Legislative Report

34th Legislative Session (2025-2026)

Supporting Alaskans with behavioral health conditions and other disabilities in accessing the public process to educate policymakers about their experiences, challenges, successes, and recommendations for solutions

Left to right: Alaska State Capitol Building in Juneau; A reception for Alaskan disability advocates was held at the Governor's House in Juneau, sponsored by the Governor's Council on Disabilities and Special Education.

Complex Care Residential Homes, Early Intervention, Digital Technology in Prisons, Behavioral Health on Parole Board

Bills and budget items that passed during the 34th Alaska State Legislative session (2025-26), include provisions for improved access to supports and services for Alaskans with complex behaviors—mental illness, substance use disorders, traumatic brain injury, fetal alcohol spectrum disorders, autism, dementia, and intellectual-developmental disabilities. Following are a few highlights.

Complex Care Residential Homes (CCRC)

HB 73 will allow collaborations with the Departments of Health and Family and Community Services to serve Alaskans experiencing complex needs and behaviors who may have been "falling through the cracks" due to a lack of appropriate placement options in their communities.

CCRHs will provide licensure for a specialized home-like environment with appropriately-trained professionals, regulatory standards, eligibility criteria, and funding mechanisms for serving this population of Alaskans in more cost effective ways, thereby preventing their languishing in expensive psychiatric hospitals, out-of-state treatment, or correctional facilities.

Early Identification and Intervention

SB 178 will expand access to early identification and intervention for Alaskan infants and children experiencing developmental delays, behavioral challenges, and other disabilities. The bill provides for expanded eligibility to the Infant Learning Program (ILP), which provides services to children from infancy to age three, and an additional $450,000 to hire staff in the Department of Health to manage this increase. $2.7 million in the operating budget will help address inflation-proofing.

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ILP services provide screening, assessments, therapeutic services, counseling, and more to help children and families address problems early, before they fall behind and need for more intensive and costly care later when problems go unchecked. Previously, Alaskan children needed to show a 50% delay for eligibility in the program. SB 178 changes eligibility to 25% delay, meaning more children needing services will be eligible to receive them.

Nearly half of children who finish ILP by age three do not need special education services when they start Kindergarten, according to a Governor's Council on Disabilities and Special Education presentation to the legislature in 2025.

Justice-Involved Alaskans with Disabilities

People with behavioral health challenges and other complex needs are at higher risk for involvement with the criminal justice system, according to a 2014 report, "Trust Beneficiaries in Alaska's Department of Corrections."

Legislation and budget items passed in 2025-26 will address gaps in Alaska's justice system, including expanded use of digital technology in prisons, behavioral health representation on the Board of Parole, and medical release from prison in certain cases. Near unanimous legislative support for these provisions are signs that legislators recognize the value of serving justice-involved Alaskans so they are less likely to recidivate and more likely to be successful and stable in their communities.

Passage of HB 35 in 2025 removed a barrier in state law that restricted inmates inside Alaska's correctional facilities from utilizing certain electronic devices. The bill removes this barrier and allows the Department of Corrections (DOC) to expand the use of safe and secure digital technology for rehabilitative programming, including education, vocational training, treatment and recovery, reentry planning, housing and employment assistance, peer support, faith-based, tribal, and visitation—all of which increase the likelihood of reduced recidivism.

In its original form, HB 239 addressed criminally-negligent homicide and failure to render aid at the scene of a fatal hit-and-run accident. However, in the final days of the 2026 session, provisions from other bills were added to it, effectively making it an "omnibus" crime bill. Some of these additional provisions will impact justice-involved Alaskans with addiction disorders, mental illness, and other complex medical needs.

Disability justice advocates met with Department of Corrections Commissioner Jen Winkleman and her staff in 2025 on the topic of HB 35, related to access to digital technology in prisons.

Provisions related to the Board of Parole were added from SB 62, including restructuring of board membership from five to seven members, establishing term limits, and outlining new criteria for membership. Under current statute, the only requirement for board membership is "at least one person...must have experience in the field of criminal justice." HB 239 expands that requirement to include one licensed physician, psychologist, or psychiatrist; one member with experience of drug or alcohol addiction recovery support; one victim of a crime, family member of a victim, or representative from a crime victim's advocacy group; and one member from a federally recognized tribe in the state. These changes will allow for a more informed parole board, which is responsible for setting release conditions, handling parole revocations, and deciding discretionary parole releases.

