

ALASKA MENTAL HEALTH BOARD

ADVISORY BOARD ON ALCOHOLISM & DRUG ABUSE

STATUTORY ADVISOR UPDATE 2025

Kermit E. Wilson Executive Director

AMHB/ABADA BOARDS PURPOSE



The joint mission of the Advisory Board on Alcoholism and Drug Abuse (ABADA) and the Alaska Mental Health Board (AMHB) is to advocate for programs and services that promote healthy, independent, productive Alaskans. AMHB/ABADA are statutorily charged with advising, planning, and coordinating behavioral health services and programs funded by the State of Alaska. The Statewide Suicide Prevention Council (SSPC) 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.



AMHB/ABADA BOARDS SNAPSHOT

- 26 Members
 - Professional
 - Lived Experience





AMHB/ABADA BOARDS SNAPSHOT

Four Committees

- Executive Committee
 - Planning Committee
 - Advocacy Committee
 - Board Development Committee





Executive Director SNAPSHOT

- Challenge
 - Change
 - Collaborate
 - Complete







Board Duties

- Public Engagement
 - Board Representation
 - Policy & Budget Recommendations
 - Advocacy & Accountability

Statement of Intent with the TRUST



1. Data and Research

2. Planning

3. Advocacy

Statement of Intent with the TRUST



1. Data and Research

Special Coordinator 2

2. Planning

- 2 Health Planner 2
- Administrative Assistant 2

3. Advocacy



ADVOCACY COORDINATOR

Facilitate and coordinate the annual legislative strategy

- 1. Research Legislative matters and initives
- 2. Provide consultation to the Boards, staff, and Trust
- 3. Facilitate the development of the Board's legislative initiatives
- 4. Facilitate a monthly Board's Legislative Committee meeting
- 5. Prepare for and facilitate weekly teleconferences during the legislative session
- 6. Plan and Facilitate legislative training, educational, and research activities
- 7. Prepare a written report on the events and accomplishments of each legislative session by July 31st to be presented to Boards, staff, and Trustees.

3. Advocacy



Legislative Session Final Report

- . HB 138 Behavioral Health Crisis Surcharge Fund
- . HB 73/SB 76 Complex Care Residential Homes (Governor Dunleavy)
- . HB 52 Minors and Psychiatric Hospitals
- . SB 44 Related to Minors and Psychiatric Hospitals
- . SB 45 Related to Medicaid Mental Health Parity
- . HB 53/HB 55 Operating and Mental Health Budget
- . SB 90 Related to Minor Mental Health; Age of Consent



SAMSHA BLOCK GRANT

SHAMSHA BLOCK GRANT



PRIORITY POPULATION

- 1. Pregnant Women and Women with Dependent Children
- 2. Persons Who Inject Drugs
- 3. Persons in Need of Recovery Support Services
- 4. Individuals with Co-Occurring Mental Health
- 5. Persons Experiencing Homelessness
- 6. Persons with SUD at Risk for Tuberculosis (TB)
- 7. Persons with SUD at Risk for HIV
- 8. Individuals in Need of Priority Substance Use Prevention

SHAMSHA BLOCK GRANT



PRIORITY AREAS:

- Promote behavioral health program sustainability and improve system responsiveness
- 2. Integrate physical health and behavioral health into whole-person care
- 3. Early intervention and treatment for serious mental illness
- 4. Strengthen and expand the behavioral health crisis response system
- 5. Reduce the incidence of mental health and substance use disorders.
- 6. Maintain and enhance community-based behavioral health services for youth and families
- 7. Strengthen Behavioral Health Supports for Pregnant Women and Families with Dependent Children
- 8. Recovery support services will be embedded throughout the continuum to improve retention in care and promote long-term wellness.
- 9. Improve Access to Substance Use Treatment and Basic Health Supports for persons with injection drug use.

SAMSHA BLOCK GRANT



Public Comment Deadline is August 28th

How to View the Live Application

To view the most current version of Alaska's Combined MHBG and SUPTRS Block Grant Application:

Access the WebBGAS platform using the link: https://bgas.samhsa.gov/Module/BGAS/Users
Use the following credentials to log in:

Username: citizenak

Password: citizen

Select View and Existing Application

Click on the link for the FY 2026-2027 Combined MHBG/SUPTRS BG Application/Behavioral Health Assessment and Plan.

