



Joint Advocacy Report

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

November 2021

2021 Legislative Session Overview

Bills and Budget Items Impacting Trust Beneficiaries

At the end of the regular 2021 legislative session, many bills and budget items impacting Alaskans with disabilities and behavioral health conditions successfully passed the legislature and were signed into law. Others did not pass and are still on the table for consideration next year.

This report offers details of bills and budget items that the Alaska Mental Health Trust Authority (Trust) and partner advisory boards have been tracking.

Trust beneficiaries include Alaskans with mental illness, substance use disorders, intellectual and developmental disabilities, including fetal alcohol spectrum disorders, Alzheimer's disease and related dementia, and traumatic brain injuries.



After passing multiple bills and budget items during the regular legislative session, the Alaska State Legislature met for a fourth special session in October called by the Governor to address fiscal planning and the Permanent Fund Dividend.

During the legislative session, advocates met with legislators (virtually), sent emails and letters, called in for public testimony, and participated in weekly advocacy teleconferences.

Policymakers report appreciation for the comments they receive from constituents who contacted them to communicate their personal challenges, successes, and recommendations for change. Personal stories help paint a picture of the realities of advocates' lives and educates policymakers about what is going on in their districts.

A huge thank you to all who participated this legislative session to help "move the needle" and improve the lives of Trust beneficiaries.

Bills that passed in 2021. Following are a few highlighted bills that passed that the Trust and partner advisory boards were tracking. *Additional details for these and other bills can be found on page 3:*

- SB 89: This bill changes assisted living home rules to improve safety for seniors and Alaskans with disabilities;

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- SB 70: Allows paramedics and first responders to continue administering opioid overdose medication;
- SB 40: Improves veterans' benefits services;
- SB 19: Extends the state's Special Education Services Agency (SESA).

Bills still on the table for 2022. Bills that did not pass, but are still under consideration for the 2022 legislative session:

- HB 172/SB 124: Improves Alaska's behavioral health crisis response through access to stabilization services, medical and mental health support, substance use treatment, peer support, and crisis de-escalation practices;
- HB 133: Financial planning and savings options for Alaskans with disabilities;
- HB 118: Improved access to digital technology inside Alaska's correctional facilities for treatment, education and training, reentry support, visitation, faith-based, and cultural-based supports;
- HB 25: Statewide standards for instruction of specialized learning practices.

Funding additions. Multiple programs and services saw increases, including the following:

- Behavioral health screening in primary care;
- Training and support for family treatment and recovery services;
- Employment support for Trust beneficiaries through individual placement and supports (IPS);
- Data analysis related to adverse childhood experiences (ACEs);
- Increased capacity to serve individuals, families impacted by traumatic/acquired brain injuries;
- Expanded capacity for therapeutic courts to serve justice-involved Alaskans with disabilities;
- Combined state and federal funds to draw up to 70 new individuals from the IDD Waiver waitlist;
- 20 new positions at Alaska Psychiatric Institute;
- Additional resources for subsidized adoptions and guardianship to match increased caseload;
- Electronic monitoring for halfway house residents;
- Substance use treatment in prisons;
- Prescription drug monitoring.

Funding Maintained at FY21 Levels:

- Alaska Autism Resource Centers (AARC);
- Rural behavioral health counseling;
- APIC specialized reentry support for justice-involved Trust beneficiaries;
- Discharge Incentive Grants housing support for justice-involved Alaskans;
- Coordinated transportation and vehicles;
- Rural Home and Community-Based Services;
- Adult Protective Services discharge support;
- Rural housing coordination and public guardians;
- Crisis Intervention Team (CIT) training for law enforcement and first responders;
- Alaska Civil Legal Services Fund.

Funding Reductions. The following budget items were reduced or eliminated:

- Aging and Disability Resource Centers (ADRCs);
- Sobering Centers;
- Suicide prevention;
- Pre-kindergarten grants;
- Circles of Support resources;
- Peer support certification expansion;
- Telehealth, technology infrastructure in rural areas;
- Alaska Training Cooperative;
- Alaska Justice Information Center;
- Assistive technology and home modifications;
- Special Needs Housing Grants (SNHG);
- Homeless Assistance Program for shelters and housing programs.

Additionally, the legislature added funding to some programs that were ultimately vetoed by the governor:

- Behavioral Health Treatment & Recovery Grants;
- Medicaid Services;
- Resources for Frontline Social Workers;
- Office of Children's Services (OCS) recruitment and retention incentives;
- Public Assistance Field Workers;
- Disproportionate Share for Hospitals (DSH) for crisis care services;
- Holistic Defense in Anchorage.

NOTE: Comprehensive descriptions of these and other budget items can be found on pages 4-9. ♦

2021 Bill Tracking

The following bills were tracked by the Trust and partner advisory boards during the 2021 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 25 – Public Schools, Social Emotional Learning (Rep. Hopkins). Relates to statewide standards for instruction in social-emotional learning; duties of the state Board of Education and Early Development. Currently in House State Affairs Committee.

HB 60 – Public Schools, Mental Health Education (Rep. Claman). Requires state Board of Education and Early Development to develop guidelines for instruction in mental health in public schools. Currently in House Finance Committee. SB 80 is the companion bill.

HB 105 – Detention of Minors (Gov. Dunleavy). This bill brings state law into compliance with new federal requirements outlined in the Juvenile Justice Reform Act (JJRA) of 2018 related to the detention and placement of juveniles under the age of 18 in adult jails or correctional facilities. Signed into law on July 9.

HB 118 - Access to ID, Driver's License, Digital Technology (Rep. Kreiss-Tomkins). This bill expands the allowable uses of inmate access computers to include reentry planning, healthcare, visitation, and legal reference materials. Additionally, it requires the Division of Motor Vehicles to send an ID/Driver's License to the Department of Corrections upon request for eligible inmates, before the inmate's release. Currently in House Rules Committee.

HB 133 – Alaska Education Savings Programs (House Labor & Commerce Committee). Relates to the Achieving a Better Life Experience (ABLE) Act and financial accounts for Alaskans with disabilities and their families to contribute to a tax-advantaged savings account to fund disability expenses without losing benefits provided through private insurance, Medicaid, SSI, and other sources. Currently in Senate Health & Social Services Committee.

