



## 2009 Legislative Priorities

### **PRIORITY #1: Community Behavioral Health Services Grants**

[ABADA and AMHB support the Governor's FY10 request: \\$1.75 million \(GF/MH\) for mental health, \\$1.75 million \(GF/MH\) for substance abuse.](#)

This funding supports grants to community behavioral health services providers to maintain existing mental health and substance abuse treatment services for Alaskans without resources. This recommendation for additions to the base budget will minimize the impact of inflation on costs of providing services. The investment of \$78 per beneficiary per year sustains the existing system of care.

### **PRIORITY #2: Psychiatric Emergency Services**

[ABADA and AMHB support the Governor's FY10 budget request: \\$950.0 \(GF/MH\) and \\$300.0 \(MHTAAR\) for a telemedicine pilot program.](#)

This funding for psychiatric emergency services maintains the existing system of designated evaluation and stabilization or treatment (DES/DET) services and leverages a 1:1 match in federal dollars (through the Disproportionate Share Hospital funding). With the Mental Health Trust Authority Authorized Receipts (MHTAAR) increment, it funds pilot acute stabilization services that capitalize on existing telemedicine resources. The pilot program will be in one of two areas – MatSu or Kenai – which account for the highest referrals to Alaska Psychiatric Institute (API). In the last year, the Alaska Mental Health Board has heard public testimony across Alaska – from Barrow to Ketchikan – that reflects high instances of psychiatric emergencies without adequate services in our communities.

### **PRIORITY #3: Denali KidCare**

[ABADA and AMHB support HB62 \(sponsored by Representative Hawker\) to provide DenaliKidcare to children in families with incomes between 175% and 250% of the federal poverty guidelines \(subject to certain requirements\).](#)

The Denali KidCare Program (children's Medicaid) addresses the fundamental health care needs of Alaska's children by providing insurance coverage for children and teens through age 18, and for pregnant women who meet income guidelines. Health care is important to prevent disease, find and treat problems early, and maintain good health. Children and teens covered by Denali

KidCare receive the full range of prevention and treatment services, such as, doctor's visits, health check-ups & screenings, vision exams & eyeglasses, dental checkups, cleanings & fillings, hearing tests & hearing aids, speech therapy, physical therapy, mental health therapy, substance abuse treatment, hospital care, laboratory tests, prescription drugs and medical transportation.

#### **PRIORITY #4: Mental Health and Substance Abuse Treatment for Prisoners**

[ABADA and AMHB support the multiple increments for therapeutic courts and mental health and substance abuse treatment services for prisoners in the Governor's FY10 budget.](#)

ABADA and AMHB have identified prisoner mental health and substance abuse programs as a top priority because of the part these illnesses play in the inability to make rational decisions that lead to criminal acts. Alcohol and other drug abuse plays a role in 85% to 95% of all incarcerations in the Alaska, according to a 2005 McDowell Group report. According to a one-day snapshot study conducted for the Department of Corrections in 2007, 42% of men and women in the corrections system experience a mental health disorder. Outcomes show that treatment reduces recidivism, resulting in increased safety for all Alaskans.

Following are the budget items ABADA and AMHB supports this legislative session:

- **Substance Abuse Treatment Programs.** This increment provides institutional out-patient treatment for incarcerated offenders in two additional correctional facilities. Out-patient (Institutional) Substance Abuse Programs (ISAT) are continuous (or open-ended) intensive treatment for a duration period of 3 to 4 months. All participants have aftercare plans when released back into communities. [ABADA supports the Governor's FY10 request: \\$500.0 \(GF/MH\) \(Inmate Health, DOC\).](#)
- **Mental Health Services.** Funding is requested to support the increase in Mental Health Trust beneficiaries committed to the custody of the Department of Corrections. Of the 38,000 bookings processed annually by DOC, 14,000 have a mental health diagnosis. [AMHB supports the Governor's FY10 request: \\$444.8 \(GF/MH\) \(Inmate Health, DOC\).](#)
- **Treatment in Therapeutic Courts.** Funding ensures continued services for existing and new therapeutic courts serving offenders released from incarceration. Timely access to substance abuse and mental health treatment services is a critical component to the operations of these courts and the success of its participants. [ABADA and AMHB support the Governor's FY10 budget requests: \\$500.0 \(GF/MH\) for treatment services; \\$12,500.0 \(GF\) to maintain existing leased space for Barrow Therapeutic Court; \\$99,400 \(GF/MH\) for case coordinator for the Anchorage Mental Health Court; \\$147,700 \(GF/MH\) to continue adult guardianship/mediation project; \\$510,300 for Fairbanks Juvenile Therapeutic Court, Juneau Mental Health Court, training for prosecutors/defense and access to timely neuropsychiatric evaluations \(Courts\).](#)
- **Sex Offender Treatment.** Funding will institute a Sex Offender Treatment Program at the Wildwood Correctional Complex. [ABADA and AMHB support the Governor's FY10 request: \\$685.3 \(GF/MH\) \(Inmate Health, DOC\).](#)

## Community Behavioral Health Services Grants

This funding supports grants to community behavioral health services providers to maintain existing mental health and substance abuse treatment services for Alaskans without resources. The recommendation for additions to the base budget will minimize the impact of inflation of costs to provide services. This investment of \$78 per beneficiary per year will help sustain the existing system of care.

