

Community-Based Services

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

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

When funding for community-based services is reduced or eliminated, Alaska's most vulnerable citizens, including 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.

Without community support services, a family can lose their ability to care for a loved one at home. A justice-involved individual struggling with addiction or mental illness is at risk for relapse and committing new crimes. A person who has experienced severe trauma may not access important recovery services.

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

For example, for people with a mental health disorder, 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

Home and community-based services 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 an integrated system and delivery of health care services to targeted populations over the lifespan, including prevention and early intervention, treatment and interventions, and long-term recovery and maintenance. 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 intellectual-developmental disabilities, 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 appropriate care that reduces dependence on expensive emergency, crisis, or institutional care.

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

Community support services provide local jobs

- Non-profit organizations that provide community-based services are important not only to the Alaskans they serve, but for local economies as well.
- 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

- 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.
- Alaskans with disabilities entering into the community after foster care, juvenile justice, or incarceration benefit from transition services that help them get and remain stable.

Community support services are less expensive than institutional care

- 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.

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.❖

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).

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 intellectual-developmental disabilities, 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.

Sensible investment to grow a diverse workforce that includes people with disabilities, means directing resources for grant programs, vocational rehabilitation, university programs, peer support and mentorship, and more.

Alaska Mental Health Trust (Trust) beneficiaries¹ benefit from practices, policies, and funding that promote supported employment. The Trust and its partner advisory boards promote evidence-based strategies and best practices that increase opportunities for beneficiaries to gain integrated, competitive, and meaningful employment in their communities.

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 reducing symptoms. 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 a way to prevent people from becoming homeless or entering the disability or criminal justice systems.

Supported Employment in Alaska

Alaska is an *Employment First* state. *Employment First* is a national movement to promote employment in the general workforce as the preferred option for people with disabilities receiving assistance from publicly-funded systems. Alaska state agencies work together to support disability resource coordinators at job centers, public school

transition services, vocational rehabilitation, and more. Following are some of these efforts:

The Division of Vocational Rehabilitation (DVR) within the state Alaska Department of Labor and Workforce Development (DOLWD) helps Alaskans with disabilities prepare for and maintain employment. Vocational rehabilitation might include 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 waiver long term waiver services, with opportunities for supported employment services. Within SDS, the Governor's Council on Disabilities and Special Education (GCDSE) leads a collaborative employer engagement group called the *Business Employment Services Team* which supports employers in hiring people with disabilities.⁵

The Division of Behavioral Health (DBH) within the Department of Health and Social Services (DHSS) 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 Alaska *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 statewide programs that offer 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 grant opportunities for supported employment activities and programs in Alaska;
- ✓ Provide training and technical assistance to service providers to implement practices that support employment for people with all kinds of 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/qcdse/Documents/TransitionsHandbook.pdf>

For more information, go to: www.alaskamentalhealthtrust.org/jointadvocacy

Supportive Housing

Housing interventions and residential supports reduce the need for institutional care

Many Alaskans with disabilities, including people with intellectual-developmental disabilities (IDD), behavioral health disorders, dementia, and traumatic brain injuries struggle to maintain safe, stable, and affordable housing without the necessary supports that allow them to live safely at home. Housing supports offer a 'leg up' for getting housing and maintaining a meaningful life in the community.

Without housing support services, 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.

Housing Supports for People Who Experience Homelessness

The *National Alliance to End Homelessness* has identified that 41% of people who are homeless in the United States also experience a disability.¹

Alaska Mental Health Trust beneficiaries² benefit from housing supports that offer a safe place to live and the ability to obtain and maintain employment, access basic health-care, treatment and recovery services, and contribute productively in their communities. These interventions include:

Permanent Supportive Housing (PSH) is a national model that combines affordable housing and community support services for Alaskans with disabilities experiencing housing barriers. PSH has proven to reduce the need for expensive emergency 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 operating in Anchorage, Fairbanks, and Juneau, offering housing for people experiencing homelessness that does not require sobriety or participation in a treatment program. *Housing First* reduce the need for expensive emergency care because tenant needs are accommodated with onsite supportive services, such as case management, treatment, and medical care. A 2018 report from the University of Alaska indicates 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 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 a *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 veterans, families, and individuals, and reduces the instances of living in shelters or on the street.

