

*An end of session report on what happened during
the 26th Alaska State Legislature*

Legislature Responds to Mental Health, Substance Abuse, Disability and Aging Issues

Alaska Mental
Health Board

Advisory Board on
Alcoholism and
Drug Abuse

Governor's Council
on Disabilities and
Special Education

Alaska Commission
on Aging

Alaska Mental Health
Trust Authority

Alaska Brain
Injury Network

Statewide Suicide
Prevention Council

The 2009 legislative session ended on April 19 with many good results. Additional funding for programs for seniors, prevention and early intervention, and for people experiencing autism, disabilities, mental illness and substance abuse disorders was appropriated by the legislature during the session and signed by the Governor on May 21.

Most of the requested increments for Bring the Kids Home, Head Start and the Autism Initiative were adopted. Also, the legislature and Governor supported

increased funding for emergency psychiatric services, infant learning and early development, therapeutic courts, and mental health and substance abuse treatment programs in the community and in prisons.

Many important bills and resolutions passed, including reauthorizing Medicaid adult dental services, improving medical insurance eligibility, extending the Statewide Suicide Prevention Council, raising the minimum wage and urging Congress to improve health care for veterans.

When the gavel came down

for the last time, the legislature had approved more than \$192.2 million for programs in the Mental Health Budget (HB 83), nearly \$17 million of which was funded by Mental Health Trust Authority Authorized Receipts (MHTAAR).

Highlights of legislation and budget items affecting seniors, people with disabilities, traumatic brain injury, mental illness and substance abuse disorders can be found in more detail on the following pages.

HB 26: Adult Dental Services Passes

[HB 26](#), sponsored by Representative Mike Hawker (R-Anchorage), extends the Medicaid Adult Preventative and Restorative Program past its scheduled 2009 sunset date.

Before the program was authorized in 2006, adults receiving Medicaid could only receive emergency dental care to relieve pain and fight infection.

Dental pain, missing and decayed teeth, and infection can complicate management of other chronic disease, affect job performance by causing missed work, and reduce the dietary choices for seniors. Individuals receiving public

assistance who also access rehabilitative dental care are twice as likely to have a better experience finding or maintaining employment.

Offering preventive and restorative dental care for adult Medicaid recipients over the long term can reduce the need for emergency dental services (i.e. accessing hospital emergency departments for management of a dental infection).

The adult dental program offers preventative and non-emergency care, such as authorized exams, cleaning, tooth restoration, extraction and dentures.

“In short, Alaska moved from a ‘Deferred Maintenance’ to a ‘Preventative Maintenance’ approach for adult dental care,” reads the sponsor statement.

Reauthorizing adult dental services was a top advocacy priority for 2009 for the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse, Alaska Commission on Aging, Governor’s Council on Disabilities and Special Education, and Alaska Mental Health Trust.

HB 26 passed both the House and Senate and was signed into law on June 21, 2009.

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SB 32: Rate Review Held until Next Year



“Without the regular review process...many providers will be forced out of business and home and community-based services will be taken away from thousand of Alaskans across the state.”

--SB 32 Sponsor Statement

[SB 32](#), sponsored by Senator Johnny Ellis (D-Anchorage), proposes to create a mechanism for regular review of Medicaid rates paid to providers of home and community-based services. The bill did not pass this session but is still on the table for next year.

Home and community-based services include senior care, assisted living, personal care attendants, mental health and substance abuse treatment, infant learning and services for Alaskans with developmental disabilities. These services maintain quality of life and reduce the need for more costly nursing home, institutional or emergency care.

In FY07, over 30,000 Alaskans received home and community-based services from non-profit providers – including 20,000 Alaskan seniors at home or in the community; 2,636 Alaskans with developmental disabilities; 3,807 people receiving personal care attendant services; 1,500 people receiving care in assisted living homes; and an estimated 1,400 children enrolled in early intervention/infant learning programs.

For more than 10 years, providers have struggled to meet the demand for services while maintaining the quality of service because there has been no structure for reviewing the rates paid for those services.

SB 32 proposes a regular schedule of rate reviews that will allow providers and the Department of Health and Social Services to plan and allocate resources so that the reviews create a minimal administrative burden. This in turn will permit the legislature to engage in more effective management of our state’s budget and the responsibility to care for our most vulnerable neighbors.

SB 32 unanimously passed the Senate and is currently in the House Finance committee, where it will have more review next session.

Advocacy efforts will continue during the interim through letters of support to the House Finance committee members.

SB 13: Denali KidCare Awaits Further Action



“Denali KidCare is an ‘enhanced’ reimbursement program with up to 70% matching funds.”

--SB 13 Sponsor Statement

Two bills related to Denali KidCare had hearings this session. One passed the Senate but was ultimately held in a House committee.

Denali KidCare is a publicly funded insurance program that covers health care for Alaska’s poorest children and pregnant women. Families whose income is lower than 175% of the federal poverty income guideline (FPIG) (\$27,570 for a family of four) are currently eligible.

The Denali KidCare bills this session proposed to raise eligibility requirements so that more low-income children and pregnant women receive health care insurance.

