



# 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

November 2019

## Medicaid Health Coverage

*How vulnerable Alaskans are at risk*

During the 2019 legislative session, state Medicaid funding was reduced by -\$50 million, with an additional -\$27 million reduction to Adult Preventative Dental Medicaid services. The majority of these reductions were cost-saving measures that will impact providers and adults on Medicaid.

Medicaid health coverage helps 'level the playing field' for Alaskans who are unable or at-risk of not being able to afford their own health care. Medicaid provides access to community health services that help seniors and people with

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Juneau's Forget-Me-Not Manor is one of four Housing First projects in Alaska. The other three are in Anchorage and Fairbanks.

## Supportive Housing

*To reduce reliance on emergency and institutional care*

Early in the legislative session, policymakers addressed a budget that had eliminated state funding for housing and homeless programs supporting emergency shelters, rental assistance, homeless prevention, housing vouchers, and food banks.

Housing advocates from across the state sent letters and emails and appeared for public testimony at town hall meetings and legislative hearings during the session to voice their concerns. Policymakers restored funding for these programs, and following an initial veto, it was restored to most of these programs. Details are outlined on page 15 under FY20 Budget.

The National Alliance to End Homelessness has identified that 41% of people who are

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disabilities live at home and out of expensive institutional care.

Trust beneficiaries<sup>1</sup> are at higher risk for needing Medicaid coverage to access specialized healthcare services. In Alaska, these services include assisted living, day habilitation, personal care attendants, case management, mental health and substance use disorder treatment, medication management, transportation, supportive housing, and more. Access to these services reduces the likelihood that Trust beneficiaries will end up homeless, in crisis, in a psychiatric hospital nursing home, or involved with the criminal justice system.

Additionally, community support services reimbursed by Medicaid provide jobs for health-care professionals and paraprofessionals—all of whom contribute to a healthy workforce and strong Alaskan economy. When Medicaid funds are reduced, community providers are at-risk of losing clients and closing their doors.

Without Medicaid, a family taking care of a senior with dementia can lose their ability to care for their loved one at home. Justice-involved individuals struggling with untreated addiction or mental illness are at risk for relapse and committing new crimes. A person with a developmental disability may lose valuable access to shopping and social activities.

Medicaid also plays a critical role in the state's ability to address the opioid and addiction epidemic. Medicaid reimbursement to behavioral health treatment providers ensures they can continue to serve low- or no-income clients, thus increasing the client's chance of remaining stable, clean, and sober.

As lawmakers reflect on future budget decisions, it will be important for advocates to communicate the importance of Medicaid funding for community-based support services so that seniors and people with disabilities continue to be served appropriately and cost-effectively, remaining safe, stable, and productive in their communities.

State and local governments will pay for their most vulnerable citizens, either on the back-end

with expensive emergency and institutional care, or on the front-end with less expensive and more effective community support services.

### ***Moving Forward with the 1115 Waiver***

Alaska's application to the federal Center for Medicaid Services (CMS) for mental health and substance use disorder services via the 1115 Behavioral Health Medicaid Waiver (1115 Waiver) was recently approved, meaning new Medicaid-covered services will be rolled out by region over the next few years.

The 1115 Waiver allows the state flexibility to test new approaches within Medicaid to redesign and improve Alaska's health care systems without increasing costs.

Alaska's 1115 Waiver will allow Medicaid dollars to pay for specialized services for youth and adults with mental illness and/or substance use disorders, including Alaskans at-risk for involvement with the state's Office of Children's Services (OCS) and Division of Juvenile Justice (DJJ) that have previously not been reimbursable.

**The Trust and partner advisory boards support 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. ❖**

### ***What is Medicaid and Who Does it Serve?***

*Medicaid is a federal program that provides public health coverage for eligible low-income families, children, pregnant women, people with disabilities, elderly, blind, and certain adults between the ages of 19 and 64 years. It is funded with both federal and state dollars. In Alaska, Medicaid is managed by the Alaska Department of Health & Social Services (DHSS).*

<sup>1</sup> Trust beneficiaries include Alaskans with mental illness, substance use disorders (SUD), Intellectual/Developmental Disorders (IDD), including fetal alcohol spectrum disorders (FASD), Alzheimer's disease and related dementia (ADRD), and Traumatic Brain Injury (TBI).

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# Reducing Recidivism through Treatment and Reentry Supports

*Promote rehabilitation and improved supervision to increase public safety*



*Bobby Dorton shares his personal story of incarceration, reentry, and recovery at a Just Leadership USA training in Anchorage.*

After several months of hearings on bills addressing criminal justice reforms, legislators passed House Bill 49 containing provisions that “rolled back” many of the 2016 justice reforms.

The bulk of HB 49 increased penalties and lengths of sentences for violent offences, however, other provisions of the bill included increased penalties for violations related to conditions of release (VCOR), parole and probation violations (PTRP), simple drug possession, and reduced “good time” for time served in a treatment program or on electronic monitoring. These changes are predicted to impact Trust beneficiaries because they will add layers of penalties, fines, and supervision requirements for people who often experience challenges managing behavior, understanding conditions, and following court-ordered instructions.

Justice-involved Trust beneficiaries<sup>1</sup> are more appropriately served with improved supervision, case management, behavioral health treatment, supportive housing, training and employment assistance so they are more likely to experience rehabilitation and less likely to commit new crimes.

