



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
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Substance Misuse and Addiction in Alaska

COVID-related impacts from unemployment, housing insecurity, and other stresses increase the likelihood of substance misuse

During the 2020 legislative session, policymakers allocated funding for additional residential sober living beds, crisis intervention teams, therapeutic courts, and expanded access to behavioral health services through enhanced telehealth policies. See pages 16-19.

Anticipating increased need due to the COVID emergency, policymakers also allocated federal CARES Act funding for housing assistance and homelessness prevention, small business relief—including non-profit treatment providers—and local community supports.

Substance misuse and addiction continue to impact Alaskans across all socio-economic, ethnic, cultural, age,

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Keith Johnson, an employee with Fairbanks Resource Agency (FRA), sorts mail as part of their supported employment program for people with intellectual-developmental disabilities. Photo courtesy of FRA.

Supported Employment

Promote competitive, integrated, and meaningful employment opportunities for Alaskans

Supported employment is founded on the belief that anyone can work if provided the right supports. Supported employment services help Alaskans with disabilities—including people with intellectual-developmental and behavioral health disorders, dementia, and traumatic brain injury—obtain and maintain employment in typical work settings, earning competitive wages and benefits, side-by-side with people who do not experience disabilities.

When Alaskans with disabilities are employed, they contribute positively in their communities, pay taxes, and experience meaningful engagement that reduces isolation and promotes health and well-being.

In 2020, legislators passed funding for programs that provide Medicaid-reimbursed services, assistive technology, essential program equipment, and employment assistance for people with disabilities.

Sensible investment that expands a diverse workforce that includes people with disabilities, means maintaining resources for grant programs, vocational

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and disability groups, in both urban and rural communities. With increased job loss, more idle time, and risk of eviction due to the pandemic, more Alaskans are reporting increased alcohol and other substance use as a way to cope, and the consequences are impacting families, friends, and communities.

In 2019, over 40,500 Alaskan adults experienced alcohol dependence or abuse, and over 18,000 adults experienced drug dependence or abuse. An estimated 1,200 Alaskan youth (between ages 12-17) experienced alcohol dependence or abuse in the same year.¹

What Are Impacts to Trust beneficiaries?

When addiction is not addressed, negative health impacts and harms escalate, resulting in poorer life outcomes. Trust beneficiaries² can be more vulnerable to the progression of an addiction and generally have less access to appropriate healthcare, treatment, and community supports, such as, stable housing and employment. Additionally, lack of insurance or funds to pay for services, long waitlists, workforce shortages, and previous criminal convictions can be additional barriers.

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 that requires specialized interventions.³ Also, seniors and individuals with disabilities, in particular, can experience over-prescription of certain medications for pain, including opioids, that increases their vulnerability for substance dependence or addiction. Managing multiple prescriptions can increase the risk of adverse consequences.

Alaskan seniors age 65 and older consistently self-report higher rates of binge and heavy drinking than seniors in the lower 48,⁵ and Alaska's senior mortality rates for alcohol-induced and accidental deaths (non-fall related) are also higher.⁶

Alcohol misuse and dependence in Alaska has historically led, or been close to leading, the nation per capita. The percent of Alaskan adults who reported heavy drinking in 2019 has increased, and was 2.7% higher than national rates.⁴

As the need for behavioral health support continues to grow due to the COVID-19 emergency, the ability for providers to keep up is challenging.

How are Treatment Services Funded?

Addiction treatment in Alaska is funded through a variety of means—including Medicaid reimbursement, private insurance, and state-funded grant dollars to community non-profit and for-profit providers to pay for emergency outpatient and residential treatment services to

low-income youth and adults with moderate to severe behavioral health disorders.

During the 2019 legislative session, *Behavioral Health Treatment and Recovery* grants were reduced by -\$6.1 million, with policymakers intending this reduction to be offset by savings resulting from implementation of the 1115 Behavioral Health Medicaid Waiver. In 2020, they were reduced by an additional -\$2 million.

Costs of Addiction in Alaska

According to a 2019 McDowell Group report on the economic impacts of drug and alcohol misuse in Alaska, the estimated cost was about \$5 billion. Of these costs, productivity losses accounted for the largest component.⁷

The misuse of substances also has a wide range of intangible costs that includes the suffering of victims, domestic violence, childhood trauma and Adverse Childhood Experiences (ACEs), and diminished quality of life. It also plays a significant role in traffic collisions and crime, such as driving under the influence, assault, theft, domestic violence and sexual assault.

Behavioral health treatment providers report that 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 aging infrastructure, attrition of staff, increased demand, and inability to recruit and retain treatment professionals.

Community-based services are less expensive than residential or institutional care and can be equally or more effective. These services include, but are not limited to, substance use prevention, crisis stabilization, residential and outpatient treatment, detox services, Medication Assisted Treatment (MAT), peer support, reentry services, and long-term recovery supports.

The Trust and partner advisory boards support expanding access to treatment, reducing waitlists, and building a sustainable workforce to serve Alaskans with substance use disorders across the lifespan.❖

¹ 2019 Alaska Scorecard. DHSS/ Alaska Mental Health Trust Authority. Retrieved from: http://dhss.alaska.gov/dph/HealthPlanning/Documents/scorecard/2019%20Trust%20Scorecard_full.pdf

² Alaska Mental Health 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).

³ From Department of Health & Social Services, *Healthy Alaskans 2010 – Volume 1*.

⁴ Division of Public Health, DHSS 2018 Alaska Scorecard. Retrieved from http://dhss.alaska.gov/dph/HealthPlanning/Documents/scorecard/2018_MHT_Scorecard_full.pdf

⁵ BRFSS, DPS, *Chronic Disease Prevention and Health Promotion*, July 2018.

⁶ Division of Public Health, Alaska Bureau of Health Analytics & Vital Records.

⁷ McDowell Group. (2020). "The Economic Costs of Drug Abuse in Alaska." 2019 Update. Juneau: McDowell Group.



The Alaska CARELINE provides crisis intervention for individuals considering suicide, or experiencing crisis, isolation, or depression. The 24- hour hotline is immediate and confidential 365 days per year.

Suicide Prevention

Support policies and funding for awareness, prevention, and postvention efforts in both urban and rural communities

Suicide is a growing public health issue in Alaska that affects all Alaskans regardless of age, culture, region, race, or socio-economic background. Suicides are rising across the United States and Alaska, with Alaska having one of the highest rates of any state, at nearly double the national average.¹

Health officials are concerned that suicide rates may increase as more Alaskans face unemployment, displaced housing, and increased stress related to the COVID-19 public health emergency.

In 2020, policymakers maintained funding for the *Suicide Awareness Prevention & Postvention* (SAPP) school grant program, supporting training, curriculum development, and evidence-based peer-to-peer and culturally relevant e-learning programs implemented by the Department of Education and Early Development (DEED) in collaboration with the Statewide Suicide Prevention Council (SSPC).

SSPC is a citizen council of members impacted by suicide that works with communities and state agencies to provide information, training, and advocacy on policies and funding that impact victims, family members, service providers, and communities.

Additionally, policy changes and funding for improved telehealth capacity, crisis intervention, early intervention in schools, and community support services, will continue and expand in FY21.