### The Need

- 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
- The FY2008 unduplicated count (clients served by community providers) totaled 22,882 = 7,347 (SMI) (34%); 6,197 (SED) (49%); 7,071(non-SMI); 2,267 (non-SED).
- In 2006, 7,914 clients received substance abuse treatment from community providers (36% of the estimated total of people dependent on alcohol).

### The Cost

- Community providers report high numbers of Alaskans needing behavioral health services but without the resources to pay for them. For some providers, like Anchorage Community Mental Health Services, this has been at least half their adult admissions in the past two years. For substance abuse providers, the proportion is often even higher. Medicaid doesn't pay for everything for everybody.
- 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.

### Outcomes

- ✓ Provide high quality treatment, recovery and support services as close to one's home community as possible, to measure through the number of adults and children admitted to API and other residential psychiatric treatment centers (RPTC) outside of community.
- ✓ Reduction in the overall days of poor mental health, to be measured through the Client Status Review and the number of readmissions to API after 30 and 180 days.
- ✓ Fewer people abusing alcohol and other drugs, to be measured by the number of Alaskans arrested for drug/alcohol related offenses and the number of drug /alcohol related deaths.
- ✓ Fewer children exposed to abuse and neglect, to be measured by the number of substantiated reports of harm involving drug/alcohol abuse.

**ABADA and AMHB support the Governor's FY10 request: \$1.75 million (GF/MH) for mental health service grants and \$1.75 million (GF/MH) for substance abuse service grants (Division of Behavioral Health, DHSS).**

## Psychiatric Emergency Services

This funding for psychiatric emergency services maintains the existing system of designated evaluation and stabilization or treatment (DES/DET) services and pilot acute stabilization services that capitalize on existing telemedicine resources. The Alaska Mental Health Board has heard public testimony from Barrow to Ketchikan in the past year that shows the high instances of psychiatric emergencies without adequate services in the community.

### The Need

- The existing DES/DET budget has been insufficient to meet the need for psychiatric emergency services -- typically experiencing a shortfall of \$700,000 per year. This is what is needed to pay for the system we have, and prevent further losses like the DES/DET beds recently closed at Mt. Edgecumbe Hospital in Sitka.
- Rural hospitals are resistant to providing this acute care due to the cost, facility requirements, staffing requirements and perceived obstacles to reimbursement. API has been at least at 73% capacity since January 2007, and has been at over 90% capacity for six of the last 19 months.

### The Cost

- DBH received a \$330,000 increase to base funding for DES/DET during the 2008 legislative session, leaving a deficit of \$370,000 to cover current costs of service.
- Costs of transportation from villages to rural communities to DES/DET facilities increased by more than 17% in 2008, and additional increases are expected in 2009. Current inflation rates will result in increased costs of service delivery.

### Leveraged Funds

Investing the recommended amount results in an additional \$950,000 per year leveraged through Disproportionate Share Hospital Payments (DSH). This federal program uses a formula similar to Medicaid, working out to nearly \$1:\$1 contribution. DSH payments are payment adjustments for qualifying hospitals which serve a disproportionate number of uninsured or under-insured patients. Many of these hospitals lose money because they provide care to a higher number of indigent patients. To qualify for DSH payments, a hospital must meet three criteria: 1) be an acute care, specialty or psychiatric hospital; 2) meet obstetrical requirements; 3) have greater than 1 percent more Medicaid-eligible inpatient days than total inpatient days for the qualifying year. Note: there are additional requirements such as federal allocation guidelines, limits to the amount facilities may receive, agreement by facilities to provide services and sufficient legislative appropriation of funds.

**ABADA and AMHB support the Governor's FY10 budget request: \$950.0 (GF/MH) (leveraging 1:1 federal funds) and \$300.0 (MHTAAR) for telemedicine pilot program (Division of Behavioral Health, DHSS).**

## Denali KidCare

The Denali KidCare Program (children's Medicaid) addresses the fundamental health care needs of Alaska's children by providing insurance coverage for children and teens through age 18 and for pregnant women who meet income guidelines. Health care is important to prevent disease, find and treat problems early, and maintain good health. Children and teens covered by Denali KidCare receive the full range of prevention and treatment services, such as: doctor's visits, health check-ups & screenings, vision exams & eyeglasses, dental checkups, cleanings & fillings, hearing tests & hearing aids, speech therapy, physical therapy, mental health therapy, substance abuse treatment, hospital care, laboratory tests, prescription drugs and medical transportation.