The Alaska Department of Corrections (DOC) consistently reports that DOC is “by default the largest provider of mental health and substance use disorders services in the state.”<sup>2</sup>

A report published in 2014, found that 65% of incarcerated individuals on one day in 2012 qualified as a Mental Health Trust beneficiary and that Trust beneficiaries account for more than 40% of incarcerations every year. For offenders with mental illness and substance use disorders, the median length of stay was significantly longer than for other offenders, and they recidivated at higher rates than other offenders.<sup>3</sup>

Since about 95% of incarcerated Alaskans will serve their time and be released to our communities,<sup>4</sup> it is smarter and wiser to promote rehabilitation services so justice-involved individuals can receive the support they need to return as rehabilitated citizens able to contribute productively in their communities.

## ***Improved rehabilitation practices currently underway in Alaska***

- *Individualized case management planning inside prisons 90-days prior to release.* Case managers funded by the Department of Health & Social Services (DHSS) and managed through reentry coalitions in Anchorage, Mat-Su, Fairbanks, Juneau, Dillingham, Kenai, and Ketchikan, are providing transitional help to people returning to the community after incarceration. Access to housing, employment, treatment, and healthy family reunification increases the likelihood of success and reduces the likelihood of recidivism.
- *Funding for treatment inside prisons and halfway houses.* While state funding has been allocated for increased treatment inside prisons and halfway houses, it has been

**REDUCING RECIDIVISM** – continued on page 4

difficult to adequately maintain staffing for these programs because there are not enough trained personnel within the community to fulfill the obligations of the contracts. Community treatment programs are working with the peers and professional organizations to expand training opportunities so more professionals are qualified to take the available provider jobs.

- *Strengthened community supervision (probation and parole) practices.* With the establishment of the Pretrial Enforcement Division, which was recently moved into DOC's Probation and Parole, there is now a focus on using incentives and sanctions for offenders to offer access to treatment programs, electronic monitoring, and/or community supervision during the waiting period before trial or sentencing—which can be years for some defendants. These practices offer an increased likelihood a justice-involved individual will experience rehabilitation during their justice involvement.
- *Access to a limited driver's licenses.* People convicted of a first felony DUI offense may receive a pro-visional driver's license if they: 1) participate in a therapeutic court program, or, if living where there isn't a therapeutic court, participate in a treatment program similar to a therapeutic court program, and 2) can prove he or she has been sober for 18 months.
- *Improved prison population management practices.* New prison practices keep low-level offenders separated from serious violent offenders so they are less likely to learn more serious anti-social and criminal behaviors. A large body of research has shown that mixing low-level misdemeanants with high-level criminal offenders results in the low-level offenders returning

to the community at higher risk for committing new crimes.

- *Discretionary parole allowing early release for certain geriatric inmates.* Incarcerated individuals over 50 years old represent the fastest growing population in Alaska's prisons, and 1 in 10 inmates over age 65 display signs of dementia or other conditions related to aging.<sup>5</sup> Early release for certain low-risk senior offenders allows them access to support services that are less expensive and more appropriate than institutional care.
- *Recidivism Reduction Fund.* 50% of the revenue collected from the state's marijuana taxes has been invested into services and programs serving justice-involved individuals, including: 1) reentry services funded through DHSS for case managers offering transitional planning and support; 2) substance use disorder treatment within DOC facilities; and 3) violence prevention programs through the Council on Domestic Violence and Sexual Assault.

**The Trust and partner advisory boards support programs and services that promote rehabilitation and increased supervision in order to reduce crime and increase public safety.** ❖

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<sup>1</sup> Trust beneficiaries include people with mental illness, substance use disorders (SUD), intellectual-developmental disabilities (IDD) including fetal alcohol spectrum disorders (FASD), Alzheimer's disease and related dementia (ADRD), and Traumatic Brain Injury (TBI).

<sup>2</sup> "Substance Abuse Treatment Services – Alaska Department of Corrections," Presentation to Alaska State Legislature, January 2018.

<sup>3</sup> 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>

<sup>4</sup> Alaska Department of Corrections presentation to Alaska State Legislature, 2018.

<sup>5</sup> Division of Public Health, Alaska Bureau of Health Analytics & Vital Records.



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# Healthcare Workforce and Employment

*Address workforce shortages and promote employment for people with disabilities*

Alaskans working in healthcare and social services contribute to a health workforce and strong Alaskan economy.

People with disabilities, including people with mental illness and substance use disorders, are finding more opportunities to enter the workforce through supported employment, job coaching, mentorship, training, vocational rehabilitation, apprenticeship, and more. When people with disabilities are employed, they are healthier, less isolated, paying taxes, supporting themselves and their families, and contributing positively in their communities.

All workers benefit from policies, funding, and practices that promote employment for people with disabilities, including resources for vocational rehabilitation, university programs, peer support, and competitive and integrated employment.

During the 2019 legislative session, policy-makers passed Senate Bill 93, creating SHARP III, a tax-free loan repayment program that provides incentives for healthcare professionals to practice in Alaska. By expanding eligibility to other professions previously not eligible, Alaska will see more counselors, board-certified behavioral analysts, marital and family therapists, and others join the Alaskan workforce.