Snapshot of Alaska's Suicide Rates

- 1,728 Alaskans died by suicide between 2009 and 2018, accounting for 4.2% of all Alaskan deaths, and making suicide the 6th leading cause of death in that time period;
- In 2018, Alaska's 181 Alaskans died by suicide, a rate was 24.5 per 100,000, compared to the national average of 14.2 per 100,000;
- In 2018, suicide was the leading cause of death for youth and young adults age 15 to 24 (44.2 per 100,000);
- Alaska Natives and American Indians (AN/AI) continue to be one of the most at-risk populations for suicide in Alaska, with a rate of more than three times the national average (41.9 per 100,000) in 2018. The rate among Alaska Native youth ages 15-24 years was 119.6 per 100,000, more than double the rate of all Alaskans in that age group.²

How Trust Beneficiaries Are Impacted

Alaska Mental Health Trust (Trust) beneficiaries³ are among the most at-risk populations for dying by suicide. Of 562 suicide deaths between 2015 and 2017 that underwent toxicology testing, 394 (70%) tested positive for alcohol or other drugs (opiates, amphetamines, marijuana).⁴

Between 2012 and 2017, 37% of the people who died by suicide had a current mental health disorder; 36% had been treated for a mental health disorder during their lifetime; and 22% were being treated for a mental illness at the time of their death.⁵

Suicide continues to be a risk in Alaska's aging population as well. Between 2009 and 2018, Alaskans aged 60 to 79 had the third highest number of suicides of any age demographic. Older males are at an even greater risk, with a rate of 70.3 per 100,000 for Alaska men between 70 and 74 years old.⁶

Well-designed studies are scarce on the topic of suicide within the Intellectual-Developmental Disabilities (IDD) population, but literature suggests an equal if not higher incidence of suicide among people with IDD compared to the general population.

A national study of Medicare beneficiaries between the years 2012 and 2017, suggested that suicide attempts were 6.5 to 10 times more common in beneficiaries with autism.⁷

A review of 56 Alaskan cases of suicide found that 54% experienced an illness or disability that made normal daily routines difficult.⁸

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National and international research suggests that people with a history of Traumatic Brain Injury (TBI) have an increased rate of death by suicide, with the most severely injured being up to 4.05 times more likely to die by suicide than the general population.⁹

How is Alaska Addressing Suicide?

Alaskans are working through a variety of organizations, including public, private, and tribal partnerships that are actively addressing suicide prevention, intervention, and postvention (activities that reduce risk and promote healing after a suicide death or attempt).

Through the SAPP program, over 22,000 students, school staff, and community stakeholders have been served, since its inception in 2012. Reported outcomes from grantees include higher rates of students seeking help, increased attendance, and higher graduation rates. In addition, in FY19, 7,826 individuals across Alaska used DEED's suicide eLearning modules created with SAPP program funding.¹⁰

Additional efforts of the SSPC, include:

- Programs that reduce access to lethal means through gunlock distribution and medication disposal programs;
- Promoting *CARELINE*, Alaska's 24-hour, toll-free crisis hotline, 877-266-4357 (HELP);
- Developing and distributing the statewide postvention guide and resources; and
- Public Service Announcements that promote prevention and stigma reduction.

Barriers to Suicide Prevention Efforts

After decades of flat-funding and grant reductions for community behavioral health services, most Alaskan communities have no suicide prevention or intervention resources. This places a heavy burden on law enforcement, schools, hospital emergency rooms, tribal and state governments, and families.

The Trust and partner advisory boards support expanding suicide prevention efforts statewide for Alaska's most at-risk populations. ❖

¹ Division of Public Health, Alaska Health Analytics and Vital Records Section, *Alaska Vital Statistics 2016 & 2018 age-adjusted data*.

² *Ibid.*

³ *Alaska Mental Health 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).*

⁴ *Alaska Suicide Toxicology Project Summary, State of Alaska Epidemiology Bulletin, January 2, 2019.*

⁵ "AKVDRS Suicide Death Update – Alaska, 2012-2017," *State of Alaska Epidemiology Bulletin, January 2, 2019.*

⁶ *Division of Public Health, Alaska Health Analytics and Vital Records Section, Report to Statewide Suicide Prevention Council, August 2019.*

⁷ Hand, B.N., Benevides, T.W. & Carretta, H.J., *Suicidal Ideation and Self-inflicted Injury in Medicare Enrolled Autistic Adults With and Without Co-occurring Intellectual Disability* (2019). <https://doi.org/10.1007/s10803-019-04345-x>

Reducing Lethal Means for Suicide Prevention

Suicide deaths by firearm is the most common way Alaskans die by suicide, with a mortality rate nearly double the national rate (19.7 vs. 10.3 per 100,000 respectively), according to the Alaska Violent Death Reporting System.

In 2020, the Statewide Suicide Prevention Council is working with the Alaska Mental Health Trust Authority and Division of Behavioral Health to reduce lethal means by encouraging gun owners to properly store firearms and reduce the risk of suicide.

Additionally, the campaign promotes public outreach, education, and distribution of gun locks, in collaboration with the U.S. Dept. of Veterans Affairs and Alaska Federation of Natives.

Alaska Firearm-Related Suicides (Numbers):

- Nearly 2/3 of all suicides in Alaska involve firearms.
- Alaskans are four times more likely to die by suicide from a firearm than in a homicide.
- Nearly 1/3 of all suicide deaths by firearm in Alaska are by someone who has experienced at least one mental health problem such as depression, anxiety disorder, or bipolar disorder, according to Alaska Health Analytics and Vital Records.
- 85% - 95% of suicide attempts with a firearm are fatal, according to the CDC fatal injury data.
- Of the 1,000 firearm fatalities in Alaska between 2009-2015, 750 (75%) were deaths by suicide; 152 (15%) were homicide; and the remaining 98 (10%) were caused by unintentional injury, legal interventions, or were undetermined.

Workforce Development

Address workforce shortages of Alaskan healthcare professionals statewide

Alaskan policymakers maintained funding for programs and services statewide that employ Alaskans in the healthcare professions, including assisted living, behavioral health treatment, personal care services, supported employment, reentry and transition services, peer support and mentorship, and more. Additional federal CARES Act funds were allocated for small businesses via the Alaska Industrial Development and Export Authority (AIDEA), and for non-profit organizations through the Alaska Community Foundation.

Healthcare professionals work for private and non-profit organizations, tribal, federal, local, and state entities. Alaskans working in the healthcare and social services fields contribute to a healthy workforce and strong Alaska economy, and are the foundation of a continuum of care for Alaska Mental Health Trust (Trust) beneficiaries.¹

Recruiting and retaining healthcare providers can be challenging. Work conditions are often stressful and physically challenging. Lack of adequate pay, opportunities for full-time employment, benefits, mentorship, and professional development are a challenge, and incentives to stay in-state or in the field are reduced. 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 knowledge and skills critically needed in healthcare in Alaska.

Who Are Alaska’s Healthcare Workforce?

Direct Support Professionals (DSPs) and *Personal Care Assistants (PCAs)* provide long-term services that include assistance with daily living, systems navigation, non-clinical rehabilitation, transportation, and job coaching.

Care Managers assist in accessing services for personal care. *Care Coordinators* work across systems to coordinate an individual’s healthcare plan, monitoring the delivery of services and fidelity of treatment and care. In 2020, positions were added to expand case management and reentry efforts within the Department of Corrections (DOC).

Community Health Aides and *Behavioral Health Aides* offer primary care, emergency, mental health, addiction, and suicide prevention support in rural communities.

Behavioral Health Clinicians are licensed and non-licensed professionals who provide mental health and addiction treatment, assessments, recovery, and prevention.



Mental Health First Aid teaches professionals and others how to identify, understand, and respond to signs of mental illness and substance use disorders.

Peer Support Specialists are people with lived experience of a disability or behavioral health disorder who serve as coaches, mentors, and system navigators.