Older Adult Suicide Prevention Policy Academy

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services



Older Adult Suicide Prevention Policy Academy

Tony Newman

-Dir. AK Senior & Disabilities

Yasmin Radbod

-PC AK Commission on Aging

Kara Nelson

-ABADA, Chair

Stephanie Smith

-Public Health Specialist 2

Annelise Hudson

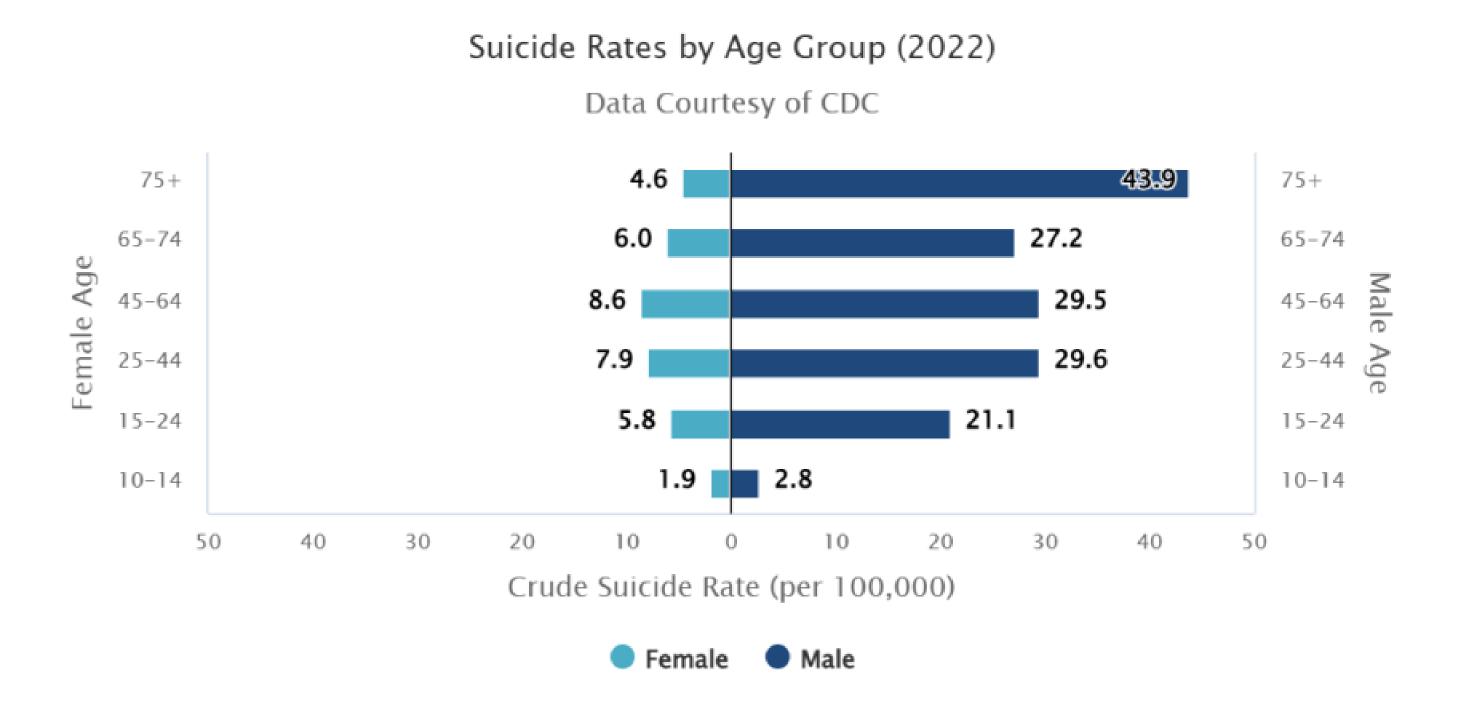
-988 Program Coordinator

Lorriane Thomas

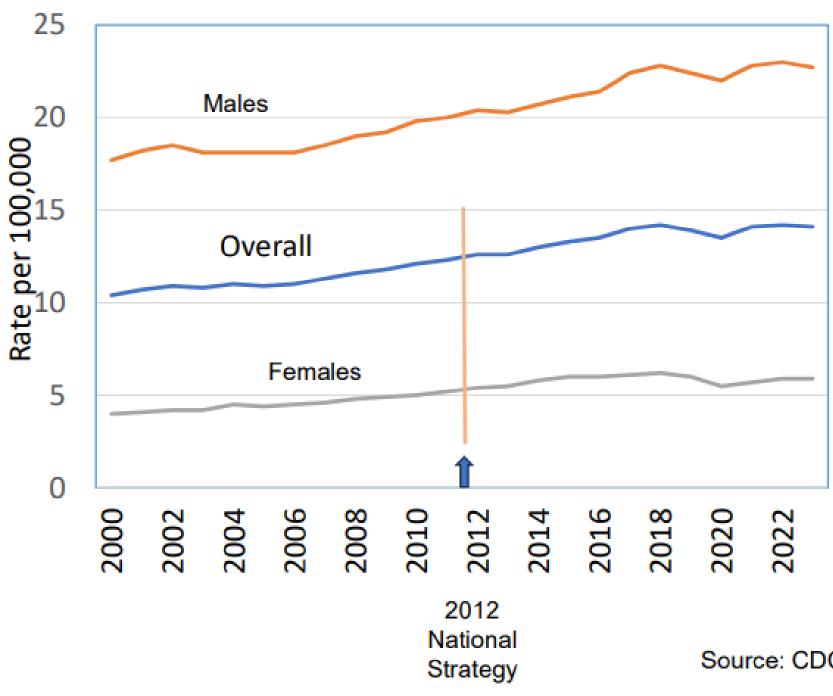
-Elder Services Coordinator Aleutian Pribilof Island Assoc.



2022 US Suicide Rates by Age and Sex



Why was a New, Updated National Strategy Needed?

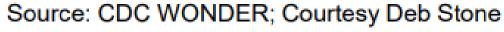


Between 2000-2023

- 28% Increase, males
- 36% Increase, overall
- 48% Increase, females

Between 2012-2023

12%=Increase, overall



Profiles of Suicide Decedents 2003-2020: National Violent Death Reporting System

JAMA Psychiatry | Original Investigation

Decoding Suicide Decedent Profiles and Signs of Suicidal Intent Using Latent Class Analysis

Yumyu Xian, PhD; Kaiwen Bi, BA; Paul Siu-Fai Yip, PhD; Julie Cerel, PhD; Timothy T, Brown, PhD; Yifan Peng, PhD; Jyotishman Pathak, PhD; J. John Mann, MD

Class 4 Characteristics (%)

