

# LEGISLATIVE Advocacy Report



Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse

July 2014

## Substance abuse treatment: cuts in the state budget

*Legislators recommend -\$801,500 decrement, replaced by federal authority*

State funding for substance abuse treatment was cut by \$801,500 in the final budget passed by the Alaska State Legislature in 2014. This amount was replaced by authority for the Department of Health and Social Services to seek federal dollars in its place.

Early in the session, the House Finance Committee recommended that Behavioral Health Grants, which fund substance abuse treatment services, be reduced by \$2,043,000 (\$1,043,000 from residential substance abuse treatment grants and \$1,000,000 from total substance abuse treatment grants). When the Senate reviewed the same budget, their recommendation was to leave funding for substance abuse treatment intact.

**SUBSTANCE ABUSE TREATMENT**— continued on page 2

### INSIDE THIS REPORT

- 1 Substance Abuse Treatment Budget Cuts
- 1 SB 64: Omnibus Crime Bill and Smart Justice
- 3 Youth Policy Summit
- 5 FASD Legislative Summit
- 6 Wild Game Feed at the Capitol
- 7 2014 Bills and Resolutions Report
- 10 FY15 State Budget Report



*The six members of the Conference Committee on the Operating and Mental Health budgets discuss the final provisions of their report.*

## SB 64 Omnibus Crime bill: a step toward Smart Justice

*Provisions in the bill address treatment and monitoring for offenders with substance use disorders*

SB 64, introduced by Senator John Coghill, makes changes to Alaska's criminal laws, including several provisions addressing mental health and substance abuse. The bill also amends statutes relating to custodianship of minors, property crime sentencing, and creates an Alaska Criminal Justice Commission to evaluate sentencing laws and practices.

According to the bill's sponsor, "SB 64 implements proven-practices to reduce recidivism and cut the cost of corrections, while maintaining public safety." Many advocates voiced their support for SB 64 during the legislative session, testifying in public hearings, sending letters and emails, and meeting personally with legislators.

Here are the provisions of SB 64 related to mental

**SB 64** — continued on page 4

When the discrepancy was presented in the Conference Committee, the members compromised and removed the \$801,500 from the base state budget, replacing it with federal receipt authority – which allows the Department of Health and Social Services the authority to seek federal dollars to replace the state dollars.

Advocates sent letters and emails, called in for public testimony, and met personally with legislators to tell their personal stories and inform them about the importance of substance abuse treatment.

Here are some of the talking points advocates shared with legislators:

- Substance abuse is a major contributing factor in Alaska's high rates of DUI (Driving Under the Influence), domestic violence, and other crimes. Increased access to residential substance treatment is needed, not less.
- Other states have found that spending on treatment saves spending for more costly services down the road in Office of Children's Services, Juvenile Justice, Corrections, and emergency care.
- Residential substance abuse treatment costs less than prison and helps prevent recidivism.
- Residential substance abuse treatment helps people develop skills to support themselves to stay stable, employed, housed, and contributing productively in the community.
- People seeking treatment report that the long waiting period for a residential bed prevents them from getting treatment when they are ready. Timely access is critical.
- People who have been court-ordered to participate in residential treatment are more likely to fulfill the requirements of their sentence, probation/parole when they have timely access to treatment.

Before the next legislative session begins in January 2015, advocates are encouraged to send letters and emails and visit their legislators in person and communicate their opinions on substance abuse treatment. Go to [www.akleg.gov](http://www.akleg.gov) to find individual legislators' contact information.



## **Advocacy Tips**

- ❑ *Write a letter-to-the-editor about an issue you care about, or coordinate a letter campaign.*
- ❑ *Make a telephone call to a public official's office or coordinate a telephone campaign.*
- ❑ *Write a letter to a public official or coordinate a letter-writing campaign.*
- ❑ *Host a reception in your home or place of work.*
- ❑ *Make five new contacts and spread the word about an issue.*
- ❑ *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 an opinion piece for your local newspaper or find someone else to do it.*
- ❑ *Go on a radio talk show and discuss an issue, or find someone else to do it.*
- ❑ *Write your personal story and send it to a policy-maker.*
- ❑ *Tell your personal story at a public meeting (Assembly, City Council, Rotary, Chamber, School Board, State Legislature).*
- ❑ *Participate in the Alaska Mental Health Trust Authority's legislative teleconferences.*
- ❑ *Coordinate a local advocacy effort in your community – involve the media, host receptions, write letters, coordinate volunteers, visit policymakers, etc.*

To join the statewide **Action Network** sponsored by the Alaska Mental Health Trust Authority, go to <http://cqrcengage.com/mhtrust>



Participants of the 2014 Youth Policy Summit pose at the legislative reception on the last evening.

## Youth Policy Summit

*Alaskan youth meet in Juneau for advocacy training and meetings with policymakers*

The Alaska Youth Policy Summit invites Alaskan youth ages 18-24 who have had direct experience with Alaska's social services system – foster care, residential care, substance abuse and/or mental health treatment, residential psychiatric treatment (in or out of state), juvenile justice, Office of Children's Services (OCS), homeless services, etc. – to offer their ideas and perspectives to legislators and policymakers in Juneau. Funding for the summit is provided through the boards' Family Voice project.

The Alaska Youth Summit included team-building and shared experience exercises, learning about state policies on youth in transition, learning how to develop and tell your personal story to policy-makers (with lots of role playing and practice), one-on-one meetings with state legislators and/or staff at the State Capitol, and a legislative reception. The goals of the summit are to help policymakers better understand the perspectives of young people and for youth participants to become effective advocates for issues they care about.

