JOINT ADVOCACY UPDATES
PARTNER ADVISORY BOARDS

ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE
ALASKA MENTAL HEALTH BOARD
ALASKA COMMISSION ON AGING
GOVERNOR’S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION
PRESENTATION AGENDA

• Joint Advocacy Initiatives
  • 2020 Legislative Priorities
• Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse Updates
• Alaska Commission on Aging Updates
• Governor’s Council on Disabilities and Special Education Updates
• Questions and Comments
JOINT ADVOCACY EFFORTS

• The statutory Partner Advisory Boards participate in planning, advising, educating, and making recommendations to public officials related to issues that affect people with disabilities.

• Our Joint Advocacy practices include:
  • Joint Advocacy Teleconferences During Legislative Session
  • Joint Advocacy Action Alerts and Reports
  • Advocacy Trainings for Trust Beneficiaries and Providers
2020 JOINT ADVOCACY PRIORITIES

• Community Support Services
• Serving Justice-Involved Beneficiaries
• Workforce Development
• Employment for Beneficiaries
• Substance Misuse and Addiction
• Suicide Prevention
• Supportive Housing
• Medicaid
SERVING JUSTICE-INVOLVED BENEFICIARIES

• Support maintaining current efforts to enhance and expand services and programs that promote treatment and rehabilitation, public safety, and reduced criminal recidivism.

Photo courtesy of KTVA (8.2018)
WORKFORCE DEVELOPMENT

• Support resources to recruit, engage, train, and retain healthcare professionals and address Alaska’s shortage of professionals serving Alaskans with disabilities across the lifespan.

Photo courtesy of the Alaska Native Tribal Health Consortium and ADN (6.2019)
COMMUNITY SUPPORT SERVICES

• Support community support services for Alaskans with disabilities across the lifespan, so they can remain safe, stable, and productive in their community.

Brother Francis Shelter. Photo courtesy of Alaska Public Media (8.2019)
EMPLOYMENT FOR BENEFICIARIES

• Support resources and policies that promote integrated and competitive employment for all Alaskans with disabilities across the lifespan.
SUBSTANCE MISUSE AND ADDICTION

• Support statewide efforts to expand treatment opportunities, reduce waitlists, and build a sustainable workforce to serve Alaskans with substance use disorders across the lifespan.
SUICIDE PREVENTION

• Support efforts to expand suicide prevention efforts for Alaska’s most at-risk populations, including full funding of the Suicide Awareness, Prevention, and Postvention (SAPP) grant program.
SUPPORTIVE HOUSING

• Support access to communities services that help Alaskans with disabilities across the lifespan maintain safe, stable and affordable housing.

Photos courtesy of Alaska Housing Finance Corporation
MEDICAID

• Support adequate funding for Medicaid health coverage for vulnerable Alaskans so they can remain safe and stable at home in their communities and out of expensive institutional care.
JOINT ADVOCACY EFFORTS

Questions/Comments?
FY 21 BUDGET AND BILL ITEMS OF CONCERN
FY 21 BUDGET ITEMS OF SPECIAL CONCERN*

- Elimination of the Suicide Awareness, Prevention and Postvention Grant program
  -$400,000 GF (SSPC)
- Therapeutic Courts Positions $420,000 GF (Courts)
- Capital Budget request for API projects to comply with corrective action plan
  +$1.6 million GF (API)
- Supplemental budget request of up to $120 million for Medicaid (HCS)
- Supplemental budget request of up to $6 million for API contractual administration (API)
- Potential for additional GF support for ‘shovel ready’ substance-use disorder treatment
  facility improvements (DBH)
- Constitutional Budget Reserve (CBR) draw and revenue generation options

*list does not include all budget items of concern for AMHB/ABADA
BILL ITEMS OF SPECIAL CONCERN*

HB 13/SB 7: Medicaid Work Requirements
HB 174: Minimum Age for Nicotine/E Cigarette Products
HB 175/SB 124: Alaska Psychiatric Institute Management Board
HB 181: Public Schools: Mental Health Education
HB 183: Alaska Psychiatric Institute Staffing
HB 187/ SB 138: Restrict Out of State Correctional Facilities
SB 96: Municipal Alcohol Licenses
SB 120: Administration of Psychotropic Medication
SB 134: Medicaid Coverage of Licensed Counselors

*list does not include all bills of concern for AMHB/ABADA
QUESTIONS/ COMMENTS?
The mission of the Alaska Commission on Aging is to ensure the dignity and independence of all older Alaskans, and to assist them to lead useful and meaningful lives through planning, advocacy, education, and interagency cooperation.
Senior Population Update
2010-2019 Estimates

2010 - 2019 Senior Population Growth
Senior Population Estimates to 2045

Source: DOL population estimates
ACoA Legislative Teleconferences
Potential Advocacy Issues
Legislation to establish a “Family Caregiver Council”

Protect the Senior Safety Net Investment

Medicare Information Office –
Volunteer Coordinator Needed

Increase Senior Services
in Rural Alaska with NTS
Family Caregiver Council

Legislation to establish a “Family Caregiver Council”
Legislation is requested to establish a family caregiver council that would be responsible for making recommendations to improve supports for family caregivers and address specific needs:

Promote greater utilization of “person-centered” practices that take into account the needs of the caregiver.

