



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
July 2022

Crisis Stabilization for Behavioral Health Crisis

House Bill 172 offers a “no wrong door” approach to providing medical care to a person in mental health or substance use crisis by enhancing options for law enforcement and first responders to efficiently connect Alaskans in crisis to the appropriate level of care.

HB 172, which passed in 2022, adds additional levels of care for crisis stabilization, and expands access by enabling approved crisis residential facilities to facilitate 72-hour psychiatric evaluations. It defines crisis care facility types and addresses who can deliver individuals to crisis facilities.

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The House Finance Committee heard bills and budget items throughout the 2022 legislative session that impact Trust beneficiaries—people with mental illness, substance use disorders, intellectual/developmental disabilities, including fetal alcohol spectrum disorders, Alzheimer’s disease/dementia, and traumatic brain injury. An advocate is pictured testifying during public testimony on the state budget. Photo courtesy of House Majority Press.

Telehealth Improvements for Alaskans with Disabilities, Dementia, Mental Health and Substance Use Disorders

Restrictions for using telehealth for healthcare were relaxed during the state and federal public health emergencies for COVID-19 response. This allowed Alaskans to receive primary medical and behavioral health care by video conferencing, telephone, and online platforms.

House Bill 265, which passed in 2022, allows some of these telehealth flexibilities to continue by establishing permanent regulations allowing healthcare to be conducted by telephone or Internet, waiving in-person visits in some cases, and allowing follow-up visits from established medical providers from other states.

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HB 172 also addresses admission procedures, evaluations, time limits for holding a patient, rights of patients, and parameters for how psychotropic medications can be administered at a crisis facility.

Key improvements to Alaska’s crisis system means a faster and more appropriate response to people in crisis, and new options that will allow law enforcement to focus on crime prevention and public safety, and EMTs and hospitals to focus on emergency medical treatment.

Provisions in HB 172:

- Defines “crisis stabilization centers and “crisis residential centers” as “subacute mental health facilities.”
- Defines “subacute mental health facility” as a facility designed to evaluate, stabilize, and treat on short-term, intensive, and recovery-oriented basis, and without the use of hospitalization, individual experiencing an acute behavioral health crisis.
- Adds crisis stabilization and residential centers to the list of facilities a ‘peace officer’ may take a person experiencing a behavioral health crisis, as an alternative to arrest.
- Expands definition of ‘peace officer’ to include paramedics, emergency medical technicians, firefighters.
- Adds mental health professionals, health officers, and physician assistants to the list of professionals who can deliver patients in crisis to crisis facilities.
- Addresses emergency custody, temporary involuntary commitments, and parameters for taking an individual ‘into custody.’
- Requires examinations by mental health professionals within three hours after arrival, and allows admission of patients who are gravely disabled or at risk of serious harm to themselves or others.
- Addresses notification to victims of domestic crimes when perpetrators are released from crisis facilities.
- Clarifies practices and patient rights related to the administration of psychotropic medication.

Expanding telehealth in Alaska saves costs, increases convenience, and removes barriers to receiving healthcare. It improves access to mental health and addiction treatment, home and community-based services, and rural health clinic services.

Provisions in HB 265:

- Removes requirement for an in-person visit prior to a telehealth appointment.
 - Allows physicians in other states to deliver health care services by telehealth in Alaska if there is an established physician-patient relationship, an in-person physical exam was previously conducted, and if services are related to ongoing or follow-up treatment.
 - Clarifies license requirements for out-of-state physicians practicing in Alaska by telehealth.
 - Ensures only authorized in-state providers can prescribe controlled substances by telehealth without conducting an in-person visit.
 - Establishes penalties and enforcement practices for non-compliance.
 - Requires Medicaid reimbursement for telehealth services in the same manner as an in-person services for behavioral health and home and community-based services, and other services eligible for reimbursement. [◇]
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- Addresses requirements for ex-parte orders and evaluation hearings; informed consent; involuntary commitment, parental notification; and attorney representation in related proceedings. [◇]

To learn more about these bills, go to www.akleg.gov and type the bill number into the search bar.



A grandmother and granddaughter enjoy a visit together at the Nome Senior Center in Nome. Photo courtesy of Alaska Commission on Aging.

ABLE Act: 'Achieving a Better Life Experience' for Alaskans

House Bill 133 updates provisions related to the federal ABLE Act (2016) by allowing contributions to tax-advantaged savings accounts for disability expenses without losing benefits already provided through private insurance, Medicaid, Social Security Income (SSI), employment, or other sources. It also updates age limits for having an account and adds more flexibility related to age requirements.

After evaluating various options, the Department of Revenue determined the most beneficial and cost efficient way to support the ABLE program in Alaska is to join the National ABLE Alliance—a partnership between 17 states dedicated to providing ABLE investment projects with multiple financial options at low cost to people living with disabilities.