HB 172/SB 124 – Crisis Stabilization, Mental Health Facilities (Gov. Dunleavy). This bill relates to detention at a subacute mental health facility; addresses definitions for 'crisis residential center' and 'crisis stabilization center'; the administration of psychotropic medication; and more. HB 172 is currently in House Judiciary Committee. SB 124 is in Senate Health & Social Services Committee.

HB 183 – Criminal Justice Analysis Commission (Rep. Claman). Renames and repurposes the Alaska Criminal Justice Commission to focus on criminal justice data collection and analyzation. Currently in House Judiciary Committee.

SB 2 – Peace Officers De-Escalation, Misconduct (Sen. Gray-Jackson). Relates to de-escalation procedures used by peace officers; reporting acts of misconduct by peace officers; peace officer certificates; and activities related to the Alaska Police Standards Council. Currently in Senate State Affairs Committee.

SB 9 – Alcohol Beverage Control (ABC) Board, Alcohol Regulations (Sen. Micciche). Related to regulation of manufacturers, wholesalers, retailers of alcohol beverages; licensure, permits; transporting or delivering alcoholic beverages; and changes to the ABC Board. Currently in Senate Finance Committee.

SB 19 – Extend Special Education Service Agency (SESA) (Sen. Stevens). Extends the termination date of SESA to June 30, 2029. Signed into law on June 29.

SB 26 – Repeal Certificate of Need Program (Sen. Wilson). Relates to repealing the Certificate of Need Program for health care facilities. Currently in Senate Labor & Commerce Committee.

SB 40 - Veterans' Benefits Services, Disclosure (Sen. Revak). Requires certain disclosure requirements for providers of veterans' benefits services and veterans' benefits appeal services. Passed on May 19.

SB 41 – Health Insurance Information, Incentive Program (Sen. Hughes). Related to payment information, incentives for health care services, filing and reporting, regulations, and pricing. Currently in Senate Labor & Commerce Committee.

SB 70 - Opioid Overdose Drugs (Sen. Wilson). Allows continuation of a standing order to allow paramedics and other first responders to administer Naloxone. Allows individuals to purchase Naloxone without prescription. Signed into law on June 29.

SB 89 – Assisted Living Homes, Rules (Gov. Dunleavy). Brings Alaska law into compliance with federal rules related to home and community-based services to ensure assisted living homes are safe and appropriately-run for seniors and people with disabilities. Passed on May 19. ♦

FY22 State Budget Impacting Beneficiaries

The Alaska Mental Health Trust and partner advisory boards support programs and services that promote healthy, independent, and productive lives for all Alaskans. This includes 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 2021 support stability and safety for Trust beneficiaries, a robust healthcare workforce, jobs for people with disabilities, and the associated economic benefits.

TERMS

GF = General Funds, a state funding source

UGF = Unrestricted General Funds

DGF = Designated General Funds

GF/MH = General Funds in Mental Health Budget (HB 71)

MHTAAR = Mental Health Trust Authority Authorized Receipts, a state funding source

Fed = Federal Funds

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

DCCED = Department of Commerce Community & Economic Development

DOR = Department of Revenue

UA = University of Alaska

AHFC = Alaska Housing Finance Corporation

Courts = Alaska Court System

Adds = Increases funding above FY21 levels

Reduces = Decrement from FY21 levels

Maintains = Maintains funding at FY21 levels

HB 71 – Mental Health Budget Bill

Aging and Disability Resource Centers (ADRCs) (DHSS).

Did not accept the recommended increment of \$250,000 GF/MH for resource and referral services for older Alaskans, individuals with disabilities, family caregivers, and others. ADRC's support access to a wide range of services, including home care, housing, transportation, equipment, health and community needs. ADRCs also provide counseling and guidance for accessing the state's long-term care services delivery system. *The budget maintains \$300,000 MHTAAR for these centers.*

Sobering Centers (DHSS). Reduces -\$200,000 GF/MH in DHSS for the sobering center in Bethel. However, an additional +\$350,000 GF/MH in DCCED was allocated to the Tanana Chiefs Conference (TCC) sobering center in Fairbanks. Sobering centers provide crisis care and a safe place for Alaskans who are incapacitated as a result of alcohol or other substances to the point that they are a danger to themselves or others. Sobering Centers reduce

the need for police, courts, emergency rooms, and jails, and reduce the risk of hypothermia, victimization, and harm.

Zero Suicide (DHSS). Did not accept the recommended increment of \$53,500 GF/MH to community-based agencies to deliver the Zero Suicide prevention program with core elements that include training, engagement, facilitation, and improving local systems of care for individuals in crisis. *The budget maintains \$71,500 MHTAAR for this program.*

Peer Support Certification (DHSS). Did not accept the recommended increment of \$20,000 GF/MH for Alaska's multi-year plan to fully develop and implement a certification body and standardized training for peer support professionals statewide. The effort is a collaboration between DHSS, Trust, peers, and other stakeholders to promote workforce development in behavioral health and other disability fields. *The budget maintains \$130,000 MHTAAR for this effort.*

Behavioral Health Screening in Primary Care (DHSS). Adds +\$50,000 MHTAAR. This program under the Division of Behavioral Health supports behavioral health screening in primary care settings for children and youth, followed by referral to care coordination and/or BH services. These services are being designed to provide maximum Medicaid reimbursement through the 1115 Waiver—resulting in reduced costs and improved population health.

Telehealth/IT Application (DHSS). Reduces -\$63,000 GF/MH for telehealth operating infrastructure for timely annual eligibility reassessments required for Alaskans receiving Personal Care Assistance or Medicaid Waiver services. Telehealth supports patients who live outside of regional hub communities for receiving timely assessments from an SDS nurse assessor. Telehealth saves money from reduced travel and lodging costs, and missed appointments. *The budget maintains \$38,100 MHTAAR funding for this effort.*

Family Treatment Model (DHSS). Adds +\$100,000 MHTAAR. This program leverages federal funding to support identification and implementation of evidence-based family treatment and recovery practices for clinicians, and allows

BUDGET – continued on page 5

for local training and replication of services. This early intervention fits with DHSS's 1115 Waiver efforts to divert high-risk youth from costly intensive treatment.