Address workplace and financial needs of the caregiver.

Support development of caregiver peer support groups.
Grant Services for Seniors

- Senior grant services provide support to older Alaskan and their caregivers who may not qualify for other programs, but still need support to remain in their homes and communities.

- Services are targeted to Older Alaskans who are at risk of nursing home placement.
  - 80 and over
  - Live alone
  - Difficulty performing one or more activities of daily living (bathing, dressing, toileting)
  - Difficulty performing one of more independent activities of daily living (shopping, cooking, housework, laundry)
  - Dementia
Grant Programs for Seniors

- Adult Day Care
- Aging and Disability Resource Centers
- Alzheimer’s Disease and Related Disorders Education and Support
- Centers for Independent Living
- Health Promotion and Disease Prevention
- Medicare Information Office
- National Family Caregiver Support Program
- Nutrition, Transportation and Support Services
- Nursing Facility Transition
- Senior In-Home
- Senior Residential Services
## FY2019 Senior Grant Funding

<table>
<thead>
<tr>
<th>Program</th>
<th>All Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day</td>
<td>$1,516,722</td>
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<tr>
<td>ADRC</td>
<td>$835,000</td>
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<tr>
<td>ADRD Ed and Training</td>
<td>$346,036</td>
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<tr>
<td>Center for Independent Living</td>
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<tr>
<td>Health Promotion</td>
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<td>Nursing Facility Transition</td>
<td>$60,000</td>
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<td>National Family Caregiver</td>
<td>$1,002,746</td>
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<tr>
<td>Nutrition, Transportation and Support</td>
<td>$7,281,010</td>
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<tr>
<td>Senior In-Home</td>
<td>$2,858,810</td>
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<tr>
<td>Senior Residential Services</td>
<td>$591,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$15,891,029</strong></td>
</tr>
</tbody>
</table>
Preserve funding for core senior services
Add 3% increase in base funding for *Nutrition, Transportation, and Support Services* grant-funded services to maintain existing levels of service for a growing senior population and to partially offset increases in general inflation and health care cost inflation that may be responsible for rising operating costs.
Funding continues to be an issue around the state. Funding for senior programs has not kept up with the increasing number of seniors turning 60+. There is a significant disparity of types of services offered in urban versus rural areas. As the Commission travels to rural areas it is apparent to commissioners.
- Provides one-to-one counseling

- Assists with enrollment and coordination of benefits including:
  - Choosing a prescription drug plan, Part B and Medi-gap plan
  - Understanding Medicare premiums, and co-insurance costs
  - Additional benefits: Medicaid, Disability, and Social Security
  - Advocate for a volunteer coordinator to assist with the overwhelming workload from around the state.
Questions?
DD SHARED VISION - THANK YOU & UPDATE

We believe that this Shared DD Vision is the foundation for the Council’s work; it is our compass.

**Implementation:**

The Council administers an almost $2 million dollar 5-year Projects of National Significance federal grant to implement the DD Shared Vision which is being viewed as a replication model nationally.

The Alaska Mental Health Trust Authority funds Alaska DD Systems Collaborative efforts with stakeholders from across the system to implement the vision and is led by individuals with disabilities.
My name is Travis Noah. The developmental disability collaborative vision has impacted my life significantly. Three years ago I was very unsure about how to move forward with things that I wanted to do what could make my life better... When I was brought into the collaborative vision process it caused me to self-reflect on my life and how I wanted to live it. One thing led to another and now I am a Peer Advocate for people with needs of all different types for a living. I would not be where I am today if not for the DD collaborative vision project. It has allowed me to look at my life and see how I can move forward with living the life I want with the services that I direct.

My name is Garrett Dominick. I am a 23 year old Soldotna resident of Alaska. I have been receiving Medicaid services through the State of Alaska for 20 years. For years, I have been letting my support team decide what I want because I got tired of voicing my opinion about what I want for my goals and nothing being done. That all changed about 2 years ago when I found out about the Developmental Disabilities Shared Vision. The Shared Vision allowed me to take charge of my own goals that allow me to succeed as a support recipient. Since the DD Shared Vision has been in place, I’ve been able to grow and be more social. In the past two years, I’ve gotten my license, purchased a truck, I have a new place, I’m in a relationship, and I am the Chief Marketing Officer of two successful businesses that help people on the IDD/AAPD/ALLI waiver. On top of all this, I have been able to travel, which is what I’ve always wanted to do. I have worked with the organizer of the Shared Vision to promote and bring awareness to the State of Alaska for little over a year. I manage the Facebook page for the Shared Vision. I do want to end this saying, yes I do have Intellectual and Developmental
Self-determination -- to make decisions and take responsibility for one’s own life – is the mark of adulthood.