[SB 13](#), sponsored by Senator Bettye Davis (D-Anchorage), and [SB 87](#), sponsored by Senator Bill Wielechowski (D-Anchorage), were both heard early in the session. They passed without changes from the Senate Health and Social Services committee (of which Sen. Davis in chair).

SB 13 raises the eligibility ceiling to 200% FPIG, which would make health insurance available to about 1,275 more uninsured children and 225 pregnant women. SB 87 also raises the eligibility ceiling, but includes cost-sharing provisions.

During hearings on SB 13

in the Senate Finance committee, discussion migrated to the provisions for premiums and co-pays addressed in SB 87. Sen. Davis took exception to this discussion during her bill, which does not include a premium or co-pay, and politely asked the committee to save the longer, more complicated discussions on premiums and co-pays for the other bill.

SB 13 then passed the Senate. It is currently in the House Health and Social Services committee awaiting further action next session.

Advocacy efforts will continue through the interim.

HJR 10: Veterans Health Care Resolution Passes

[HJR 10](#), sponsored by Representative David Guttenberg (D-Fairbanks), is a resolution urging Congress to provide the U.S. Department of Veterans Affairs (VA) with the funding and resources necessary for the Veterans Health Administration to provide adequate health care for veterans.

“The Partnership for Veterans Health Care Budget Reform, an association of national veterans groups, has found that the current funding mechanism for veterans’ health care is ‘unreliable’ and subject to ‘great political wrangling,’” according to the sponsor statement. “Without a streamlined, comprehensive and accessible health care system, many veterans are denied the health care they are entitled to,” it reads.

The need for access to quality health care, including treatment for substance abuse, traumatic brain injury, post traumatic stress

disorder and other combat-related injuries is increasing as more veterans return from Afghanistan and Iraq. Alaskan veterans living in urban areas have access to outpatient care at a variety of facilities – including the Veterans Affairs Health Care System facility in Anchorage, the Veterans Affairs community outpatient clinics at Fort Wainwright and in Kenai, and the soon-to-open facilities in the Matanuska-Susitna Borough, Juneau, and Homer. However, many veterans living in rural areas lack access to VA health care in their home communities, resulting in costly travel to urban locations to receive health care.

“Veterans returning from these wars are entitled to five years of health care from the VA without charge, regardless of the priority group to which they are assigned,” the sponsor statement reads. “However, they are only reimbursed for the cost of

traveling to access that care if they meet certain eligibility criteria.”

HJR 10 supports efforts to ensure that veterans across Alaska have access to quality health care where there are no VA clinics and supports partnerships with community health centers, mental health centers, substance abuse treatment centers, tribal health organizations and other appropriate local providers to provide care closer to home.

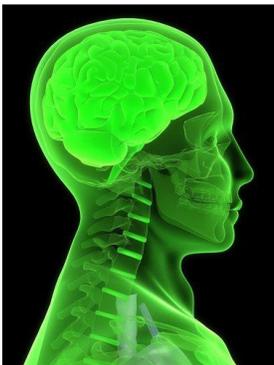
The resolution also supports increased funding for traumatic brain injury research and encourages the Veterans Health Administration to improve its electronic claims process.

HJR 10 was unanimously passed by both the House and Senate. Copies of the resolution will be sent to members of the U.S. Congress, President Barack Obama, Secretary of Veterans Affairs Eric K. Shinseki, and others.



“Without a streamlined, comprehensive and accessible health care system, many veterans are denied the health care they are entitled to.”

--HJR 10 Sponsor Statement



“Alaska is number one per capita for brain injuries.”

--SCR 1 Sponsor Statement

Traumatic Brain Injury Gets More Attention

Brain injury was the focus of several pieces of legislation moving through the legislature this session.

[SCR 1](#), a resolution sponsored by Senator Lesil McGuire (R-Anchorage), established March 2009 as Brain Injury Month. The “whereas” section serves to educate about brain injury, while the resolutions recognize the life-changing effects of brain injury and offer support for enhanced public awareness.

The resolution passed both the Senate and House,

followed by Governor Sarah Palin proclaiming March 2009 as “Traumatic Brain Injury Awareness Month.”

Sen. McGuire’s office is also working on legislation related to waivers for care related to traumatic brain injury, Alzheimer’s Disease and related dementia. [SB 118](#) is currently in the Senate Health and Social Services committee awaiting action next year.

Companion bills, [SB 72](#), sponsored by Senator Hollis French (D-Anchorage), and [HB 131](#), sponsored by

Representative Lindsey Holmes (D-Anchorage), proposed adding new language to state law related to safety seat standards for children. SB 72 passed both the Senate and House and was signed into law on June 17, 2009.

The legislature also appropriated funding for brain injury service coordination and brain injury training for providers. These early successes are due in part to advocacy efforts led by the Alaska Brain Injury Network.



Members of the Senate Finance committee, left, and the House Finance committee, right, discuss legislation during the 26th legislative session. The Finance committees are the last stop for bills that have a monetary impact before going to their respective bodies for a full vote of all members.