Provisions related to marijuana conviction records were drawn from HB 81, restricting the public release of criminal justice information when the conviction was for possession of one ounce or less, the convicted person was 21 years of age or older at the time of the offense, and he/she was not convicted of other criminal charges in that case.

Another provision added to HB 239 allows the DOC commissioner to authorize a medical release from prison to electronic monitoring for an inmate with a permanent or degenerative medical condition, and when it is determined that he/she does not pose a threat of harm to the public. Φ

2025-2026 Bill Highlights

HB 26 – Statewide Public and Community Transit Plan, by Rep. Mina. Addresses statewide public transit planning, including community transportation, accommodations for people with disabilities, including people with disabilities, including mental illness. Vetoed. Reason: "…all activities sought to be codified in this bill are already actively being conducted by the State."

HB 35 - Use of Electronic Technology in Prisons, by Rep. Himschoot. Removes a barrier in state law that restricts inmates inside correctional facilities from utilizing certain electronic devices, such as computers or digital tablets. It expands the use of approved and secure electronic devices to access rehabilitative programs and activities, education, vocational training, treatment and recovery, reentry, tribal, faith-based, and more. Became law without the Governor's signature on 8/19/25.

HB 36 - Foster Children, Psychiatric Treatment, by Rep. Gray. Requires a judicial hearing within seven days of a foster child's admission into an acute psychiatric hospital. Also establishes a new license type for "treatment foster homes" that will provide specialized services for foster children and youth with intense behavioral, developmental, and/or medical needs. Became law without the Governor's signature on 6/22/26.

HB 48 – Civil Legal Services Fund, by Rep. Hannan. Increases funding available for organizations that provide civil legal services to Alaska's most vulnerable populations. The Alaska Legal Services Corporation(ALSC) assists with financial abuse, housing, government benefits, domestic violence protective orders, etc. Became law without the Governor's signature on 6/4/26.

HB 52 – Minors; Psychiatric Hospitals, by Rep. Dibert. Requires a psychiatric hospital to facilitate weekly confidential telephone or video calls with a minor's parent, legal guardian, or other adult approved by the overseeing physician. Also addresses seclusion and restraint (chemical, mechanical, or physical), out-of-state residential care, and inspections of psychiatric hospitals. Vetoed. Reason: would add "duplicative inspection, reporting, and notification requirements." Override attempt failed.

HB 73 - Complex Care Residential Homes (CCRH) Licensure, by Governor Dunleavy. Authorizes establishment of a new residential home license type to serve Alaskans with complex needs and behaviors, such as severe and persistent mental illness, trauma disorders, fetal alcohol spectrum disorders, traumatic brain injuries, autism, dementia. CCRHs will provide a specialized home-like environment with appropriately trained professionals, regulatory standards, eligibility criteria, and funding mechanisms so communities will have the tools for serving this population of Alaskans in a more appropriate and cost effective way, and prevent languishing in expensive psychiatric hospitals, out-of-state treatment, or correctional facilities. Signed into law on 6/25/26.

HB 110 - Social Work Licensure Compact, by Rep. Gray. Authorizes the Board of Social Work Examiners to establish an interstate compact, promulgate regulations, and appoint a member of the board to serve on the National Social Work Licensure Compact Commission. In the final days of the session, this bill became the vehicle for several other compacts, including the Interstate Medical Licensure Compact for physicians, osteopaths, and physician assistants; the Psychology Interjurisdictional Compact for psychologists; and Emergency Medical Services (EMS) Personnel Licensure Interstate Compact. Compacts provide a streamlined process for licensed professionals to be licensed in multiple states and to safely and legally treat in-state patients who leave the state. Also establishes the Rural Health Transformation Advisory Council with representatives from the Alaska Department of Health, Tribal Health, Alaska Mental Health Trust, and others. Became law without the Governor's signature on 6/22/26.