Residential Supported-Living Services

Residential support services help Alaskans with disabilities participate in activities of daily living and be more independent and engaged in the 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 making phone calls, paying bills, or managing medication.

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

In-Home Supports offer people in need with access to professional assistance from a direct care provider who 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.

What do Alaskans need?

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

A 2015 report by the Governor's Council on Disabilities and Special Education (GCDSE), indicated that people with IDD experience housing barriers that include: 1) lack of supportive housing services for people not eligible for housing waivers; 2) lack of transition services for youth exiting school; 3) vulnerability of clients and exploitation by landlords; and 4) lack of supported housing and support services for people not on waivers or who live in rural areas.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

The Trust and partner advisory boards support solutions that address these barriers and continued funding for programs that serve Alaska's homeless citizens, including:

Homeless Assistance Program (HAP) offering grants for emergency shelters, homeless prevention (such as rental and utility emergency assistance), housing vouchers, and rapid rehousing;

Special Needs Housing Grants (SNHG) for permanent supportive housing and long-term rental assistance for seventeen successful housing programs;

Human Services Community Matching Grants and Community Initiative Matching Grants providing funds to municipalities for programs that provide food, shelter, and domestic violence services.

The Trust and partner advisory boards support funding for housing 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.

⁶ Alaska Commission on Aging Senior Snapshot: Older Alaskans in 2017-18.

For more information, go to: www.alaskamentalhealthtrust.org/jointadvocacy

Reducing Recidivism through Treatment and Reentry Supports

Promote rehabilitation practices and improved supervision to increase public safety

With 65% of Alaska's inmate population having a diagnosable mental health disorder,¹ the Alaska Department of Corrections (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 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. Below are some of the improved efforts currently underway in Alaska:

Reentry Coalitions. Community coalitions have formed in Anchorage, Mat-Su, Fairbanks, Juneau, Kenai, Dillingham, Ketchikan, and Nome, to support individuals returning to the community after incarceration. Coalition efforts are helping to reduce barriers and improve community education and outreach. Alaska's reentry coalitions partner with profit and non-profit organizations, state agencies, and tribal, faith-based, and business organizations, to address barriers and 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 early release planning 90-days before release for individuals at high-risk of recidivating. Reentry case managers provide transitional support for accessing housing, employment, training and education, healthcare, including behavioral health treatment, peer support, family reunification, and more, to increase the likelihood of stability and success after release.

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

Improved prison population management practices. DOC prioritizes, when appropriate, separating low-level offenders from serious violent offenders, 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 Division provides improved supervision to defendants awaiting resolution of their criminal case, including connecting them to community resources that provide tools for long-term change and success, and increased likelihood of compliance with conditions of release.

Therapeutic Courts. Therapeutic courts offer court-supervised probation and rehabilitation support for people with mental illness, addiction, and other disorders. Specially-trained probation officers offer intensive case management and assistance for maintaining housing, employment, treatment, and recovery, 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 has been invested into services and programs serving justice-involved individuals that include: 1) reentry services funded through 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.

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

¹Trust 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.

For more information, go to: www.alaskamentalhealthtrust.org/jointadvocacy

Medicaid Health Coverage

How vulnerable Alaskans are at risk

What are Medicaid Services and Who Do They Serve?

Medicaid offers health coverage for Alaskans unable to afford their own 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).

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

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

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 support services reduces the likelihood that vulnerable Alaskans will end up homeless, in crisis, admitted to intermediate or inpatient care, 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.

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).

Moving Forward with the 1115 Behavioral Health Medicaid Waiver

The federal Medicaid Section 1115 Demonstration Waiver allows states the flexibility to design, redesign, and improve their Medicaid services and programs.

Alaska's application to the Center for Medicare and Medicaid Services (CMS) for mental health and substance use disorder services via the 1115 Behavioral Health Medicaid Waiver (1115 Waiver) was approved in 2019, and new Medicaid services are being rolled out by region over the next few years.

The 1115 Waiver allows Medicaid

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

The intent of Alaska's 1115 Waiver 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.