Psychiatrists, Geriatricians, Neurologists are physicians skilled in assessing and managing the specialized medical needs of people with disabilities, including people with behavioral health disorders. Additional funding was added in 2020 to fill vacant positions within the Alaska Psychiatric Institute (API) to meet capacity and expand the number of patients who can be served.

How is Alaska Building a Healthcare Workforce?

The Trust and partner advisory boards are working with both private, non-profit, and public agencies to address some of Alaska’s healthcare workforce challenges. Following are some of the statewide efforts currently underway:

The Alaska Training Cooperative (AKTC), administered under the University of Alaska Anchorage (UAA) College of Health supports career development and training for healthcare providers that

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blends evidence-based practices with traditional knowledge. AKTC serves professionals engaged with Trust beneficiaries by ensuring that technical assistance and training is accessible and coordinated. AKTC provides important training that in some cases cannot be found anywhere else.

The Alaska Native Health Tribal Consortium (ANTHC) collaborates with the Alaska Department of Labor and Workforce Development (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.

UAA is expanding health programs, including social work and behavioral health programs, based on regional health workforce assessments that identify local healthcare workforce needs.

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

The Alaska *SHARP* Program is a support-for-service effort that offers incentives and financial support for medical and behavioral health care professionals to seek and maintain employment in Alaska.

Initiatives focused specifically on DSP professionals include 1) a DSP career and apprenticeship pathway for graduating high school students and displaced workers, 2) creation of the Alaska Alliance of DSPs and a peer network focused on a strengthened workforce, 3) the *National Core Indicators* survey, which collects workforce data, informs efforts and measures progress.

A healthcare innovation hub, *Health TIE*, identifies and supports implementation of emerging technology to increase the capacity of the service system; and

DOLWD offers the *Senior Community Service Employment Program* (SCSEP), also known as the *Mature Alaskans Seeking Skills Training* (MASST), which provides training and job placement for Alaskan seniors 55 years and older who experience challenges to gaining employment.

Moving Forward on Workforce Development

The Trust and partner advisory boards support the following for building an adequate healthcare workforce:

- ✓ Adequate livable wages for direct care providers to better recruit and retain staff who work directly with beneficiaries;

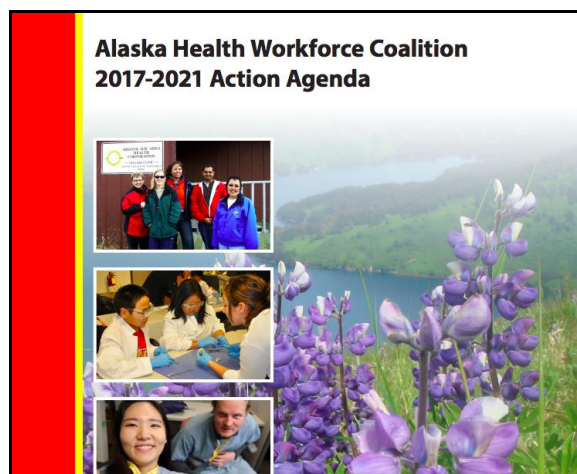
- ✓ Adequately-trained professionals to provide supervision, mentorship, and oversight, and improve the stability and safety of both staff and clients in urban and rural communities;
- ✓ Adequate transition support for Alaskans returning to the community after institutional care (psychiatric hospitals, juvenile detention, foster care, residential behavioral health, nursing homes, prisons, and halfway houses);
- ✓ Specialized services that assist justice-involved Trust beneficiaries during pretrial, incarceration, and reentry phases of their justice involvement;
- ✓ Incentives to address high turnover, burnout, and early departure from healthcare employment;
- ✓ Further implementation of Alaska's *Employment First* efforts, including ramping up *State as a Model Employer* (SAME) within Alaska state departments.

The Trust and partner advisory boards support resources to recruit, engage, train, and retain healthcare professionals, and address Alaska's shortage of professionals serving Alaskans with disabilities/behavioral health disorders across the lifespan.❖

¹ Alaska Mental Health 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).

² Healthcare professionals who serve Trust beneficiaries include direct support professionals, personal care attendants, case managers and care coordinators, community behavioral health clinicians and aides, peer support specialists, psychiatrists, geriatricians, neurologists, and more.

³ Alaska Health Workforce Coalition 2017-2021 Action Agenda.



Community-based services help seniors and people with disabilities live at home, close family and friends, and out of institutional care.

John Forster receives support services at Fairbanks Resource Agency (FRA)'s Adult Day Center. Photo courtesy of FRA.



Community-Based Services

To help Alaskans remain safe, independent, and out of expensive institutional care

Community-based services are critical for Alaskans with disabilities, behavioral health disorders, and seniors. These services might include assisted living and personal care services, housing and employment assistance, mental health and addiction treatment, case management, employment assistance, peer support, reentry services, home-delivered and congregate meals, transportation, day habilitation, and more.

In 2020, policymakers passed legislation to improve telehealth services in both urban and rural areas, and to fund behavioral health grants, senior services, home and community-based services, and small business relief for providers impacted by COVID.

Community support services are often more cost effective than institutional care for people with disabilities. When funding for these services is reduced or eliminated, Alaska's most vulnerable citizens, that include Alaska Mental Health Trust (Trust) beneficiaries,¹ are more likely to 'fall through the cracks' and end up in more expensive institutional care—hospital emergency rooms, nursing homes, out-of-state residential care, and prison—usually at state expense.

For example, for people with mental health disorders, community behavioral health treatment costs 87.9% less than placement in Alaska Psychiatric Institute (API).²

Community supports for Alaska's seniors can cost 45% to 90% less than nursing home care.³

Home and Community-Based Services (HCBS) Intellectual-Developmental Disability (IDD) waiver

services cost on average 58.6% less than services received through Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).⁴

HCBS promote independence, choice, and inclusion. People overwhelmingly prefer services in their home and community, and these services and supports cost significantly less than institutional care for all payers.

Why Are 'Continuums of Care' Important?

'Continuums of care' offer a consistent and integrated system and delivery of health care services to targeted populations over the lifespan. A well-designed continuum can include prevention and early intervention, treatment and interventions, long-term recovery and maintenance, and supports for senior Alaskans. Housing and long-term services and supports are also an important part of continuum of care. A complete continuum means that all Alaskans have access to the right level of service, at the right place, at the right time.

For seniors and people with IDD, a continuum of care might include early diagnosis and intervention in schools or doctor's offices, in-home support services, transportation support, and family respite.

A continuum of care for people experiencing mental illness or substance use disorders might include early screening and identification, brief intervention in doctors' offices, outpatient or residential treatment for Alaskans needing those levels of care.

Having a well-planned and coordinated continuum of care with adequately-funded community support services offers Alaskans with disabilities access to

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appropriate care that reduces dependence on expensive emergency, crisis, or institutional care.

Community support services provide local jobs

For-profit and non-profit organizations that provide community-based services are important not only to the Alaskans they serve, but for local economies, as they provide jobs for healthcare professionals.

Reductions in grant programs and Medicaid funding affect the ability of local providers to recruit and retain staff, which negatively impacts clients, providers, and local economies.

Community support services maintain stability and are less expensive than institutional care

Alaska's most vulnerable citizens are more likely to remain stable, safe, and productive in their communities when they have access to community-based healthcare and supports.

Alaskans returning to the community after foster care, juvenile justice, or incarceration benefit from transition services that help them get and remain stable.

Community behavioral health treatment and rehabilitative services cost 20-50% less than a psychiatric hospital for people with severe mental illness.