On the final day of the summit, participants met with legislators about the issues that each cared about. In the evening, Youth Policy Summit participants hosted a reception for legislators which

was attended by Representatives Gara, Hughes, and Keller; Senators Wielechowski, Dyson, and French; and Jeff Jessee, CEO of the Alaska Mental Health Trust Authority. The reception concluded with an "open mic" where youth and adults took turns singing and playing guitar for the rest of the group.

The Alaska Youth Summit is possible thanks to partners Alaska Youth and Family Network (AYFN), Facing Foster Care in Alaska (FFCA), Alaska Native Justice Center, Alaska Youth Advocates, P.O.W.E.R., and Juneau Youth Services. The summit was organized by Teri Tibbett, AMHB and ABADA advocacy coordinator. ❖



Top: Adult mentor, Rene Rouzan from the Alaska Native Justice Center, addresses Youth Policy Summit participants on the first day of the summit. Bottom: Adult mentor Henry Wyatt of Juneau Youth Services plays guitar behind the caterer during the Open Mic event on the last evening of the summit.

health and substance abuse treatment:

- **Credit for time served in residential treatment.** A person will receive credit against a sentence for time spent in a residential treatment facility with some conditions.
- **Assessments of prisoners.** This requires the Department of Corrections (DOC) to conduct a risk-needs assessment on all offenders incarcerated for 30 days or longer, in order to better understand the offender population and link inmates to treatment within the facilities.
- **PTSD/TBI mitigating factor.** This allows a judge to take into consideration whether an offense was related to combat-related Post Traumatic Stress Syndrome (PTSD) or traumatic brain injury (TBI). This mitigator is not available for crimes of serious injury such as assault or sexual crimes.
- **Electronic Monitoring.** This section gives DOC the ability to place first-time DUI (Driving Under the Influence) offenders on electronic monitoring for the 72-hour mandatory minimum. This is an option that currently exists for municipalities like Anchorage, but is not available to the rest of the state in Alaska statute. Electronic Monitoring costs \$21/day, compared to \$158/day for prison, and has shown to be an effective and inexpensive approach to offender supervision.
- **Establishes 24/7 Sobriety Program.** This program requires twice-a-day testing for substance use for certain offenders, and can be court-ordered before or after sentencing. Swift and certain sanctions are immediately implemented for those testing positive. The program has shown to reduce recidivism, domestic violence, and drunk driving where it has been used.

- **Probation and Parole Accountability with Certain Enforcement (P.A.C.E.).** This is an intensive form of probation/parole for felons who are at high risk of violating the conditions of their probation/parole. It relies on swift and certain sanctions to deter alcohol or drug use and other probation requirements. Offenders on P.A.C.E. are 55% less likely to be arrested for a new crime, 72% less likely to use drugs, 61% less likely to skip appointments, and ultimately 53% less likely to have their probation revoked. P.A.C.E. leads to 48% fewer days in prison. SB 64 expands the program statewide.
- **Recidivism Reduction Fund:** This fund will support transitional re-entry programs for those recently released from prison – including support for structured and sober environments, treatment, and employment opportunities. According to DOC, approximately two-thirds (2/3) of offenders return to prison within three years of their release. In states where supportive programs are implemented, there are fewer offenders committing new crimes and returning to custody.
- **Screening for Fetal Alcohol Spectrum Disorders (FASD) and other brain-based disabilities.** This provision requires DOC to provide screening and assessment for offenders who “may be vulnerable to harm, exploitation, or recidivism as a result of fetal alcohol syndrome, fetal alcohol spectrum disorder, or another brain-based disorder.” It is the goal of DOC to place people with brain-based disorders in units, similar to mental health units that use appropriate evidence-based interventions that address these specific disabilities.
- **Mental health seat on the Alaska Criminal Justice Commission.** The bill requires the chief executive officer (CEO) of the Alaska Mental Health Trust Authority, or the CEO's designee, to sit on the newly formed Alaska Criminal Justice Commission.

*Note: As of July 11, SB 64 has not been signed into law, however the Governor's office has announced a signing ceremony is forthcoming.*



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# 2014 FASD Legislative Summit

*Alaskans gather to discuss issues and meet with legislators about fetal alcohol spectrum disorders*

Members of the Alaska FASD Partnership met in Juneau in March for a three-day summit to discuss statewide issues and meet with legislators about related to fetal alcohol spectrum disorders (FASD). On the first day, summit participants attended an advocacy training. They practiced how to tell their personal story in a few minutes, and outlined what each wanted the policymaker to know and understand about FASD. Then, on the second day, participants met with legislators at the State Capitol, putting into practice what they'd learned the day before.

In addition to meeting with legislators, summit participants met to identify a mechanism for serving people in rural communities who deal with extreme behaviors related to FASD, traumatic brain injury (TBI), and/or trauma. The group brainstormed ideas for how behavioral specialists might collaborate with local behavioral health aides, parents, teachers and the community to better understand and serve children and adults who experience extreme behaviors. They met with Reta Sullivan, who manages the Complex Behavior Collaborative, Division of Behavioral Health, and Jeff Jessee, chief executive officer of the Alaska Mental Health Trust Authority.

Overall, the summit offered a chance to educate legislators about the needs of people who are affected by fetal alcohol spectrum disorders, and take the first steps toward addressing a dilemma many rural communities face. Participants included FASD advocates and experts from all over Alaska. The boards' advocacy coordinator, Teri Tibbett, organized the summit.