Individual Placement & Supports (IPS) Capacity Building (DHSS). Adds +\$40,000 MHTAAR to promote employment for Trust beneficiaries through coordination, training, technical assistance, outreach and awareness, and oversight of IPS systems development and grantee support statewide.

Partner Access Line-Pediatric Alaska (PAL-PAK) (DHSS). Maintains \$89,000 MHTAAR for tele-psychiatric consultation with Seattle Children's Hospital for primary care providers. Funds support capacity development for pediatric primary care and behavioral health integration, increasing access to early intervention for children and families experiencing behavioral health needs, and decreasing the need for higher levels of care.

ACEs Data Linkage and Analysis (in Women, Children, and Family Health) (DHSS). Adds +\$100,000 MHTAAR for work related to Adverse Childhood Experiences (ACEs) to plan, organize, and implement ACEs data analysis and guide development of data-driven strategies and policies for early intervention and prevention.

SHARP I (DHSS). Maintains \$200,000 MHTAAR Trust matching funds to federal dollars allow for the continuation of the SHARP-I program which supports loan repayments for health care practitioners in Alaska.

Scorecard Update (DHSS). Maintains \$40,000 MHTAAR for continuation of data collection, document revisions, and web-based postings for the Alaska Scorecard, which produces population-level indicators monitoring trends in the lives and circumstances of Trust beneficiaries. The scorecard is used to track the impact of the Comprehensive Integrated Mental Health Program and resources needed for improving outcomes for Alaskans with disabilities.

Rural Home and Community-Based Services (HCBS) Coordinator (DHSS). Maintains \$81,000 MHTAAR for long-term care development for seniors, addressing infrastructure gaps in Alaska's smaller communities and rural villages, and to assist in the development of sufficient home and community-based services so Trust beneficiaries do not have to leave their communities when extensive care is needed. The position also provides outreach, education, and intensive community-based technical assistance for Alaskans with Alzheimer's disease, dementia, and other cognitive conditions, as well as elders with co-occurring behavioral health disorders and/or addictions.

Adult Protective Services Position (DHSS). Maintains \$75,000 MHTAAR to assist with petitions for guardianship and institutional discharge planning from hospitals, Alaska Psychiatric Institute (API), and Department of Corrections.

Develop Targeted Outcome Data (DHSS). Maintains \$80,000 MHTAAR for advancing the state's implementation and use of the National Core Indicators, which represents a major effort among states to standardize performance and outcome measures for home and community-based services data collection. Surveys are directed at individuals with disabilities, families, and providers of services.

Employment Technical Assistance and Program Coordination (DHSS). Adds +\$23,500 MHTAAR for technical assistance and implementation that promotes self-sufficiency through competitive integrated employment and Supported Decision-Making Agreements. *The budget maintains \$100,000 MHTAAR ongoing funding for this effort.*

Mental Health Professionals Off-Site Evaluations (DHSS). Maintains \$300,000 MHTAAR for provider agreement contracts with providers to perform clinical reviews of ex-parte evaluations for individuals awaiting transfer to a DET/DES and API, to ensure that individuals subject to a Title 47 evaluation order and who are waiting to be admitted to an evaluation facility, have a mechanism to be evaluated outside of an evaluation facility to determine if that individual no longer meets evaluation criteria and could be transported to an alternate facility. Estimate: 2,000 evaluations per year.

Alaska Autism Resource Center (AARC) (DEED). Maintains \$100,000 (\$50,000 GF/MH; \$50,000 MHTAAR) for resources, training, consultation, and education for individuals, families, caregivers, and service providers impacted by Autism Spectrum Disorder across the state. The AARC is managed by DEED through a SESA contract.

Rural Student Behavioral Health Counseling (DEED). Maintains \$150,000 MHTAAR to expand capacity to serve people with behavioral health disorders in rural locations. This position works with under-resourced school districts providing behavioral health counseling for students.

APIC Discharge Planning in DOC (DOC). Maintains \$290,000 MHTAAR for Assess, Plan, Identify, and Coordinate (APIC), intensive reentry case management for people with mental illness and other disabilities. APIC is based on a national best practice that connects justice-involved Trust beneficiaries returning to their communities with access to community behavioral health services and supports.

Training for DOC Mental Health Staff (DOC). Maintains \$25,000 MHTAAR for training for DOC mental health clinical staff (psychiatric nurses, psychiatrists, advanced nurse practitioners, psychiatrists, counselors) on a variety of topics related to mental health, traumatic brain injury, fetal alcohol spectrum disorders, complex trauma disorders, dementia, and other disabilities across the lifespan.

Alaska Training Cooperative (ATC) (UA). Did not accept the recommended increment of \$100,000 GF/MH for the ATC, which provides continuing education, professional development, and non-academic trainings for Alaska's behavioral health workforce serving Trust beneficiaries. *The budget maintains \$885,600 MHTAAR for the ATC.*

Alaska Justice Information Center (AJIC) (UA). Did not accept recommended increment of \$225,000 GF/MH to the AJIC, which compiles, analyzes, and reports on criminal justice topics that address systems accountability, public safety, and reduced recidivism. *The budget maintains \$225,000 MHTAAR for the AJIC.*

Traumatic and Acquired Brain Injury Project (UA). Adds +\$105,000 MHTAAR new funding to increase capacity to provide a continuum of care for individuals with brain injury across their lifespan, including their families, and services that are person-centered, comprehensive, coordinated, and culturally-responsive.

Microenterprise Capital (UA). Adds +\$25,000 MHTAAR for grants to beneficiaries that increase access to self-employment and business opportunities, costs associated with starting a new business, expanding a current business, or acquiring an existing business. *The budget maintains \$150,000 MHTAAR for this effort.*

Supported Employment Workforce (UA). Maintains \$100,000 MHTAAR to the Center for Human Development for customized employment education and training related to Trust beneficiaries.