Community supports for seniors can cost 45% to 90% less than nursing home care.

Community supports for people with IDD cost on average 58.6% less than services received through intermediate care facilities.

What are some community support services supported with state dollars?

- Behavioral health treatment grants
- Assisted living/group homes
- Day habilitation
- Personal care services
- Case management/care coordination
- Adult day programs
- Home-delivered/congregate meals
- Supported employment/job coaching
- Reentry/transition services
- Peer/mentorship/trauma support

The Trust and partner advisory boards support community-based services for all Alaskans, including people with intellectual-developmental disabilities, behavioral health disorders, dementia, and traumatic brain injury, so they can remain safe and stable in their communities.❖

Comprehensive Mental Health Plan for Alaska

The Alaska Department of Health and Social Services (DHSS), in partnership with the Alaska Mental Health Trust (Trust) and many stakeholders, have finalized *Strengthening the System*, Alaska's Comprehensive Integrated Mental Health Program Plan.

This five-year plan assists with guiding resources to the services, workforce, and facilities necessary to meet the needs of people with disabilities and vulnerable Alaskans.

Strengthening the System supports planners and service providers statewide through nine goals, each with corresponding objectives and strategies, to create a comprehensive health care system that provides a full continuum of prevention, treatment and support services in Alaska.

The plan was developed through a stakeholder-driven process that included DHSS, the Trust and partner advisory boards, key stakeholders, and public feedback. The plan will be assessed annually, incorporating the results of the [Alaska Scorecard](#) to monitor progress and its impacts.

Along with the report, DHSS has launched a webpage devoted to the plan that includes complementary resources. Visit [Alaska's Comprehensive Integrated Mental Health Plan](#) to read the complete plan, download the individual goals or access resources and public comments.

¹ Alaska Mental Health 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).

² Comparing outpatient mental health services provided by community behavioral health centers, clinics, and psychologists (average cost per day of \$174 per person) to inpatient psychiatric treatment at the Alaska Psychiatric Institute (average cost per day of \$1,445 per person) Source: Department of Health and Social Services Division of Behavioral Health Overview, Presentation to the Alaska Legislature, March 11, 2019.

³ Comparing home and community-based services like personal care attendants (average FY18 annual cost \$14,744 per person) and Medicaid waiver services (average FY18 annual cost ranging from \$36,598 to \$90,173 per person) to skilled nursing facility costs (average FY18 annual cost \$163,090 per person). Source: Alaska Department of Health and Social Services Division of Senior and Disabilities Services, Presentation to the Alaska Legislature, March 8, 2019.

⁴ State of Alaska Automated Budget System, Final Authorized FY19 report, Harmony and COGNOS (\$88,769 average annual cost per HCBS IDD waiver/\$214,423 average annual cost per person in ICF/IID).



Alaskans with disabilities, including people with Alzheimer's disease/dementia, behavioral health disorders, intellectual-developmental disabilities, and traumatic brain injuries, are at greater risk for expensive institutional care when their basic healthcare needs are not met. Medicaid supports healthcare for vulnerable Alaskans.

Medicaid Services

Medicaid provides health coverage to vulnerable Alaskans

Medicaid health coverage supports Alaskans unable to afford healthcare, or who are at-risk of institutionalization. Medicaid covers eligible low-income families, children, pregnant women, people with disabilities, elderly, blind, and certain adults between the ages of 19 and 64 years.

Medicaid is funded with both federal and state dollars. In Alaska, the program is managed by the Alaska Department of Health & Social Services (DHSS). Hospitals, clinics, and community providers are reimbursed for their services through the Medicaid program.

During the 2020 legislative session, policymakers maintained funding for Medicaid Services, including Adult Preventative Dental Services. Reductions or elimination to these programs were considered, but ultimately not adopted. Additionally, legislation passed that addresses Medicaid reimbursement for services of licensed professional counselors (LPCs).

For many Alaska Mental Health Trust (Trust) beneficiaries,¹ Medicaid health coverage helps 'level the playing field' so seniors and people with disabilities can live at home in their communities, with access to community support services, instead of in expensive institutional care.

Medicaid-reimbursable services can include assisted living, day habilitation, personal care attendants, case management, mental health and substance use disorder treatment, medication management, transportation, and supportive housing.

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

Additionally, access to home and community-based services reduces the likelihood that vulnerable Alaskans will end up homeless, in crisis, or have involvement with the criminal justice system.

What happens when Medicaid is cut?

Community-based services reimbursed by Medicaid provide jobs for healthcare 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, and staff are at risk of losing their jobs.

A family taking care of a senior with dementia can lose their ability to care for their loved one at home if their Medicaid coverage is eliminated or reduced.

A person with a developmental disability may lose valuable access to rehabilitation, access to community activities, and assistance with normal daily routines.

Justice-involved individuals struggling with untreated addiction or mental illness are more likely to relapse and return to prison due to additional criminal activity.

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.

The Trust and partner advisory boards support funding Medicaid services at adequate levels to prevent increasing costs to other parts of our system, such as hospitals and state-funded institutional services that include nursing homes, Alaska Psychiatric Institute (API) and the Department of Corrections (DOC).

MEDICAID – continued on page 10

Implementation of the 1115 Behavioral Health Medicaid Waiver

Alaska’s application to the Center for Medicare and Medicaid Services (CMS) for mental health and substance use disorder services via a Medicaid 1115 Demonstration Waiver (1115 Waiver) was approved in 2019, and Medicaid services have been rolling out by region over the past year.

A federal 1115 Waiver allows states the flexibility to design, redesign, and improve their Medicaid services and programs. In Alaska, the intent of the demonstration project is to create a data-driven, integrated behavioral health system of care for Alaskans experiencing serious mental illness (SMI), severe emotional disturbance, substance use disorder (SUD), co-occurring substance use with mental illness, and at-risk families and children—including youth at-risk for involvement with the state’s Office of Children’s Services (OCS) and Division of Juvenile Justice (DJJ).

Home and Community-Based Waiver Services

Seniors and individuals with intellectual and developmental disabilities (IDD) utilize Medicaid for Home and Community-Based Waiver Services (HCBS) for daily and long-term supports. Without HCBS, many if not most Alaskans with significant IDD and seniors with Alzheimer’s disease and dementia (ADRD) would have to leave their homes or communities for institutionalized care, at a much greater expense.

The Trust and partner advisory boards support adequate funding for Medicaid services for Alaskans with disabilities, including people with behavioral health disorders, across the lifespan, so they can remain in their communities and out of expensive institutional care. ❖

¹ Alaska Mental Health 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).



Alaskans with disabilities who qualify for services reimbursed by Medicaid are supported in remaining stable, living at home close to family and friends, and engaged in their communities. Medicaid-reimbursable services can include assisted living, personal care attendants, case management, mental health and substance use disorder treatment, day habilitation, medication management, transportation, and supportive housing. Top photo: Talon Doughty and direct service provider (DSP) Elsie Stormont stand in front of the window ornaments Talon makes and sells in local gift shops. Photo courtesy of Fairbanks Resource Agency. Middle photo: A young boy receives dental care in Shishmaref from a dental health aide. Photo courtesy of Pew Charitable Trusts. Bottom photo: Seniors gather for a meal at a local senior center.



The commissioner of the Department of Corrections and state legislators are pictured participating in a reentry simulation that illustrates the challenges experienced by people returning to their communities after incarceration. In 2020, reentry simulations were held in Juneau, Anchorage, Mat-Su, and Fairbanks, and were attended by policymakers, judges, attorneys, probation, parole, and corrections staff. Evaluations repeatedly pointed out the value of seeing “first hand” the barriers that returning citizens experience.