In Alaska, more than 75% of children with special health care needs who have Denali KidCare receive the mental health services they need. Nationwide, only 56.8% of uninsured children with special health care needs receive the necessary mental health services. Medicaid-enrolled children who are up-to-date on their well-child checkups through 2 years of age are 48% less likely to experience an avoidable hospitalization. Children with incomplete care are 60% more likely to visit an emergency department for any cause compared to children who are up-to-date on their well-child care.

Alaska now has the fourth most restrictive financial requirements for children's Medicaid in the country. In 2004, the Legislature lowered the eligibility threshold for Denali KidCare from 200% to 175% of the federal poverty levels for Alaska. With the increase in federal support for state programs like DenaliKidcare, we have the ability to provide better health for more of Alaska's children. This bill insures that children in the poorest families retain access to health care, while offering health care to children in families that have a little more income but still cannot afford private insurance for their children.

**ABADA and AMHB support HB62 (sponsored by Representative Hawker) to provide DenaliKidcare to children in families with incomes between 175% and 250% of the federal poverty guidelines (subject to certain requirements).**

## Mental Health and Substance Abuse Treatment for Prisoners

ABADA and AMHB have identified prisoner mental health and substance abuse programs as a top priority because of the part these illnesses play in the inability to make rational decisions that lead to criminal acts. Outcomes show that treatment reduces recidivism, resulting in the increased safety of all Alaskans. Alcohol and other drug abuse play a role in 85% to 95% of all incarcerations in the Alaska, according to a 2005 McDowell Group report. According to a one-day snapshot study conducted for the Department of Corrections in 2007, 42% of men and women in the corrections system experience a mental health disorder.

Following are the budget items ABADA and AMHB supports this legislative session:

- **Substance Abuse Treatment.** The budget increment for substance abuse treatment programs would provide institutional out-patient treatment for incarcerated offenders in two additional correctional facilities. Out-patient (Institutional) Substance Abuse Programs (ISAT) are continuous (or open-ended) intensive treatment for a duration period of 3 to 4 months. All participants will have aftercare plans when released back into communities.
- **Mental Health Services.** Funding will increase mental health services in the Corrections system. Nearly 14,000 of the 38,000 people booked into Corrections each year have a mental health diagnosis. This funding will provide staffing to meet the increased offender population with mental health issues.
- **Therapeutic Courts.** This funding will ensure continued access to treatment services for existing and new therapeutic courts. Therapeutic Courts have proven to reduce criminal recidivism, showing that timely access to substance abuse and mental health treatment services is a critical component to the success of its participants.
- **Increased Case Coordinator Capacity for Anchorage Mental Health Court (AMHC).** Funding for this position will allow more people to participate in the Court and enhance the quality of court supervision by increasing the court's ability to identify an individual's reason for contact with the criminal justice system and then develop a court-ordered treatment plan.
- **Sex Offender Treatment.** Funding will institute a Sex Offender Treatment Program at Wildwood Correctional Center. Community safety is enhanced because more offenders will receive intensive assessment and treatment prior to release.

**ABADA and AMHB support the Governor's FY10 budget requests for: Substance Abuse Treatment programs in correctional facilities: \$500.0 (Inmate Health, DOC); Mental Health services in correctional facilities: \$444.8 (Inmate Health, DOC); Sex Offender treatment at Wildwood Correction Complex: \$685.3 (Inmate Health, DOC); Treatment services related to new and existing therapeutic courts: \$500,000 GF/MH (Courts); and increased Case Coordinator capacity for the Anchorage Mental Health Court: \$99.4 (GF/MH) (Courts).**

**AMHB/ABADA**  
**2009 Legislative Priorities**  
**by Category**

## 2009 MENTAL HEALTH PRIORITIES

### In the budget:

**\$\$ • Community Behavioral Health Services Grants.** This funding supports grants to community behavioral health services providers to maintain existing mental health and substance abuse treatment services for Alaskans without resources. This recommendation for additions to the base budget will minimize the impact of inflation on costs of providing services. The investment of \$78 per beneficiary per year sustains the existing system of care. [ABADA and AMHB support the Governor's FY10 request: \\$1.75 million \(GF/MH\) for mental health, \\$1.75 million \(GF/MH\) for substance abuse.](#)