Interpersonal Violence Prevention (UA). Maintains \$80,000 MHTAAR for building community behavioral health provider skills and capacity regarding healthy relationships, interpersonal violence prevention, and sexual health promotions for Trust beneficiaries.

Training for Professionals Serving Justice-Involved Beneficiaries (UA). Maintains \$72,500 MHTAAR for community provider training specific to issues that impact Trust beneficiaries at risk of criminal behavior.

Alaska Area Health Education Centers (UA). Maintains \$55,000 MHTAAR to support community-based partnerships engaged in primary care workforce engagement, training and recruiting, and retaining activities to improve health care in Alaska.

Holistic Defense in Rural Areas. Did not accept the recommended increment of \$86,000 GF/MH to the Public Defender Agency (PDA) in DOA, and \$180,000 GF/MH to Alaska Legal Services in DCCED for implementing the Holistic Defense Model in Bethel, Nome, and Kotzebue. Additional funds would have supported expansion to Anchorage. The Holistic Defense model provides a criminal attorney, social worker, and civil legal aid attorney to defendants with disabilities, reducing the likelihood of their involvement in the criminal justice system. The team addresses defendant healthcare and other needs and obstacles to integration and self-sufficiency. *The budget maintains \$86,000 MHTAAR to the PDA.*

Public Guardian Position in the Office of Public Advocacy (OPA) (DOA). Maintains \$91,500 MHTAAR for a position that serves Western Alaska—Bethel, Dillingham, Naknek, and surrounding communities. Public guardians serve adults found by the Superior Court to be incapacitated. Public guardians manage benefits, finances, medical decisions, housing, and other needs for vulnerable Alaskans. This position helps balance caseloads from 100 clients per public guardian to the recommended national maximum of 40 per guardian.

Crisis Intervention Team (CIT) Training for Law Enforcement (DPS). Maintains \$160,000 (\$80,000 MHTAAR to Alaska State Troopers and \$80,000 MHTAAR to Alaska Police Standards Council) to support ongoing training for law enforcement on mental health and cognitive impairments, best practices for responding to mental and behavioral health issues, laws centered around Title 47, and resources within the state's community behavioral health system. DPS provides 40-hours of CIT training and adheres to the nationally-recognized Memphis Model.

Discharge Incentive Grants (DOR). Maintains \$100,000 MHTAAR for housing and support services that promote successful transition from incarceration to community care for justice-involved beneficiaries. These grants support the tools needed to be, safe, self-sufficient and productive in their communities.

Rural Housing Coordinators (DOR). Maintains \$270,000 (\$135,000 MHTAAR for a position in Northwest Arctic

Borough and \$135,000 MHTAAR for a position in a new region). Funds support case management and supervision for Alaskans with mental illness involved with the judicial system in rural areas.

Alaska Health Workforce Profile (Courts). Maintains \$25,000 MHTAAR for development of data analytics and annual Trust-related analysis and report. The goal is to provide a continuous picture of Alaska’s health care workforce and support identification of priority areas for intervention from the workforce development system.

Juneau Mental Health Court (Courts). Maintains \$126,100 MHTAAR for ongoing operations at the Juneau Mental Health Court, in providing case management and supervision for Alaskans with mental illness involved with the judicial system.

Capital Items in HB 71

Assistive Technology (DHSS). Reduces -\$500,000 GF/MH funding for assistive devices for daily living that help Alaskans with disabilities in living independently. Examples include voice command devices, computer software, smart technology, and more.

Home Modification and Upgrades to Retain Housing (DHSS). Reduces -\$800,000 GF/MH for home supports, such as ramps for wheel chairs, handrails, smart homes, etc. *The budget maintains \$250,000 MHTAAR funding for this program.*

Deferred Maintenance and Accessibility Improvements (DHSS). Reduces -\$250,000 GF/MH to non-profit organizations that serve people with disabilities. Includes renovations, repairs, and upgrades that improve access for better independent living. *The budget maintains \$250,000 MHTAAR funding for this program.*

Special Needs Housing Grant (SNHG) (DOR). Did not accept the recommended \$7.5 million allocation (\$5.75 million GF/MH; \$1.75 million AHFC) for housing programs statewide that serve both short- and long-term housing needs of Trust beneficiaries. SNHG provides competitive grants to nonprofit service providers and housing developers that support construction and development of congregate, supportive, and transitional housing for Alaska’s special needs populations. *The Budget maintains \$200,000 MHTAAR funding for this program.*

Homeless Assistance Program (DOR). Did not accept recommended \$2.95 million (\$2.85 million GF/MH; \$100,000 AHFC) allocation for grants to homeless shelters and other community organizations that provide homeless prevention services, emergency rental/utility assistance, rapid rehousing to Alaskans who are homeless or at risk of homelessness. *The budget maintains \$950,000 MHTAAR and \$6.25 million AHFC funds for the HAP program.*

Coordinated Transportation and Vehicles (DOTPF). Maintains \$1.3 million (\$1 million UGF; \$300,000 MHTAAR) for vehicles and operational costs that assist seniors and people with disabilities in getting to medical appointments, jobs, shopping, and social activities.

HB 69 - Operating and Capital Budgets

NOTE: Flat-Funded items may have slight salary or other adjustments that for the purpose of this report are not considered increments or decrements. One-Time Increments (OTI) and multiyear allocations are temporary with a finite lifespan that may or may not be funded in future budgets.

Behavioral Health Treatment and Recovery (BHTR) Grants (DHSS). Did not accept the additional \$1.25 million proposed increment in state general funds (GF) and Marijuana Education and Treatment funds (MET) to supplement services not reimbursable with federal Medicaid dollars. BHTR grants ensure that providers can continue to deliver mental health, addiction, and recovery services to vulnerable and uninsured Alaskans.

Frontline Social Workers (DHSS). Did not accept the additional \$3.4 million GF proposed one-time increment funding to be managed by tribal organizations for additional workers in rural areas. These funds would have increased the capacity of frontline social workers to address the special needs of Alaskan families and children who experience domestic violence, addiction, mental illness, and other disabilities living in rural areas.