Treatment, Recovery, and Education to Reduce Recidivism

Both institutional and community support services are key for success after incarceration

Alaska is addressing recidivism through a variety of efforts underway across the state. Reentry coalitions, reentry centers, better access to education, training, and employment assistance, housing, and treatment, justice-involved Alaskans are leaving incarceration after time served with a reduced likelihood of recidivism (committing new crimes).

Policymakers passed legislation in 2020 that supported therapeutic courts, reentry and pretrial case management, crisis intervention, alternatives to incarceration for people with disabilities, and the establishment of a reentry unit within the Department of Corrections (DOC) to facilitate successful transition and stability in the community after release.

Trust beneficiaries in the criminal justice system

With 65% of Alaska’s inmate population having a diagnosable mental health disorder,¹ DOC is, by default, the largest provider of mental health and substance use disorder services in the state.

According to an Alaska Mental Health Trust (Trust) report published in 2014, Trust beneficiaries² are at increased risk for involvement with the criminal justice system and account for more than 40% of Alaska’s incarcerations each year. Additionally, their median length (or mid-point) of

stay is significantly longer than for other offenders. For beneficiaries who commit felonies, the length of stay is double that of a non-beneficiary, and for misdemeanors, it is 150% longer.³

The Trust and partner advisory boards believe that justice-involved beneficiaries are best served with access to treatment, housing, employment assistance, education, and training, so they are more likely to experience rehabilitation and less likely to commit new crimes.

Since about 95% of incarcerated Alaskans will serve their time and return to our communities,⁴ funding for in-custody programs and community-based supports is a wise investment for improving public safety, reducing criminal recidivism, and creating safer, healthier communities.

Improved Practices Underway in Alaska

All Alaskans benefit when returning citizens have access to services and programs that help address the root causes of criminal behavior. Our communities are safer when all citizens have access to safe housing, employment, and community supports. Below are some of the improved efforts currently underway in Alaska:

Reentry Coalitions. Community coalitions have been operating in Anchorage, Mat-Su, Fairbanks,

RECIDIVISM REDUCTION – continued on page 12

Juneau, Kenai, Dillingham, Ketchikan, and Nome, to support individuals returning to the community after incarceration. Coalition efforts are helping to increase access to services, reduce barriers, and improve stability after release. Alaska's reentry coalitions partner with profit and non-profit organizations, state agencies, tribal, faith-based, and business organizations, to promote practices that increase successful reentry and reduce recidivism.

Reentry Case Managers. Both DOC institutional probation officers and community case managers are partnering to provide transitional planning 90-days before release for individuals at high-risk of recidivating. Reentry case managers provide support for accessing housing, employment, training and education, healthcare, behavioral health treatment, peer support, family reunification, parenting, and more, to increase the likelihood of stability and success after release.

Treatment and education programs inside prisons and halfway houses. Funding remains in place for education programs, mental health, and addiction treatment inside prisons and halfway houses, with efforts to expand programming statewide. Education and treatment services can be the foundation for success after release from incarceration.

DOC Reentry Unit. New funding in 2020 has allowed DOC to expand its reentry efforts statewide, including partnering with reentry coalitions, reentry case managers, and probation for expanded transition support, improved training and practices, improved coordination between institutional education, treatment, and vocational programming, increased access to housing and employment assistance, peer support and mentoring, culturally-relevant programming, and more.

Improved prison population management practices. DOC prioritizes separating low-level offenders from serious violent offenders, when appropriate, to prevent exposure to more serious anti-social and criminal behaviors. A large body of research shows 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.

Strengthened community supervision during pretrial phase. DOC's pretrial enforcement within the Division of Probation, Parole, and Pretrial

provides improved supervision to defendants awaiting resolution of their criminal case, including connecting them to community resources that promote an increased likelihood of compliance with their conditions of release.

Therapeutic Courts. Therapeutic courts offer court-supervised probation and rehabilitation support for people with mental illness, addiction, families at risk, and others. Specially-trained probation officers offer intensive case management and assistance to justice-involved Alaskans for maintaining stability in the community, which may include assistance with access to housing, employment, and treatment, while carrying out the obligations of their probation.

Access to limited driver's licenses. People convicted of a first felony DUI offense may receive a provisional 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

Recidivism Reduction Fund. 50% of the revenue collected from the state's marijuana taxes is invested into services and programs serving justice-involved individuals that include: 1) reentry services funded through the Department of Health & Social Services (DHSS) for case managers who offer 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 (CDVSA).

The Trust and partner advisory boards support maintaining efforts to enhance and expand services and programs that promote treatment and rehabilitation, improved public safety, and reduced criminal recidivism for justice-involved Alaskans. ❖

¹ 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>

² Alaska Mental Health 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).

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 Alaska Department of Corrections presentation to Alaska State Legislature, 2018.

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

Supportive Housing

Housing interventions and residential supports reduce the need for institutional care

Many Alaskans with disabilities struggle to maintain safe, stable, and affordable housing. The *National Alliance to End Homelessness* has identified that 41% of people who are homeless in the United States also experience a disability.¹

Housing interventions and residential supports offer a ‘leg up’ for people with disabilities, including seniors and people with behavioral health disorders, who experience barriers to housing, so they can live normally in the community.

Without supports, many vulnerable Alaskans are at higher risk for homelessness or being served in expensive emergency care, nursing homes, psychiatric hospitals, out-of-state residential care, or prison.

During the 2020 legislative session, policymakers maintained funding for homeless assistance programs, special needs housing, housing grants for people with disabilities who are leaving incarceration, senior citizen housing development, and Alaska Pioneer Homes via the Alaska Housing Finance Corporation (AHFC).

Housing Interventions

Alaska Mental Health Trust (Trust) beneficiaries² benefit from housing supports that offer a safe place to live and the ability to obtain and maintain employment, access basic healthcare, treatment and recovery services, and other supports. Housing interventions may include:

Permanent Supportive Housing (PSH), a national model that combines affordable housing and community support services for people with disabilities also experiencing housing barriers. PSH has proven to reduce the need for more expensive care because tenant needs are accommodated with onsite supportive services—such as case management, treatment, and medical care. A 2018 report indicates that 43% of individuals with patterns of homelessness “are considered candidates for permanent supportive housing.”³

Housing First is a national model offering housing with supports for people experiencing homelessness, and which does not require sobriety or participation in a treatment program for residency. *Housing First* reduces the need for more expensive care because tenant needs are accommodated with onsite supportive services. A University of Alaska report indicated that in the six-month period after residents moved into Juneau’s permanent supportive *Housing First* facility, there were 230 fewer emergency room visits from complex



Housing interventions and residential supports help seniors and Alaskans with disabilities remain safe and independent in their communities. Top photo: A senior receives chore support in her assisted living home. Bottom photo: Andrew Harris makes tea in his apartment at a residential home provided by Fairbanks Resource Agency (FRA). Photo courtesy of FRA.

patients, 495 fewer police contacts from the same population, and 352 fewer nights supervising a person sleeping off alcohol intoxication.⁴

Rapid Re-Housing (RRH) is an intervention informed by the *Housing First* approach that rapidly connects people experiencing homelessness through a tailored package of assistance that includes the use of time-limited financial assistance and targeted supportive services. RRH serves Alaskan veterans, families, and individuals, and reduces the instances of living in shelters or on the street.