Budget Benefits Vulnerable Alaskans

Increased funding for home and community-based services will help to serve more people

The FY10 budget process began with the release of the Governor's proposed budgets. The two operating budgets, [HB 81](#) (operating) and [HB 83](#) (mental health) were then reviewed by House Finance subcommittees, department by department, before the subcommittees passed their recommendations on to the full House Finance committee.

After the House Finance committee reviewed the bills and listened to public testimony, the bills moved to the full House of Representatives for a vote. Once passed by the House, they were sent to the Senate, where the process was repeated.

Because of differences between the House and Senate versions, the budget bills were sent to a Conference Committee comprised of three senators and three representatives who discussed the differences and negotiated a final version.

With final passage of the operating budgets, both bills were transmitted to the Governor who reviewed and signed them.

This year, our advocacy efforts centered around supporting increases to home and community-based services, senior services, Bring the Kids Home, autism, early childhood intervention and screening, prevention and treatment for substance abuse, housing, workforce development, suicide prevention and brain injury.

Acronyms:

- (DHSS) = Dept. Health & Social Services
- (DBH) = Division of Behavioral Health
- (DOC) = Dept. of Corrections
- (DOR) = Dept. of Revenue
- (DEED) = Dept. of Education and Early Development
- (BTKH) = Bring the Kids Home
- (AHFC) = Alaska Housing Finance Corp.
- (GF/MH) = General Fund/Mental Health Funds
- (MHTAAR) = Mental Health Trust Authority Authorized Receipts

Home and Community Services

Having health care services available at home or close to home helps preserve quality of life, dignity, well-being and ties that keep families together. Funding these services has been shown to save money because they are less expensive than institutional and/or hospital care. The following were in the DHSS section of HB 81/HB 83.

Community behavioral health services grants. This funding supports grants to community behavioral health providers to maintain existing mental health and substance abuse treatment services for Alaskans without resources. The increase to the base budget will minimize the impact of inflation on costs of providing these services.

The most recent prevalence data shows

that 56,479 Alaskans require behavioral health services, including 21,754 adults experiencing serious mental illness (SMI), 12,725 children experiencing serious emotional disturbance (SED) and 22,000 Alaskans dependent on alcohol. Community providers report high numbers of Alaskans needing behavioral health services without the resources to pay for them.

As with any other industry, inflation affects the cost of providing behavioral health services. While the Alaska Department of Labor & Workforce Development reports low overall inflation for 2007, growing inflation in crucial sectors such as energy and health insurance puts pressure on providers to maintain existing services.

The Conference Committee settled on a \$1 million (GF/MH) increment to the base budget for mental health service grants and a \$1.25 million (GF/MH) increment for substance abuse service grants.

Rate increases for home and community-based services. This funding (with a federal match for Medicaid-funded services) will allow rate increases for providers serving seniors and people developmental disabilities. The Conference Committee adopted the Senate recommendation of \$1.2 million (GF/MH).

Please see BUDGET on page 5

Budget: Services for seniors and children will see increases in FY2010

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Community health grants. Funding supports increased access to health care for low-income, uninsured Alaskans. Both the House and Senate supported \$250,000 (GF/MH).

Seniors

Funding supports services that allow seniors to live with dignity at home, or as close to home, for as long as possible. Services include assisted living, meals, transportation, treatment for Alzheimer's disease and related dementia (ADRD), depression and suicide prevention. The following were included in the DHSS budget.

Senior Grants. Funding supports congregate and home-delivered meals, transportation, chore services, caregiver respite and other essential services for seniors. Both the House and Senate supported the \$609,900 (GF) increment.

Integrated depression care for seniors (IMPACT). Funding supports outreach and assistance to seniors experiencing behavioral health needs in rural areas, using telehealth technology through rural community health clinics. The Legislature supported the \$70,000 (MHTAAR) recommendation.

Aging and Disability Resource Centers. Funding strengthens the ADRC network, which provides information and assistance about long-term supports and services for older Alaskans and people with disabilities of all ages. The Legislature supported the \$125,000 (MHTAAR) recommendation.

Brain injury service coordination. Funding supports training, information and referral for the navigation program for survivors of traumatic brain injury. The Legislature supported the \$150,000 (MHTAAR) recommendation.

Rural long-term care development. Funding supports technical assistance and support to rural communities interested in developing home and community-based services and housing options for Trust beneficiaries. The Legislature supported the \$135,000 (MHTAAR) recommendation.



Funding for seniors supports chore services, caregiver respite, home-delivered meals, transportation and other essential services.

Bring the Kids Home (BTKH)

Since 2004, the Alaska Mental Health Trust Authority, in collaboration with the Governor and legislature, has invested in programs designed to provide a continuum of care in Alaska so that children needing intensive behavioral health services can receive them in Alaska. These increments for Bring the Kids Home are part of the DHSS budget.

Community behavioral health centers. Funding expands grants to community behavioral health centers to enhance out-patient services through innovative programs and training. Both the House and Senate supported the Governor's \$1.1 million request.