Provisions in HB 133:

- Directs the Department of Health to consult with the Governor's Council on Disabilities & Special Education on the Alaska Savings Program.
- Expands the age of eligibility to match federal standards, removing the age cap for people who become disabled after age 26.
- Expands rules related to beneficiary contributions and rollovers.
- Adjusts definitions of higher education, education savings accounts, trusts, and expenses.
- Adjusts who may be a beneficiary successor. ◊

Expanded Awareness, Improved Care for People with Dementia

House Bill 308 expands the state's efforts to improve systems of care and raise awareness about Alzheimer's disease and dementia in Alaska.

The current lack of public health infrastructure for dementia diagnosis and care creates challenges in securing a formal diagnosis. A timely diagnosis is the first step in ensuring that individuals and families can benefit from treatment and care planning.

HB 308 directs the Department of Health (DOH) to address systems of care and increase public knowledge about signs and symptoms of different types of dementia, brain health, and the importance of and access to timely diagnosis. Educating health professionals, clinicians, and the public on early warning signs, early diagnosis, and access to resources, is not only better for individuals and families, but also prevents more costly services—usually at state expense—for institutional care.

Provisions in HB 308:

- Establishes a Dementia Public Awareness Program within DOH, to include a statewide public awareness campaign, educate Alaskans on early diagnosis, risk reductions, and risk management.
- Assesses and seeks to improve services and systems of care that serve people with Alzheimer's/dementia.
- Increases focus on screening and early diagnosis, and expanded workforce to serve people with dementia, families, and providers.
- Collects and monitors data to inform priorities, public health actions, and social impacts of dementia.
- Requires DOH to engage with community members and stakeholders in decision-making and to develop a statewide plan to improve systems of care, infrastructure, and awareness of dementia. ◊

Updated Alcohol Laws for Health and Public Safety Improvements

Senate Bill 9 addresses the state statutes in Title 4 that relate the regulation of alcohol in Alaska. Provisions include changes to licensure, Internet sales, population limits, and keg registration, and tasting rooms.

BILLS – continued on page 4

The provisions in SB 9 impact Internet sales of alcohol, licensure for manufacturers, including breweries and distillers, and out-of-state sellers. It also expands enforcement and education efforts in Alaska, addresses ID checking practices, increases license fees, and fine-tunes keg registration.

The improved laws are expected to promote a better business climate, while maintaining public health and public safety.

This ten-year effort to develop and pass the this bill were supported by many statewide stakeholders—including public health, behavioral health, law enforcement, alcohol prevention and treatment providers, as well as the alcohol industry (retailers and manufacturers), local governments, and community advocates. Most of provisions in SB 9 will go into effect in 2024.

Provisions in SB 9:

- **Internet Sales.** Requires out-of-state sellers who ship alcohol to Alaskan customers to be licensed, and restricts shipping to Alaska’s local option areas (municipalities that prohibit alcohol sales within their jurisdiction). It requires ID checks for home deliveries, and addresses practices to reduce the ability of minors to order alcohol over the Internet.
- **Licensure.** Maintains Alaska’s existing alcohol licensing system and population limits by community, and raises limits for manufacturer retail licenses. It allows for expanded activities and premises, product sampling, and improved hours.
- **Enforcement, Education.** Improves accountability, provides incentives for compliance, and improves education efforts to ensure that licensees and servers are well-informed about alcohol safety and violations. The bill maintains penalties for serious crimes and safety risks, and addresses penalties for minor violations to reduce the likelihood of future violations.

- **License Fees.** Raises license fees for most license types—including bars, restaurants, liquor stores, and makes fees consistent across similar business types. The additional revenue will provide support for compliance checks, education, and enforcement of alcohol laws at both the state and local levels.
- **Server Education.** Requires alcohol servers to have TAPS (Training for Alcohol Servers) for all events. This training includes practices that prevent minor sales and consuming and adult over-serving.
- **Keg Registration.** Requires registration of all rented kegs from package stores and breweries and allows enforcement against adults who provide kegs at underage parties.◊

To learn about these bills, go to www.akleg.gov and type the bill number into search bar.

Provisions in SB 9 impact the duties and responsibilities of the Alaska Alcohol Beverage Control (ABC) Board, which serves as a regulatory agency for the control of the manufacture, barter, possession, and sale of alcoholic beverages in Alaska. The ABC Board also oversees enforcement and licensure to private businesses.



Advocates in Action!