**\$\$ • Psychiatric Emergency Services.** This funding for psychiatric emergency services maintains the existing system of designated evaluation and stabilization or treatment (DES/DET) services and leverages a 1:1 match in federal dollars (through the Disproportionate Share Hospital funding). With the Mental Health Trust Authority Authorized Receipts (MHTAAR) increment, it funds pilot acute stabilization services that capitalize on existing telemedicine resources. [ABADA and AMHB support the Governor's FY10 budget request: \\$950.0 \(GF/MH\) and \\$300.0 \(MHTAAR\) for a telemedicine pilot program.](#)

**\$\$ • Mental Health Services in prisons.** Funding will provide staffing to meet increased offender population with mental health issues. DOC processes approximately 38,000 bookings annually. Nearly 14,000 of these bookings have a mental health diagnosis. Mental Health staff provide services for approximately 100-120 new patients each month who had previously been unidentified as having mental health diagnosis. [ABADA and AMHB support the Governor's FY10 request: \\$444.8 \(GF/MH\) \(Inmate Health, DOC\).](#)

**\$\$ • Therapeutic Courts.** This funding ensures continued access to treatment services for existing and new therapeutic courts. Therapeutic Courts have proven to reduce criminal recidivism, showing that timely access to substance abuse and mental health treatment services is a critical component to the success of its participants. [ABADA and AMHB support the Governor's FY10 budget request: \\$500,000 GF/MH \(Courts\).](#)

**\$\$ • Increased Case Coordinator Capacity for Anchorage Mental Health Court (AMHC).** Funding for this position will increase the number of people able to participate in the Court and enhance the quality of court supervision by increasing the court's ability to identify an individual's reason for contact with the criminal justice system and then develop a court-ordered treatment plan. [ABADA and AMHB support the Governor's FY10 request: \\$99.4 \(GF/MH\) \(Courts\).](#)

**\$\$ • Senior Mental Health.** Funding for IMPACT (Improving Mood, Promoting Access to Collaborative Treatment) creates a collaborative intervention treatment model to treat senior depression in the primary care setting. Research and public testimony from communities around Alaska highlight the fact that seniors are less likely to go to a community mental health center for care, but will see their physician or primary care provider. By making depression care an integrated part of their ongoing primary care, we can improve the health and quality of life of

Alaska's seniors. [ABADA and AMHB support the Governor's FY10 budget request: \\$70.0 \(MHTAAR\) \(DBH/API in DHSS\).](#)

**\$\$ • Sex Offender Treatment.** Funding will institute a Sex Offender Treatment Program at the Wildwood Correctional Center. [ABADA and AMHB support the Governor's FY10 request: \\$685.3 \(GF/MH\) \(Inmate Health, DOC\).](#)

**\$\$ • Peer Operated Support Services.** Peer operated programs provide low-cost, wrap-around services locally in the areas of peer counseling, peer support groups, recovery and wellness education, supported employment and housing, traditional Native healing tools, healthy food and life skills education, healthy social connects and transportation assistance. [AMHB and ABADA support policies and funding for low-cost peer operated support services.](#)

#### **Non-budget items:**

• **Veterans Substance Abuse/Mental Health Services.** Many local communities have coordinated services in which veterans can utilize local health facilities when a veteran's health facility is not present. However, many other communities in Alaska do not have this coordination of services, forcing veterans with service-related mental health and substance abuse issues to leave their community for services. [ABADA and AMHB support the coordination of services between local, state and federal agencies to ensure veterans with the Alaska National Guard returning from overseas have access to mental health and substance abuse services in their home communities.](#)

• **Suicide Prevention Resources.** Alaska has a suicide rate nearly twice the national average. The need for expanded suicide prevention resources is at the forefront of AMHB's priority list. Services that support Alaska Gatekeeper Training and the implementation of the statewide Suicide Prevention Plan will help with this effort. [AMHB supports programs and services that support suicide prevention.](#)

• **Alaska 211 System.** Alaska 2-1-1 is a clearinghouse for information about Alaska's social services agencies. By calling 2-1-1 or logging on to Alaska211.org, Alaskans can find information and referral to agencies such as mental health centers, food banks, domestic violence shelters, and job centers (just to name a few). [ABADA and AMHB support developing policy changes within the Department of Health and Social Services to require all grantees to register with 211 system.](#)

• **Health Care Commission.** It is the joint vision of ABADA and AMHB that every Alaskan live a healthy and productive life. The boards support the creation of a Health Care Commission to help further their vision through clear and data-driven planning for the future, and stress the need for a seat on the Commission representing Alaskans experiencing mental health and substance abuse disorders, people in recovery and the providers of mental health and substance abuse treatment services.