## ***Employing people with disabilities***

Employment for people with disabilities is associated with better health and lower public costs. A 2013 University of Kansas study found that “participants with any level of paid employment had significantly lower rates of smoking and better quality of life; self-reported health status was significantly higher; (and) per person per



*A worker at Mayfield's Quality Cleaners in Anchorage folds laundry at her day job.*

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month Medicaid expenditures were less.”<sup>1</sup>

Supported employment means programs and services that help seniors and people with disabilities who are able to work, find and maintain employment in typical work settings, earning regular wages and benefits, paying taxes, and working side-by-side with people who do not experiencing disabilities.

The Division of Vocational Rehabilitation (DVR) within the state Department of Labor and Workforce Development (DOLWD) helps Alaskans with disabilities prepare for and maintain employment.

The division also supports employers who hire Alaskans experiencing disabilities in navigating the *Americans with Disabilities Act* (ADA) and identifying federal tax credits that incentivize friendly employment practices. DVR promotes access to assistive technology and a broad range of devices that make it possible for many Alaskans with disabilities to find and maintain employment.

Other statewide programs offer resources for people with physical, intellectual, and cognitive disabilities in gaining employment and financial independence, including

**EMPLOYMENT** – continued on page 6

*Client Assistance Program, Alaska Tribal Vocational Rehabilitation Program, Disability Determination Services, and Ticket to Work.*

*Employment First* is a national movement to promote employment in the general workforce as the preferred option for people with disabilities receiving assistance from publically-funded systems—as a way out of dependence on state and/or federal assistance, poverty, and isolation. Alaska is an *Employment First* state.

### **Healthcare workforce development**

Healthcare providers work and live in Alaska’s communities and contribute to local Alaskan economies. They provide hospital care, mental health and addiction treatment, assisted living and direct care, and more. Their work supports seniors and Alaskans with disabilities in living safely and stably at home.

Healthcare providers include counselors, clinicians, peer support specialists, psychiatrists, rural behavioral health aides, and nurses with specialized training—who work for private, non-profit, tribal, federal, local and state entities.

Recruiting and retaining healthcare professionals in these occupations can be challenging. Conditions are often stressful and physically challenging, and for some positions, the pay can be low, and training or mentorship inadequate or non-existent. Staff who leave their jobs under duress are less likely to return to the field, and with a generation of “Baby Boomer” workers retiring from the workforce, employers are losing seasoned professionals with the knowledge and skills critically needed in healthcare in Alaska.

Efforts are underway in Alaska to address these challenges:

The Alaska Training Cooperative (AKTC), under the UAA Center for Human Development, supports career development and training for rural behavioral providers, behavioral health aides, and

licensed behavioral health clinicians, by blending evidence-based practices with traditional knowledge. AKTC serves direct service providers, supervisors, and professionals engaged with Trust beneficiaries.<sup>2</sup> by ensuring that technical assistance and training is accessible and coordinated.

The Alaska Native Health Tribal Consortium (ANTHC) collaborates with DOLWD and the U.S. Department of Labor to promote apprenticeships through the *Behavioral Health Aide Registered Apprenticeship* program.

Licensed Marriage and Family Therapists (LMFT) and peer support specialists are now Medicaid-reimbursable occupations, expanding the pool of professionals who can serve beneficiaries.

The University of Alaska (UAA) College of Health has enhanced their *Psychiatric-Mental Health Nurse Practitioner* program.

The action agenda of the *Alaska Health Workforce Coalition*<sup>3</sup> contains systems change and capacity-building initiatives that are addressing professional development, youth engagement, workforce policies and infrastructure, recruitment and retention, and evaluation and data.

The state’s SHARP loan repayment program offers incentives for medical and mental health care professionals to seek employment.

### **Healthcare professionals serving Trust beneficiaries**

- *Direct Support Professionals (DSPs) and Personal Care Assistants (PCAs)* provide long-term services and supports that include assistance with daily living, non-clinical rehabilitation, systems navigation, transportation, job coaching, and other services that help Trust beneficiaries stay safe, at home, and in the community.

- *Case Managers* assist beneficiaries in accessing services, personal care, advocacy, and navigating systems. *Care Coordinators* work across systems to coordinate an individual's healthcare plan, including monitoring the delivery of services and fidelity of treatment and care.
- *Community Health Aides and Behavioral Health Aides* offer primary, emergency, and behavioral healthcare and support for beneficiaries living in rural communities.
- *Behavioral Health Clinicians* are licensed, non-licensed professionals who provide mental health and addiction treatment, assessments, recovery support, prevention, and intervention.
- *Peer Support Specialists* are people with a lived experience of a disability who serve as mentors, recovery support, system navigators, and more.
- *Psychiatrists, Geriatricians, Neurologists* are physicians skilled in assessing and managing the specialized medical needs of seniors and people with disabilities.

**The Trust and partner advisory boards support directing resources to recruit, train, and retain healthcare professionals, address Alaska's healthcare workforce shortage, and promote employment for people with physical, intellectual, and cognitive disabilities.** ❖

<sup>1</sup> Hall, J., Kurth, N., Hunt, S., *Employment as a Health determinant for Working-age, Dually-eligible People with Disabilities*, University of Kansas, 2013: <https://kuscholarworks.ku.edu/handle/1808/11286?show=full>

<sup>2</sup> Trust beneficiaries include Alaskans with mental illness, substance use disorders (SUD), Intellectual/Developmental Disorders (IDD) including fetal alcohol spectrum disorders (FASD), Alzheimer's disease and related dementia (ADRD), and Traumatic Brain Injury (TBI).

<sup>3</sup> Alaska Health Workforce Coalition 2017-2021 Action Agenda.