Less than 1% with known mental health history

84.6 Male

81.8 White

63.5 firearm method

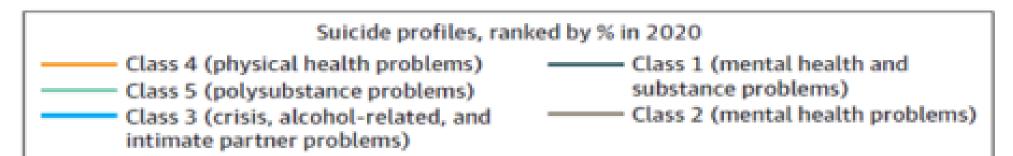
27.4 rural

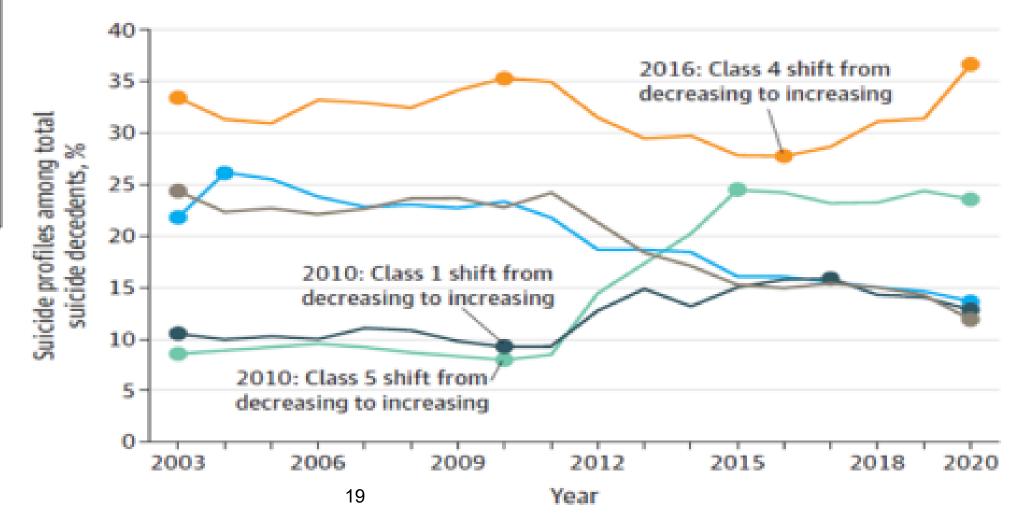
24.5 aged 55-70

(20.7 age 71+)

22.9 veterans

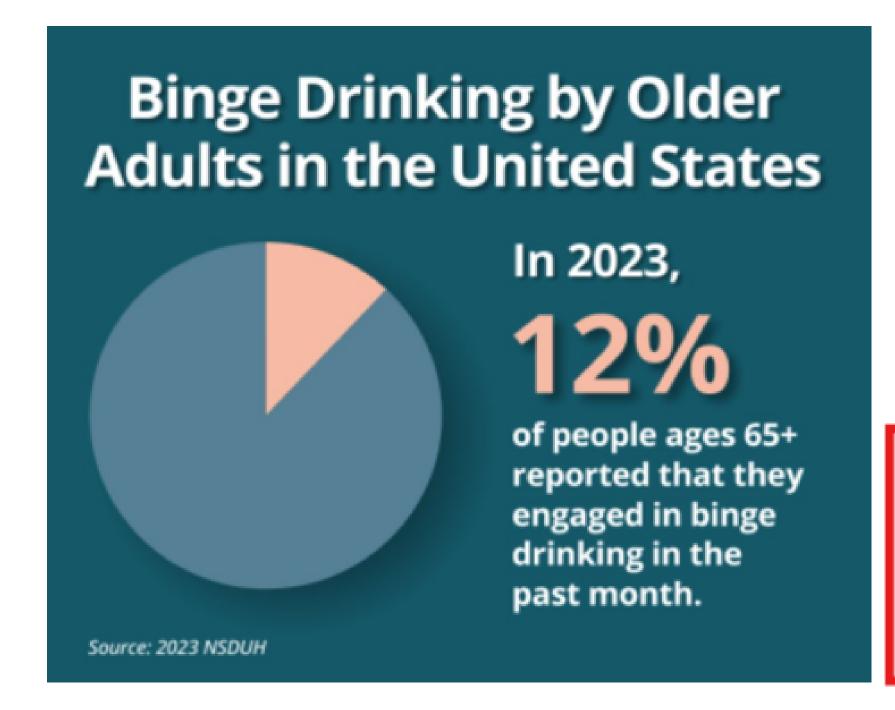
16.1 less than HS educ







Older Adult Risk Factor NSDUH data--Example



Alcohol and Older Adults Ages 65+

https://www.niaaa.nih.go v/alcohols-effectshealth/alcohol-topicsz/alcohol-facts-andstatistics/alcohol-andolder-adults-ages-65