*Participants in the 2014 FASD Legislative Summit meet with Jeff Jessee, CEO of the Alaska Mental Health Trust Authority.*

In 2013-14, Senator Pete Kelly, co-chair of the Senate Finance Committee, convened a group of Alaskan leaders to address FASD, calling the effort *Empowering Hope*, an initiative to prevent fetal alcohol spectrum disorders in Alaska. Their recommendations include:

*Support programs designed to eradicate FASD from Alaska.*

*Support a public awareness campaign designed to inform, move, and motivate state residents in an effort to transform social norms regarding fetal exposure to alcohol.*

*Support expanding residential substance abuse treatment services for women who are pregnant and concurrently suffering from drug/alcohol addiction.*

*Support developing and using a screening tool that will effectively and quickly screen for FASD, something particularly needed within the Department of Corrections.*

*Support developing a community network of "Natural Helpers" who actively help create positive social norms in Alaska communities.*

*Support strategies that minimize the risk of prenatal exposure to alcohol, and promote programs that reduce the time between conception and knowledge of the pregnancy.*

# Wild Game Feed

Board members host the annual event for legislators and staff at the State Capitol



Clockwise from top left: ABADA chair, Alavini Lata, welcomes everyone on behalf of the boards; Rep. Bryce Edgmon fills his plate; board members Debi Keith and Charlene Taufest enjoy a moment of conversation; board member Ramona Duby talks with Rep. Les Gara; Rep's Neal Foster and Lance Pruitt enjoy the food; fixings from the Wild Game Feed.

# 2014 Bills and Resolutions Report

The following bills and resolutions passed in 2014 were of interest to the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse. Go to: [www.akleg.gov](http://www.akleg.gov) and click on Bills & Laws, then type the bill number into the Search box to read about these bills.

## ***Bills Passed in 2014***

**SB 64 - Omnibus Crime, Corrections** *by Sen. John Coghill* (see article on page 1). This bill addresses recidivism in a variety of areas, including: creating the Alaska Criminal Justice Commission to evaluate sentencing laws and practices; amends statutes regarding jail time credit for offenders in court-ordered treatment programs; allows the Department of Corrections (DOC) to establish a program that includes random drug and alcohol testing as a condition of probation and the Parole Board to establish a similar program for parolee; establishes a 24/7 sobriety program for defendants on bail charged with alcohol- or substance-abuse-related crimes, or ordered as a condition of probation for felons; requires establishment of a statewide Probation and Parole Accountability with Certain Enforcement ([P.A.C.E.](#)) program; establishes new provisions for addressing electronic monitoring and adds mitigating factors for people who have experienced combat-related Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI); requires DOC to provide assessment/screening for offenders who may be vulnerable to harm, exploitation, or recidivism as a result of fetal alcohol syndrome, fetal alcohol spectrum disorder, or another brain-based disorder; raises the monetary thresholds for certain theft and property crimes; and establishes the Recidivism Reduction Fund to provide grants to programs that address re-entry, rehabilitation, and the reduction of recidivism.

**SB 108 – Confidentiality of Certain Criminal Cases** *by Sen. Fred Dyson*. This bill requires the Courts to “treat as confidential” records of certain criminal cases after acquittal or dismissal. The House added language requiring that the dismissal was not part of a plea agreement in another case. The bill provides exceptions for accessing confidential information by 1) state agency employees responsible for health, safety, welfare, or placement of a child, a person with a physical or intellectual disability, or a person with a mental illness; 2) employees that protect other vulnerable citizens; and 3) state criminal justice information network users.

**HB 127 – Ombudsman** *by House Rules Committee*. The bill amends the Ombudsman Act in the areas of confidentiality; procurement; procedure for investigative reports; and the hiring of retired state employees on contract with the ombudsman’s office. It exempts certain executive branch documents from the Public Records Act and adds a provision protecting state agencies that share attorney-client privileged material with the ombudsman. *Language was removed* from the original bill that gave the Ombudsman jurisdiction to investigate administrative actions of the Alaska Bar Association, and which extended the Ombudsman’s jurisdiction to certain types of contractors, that included halfway houses, services to youth in DJJ and OCS custody, and residential psychiatric treatment facilities.

**SB 159 - Air Ambulance Services** *by Sen. Stedman*. This bill directs the Division of Insurance to reinstate a regulatory exemption that allows air ambulance providers to offer medevac services through an affordable membership program for Alaskans. This

**BILLS AND RESOLUTIONS** – continued on page 8

program is particularly important for people who live in rural and remote locations who require emergency transport to hospitals when levels of care are not locally available. The cost of medevac services can exceed \$80,000.

**SB 171 – Multidisciplinary Child Protection Teams** *by Sen. John Coghill.* This bill expands capacity to recruit multidisciplinary protections teams (MDTs) for assisting law enforcement in criminal investigations involving an alleged crime against a child; clarifies participation and conditions the team; adds a representative from a Native group, if applicable, and a representative from the Division of Juvenile Justice; clarifies the ability of members of the MDT to refer cases (not just Office of Children’s Services (OCS)); mandates monthly meetings; clarifies that investigations and interviews can be conducted by investigative agencies other than OCS.

**SB 173 - Synthetic Drugs** *by Sen. Kevin Meyer* This bill bars a person from offering, displaying, marketing, advertising for sale, or selling illicit synthetic drugs, defines “synthetic drug,” and lists when a synthetic drug is considered “illicit.” It amended to make the Dept. of Public Safety (DPS) the enforcing agency and requiring DHSS to cooperate with DPS. The final bill establishes a fine of up to \$500 for a person found guilty of a violation under this law.

**SB 186 – Controlled Substances Advisory Committee** *by Sen. Fred Dyson.* This bill requires the Controlled Substances Advisory Committee to meet at least twice annually.

**HB 210 - Schools, Restraint, Seclusion, Crisis** *by Rep. Charisse Millett.* The bill requires districts to include policies in their disciplinary and safety programs regarding the use of restraint and seclusion. It also requires policies be made available to students, parents and the public. Districts would also be required to report to parents and guardians any incidents involving their children that resulted in restraint or seclusion by school personnel within 24 hours.