Individualized services for severe emotional disturbance (SED). Funding covers the cost of services

and support for youth experiencing SED who are not eligible for Medicaid or who need non-Medicaid eligible services for lower levels of care to avoid residential placement. Both the House and Senate supported the Governor's \$500,000 (GF/MH) requested increment.

Tribal and/or rural development. Funding will help establish mental health services for children and families in rural areas – including technical assistance, building billing and supervision capacity, and implementing telemedicine or other distance delivery technology. The Legislature supported the \$800,000 recommendation (\$400,000 MHTAAR and \$400,000 GF/MH).

Please see BUDGET on page 6

Budget: Programs for early childhood, autism and FASD gain ground

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Transitional-aged youth. Funding supports community-based system development for transitional aged youth to move into adulthood with supports and services. The Legislature supported the \$400,000 recommendation (\$200,000 MHTAAR and \$200,000 GF/MH).

Crisis bed stabilization. Funding will maintain services in Anchorage and expand crisis services (long term) in other communities. The Legislature supported the \$150,000 (MHTAAR) recommendation.

Therapeutic foster home. Funding is a grant to open a newly-constructed group home in Dillingham to keep children from having to move to urban areas to receive treatment. The Conference Committee supported the Senate's request of \$100,400 (GF).

Foster parent/parent recruitment training and support. Funding supports foster parent recruitment, screening, training, mentoring and support for families with children with behavioral disorders. The Legislature supported the \$75,000 (MHTAAR) recommendation.

School-based tool kits and expanded services. Funding supports expanded capacity for behavioral health practices in Alaska's schools. The Legislature supported \$200,000 (MHTAAR) for SED youth and \$100,000 (MHTAAR) for BH administration.

Technical Assistance. Funding supports technical assistance, training, mentoring to improve integrated, family-driven, recovery-oriented services, either on-site, via telephone and/or via video-conferencing. The Conference Committee settled on \$100,000 (MHTAAR).

Early Intervention and Infant Learning

Early intervention and infant learning programs help identify developmental,



mental and physical difficulties before they develop into more complicated and costly problems.

Early intervention and infant learning program. Funding supports grants to maintain existing programs. Both the House and Senate supported a \$1 million (GF/MH) increment.

Early childhood system. Funding will offer supports to improve the health of young children with challenging behaviors. The Legislature supported \$80,000 (MHTAAR) recommendation.

BTKH Early childhood mental health learning network and coordinator. Funding will establish an early childhood mental health learning network and provide grants to agencies for screening and intervention services. The Conference Committee settled on \$75,000 (MHTAAR).

Assessment/screening training. Funding will expand services to children with 25% developmental delay. Both the House and Senate supported the \$300,000 (GF/MH) request.

Early childhood screening. Funding will support a clinician to work with Head Start and day care centers for early childhood screening services. The Legislature supported a \$100,000 (MHTAAR) one-time increment.

Early learning coordination. Funding supports Head Start and other early learning projects. The Conference Committee supported a \$600,000 (GF) increment.

Best Beginnings. Funding supports local early childhood partnerships, expands Imagination Library and continues "Ready to Read, Ready to Learn" task force recommendations. The Conference Committee supported a \$200,000 (GF) one-time increment.

Autism Initiative

Alaska Autism Resource Center (AARC). Funding will expand support, training and resources for the center. The Legislature supported the \$350,000 recommendation (\$200,000 MHTAAR and \$150,000 GF/MH).

Autism Diagnostic Clinic expansion. Funding will expand the number of children screened and diagnosed for autism spectrum disorder. Both the House and Senate supported the \$125,000 (GF/MH) requested increment.

Workforce development capacity building. Funding will expand the number of trained professionals to handle the increase in screening for children with autism. The Legislature supported the \$250,000 recommendation (\$125,000 MHTAAR and \$125,000 GF/MH).

FASD

Alaska Fetal Alcohol Syndrome Program. Funding will cover increased grantee costs for providing prevention and treatment services for substance abuse and mental health clients. Both the House and Senate supported the Governor's \$59,500 (GF/MH) request.

Please see BUDGET on page 7

Budget: Governor, legislators work together on prevention and treatment

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Prevention and Treatment

Funding for prevention and treatment is critical to Alaska's behavioral health system. State funds provide support for emergency psychiatric services, peer-support, detox and treatment programs in the community and in prisons. Increments were approved in both the DHSS and DOC budgets.

Psychiatric Emergency Services for designated evaluation and treatment.

This increment maintains the existing system of designated evaluation and stabilization or treatment (DES/DET) services and will support pilot acute stabilization services that capitalize on existing telemedicine resources in one of two areas – MatSu or Kenai – which account for the highest referrals to Alaska Psychiatric Institute (API). The Legislature supported the \$1.25 million recommendation (\$300,000 MHTAAR and \$950,000 GF/MH).

Prevention and treatment services.

Funding supports services for substance abuse and mental health clients. Both the House and Senate supported the \$419,200 (GF/MH) request.

Rural services and suicide prevention.

Funding supports increased costs for providing prevention and treatment services for substance abuse and mental health clients. Both the House and Senate supported a \$20,500 (GF/MH) increment.