Residential Supports

Residential support services help Alaskans with disabilities, who are not necessarily at risk of homelessness, participate in activities of daily living that encourages independence and engagement in the

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community. These services might include personal care assistance to help with eating, bathing, and transportation; a group home with support staff who help with managing behaviors and carrying out therapeutic treatment goals; or assistive equipment that aids in maintaining employment, making phone calls, paying bills, and managing medication.

Residential support services promote person-centered care for maximum autonomy and dignity. Residential support services might include:

In-Home Supports for people who need professional assistance from a direct care provider that comes to their home for daily assistance to make meals, assist with hygiene, life skills, transportation, and more.

Assisted Living Homes typically serve people who need daily medical intervention and/or regular assistance with daily living activities.

Group Homes offer daily support for residents who experience difficulty managing basic life skills, such as meals, finances, treatment, social skills, transportation, and accessing community activities.

Barriers to Housing for People with Disabilities

A 2015 report by the Governor’s Council on Disabilities and Special Education (GCDSE), indicated that people with Intellectual-Developmental Disabilities (IDD) experience housing barriers that include: 1) lack of supportive housing services for individuals not eligible for housing waivers; 2) lack of transition services for youth leaving school and entering adulthood; 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.⁵

Seniors who experience Alzheimer’s disease and related dementia (ADRD) have fewer 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.⁶

People with behavioral health disorders and/or criminal backgrounds experience multiple barriers that include stigma, shortage of housing for justice-involved individuals, and fewer opportunities for employment to pay for housing.

What are some solutions?

The Trust and partner advisory boards support solutions that include continued funding for programs that serve Alaska’s homeless and disabled citizens, and continued attention to addressing barriers. These

solutions include:

- ✓ *Special Needs Housing Grants* (SNHG) for permanent supportive housing and long-term rental assistance for Alaska’s seventeen successful SNHG housing programs;
- ✓ *Human Services Community Matching Grants* and *Community Initiative Matching Grants*, which provide funds to municipalities for programs that offer food, shelter, and domestic violence services.
- ✓ *Homeless Assistance Program* (HAP), which offers grants for emergency shelters, homeless prevention (such as rental and utility emergency assistance), housing vouchers, and rapid rehousing.

The Trust and partner advisory boards support funding for housing assistance and residential support services that help Alaskans with disabilities across the lifespan remain safe, stable, and productive in their communities. ❖

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

² 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).

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

⁴ “Juneau Housing First Six-Month Pre/Post Service Usage Indicators of Wellbeing Comparison,” Brocious, Heidi PhD, MSW; Erisman, Morgan MSW, MPH, October 30, 2018.

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



Juneau’s Housing First project “Forget-Me-Not Manor,” opened a new wing in 2020, expanding the facility to provide supportive housing for 60 chronically-homeless residents. Photo courtesy of Adelyn Baxter.

rehabilitation, university programs, peer support, mentorship, and more.

Alaska Mental Health Trust (Trust) beneficiaries¹ benefit from practices, policies, and funding that promote supported employment for Alaskans with disabilities.

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 month Medicaid expenditures were less.”²

American Community Survey data from 2017 reveals that only 40% of Alaskans with a disability are currently employed, compared to 80% of people without disabilities. For some beneficiary groups, the rate of employment is even lower. For example, only 26% of Alaskans with a cognitive disability are employed.³

Employment is an essential part of recovery for many individuals with behavioral health disorders, offering positive impacts on life satisfaction, self-esteem, and symptom reduction. Two-thirds (66%) of people with serious mental illness indicate they want to work, but only 15% are employed.⁴

Additionally, employment is a way out of poverty and can prevent people from becoming homeless or entering the disability or criminal justice systems.

Supported Employment in Alaska

Alaska is an *Employment First* state, following a national movement that promotes employment in the general workforce as the preferred option for people with disabilities receiving assistance from publicly-funded systems. Alaskan agencies provide disability resource coordinators at job centers, through public school transition services, vocational rehabilitation, and more. Following are some of these efforts:

The Division of Vocational Rehabilitation (DVR) helps Alaskans with disabilities prepare for and maintain employment, and provides access to job counseling, referrals, training, placement services, and assistive technology.

The Division of Senior and Disabilities Services (SDS) provides individuals with intellectual and developmental disabilities (IDD), who are eligible for long term waiver services, with opportunities for supported employment services. Within SDS, the Governor’s Council on Disabilities and Special Education (GCDSE) leads the *Business Employment Services Team* which supports employers in hiring people with disabilities,⁵ and has produced an employment resource guide for people with disabilities.⁶

The Division of Behavioral Health (DBH) promotes competitive grant funds and the *Individual Placement*

and Support (IPS) program, an evidence-based model of supported employment for people with serious mental illnesses and substance use disorders.

The Department of Revenue (DOR) administers the *Achieving a Better Life Experience* (ABLE) program that helps Alaskans with disabilities save for qualified disability expenses without losing eligibility for certain public assistance programs.

Other programs offering supported employment resources, include the *Client Assistance Program*, *Alaska Tribal Vocational Rehabilitation Program*, *Disability Determination Services*, and *Ticket to Work*.

What Needs to Happen?

- ✓ Initiate a statewide *Alaska Work Matters* or *Employment First* taskforce to further implement Alaska’s 2014 *Employment First* law concepts of competitive and integrated employment for Alaskans with disabilities, including *State as A Model Employer* (SAME) efforts;
- ✓ Support continued funding and grants for supported employment activities and programs in Alaska;
- ✓ Provide training and technical assistance to service providers who implement supported employment practices for people with disabilities, at all levels;
- ✓ Enhance apprenticeship opportunities for Alaskans with disabilities, including people with behavioral health disorders;
- ✓ Reduce barriers in state policy, procedure, and regulations related to employment for people with disabilities across the lifespan.

The Trust and partner advisory boards support competitive, integrated, and meaningful employment opportunities for Alaskans with intellectual-developmental disabilities, behavioral health disorders, dementia, and traumatic brain injury. ❖

¹ Alaska Mental Health 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).

² 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>

³ Erickson, W., Lee, C., & von Schrader, S. (2019). 2017 Disability Status Report: Alaska. Ithaca, NY: Cornell University Yang-Tan Institute on Employment and Disability (YTI). http://www.disabilitystatistics.org/StatusReports/2017-PDF/2017-StatusReport_AK.pdf?CFID=21287273&CFTOKEN=1f758a616f571dc8-1AA49A94-0C14-2190-8A1E96E1F192CCA3

⁴ Individualized Placement Support (IPS) Employment Center <https://ipsworks.org/index.php/evidence-for-ips/>

⁵ For more resources on employment, visit the Council’s Alaska Transition Handbook: Pathway to Adulthood and Employment. <http://dhss.alaska.gov/gcdse/Documents/TransitionsHandbook.pdf>

⁶ Empowerment Through Employment” Resource Guide for Alaskans with Disabilities. <http://dhss.alaska.gov/gcdse/Documents/EmpowermentThroughEmployment.pdf>

2020 Bills Impacting Trust Beneficiaries

The following bills were tracked by the Trust and partner advisory boards during the 2020 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 29 – Insurance Coverage for Telehealth (Rep. Spohnholz). Allows medical providers who contract with insurers regulated by the state to be reimbursed for services delivered through telehealth. This action reduces travel costs and promotes increased access to specialists and behavioral health care.

HB 96 – Pioneers’ Home and Veterans’ Home Rates (Rep. Fields). Eliminates a cost barrier for senior care and assisted living and keeps the Pioneer Homes affordable. Senior care—including assisted living—is expensive, and creates a barrier for many families trying to care for aging loved one. Pioneer Homes are an important part of senior care in a state that is geographically widespread and sparsely populated.