The bill requires DEED to approve crisis intervention training programs for schools to use in training their staff. HB 210 defines under what circumstances students may be physically restrained, escorted or secluded, and requires districts to report data on a number of restraint and seclusion incidents annually.

**HB 211 – Employment of Persons with Disabilities** *by Rep. Charisse Millett.* This bill requires DEED, DHSS and DLWD to report annually to the Alaska Mental Health Trust Authority on progress towards the state’s objective of gainful employment for Alaskans with disabilities in integrated workplaces. The bill defines “gainfully employed” as “employed full time or part time within one year of leaving high school.” The bill was amended to add language specifying that becoming enrolled in post-secondary education is also a desirable outcome.

**HB 269 – Immunity for Temporary Health Care Providers** *by Rep. Steve Thompson.* The bill extends immunity from civil damages to health care providers holding Alaska temporary courtesy licenses when providing health care services voluntarily and without pay; requires a provider to obtain written informed consent from a patient; and to provide a patient with written notice of a licensed health care provider that the patient may contract for emergency follow-up care within 30 days of the procedure performed.

**HB 278 – Omnibus Education** *by Request of the Governor.* This bill commits \$300 million to the state’s public schools over the next three years, half to the Base Student Allocation (BSA) and half to be distributed outside the BSA. The bill contains funding for research, including a thorough review of the state’s education funding mechanisms. It establishes an application/appeals process, and start-up funding, for new charter schools; adjusts state support for student room and board for residential schools; repeals exit exam requirement for high school students and allows for other assessments; allows for students to test out of core subjects; directs funding for broadband Internet in rural communities; and directs the Alaska Board of Education to track how school districts spend BSA funds.

**HB 281 – Prescription Without Physical Examination** *by Rep. Lynn Gattis.* HB 281 allows physicians to prescribe, dispense and administer a prescription drug to a person without conducting a physical exam. Physicians can prescribe via telemedicine if the drug is not a controlled substance, the physician is in Alaska and is able to provide follow-up care, and the person consents that all records regarding the prescription be sent to the person's primary care provider. The bill also specifies that another physician in the prescribing physician's group practice may provide any needed follow-up care, and allows a physician to prescribe a controlled substance without conducting a physical exam if a licensed health care provider is present with the patient to assist the physician with examination, diagnosis and treatment. The Senate amended the bill to allow practitioners in addition to physicians to provide follow-up care.

**HB 309– Craft Distillery License** *by Rep. Chris Tuck.* The distillery license statute is amended to allow the licensee to sell specified quantities of the alcoholic beverage on site, give tours of the premises, and offer 3-ounce samples. A licensee selling alcohol would be required to check IDs, complete an alcohol server education course, and post required warning signs on the premises.

**HB 361 – Licensing of Behavior Analysts** *by Rep. Dan Saddler.* This bill provides for the state licensing of Behavior Analysts.

**HB 366 – Involuntary Commitment** *by Rep. Lance Pruitt.* HB 366 requires the Department of Public Safety (DPS) to report an involuntary mental health commitment to the U.S. Department of Justice; bars DPS from including diagnostic or clinical information regarding a patient; and allows a person with a record of involuntary commitment or adjudication of mental illness or incompetence that has been prohibited from possessing a firearm to file a motion with the court for relief. The bill does not apply to initial involuntary commitment

procedures, emergency detention for evaluation, or hospitalization for examination if the person was released after 72 hours. It addresses the ability to remove the individual's name from the National Instant Criminal Background Check System (NICS) under certain conditions.

**HB 369 – Drug Overdose: Immunity from Prosecution** *by Rep. Lance Pruitt.* The bill provides limited immunity from prosecution for a person seeking medical assistance for him/herself or another while experiencing a drug overdose. It contains language to make it clear that the bill only applies to offenses that occur after the law takes effect.

## **Resolutions Passed in 2014**

**SCR 13 – Fetal Alcohol Spectrum Disorders** *by Sen. Pete Kelly.* The resolution urges the governor to establish and support programs to eradicate FASD; increase capability in DOC and DHSS to rapidly screen for FASD; and take actions to expand residential substance abuse treatment for pregnant women. It also expresses its support for a strong public awareness campaign to prevent FASD, and programs that will minimize the occurrence of FASD.

**SCR 14 – H&SS Regional Best Practices Model** *by Sen. Pete Kelly.* SCR 14 encourages the development of citizen networks in communities to create positive community and social norms related to prevention of FASD; encourages the development, in collaboration with the citizen networks, of regional best practice models that address Alaska's health and social challenges; and encourages the governor to support the use of regional best practice models to establish more effective and cost-efficient methods of addressing the state health and social challenges.

**HCR 19 – Supporting Efforts of Recover Alaska** *by Rep. Bob Herron.* The resolution offers legislative support for *Recover Alaska* and its work to reduce the harm caused by excessive consumption of alcohol in Alaska. The House offered a new title: “Supporting *Recover Alaska* in its efforts to reduce excessive alcohol consumption and its effects.” ❖

# FY15 State Budget Report

In 2014, legislators passed HB 266, HB 267, and SB 119, the Operating, Mental Health, and Capital budgets, for Fiscal Year 15 (FY15), and the Governor has signed them. Following are definitions for terms used in this report.