Home and Community-Based Waiver Services (HCBS)

Seniors and individuals with intellectual and developmental disabilities (IDD) utilize Medicaid for Home and Community-Based Waiver Services for daily and long term supports. Without HCBS, many if not most Alaskans with significant IDs 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).

For more information, go to: www.alaskamentalhealthtrust.org/jointadvocacy

Substance Misuse and Addiction

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

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

In 2019, the Alaska Mental Health Trust Authority (Trust) estimated that nearly 40,000 Alaskan adults experience alcohol dependence or abuse, and 20,000 adults experience drug dependence or abuse. Also, an estimated 1,300 Alaskan youth (between ages 12-17 years) experience alcohol dependence or abuse.¹

What Are Impacts To Trust Beneficiaries?

Like all Alaskans, Trust beneficiaries² are impacted by substance misuse and addiction. When addiction is not addressed, negative health impacts and harms escalate, resulting in poorer life outcomes. People with disabilities can be more vulnerable to the progression of an addiction and generally have less access to healthcare and community supports, such as treatment, stable housing, and employment.

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 be complicated, and if not managed properly there is increased risk of adverse consequences.

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

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

What are the Barriers to Treatment?

Trust beneficiaries experience greater barriers for accessing treatment, including lack of available treatment options, lack of insurance or funds to pay for services, long waitlists, not enough trained workforce, past criminal convictions, and lack of access to transportation, housing, and employment.

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 state grant reductions for behavioral health services, providers have been facing an aging infrastructure, inability to recruit and retain treatment professionals, attrition of staff, and an increased demand from a statewide addiction epidemic.

What Programs and Services Work?

Alaskans with substance use disorders need a full continuum of care, from prevention and early intervention, to treatment and recovery services that increase the likelihood of long-term recovery.

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

How are Treatment Services Funded?

Substance use disorder 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.

State-funded *Behavioral Health Treatment*

and Recovery Grants pay for community emergency outpatient and residential treatment services to low-income youth and adults with moderate to severe behavioral health disorders.

During the 2019 legislative session, these grants were reduced by \$6.1 million with the intention that this reduction would be offset by savings resulting from implementation of the 1115 Behavioral Health Medicaid Waiver. However, these waiver services are gradually being implemented across the state and cost savings have not yet been realized.

Costs of Addiction in Alaska

According to a 2019 McDowell Group report on the economic costs of drug and alcohol misuse in Alaska, the estimated cost of addiction in 2018 was about \$3.5 billion. Of these costs, productivity losses accounted for the largest component.⁷

The misuse of alcohol and substances also has a wide range of intangible costs that include domestic violence, the suffering of victims, childhood trauma and Adverse Childhood Experiences (ACEs), and diminished quality of life.

Substance misuse also plays a significant role in traffic collisions and crime, including driving under the influence, assault, theft, domestic violence and sexual assault.

The Trust and partner advisory boards support statewide efforts to expand access to treatment, reduce waitlists, and build a sustainable workforce to serve Alaskans with substance use disorders across the lifespan.❖

¹ *Division of Public Health, DHSS 2018 Alaska Scorecard*. Retrieved from: http://dhss.alaska.gov/dph/HealthPlanning/Documents/scorecard/2018_MHT_Scorecard_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, Alaska Division of Public Health, 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.

For more information, go to: www.alaskamentalhealthtrust.org/jointadvocacy

Suicide Prevention

Support state funding for statewide awareness, prevention & postvention in Alaska

Suicide is a serious public health issue in Alaska that affects all Alaskans, regardless of age, culture, race, region, or socio-economic background. While suicide rates continue to rise across the United States, Alaska has one of the highest of any state, at nearly double the national average.¹

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 suicide rate was 24.9 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 age 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 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

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 together through public, private, and tribal partnerships that address suicide prevention, intervention, and postvention (activities that reduce risk and promote healing after a suicide death or attempt).

The Statewide Suicide Prevention Council (SSPC) is a citizen council of members impacted by suicide working with communities and state agencies to provide information, training, and advocacy on policies and funding that impact victims, family members, service providers, and communities.

