Behavioral health services for people experiencing mental illness and substance misuse disorders should follow a continuum of care that offers prevention, timely interventions, treatment 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 - resulting in positive health impacts.

- 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.

**Prevention: A Cost-Effective and Effective Approach**

- Community-based services are less expensive than residential or institutional care and can be equally, or more, effective.

- Typically, the earlier behavioral health conditions and developmental disabilities are identified and individuals are connected with needed supports and services, the better the outcomes will be.
Substance Misuse and Substance Use Disorders

- Increased alcohol and substance misuse in Alaska is 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, economic, 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

- 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.

- Many Alaskan communities rely on law enforcement, schools, hospital emergency rooms, tribal and state governments, and families to prevent and respond to suicides.

- More state resources for community-level supports would help bolster local prevention and intervention efforts.

988 in Alaska

Dialing or texting 988 is a direct connection to compassionate care and support for anyone experiencing suicidal thoughts, who is at risk of suicide, or who is struggling with emotional distress. The Lifeline is free and confidential, with operators that treat callers with respect and listen without judgment. Since the launch of 988 in July 2022, Alaskans who dial 988 from the 907 area code will be connected with the Alaska Careline, a member of the National Suicide Prevention Lifeline and our in-state call center, where trained counselors answer calls, chats, and texts. Since the launch of 988, the Alaska Careline has experienced an almost 20% increase in call volume.

To learn more visit 988.alaska.gov
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

Crisis Intervention

• Alaska’s current response to individuals experiencing a behavioral health crisis typically involves law enforcement or paramedics. Efforts are underway to improve how our system responds to people experiencing a mental health crisis, diverting them from the criminal justice system to appropriate support services.
• Robust supports in the community, including crisis call centers, mobile crisis teams, and crisis stabilization services help stabilize individuals outside of the most acute care settings.
• Some needs will be met as more services are reimbursed through the 1115 Behavioral Health Medicaid Waiver. Further, it is also important to retain behavioral health grants for community behavioral health services to supplement what Medicaid doesn’t cover.

Key Points

• Currently, Alaska’s capacity to provide timely, appropriate levels of behavioral health support and to avoid institutional placement is limited.
• State investments are necessary to support meaningful improvements in our behavioral health 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.