Peer-operated services. Funding supports beneficiary projects for peer support services statewide. Both the House and Senate approved continuation of \$50,000 (GF/MH) in the base budget.

Detoxification and treatment. Funding for detox and treatment included \$500,000 (GF/MH) for development of detox facilities in rural areas and \$500,000 (GF/MH) to DHSS for operation costs at a Fairbanks detox facility. Another \$1.225 million (GF/MH) to DOC will provide enhanced detox and semi-secure substance abuse treatment for adult chronic inebriates. The House and Senate supported these requests.



Governor Sarah Palin introduces the FY10 budget on December 15, 2008 at a press conference in the Alaska State Capitol while members of her cabinet look on. Corrections Commissioner Joe Schmidt (second from left) testified throughout the session on behalf of increased mental health and substance abuse treatment in prisons to reduce recidivism. Health and Social Services Commissioner Bill Hogan (not pictured) also was a key supporter of services that benefited vulnerable Alaskans.

Substance abuse treatment for youth. Funding will support operating costs for ARCH (Adolescent Residential Center for Help), a residential substance abuse treatment center. Both the House and Senate supported the \$181,000 (GF/MH) request.

Treatment for Offenders

The Department of Corrections (DOC) and the Department of Health and Social Services (DHSS) are working together to restore or expand many offender rehabilitation programs.

Substance abuse treatment for inmates. A \$500,000 (GF/MH) one-time increment will fund additional institutional short-term, or "outpatient" treatment programs in two prisons. \$611,500 (GF/MH) will continue funding to support ongoing Residential Substance Abuse Treatment (RSAT) programs in prisons. Both requests were approved in the DOC budget.

Mental health services. Funding will link community mental health providers to incarcerated offenders experiencing mental illness preparing for re-entry into the community. Both the House and Senate supported the \$444,800 (PFD)(DOC) increment.

Sex offender treatment. Funding will establish an institutional sex offender treatment program at Wildwood Correctional Center. Both the House and Senate supported the Governor's requested \$200,000 (PFD) (DOC) increment.

Criminal sentencing and poly-graphing. Funding will support the third year of funding for periodic forensic polygraph testing and treatment of all sex offenders on probation or parole. Both the House and Senate supported \$242,600 (GF/MH) (DOC), a reduction from the Governor's original request.

Please see BUDGET on page 8

Budget: *Therapeutic Courts gain ground with increased funding*

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Behavioral risk management services for sex offenders. *Both the House and Senate supported the \$125,800 (I/A) (DHSS) increment.*

Mental health clinical positions. Funding supports clinicians serving inmates experiencing mental illness. *The Legislature supported the \$164,000 (MHTAAR) (DOC) recommendation.*

Offender reentry services. Funding continues the APIC (Assess Plan Identify and Coordinate) discharge planning model for offenders returning to the community. *The Legislature supported the \$210,000 (MHTAAR) (DOC) recommendation.*

Therapeutic Courts

Therapeutic Courts offer an alternative justice model in which a collaborative court team made up of a supervising judge, district attorney, defense counsel, probation officer and substance abuse or mental health treatment provider, supports and monitors participants who choose the treatment program in lieu of incarceration.

Treatment in therapeutic courts. A \$135,000 (MHTAAR) increment for Anchorage Alcohol Safety Action Program (ASAP) case management and \$653,000 (GF/MH) for maintaining and enhancing therapeutic courts will allow probation officers to screen, refer, monitor and supervise more cases. *The Legislature supported both recommendations.*

Treatment services. A \$500,000 (MHTAAR) (Courts) increment for treatment services will ensure continued access to treatment services for therapeutic courts. A \$150,000 (\$75,000 MHTAR and \$75,000 GF/MH) (DHSS) increment will expand capacity for therapeutic court participants with co-occurring disorders. *The Legislature supported these recommendations.*

Anchorage mental health court capacity increase. Funding will support a case coordinator to enhance court services. *Both the House and Senate supported the \$99,400 (GF/MH) (Courts) increment.*

Workforce Development

Funding for workforce development in the DHSS, DEED and University budgets supports training, education and career development opportunities for individuals, including early intervention and learning, brain injury, autism, therapeutic courts, and more.

University of Alaska. Funding included over \$2 million for training and technical assistance for providers, clinical internship accreditation, physical therapy career training, capacity building and training for providers serving cognitively impaired offenders, a children’s mental health certification program, the Behavioral Health Initiative Partner-ship, the Trust Training Cooperative, UAA Behavioral Health Alliance, Alaska Rural Behavioral Health Training Academy (tele-behavioral health) and Alaska Alliance for Direct Service Careers. *Both the House and Senate supported full funding for these programs.*

Rural Transition Project. Funding continues transition services, including life skills and training, for rural secondary students. *Both the House and Senate supported the \$150,000 (DEED) request.*

Beneficiaries Micro-Enterprise Capital. Funding supports grants for Trust beneficiaries who start their own businesses. *The Legislature supported the \$100,000 (MHTAAR) (DHSS) recommendation*

“Grow Your Own” recruitment for youth. Funding supports programming, outreach, student internships and courses in high school statewide. *The Legislature supported the \$141,000 (MHTAAR)(DHSS) recommendation.*

Workforce development capacity building. Funding will expand the number of professionals to handle the increase in screening for children with autism. *Both the House and Senate supported the \$250,000 (GF/MH) (DHSS) increment.*

Provide loan forgiveness, scholarships and other incentives. Funding continues the behavioral health loan repayment program supporting professionals who work with underserved populations. *The Conference Committee supported the \$200,000 (MHTAAR) (DHSS) recommendation.*

Please see BUDGET on page 9



Training for physical therapy careers received funding in the FY10 budget.