Alaskans participate in advocacy activities across the state—sending letters and emails to policymakers, calling in for public testimony, meeting virtually and in-person with legislators, and promoting education and awareness events. **From top to bottom:** Advocates rally at an outdoor recovery event in Juneau; Alaska Key Coalition vice president, Millie Ryan, testifies during public testimony on the state budget before the Alaska State Legislature; Peer Power self-advocates get together at a statewide conference (photo courtesy of Peer Power); advocates practice skills for testifying at public meetings during a 'Super Advocate' training at the Cordova Center in Anchorage.





Clockwise from top left: Advocacy folders with legislative priorities and other information were distributed to all 60 legislators; educational materials related to Trust beneficiaries are displayed at conferences and public events statewide; advocates speak at a Lunch & Learn event at the State Capitol; the Senate Health & Social Services Committee hears testimony and discusses legislation that impacts Trust beneficiaries; Disability Pride Week planners meet by Zoom.

Other Bill Highlights

HB 106 – Missing Persons Under 21 Years Old. This bill requires local or state law enforcement to transmit a missing person’s report for entry into the Alaska Public Safety Information Network and the National Crime Information Center, as soon as practicable, but no later than two hours after receiving the initial report for individuals under 21 years of age who are missing. The provisions in this bill will capture young adults in the high-risk post-high school years.

HB 168 – Electronic Application for State Benefits. Requires the state to establish an electronic application process for all public assistance programs that allows for applications by paper or electronic online. Public Assistance, General Relief, Child Care Assistance, childcare grants, affordable heating, food stamps, temporary assistance, and cash assistance programs are included. Funding for this was included in the budget.

HB 291 – Extend Council on Domestic Violence and Sexual Assault (CDVSA). This bill extends the council for another six years and adds a seat for the Alaska Mental Health Trust. It also establishes the Criminal Justice Data Analysis Commission, to be tasked with data research, analysis, and reporting information related to public safety, rehabilitation, crime and incarceration rates, recidivism, and victims’ needs. These provisions related to the commission were originally in HB 183, and in the final days of session were rolled into HB 291.

HB 363 – Broadband: Office, Grants, Parity. This bill establishes the a federally-funded Office of Broadband in Alaska and a broadband parity adjustment fund. It establishes a Statewide Broadband Advisory Board, with a member seat for a healthcare representative, and will prioritize service expansion in un-served and underserved areas.

HCR 9 – Tardive Dyskinesia Awareness Week. This resolution designated May 1-7, 2022 as Tardive Dyskinesia Awareness Week, acknowledging the relationship between this disorder and a side effect of

certain antipsychotic medications used by people with chronic mental illness (schizophrenia, bipolar disorder, depression) and/or substance use disorders.

SB 34 State-Tribal Education Compact Schools. This bill provides Alaska tribes the opportunity to establish locally-driven state-tribal compact schools, that can offer cultural and linguistic programs, specialized education, and disability related programs.

SB 45 – Age for Nicotine, E-Cigarettes, Taxation. Relates to raising the minimum age for purchasing tobacco to 21, certain penalties, transporting tobacco, and taxation of E-Cigarettes.

SB 185 – Eliminate Minimum Wage Exemption. This bills updates minimum wage exemption to only include people under age 18, removing physical or mental deficiency or injury language.

HB 281/HB 282 – Operating, Capital, and Mental Health Budgets. These budget bills offer operating and capital expenses for the fiscal year, FY23 (July 2022 through June 2023). Many budget items impact Trust beneficiaries—people with mental illness, substance use disorders, Alzheimer’s disease/dementia, intellectual-developmental disabilities, including fetal alcohol spectrum disorders, and traumatic brain injury. To see budget item details by department, go to pages 8-13.

EO 121 - Bifurcation of the Department of Health and Family & Community Services Executive Order 121 divides the Department of Health & Social Services into two departments: Department of Health and Department of Family & Community Services. The EO did not require legislative approval, and the Legislature did not object to it moving forward. ◊

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.

FY23 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 the FY23 Operating, Mental Health, and Capital budgets (HB 281, HB 282):

TERMS

GF = General Funds, a state funding source
UGF = Unrestricted General Funds
DGF = Designated General Funds
GF/MH = General Funds in Mental Health Budget
MHTAAR = Mental Health Trust Authority Authorized Receipts, a state funding source
Fed = Federal Funds
GF/Match = General Funds for Matching Federal Funds
DHSS = Department of Health & Social Services (old)
DOH = Department of Health (new)
DFCS = Department of Family & Community Services (new)
DBH = Division of Behavioral Health
DJJ – Division of Juvenile Justice
SDS = Division of Senior & Disability Services
DOC = Department of Corrections
DEED = Department of Education & Early Development
DOA = Department of Administration
DOTPF = Department of Transportation & Public Facilities
DCCED = Department of Commerce Community & Economic Development
DOR = Department of Revenue
AHFC = Alaska Housing Finance Corporation
Courts = Alaska Court System
Adds = Increases funding above FY22 levels
Reduces = Decrement from FY22 levels
Maintains = Maintains funding at FY22 levels

Department of Health

Behavioral Health Treatment & Recovery (BHTR) Grants (DOH). Adds +\$859,500 GF/MH above FY22 levels for grants to community mental health and substance use treatment providers for outpatient and residential treatment and other behavioral health services.

