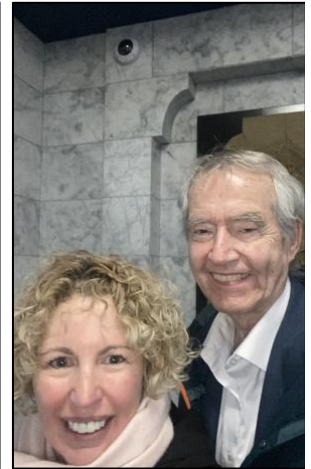


*Supporting Alaskans accessing the public process to educate policymakers about the realities of their experiences, challenges, successes, and to make recommendations for solutions*



*L to R: Mike Marshall meets with legislative staff to discuss digital technology in prisons; reentry advocate Lu-Anne Haukaas meets with Speaker of the House Cathy Tilton; peer-advocate Gina Schumaker and retired judge Mike Jeffery advocate for issues related to prenatal alcohol exposure. Photos by Teri Tibbett, Gina Schumaker.*

## Legislative Highlights: Coordinated Health & Complex Care, Section 1115 Medicaid Waiver, Omnibus Crime Bill

This year, policymakers passed legislation that will address the needs of Alaskans with complex behavioral health challenges, including people with mental illness, substance use disorders, fetal alcohol spectrum disorders, traumatic brain injuries, and other disabilities. Following are some of the highlights:

### **Coordinated Health & Complex Care Unit Will Address Complex Behavior Placements**

In FY2025, the Department of Family and Community Services (DFCS) established a new component, Coordinated Health and Complex Care, to lay the foundation for serving Alaskans with complex needs. The result of this change is a reorganization that focuses existing resources on meeting the complex challenges associated with providing services to the most vulnerable Alaskans.

Additionally, \$750,000 was allocated for a pilot program that will provide support and training for meeting the level of care needed for inpatient

clients with complex behaviors and needs who are stabilized and ready to transition to less restrictive care in a community-based setting, such as a group home. Community-level supported environments are a better and less costly fit for stabilized clients because they offer smaller facilities with individualized treatment and continuity of care.

Previous funding methods and licensing did not support the level of care required to help “step-down” clients with complex needs, resulting

*Continued on page 2*

### **CONTENTS**

|                                     |           |
|-------------------------------------|-----------|
| Legislative Highlights.....         | Pages 1-2 |
| Advocacy at the Capitol.....        | Page 3    |
| FY2025 State Budget Highlights..... | Pages 4-5 |
| AK Advocates – About Us.....        | Page 6    |

in a backlog of patients who were stabilized, but unable to reintegrate into their communities. Home-like settings with personalized care, typically lead to improved behaviors and outcomes.

In terms of costs, the average rate for inpatient care at Alaska Psychiatric Institute (API) is approximately \$2,500 per day; making the full cost per bed, per year \$912,500. In a small group home setting, costs can be as low as \$1,200 per day, offering a cost savings of \$474,500 annually per client served.

With the success of this program, DFCS can engage with community partners, licensing, and payers to model and expand on this effort.

The hiring of Complex Care Coordinators within the unit will focus on serving Alaskans with complex needs through community provider agreements, and will support building up access and care for these hard-to-place individuals.

Read more about [Complex Care Initiatives](#).

### ***Medicaid Waiver: More Tools to Address the Health-Related Needs of Alaskans***

HB 344 allows the Department of Health (DOH) to apply for a Section 1115 Medicaid waiver to address health-related needs of Alaskans, which may include temporary housing, workforce and employment support, case management, transportation, nutrition and food security. Medically necessary and time-limited services covered under a new 1115 waiver would provide much needed relief for Alaskans with health conditions resulting from their unmet health-related needs.

Innovative waivers like these support self-reliance and reduce dependence on more costly care provided by hospitals and emergency rooms, institutional and residential care, law enforcement, and correctional systems.

HB 344 also includes two subsections related to DOH, including a federal food assistance program change and a change related to Medicaid reimbursement for services provided in schools for all Medicaid enrolled children.

### ***Omnibus Crime Bill Addresses Drug Crimes, Involuntary Commitment, and Racial Disparity***

HB 66 was signed into law on July 11. The final version of the bill includes provisions from several different crime bills combined into one

“omnibus” crime bill that addressed a variety of issues, including increased penalties for drug distribution and manufacturing, sex trafficking, victim’s rights, mental health involuntary commitment, and racial disparity within the state’s correctional and justice systems.