## 2009 SUBSTANCE ABUSE PRIORITIES

### In the budget:

**\$\$ • Community Behavioral Health Services Grants.** This funding supports grants to community behavioral health services providers to maintain existing mental health and substance abuse treatment services for Alaskans without resources. This recommendation for additions to the base budget will minimize the impact of inflation on costs of providing services. The investment of \$78 per beneficiary per year sustains the existing system of care. [ABADA and AMHB support the Governor's FY10 request: \\$1.75 million \(GF/MH\) for mental health, \\$1.75 million \(GF/MH\) for substance abuse.](#)

**\$\$ • Substance Abuse Treatment in Prisons.** The Governor's recommended budget increments for substance abuse treatment programs in Corrections will provide institutional out-patient treatment for incarcerated offenders in two additional correctional facilities. Out-patient (Institutional) Substance Abuse Programs (ISAT) are continuous (or open-ended) intensive treatment for a duration period of 3 to 4 months. All participants will have aftercare plans when released back into communities. [ABADA support the Governor's FY10 request: \\$500.0 \(GF/MH\) \(Inmate Health, DOC\).](#)

**\$\$ • Therapeutic Courts.** This funding ensures continued access to treatment services for existing and new therapeutic courts. Therapeutic Courts have proven to reduce criminal recidivism, showing that timely access to substance abuse and mental health treatment services is a critical component to the success of its participants. [ABADA and AMHB support the Governor's FY10 budget request: \\$500,000 GF/MH \(Courts\).](#)

**\$\$ • Community-Based Detox and Treatment.** This funding will develop community detoxification and treatment capacity as an alternative to protective custody holds. Detox centers save the state the high costs incurred when inebriates are processed at correctional institutions. The need for detoxification services, both voluntary and involuntary, is critical in Alaska. The state has invested in programs in Fairbanks and Anchorage, but further investment in other Alaskan communities is necessary if we wish to truly address the problem of chronic alcoholism. [ABADA supports the Governor's FY10 budget request \\$500.0 \(MHTAAR\) for the developing community detoxification capacity and treatment. The board also supports continued funding for the Fairbanks and Anchorage programs as they are launched and outcomes are evaluated.](#)

### Non-budget items:

**• SB 52 Salvia as controlled substance** (Therriault). Salvia Divinorum (a Mexican desert plant of the sage family) is a hallucinogen that can cause extreme reactions when ingested, placing not just the user at risk but also those around them. [ABADA supports SB 52, which adds Salvia Divinorum and Salvinorin A \(the main active psychotropic molecule in Salvia divinorum\) to the schedule IIA list of controlled substances.](#)

• **HB 17 Prohibit tobacco use until age 21** (Crawford). [ABADA supports raising the age for possession and use of tobacco from 19 to 21.](#)

• **Substance Abuse Awareness.** Substance abuse underlies many of Alaska's most critical social problems, including alcohol and drug-related crimes, domestic violence, suicide and poor health. The costs to the public are evident both financially and the expense of public safety. The stigma associated with people who suffer from alcoholism and drug abuse adds to the debilitating effects of the disease and the public's reluctance to fund programs that help end substance abuse. [ABADA supports programs and public relations campaigns that help educate lawmakers and the public about the disease of addiction and the value of prevention and treatment.](#)

• **State Alcohol Tax.** ABADA supports the legislative intent of the Alcohol Tax : to supplement and increase substance abuse prevention and treatment services in Alaska. We recognize that in the past, when hard financial times were faced, the decision was to use alcohol tax revenues to free up general funds for other programs. However, we remind that the purpose of the tax was to supplement and not to supplant, and that in these tense economic times the benefit of the alcohol tax revenues should continue to be directed to the programs that address Alaska's number one public health problem: alcohol and drug abuse.

• **Veterans Substance Abuse/Mental Health Services.** Many local communities have coordinated services in which veterans can utilize local health facilities when a veteran's health facility is not present. However, many other communities in Alaska do not have this coordination of services, forcing veterans with service-related mental health and substance abuse issues to leave their community for services. [ABADA and AMHB support the coordination of services between local, state and federal agencies to ensure veterans with the Alaska National Guard returning from overseas have access to mental health and substance abuse services in their home communities](#)

• **Drug Screening.** By insuring drug-free workplaces and sober workers on publicly funded projects, we can increase safety on job sites. [ABADA supports requiring drug screening for people employed on public projects and with state contractors. This would be a grant/contract requirement, not a state-funded service.](#)

• **Health Care Commission.** It is the joint vision of ABADA and AMHB that every Alaskan live a healthy and productive life. The boards support the creation of a Health Care Commission to help further their vision through clear and data-driven planning for the future, and stress the need for a seat on the Commission representing Alaskans experiencing mental health and substance abuse disorders, people in recovery and the providers of mental health and substance abuse treatment services.