Budget: Special needs and homeless housing programs see increases

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Housing

State resources for non-Medicaid eligible services, such as social support and skill development in the home, have dwindled over the past 10 years. This leaves landlords and housing providers with a larger share of the costs to house people in lower income brackets. Funding in both the FY10 operating and capital budgets will provide necessary housing support services for vulnerable Alaskans.

Rural long term care development.

Funding will support a comprehensive and coordinated approach to developing long-term care for seniors and address the serious infrastructure gaps in Alaska's smaller communities and rural villages. The Legislature supported the \$135,000 (MHTAAR) (DHSS) recommendation.

Discharge incentives grants. Funding will support extended supervision and support services for individuals reentering the community after release from Corrections settings with the goal of avoiding repeat incarceration. The Legislature supported the \$350,000 (MHTAAR) (DHSS) recommendation.

Office of Integrated Housing. Funding will support expansion and sustainability of supportive housing opportunities statewide. The Legislature supported the \$200,000 (MHTAAR) (DHSS) recommendation.

Bridge Home pilot project. Funding supports replication of successful transition programs for individuals "cycling" through emergency and institutional settings (API, Corrections, hospitals) in the Anchorage area. The Legislature supported the \$750,000 (MHTAAR) (DHSS) recommendation.

Housing assisted living home training. Funding supports improved training for assisted living home providers. The Legislature supported the \$100,000 (MHTAAR)(DHSS) recommendation.

Housing modifications and upgrades to retain housing.

Funding supports housing modifications for persons experiencing a disability to allow them to remain in their homes and reduce the potential cost of supported housing. The Conference Committee adopted the \$1,050 million (\$300,000 (MHTAAR), \$500,000 (GF/MH), \$250,00 (AHFC dividends)) (DHSS) recommendation.

Deferred maintenance and Americans with Disabilities Act (ADA) improvement grants to service providers and beneficiaries.

Funding supports upgrades and maintenance of buildings, agency sponsored housing units, treatment and administrative offices for non-profit social services. The Conference Committee adopted the \$750,000 (GF/MH) (DHSS) recommendation.

Beneficiaries special needs housing.

These funds provide capital support for projects that develop special needs housing for Trust beneficiaries. The Conference Committee supported the \$1.75 million (AHFC dividends) (DOR) recommendation.

Homeless assistance program.

Funding will support shelter services for hundreds of homeless and/or near-homeless families. The Conference Committee supported \$8 million (\$500,000 (MHTAAR), \$500,000 (GF/MH), \$2 million (Federal), \$1 million (other state funds), \$4 million (Capital Investment Fund)) (DOR) for this program.

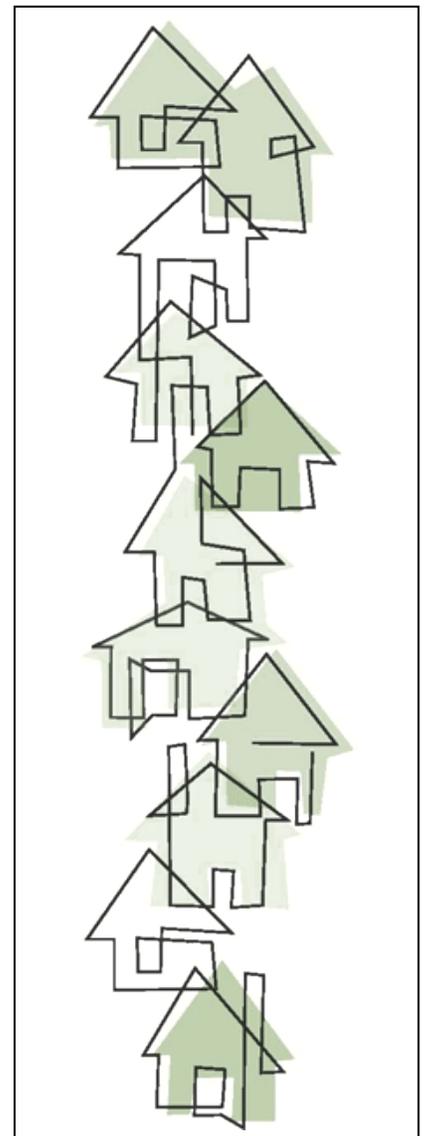
Supplemental Housing Development Program.

Funding supports energy and infrastructure add-ons to housing developments funded by HUD (U.S. Dept. of Housing and Urban Development). Both the House and Senate supported the \$10 million (AHFC dividends) (DOR) request.