Office of Children’s Services (DHSS). Did not accept the \$1.22 million GF proposed increment for frontline worker retention efforts. Intent language directed DHSS to employ a behavioral health clinician “whose sole responsibility is preventing and addressing trauma among OCS employees related to their casework.” Retention strategies are critical to reducing staff turnover and increasing the quality of care and services provided by OCS.

Public Assistance Field Services (DHSS). Did not accept the \$858,200 GF/Match proposed increment for additional positions to address public assistance application backlog. The governor’s original request removed funding for 101 positions; the legislature removed only 68 positions. The governor’s veto returned the final reduction to 101 positions. *The budget maintains \$894,300 Federal funds and reverses a multiyear appropriation after its final year.*

Medicaid Services (DHSS). Did not accept the additional \$17.5 million GF proposal for Medicaid health care coverage for Alaska’s vulnerable and uninsured citizens.

Intellectual Developmental Disabilities (IDD) Waitlist (DHSS). Adds +\$1.89 million in combined state and federal funds to draw up to 70 new individuals from the IDD Waiver waitlist, and directs the state to secure federal dollars. Waiver services support people with disabilities in accessing critical services for basic living, stability, safety, and security.

General Relief/Temporary Assisted Living (DHSS). Reduces -\$164,900 GF for emergent basic needs for Alaskans in need of shelter, utilities, food, clothing, and burial expenses.

Disproportionate Share for Hospitals (DSH) (DHSS). Did not accept the additional \$7 million (\$3.5 million GF; \$3.5 million Fed) proposed increment for crisis care services provided hospitals to serve uninsured Alaskans.

Designation, Evaluation, Stabilization, and Treatment Coordinator (DET/DES) (DHSS). Maintains \$125,000 (\$50,000 Fed; \$75,000 MHTAAR) for coordination and review of ex-parte orders currently performed by paralegals in each judicial district across the state in a timely way. DET provides fee-for-service to designated local community hospitals who provide involuntary evaluation and treatment services to people who are court-ordered or who meet commitment criteria but who have agreed to voluntary services in lieu of commitment.

Alaska Psychiatric Institute (API) Positions to Continue Stabilization (DHSS). Adds authority for 20 new positions, including Director of Clinical Services for API Therapeutic Clinical Program Human Resources Consultant. Funding for an additional 20 positions was added back after the end of a multiyear appropriation “to continue stabilization” efforts at the hospital.

Circles of Support (DHSS). Reduces -\$1.1 million (\$572,900 GF; \$528,200 Fed) across multiple components in the Office of Children’s Services (OCS). Circles of Support offers

resources to direct service professionals who provide case work and other support to vulnerable Alaskans.

Family First Prevention Services Act for Infants with Prenatal Substance Exposure (DHSS). Adds +\$1.1 million Fed (authority and grant money, which doesn’t require state match) for use “over three years to support the implementation of a ‘Plans of Safe Care Program’ within the Juneau and Mat-Su service areas for families of infants with prenatal substance exposure. Authority ends June 30, 2024.

Subsidized Adoptions and Guardianship (DHSS). Adds +\$2.4 million Fed to address the growing number of children (20.4% since 2015) needing permanent placements in adoptive and guardianship homes (not children in custody, except children in custody whose special needs make them hard to place). Families require the maximum amount allowable based on the child’s needs and the rising cost of treatment services.

McLaughlin Youth Center Step Up Program (DHSS). Reduces -\$336,400 (Dec) (-\$310,700 GF; -\$25,700 StatDesig) to eliminate positions associated with the Step-Up Program, a partnership between DJJ and Anchorage School District for youth with “significant behavior causing them to be suspended or expelled from school.”

Youth Courts (DHSS). Reduces the youth court’s Early Intervention/Diversion Program by -\$88,200 GF to align with numbers of referrals. Youth Court empowers students to serve as defense attorneys, prosecutors, and judges in cases involving their peers, while providing the community with an effective and comprehensive alternative to traditional justice practices.

Senior Benefits Payment Program (DHSS). Maintains FY21 funding levels, with only a fund source change from CBR to GF. This program provides cash assistance to elderly Alaskan residents who have low-to-moderate incomes.

Early Intervention/Infant Learning Programs (DHSS). Maintains \$9.3 million (\$7.4 million GF; \$1.9 million Fed) for programs that promote access to a flexible array of quality services for Alaskan infants and toddlers with special developmental needs, and their families.

Human Services Community Matching Grant (DHSS). Maintains \$1.39 million GF for grants to qualified municipalities for substance abuse treatment, mental health services, food and shelter, domestic violence and sexual assault shelters and treatment, runaway shelters, health services, housing and rehabilitation, and more.

Community Initiative Matching Grants (DHSS).

Maintains \$861,700 GF to providers who offer essential human services in communities ineligible for Human Services Community Matching Grant funds.

Electronic Monitoring /GPS Tracking for Community

Residential Center (CRC) Placements (DOC). Adds +\$261,5000 GF (-\$200,000 less than the governor’s original request) to expand the use of GPS tracking for inmates placed in halfway houses while they are transitioning back into the community.

Additional Beds at Parkview Community Residential

Center (CRC) (DOC). Adds +\$2.175 million GF (-\$1.8 million less than the governor’s original request) to contract with the new Parkview Community Residential Center for additional CRC (halfway house) beds.

Re-Open Palmer Correctional Center (PCC) (DOC).

Transfers \$14.8 million GF within DOC to reopen the PCC in 2021. The restored facility will have multiple “treatment houses” for sub-acute mental health care and treatment for substance use and sex offenses. The facility will also provide education and training, faith-based and cultural activities, reentry and transitional services, and more.

Substance Abuse Treatment Program (DOC). Maintains \$5.62 million from multiple sources and adds +\$10,000 Fed authority and funding to expand DOC’s Residential Substance Abuse Treatment (RSAT) grant program at Hiland Mountain Correctional Center (HMCC).