## Definitions

**MHTAAR** = a state funding source, Mental Health Trust Authority Authorized Receipts  
**GF/MH** = a state funding source, General Funds found in the Mental Health budget bill (HB 109)  
**GF** = a state funding source, General Funds in the Operating budget bill (HB 108)  
**I/A Receipts** = Interagency Receipts (allocated to one department, but transferred to another)  
**OTI** = One Time Item  
**Inc** = Increment (added to the base budget)  
**IncOTI** = Reflects Trust's annual zero-based budgeting  
**IncM** = Maintenance increment  
**IncT** = Temporary Increment  
**DHSS** = Department of Health & Social Services  
**DBH** = Division of Behavioral Health  
**DJJ** = Division of Juvenile Justice  
**OCS** = Office of Children's Services  
**SDS** = Division of Senior and Disabilities Services  
**DPH** = Division of Public Health  
**DOC** = Department of Corrections  
**DEED** = Department of Education and Early Development  
**DOLWD** = Department of Labor and Workforce Development  
**DOR** = Department of Revenue  
**LAW** = Department of Law  
**ADMIN** = Department of Administration  
**COURTS** = Alaska Court System  
**Trust** = Alaska Mental Health Trust Authority  
**GCDSE** = Governor's Council on Disabilities and Special Education  
**ACOA** = Alaska Commission on Aging  
**AMHB** = Alaska Mental Health Board  
**ABADA** = Advisory Board on Alcoholism and Drug Abuse  
**ABIN** = Alaska Brain Injury Network

## EARLY INTERVENTION / PREVENTION

**Early Intervention and Infant Learning Program: Positive Parenting Training** \$80,000 IncM (MHTAAR) (DHSS). Training for foster and biological parents is delivered through six 3-hour modules, an evidence-based model for "supporting social competence and preventing challenging

behavior in young children." The model promotes positive relationships with children, families, and providers; home childcare and classroom preventive practices; social and emotional teaching strategies; and intensive individualized interventions.

**Early Intervention for Young Children** \$100,000 IncM (MHTAAR) (DHSS). These funds support existing statewide early intervention projects that serve Alaskan children, birth to five, and their families. The projects address crisis intervention, support services, consultation for early care and learning programs, professional development, systems of care development with community mental health, infant learning programs, medical providers, family support agencies, and Office of Children's Services (OCS).

**Alaska Youth First** - \$2,391,700 (GF) (100% decrement to base) +\$1,400,000 OTI (GF) (DOLWD). The entire base funding was removed for the *Alaska Youth First Program*, which provides career guidance for youth 14-24 years, including working in middle and high schools to create industry awareness, basic employability skills, work experience, applied academic training, teacher-industry externships, and school-to-apprentice or pre-apprenticeship opportunities. This program serves many youth experiencing disabilities. However, the legislature provided a one-time increment (OTI) of \$1,400,000 (58% the former base funding) for FY15 only.

**Alaska Learning Network Grants (AKLN)** -\$850,000 (GF) (100% decrement to the base) +\$850,000 OTI (GF) (DEED). The legislature removed all funding for AKLN from the base budget and replaced it with a one-time increment of \$850,000 (GF). Intent language asks the University of Alaska Southeast and DEED to work together to make the program "self-sustainable" and "ensure the coursework reduces the need for remediation" for certain students. AKLN provides statewide online learning and professional development for Alaskan students and teachers through distance courses, support, coaching and training.

**Alaska Statewide Mentoring Project** -\$700,000 (GF) (decrement to the base) (DEED). The legislature reduced the base funding for the Alaska Statewide Mentor Project by \$700,000. This program provides individualized support to first- and second-year teachers, using practices that accommodate diverse academic needs and cultural backgrounds of both rural and urban students.

FY15 BUDGET – continued on page 11

**Strengthening Families Alaska** \$250,000 Inc (GF) (DHSS). Funding supports current programs and expansion of the *Strengthening Families Protective Factors Framework* in rural northern and western regions of Alaska. SFPFF uses evidence-based, culturally-appropriate strategies that support optimal child development, reduction of adverse childhood experiences, positive family experiences, and prevention of maltreatment. SFPFF is delivered through early childhood, youth, and family support programs, schools, and communities, and is coordinated in collaboration with Tribal and community entities.

**SERVICES / SUPPORTS**

**Behavioral Health Grants** -\$801,500 (GF) (decrement to the base) (DHSS). The legislature reduced state general funding (GF) for substance abuse treatment in the base budget by \$801,500, replacing that state funding with authority to receive federal funds (e.g. federal grants, Medicaid). These funds support substance abuse treatment services.

**Impact Model of Treating Depression** \$75,000 IncM (MHTAAR) (DHSS). This funding maintains the “Improving Mood Promoting Access to Collaborative Treatment” (IMPACT) model of treating depression in the primary care setting. Administered by a psychiatrist and depression care manager, this model emphasizes patient education, positive lifestyle changes, and antidepressant medication when appropriate. Funding supports tele-health equipment and other technology for consultation with a psychiatrist from Alaska Psychiatric Institute.

**Mini Grants for Beneficiaries with Disabilities** \$250,300 IncT (MHTAAR) (DHSS). Mini-grants provide Trust beneficiaries with equipment and services essential to removing or reducing barriers to an individual’s ability to function in the community independently. Grants may be used for therapeutic devices, access to medical, vision and dental, special health care, and other supports that help “level the playing field” for people with disabilities.

**Alaska Heating Assistance Program** \$2,000,000 (\$1 million UGF; \$1 million FedReceipts) (DHSS). This program provides support for paying home heating expenses, including households with elderly or disabled members. It also helps pay utility deposits when households are moving into Section 8 or subsidized rental housing where heat is included in the rent. The legislature reduced general funds for the program by \$1 million, replacing it with authority to received federal funds.

**HOUSING**

**Maintain Office of Integrated Housing** \$229,000 IncT (MHTAAR) (DHSS). This is an ongoing project (FY14-16) through the Division of Behavioral Health for technical assistance to develop supportive housing for Trust beneficiaries. The Supported Housing Office develops housing and support opportunities for consumers who experience mental illness and/or substance use disorders. The office identifies opportunities statewide for safe and affordable housing that is supported in the least restrictive environment, supports rehabilitation and recovery, and promotes access to community services and supports. This project has been funded by the Trust and the State since FY01.