Senior Citizens Housing Development.

Funding supports development of affordable housing for Alaskan seniors, under GOAL (Greater Opportunity for Affordable Living). A \$4.5 million increment (AHFC dividends) (DOR) was adopted.

HOME grant program. Funding provides formula grants for activities that build, buy and /or rehabilitate affordable housing for rent or home ownership and activities that provide direct rental assistance to low-income people – including Alaskans who are homeless or at risk of becoming homeless. Both the House and Senate supported \$750,000 (AHFC dividends) (DOR) and \$3.3 million (Federal).



Joint Advocacy Priorities

The Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, Governor's Council on Disabilities and Special Education, Alaska Commission on Aging and the Alaska Mental Health Trust Authority, in collaboration with the Alaska Brain Injury Network and the Statewide Suicide Prevention Council, identified the following as their shared legislative priorities for 2009.

Homeless Housing Initiative

Affordable housing with supportive services is the key to continued and sustained recovery for many Alaskans experiencing disabilities. There has been a great deal of policy work and services coordination in the past few years on the needs of homeless Alaskans. However, even with this increased focus, economic and social factors continue to drive up the numbers of homeless individuals and families.

People experiencing mental illness,

brain injury, developmental disability, addiction, Alzheimer's disease and related dementia are frequently represented in the lowest income bracket. A fund to support targeted supportive housing programs will help housing programs offer supportive services and adequate rental subsidies.

Supportive housing blends affordable housing (which includes subsidized housing) with case management and in-home services to

help people maintain their level of wellness and recovery, and thereby maintain their housing.

We are working together with stakeholders around Alaska to support funding for programs that maintain affordability while offering outreach and support services to promote a safe and healthy environment for recovery and stability.

See page 9 for an overview of budget items related to Housing in FY10.

Coordinated Public Transportation

With the establishment of the Governor's Coordinated Transportation Task Force in October 2008, the joint advocacy groups support taking the next step and establishing an Alaska Community Transportation Fund for public and coordinated transportation systems statewide.

More and more Alaskans are depending on public transportation to get to work, shop, pick up their children from school, and more. The lack of access to affordable transportation is a major barrier to

employment and community participation by seniors, people experiencing disabilities, youth, rural and low-income Alaskans and the general public.

Even with an adequate infrastructure of roads and bridges, many individuals still do not have affordable, accessible community transportation.

Rising fuel costs are putting all Alaska's transportation systems into financial peril, forcing systems to cut back on hours and levels of services, and to raise fees beyond what low

income riders can afford – at a time when demand for services is at its highest ever.

Together we supported the increments for community transportation and vehicles, and we continue to support the establishment of a Community Transportation Fund.

In the end, \$1.1 million (\$300,000 MHTAAR, \$800,000 GF/MH) was appropriated in the FY10 budget for coordinated transportation and vehicles.

Reauthorizing Adult Dental Services

The Alaska Department of Health and Social Services (DHSS) reports that approximately 7,600 adult Medicaid recipients received preventative and restorative dental services in FY08 under the Medicaid adult dental program.

Individuals from all of our constituencies and beneficiary groups benefit from this program, so we strongly supported the reauthorization of these services, because without reauthorization, coverage for these services would have sunset June 30, 2009.

The provisions reauthorizing the Medicaid adult dental program were sponsored by Rep. Mike Hawker in HB 26 (*see cover page*). We are grateful that legislators recognized the benefits of this program and supported this bill, which passed this session.

Periodic Rate Review for Home and Community-based Services

Regular and periodic rate reviews, for both Medicaid and grant-funded services, are imperative to maintaining the systems of care that serve Alaska's most vulnerable populations.

Before last year's rate rebasing, most

home and community-based service providers had worked over a decade without a rate review or increase. This resulted in an erosion of the system, as frozen rates resulted in a reduction of the quality and availability of services.

Together we support the a regular and periodic schedule of rate reviews for home and community-based services, as proposed in SB 32, sponsored by Sen. Johnny Ellis (*see page 2*).

Bills on the move... *What's passed and what remains for the 26th Alaska State Legislature*
Go to www.legis.state.ak.us/basis to track bills and learn more about the legislative process.

Bills and resolutions passed this session:

- [SB 1](#) **Alaska minimum wage**, sponsored by Sen. Bill Wielechowski (D-Anchorage).
- [SCR 1](#) **Brain injury awareness month**, sponsored by Sen. Lesil McGuire (R-Anchorage).
- [HR 6](#) **Develop Mental Health Trust lands**, sponsored by Rep. Bill Stoltze (R-Chugiak).
- [HJR 10](#) **Urging Congress to improve veterans health care**, sponsored by Rep. David Guttenberg (D-Fairbanks).
- [HB 26](#) **Medicaid for adult dental services**, sponsored by Rep. Mike Hawker (D-Anchorage).
- [SB 72](#) **Child safety seats and safety belts**, sponsored by Sen. Hollis French (D-Anchorage).
- [SB 96](#) **Child support/cash medical support**, sponsored by Senate Health and Social Services committee.
- [HB 105](#) **STEP program**, sponsored by Rep. John Coghill (R-Fairbanks).
- [HB 123](#) **Extend Suicide Council**, sponsored by Rep. Anna Fairclough (D-Eagle River).
- [SB 133](#) **Electronic health info exchange system**, sponsored by Sen. Joe Paskvan (D-Fairbanks).
- [HB 141](#) **Compact for Juveniles; Interstate Council**, sponsored by Rep. John Coghill (R-North Pole).
- [HB 222](#) **Medical insurance eligibility/nondiscrimination**, sponsored by Rep. Lindsey Holmes (D-Anchorage).