Behavioral Health Prevention & Early Intervention (BHPEI) Grants (DOH). Adds +\$246,700 GF/MH for grants to community providers for prevention and early intervention services, FASD awareness and training, suicide prevention, and substance misuse prevention.

Address the Intellectual-Developmental Disability (IDD) Waiver Waitlist (DOH). Adds +\$1.74 million Fed/GF Match for grants for home care, assisted living, medical care, and more. Intent language requires DOH to reduce the IDD waiting list by 70 individuals and to develop a five-year plan for eliminating the waitlist over the long term for Home and Community-Based Services (HCBS).

Dementia Programs Specialist (DOH) Adds +\$120,000 GF/Match for a Public Health Specialist to support dementia programs in DOH.

Senior & Disabilities Community-Based Grants (DOH). Veto: -\$1.49 million GF for increment to grants that serve people in their communities with disabilities, seniors, and vulnerable Alaskans.

Crisis Now Continuum of Care Grants (DOH). Adds +\$900,000 GF/MH for enhanced behavioral health crisis care in Anchorage, Mat-Su, Fairbanks, and Juneau, using the *Crisis Now* model. Crisis stabilization services reduce the need for law enforcement and expensive emergency and medical services.

Statewide Designation, Evaluation, Stabilization and Treatment Coordinator (DOH). Maintains \$75,000 MHTAAR for coordination and processes for reviewing ex-parte orders to ensure timely review and a single point of contact for assisting the state's crisis stabilization efforts.

IT/Telehealth Service System Improvements (DOH). Maintains \$63,000 GF/MH for telehealth improvements, and adds +\$24,900 GF/MH above FY22 levels for a full-time staff to support expanding the telehealth project to improve access to annual assessments, and allow services to be conducted in local clinics for people who receive personal care assistance or Medicaid waiver services in rural areas. Telehealth increases efficiency and reduces costs associated with travel and delays due to missed appointments and rescheduling.

Peer Support Certification (DOH). Maintains \$130,000 MHTAAR funds and adds +\$50,000 GF/MH for continued implementation of Alaska's Peer Support Certification program. Peer support is a critical service highlighted in the 1115 Medicaid Behavioral Health Waiver effort and in community behavioral health settings across the state.

Public Assistance Field Services (DOH). Adds +\$1.33 million Fed; GF/Match for new 20 positions to improve application processing and address the backlog of applications needing

BUDGET – continued on page 9

processing; +\$8 million UGF/Fed to create online applications and electronic notices to replace using paper notices for public assistance applicants; and +\$23.5 million UGF/Fed to support continuation of improving the eligibility system replacement project that integrates components of the various programs into a single sign-on user experience.

Personal Care Assistants (PCA) (DOH). Adds \$32.8 million GF/Fed to support rate increases for providers of services to seniors and individuals with disabilities, with the intent that it result in increased wages for direct care workers.

Expand Master of Social Work Degree Program (DOH). Adds +\$200,000 GF/MH for expansion of the UAA Master of Social Work program from 35 to 85 students per year, including licensure.

Aging and Disability Resource Centers (ADRCs) (DOH). Maintains \$300,000 MHTAAR and add +\$250,000 GF/MH, a request that was denied in FY22. ADRCs provide support and resources for older Alaskans, persons with disabilities, family caregivers, and community members, and offers a reliable resource for information, referral, and access to services. ADRCs provide help navigating health systems, finances, housing, transportation, and more..

Intensive At-Risk Early Intervention Services (DOH). Adds +\$460,000 MHTAAR for grants to community agencies to hire highly qualified Early Intervention and Infant Learning Program (EI/ILP) providers to serve 200-plus high-risk families with young children with developmental delays, early behavioral concerns, and other disabilities—for screening, developmental monitoring, parenting guidance, and access to resources and referral supports.

Zero Suicide Initiative (DOH). Maintains Trustee recommendation for \$62,500 MHTAAR (-\$9,000 reduction) and adds +\$62,500 GF/MH—for a net gain of +\$53,500 above FY22 levels. This initiative works with community-based agencies and coalitions to identify, coordinate, lead, and train for suicide prevention and intervention for people in crisis, families, and providers of services.

Public Health Prevention Programs (DOH). Adds +\$750,000 MET Funds for substance misuse disorder prevention efforts at after school programs.