HB 133 – Payment of Contracts, Grants, by Rep. Himschoot. Establishes deadlines for payment of state contracts, grants, and reimbursement agreements to private and nonprofit organizations, municipalities, and Alaska Native organizations. This practice exists currently in statute for public works contracts and this bill will bring parity to other professional service contracts. Vetoed. Reason: "Concerns that the bill would create new administrative burdens and financial exposure while diverting staff from program oversight and service delivery."

HB 173 – Occupational Therapy (OT) Licensure Compact, by Rep. Jimmie. Enacts the interstate Occupational Therapy Licensure Compact to allow

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occupational therapists to work more easily in multiple states. OTs are healthcare professionals who help people address physical, developmental, emotional, and mental challenges that impact daily, functional activities—such as dressing, working, cooking—to improve independence, health, and well-being. The compact offers OTs in other states a "practice privilege" allowing them to practice in Alaska. Became law without the Governor's signature on 7/1/26.

HB 195 – Pharmacist Prescription Authority, by Rep. Mina. Authorizes pharmacists in Alaska to follow nationally-recognized standards of care for providing direct patient services in alignment with a pharmacist's education, training, and clinical experience, in coordination with physicians, nurse practitioners, and other providers, with referrals to higher levels of care as needed. HB 195 passed with provisions from HB 270, related to issuing prescriptions for opioid overdose drugs when opioids are prescribed in certain quantities and dosage, and when there is a history of substance use disorder. Vetoed. Reason: It "moves too much authority too quickly by expanding pharmacist patient-care services," among other reasons. "The legislative record reflects substantial disagreement among stakeholders regarding the scope and effect of the bill, which underscores the need for greater precision before changes of this magnitude take effect." Veto override successful on 6/19/26.

HB 239 – Omnibus Crime Bill, by Rep. Kopp. Changes a range of criminal procedures, including hit and run penalties, age of consent, AI abuse, healthcare offenses, assault kit tracking, organized theft, and Board of Parole membership. Changes to the latter include expanding board membership from five to seven members and adding additional criteria for membership, including requiring a representative with behavioral health experience. The bill passed 59-1. Became law without the Governor's signature on 6/20/26.

HB 244 - Certified Nurse's Aide (CNA) Training, by Rep. Underwood. Establishes standards for a CNA training program to include building relationship, knowledge of emotional, social, and mental health needs, assistance maintaining independence, problem solving, and effective communication skills with clients who have dementia, mental illness, intellectual and developmental, and other disabilities. Became law without the Governor's signature on 7/1/26.

HB 246 - Special Education Services Agency (SESA) Funding, by Rep. Josephson. Increases state funding to SESA for outreach services, special education, and instructional support delivered to school districts serving disabled students. Became law without the Governor's signature on 7/1/26.

HJR 32 – Support Rural Health Transformation Program (RHTP), by House Health & Social Services Committee. Expresses the Alaska State Legislature's support for the RHTP and urges the Governor and Alaska's congressional delegation to work with the federal Centers for Medicare and Medicaid Services (CMS) to ensure maximum collaboration in fulfilling the requirements of the RHTP. Legislative Resolve #28 on 6/10/26.

SB 41 - Public School Mental Health Education, by Sen. Gray-Jackson. Directs the State Board of Education & Early Development to develop guidelines for mental health instruction in Alaskan schools, in consultation with DOH, DFCS, regional tribal health organizations, national and state mental health organizations. Also requires schools to notify parents or guardians at least two weeks before the instruction takes place. Vetoed. Reason: "instruction involving a student's mental and emotional health, should remain as close as possible to parents, local school boards, and communities." Override attempt failed on 6/19.

SB 167 - PFD Eligibility for Overturned Convictions, by Sen. Kawasaki. Allows payment of past Permanent Fund Dividends (PFD) to individuals wrongly convicted and incarcerated, with some exceptions. Additionally, the bill allows the time period for applying for past dividend to two years after release. Became law without the Governor's signature on 6/19/26.

SB 178 - Expand Early Intervention Services, by Senate Health & Social Services Committee. This bill will expand access to Alaska's Infant Learning Program (ILP), to include health care, intervention, and therapy services to more children experiencing developmental delays, and reducing the need for more intensive and costly care later. The bill lowers the eligibility criteria to children from 50 percent to 25 percent. Became law without the Governor's signature on 6/19/26.