Bills and resolutions still on the table for next session:

- [HB 9](#) **Capital Punishment**, sponsored by Rep. Mike Chenault (R-Nikiski), is currently in the House Finance committee.
 - [SB 13](#) **Medical assistance eligibility**, sponsored by Sen. Bettye Davis (D-Anchorage), is currently in the House Health and Social Services committee.
 - [HJR 16](#) **Disabled Veterans Procurement Preference**, sponsored by Rep. Carl Gatto (R-Palmer), is currently in the House Rules committee.
 - [SB 32](#) **Medicaid home and community based services**, sponsored by Sen. Johnny Ellis (D-Anchorage), is currently in the House Health and Social Services committee.
 - [SB 52](#) **Salvia Divinorum as a controlled substance**, sponsored by Sen. Gene Therriault (D-Anchorage), is currently in the Senate Finance committee.
 - [HB 59](#) **Pre-elementary school programs/plans**, sponsored by Rep. Scott Kawasaki (D-Fairbanks), is currently in the House Finance committee.
 - [SB 68](#) **Felons Right to Vote**, sponsored by Sen. Bettye Davis (D-Anchorage), is currently in the Senate Finance committee.
 - [SB 85/HB 98](#) **Alcohol: Local option/Licensing/Minors**. SB 85, sponsored by Governor Sarah Palin (R-Wasilla), is currently in the Senate Finance committee. HB 98, sponsored by Rep. Jay Ramras (D-Fairbanks), is currently in the Senate Judiciary committee.
 - [SB101/HB 130](#) **Student questionnaires and surveys**. SB 101, sponsored by Sen. Bettye Davis (D-Anchorage), and HB 130, sponsored by Rep. Peggy Wilson (R-Wrangell), are currently in the House Health and Social Services committee.
 - [SB 105/HB 126](#) **Foster care/CINA/Education of homeless**. SB 105, sponsored by Sen. Bettye Davis (D-Anchorage), is currently in the House Finance committee. HB 126, sponsored by Rep. Les Gara (D-Anchorage), is currently in the House Health and Social Services committee.
 - [SB 139](#) **Incentives for certain medical providers**, sponsored by Sen. Donny Olson (D-Nome), is currently in the Senate Finance committee.
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Advisory Board on Alcoholism and Drug Abuse



Alaska Mental Health Board

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WEB SITES:

www.hss.state.ak.us/abada
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JOIN ACTION NETWORK:

www.capwiz.com/mhtrust/home

**Advocacy Coordinator
Teri Tibbett**

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Advocacy - What You Can Do!

When an interested person commits to perform even one act of advocacy, the movement grows larger and the effect can grow to be so overwhelming that policy-makers have no choice but to listen and respond. We are building a grassroots movement to bring awareness to policy-makers about the stigma affecting Alaskans experiencing mental illness, developmental disabilities, substance abuse disorders, Alzheimer's disease and other dementias.

Here is a list of actions you can take to make a difference:

- Write a letter to a public official.
- Coordinate a letter-writing campaign.
- Make a telephone call to a public official's office.
- Coordinate a telephone campaign.
- Write a letter-to-the-editor about a situation that matters to you.
- Coordinate a letter-to-the-editor campaign.
- Coordinate a local media campaign (to newspapers, radio, TV).
- Organize people to sign up for Capwiz.
- Host a reception for a legislator in your home or place of work.
- Ask someone else to host a reception for a legislator in their home or work.
- Make five personal contacts to spread the word about an issue.
- Tag onto a public event, party or

reception, set up a table that raises awareness about an issue.

- Visit a legislator in your hometown.
- Ask someone else to visit a legislator in their hometown.
- 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 a personal story and send it to a policy-maker.
- Gather five written personal stories and send them to policy-makers.
- Participate in regular teleconferences to stay informed about an issue.
- Be a conduit to your friends or co-workers about an issue.
- Attend an advocacy training workshop.
- Testify at a public meeting (Assembly, City Council, Rotary, Chamber, School Board, state legislature, etc.).
- Coordinate an all-out local advocacy effort in your community (contact media, host receptions, organize letter-writing and telephone calling campaigns, coordinate volunteers in your area, visit legislators, etc.).

For more information about getting involved in grassroots advocacy, contact Teri Tibbett at teri.tibbett@alaska.gov and join our Action Network at www.capwiz.com/mhtrust/home

Advisory Board on Alcoholism and Drug Abuse

Alaska Mental Health Board

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