Alcohol Safety Action Program (ASAP) (DOH). Maintains \$5.1 million (from multiple funding sources) at FY22 levels. ASAP provides substance abuse screening, case management and accountability for DWI and other alcohol/drug related misdemeanor cases, including cases referred from the district court into drinker classification categories, as well as thoroughly monitoring cases

throughout education and/or treatment requirements. ASAP operates as a neutral link between the justice and the health care delivery systems, including enforcement, prosecution, judicial, probation, corrections, rehabilitation, licensing, traffic records, and public information/education.

Behavioral Health Screening in Primary Care (DOH). Maintains \$50,000 MHTAAR at FY22 levels for behavioral health screening for children and youth in primary care, including referral to care coordination and other behavioral health services, as needed. Early identification and intervention increases the likelihood young Alaskans with behavioral health needs will be served early and avoid escalated challenges in adulthood. Behavioral health screening supports the department’s efforts to implement the 1115 waiver.

Evidence-Based Practice: Family Treatment Model (DOH). Maintains \$100,000 MHTAAR for family treatment and recovery services, access to training and practices that serve high-risk youth, and prevent the need for more-costly intensive treatment further on.

Statewide Suicide Prevention Plan Development and Implementation (DOH). Maintains \$50,000 MHTAAR for one-time funding to the Statewide Suicide Prevention Council for development, planning, and implementation the new five-year statewide suicide prevention plan, in collaboration from key community and state partners.

Adult Public Assistance, General Relief, and Tribal Assistance (DOH). Maintains FY22 funding levels for assistance for Alaska’s most vulnerable citizens.

Senior Benefits Payment Program (DOH). Maintains FY22 funding levels for supports to Alaskan seniors.

Partner Access Line-Pediatric Alaska (PAL-PAK) (DOH). Maintains \$89,000 MHTAAR to match funding for the project’s final year providing Alaska’s primary care providers access to tele-psychiatric consultation and other resources through the Seattle Children’s Hospital. Integrated care expands access to early intervention for children and families experiencing behavioral health needs, effectively decreasing the need for higher levels of care.

Adverse Childhood Experiences (ACEs) Data Linkage and Analysis (DOH). Maintains \$100,000 MHTAAR to build on data linkage and analysis of Adverse Childhood Experiences (ACEs) and the impact on lifelong health and outcomes. The project addresses data-driven strategies and policies related to early intervention and prevention to enhance statewide capacity to evaluate childhood trauma-related data and better serve Alaskans impacted by trauma.

SHARP – Loan Repayment Incentive to Health Care Practitioners (DOH). Maintains \$200,000 MHTAAR for efforts to continue the SHARP-I program, that includes loan repayments

for behavioral health practitioners and practitioners in rural areas. The total contribution from state, federal, and employers totals \$16.8 million over four years.

Comprehensive Program Planning Coordinator (DOH). Maintains \$150,000 (\$75,000 MHTAAR; \$75,000 GF/MH) to build needed capacity within the department to facilitate, manage and coordinate resources necessary to ensure ongoing implementation, evaluation, and monitoring of the Comprehensive Integrated Mental Health Program plan.

Beneficiary Mental Health Status Data Collection (DOH). Maintains \$90,000 (\$45,000 MHTAAR; \$45,000 GF/MH) for the administration, outreach, collection, and analysis of Alaska-specific data related to the mental health status of Trust beneficiaries, as recorded through the Behavioral Risk Factors Surveillance System (BRFSS), the Youth Behavioral Risk Behavior Surveillance System (YRBS), and School Health Profiles.

Scorecard Update (DOH). Maintains \$40,000 MHTAAR for managing data collection, document revisions, and web-postings for the Alaska Scorecard, which represents population-level indicators that monitor trends and tracks changes in the lives and circumstances of Trust beneficiaries and other Alaskans. The scorecard is a component of the Comprehensive Integrated Mental Health Program.

Rural Home and Community Based Services (HCBS) Coordinator (DOH). Maintains \$81,000 MHTAAR for this position which engages in comprehensive and long-term care development for seniors in Alaska’s smaller communities and rural villages. Activities include outreach, education, and intensive community-based technical assistance for people impacted by Alzheimer’s disease and related dementias, co-occurring behavioral health conditions, and/or addictions.

Develop Targeted Outcome Data (DOH). Maintains \$80,000 MHTAAR for the effort to collect performance and outcome measures for home and community-based services in order to better measure and compare results and provide data for national benchmarks. This effort supports quality assurance and the National Core Indicators.

Institutional Discharge Planning (DOH). Maintains \$75,000 MHTAAR for Protective Services Specialist position for institutional discharge planning assistance for Alaskans releasing from medical and psychiatric hospitals, including petitions for guardianship to improve discharge planning.