### Healthcare Workforce, Employment 'Wish List'

- Adequate livable wages for direct care providers.
- Adequately-trained staff to provide supervision, mentorship, and oversight to improve the stability and safety of both staff and clients.
- Adequately-trained healthcare providers and locally-available training for providers in rural communities.
- Adequate transitional case management for Alaskans returning to the community after institutional care (psychiatric hospitals, juvenile detention, foster care, residential behavioral health, nursing homes, prison or jail).
- Incentives to address high turnover, burn-out, and early departure from healthcare employment
- Expanded efforts to recruit, train, and retain providers in rural communities.
- Specialized services that assist justice-involved Trust beneficiaries during pretrial, incarceration, and reentry phases of their justice involvement.
- Provider practices that support employment at all levels, for people with all kinds of disabilities.
- Enhanced apprenticeship opportunities for Alaskans with disabilities, including people with behavioral health disorders.
- Further implementation of Alaska's Employment First efforts, including establishing a task force, and ramp up State As a Model Employer (SAME) within Alaska state departments.

homeless in the U.S. also experience a disability.<sup>1</sup>

Across Alaska, Trust beneficiaries<sup>2</sup> with disabilities struggle to maintain safe, stable, and affordable housing. Whether they experience autism, mental illness, dementia, brain injury, addiction, or a fetal alcohol spectrum disorder, housing supports offers a ‘leg up’ for getting and maintaining stable living in the community.

Supportive housing means a home with access to support services that can include care coordination, personal care attendants, mental health or addiction treatment, basic life skills, peer support, day habilitation, employment and training assistance, at-home nursing care, transportation, and more.

Without supportive housing, vulnerable Alaskans are at higher risk for homelessness or being served in expensive institutional care, hospital emergency room, nursing homes, psychiatric hospitals, out-of-state residential care, jails or prison.

In 2017, the senior housing workgroup of the Governor’s Housing Summit reported housing as 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.”<sup>3</sup>

Seniors who experience Alzheimer’s disease and related dementia (ADRD) have few options for supportive housing. Costs for nursing home care can be prohibitive for families and waitlists are long. The state-run Pioneer Homes report long waitlists and 57% of residents needing advanced levels of care.<sup>4</sup>

A 2015 report by the Governor’s Council on Disabilities and Special Education (GCSDE), indicated that people with intellectual and developmental disabilities (IDD) experience

housing barriers that include: 1) lack of supportive housing services for people not eligible for housing waivers; 2) lack of transition services for youth exiting school; 3) vulnerability of clients and exploitation by landlords; and 4) lack of supported housing and support services for people not on waivers or who live in rural areas.<sup>5</sup>

People with mental illness and/or addiction disorders can be difficult tenants with poor references and justice-involved individuals are regularly denied access to housing because of past convictions and/or behavioral health histories.

An Alaska housing barriers report has recommended the following: 1) incentivize contractors to use the “universal design” of accommodated housing; 2) improve training for housing professionals on Fair Housing Laws and reasonable accommodations for people with disabilities; 3) improve access to assistance and housing information; 4) improve and expand services in rural Alaska; 5) address stigma and discrimination in housing practices; 6) address high turnover rate of direct care providers by improving training and increasing wages.<sup>6</sup>

Access to housing and community-based support services improves lives, saves money, and reduces the likelihood people with disabilities will end up needing more expensive emergency or institutional services.

**The Trust and partner advisory boards support supportive housing for seniors and people with disabilities that includes access to community support services that reduce reliance on emergency and institutional care. ❖**



## Supportive Housing in Alaska

**Permanent Supportive Housing (PSH)** is a national model that combines affordable housing and community support services for Alaskans with multiple co-occurring disorders and housing barriers. In Alaska, 43% of individuals with patterns of homelessness “are considered candidates for permanent supportive housing.”<sup>7</sup>

**Housing First** is a model that offers housing for people experiencing homelessness that does not require preconditions—such as sobriety or participation in a treatment program—and has proven to reduce the need for expensive emergency care. A 2018 report from the University of Alaska indicates that in the six-month period after residents moved into Juneau’s Housing First facility, there were 230 fewer emergency room visits from complex patients, 495 fewer police contacts from the same population, and 352 fewer nights of supervising a person sleeping off alcohol intoxication.<sup>8</sup>

**Rapid Re-Housing (RRH)** is an intervention that helps people experiencing homelessness to quickly find and move into a permanent home in their community. RRH serves veterans, families, and individuals, and reduces the instances living in shelters or on the street.

**In-Home Supports** offer people with disabilities access to professional assistance from a direct care provider who comes to their home to offer daily live-in assistance—such as meals, hygiene, basic life skills, transportation, and more.

**Assisted Living Homes** typically serve people who need medical intervention and/or regular assistance with daily living activities, the majority being seniors.

**Group Homes** offer daily support for residents who experience difficulty managing basic life skills, such as meals, finances, treatment, social skills.

Alaskans benefit from housing opportunities across the state that include assisted living, group homes, transitional support, sober living, and residential treatment, and more. Photos courtesy of Alaska Housing Finance Corporation.



<sup>1</sup> National Alliance to End Homelessness <https://endhomelessness.org/resources>

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

<sup>3</sup> Governor’s Housing Summit Update, Senior Housing Workgroup Summary, Challenges, Opportunities, and Strategies for Developing Sustainable Senior Housing, 2017.