To read a full review of the bill, see the [HB 66 Sectional Analysis](#).\*

The provisions related to racial disparities in the justice system require the state to work with tribal organizations to “conduct a study on the reasons Alaska Natives make up 40 percent of the state’s prison population” and address prevention of initial justice system encounters for Alaska Native youth and adults. The provisions outlined in the bill, include:

- 1) Establish restorative justice programs in the Department of Corrections (DOC) to “address the unique cultural needs of Alaska Native people;”
- 2) Identify ways to intervene early with at-risk Alaska Native youth and young adults to ensure they “have the life skills and support systems necessary to prevent encounters with the criminal justice system;”
- 3) Reduce the Alaska Native prison population by “providing early mental health diagnosis and better treatment;”
- 4) Provide low-income housing options “to reduce the Alaska Native homeless population” at risk of involvement with law enforcement;
- 5) Improve alcohol and drug misuse treatment options for Alaska Native youth and young adults;
- 6) Provide job training and mentoring opportunities;
- 7) Offer digital training for accessing “tribal, state, and federal services, obtain digital employment, participate in remote counseling services to address alcohol and drug abuse, and participate in job training and education;”
- 8) Identify grant programs that can “fund implementation of the recommendations, with particular focus on juveniles and youth adults.”

*\*Note, a provision in the original version of HB 66 to remove “good time” opportunities for certain drug-related convictions was removed by the Legislature and not included in the final bill.*

# Advocacy at the Capitol:

*Peer advocates and professionals attend advocacy training and meet with policymakers at State Capitol in Juneau*



*Clockwise from top right: Paul Fellner, peer advocate with Alaska Therapeutic Courts, meets with Rep. Julie Columbe at the State Capitol; Dept. of Corrections Commissioner Jenn Winkelmann poses with Fairbanks Reentry Coalition Coordinator Marsha Oss at the Juneau Reentry Simulation (photo by Marsha Oss); Juneau parent advocate Mary Katasse meets with Rep. Andi Story to discuss issues related to Prenatal Alcohol Exposure (PAE); PAE advocates prepare folders for meetings with policymakers; Therapeutic Court advocates, Ron Wilson and Chet Adkins, participate in an advocacy training for reentry and other justice issues. Photos by Teri Tibbett.*

# FY2025 State Budget Highlights

The state's Operating, Mental Health, and Capital budgets were signed into law on October 9, 2024. Below are highlights impacting behavioral health programs, reentry, therapeutic courts, prenatal alcohol exposure, and more.

## Department of Health

### Start-Up Crisis Stabilization Grants

+\$500,000. Supports grants to communities across Alaska for crisis stabilization, triage, and referral for Alaskans experiencing a mental health or substance use crisis. The nationally recognized *Crisis Now* model is a best practice framework for developing and implementing community crisis stabilization and support.\*

### Crisis Services Grants, Mobile Integrated Teams

+\$250,000. Supports community programs using the *Crisis Now* model for people experiencing a behavioral health crisis. Mobile crisis teams offer on-site response by trained behavioral health and peer professionals and provide de-escalation, stabilization, and triage to more appropriate and less costly care, relieving the burden of law enforcement and emergency medical services.



Graphic: Alaska Mental Health Trust Authority

*\*NOTE: An additional \$100,000 in the Department of Public Safety will support training for law enforcement, corrections, probation officers, and village police officers in crisis stabilization, de-escalation, triage, Title 47 laws, and appropriate interventions.*

### Peer Support Certification

\$200,000. Maintains training and ongoing development of a certification body for peer support specialists working in Alaska's behavioral health field.

### Alaskan Food Banks and Pantries

+\$1.5 million. This one-time funding increment supports food banks and pantries across the state who continue to struggle with a high volume of need, soaring rates of inflation, and inadequate funding.

### Aging and Disability Resource Centers (ADRCs)

\$550,000. Maintains funding for ongoing operations and infrastructure. ADRCs serve as entry points for Alaskans needing disability and senior support services, referral, information, and personalized assistance for navigating Alaska's senior and disability health systems.

### Direct Support Professionals (DSPs)

+\$400,000. Supports expanded training, competency, and certification. By raising standards and certification, DSPs can provide better care, have better job satisfaction, and stay longer in their positions.

### Human Services Matching Grants

\$1.387 million. Maintains grants to programs that serve people experiencing mental illness, addiction disorders, domestic violence, and other challenges.

