# Supportive Housing





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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%<sup>1</sup>
- 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.<sup>2</sup>

#### 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 selfperception 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.

<sup>&</sup>lt;sup>1</sup> "Juneau Housing First 6 Month Pre/Post Service Usage and Indicators of Wellbeing Comparison," Brocious and Erisman, 10/30/18.

<sup>&</sup>lt;sup>2</sup> "Forget Me Not Manor: Tenant Alcohol Consumption at Two Years," Brocious and Erisman, 2/17/20.

## Medicaid Health Coverage





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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.

# **Behavioral Health Services**





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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.

#### **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.

#### **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.



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

## Community-Based Services





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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.

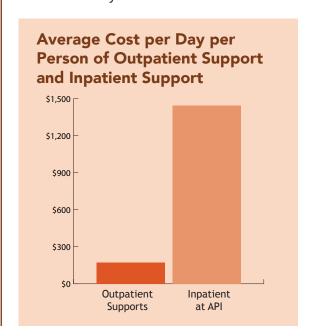
Community-based services are critical for Alaskans with intellectual and/or developmental disabilities, behavioral health disorders, dementia, and traumatic brain injuries. Some of these services are provided via telehealth or are distance delivered.

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.<sup>1</sup>



- Community supports for Alaska's seniors can cost 45% to 90% less than nursing home care.<sup>2</sup>
- 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).<sup>3</sup>
- 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

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> 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.

<sup>&</sup>lt;sup>3</sup> State of Alaska Automated Budget System, Final Auth20 report, Harmony and COGNOS.

### **Workforce**





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Alaska's behavioral health workforce is the foundation of a continuum of care that serves Alaskans with disabilities and behavioral health conditions. A robust workforce provides care in the least restrictive settings, keeping individuals out of expensive institutional care, and helps maintain stability and quality of life for Alaskans experiencing disabilities.

#### Who Are Alaska's Behavioral Health Professionals?

Behavioral health professionals work for both public and private organizations, Tribal, federal, local, and state entities in both urban and rural communities. These professionals contribute to a healthy workforce and strong Alaskan economy. 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.

- **Direct Support Professionals (DSPs)** and **Personal Care Assistants (PCAs)** provide long-term services that assist with daily living, systems navigation, non-clinical rehabilitation, etc.
- Case Managers and Care Coordinators assist with accessing services, treatment, housing, and employment support, etc.
- Community Health Aides and Behavioral Health Aides offer primary, emergency, and behavioral health care in rural communities.
- **Behavioral Health Clinicians** provide mental health and addiction treatment, assessments, crisis care, and prevention services.
- **Peer Support Specialists** are people with lived experience of a disability who provide mentorship and other support.
- **Psychiatrists, Geriatricians, Neurologists** are skilled in assessing and managing the specialized medical needs of people with behavioral health disorders and other disabilities.

#### **Alaska's Workforce Challenges**

There are workforce shortages throughout Alaska's health care sector. The COVID-19 pandemic has exacerbated existing workforce challenges that impact Alaskans with disabilities and behavioral health conditions. Some Alaskans have gone without the services and supports that help ensure that their basic needs are met and that they have opportunities to lead meaningful lives and be engaged in their communities. Further, access to care and services in the community can help prevent individuals from needing more intensive levels of care, such as in a nursing facility or psychiatric hospital.

Recruiting and retaining behavioral health care providers can be challenging. Work conditions are often stressful and physically challenging, and some positions lack competitive pay, opportunities for full-time employment, benefits, and professional development opportunities. Staff who leave their jobs under duress are less likely to return to the field and, with a generation of workers retiring from the workforce, employers are losing professionals with the knowledge and skills critically needed in health care today in Alaska.

#### **Key Points**

- Without an adequate behavioral health workforce, the needs of vulnerable Alaskans cannot be fully met.
- To better retain and recruit staff who work directly with Alaskans experiencing disabilities, competitive, livable wages for direct care providers are needed.
- Adequately trained professionals are needed to provide not just services, but also mentorship, supervision, and oversight in the behavioral health workforce.
- Incentives are needed to address high turnover, burnout, and early departure of staff.
- Enhanced apprenticeship opportunities are needed in the behavioral health field, including opportunities for Alaskans with disabilities.

### **Building Alaska's Behavioral Health Workforce**

The Trust and partner advisory boards support ongoing efforts to address Alaska's health care shortages and challenges. The following efforts are in place and need ongoing support:

Alaska Training Cooperative (AKTC) offers career development, training, and technical assistance for health care providers and professionals.

Alaska Native Health Tribal Consortium (ANTHC) manages the Behavioral Health Aide Registered Apprenticeship program.

Licensed Marriage and Family Therapists (LMFT), Licensed Professional Counselors (LPC), and Peer Support Specialists have expanded the pool of professionals able to serve Alaskans with developmental disabilities and behavioral health conditions.

**University of Alaska** provides health programs designed to address local (urban and rural) health care and behavioral health workforce needs.

The Alaska Health Workforce Coalition addresses professional development, youth engagement, workforce policies, infrastructure, recruitment and retention, evaluation, and data.

**SHARP** loan repayment and incentive program offers incentives for medical and mental health care professionals to seek and maintain employment in Alaska.

Direct Support Professionals (DSP) continue to develop career and apprenticeship pathways for DSPs, including graduating high school students and displaced workers.

**Health TIE** supports emerging technology to increase the capacity of the healthcare service system.

### **Employment**





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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

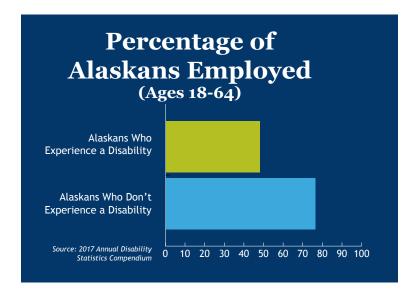
- When Alaskans with disabilities are employed, they contribute positively to their communities, pay taxes, and experience meaningful engagement that reduces isolation and promotes health and wellbeing.
- Supports for Alaskans with disabilities include resource coordinators at job centers, public school 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.



#### **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.

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