<sup>4</sup> ACOA Senior Snapshot: Older Alaskans in 2017-18.

<sup>5</sup> “Housing Barriers Report 2015,” Governor’s Council on Disabilities and Special Education, 2015.

<sup>6</sup> “Housing Barriers Report 2015,” Governor’s Council on Disabilities and Special Education, 2015.

<sup>7</sup> Pay For Success Feasibility Study: Initial Findings, Agnew::Beck, April 2018.

<sup>8</sup> “Juneau Housing First Six-Month Pre/Post Service Usage Indicators of Wellbeing Comparison,” Brocius, Heidi PhD, MSW; Erisman, Morgan MSW, MPH, Oct 30, 2018.

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# Substance Misuse and Addiction in Alaska

*Expand treatment, reduce waitlists, and build an adequate workforce to serve Alaskans with substance use disorders*

Funding was reduced in FY20 by \$6.1 million for Behavioral Health Treatment and Prevention Grants. These grants pay for community emergency outpatient and residential treatment services to low-income youth and adults with moderate to severe behavioral health disorders. Policymakers intended this reduction to be offset by savings anticipated after implementation of the 1115 Behavioral Health Medicaid Waiver, although waiver services are not yet implemented statewide.

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

In 2018, the Alaska Mental Health Trust Authority (Trust) reported that 40,000 Alaskan adults experience alcohol dependence or abuse, and 24,600 adults experience illicit drug dependence or abuse. Also, 1,600 Alaskan youth (between ages 12-17 years) experience alcohol dependence or abuse.<sup>1</sup>

All Trust beneficiary groups<sup>2</sup> are impacted by substance misuse and addiction. People with co-occurring disorders (a substance use disorder combined with another disability, such as mental illness or a developmental disability) often experience greater symptom severity, requiring specialized attention. The social and medical costs have been estimated to be four times the cost of serving other clients.<sup>3</sup>

With seniors and individuals with disabilities, concerns rise from the over-prescription of long-term medications for pain, including opioids, increasing the likelihood of substance dependence or addiction. People prescribed multiple medications have an increased likelihood of improper use and adverse consequences from mixing substances.

Seniors 65 and older, consistently self-report higher rates of binge and heavy drinking than seniors in the lower 48.<sup>4</sup> Alaska's senior mortality rates for alcohol-induced and accidental deaths (non-fall related) are also higher.<sup>5</sup>

Trust beneficiaries are at greater risk for experiencing barriers to accessing treatment for many reasons—including a lack of available treatment options, limited screening and diagnostic services, lack of insurance or funds to pay for services, complicated Medicaid application process, criminal backgrounds, insufficient training for emergency medical and justice professionals affecting their ability to intervene effectively.

Behavioral health treatment providers report that for decades, resources have not kept pace with the actual costs associated with serving the growing number of Alaskans who need addiction services. After 20+ years of flat-funding and grant reductions for behavioral health services, providers have been facing an inability to recruit and retain treatment professionals, an aging infrastructure, attrition of staff, and an increased demand from a statewide addiction epidemic.

Trust beneficiaries need a full continuum of care—from prevention and early intervention to treatment and recovery—to address substance misuse and addiction.

Advocates support programs that increase



**SUBSTANCE MISUSE** – continued on page 11

crisis stabilization, inpatient and outpatient treatment, detox services, Medication Assisted Treatment (MAT), peer support, and other recovery services for people with substance use disorders. They agree that community supports are more likely to promote recovery and stability than expensive emergency and criminal justice services.

Community supports for people with substance use disorders (SUD) includes residential and outpatient treatment, peer and natural supports, case management, and long-term recovery services—which cost less than police, hospital emergency rooms, psychiatric institutions, courts, and prison.

**The Trust and partner advisory boards support statewide efforts to expand treatment, reduce waitlists, and build an adequate workforce to serve Alaskans with substance use disorders.** ❖

<sup>1</sup> “A Promising Future,” Alaska Mental Health Trust Authority, 2018 Annual Report.

<sup>2</sup> 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).

<sup>3</sup> From DHSS Healthy Alaskans 2010 – Volume 1.

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

<sup>5</sup> Division of Public Health, Alaska Bureau of Health Analytics & Vital Records.

<sup>6</sup> McDowell Group. (2017). “The Economic Costs of Drug Abuse in Alaska.” 2016 Update. Juneau: McDowell Group.

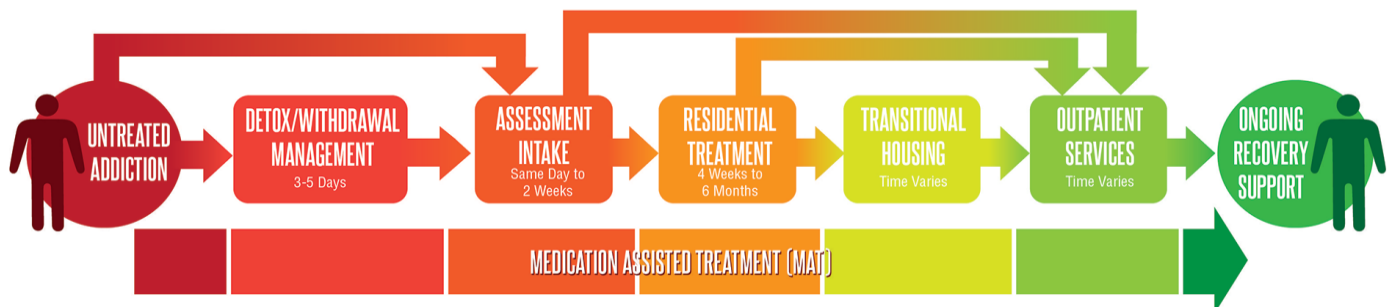
## The Costs of Substance Misuse and Addiction in Alaska