Advocacy at the Capitol:

In 2025-26, advocates attended advocacy trainings and met with policymakers on topics related to behavioral health and other disabilities, independent living, fetal alcohol spectrum disorders, and reentry support after incarceration.

Clockwise from top right: Advocates pose after a meeting with Representative Underwood on the topic of treatment, recovery, and reentry services for justice-involved Alaskans; Lisa Bass with the Statewide Independent Living Council (SILC) meets with Representative Coloumbe about independent living; Representative Mina and staff talk with Katie Cowgill on the topic of behavioral health and reentry support; Gina Schumaker and Megan Wohlers speak about fetal alcohol spectrum disorders with Senate President Gary Stevens (not pictured); FASD advocate Mary Katasse meets with Representative Story; Representative Prax meets with members of the Alaska Reentry Partnership. Photos by Teri Tibbett (except top right).

Budget Highlights

In 2025

Clinic Behavioral Health Services (DOH). The Legislature added +$13.75 million UGF to support a range of behavioral health care services in an outpatient setting, including various therapies, counseling, medication management, and other interventions that treat, manage, and support improved health and well-being. VETOED: -$3.75 million (final amount $10 million UGF).

Continuity of Care Following Incarceration. (DOH) Authority for +$1.656 million Fed for grants through the Centers for Disease Control (CDC) to address operational barriers, and promote improved continuity of care for incarcerated youth and adults who are eligible for Medicaid. It also requires that "a state shall not terminate eligibility for medical assistance for individuals who are inmates of a public institution as of January 1, 2026."

Early Intervention and Infant Learning (DOH). Funding supports early learning programs. Legislative Intent Language: "It is the intent of the legislature that the department direct grantees of the Infant Learning Program to expand service provision from children with a 50 percent or more delay in one developmental area to children with a 25 percent or more delay in one developmental area, or with a 20 percent delay or more in two developmental areas."

- **Intensive At-Risk Early Intervention Services.** $460,000 MHTAAR. Maintains funding for outreach, screening, evaluation, monitoring, parenting guidance, and referral in Kodiak, Homer, Fairbanks, and Juneau. The project focuses on families with young children, ages birth to three, who experience developmental delays, disabilities, and early behavioral health concerns.
- **Infant Learning Program (ILP) Statewide Equity Project**. +$300,000 MHTAAR. New funding supports access to services for infants, toddlers, and families—including screening, evaluation, and specialized supports and services—with a focus on serving rural areas.

Complex Care Program (DFCS). $400,000 MHTAAR. Funds support two Complex Care Coordinators —one to focus on adults and one to focus on youth—in supporting hard-to-place Alaskans with complex needs. Additional efforts include convening stakeholders to expand and build access to care.

Occupational Therapy (OT) in Youth Facilities (DFCS). $100,000 MHTAAR. Funds support OT services for youth in the neurobehavioral units at the Bethel and Fairbanks juvenile facilities. The Division of Juvenile Justice is seeing increased complexity of behavioral health needs of youth in their custody. OT's support skills and strategies shown to prevent future involvement in the criminal justice system.

Trust Beneficiaries in Corrections Study Update (DOC). $400,000 MHTAAR. This one-time funding will support updating the Alaska Mental Health Trust Authority's study on Trust beneficiaries (people with mental illness, substance use disorders, intellectual-developmental disabilities, fetal alcohol spectrum disorders, dementia, and traumatic brain injuries) in DOC. This updated study, originally released in 2014, will look at updated prevalence rates and recommendations for efficiencies and improvements.

Volunteers of America (VOA) Alaska/Direct Behavioral Health Services (DCCED). Adds **+**$1,100.4 UGF to restore a grant to VOA Alaska for low to no cost behavioral health services to youth in foster care or juvenile detention, and young adults at risk of future involvement with the criminal justice or other institutional systems.

In 2026

Rural Health Transformation Program (RHTP) (DOH). Legislators approved authority to receive +$271.175 million in federal funding for the RHTP, a five-year collaboration between DOH and the federal Centers for Medicare and Medicaid Services (CMS). Funding supports modernizing, strengthening, and stabilizing Alaska's rural health systems through a coordinated effort to advance primary medical care, behavioral health and complex care, long-term services and supports, and improve outcomes for Alaskans across all regions. DOH anticipates receiving approximately $272.2 million per year for five years, for a total of $1.36 billion.