**Bridge Home Program and Intensive Services for Community Integration** \$750,000 IncT (MHTAAR) (DHSS). Funding supports expanding the Bridge Home Program, which offers rent subsidies paired with intensive in-home support services for individuals with mental illness and substance use disorders who are 'cycling' through emergency and institutional settings (DOC, API, hospital emergency services, and other high-cost social service and health programs). The project serves up to 100 individuals experiencing complex service-delivery needs with ongoing, continuous services, a rental subsidy, assistance with accessing voucher programs. It has proven successful in reducing recidivism and impacts to the service systems.

**Discharge Incentive Grants** \$100,000 IncM (MHTAAR) (DOC). These grants support housing and support services for Trust beneficiaries in immediate need, who are transitioning from institutional care (DOC, API) into the community. Funds support Assisted Living Home vouchers and other resources for broadening skill levels of assisted living providers. Grants are managed in collaboration by DHSS and DOC to serve Trust beneficiaries who require extended supervision and ongoing supports, that result in fewer repeat incarcerations and public safety concerns.

**See “Assisted Living Home Training /Capacity for Development” under CONSULTATION & TRAINING**

**DISABILITY JUSTICE**

**Pre-Development for Sleep Off Alternatives in Targeted Communities** \$100,000 IncT (MHTAAR) (DHSS). Funds support pre-development and planning for alternatives to incarceration for persons requiring protective custody in Nome. Alternatives may include substance abuse and mental health assessment and treatment, assessment of

the service capacity of existing programs and facilities within the region, securing fiscal and other support for treatment services, and developing a regional implementation plan for identified treatment services. Funding is intended for efforts to reduce incarceration of persons requiring protective custody at the Anvil Mountain Correctional Center in Nome.

**Mental Health Clinician Oversight In Youth Facilities**

\$154,700 IncT (MHTAAR) (DHSS). This funding (FY15-17) ensures quality mental health services available to Alaskan youth involved in the juvenile justice system statewide. This position provides supervisory oversight to mental health clinicians (MHCs) in areas such as clinical service delivery, case consultation, development of training plans, and expertise related to confidentiality and ethical issues. The position also works on integration and development of statewide behavioral health services and probation services of DJJ.

**Implement APIC Discharge Planning Model in**

**Corrections** \$260,000 IncT (MHTAAR) (DOC). This funding supports the *Assess, Plan, Identify, and Coordinate* (APIC) model of reentry, which connects Trust beneficiary offenders re-entering the community to appropriate community behavioral health services. The APIC model has shown to reduce recidivism by engaging both DOC and community treatment providers in developing a transition plan for the soon-to-be-released offender, thus decreasing the high costs associated with care within the correctional setting.

**Fairbanks Juvenile Therapeutic Court** \$245,900 IncT (MHTAAR) (Courts) This project continues funding (FY15-17) for a therapeutic court alternative for youth involved in the juvenile justice system in Fairbanks. The project engages Trust beneficiary youth in treatment, and reduces the risk of future, more expensive, treatment services or costs associated with the adult correctional and judicial systems. Funding also supports tracking and reporting outcomes.

**Juneau Mental Health Court** \$204,000 IncT (MHTAAR) (COURTS). This project (FY14-16) provides a therapeutic court alternative for Trust beneficiaries through the Juneau Mental Health Court. The practices of the therapeutic court help individuals identify the underlying reasons for their contact with the criminal justice system, develops a court-ordered treatment plan that addresses treatment needs, and is monitored by the court. Court System staff will provide outcome data on how the funding is utilized, the associated cost savings, and the number of individuals served and their outcomes.

**Rural Reentry & Fetal Alcohol Syndrome Education Pilot** \$120,000 IncT (MHTAAR) (DOC). This project (FY15-19) supports development and implementation of culturally-relevant mental health service programming for Alaska Native inmate population in DOC. The project will assist in the release planning and coordination of treatment services for those offenders returning to rural communities, and recommends evidence-based screening tools that DOC clinical staff can use to better screen and identify offenders who may fall on the Fetal Alcohol Spectrum Disorder continuum.

**Corrections Research Analyst** \$69,400 IncT (MHTAAR) (DOC). This project (FY14-19) enables DOC to track and evaluate outcome measures, clinical contacts, unit census changes, mental health Title 47 holds, access to programming, treatment failures, suicide data, assault and injury data, release data, and a variety of other patient and programming needs. This data is critical to measuring outcomes related to recidivism, relapse, and re-entry data related to current reentry and criminal recidivism reduction efforts.

**Social Services Specialist in Public Defender Agency**

\$138,800 IncT (MHTAAR) (DOA). This funding supports in-house clinical expertise for Bethel attorneys who represent Trust beneficiaries not participating in therapeutic courts. The position provides expertise on the disorders experienced by Trust beneficiaries and an understanding of appropriate interventions and community-based services. This specialist will 1) conduct forensic psychosocial interviews; 2) conduct interviews and home visits to assess social situations and clinical needs; 3) prepare social services recommendations in the context of a clinical case; 4) gather information to assist clients in documenting compliance; 5) assist attorneys in developing expert opinion; 6) assist attorneys in negotiating on-going legal issues such as detention, placement, bail, visitation, housing, child support, financial, mental health, and other rehabilitative services. The position will be supervised by the Supervising Attorney in the Bethel office and the Deputy Director of the Civil Division.