According to a 2017 McDowell Group report on the economic costs of drug abuse in Alaska, the estimated cost of drug addiction in 2015 was about \$3.06 billion, with costs that “are borne by the state and local governments, employers, and residents of Alaska.” Of these costs, productivity losses account for the largest component.<sup>6</sup>

Productivity loss occurs when a person’s substance use prevents them from being employed or performing household services. It can include reduced efficiency through physical and/or mental impairment, employee absenteeism, premature death, incarceration for criminal offenses, and medical treatment or hospitalization.<sup>7</sup>

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. 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.

The Trust and partner advisory boards prioritize the need to address substance misuse across beneficiary groups and continue to work with stakeholders, including public, private, and tribal, to address barriers, increase workforce development, and expand programs and services that address the causes and the consequences of addiction.



People with severe addiction may need to be medically stabilized or go through managed withdrawal (“detox”) before beginning treatment. To start treatment & recovery, the first step is an assessment (intake) to find the best treatment fit. Residential (inpatient) treatment offers a high level of support for starting recovery. Transitional housing provides people in treatment or early recovery with a safe, supportive home. Outpatient treatment lets people live at home and maintain their regular schedule during treatment. Some people may start with outpatient treatment after an assessment. Recovery supports like self-help groups, peer support, employment programs and safe housing are important for maintaining recovery. –from DHSS/Division of Behavioral Health: <http://dhss.alaska.gov/dbh/Pages/TreatmentRecovery/treatment.aspx>



# 2019-20 Bills Impacting Trust Beneficiaries

*The following bills were tracked by the Trust and partner advisory boards during the 2019 legislative session. To read more about these bills, go to: [www.akleg.gov](http://www.akleg.gov) and click on Bills & Laws, then type the bill number into the Search box.*

## ***Bills passed, signed into law***

**SB 10 - Extend Suicide Prevention Council (SSPC)** (Sen. Kawasaki). This bill extends the termination date of the SSPC to 2027. The council advises the Governor and Legislature on issues relating to suicide. In collaboration with communities, faith-based organizations, and public-private entities, the Council works to improve the health and wellness of Alaskans by reducing suicide and its effect on individuals and communities Signed into law July 8, 2019.

**SB 44 – Telehealth: Physicians Assistants** (Sen. Giessel). This bill aligns state law with the intent of 2016 Medicaid reform legislation to clarify that physician assistants can provide telemedicine in the same manner as physicians, subject to the same statutory oversight regarding the practice of telemedicine and disciplinary sanctions. This action will extend the reach of medicine to underserved areas and populations. Signed into law August 8, 2019.

**SB 93 – Medical Providers Incentives, Loan Repayment** (Sen. Wilson). Creates SHARP III, a tax-free loan repayment program that provides incentives for healthcare professionals to practice in Alaska. It would expand eligibility to other professions previously not eligible, including counselors, board-certified behavioral analysts, marital and family therapists, and others. Signed into law August 1, 2019.

**HB 49 – Classification of Crimes; Sentencing** (Governor Dunleavy). This bill changes many of the reforms passed in 2016 that impact justice-involved Alaskans with behavioral health

disorders and developmental disabilities, including: increasing penalties and lengths of incarceration for simple drug possession, violations of conditions of release (VCOR), and parole/probation violations, and lowers credit for ‘good time served’ for participating in a treatment program, and prohibits a person from earning good time credit for time spent on electronic monitoring, post-sentence. Signed into law July 8, 2019.

## ***Bills still on the table for 2020***

**SB 1 – Repeal Certificate of Need Program** (Sen. Wilson). This bill would repeal Alaska’s certificate of need program, which regulates and limits the entry and supply of medical services and facilities in order to restrain healthcare costs and improve access to care for low-income and underserved Alaskans. Currently in Senate Finance Committee.

**SB 7 – Medicaid Assistance Work Requirements** (Sen. Micciche). This bill would require DHSS to apply for a waiver to establish work requirements for certain adults who are eligible for Medicaid, the state’s medical assistance program. Currently in Senate Finance Committee. Companion bill is HB 13 (Rep. Kopp).

**SB 52 – Alcohol Beverage Control** (Sen. Micciche). This bill updates the Title 4 statutes governing the Alcohol Beverage Control (ABC) Board, and is a product of a collaboration of over 100 stakeholders—including alcohol industry representatives, public health and safety entities, local governments, and youth advocates—to promote a fair business climate, create rational regulation for all tiers of the state’s alcohol industry, limit youth access to alcohol,

*BILLS – continued on page 13*



promote responsible alcohol use, reduce the harms of overconsumption, and protect public safety. Currently in Senate Finance Committee.

**SB 58 – Repeal Senior Benefits Payment Program** (Governor Dunleavy). This bill would repeal the senior benefits payment program, which provides three payment levels to Alaskan seniors based on the gross annual income. Currently in Senate Health & Social Services Committee. Companion bill is HB 60 (Governor Dunleavy).