• **Recovery Awareness Month (September).** Recovery from mental illness and/or substance abuse is possible. Raising Alaskans' awareness about this fact is an important goal of our two boards. [ABADA and AMHB support the Governor in proclaiming September as Recovery Awareness Month in Alaska.](#)

## 2009 YOUTH/EDUCATION PRIORITIES

### In the budget:

**\$\$ • Bring/Keep the Kids Home (BTKH).** When Alaskans decided to bring our children home from out-of-state residential psychiatric treatment placements, the state invested in programs designed to provide a continuum of care in Alaska so that children who need intensive treatment can receive it here – while also providing services so that fewer children will need residential treatment. As of February 2009, only 133 children were still in outside placements, down from the original number of 749 in 2004. [ABADA and AMHB support efforts and budget requests to bring \(and keep\) youth home from out-of-state placements.](#)

**\$\$ • Early Intervention/Infant Learning Program.** Early screening for disabilities saves in the long term because it increases the likelihood of successful treatment before problems can develop into more difficult and costly problems. [AMHB supports the Governor's FY10 budget request of \\$1,500.0 \(GF/MH\) \(DHSS\) to identify and serve children with less severe disabilities \(who are not being served due to funding restrictions\) until they go to preschool or enter kindergarten. AMHB also supports the Governor's FY10 budget request \\$500.0 \(GF/MH\) \(DHSS\) to support workforce development related to people with disabilities.](#)

**\$\$ • Autism Diagnostic and Referral.** This funding will maintain capacity to provide diagnosis and comprehensive, active referral for Autism Spectrum Disorder (ASD). Approximately 60 Alaskan babies are born each year with ASD. Delays in diagnosis and intervention result in large medical and special-needs educational costs and lost productivity. A multidisciplinary team approach assures that children receive an accurate diagnosis from a team of specialists (medical, psychology, speech/language, occupational therapy, physical therapy, audiology and ophthalmology) and rules out other possible medical conditions associated with ASD. The Legislature agreed to improve autism screening and referral capacity in FY09. This FY10 request is the first step in providing stable funding. [AMHB supports the Governor's FY10 budget request of \\$125.0 \(GF/MH\) \(Public Health, DHSS\).](#)

**\$\$ • Capacity Building for Autism Intervention.** The Capacity Building for Autism Intervention project is a component of the overall autism initiative and will provide funding to train individuals to offer effective early autism intervention services. As a result, a cadre of professionals and paraprofessionals will be available to deliver intensive autism intervention soon after a child is diagnosed and early in a child's life when research shows intervention has the greatest impact. The Department of Health and Social Services, Section of Women, Children and Family Health will transfer funds to the University of Alaska Center for Human Development through a Reimbursable Services Agreement. The University of Alaska will provide the training. [AMHB supports the Governor's FY10 request \\$125.0 \(MHTAAR\) \(Public Health, DHSS\).](#)

### **Non-budget items:**

- **Youth Risk Behavior Survey (YRBS).** This anonymous survey monitors prevalence of behaviors that put Alaskan youth at risk for the most significant health and social problems; results assist in prevention and intervention planning and evaluation. The data collected by the YRBS helps measure the results of state-funded programs and insures that future programs and initiatives are developed based on a sound empirical foundation. [ABADA and AMHB support efforts to establish and maintain use of the YRBS.](#)
- **Mandatory community service requirement for high school graduation.** Programs that engage youth in community service help teach valuable skills and ethics, and prepare young people for the work world after graduation. [ABADA and AMHB support establishing a statute or regulation to require Alaska students to have community service credit before graduation.](#)
- **Denali KidCare.** The Denali KidCare Program (children's Medicaid) addresses the fundamental health care needs of Alaska's children by providing insurance coverage for children and teens through age 18, and for pregnant women who meet income guidelines. Health care is important to prevent disease, find and treat problems early and maintain good health. Children and teens covered by Denali KidCare receive the full range of prevention and treatment services, such as, doctor's visits, health check-ups & screenings, vision exams & eyeglasses, dental checkups, cleanings & fillings, hearing tests & hearing aids, speech therapy, physical therapy, mental health therapy, substance abuse treatment, hospital care, laboratory tests, prescription drugs and medical transportation. [ABADA and AMHB support HB62 \(sponsored by Representative Hawker\) to provide DenaliKidcare to children in families with incomes between 175% and 250% of the federal poverty guidelines \(subject to certain requirements\).](#)