Crisis Contact (Call) Center (DOH). Both the Governor and Legislature included $1 million MHTAAR for Crisis Contact (Call) Centers. The Legislature added an additional +$500,000 GF/MH above the Governor's proposal. Crisis contact centers provide de-escalation, triage, intervention, and referral to services for people experiencing a mental health or substance use crises. Authority for +$585,000 federal funds was also approved to expand crisis contact center services to 24 hours a day, 7 days a week, 365 days a year.

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Clinic Behavioral Health Services (DOH). Maintains $10 million UGF allocated in FY26. This action in the Fast Track Supplemental Budget (HB 289) reappropriated unused temporary funds to multi-year funds in FY27 for clinic and rehabilitative behavioral health services while DOH completes its rate methodology review.

Behavioral and Physical Healthcare Integration (DOH). Both the Governor and Legislature maintained $75,000 MHTAAR for a subject matter expert to integrate primary and behavioral health care for the State of Alaska.

Behavioral Health Treatment & Recovery Grants (DOH). The Legislature added +$3.557 million GF/MH, but did not include the $3 million Recidivism Reduction Funds passed as an amendment on the House floor. Funds will restore declining general funds, stabilize community treatment and recovery services, and address the financial challenges of mental health and addiction service providers. VETOED: -$3.557 million.

Behavioral Health Prevention & Early Intervention Grants (DOH). The Legislature added +$723,000 GF/MH community support services and early childhood initiatives, trauma reduction, home visiting models, parenting and preschool programs, mentoring, prevention, and therapeutic services. VETOED: -$723,000.

Adolescent Residential Behavioral Health Treatment Services (DOH). The Legislature added +$336,000 UGF for adolescent residential treatment and engagement with families and guardians, education, and ongoing coordination with state entities. VETOED: -$336,000.*

Statewide Independent Living Council (SILC) (DOH). The Legislature added +$403,000 UGF to restore SILC funding to pre-2017 levels and to support ongoing efforts to develop and monitor the Alaska State Plan for Independent Living and for Alaska's Centers for Independent Living.

Direct Support Professionals (DSPs) (DOH). The Legislature added +$11,143.6 million ($6,143.6 Fed; $5 million GF/Match) to address reimbursement rates. DSPs provide essential personalized assistance, help with daily tasks, coaching, and community integration for individuals with physical, develop-mental, and/or behavioral needs. VETOED: -$11,143.6 million.*

Direct Support Professional Training and Development (DOH). Both the Governor and Legislature maintained $200,000 MHTAAR for incentivizing direct care staff and their agencies in completing required education and coaching. This program is based on a National Alliance for Direct Support Professionals certification.

Personal Care Services. The Legislature added +$15,127. million ($8.877 Fed; $6.25 GF/Match) to Medicaid Services for implementing the Guidehouse recommendations for Community First and Personal Care Services for Medicaid-eligible elders and disabled people. VETOED: -$15,127. million.*

Adult Day Services (DOH). Adds +$1.5 million UGF for structured care and therapeutic activities for seniors age 60+ who experience cognitive and/or functional impairments.

Senior Centers (DOH). Adds $500,000 UGF to stabilize Senior Centers, which provide valuable community connection, nutritional support, transportation, systems navigation, and more.

Early Intervention/Infant Learning Program (EI/ILP) (DOH). Both the Governor and Legislature maintained $300,000 MHTAAR to increase access to services in rural areas. The Legislature added an additional +$5.72 million GF/MH ($2.7 million for inflation proofing and $3.02 million to expand eligibility for individuals with 25% developmental delay, from the current 50% delay). EI/ILP provides support for families with infants and toddlers for specialized screenings, developmental evaluations, and appropriate interventions. VETOED: -$3.02 million for expanded eligibility.

Early Childhood Intervention and Support (DOH). Both the Governor and Legislature included +$151,000 MHTAAR to implement the Pyramid Model for Positive Behavior Intervention Supports (PBIS) in early childhood settings, special education, and child care. Includes training and coaching for staff, families, and caregivers who work with infants and young children with challenging or delayed behaviors.