Therapeutic Courts (Courts). Adds +\$480,400 GF for three new positions to support therapeutic court activities in serving people with mental illness, substance use disorders, and other disabilities. The positions include a statewide peer support coordinator and attorneys in both the Department of Law and Public Defender Agency.

PreKindergarten Grants (DEED). Reduces -\$2.5 million GF for resources to families and early childhood programs that support success in learning.

Social Emotional Learning Standards (DEED). Adds intent language that directs DHSS to use federal (not state) funds for developing statewide social-emotional learning standards.

Civil Legal Services Fund (DCCED). Maintains \$400,000 GF to Alaska Legal Services Corporation (ALSC) for legal services for vulnerable Alaskans, including seniors and people with disabilities, who need assistance keeping their homes, accessing healthcare, food, and protection against abuse. ALSC helps clients resolve their problems before they escalate into crisis. 83% of ALSC cases resolve successfully, reducing the burden on the legal system.

Prescription Drug Monitoring Program (PDMP) (DCCED). Adds +\$680,000 (\$500,000 IA; +\$180,000 IA). These actions reflect receipt authority to allow DCCED to budget for receipt of federal supporting the program. The PDMP serves a statewide public health and safety need.

Capital Items in HB 69

NOTE: Capital items identified in the Capital Bill and other budget bills, including the fiscal notes of legislation, usually represent projects with a defined lifespan, such as construction, infrastructure, equipment, buildings, and multi-year projects, with some operating funds. The following capital items were passed in HB 69:

AHFC Rental Assistance (DOR). Maintains \$1.5 million AHFC funds for the Empowering Choice Housing Program (ECHP), a referral-based transitional housing assistance program serving Alaskans who are displaced due to domestic violence and sexual assault.

AHFC Senior Citizens Housing Development Program (DOR). Maintains \$1.75 million UGF for grants that support the development of senior citizen housing, including rental housing production and accessibility modifications.

AHFC Competitive Grants for Public Housing (DOR). Maintains \$1.1 million (\$350,000 UGF; \$750,000 Fed) for grants that target the housing needs of low-income Alaskans and Alaskans with special needs who live in public or assisted housing.

AHFC Energy Programs, Weatherization (DOR). Maintains \$5 million (\$2 million AHFC; \$3 million Fed) to assist low and moderate-income families in attaining decent, safe, and affordable housing through cost-effective weatherization and rehabilitation of existing homes. ♦

For more information and details about the state budget, go to Alaska Office of Management and Budget at: <https://omb.alaska.gov> and the Legislative Finance Division at: <http://www.legfin.akleg.gov>.

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 a policymaker or coordinate a letter-writing campaign.*
- ❑ *Make a telephone call to a policymaker's office or coordinate a telephone campaign.*
- ❑ *Call in, or appear in person for testimony at a public meeting (Borough Assembly, City or Village Council, Rotary Club, Chamber, School Board, State Legislature).*
- ❑ *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 a letter-to-the-editor about an issue you care about, or coordinate a letter campaign.*
- ❑ *Write an opinion piece for your local newspaper or find someone else to do it.*
- ❑ *Write your personal story and send it to a policymaker with a clear ask.*
- ❑ *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

Many resources were used to compile this report including: Reports from the Office of Management and Budget (OMB), Legislative Finance Division, Bill Sponsor Statements, Sectional Analyses; state agencies; community partners; and budget and bill analyses prepared for the Alaska Mental Health Trust Authority.

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Community-Based Services

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GOVERNOR'S COUNCIL ON
DISABILITIES AND SPECIAL EDUCATION



Essential community-based service networks provide opportunities for Alaskans, across the lifespan, to receive services in their own home or community rather than in institutions or other isolated settings.

Community-based services are critical for Alaskans with intellectual and/or developmental disabilities, behavioral health disorders, dementia, and traumatic brain injuries. Some of these services are provided via telehealth or are distance delivered.

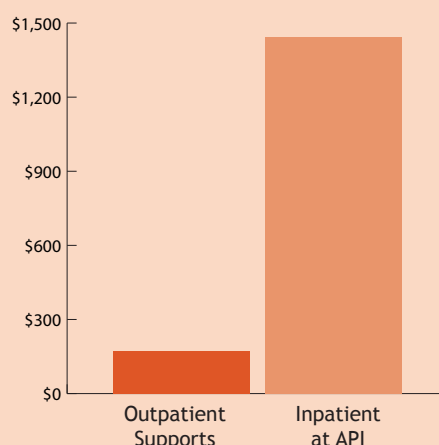
These services might include:

- Personal care services and respite
- Mental health treatment and recovery services
- Addiction treatment and recovery services
- Case management
- Job coaching and employment assistance
- Peer support
- Reentry and transition services
- Home-delivered and congregate meals
- Transportation
- Day habilitation
- Assisted living

Community-based services are more cost effective than institutional care for people with disabilities.

- Community behavioral health treatment costs for Alaskans experiencing mental illness are 88% less than placement in the Alaska Psychiatric Institute.¹

Average Cost per Day per Person of Outpatient Support and Inpatient Support



- Community supports for Alaska’s seniors can cost 45% to 90% less than nursing home care.²
- Home and Community-Based Services (HCBS) Intellectual and/or Developmental Disability (IDD) waiver services cost on average 59% less than services received through Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).³
- When funding for community-based services is reduced or eliminated, Alaska’s most vulnerable citizens are more likely to ‘fall through the cracks.’ When this happens, they can end up in more expensive institutional care — hospital emergency rooms, nursing homes, out-of-state residential care, or prison — usually at state expense.
- Without community support services, a family can lose their ability to care for a loved one at home.
- A justice-involved individual who experiences addiction or mental illness is at risk for relapse and committing new crimes without access to community recovery and reentry supports.

Key Points

- Community-based services are person-centered and promote independence, choice, and inclusion.
- People with disabilities report that they overwhelmingly prefer services in their home and community.
- Community-based services and supports cost significantly less than institutional care for all payers, including state and federal government.
- These services are funded through Medicaid or other health insurance, out-of-pocket payments, and through grants.