SB 120 – Administration of Psychotropic Medication (Sen. Giessel). Adds physician assistants (PA) and advance practice registered nurses (APRN) to who can administer psychotropic medication without the patient’s informed consent. It also includes provisions from HB 290, Alternatives to Incarceration and Mental Health Crisis Centers, by Rep. Claman, which establishes an alternative to arrest procedure in acute episodes of behavioral health crisis to divert people to stabilization centers, staffed by mental health professionals, for evaluation and stabilization; and establishes the framework for DHSS to license and write regulations for 23-hour crisis stabilization centers, a component of the Crisis Now model.

SB 134 – Medicaid Coverage of Licensed Counselors (Sen. Wilson). This bill addresses reimbursement for the services of licensed professional counselors (LPCs). In current statute, LPCs are only allowed to provide services in community health centers or physician mental health clinics. This bill expands reimbursement to cover services provided directly or independently by LPCs.

SB 241 – COVID Emergency Response (Governor Dunleavy). This bill extends the public health disaster emergency to September 1, 2020, or earlier if the

Governor determines it is over sooner; extends capacity to provide telehealth services; adds \$5 million for AHFC homeless programs; creates a hold harmless provision for people on Public Assistance who may receive additional state or federal aid; establishes a temporary moratorium on evictions, foreclosures, utility disconnection, repossessions, and loan payments for Alaskans experiencing financial hardship due to the COVID emergency (requires sworn statement, with penalty of perjury, a Class B felony, for false claims); adds authority for grants to small businesses impacted by COVID; extends deadline for Permanent Fund Dividend applications and extends allowable out-of-state absence if related to COVID; adds penalties for unfair or deceptive trade practices during the emergency period.

SCR 9 – Establishing a Therapeutic Court Task Force (Sen. Wielechowski). This resolution establishes the Task Force on Therapeutic Courts to examine matters related to the effectiveness of the courts, screening and referral criteria, evaluation and data, substance use disorders and related costs to the criminal justice system, recidivism, connection to and capacity of community resources, and expanding therapeutic courts to rural communities.

Bills that did not pass:

SB 52 – Title 4 Alcohol Statutes (Sen. Micciche). Updates the Title 4 statutes governing the Alcohol Beverage Control (ABC) Board.

HB 17/SB 1 – Repeal Certificate of Need (Sen. Wilson). Repeals 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.

HB 303/SB 238 – Involuntary Commitment; Protective Custody (Governor Dunleavy). Relates to involuntary commitment procedures, protective custody at a correctional facility or jail, and transportation of individuals held for involuntary admission for mental health treatment.

HB 304/SB 239 – Psychiatric Examination; Competency (Governor Dunleavy). Relates to psychiatric examinations under criminal law and procedure, competency, and civil commitment of defendants. ❖

FY21 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, passed in 2020, support stability and safety for Trust beneficiaries and promote a robust healthcare workforce, jobs for people with disabilities, and the associated economic benefits.

TERMS

GF = General Funds, a state funding source
GF/MH = General Funds in Mental Health Budget (HB 206)
MHTAAR = Mental Health Trust Authority Authorized Receipts, a state funding source
DHSS = Department of Health and Social Services
DOC = Department of Corrections
DEED = Department of Education and Early Development
DOA = Department of Administration
DOTPF = Department of Transportation and Public Facilities
AHFC = Alaska Housing Finance Corporation
ACS = Alaska Court System
Maintains = Maintains funding at FY20 levels
Adds = Increases funding above FY20 levels
Decreases = Decrement from FY20

HB 206 - Mental Health Budget

Suicide Awareness, Prevention, and Postvention (SAPP) Grant Program (DHSS). Maintains \$400,000 GF/MH funding for grants that provide training, curriculum development, and evidence-based peer-to-peer and culturally relevant programming for schools statewide. Funds are coordinated between the Statewide Suicide Prevention Council (SSPC) and Department of Education and Early Development (DEED).

Holistic Defense Project (DOA). Adds \$372,700 GF/MH funding to match other funding for specialized support for defendants with behavioral health disorders and other disabilities in rural communities. These funds provide combined criminal legal and behavioral health support to defendants in Bethel, and supports expansion to other rural communities.

Therapeutic Courts (ACS). Adds \$290,000 GF/MH funding to support probation and specialized case management services for participants in the Palmer Family, Infant, and Toddler and Palmer Wellness therapeutic courts. Funds will support supervision, monitoring, compliance with court ordered treatment plans, and case management services for participants in these two courts. Intended results include increased public safety and reduced likelihood of criminal recidivism.

Telehealth Service System Improvements (DHSS): Adds \$63,000 GF/MH funding to match other funding to expand the state's ability to conduct health assessments via telehealth, including through the use of mobile and assistive technologies, for improving coordination and service delivery to people with disabilities. Funds allow the state to better manage provider agreements, outreach, and access to technology. Combined with approved Mental Health Trust funds, this GF/MH request will promote increased delivery to Alaskans with disabilities, and realize additional savings through travel reductions.

Comprehensive Program Planning Coordinator (DHSS): Adds \$75,000 GF/MH to match \$75,000 MHTAAR funding for continued work on the statutory Comprehensive Integrated, Mental Health Program 5-year Plan. This position assists with implementation, assessment, and evaluation of the statewide plan, which outlines the coordination and infrastructure needed to inform decisions for the state's mental health and disability systems of care.

Crisis Intervention Team (CIT) Training for Police Officers (DPS). Adds \$80,000 MHTAAR funding for specialized crisis intervention and behavioral health training for public safety officers statewide. Funds support specialized training for state troopers, local police, first responders, corrections, and other public safety officers in foundational knowledge on mental health and cognitive disorders, best practices for responding to crisis, Title 47 laws, and the state's community behavioral health system.

Rural Home and Community-Based Services (HCBS) Coordinator (DHSS). Adds \$81,000 MHTAAR funding for Rural HCBS statewide coordinator. Funds support addressing infrastructure gaps and developing an approach to long term care for seniors in Alaska's smaller communities and rural villages. Elements will include outreach, education, and technical assistance for meeting the needs of people with Alzheimer's disease and related dementias and other cognitive disorders, and co-occurring behavioral health disorders.

Behavioral Health Treatment and Recovery (BHTR) Grants (DHSS). Decreases \$2.07 million GF funding for grants to

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community-based providers for outpatient and residential mental health and substance use disorder treatment services to low-income youth and adults with moderate to severe behavioral health disorders.

Behavioral health grants offset services not covered by Medicaid so providers are able to continue services to Alaskans without the ability to pay. This decrement reflects the amount vetoed by the Governor.

Capital Items in HB 206

Homeless Assistance Program (HAP) (AHFC). Maintains \$8.15 million (\$6.35 million AHFC Dividend Fund; \$950,000 MHTAAR) funding for grants to homeless shelters and other community organizations that provide homeless prevention services, emergency rental and utility assistance, rapid rehousing, and more to Alaskans who are homeless or at-risk of homelessness. HAP serves Alaska's most vulnerable citizens, many of whom experience mental illness, addiction, and/or co-occurring disorders, by helping them remain safe and stable in their communities.

Beneficiary Special Needs Housing Grant (SNHG) (AHFC). Maintains historic funding level of \$1.7 million (\$1.5 million AHFC Dividend Fund; \$200,000 MHTAAR) for the state's portion for housing assistances that includes vouchers and long-term rental support for Alaskans with special needs. Funding supports seventeen successful housing programs that serve both the long and short term housing needs of Alaska's most vulnerable homeless citizens. An additional \$2 million GF was added by legislators, but vetoed by the Governor.