## 2009 WORKFORCE DEVELOPMENT PRIORITIES

### In the budget:

**\$\$ • Capacity Building for Autism Intervention.** The Capacity Building for Autism Intervention project is a component of the overall autism initiative and will provide funding to train individuals to offer effective early autism intervention services. As a result, a cadre of professionals and paraprofessionals will be available to deliver intensive autism intervention soon after a child is diagnosed and early in a child's life when research shows intervention has the greatest impact. The Department of Health and Social Services, Section of Women, Children and Family Health will transfer funds to the University of Alaska Center for Human Development through a Reimbursable Services Agreement. The University of Alaska will provide the training. [AMHB supports the Governor's FY10 request \\$125.0 \(MHTAAR\) and \\$125.0 \(GF/MH\) \(Public Health, DHSS\).](#)

### Non-budget items:

• **Training Programs.** ABADA and AMHB supports working with vocational rehabilitation, small business associations, vocational apprenticeship program, schools and others in a comprehensive effort to develop customized return-to-work programs that include training, certification and credential programs for people with mental illness and/or addiction disorders. The boards also support developing programs for direct service workers, e.g. Early Childhood Mental Health, Natural Helpers, Prevention Specialists, Behavioral Health Certified, Mental Health First Aide, Gatekeepers (suicide prevention), Applied Suicide Intervention Skills Training (ASIST).

• **Mandatory community service requirement for high school graduation.** Programs that engage youth in community service help teach valuable skills and ethics, and prepare young people for the work world after graduation. [ABADA and AMHB support establishing a statute or regulation to require Alaska students to have community service credit before graduation.](#)

• **Health Care Professions Loan Repayment & Incentive Program.** Loan repayment & incentive programs assist with recruitment and retention for hard-to-fill positions for ten practitioner types: physician, dentist, pharmacist, physician assistant, nurse practitioner, physical therapist, psychologist, LCSW, LPCs, nurse, and dental hygienist. Loan repayment will appeal to new graduates and direct incentives will appeal to more experienced practitioners. [ABADA and AMHB support legislation that would develop loan repayment and incentive programs in Alaska.](#)

## 2009 MEDICAL/DENTAL PRIORITIES

### Non-budget items:

- **Adult Dental Reauthorization.** HB 26, sponsored by Representative Hawker, would reauthorize preventive and restorative dental services for adult Medicaid recipients. Medicaid coverage for these services will sunset June 30, 2009 without legislative reauthorization. [ABADA and AMHB support HB 26.](#)
- **Denali KidCare.** The Denali KidCare Program (children's Medicaid) addresses the fundamental health care needs of Alaska's children by providing insurance coverage for children and teens through age 18, and for pregnant women who meet income guidelines. Health care is important to prevent disease, find and treat problems early and maintain good health. Children and teens covered by Denali KidCare receive the full range of prevention and treatment services, such as, doctor's visits, health check-ups & screenings, vision exams & eyeglasses, dental checkups, cleanings & fillings, hearing tests & hearing aids, speech therapy, physical therapy, mental health therapy, substance abuse treatment, hospital care, laboratory tests, prescription drugs and medical transportation. [ABADA and AMHB support HB62 \(sponsored by Representative Hawker\) to provide DenaliKidcare to children in families with incomes between 175% and 250% of the federal poverty guidelines \(subject to certain requirements\).](#)
- **Health Care Commission.** It is the joint vision of ABADA and AMHB that every Alaskan live a healthy and productive life. The boards support the creation of a Health Care Commission to help further their vision through clear and data-driven planning for the future, and stress the need for a seat on the Commission representing Alaskans experiencing mental health and substance abuse disorders, people in recovery and the providers of mental health and substance abuse treatment services.
- **Health Care Professions Loan Repayment & Incentive Program.** Loan repayment & incentive programs assist with recruitment and retention for hard-to-fill positions for ten practitioner types: physician, dentist, pharmacist, physician assistant, nurse practitioner, physical therapist, psychologist, LCSW, LPCs, nurse, and dental hygienist. Loan repayment will appeal to new graduates and direct incentives will appeal to more experienced practitioners. [ABADA and AMHB support legislation that would develop loan repayment and incentive programs in Alaska.](#)
- **Nurse Practitioner Regulation.** AMHB supports the restoration of delegation authority to nurse practitioners (NPs) to allow them the same practice authority as physician and physician assistants in regard to the administration of injectable medications to unlicensed assistive personnel.

