governor's advisory board charged with assisting in planning and offering oversight of Alaska's addiction prevention, treatment, and recovery system. Through our mandate, we work to support a comprehensive, effective, and accountable behavioral health system of prevention and treatment for Alaska so all Alaskans can live healthy, productive lives. Website: <http://dhss.alaska.gov/abada/Pages/default.aspx>

The **Alaska Commission on Aging** (ACoA) is statutorily mandated to assist older Alaskans to maintain good health, independence, and dignity through planning, outreach, and advocacy by interagency collaboration. ACoA advocates for appropriate services and policies and provides recommendations to the Alaska Mental Health Trust Authority concerning budget and policy for Senior Trust beneficiaries, which include older adults living with Alzheimer's disease and related dementias. Website: <http://dhss.alaska.gov/acoa/Pages/default.aspx>

The **Alaska Mental Health Board** (AMHB) is charged with assisting in planning and offering oversight and evaluation of Alaska's mental health system. AMHB also provides advocacy for Alaskans affected by mental illness. Our vision is for all Alaskans to live healthy, productive lives. Website: <http://dhss.alaska.gov/amhb/Pages/default.aspx>

The **Governor's Council on Disabilities and Special Education** (GCDSE) serves a variety of federal and state roles, and provides a constructive process that connects the public with policymakers to ensure thoughtful development of an efficient and seamless service delivery system that meets the needs of individuals with intellectual and developmental disabilities across the life span. Website: <http://dhss.alaska.gov/gcdse/Pages/default.aspx>

Tips for Getting Involved

- ❑ Write a letter-to-the-editor about an issue you care about, or coordinate a letter campaign.
- ❑ Make a telephone call to a public official's office or coordinate a telephone campaign.
- ❑ Write a letter to a public official or coordinate a letter-writing campaign.
- ❑ Call in, or appear in person for testimony at a public meeting.
- ❑ Make five new contacts and spread the word about an issue.
- ❑ Set up a table at a public event, party, or reception and raise awareness about an issue.
- ❑ Visit a legislator in your hometown and talk about an issue that matters to you.
- ❑ Write an opinion piece for your local newspaper or find someone else to do it.
- ❑ Go on a radio talk show and discuss an issue, or find someone else to do it.
- ❑ Write your personal story and send it to a policy-maker.
- ❑ Tell your personal story at a public meeting (Assembly, City Council, Rotary, Chamber, School Board, State Legislature).
- ❑ Participate in the Alaska Mental Health Trust Authority's legislative teleconferences.
- ❑ Coordinate a local advocacy effort in your community – involve the media, host receptions, write letters, coordinate volunteers, visit policymakers, etc.

JOIN OUR ADVOCACY ACTION NETWORK:

www.alaskamentalhealthtrust.org
Click on top left MENU, scroll down to "Joint Advocacy"

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