The SSPC works in partnership with the Department of Education and Early Development (DEED), through funding allocated by the Alaska State Legislature for the Suicide Awareness, Prevention & Postvention (SAPP) school grant program. Funding supports training, curriculum development, evidence-based peer-to-peer, and culturally relevant programming and has served 22,675 students, school staff, and community stakeholders 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

In 2020, the Governor's budget proposes eliminating the remaining \$400,000 of state funding for these prevention grants. The Trust and partner advisory boards support continued funding for the SAPP program because it is one of the few suicide prevention programs funded by the State of Alaska.

After 20+ years 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, hospital emergency rooms, tribal and state governments, and families.

The Statewide Suicide Prevention Council also works on:

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

The Trust and partner advisory boards support efforts to expand suicide prevention efforts for Alaska's most at-risk populations, including full funding of the Suicide Awareness, Prevention, & Postvention (SAPP) grant program. ❖

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. J Autism Dev Disord (2019). <https://doi.org/10.1007/s10803-019-04345-x>

⁸ Ron Perkins (MPH), Teri L. Sanddal, Marcia Howell, Nels D. Sanddal & Alan Berman (2009) Epidemiological and follow-back study of suicides in Alaska, International Journal of Circumpolar Health, 68:3, 212-223, DOI: 10.3402/fjch.v68i3.18334.

⁹ Simpson, Grahame & Tate, Robyn. (2008). Suicidality in people surviving a traumatic brain injury: Prevalence, risk factors and implications for clinical management. Brain injury: [BIJ]. 21. 1335-51. 10.1080/02699050701785542.

¹⁰ Suicide Awareness, Prevention, & Postvention Grant Program FY19 Report to Statewide Suicide Prevention Council, Department of Education & Early Development, October 2019.

For more information, go to: www.alaskamentalhealthtrust.org/jointadvocacy

Workforce Development

Address workforce shortages for Alaskan healthcare professionals

Alaskans working in healthcare and social services are the foundation of a continuum of care for Alaska Mental Health Trust (Trust) beneficiaries.¹

Healthcare professionals work for private and non-profit organizations, tribal, federal, local, and state entities, and contribute to a healthy workforce and strong Alaskan economy.

They provide “safety net” services that may include assisted living and personal care support, mental health and addiction treatment, case management, adult day and day habilitation programs, home-delivered and congregate meals, supported employment and job coaching, housing assistance, peer support and mentorship, and more.

Recruiting and retaining healthcare providers who serve Trust beneficiaries can be challenging. Work conditions are often stressful and physically challenging, and incentives to stay in-state or in the field are often limited. Lack of adequate pay, opportunities for full-time employment, benefits, mentorship and professional development are limited. Additionally, 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.

What is Alaska doing to build its healthcare workforce?

The Trust and partner advisory boards are working with both private and public agencies to address some of these challenges. Following

are some of the statewide efforts currently underway:

The Alaska Training Cooperative (AKTC), administered under UAA, supports career development and training for healthcare providers that 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.

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

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

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

Initiatives focused specifically on Direct Support Professionals (DSP) include a DSP career and apprenticeship pathway for graduating high school students and displaced workers; creation of the Alaska Alliance of DSPs and a peer network focused on a strengthened workforce; and participation in the *National Core Indicators* survey to collect workforce data that will inform efforts and measure progress.

In addition, a healthcare innovation hub, *Health TIE*, will identify and support implementation of emerging technology to increase the capacity of the service system.

Who Are Alaska's Healthcare Professionals?

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.

Case 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.

Community Health Aides and Behavioral Health Aides offer primary, emergency, and behavioral healthcare in rural communities.

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

Peer Support Specialists are people with lived experience of a disability or behavioral

health disorder who serve as mentors, recovery coaches, 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.

How can we build our 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, prison);
- Specialized services that assist justice-involved Trust beneficiaries during pretrial, incarceration, and reentry phases of their justice involvement;
- Incentives to address high turnover, burn-out, and early departure from healthcare employment;
- Enhanced apprenticeship opportunities for Alaskans with disabilities; and
- 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, including 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.

For more information, go to: www.alaskamentalhealthtrust.org/jointadvocacy