### Community Initiative Matching Grants

\$861,700. Maintains grants to programs that provide emergency assistance, crisis stabilization, mental health support, and other resources to vulnerable Alaskans.

## Department of Family and Community Services

### Family Preservation Services

+\$100,000. Supports a grant to provide management, continued development, and growth of the Family Resource Center Network, and supporting sustainability of culturally-responsive Family Resource Centers across the state.

### Coordinated Health and Complex Care

+\$750,000. Supports a pilot program for stabilized clients with complex behavioral health needs for helping to step down from costly institutional care to small community group home settings. An additional \$150,000 supports two full-time Complex Care Coordinators to support hard-to-place youth and adults with intellectual-developmental disabilities, co-occurring mental illness and substance use disorders, traumatic brain injuries, and other disabilities.

### Youth Behavioral Health Program Support

\$100,000. Maintains funding for behavioral health interventions in the Division of Juvenile Justice (DJJ) to provide trauma-informed support for adjudicated youth with mental illness, substance use disorders, fetal alcohol spectrum disorders, traumatic brain injuries, etc.

## Department of Corrections

### Trauma Treatment for Incarcerated Women

\$150,000. Maintains efforts at two prisons to provide treatment and coping practices delivered both in person and by telehealth to incarcerated women.

*Continued on page 5*

### **Training for Mental Health Staff**

\$50,000. Maintains funding for two-day in-person training for DOC staff in interventions for working with mental illness, addiction disorders, fetal alcohol spectrum disorders, intellectual-developmental disabilities, traumatic brain injuries, etc.

### **Reentry Services for People with Severe Mental Illness**

\$131,000. Maintains funding for expanding eligibility for Institutional Discharge Project Plus (IDP+) to serve DOC unsentenced population with severe mental illness, for monitoring and transition support for those returning to their communities after incarceration.

### **Co-Occurring Mental Health and Addiction Disorders**

\$151,700. Maintains funding with small increase for psychiatric nurse case managers on DOC's sub-acute mental health unit serving people with co-occurring mental illness, addiction, and/or psychiatric disorders.

### **Assess, Plan, Identify, and Coordinate (APIC)**

\$290,000. Maintains reentry and behavioral health support for individuals with mental illness and addiction disorders who are leaving incarceration. Community treatment providers proactively engage with the soon-to-be-released individual before and after release to develop and manage a secure transition plan.

### **Internet Connectivity**

+\$500,000. Funds support increased connectivity for Information Technology (IT) associated with health care, transportation, and expanded education opportunities for incarcerated individuals.

## ***Department of Education and Early Development***

### **Positive Behavioral Interventions and Supports (PBIS)**

\$130,000 (reflects a +\$10,000 increase). Funds support expanded capacity for school districts to provide trauma-engaged counseling, coaching, and technical support.

### **Alaska Autism Resource Center (AARC)**

+\$134,700. Supports operations of the AARC, which provides autism education, training, consultation, and resources to individuals, families, caregivers, direct service and other professionals in rural and urban Alaska communities. This reflects a +\$50,000 increase.

### **Head Start Program**

+\$2.6 million. Supports early childhood and school readiness, including nutrition, health, literacy, math, social skills, parent engagement, and more, for children from low-income families up to age five.

## ***Department of Administration***

### **Holistic Defense in Bethel**

\$126,400. Maintains legal and case management support for defendants in Bethel with mental illness,

substance use disorders, fetal alcohol spectrum disorders, dementia, and other disabilities. Funding is managed within the Public Defender Agency.

## ***Dept of Commerce, Community, Economic Development***

### **Alaska Addiction Rehabilitation Services Expansion**

+\$2.83 million. Supports construction of a 26-bed expansion for long-term in-patient treatment at Alaska Addiction Rehabilitation Services (formerly Nugen's Ranch) in Mat-Su, doubling the size of the facility.

### **Interior Inpatient Behavioral Health Expansion**

+\$965,000. Funds support six additional beds for serving youth and adults with acute behavioral health care needs at community-owned and operated Foundation Health Partners (Tanana Valley Clinic, Fairbanks Memorial Hospital, Denali Center) in interior Alaska.

## ***Department of Revenue***

### **Discharge Incentive Grants**

\$400,000. Maintains support for individuals with behavioral health and other disorders in accessing housing, transition services, and more upon release from incarceration, promoting long-term success, self-sufficiency, and reduced likelihood of recidivism.