Beneficiary Employment Technical Assistance and Program Coordination (DOH). Maintains \$123,500 MHTAAR for implementation of key Beneficiary Employment and Engagement (BEE) strategies, a collaboration with the Department of Labor & Workforce Development to increase self-sufficiency of beneficiaries, promote local economic development, and a reduced reliance on publicly-funded programs.

Human Services Community Matching Grants (DOH). Maintains \$1.38 million GF at FY22 levels for grants to communities that serve Alaska’s most vulnerable citizens.

Community Initiative Matching Grants (DOH). Maintains \$861,700 GF at FY22 levels for grants to communities that serve Alaska’s most vulnerable citizens.

Individual Placement and Supports (IPS) Capacity Building (DOH). Maintains \$30,000 MHTAAR, with a Trustee-recommended -\$10,000 reduction from FY22. The project supports ongoing coordination, training, and oversight of efforts that support beneficiary employment, including incentives and assistance for employers.

Safety First Initiative in Addressing Homelessness (DOH). Maintains \$382,300 (\$336,000 GF/Match; \$46,300 Fed) to add new funding for a data specialist to manage and maintain the state’s Homeless Management Information System (HMIS) within the department as part of the Safety First Initiative Addressing Homelessness—a collaboration with state, community health providers, and non-profit agencies to manage data to inform homeless policy and decision-making.

Open Beds (DOH). Adds +\$285,000 MHTAAR for *Open Beds*, a cloud-based platform that provides real-time availability of behavioral health services across Alaska. *Open Beds* is a secure referral platform that provides communication between call centers, providers, stakeholders, and community members to provide mental health and substance use disorder treatment when an individual is ready, increasing the likelihood of recovery.

Homeless Management Information Systems (DOH). Adds +\$750,000 (\$375,000 GF; \$375,000 StatDesig) for temporary one-time funding to establish the HMIS database within DOH as part of the state’s efforts to address homelessness and serve homeless individuals, families, and people at risk of homelessness.

General Relief for Temporary Assisted Living (DOH). Adds +\$3.4 million GF to serve Alaskans most in need of emergency care, with intent language that directs the department to increase the daily rate to providers from

\$70 to \$104 “to reflect Alaska’s inflation rate, which has not been adjusted for this program since 2002.” General Relief provides temporary support for Alaska’s most vulnerable and un-resourced citizens.

Department of Family & Community Services

Step-Up Program at McLaughlin Youth Facility (DFCS).

Veto: -\$336,400 GF to reinstate the Step-Up program for youth in custody with significant behavior challenges causing them to be suspended or expelled from school, a partnership between DJJ and Anchorage School District.

Alaska Pioneer Homes Payment Assistance (DFCS). Reduces -\$3 million GF reduction to align with its authority related to residents requiring payment assistance. A \$7 million lapse in FY21 has required this realignment of authority. This program works with elders and seniors to help meet the needs of Pioneer Home residents needing payment assistance.

Workforce Stabilization for Front Line Social Workers (DFCS). Adds +\$3.48 million (\$1.25 million Fed; \$2.23 million GF) for retention efforts to address staff burnout and turnover in OCS, who reports high caseloads, stress, and lack of adequate compensation as reasons for leaving the job. Incentives help retain staff and save money in the long run from reduced training costs and lost productivity.

Manage Secondary Traumatic Stress for Child Welfare Workers (DFCS). Adds +\$169,700 GF for clinical support for child welfare staff who experience intense and traumatic interactions with individuals and families on their caseload. A mental health clinician located in Anchorage will establish a critical incident debriefing program to mitigate the impacts of traumatic incidents, facilitate a recovery process, and restore workforce performance.

Vocational Opportunities for Older Youth (DFCS). Adds +100,000 GF to support youth aging out of foster care while they participate in the state’s ongoing vocational or career training program—to include housing and financial support.

Youth with Complex Trauma Placement Support (DFCS). Adds +\$700,000 GF for compensation to foster care providers who serve youth with high complex needs so that they can remain in Alaska with the appropriate supports in place, and out of expensive hospital stays, API, and out-of-state assisted living facilities.

Support for Youth Aged 18-21 (DFCS). Adds +\$1 million GF for youth aging out of foster care for housing, household goods, employment support, transportation, utilities, financial management, and other identified needs.

Department of Education and Early Development

Pre-Kindergarten Grants (DEED). Adds +\$2.5 million GF as a temporary increment for early programs in Alaska. Pre-kindergarten programs offer early learning activities and support that promote healthy development and early recognition of disabilities and behavioral concerns.

WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho Medical Education Program (DEED). Adds +\$1.65 million GF to expand Alaska’s WWAMI program. WWAMI provides medical education to Alaskan students delivered through a partnership between the University of Alaska Anchorage (UAA) and the University of Washington (UW) School of Medicine, and addresses loan forgiveness for graduates who stay and practice medicine in Alaska. Intent language directs the state to increase the number of participants in the program from 20 to 30, and recruit students from rural Alaska.