Coordinated Transportation Services (DOTPF). Maintains \$1.3 million (\$1 million GF/MH; \$300,000 MHTAAR) funding for vehicles and other transportation resources that serve seniors and people with disabilities. Funds support statewide efforts to assist seniors and people with disabilities in getting to medical appointments, jobs, shopping, and social activities. Transportation is consistently identified as a top priority in senior surveys and listening sessions.

Deferred Maintenance and Accessibility Improvements (DHSS). Maintains \$500,000 (\$250,000 MHTAAR; \$250,000 AK Capital Fund) funding to non-profit organizations serving Trust beneficiaries. Examples include renovations, repairs, and upgrades that improve access for better independent living.

Home Modifications and Upgrades to Retain Housing (DHSS). Maintains \$1.05 million (\$750,000 GF/MH; \$300,000 MHTAAR) funding for home improvements for Alaskans with disabilities. Funds support ramps for wheelchairs, hand-railings, smart home, and more.

Essential Program Equipment (DHSS). Maintains \$600,000 (\$300,000 MHTAAR; \$300,000 GF/MH) funding for small grants for equipment that improves program effectiveness and efficiency of services. Funds support equipment such as therapeutic and telehealth equipment, computers, copiers, and office equipment, and more.

Discharge Incentive Grants (DOC). Maintains \$100,000 MHTAAR funding for resources that support people with disabilities leaving incarceration. Funds pay for vouchers and other reentry resources for people requiring extended supervision and support.

Assistive Technology (DHSS). Maintains \$500,000 GF/MH funding for daily living assistive devices that support seniors and Alaskans with disabilities live independently. Funds support voice command devices, computer software, environmental controls, smart technology, and more.

HB 205 Operating and Capital Budgets

Reentry Services in Corrections (DOC). Adds \$746,100 GF funding to establish a statewide reentry section within the Department of Corrections (DOC) that will expand transitional planning for men and women leaving custody. This funding will increase DOCs ability to assist with reentry planning, which can include access to safe and sober housing, treatment and recovery services, employment, training, and other community supports, after release from incarceration. State funds, combined with federal grants, support DOC's ongoing efforts with community providers, reentry coalitions, and state agencies to provide reentry planning and support services. With 95% of incarcerated Alaskans serving their sentences and leaving custody, adequate transitional support increases the likelihood of their success.

Therapeutic Courts (ACS). Adds \$130,000 GF funding for a statewide deputy coordinator to expand the capacity of the courts to provide assistance to justice-involved Alaskans with mental illness and addiction disorders. These specialized courts provide intensive case management and alternatives to incarceration for Alaskans with disabilities so they are more appropriately served with community services that promote stability and compliance with court-ordered conditions.

Public Guardians, Guardians ad Litem (DOA). Adds \$1.235 million GF funding for 10 additional public guardians to provide conservatorship and guardianship services to a growing number of vulnerable Alaskans who are found by the court to be in need of a protective order; and \$250,000 GF/MH for Guardians ad Litem who advocate for abused and/or neglected children. Funds support positions in the

Office of Public Advocacy to meet compliance with federal standards and adequately address an increased caseload of Alaskans needing guardian services, including people with behavioral health disorders, dementia, and intellectual-developmental disabilities. Current caseloads in Alaska significantly exceed the recommended national client-guardian ratio.

Adult Public Assistance (DHSS). Adds \$7.47 million GF/Match funding to restore funding for financial assistance to elderly, blind, and disabled Alaskans, and covers living expenses, food, rent, transportation, and basic needs. This assistance helps vulnerable Alaskans maintain stability in their communities.

Pre-Kindergarten Transition Grants (DEED). Maintains \$2 million GF funding for ongoing grants to school districts for both classroom- and community-based programs that help children learn social and academic skills needed to be ready for kindergarten. Legislators added \$4.3 million GF, but this was vetoed by the Governor.

Capital Budget Items in HB 205 (rolled in from SB 154)

Alaska Psychiatric Institute (API) (DHSS). Adds \$1.62 million GF funding for compliance projects associated with APIs corrective action plan under the Centers for Medicare and Medicaid Services (CMS). Funds support structural safety measures, including a nursing call center, and other projects for improved operations. Additional funding intended to address the ‘Morse Ruling’ related to the practice of housing Title 47 detainees in DOC, was vetoed by the Governor.

Senior Citizens Housing Development Program (DOR). Maintains \$1.75 million AHFC Dividend Fund for grants to municipalities and public or private non-profit corporations, in conjunction with other agencies. Funds support the development of senior citizen housing, including purchasing building sites, site preparation, materials, construction, and rehabilitation of existing housing.

Set Free Alaska Recidivism Reduction and Recovery Project (DCCED). Adds \$1 million GF funding to increase the state's capacity to serve Alaskans needing ready access to addiction treatment and recovery services. Funds will support facility infrastructure and initial operations to expand services in Mat-Su to include residential and outpatient treatment recovery, housing, and crisis stabilization for people with co-occurring substance use and other disabilities. Legislators originally proposed \$2 million for this project, but half was vetoed by the Governor.

HB 234 Supplemental Budget (for FY20)

Medicaid Services (DHSS). Funds \$294.4 million GF/Federal funding to cover current costs through the end of the FY20 fiscal year. Medicaid provides healthcare coverage for eligible Alaskans in need, including people with disabilities. Healthcare providers depend on equitable Medicaid reimbursement rates to keep their doors open and serving Alaskans who are unable to maintain health or stability without their services. Legislators added \$31 million above what the Governor had originally proposed, but this amount was vetoed. DHSS has indicated there are sufficient funds to cover costs through FY20.

Adult Preventative Dental (DHSS). Funds \$8.3 million GF and Federal funding for Medicaid reimbursement for preventative dental services for low-income and indigent Alaskans. These services reduce the need for more expensive emergency dental services later, usually at state cost.

Adult Public Assistance DHSS). Funds \$8.6 million GF funding for financial assistance to elderly, blind, and disabled Alaskans, and covers living expenses, food, rent, transportation, and basic needs. This assistance helps vulnerable Alaskans maintain stability in their communities.

Office of Public Advocacy (DOA). Funds \$1.7 million GF funding to address current caseloads of Alaska's public guardians significantly exceeds the recommended client-guardian ratio.

Alaska Pioneer Homes (DHSS). Funds \$1 million GF authority to serve elders regardless of ability to pay based on the new rate structure that was implemented September 1, 2019.

Alaska Psychiatric Institute (API) (DHSS). Funds \$6 million GF funding and authority to fill vacant positions with highly-skilled professionals to increase capacity to meet compliance requirements. Funds support continued efforts with *Wellpath* to maintain the stability of operations at the hospital.

Therapeutic Courts (ACS). Funds \$5,300 GF funding to maintain services. Therapeutic Courts promote stability and compliance with court-ordered conditions, with a focus on maintaining the family unit, individual recovery, and positive reintegration into communities. Intended results include increased public safety and reduced likelihood of criminal recidivism. ❖

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 facilitates stakeholders sharing their voices with policymakers to best meet the needs of individuals with intellectual and developmental disabilities across the life span. The Council's mission is to create change that improves the lives of Alaskans with disabilities, and is guided by the Developmental Disability (DD) Shared Vision. *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 or Village 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 –host receptions, write letters, coordinate volunteers, visit policymakers, etc.*

JOIN OUR ADVOCACY NETWORK:

www.alaskamentalhealthtrust.org/jointadvocacy

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