There are currently 11 Alaskans who have entered into Supported Decision-Making Agreements with trusted friends, family members and advisors. Several more are in the process of developing agreements, with the assistance of service providers and legal services staff. Here are three of those Alaskans:

**K.C. Delaune, Fairbanks**

K.C. experiences FASD along with mental health issues and has worked hard to overcome obstacles. His goal is to become a better self-advocate, make his own decisions and life choices, and to live independently. **He is proud to be the first person in the state to have a SDMA. K.C. says that the most important part of having a SDMA is that he is now able to make his own decisions. A few months ago he was ready to quit his job but he met with his support team who gave him ideas that helped him to keep working. He feels more independent because of his SDMA.**
Ric Nelson, Anchorage
Ric has a SDMA only to direct support for communication. Some people have difficulty understanding his speech, so his supporters are available when he has important appointments, meetings, or for his presentations to large audiences at work. He says that SDMAs are important because third parties can’t exclude his supporters from appointments or private meetings. Ric also notes, “Having a SDMA makes it clear to other people that my supporters are not speaking for me, they are only repeating my words.”

Watch Ian’s story about how he works, lives, and plays in Anchorage, Alaska. The Council is grateful to Ian for showing us what he has achieved for himself, with the encouragement and advice of his supporters and friends.
https://vimeo.com/321368848
HOME AND COMMUNITY BASED SERVICES

The Council commends and appreciates the following developments regarding funding for Home and Community Based Services (HCBS) and other areas important to Alaskans with developmental disabilities.

- The proposed $120 million increment to maintain services to eligible Medicaid recipients and make timely payments to providers for serving this population
- Restoration of Adult Preventative Dental
- Maintaining the current payment rates for Home and Community-Based Waiver Services
- Restoration of Adult Public Assistance payments
- FY21 Proposed Governor’s budget not including substantial cuts to HCBS
HCBS ALLOW ALASKANS WITH DISABILITIES TO AVOID INSTITUTIONAL CARE, REMAINING IN THEIR HOME COMMUNITY PURSUING AS MUCH INDEPENDENCE AS POSSIBLE, AT THE LEAST COST TO THE STATE.

- Currently, 2,048 individuals receive HCBS I/DD waiver services at an average cost of $88,769 per waiver, at a total cost of just under $182 million.
- If these 2,048 individuals were in an institution (ICF/IID), at an average cost of $214,423 per person annually, the total cost for serving these individuals could be around $439 million.

*Data Source for Graphs: State of Alaska Automated Budget System, Final Auth19 report, Harmony and COGNOS*
INCREASE EFFICIENCIES AND PROTECT
HOME AND COMMUNITY BASED SERVICES

The Council is mindful of budget growth and Alaska’s current fiscal constraints. Home and Community Based Services (HCBS) are the most cost efficient way to deliver critically required services to Alaskans with Intellectual and Developmental Disabilities (I/DD). The Council also knows that Alaskans deserve innovative thinking and the exploration of more efficient ways to deliver services. Savings realized through cutting waste or eliminating inefficiencies should be invested in building capacity to provide the needed HCBS services to keep people healthy, safe, and engaged in meaningful lives.

The Council offers the following recommendations developed by stakeholders to enhance the I/DD service system and achieve cost savings without reducing funding for needed services.

1. **Remove barriers posed by unnecessary regulation and redundant reporting**
2. **Eliminate unnecessary costs and bureaucracy by allowing flexible purchasing for home medical supplies**
3. **Increase savings and self-determination by offering an option for people with I/DD to more closely direct their services (budget authority)**

4. **Initiate Adult Companion Services**

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**Current Process for HCBS:**
Separate buckets of funding for each service

**New Option Idea:**
The same funding allotted total through the current process, placed within one bucket directed by the individual receiving services with financial management support

Same concept could be used for purchasing medical supplies

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**Home and Community Based Services**
Key Campaign 2020
Platforms:

Theme: Access is Key

1. Infrastructure
2. Waitlist
- Jan.: 3 webinars to prepare advocates for Key

- Feb. 4: Next Governor’s Council meeting (1st portion; Anchorage/ZOOM)

- Feb. 5: Council members fly to Juneau / tentative event at the Governor’s Mansion

- Feb. 6: Governor’s Council meeting (2nd portion); Key Orientation and Unity Dinner

- Feb. 7: Legislative Visits, jointly with Key Campaign

- Feb.: Follow Up/Thank you Email to Legislators

THE GOVERNOR’S COUNCIL ON DISABILITIES & SPECIAL EDUCATION PRESENTS: A 3 PART SERIES WEBINAR

SELF-ADVOCATES "A NEW DIRECTION"

Learn about new tools available to create a future chosen by you

JANUARY 3, 2020
JANUARY 17, 2020
JANUARY 31, 2020
FROM 11:00 AM-12:00 PM
JOIN US FOR FREE ON ZOOM

To register to join in any one or all three webinars please go to the below link:
https://anewselfadvocacydirection.eventbrite.com
QUESTIONS:

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THANK YOU!

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