**HB 1 – In Home Personal Care Services** (Rep. Johnson). This bill adds "In-Home Personal Care Services Agencies" to the state-recognized centralized licensing statute governing safe and appropriate services. It addresses predictable risk, improved quality of care, and patient rights. Also establishes the In-Home Personal Care Services Advisory Board. Currently in House Health & Social Services Committee.

**HB 10 – Drug possession, suspension of judgement** (Rep. Kopp). This bill converts the repeat possession of Schedule IA (heroin) and IIA drugs (meth, cocaine, LSD) from misdemeanor to felony charges, but allows a "substitution of judgement" and reduced charge of misdemeanor if the defendant participates in and completes an addiction treatment program. For defendants who decline or fail to complete the program, their felony conviction would stand. Currently in the House Judiciary Committee.

**HB 28 – Equal pay and Minimum Wage Act** (Rep. Tarr). This bill would require the Department of Labor & Workforce Development to collaborate with the executive director of the State Commission for Human Rights to prepare an annual report regarding fair pay practices, such as equal pay for equal work and a reasonable living wage. It also enacts a \$15 per hour minimum wage, adjusted annually for inflation. Currently in House State Affairs Committee. Companion is SB 26 (Sen. Begich).

**HB 29 – Insurance Coverage for Telehealth** (Rep. Spohnholz). This bill would allow medical providers who contract with insurers regulated by the state of Alaska to be reimbursed for services delivered through telehealth. This action would reduce travel costs and promote increased access to specialists and behavioral health care in Alaska. Currently in Senate Health & Social Services Committee.

**HB 86 – Mental Health Hospital: Contracts** (Rep. Fields). This bill requires DHSS to operate and maintain an inpatient mental health treatment hospital, and prohibits the state from delegating or contracting for the ownership, operation, or management of the facility. Currently in House Health & Social Services Committee.

**HB 89 – Opioid Prescription Information** (Rep. Spohnholz). This bill would require medical prescribers to inform patients about the potentially addictive qualities of prescribed opioids that can lead to abuse and/or addiction. It also requires DHSS to prepare and distribute informational handouts about opioid addiction, and that provider boards regulate habitual violations by prescribing physicians. Currently in House Health & Social Services Committee.

**HB 135 - Medicaid Drug Cost Containment** (Governor Dunleavy). This bill would limit payment for prescribed drugs and Medical assistance under the Medicaid program for low-income Alaskans. Currently in House Health & Social Services Committee.

**HB 175 – Alaska Psychiatric Institute (API) Management Board** (Rep. Spohnholz). This bill would establish the API Oversight Board and require the Alaska Mental Health Board to nominate individuals "who reflect the economic and geographic diversity of the state to serve as voting members," to be approved by the Governor. Currently in House Finance Committee.

# FY20 State Budget Impacting Beneficiaries

*The Trust and partner advisory boards support programs and services that promote healthy, independent, and productive lives for all Alaskans. These include safe, affordable, and supportive housing, assisted living, day habilitation, behavioral health treatment and recovery services, emergency psychiatric care, employment and training assistance, transportation, peer support, and more. The following budget items support stability and safety for Trust beneficiaries and also promote a robust healthcare workforce, jobs for people with disabilities, and the associated economic benefits.*

GF = General Fund (a state funding source)

CBR = Constitutional Budget Reserve (a state savings account)

Federal = Federal funds

MHTAAR = Mental Health Trust Authority Authorized Receipts

IA = Interagency Receipts

## **Medicaid, Homelessness, and Vulnerable Alaskans**

**Medicaid** (Reduced -\$50 million/GF). Medicaid provides health coverage for Alaskans in need, including people with mental illness and substance use disorders. Healthcare providers depend on Medicaid reimbursement to keep their doors open for serving vulnerable Alaskans.

**Medicaid Adult Preventative Dental** (Reduced -\$27 million/GF). Funds reimbursement for preventative dental care for Alaskans without resources. Preventative dental services can reduce the need for more costly emergency services later on (at state expense).

**Adult Public Assistance** (Reduced -\$7.47 million/GF). This program provides financial assistance to elderly, blind, and individuals with disabilities to cover basic living expenses, food, rent, transportation, and basic needs.

**Homeless Assistance Program (HAP)** (Reduced -\$3.6 million/GF). Funds support homeless services across the state, including emergency shelters, rental and emergency assistance, homeless prevention, and rapid rehousing.

**Special Needs Housing Grant (SNHG)** (Maintained FY19 funding level). Funds support housing vouchers that provide long-term rental assistance for seventeen successful housing programs that target Alaska's most vulnerable homeless population.

**Human Services Community Matching Grant** (Maintained FY19 funding level). Funds provide grants to municipalities for programs that provide food, shelter, and domestic violence services in Anchorage, Fairbanks, and Mat-Su, and is one of the only funding sources for these community providers.

**Community Initiative Matching Grants** (Maintained FY19 funding level). Funds support grants for homeless shelters and food banks in communities outside of Anchorage, Mat-Su, and Fairbanks, and represents one of the only funding sources for these community providers.

**Alaska Civil Legal Services Fund** (Maintained \$760,000/GF request). Funds support civil legal services to low-income Alaskans, including families, children, veterans, seniors, people with disabilities, and victims of domestic violence. Funding is managed by the non-profit law firm Alaska Civil Legal Services Corporation.

## **Seniors and Disabilities Services**

**Senior Benefits Program** (Maintained \$20.7 million/GF request, plus added +\$800,000/GF) for financial support for living expenses, medications, transportation etc. for seniors in need.