### **Special Needs Housing**

\$1.95 million. Funds support seventeen successful housing programs that serve both long and short term housing needs of Alaska's most vulnerable citizens, including people with mental illness, substance use disorders, intellectual-developmental disabilities, fetal alcohol spectrum disorders, brain injuries, and more.

## ***Alaska Court System***

### **Juneau Mental Health Court**

\$126,100. Maintains operations for Juneau's therapeutic court. Funds were not originally included the proposed budget, but were added back by the Legislature and included in the final signed budget. Therapeutic courts identify the underlying reasons for an individual's contact with the criminal justice system and develop court-ordered treatment plans to address treatment and other needs, which are monitored by the court. Participation in this program reduces risk of recidivism.

## ***University***

### **The Training Cooperative (AKTC)**

\$985,000. Supports technical assistance, career development, conference planning, and training for Direct Service Professionals (DSPs), supervisors, and other professionals working in the disability fields at the AKTC within the UAA Center for Human Development.



## ABOUT US

**AK Advocates** provides consultation, bill and budget tracking, training, and guidance to individuals and organizations interested in accessing the legislative process to educate policymakers about their experiences, challenges, successes, and to make recommendations for solutions.

**AK Advocates** can help with:

- Bills and budget tracking and reporting
- Capitol visit planning, appointments, guidance
- Advocacy training that offers:
  - Tips for successful meetings with policymakers
  - Tips for testifying at public meetings
  - Tips for writing letters and emails
  - Telling personal stories for the most impact
  - How to follow the legislative process
  - Joining with others to increase influence
- Identifying legislative priorities and 'asks'
- Developing an advocacy action plan

## SERVICES

**Legislative Tracking and Reporting.** This service provides tracking and reporting on relevant bills and budget items as they pass through the legislative process. It includes written and/or Zoom reporting to executives and/or advocacy committees, providing final written reports, and independent consultation.

### **Capitol Visit Planning, Appointments, and Guidance.**

This service offers assistance in planning for an in-person Capitol visit in Juneau, including advance consultation on relevant legislation and budget items before the legislature; identifying specific legislators and/or staff for client in-person meetings; making appointments and assistance organizing the schedule of appointments (who goes where and managing schedule changes); tracking what happens in meetings for follow-up and future reference; and assistance developing materials to give to legislators. Does not include advocacy training, direct advocacy, or meetings with legislators or staff on behalf of the client.

**Advocacy Training.** This training offers hands-on instruction and practice for effective meetings with policymakers; tips for testifying at public meetings; what is public advocacy, including the difference between advocacy and lobbying; tips for writing letters and emails; what power citizens have within the public process; the importance of the personal story and tips for telling it for the most impact; how to follow the legislative process from home; identifying action items and moving forward to implement them.

### **Advocacy Planning and Priority Identification.**

Organizations are guided through a process of establishing advocacy objectives and identifying resources that can support the advocacy effort; identifying allies and opponents who can help or hurt the effort; actionable tasks to make the effort happen; and task assignments with deadlines (who is going to do what and when).

### **Comprehensive Planning, Tracking, Reporting,**

**Training, and Direct Advocacy.** This service can include all or any of the following: advocacy planning; priority identification; advocacy training; legislative tracking and reporting; Capitol visit planning, appointments, and guidance; contractor meetings with policymakers and/or staff on behalf of or with the client. Meetings that include the client can be contractor-led or client-led, with the contractor available for background and questions. Or contractor can meet independently with policymakers and/or staff to represent client interests, proposals, bills, budget requests, etc. This service includes reporting on what happens in meetings for follow-up and analysis.

---

**Teri Tibbett** has over 29 years experience in legislative advocacy. For ten years she served as a legislative aide with the Alaska State Legislature, and fourteen years coordinating the joint advocacy effort for the Alaska Mental Health Trust Authority and partner advisory boards. In these capacities, Teri has coordinated legislative fly-ins, Capitol visit planning, legislation development, receptions and Lunch & Learns, policy summits, bill and budget tracking, and advocacy for individuals with lived experience of mental illness, substance use disorders, prenatal alcohol exposure, traumatic brain injury, and other disabilities. She has coordinated the advocacy efforts for the Alaska Reentry Partnership, Alaska Prenatal Alcohol Partnership, Alaska Youth Policy Summit, Alaska Peer Support Consortium, and other state and non-profit organizations.