**Legislative Intent Relating to a Recidivism Plan.** The legislature added intent language asking several state departments to collaborate with the Alaska Mental Health Trust Authority, Alaska Housing Finance Corporation, and Alaska Court System to identify common clients who are being released from correctional institutions into the community and develop a plan to increase access to community services, such as substance use and/or mental health treatment, employment and housing support. The language is as follows:

LEGISLATIVE INTENT. It is the intent of the legislature that the Departments of Corrections, Health and Social Services, and Labor and Workforce Development, along with the Alaska Mental Health Trust Authority, Alaska Housing Finance Corporation, and the Alaska Court System, continue to work collaboratively to identify common clients who are being released from correctional institutions and do the following:

1. Develop and implement a comprehensive, complementary, non-duplicative plan for providing substance abuse, mental health, housing and employment services to those who are released from correctional institutions.
2. Use the plan to assist the Departments, Authority, agency, and Court System in improving treatment and other outcomes for recently released inmates with the goal of reducing correctional system recidivism rates.
3. Gather and analyze data on the substance abuse, mental health, employment and housing services needed and the services provide to the released clients.
4. Propose effectiveness and efficiency measures for the new plan.
5. Jointly report on plan implementation and data findings to the legislature by February 2, 2015.

*See “Bridge Home Program & Intensive Services for Community Integration” under HOUSING*

*See “Discharge Incentive Grants” under HOUSING*

*See “Rural Re-entry Specialist” under RURAL*

*See “Training for DOC Mental Health Staff” under CONSULTATION & TRAINING*

*See “Deliver Training for Defense Attorneys” under CONSULTATION & TRAINING*

*See “Deliver Training for Prosecutors” under CONSULTATION & TRAINING*

## SENIORS

**Senior Community-Based Grants** \$545,000 Inc (\$345,000 GF, \$200,000 GF/MH) (DHSS). This additional base funding will support the state’s Nutrition, Transportation and Support Services Grant Program, which provides grant funding for non-profit agencies who provide meals (in groups and private homes), nutrition and health information, and transportation services that enable seniors to maintain mobility and independence.

**Aging and Disability Resource Centers (ADRCs)** \$125,000 IncT (MHTAAR) (DHSS). ADRCs support older Alaskans, persons with disabilities, family caregivers, and

community members in accessing a reliable information and referral for health care, financial support, housing, transportation, equipment, and social services. Funding will support building capacity to provide formalized options counseling, eligibility screening, assessment procedures, and to expand services into an area not covered by the existing ADRCs.

*See “Rural Long Term Care Development” under RURAL*

## WORKFORCE DEVELOPMENT

**Suicide Prevention Curriculum Development** \$60,000 Inc (GF/MH) (DEED). This increment will allow the Statewide Suicide Prevention Council to further its partnership with the DEED to deliver suicide prevention and postvention training to 500 additional Alaskans each year, with emphasis on continuing education for health care professionals. This project furthers four of the six goals of the statewide suicide prevention plan.

**Disability Employment Initiative** \$200,000 IncM (MHTAAR) (DHSS). This funding supports increasing employment of people with disabilities making them less dependent on government funded programs.

**Microenterprise Capital** \$125,000 IncT (MHTAAR) (DHSS). The Microenterprise Fund provides access to startup funding, technical assistance and ongoing support to individuals with a disability for establishing small businesses and self-employment for economic independence.

## CONSULTATION & TRAINING

**Complex Behavior Collaborative** \$525,000 Inc (GF/MH) (DHSS). The Complex Behavior Collaborative (CBC) provides consultation and training in specialized behavior management to providers, families, and caregivers of people with disabilities who also experience challenging behaviors — such as aggression, wandering, inappropriate sexual behavior, self-harm, etc. — beyond the expertise of the immediate caregivers. Funding supports triage services, technical assistance, training, and case-specific consultation, evidence-based strategies that reduce the risk of more costly institutional or out-of-state placements. This increment is ongoing base funding.

**Assisted Living Home Training and Capacity for Development** \$100,000 IncT (MHTAAR) (DHSS). This funding continues training for assisted living home providers and supported housing providers who serve individuals with serious mental illness, chronic addictions, traumatic brain injury, fetal alcohol spectrum disorders,

and developmental disabilities. These programs prevent homelessness and improve daily functioning for very impaired beneficiaries, by increasing capacity to house individuals with intensive behavioral health needs.

**Training for DOC Mental Health Staff** \$25,000 IncT (MHTAAR) (DOC). This funding provides training on mental health disorders and cognitive impairments, best-practices, available treatment, and the community behavioral health system for DOC clinicians, psychiatric nurses, counselors, ANPs, and psychiatrists system-wide. This training brings all clinical staff to one location for two days of training from in-state and out-of-state experts on a variety of topics such as FASD, TBI, and developmental disabilities. The FY15 request is a \$10,000 increment over the FY14 amount of \$15,000.

**Training for Prosecutors** \$15,000 IncOTI (MHTAAR) (LAW). This training provides training on mental health disorders and cognitive impairments, best-practices, available treatment, and the community behavioral health system to prosecutors who work with individuals with mental health disorders and/or cognitive impairments. Training better equips, who typically have little or no training in these areas, to understand the needs of Trust beneficiaries, consider underlying causes for a beneficiary’s contact with the criminal justice system, and to set appropriate conditions of bail/probation given the individuals mental and/or cognitive capacity.

**Training for Defense Attorneys** \$15,000 IncT (MHTAAR) (DOA). Funding supports training for defense attorneys in understanding and effectively handling legal cases involving persons with mental health disorders and/or cognitive impairments, including foundational knowledge on mental health disorders and cognitive impairments, best-practice and available treatment, and Alaska’s community behavioral health system.