A strong system of community-based services relies on a healthy workforce. The Trust and partner advisory boards are addressing workforce shortages for healthcare professionals including:

- Direct Support Professionals (DSPs)
- Personal Care Assistants (PCAs)
- Case Managers
- Care Coordinators
- Community Health Aides
- Behavioral Health Aides
- Behavioral Health Clinicians
- Peer Support Specialists
- Psychiatrists, Geriatricians, and Neurologists

¹ 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.

² 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.

³ State of Alaska Automated Budget System, Final Auth20 report, Harmony and COGNOS.

Supportive Housing

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GOVERNOR'S COUNCIL ON
DISABILITIES AND SPECIAL EDUCATION



Housing and support services for Alaskans with mental health conditions and disabilities provide opportunities for people to live independently and productively in their communities.

Access to housing with support services improves lives, saves money, and reduces the likelihood that people with disabilities will experience homelessness or need more expensive care in emergency rooms, nursing homes, psychiatric hospitals, out-of-state institutions, or prisons.

Housing First Approach

This national approach offers housing for people experiencing homelessness without requiring sobriety or participation in a treatment program. The Alaska Mental Health Trust Authority and community partners have supported Housing First projects in Anchorage, Fairbanks, and Juneau.

Permanent Supportive Housing (PSH)

Permanent Supportive Housing is long-term, community-based housing with ongoing rental assistance and optional supportive services for people experiencing both homelessness and mental health conditions, addiction, and/or multiple disabilities. PSH is an evidence-based housing intervention.

- Juneau’s Forget-Me-Not Manor, which in its first six months housed 32 residents with co-occurring disorders of active addiction or alcoholism and who experienced an average length of homelessness of ten years, lead to the following community outcomes:
 - Emergency room visits were reduced by 60%
 - Encounters with law enforcement (for any reason) were reduced by 70%
 - Ambulance usage was reduced by 52%¹
- After two years of being housed with optional services, 16% of residents reported zero days of alcohol use in the last 30 days and another 16% reported two or fewer days of drinking in the last 30 days.²

Rapid Re-Housing (RRH)

RRH, optimally informed by a Housing First approach, rapidly connects people experiencing homelessness with short term financial assistance and case management that helps them access the services needed to maintain stable housing and meet other goals. RRH is an evidence-based practice that serves veterans, families, and individuals, and reduces the instances of future homelessness.

Key Points

- Obtaining safe housing is the most important first step for a person experiencing homelessness to work on treatment, recovery, employment, and other goals.
- Supportive housing can result in a reduction in alcohol use, improvements in self-perception of physical health, wellbeing, and safety, and an increase in the use of community-based services and employment.
- Evidence-based housing interventions save money across systems, reducing the use of police interventions, nights in jail, nights at sleep-off centers, ambulance rides, and emergency room visits.
- Community supports and housing are often complimentary; some people may only be able to live independently with certain supports.

¹ “Juneau Housing First 6 Month Pre/Post Service Usage and Indicators of Wellbeing Comparison,” Brocius and Erisman, 10/30/18.

² “Forget Me Not Manor: Tenant Alcohol Consumption at Two Years,” Brocius and Erisman, 2/17/20.

Medicaid Health Coverage

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GOVERNOR'S COUNCIL ON
DISABILITIES AND SPECIAL EDUCATION



Medicaid health coverage, including prevention, telehealth and Medicaid Waiver services, should be available for vulnerable, eligible Alaskans across the lifespan.

Early, preventative support for vulnerable Alaskans is the responsible approach.

- State and local governments 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.
- Receiving services in the least restrictive environment ultimately leads to healthier and more meaningful lives for all Alaskans, as well as cost efficiencies for state government.

Medicaid offers health coverage for eligible 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 Waiver services provide access to home and community-based support services which reduce the likelihood that vulnerable Alaskans will end up homeless, in crisis, admitted to inpatient care, or in the criminal justice system.

- For example, Alaskans with intellectual and/or developmental disabilities (I/DD) utilize Medicaid for Home and Community-Based Waiver Services (HCBS) for daily and long-term supports that help people with daily living activities and employment.

- Without HCBS, many, if not most, Alaskans with significant I/DDs and seniors with Alzheimer's disease and related dementia (ADRD) and co-occurring physical disabilities would have to leave their homes or communities for institutionalized care, *at a much greater expense.*

Medicaid plays a critical role in the state's ability to address its opioid epidemic. Medicaid reimbursement to behavioral health treatment providers ensures they can serve low- or no-income Alaskans, thus increasing opportunities for treatment, recovery, and positive health outcomes.

Alaska's 1115 Behavioral Health Medicaid Waiver provides an integrated behavioral health system of care for all eligible Alaskans. This includes Alaskans experiencing:

- Serious mental illness (SMI)
- Severe emotional disturbance (SED)
- Substance use disorder (SUD)
- Co-occurring substance use with mental illness or other disabilities
- Families and children at risk for involvement with Office of Children's Services (OCS) or Division of Juvenile Justice (DJJ).

Key Points

- Medicaid coverage for behavioral health services is likely to result in long-term and life-changing positive health outcomes for vulnerable Alaskans.
- Medicaid healthcare coverage promotes access to home and community-based services and supports to reduce the need for expensive institutional care.
- Medicaid-covered services cost significantly less than institutional care for all payers.



Telehealth

Recent telehealth flexibilities allowed by the Centers for Medicare and Medicaid Services have been critical for access to services and need to remain in place.

Employment

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GOVERNOR'S COUNCIL ON
DISABILITIES AND SPECIAL EDUCATION



Investment in cross-disability, cross-system efforts that promote community-based, competitive, integrated, and self-directed employment opportunities are needed for Alaskans with disabilities across the lifespan.