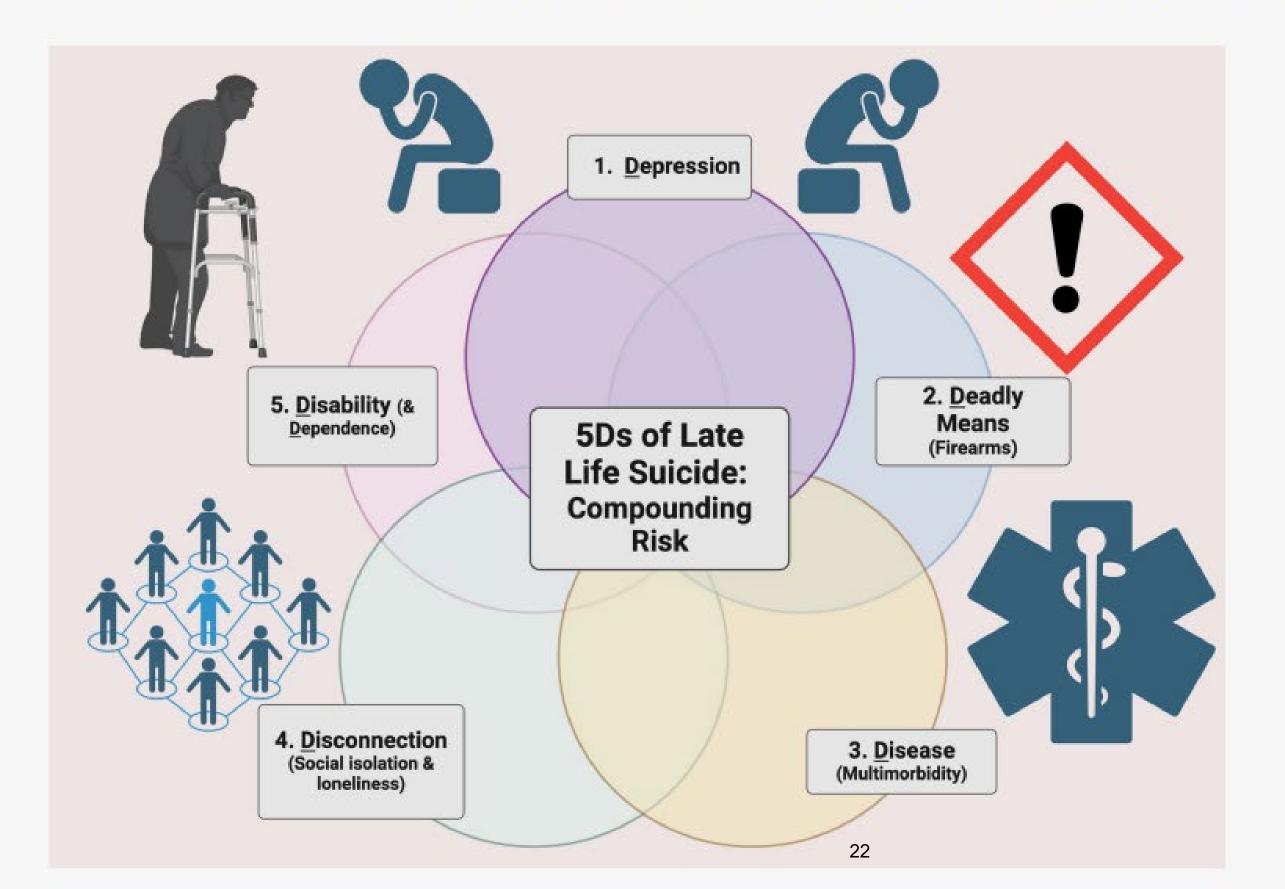
The percentage of people ages 65+ who consume alcohol each month increased by 16% between 2002-2019



Rates and Numbers to Consider

- Starting in 2030, Americans age 65+ will make up 21% of the population; will outnumber children by 2034 (Vespa et al., US Dept of Commerce 2018)
- Older adults are found to spend an average of 3 weeks per year at health appointments in 2019 (Ganguli, et al., 2024)
- What state statistics are available to you to understand older adult needs? E.g., Medicare utilization patterns linked to state mortality data
- What private partners have data of interest?
 - E.g., AARP LIVABILITY INDEX™ PLATFORM Includes a **Health** Prevention, Access and Quality Rating. Milton VT is in the top half of cities participating in the network; data is from city planning commission. Each state has an AARP office.
 - E.g., Assoc. of State & Territorial Health Officials (ASTHO) aligning state health, state aging, and Alzheimer's Disease strategic plans and their measures.

The 5Ds of Late Life Suicide



Characteristics of older people who die by suicide

Compounding risk

Intervention targets

Older Adult Suicide Prevention Policy Academy

Alaska Team Goals

TEAM GOAL

DATA GOAL

STRADEGY GOAL



Fall Meeting Kodiak – October 14th & 15th

Virtual

Data

- Public Testimony
- Pannel Interviews

Planning

Advocacy

Advocacy

- **Legislative Review**
- **Legislative Preparation**
- **Identify Goals**

Join Zoom Meeting

https://us02web.zoom.us/j/87921169795

Meeting ID: 879 2116 9795

Passcode: 2025







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