**Training for Judicial Conference** \$10,000 IncOTI (MHTAAR) (COURTS). The funding supports training on mental health disorders and/or cognitive impairments and associated treatments, addiction and associated treatment, therapeutic jurisprudence principles and practices, or other topics identified and approved by the Trust. Training offers understanding of the underlying causes for a beneficiary’s contact with the criminal justice system, appropriate interventions, recommendations for alternative conditions of bail/probation, etc.

## RURAL

**Rural Long Term Care Development** \$141,800 IncT (MHTAAR) (DHSS). This funding expands a project that provides technical assistance to rural communities, helps analyze long-term care needs, and locates resources to meet those needs. It includes outreach, education and intensive community-based work to help meet the needs of people with Alzheimer's disease and related dementia, and other cognitive impairments. Activities include coordination with ADRCs, technical assistance, support for community-based housing options with an emphasis on sustainable supported housing for Trust beneficiaries in rural Alaska.

**Tribal Assistance Programs** \$500,000 Inc (GF) (DHSS). This funding supports the Temporary Assistance for Needy Families programs administered by tribal authorities.

**Juvenile Justice Rural Re-Entry Specialist** \$112,800 IncT (MHTAAR) (DHSS). Funding provides ongoing support for a re-entry specialist working with rural communities in planning implementing transition strategies for youth returning from the juvenile justice system. Responsibilities also include prevention and early intervention activities and making recommendations for training efforts.

## MISCELLANEOUS

**Alaska Safety Planning and Empowerment Network (ASPEN)** \$150,000 IncT (MHTAAR) (DHSS). This funding supports building capacity of the service delivery system in targeted communities by 1) resolving barriers to safety, empowerment, access to non-judgmental services provided by disability and domestic violence and sexual assault (DVSA) service providers, 2) fostering local collaborations to link survivors with services and resources, 3) providing cross-training and technical assistance, and 4) developing policies and procedures designed to prioritize safety, empowerment, and access.

**FASD Media Campaign** \$500,000 (GF) (DOR). This funding will support a statewide media campaign to raise awareness about fetal alcohol spectrum disorders and support prevention efforts to reduce the number of children born with FASD.

## UNIVERSITY

**Workforce Development Coordinator** \$180,000 IncT (MHTAAR).

**Partners in Policymaking** \$200,000 IncM (MHTAAR).

**Specialized Skills and Services Training on Serving Cognitively-Impaired Offenders** \$65,000 IncM (MHTAAR)

**Trust Training Cooperative (TTC) and Alaska Rural Behavioral Health Training Academy** \$955,000 IncT (MHTAAR).

**Interpersonal Violence Prevention for Beneficiaries** \$80,000 IncM (MHTAAR).

**Technical Assistance & Implementation of D.A.R.T. Teams in Targeted Communities** \$210,000 IncM (MHTAAR).

**Center for Alcohol Policy Partnership** \$30,000 IncM (MHTAAR).

**Workforce Development Special Projects** \$35,000 IncT (MHTAAR).



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### FY 15 CAPITAL BUDGET

**Essential Program Equipment** \$500,000 (\$250,000 MHTAAR; \$250,000 GF/MH).

**Home Modifications and Upgrades to Retain Housing** \$1,050,000 (\$300,000 MHTAAR; \$750,000 GF/MH).

**Homeless Assistance Project** \$8,000,000 (\$850,000 MHTAAR; \$850,000 GF/MH; \$6.3 million GF).

**Special Needs Housing Grant** \$1,750,000 (GF).

**Coordinated Transportation and Vehicles** \$1,050,000 (\$800,000 GF/MH; \$250,000 MHTAAR).

**Fairbanks Emergency Service Patrol** \$250,000 (GF).

**Chronic Inebriate Anti-Recidivism Treatment Program (DHSS)** \$4,000,000 (GF).

**Family Centered Services Youth Center (Fairbanks)** \$125,000 (GF).

**Akeela Stepping Stones Expansion (Anchorage)** \$100,000 (GF).

**Partners for Progress Multi-Agency Reentry Center (Anchorage)** \$600,000 (GF).

**First Alaskans Institute for Natural Helpers Network** \$600,000 (GF).

**UAA Institute for Circumpolar Health Studies Pilot Project/Evaluation of FASD** \$400,000 (GF). ❖



*From top: A front view of the State Capitol; people wait to testify in the Senate Finance Committee room; members of the House of Representatives conduct business in the House chambers.*

## OUR BOARDS

The Advisory Board on Alcoholism and Drug Abuse (ABADA) is a statutorily authorized Governor's advisory board charged with assisting in planning and offering oversight of Alaska's behavioral health system. Through our mandate, we work to support a comprehensive, effective and accountable behavioral health system of prevention and treatment for Alaska, so all Alaskans can live healthy, productive lives.

The Alaska Mental Health Board (AMHB) is charged with assisting in planning and offering oversight and evaluation of Alaska's behavioral health system. AMHB also provides advocacy for Alaskans affected by mental illness. Our vision is for all Alaskans to live healthy, productive lives.



*The bell front of the building is a replica of the Liberty Bell, given to Alaska in 1950. A similar bell was given to every state as part of a promotional campaign for U.S. Savings Bonds.*

## Advisory Board on Alcoholism and Drug Abuse



## Alaska Mental Health Board

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### WEBSITES:

<http://dhss.alaska.gov/amhb/Pages/default.aspx>  
<http://dhss.alaska.gov/abada/Pages/default.aspx>

### JOIN the TRUST'S ACTION NETWORK (CAPWIZ):

<http://cqrcengage.com/mhtrust>

**Kate Burkhart** Executive Director  
**Lance Brown** Administrative Assistant  
**Scott Ciambor** Planner  
**Gina Heffern** Research Analyst  
**Pat Sidmore** Planner  
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