Department of Corrections

Booking Area at Hiland Mountain Correctional Center (HMCC) (DOC). Adds +\$476,000 GF for a nurse and mental health clinician for the new booking area at HMCC. DOC is establishing a booking area at HMCC to more appropriately serve women entering HMCC custody.

Positions for New Mental Health Unit at Hiland Mountain Correctional Center (HMCC) (DOC). Adds +\$1.67 million GF (+\$655,100 for five new full-time correctional officers; and +\$1,008.3 for six health staff positions—nurses, physician’s assistant, and mental health clinician) to new mental health unit at HMCC for incarcerated females with mental illness.

APIC Discharge Planning in Corrections (DOC). Maintains \$290,000 MHTAAR to continue providing APIC (Assess, Plan, Identify, and Coordinate) reentry services for Alaskans with mental illness and other disabilities who need intensive support. This project is a partnership with DOC and the Alaska Mental Health Trust, and promotes engaging with soon-to-be-released incarcerated Trust beneficiaries in successful transition and community integration that supports their intensive needs and reduces the risk of continued criminal activity.

Training for DOC Mental Health Staff (DOC). Maintains \$25,000 MHTAAR to provide training on cognitive impairments and mental health disorders, best-practices, and community behavioral health treatment to mental health clinical staff. Training brings clinical staff together for two days

to learn from in-state and out-of-state experts on a variety of topics, such as fetal alcohol spectrum disorders, traumatic brain injury, developmental disabilities, mental health and criminal behavior.

Yukon Kuskokwim Correctional Center Recreational Area Renovations (DOC). Adds +\$2.35 million UGF to support design, replacement, renovation, and construction required to design enclosed structure, utilities, secured doors and surveillance, and enclosed walkway connecting the facility to the new gymnasium.

Department of Administration

Office of Public Advocacy (OPA) (DOA). Veto: -\$968,400 GF for retention bonuses for OPA staff. Maintains \$250,000 GF in matching funds for legal and advocacy services for Medicaid recipients. OPA manages the finances, housing, benefits, medical decisions, and more for Alaskans who cannot independently manage their own affairs.

Public Defender Agency (PDA) (DOA). Veto: -\$1.38 million GF for retention bonuses for PDA staff who provide legal support to Alaska’s most vulnerable citizens. Recent efforts by the agency include case management for defendants with behavioral health and cognitive disabilities.

Public Guardian for Trust Beneficiaries (DOA). Maintains \$91,500 MHTAAR with a slight reduction (-\$4,100) from FY22 levels. Funds support a position in the Office of Public Advocacy serving the Western Alaska region (including Bethel, Dillingham, Naknek, and surrounding communities). This position will help reduce caseloads from approximately 100 cases per public guardian to the recommended national maximum of 40 cases. Public guardians serve adult Trust beneficiaries found to be incapacitated by the court in helping them maintain benefits, manage finances, make medical decisions, and ensure suitable housing.

Holistic Defense (DOA). Maintains \$86,000 GF/MH to the Public Defender Agency for the Holistic Defense project in Bethel, Nome, Kotzebue, and Anchorage. Project participants' legal needs are addressed by a criminal attorney, a social worker assists with unmet community needs, such as housing, employment, treatment, and a civil legal aid attorney who addresses civil legal needs. Supports include addressing self-sufficiency and obstacles to successful community integration.

Department of Public Safety

Domestic Violence Sexual Assault (DVSA) Grants (DPS). Changes funding source from federal to state funds: \$3.5 million GF for continuing community-based DVSA programs statewide, that include 24-hour emergency shelters, adult and child advocacy services, legal services for victims, and mental health care for victims and witnesses of DVSA.

Alaska Family Justice Center Model Study (DPS). Adds +\$200,000 GF as a one-time increment for a feasibility study and implementation of a pilot using the Alaska Family Justice Center Model for victims of domestic violence and sexual assault (DVSA). The model assists victims with forensic and medical services, legal assistance, child/adult therapy, case management, emergency housing/shelter assistance, family assistance, and other resources.

Village Public Safety Officer (VPSO) Program (DPS). Adds +\$2.3 million for 10 new VPSOs to serve in rural areas; + \$125,000 GF for a statewide VPSO tribal liaison; and +\$926,400 GF for VPSO salary increases. Intent language directs the Department of Public Safety “to identify regional training opportunities” that can include crisis intervention, de-escalation, mental health first aide, and more.

Department of Revenue

AHFC Competitive Grants for Public Housing (DOR) Maintains \$1.35 million Fed/UGF to help leverage HUD and other federal funds and grants that target the housing needs of low-income and special needs groups who live in public and/or assisted housing.