**Governor's Council on Disabilities and Special Education:** (Denied request for exemption -\$49,100/Federal, IA, MHTAAR) for council travel.

**Accessibility Improvements:** (\$250,000/CBR) for resources to non-profit organizations for accessibility improvements, repairs, and upgrades.

**Home Modifications to Retain Housing:** (\$750,000/CBR) for home accessibility upgrades and improvements for Alaskans with disabilities.

**Assistive Technology:** (\$500,000/CBR) for daily living assistive devices that help seniors and Alaskans with disabilities live independently.

**Senior Citizens Housing Development Program** (\$1.75 million/CBR) for grants to municipalities and public or private non-profit corporations for purchasing building sites, site preparation, materials, construction, and rehabilitation of existing housing.

**Coordinated Transportation** (-\$1 million/CBR) for vehicles and other costs that provide assistive transportation for seniors and people with disabilities.

**Public and Community Transportation Matching Grant:** (-\$1 million/CBR) for local transportation efforts that provide seniors and people with disabilities access to medical care, jobs, shopping, volunteer activities, and participation in community life.

**Code Blue Project** (-\$500,000/GF Match) for emergency medical equipment in rural areas, including ambulances, heart monitors, and communications equipment.

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## **Behavioral Health Services**

**Behavioral Health Treatment and Prevention Grants** (Reduced -\$6.1 million/GF). Funds support community emergency outpatient and residential treatment services to low-income youth and adults with moderate to severe behavioral health disorders. Policymakers intended this reduction to be offset by savings anticipated after implementation of the 1115 Behavioral Health Medicaid Waiver, although waiver services are not yet implemented statewide.

**Alaska Psychiatric Institute (API):** (Increased +\$10 million/GF). Funds support ongoing operations at Alaska's only state-run psychiatric hospital, including emergency and court-ordered inpatient psychiatric service, crisis stabilization, and recovery from mental illness.

**Statewide Addiction Treatment Facilities** (Denied increment request for \$10 million) for local and private treatment facilities for building capacity and increasing available treatment slots in nine regions of the state.

**Renovation of Women's Mental Health and Detox Unit** (Increased +\$3.68 million/CBR, MHTAAR). Funds support renovation and expansion of the women's mental health and detox unit at Hiland Mountain Correctional Center to increase capacity to serve the overflow of women with mental illness and addiction disorders in the state's correctional system.

**Behavioral Health Treatment in Corrections** (Maintained FY19 funding level). Funding supports DOC's behavioral health and substance abuse treatment programs in prisons and Community Residential Centers (CRSs/halfway houses), and added funding to transition 100 inmates into CRCs and 100 inmates onto Electronic Monitoring and to better utilize these programs. DOC provides services to Alaskans in with behavioral health disorders during the pretrial, incarceration, and community supervision phases.

**Therapeutic Courts** (Denied increment request -\$188,400/GF). Funds would have supported on additional staff for the state's therapeutic court system, which provides alternatives to incarceration for justice-involved Alaskans with mental illness, addiction disorders, and other neurobehavioral disorders—through case management and community supports that promote habilitation, stability, and compliance with requirements from the court.

**Public Defender Agency** (-\$579,800/GF) to address increased caseload of serving Alaskans without resources for defense in criminal matters.

**Lemon Creek Prison Laundry Expansion** (Increased +\$420,000/CBR) to expand the capacity of the prison to provide training for meaningful employment after release.

**Office of Public Advocacy** (Reduced -\$91,000/GF) for attorney travel, providing guardianship/ conservatorship for vulnerable Alaskans found by the court to be in need of a protective order.

**Reentry Services** (Increased +1 million/GF). Funds support transitional services for individuals leaving incarceration, which may include case management, reentry planning, access to treatment and recovery services, peer support, housing and employment assistance, and other supports to promote greater success in the community after incarceration.

**Pretrial supervision and risk assessment** (Maintain FY19 funding level). Funds support operations of Pretrial Enforcement and Pretrial Risk Assessment for offering supervision for defendants who may experience mental illness or addiction disorder and are awaiting trial. The assessment offers the judges and attorneys additional information about a defendant to help inform their decisions related to release and bail.

## **Early Intervention for Children and Youth**

**Early Childhood Programs.** Funding for early learning programs provide support for parents and families with the least access to high-quality programs:

- Head Start Grants (Maintained at FY19 level).
- Early Childhood Grants (Maintain at FY19 level).
- Best Beginnings (Maintained at FY19 level).
- Parents as Teachers Grants (Maintained at FY19 level).
- Pre-K Grants (Maintained at FY19 base level)

**Nome Youth Facility** (Reduced -\$2 million/GF). This reduction closes the regional Division of Juvenile Justice treatment and detention facility serving youth in the northwest region of the state. Youth will be moved to other facilities in the state, but probation services will remain in Nome.

**Residential Care for Children and Youth (RCCY)** (Maintained FY19 funding level). Grants support therapeutic group homes in Nome, Barrow, and Sitka, in serving children and youth who do not qualify for higher levels of care, but who cannot stay in the foster care environment.

## 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, 60 years and older, 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, but not limited to, 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 policymaker.*
- ❑ *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 Friday 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 NETWORK:

[www.alaskamentalhealthtrust.org/jointadvocacy](http://www.alaskamentalhealthtrust.org/jointadvocacy)

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