Alaska is an Employment First State

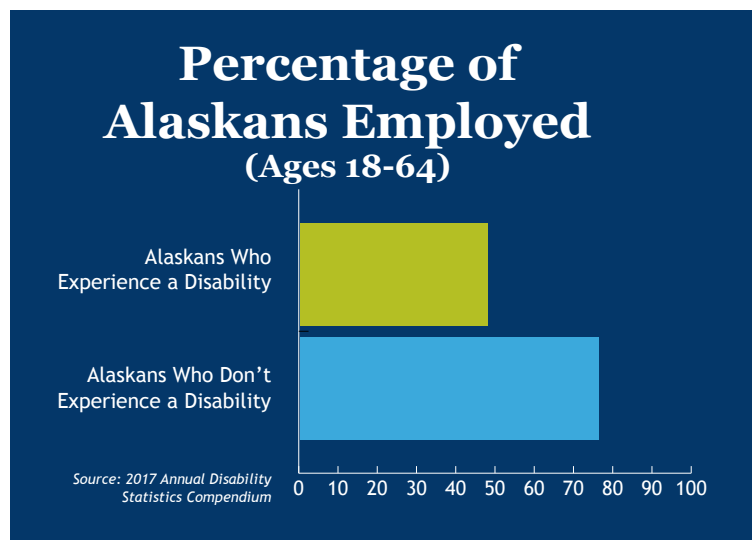
- When Alaskans with disabilities are employed, they contribute positively to their communities, pay taxes, and experience meaningful engagement that reduces isolation and promotes health and wellbeing.
- Supports for Alaskans with disabilities include resource coordinators at job centers, public school transition services, vocational rehabilitation, and more.
- Following a national movement, Alaska promotes employment in the general workforce as the preferred option for people experiencing disabilities receiving assistance from publicly funded systems.

Working Side-by-Side

Supported employment services help Alaskans with disabilities — including people with intellectual and/or developmental and behavioral health disorders, dementia, and traumatic brain injury — find and keep employment in typical work settings, earning competitive wages and benefits, side-by-side with people who do not experience disabilities. Alaskans with disabilities may benefit from a range of employment supports; some may only need help finding a job, whereas others may need on-site coaching or mentors as they learn and/or maintain their job duties.

Positive Outcomes Through Employment

Employment is an essential part of recovery for many individuals with behavioral health disorders, offering positive impacts on life satisfaction, self-esteem, independence, and symptom reduction. Additionally, employment is a path to self-sustainability and can prevent people from becoming homeless or entering institutional or criminal justice systems.



Some services and programs that support employment for Alaskans with behavioral health disorders and disabilities include:

- Vocational Rehabilitation
- Tribal Vocational Rehabilitation
- Medicaid Waiver supported employment services
- The Individual Placement and Support (IPS) model

Key Points

- When Alaskans with disabilities are employed, they have the opportunity to contribute positively in their communities, pay taxes, and experience meaningful engagement that reduces isolation and promotes health and wellbeing.
- It is important that employment services are flexible to meet the needs of individuals.
- Employment is a pathway to independence and financial security for many Alaskans.

Behavioral Health Services

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DISABILITIES AND SPECIAL EDUCATION



Comprehensive services for people experiencing mental illness and addiction follow a continuum of care across the lifespan that prioritizes prevention, intervention, and community-based services — minimizing the need for expensive acute-level care and institutionalization.

Continuum of Care

- A functional continuum of care offers a consistent and integrated system delivering behavioral healthcare services to individuals — from prevention and screening, to brief intervention, to acute care, to peer supports, and to long-term health and recovery.
- The goal of a continuum of care is that all Alaskans have access to the right level of service, at the right place, at the right time.
- Receiving services in the least restrictive setting, as close to home as possible, leads to more meaningful lives for Alaskans, as well as cost efficiencies for state government.

Crisis Intervention

- Alaska's current response to individuals experiencing a behavioral health crisis typically involves law enforcement or paramedics.
- Efforts are underway to divert people experiencing mental illness and psychiatric crisis from the criminal justice system to appropriate services.
- Significant barriers exist due to lack of services and workforce support, access challenges, uncoordinated services, and gaps in the continuum.
- Some needs will be met as more services are reimbursed through the 1115 Behavioral Health Medicaid Waiver. Concurrently, it will be important to retain behavioral health grants for community behavioral health services to supplement what Medicaid doesn't cover.

Prevention: A Cost-Effective Approach

Community-based services are less expensive than residential or institutional care and can be equally, or more, effective. The need for mental health and addiction support continues to grow due to the COVID-19 emergency and providers are challenged to keep up.

Key Behavioral Health Issues:

Substance Misuse and Substance Use Disorders

- More Alaskans are reporting increased alcohol and other substance use as a way to cope, and the consequences are impacting families, friends, and communities.
- The misuse of substances can result in long-term negative health effects and is linked to a number of negative social, health, and environmental consequences.

Co-occurring Disorders: The Importance of an Integrated Approach

- Co-occurring disorders (also referred to as dual diagnosis) is a term used when someone experiences a mental illness and/or another disability and a substance use disorder simultaneously.
- Alaska's behavioral health system has made some progress toward integrating mental health and substance use services; however, work toward integration must continue.

Suicide Prevention

- Many Alaskan communities have no suicide prevention or intervention resources, placing responsibility on law enforcement, schools, hospital emergency rooms, tribal and state governments, and families.
- 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.
- Suicide is the leading cause of death for Alaskans ages 15-24 years old. Focused prevention, treatment, and crisis services are needed to support the health and wellbeing of young Alaskans.



Compared to the same period in 2019, the Alaska Careline (suicide prevention hotline) received a 90% increase in calls from persons ages 24-44, and a 51% increase in new callers during Q3 of 2020.

Source: http://www.epi.alaska.gov/bulletins/docs/b2020_15.pdf

Unmet Need

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 their services. After decades of flat funding and grant reductions for mental health and addiction services, providers face:

- Aging infrastructure
- Workforce shortages
- Increased demand
- Inability to recruit and retain treatment professionals

Key Points

- Currently, Alaska's capacity to provide timely, appropriate levels of behavioral health support and to avoid institutional placement is limited.
- Crisis intervention currently relies on law enforcement and first responders, but recent promising efforts are underway to build a more appropriate system.
- Services that match an individual's level of need ultimately lead to more meaningful lives for all Alaskans, as well as cost efficiencies for state government.
- Understanding the importance of integrated mental health and addiction services and support network systems is critical when making policy and funding decisions.