AHFC Senior Citizen Housing Development Program (DOR). Maintains \$1.75 million UGF to support development of senior citizen housing units and accessibility modifications to seniors residences.

Department of Community, Commerce & Economic Development

Abused Women’s Aid in Crisis (AWAIC) (DCCED). Adds +\$347,000 GF for shelter and transitional housing renovations.

Presbyterian Hospitality House (DCCED). Adds +\$500,000 UGF to expand clinical and program space for serving youth with behavioral health disorders.

Alaska Court System

Therapeutic Courts (Courts). Veto: -\$36,000 GF for 3% salary increases for non-judicial therapeutic court staff to maintain parity with current standards.

Office of the Governor

Iuliu Family and Health Services Center (GOV). Adds +\$20 million Fed CCP.

Nenana Health and Wellness Complex (GOV). Adds +\$24 million Fed CCP.

Petersburg Medical and Public Health Center (GOV). Adds +\$20 million Fed CCP.

Capital Items in the Operating Budget (HB 281)

Providence Alaska Medical Center Crisis Stabilization (DCCED). Adds +\$8 million GF for crisis stabilization services at Providence Alaska Medical Center.

Volunteers of America Alaska (DCCED). Adds +\$960,000 GF for school-based mental health services in Anchorage schools.

AHFC Competitive Grants (DOR). Adds +\$7.5 million Fed/UGF/AHFC to allow AHFC to apply for federal funds for low-income Alaskans with special needs—senior citizens, victims of human trafficking, homelessness, or experience behavioral and developmental disabilities.

AHFC Rental Assistance for Persons Displaced Due to Domestic Violence (DOR). Adds +\$1.5 million GF for The Empowering Choice Housing Program (ECHP), a referral-based transitional housing assistance program for victims of DVSA, dating violence, stalking.

AHFC Teacher, Healthcare, and Public Safety Professionals Housing (DOR). Adds +\$21.25 million Fed/UGF/Other for recruiting and retaining essential professionals, including primary and behavioral health care providers, in Alaska’s small communities by providing gap funding to increase rental units.

United Human Services of Southeast Alaska Teal Street Center (GOV). Adds +\$3.7 million Fed for a social services hub for vulnerable citizens in Juneau.

Enhanced Mobility for Seniors and Individuals with Disabilities (DOTPH). Adds +\$318,400 Fed for purchasing rides and vehicles for eligible clients and agencies throughout rural and small urban Alaska.

Capital Items in Mental Health Budget (HB 282)

Assistive Technology (DOH). \$500,000 GF/MH for voice command devices, computer software, environmental controls, smart technology, and more.

Essential Program Equipment (DOH). Provides \$600,000 (\$300,000 MHTAAR; \$300,000 GF/MH) for equipment such as therapeutic and telehealth equipment, computers, copiers, and office equipment, and more.

Home Modifications and Upgrades to Retain Housing (DOH). Provides \$1.15 million (\$100,000 MHTAAR; \$1.05 million GF/MH) for ramps for wheelchairs, hand-railings, smart homes, and more.

Deferred Maintenance and Accessibility Improvements (DOH). Provides \$500,000 (\$250,000 MHTAAR; \$250,000 GF/MH) for renovations, repairs, and upgrades that improve access for better independent living.

Homeless Assistance Program (HAP) (DOR). Provides \$8.1 million (\$950,000 MHTAAR; \$850,000 GF/MH; \$6.3 million AHFC Div) for programs that provide safe and stable housing for Alaska’s most vulnerable citizens, many of whom experience mental illness, addiction, or co-occurring disorders.

Special Needs Housing Grant (SNHG) (DOR). Provides \$3.45 million (\$200,000 MHTAAR; \$1.75 million GF/MH; \$1.5 million AHFC Div) that support seventeen successful housing programs for both the long and short term housing needs of Alaska’s most vulnerable homeless citizens.

Coordinated Transportation (DOTPF). Provides \$1.3 million (\$300,000 MHTAAR; \$1 million GF/MH) for statewide efforts that assist seniors and people with disabilities in getting to medical appointments, jobs, shopping, and social activities.[◊]

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.lqfin.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 oversight of Alaska's prevention, treatment, and recovery system related to substance misuse. The Boards support a comprehensive, effective, and accountable behavioral health system 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 oversight and evaluation of Alaska's mental health system. AMHB also provides advocacy for Alaskans affected by mental illness. The Board's 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 (Alaska State Legislature, Borough Assembly, City or Village Council, Rotary Club, Chamber, School Board).
- 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.

TO FIND MATERIALS or 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 and Liaisons; Community Partners, and Bill and Budget Analyses from the Alaska Mental Health Trust Authority.

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