## 2009 RURAL PRIORITIES

### In the budget:

**\$\$ • Community Behavioral Health Services Grants.** This funding supports grants to community behavioral health services providers to maintain existing mental health and substance abuse treatment services for Alaskans without resources. This recommendation for additions to the base budget will minimize the impact of inflation on costs of providing services. The investment of \$78 per beneficiary per year sustains the existing system of care. [ABADA and AMHB support the Governor's FY10 request: \\$1.75 million \(GF/MH\) for mental health, \\$1.75 million \(GF/MH\) for substance abuse.](#)

**\$\$ • Psychiatric Emergency Services.** This funding for psychiatric emergency services maintains the existing system of designated evaluation and stabilization or treatment (DES/DET) services and leverages a 1:1 match in federal dollars (through the Disproportionate Share Hospital funding). With the Mental Health Trust Authority Authorized Receipts (MHTAAR) increment, it funds pilot acute stabilization services that capitalize on existing telemedicine resources. [ABADA and AMHB support the Governor's FY10 budget request: \\$950.0 \(GF/MH\) and \\$300.0 \(MHTAAR\) for a telemedicine pilot program.](#)

**\$\$ • Mental Health Services in prisons.** Funding will provide staffing to meet increased offender population with mental health issues. DOC processes approximately 38,000 bookings annually. Nearly 14,000 of these bookings have a mental health diagnosis. Mental Health staff provide services for approximately 100-120 new patients each month who had previously been unidentified as having mental health diagnosis. [ABADA and AMHB support the Governor's FY10 request: \\$444.8 \(GF/MH\) \(Inmate Health, DOC\).](#)

**\$\$ • Therapeutic Courts.** This funding ensures continued access to treatment services for existing and new therapeutic courts. Therapeutic Courts have proven to reduce criminal recidivism, showing that timely access to substance abuse and mental health treatment services is a critical component to the success of its participants. [ABADA and AMHB support the Governor's FY10 budget request: \\$500,000 GF/MH \(Courts\).](#)

**\$\$ • Community-Based Detox and Treatment.** This funding will develop community detoxification and treatment capacity as an alternative to protective custody holds. Detox centers save the state the high costs incurred when inebriates are processed at correctional institutions. The need for detoxification services, both voluntary and involuntary, is critical in Alaska. The state has invested in programs in Fairbanks and Anchorage, but further investment in other Alaskan communities is necessary if we wish to truly address the problem of chronic alcoholism. [ABADA supports the Governor's FY10 budget request \\$500.0 \(MHTAAR\) for the developing community detoxification capacity and treatment. The board also supports continued funding for the Fairbanks and Anchorage programs as they are launched and outcomes are evaluated.](#)

**\$\$ • Peer Operated Support Services.** Peer operated programs provide low-cost, wrap-around services locally in the areas of peer counseling, peer support groups, recovery and wellness

education, supported employment and housing, traditional Native healing tools, healthy food and life skills education, healthy social connects and transportation assistance. [AMHB and ABADA support policies and funding for low-cost peer operated support services.](#)

### **Non-budget items:**

- **Veterans Substance Abuse/Mental Health Services.** Many local communities have coordinated services in which veterans can utilize local health facilities when a veteran's health facility is not present. However, many other communities in Alaska do not have this coordination of services, forcing veterans with service-related mental health and substance abuse issues to leave their community for services. [ABADA and AMHB support the coordination of services between local, state and federal agencies to ensure veterans with the Alaska National Guard returning from overseas have access to mental health and substance abuse services in their home communities.](#)

- **Suicide Prevention Resources.** Alaska has a suicide rate nearly twice the national average. The need for expanded suicide prevention resources is at the forefront of AMHB's priority list. Services that support Alaska Gatekeeper Training and the implementation of the statewide Suicide Prevention Plan will help with this effort. [AMHB supports programs and services that support suicide prevention.](#)

- **Community-Based Detox.** The need for detox services, both voluntary and involuntary, is critical in Alaska. The state has invested in programs in Fairbanks and Anchorage. Further investment in rural communities is necessary if we wish to truly address the problem of chronic alcoholism. [ABADA supports continued support of the Fairbanks and Anchorage programs as they are launched and outcomes are evaluated, as well as the development of rural programs, including continued funding for the sleep-off center in Bethel.](#)

- **Denali KidCare.** The Denali KidCare Program (children's Medicaid) addresses the fundamental health care needs of Alaska's children by providing insurance coverage for children and teens through age 18, and for pregnant women who meet income guidelines. Health care is important to prevent disease, find and treat problems early and maintain good health. Children and teens covered by Denali KidCare receive the full range of prevention and treatment services, such as, doctor's visits, health check-ups & screenings, vision exams & eyeglasses, dental checkups, cleanings & fillings, hearing tests & hearing aids, speech therapy, physical therapy, mental health therapy, substance abuse treatment, hospital care, laboratory tests, prescription drugs and medical transportation. [ABADA and AMHB support HB62 \(sponsored by Representative Hawker\) to provide DenaliKidcare to children in families with incomes between 175% and 250% of the federal poverty guidelines \(subject to certain requirements\).](#)

- **Nurse Practitioner Regulation.** AMHB supports the restoration of delegation authority to nurse practitioners (NPs) to allow them the same practice authority as physician and physician assistants in regard to the administration of injectable medications to unlicensed assistive personnel.