Trauma Engaged Schools: Positive Behavioral Interventions and Supports (PBIS) (DEED). Both the Governor and Legislature maintained $150,000 MHTAAR (adds +$130,000 in FY26) to assist school districts (counselors, social workers, teachers, staff) in providing and coaching and developing mental health supports for schools, prioritizing rural and remote districts that do not have adequate mental health resources.

Parents as Teachers (DEED). The Legislature added +$355,800 UGF to support families with children, pregnancy through age five, for in-home visits, developmental screenings, and resources that

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boost child development, school readiness, and family well-being. VETOED: -$355,3800.

Individual Placement and Supports (IPS) Capacity Building (DOH). Both the Governor and Legislature maintained $30,000 MHTAAR to train, coordinate, and oversee individual placements for Alaskans with mental health conditions, finding and keeping meaningful work, financial stability, and increasing independence.

Complex Care Program (DFCS). Both the Governor and Legislature maintained $400,000 MHTAAR to support complex care programming, coordination and review for youth and adults with complex behavioral and medical conditions, person-centered assessments, treatment plan coordination, discharge planning, and identifying gaps to improve care for individuals with complex health needs.

Small Group Home Placements for Stabilized Clients with Complex Needs (DFCS). Both the Governor and Legislature maintained $750,000 UGF to serve vulnerable Alaskans stepping down from institutional care, psychiatric treatment, corrections, and/or residential treatment, to group homes with fewer clients. These settings encourage socialization, improved supervision, resident and staff rapport which lead to improved behaviors and outcomes.

Peer Support Certification (DOH). Both the Governor and Legislature maintained $50,000 MHTAAR for ongoing training and certification for Peer Support Specialists. Peer support is a foundational recovery-based strategy highlighted in the state's 1115 Medicaid Behavioral Health Waiver.

Trauma Treatment for Incarcerated Women (DOC). Both the Governor and Legislature maintained $150,000 MHTAAR to support trauma services for women at Hiland Mountain Correctional Center (HMCC) and Yukon-Kuskokwim Correctional Center (YKCC), including in-person groups, individual counseling, and telehealth services.

Housing Alaska Inmates in Private Correctional Facilities (DOC). The Legislature added intent language related to housing Alaska inmates in private correctional facilities, which may include out-of-state placements. "The RFI shall seek to identify the number of qualified entities with current capacity and willingness to accept Alaska inmates, including the number of beds available at each facility, the timeframe in which such capacity could be made available, and the inmate classification levels and offense types each entity is willing and authorized to accept, including any exclusions based on custody level, violent offense history, medical or mental health needs, or other eligibility restrictions. The RFI shall also require responding entities to provide comprehensive data sufficient to assess both fiscal impacts and inmate service conditions" and costs related to housing, medical and behavioral services, transportation, video visitation, outdoor recreation and physical activity, work programs, library, education and vocational training, treatment and rehabilitative and reentry support. "The intent of this request is to provide the Legislature with a clear comparative analysis of the total projected cost per inmate, the range of available placement options, inmate eligibility limitations, and the scope and quality of services provided."

Cost-Driver Study for Dept. of Corrections. The Legislature added to their budget +$650,000 to identify, evaluate, and analyze the primary cost drivers within DOC. "The purpose of the study is to provide the Legislature with an objective, comprehensive assessment of the factors contributing to departmental expenditures, to identify opportunities for cost savings, and to inform policy and budget decisions for long-term fiscal sustainability. The study shall include, but not be limited to, an examination of personnel costs, including wages, benefits, vacancy rates, overtime expenditures, and contractual labor obligations; inmate medical and behavioral health care costs … and any other significant expenditure categories identified by the independent contractor during the course of the review."

Discharge Incentive Grants (DOR). Both the Governor and Legislature maintained $200,000 MHTAAR for grants to assist justice-involved Alaskans with disabilities leaving incarceration in accessing housing, treatment and sobriety, and other services.

Holistic Defense (DOA). Both the Governor and Legislature included +$119,200 MHTAAR to hire a social worker to manage child welfare cases, involuntary commitment, and more in Anchorage. Both approved a -$63,200 MHTAAR decrement (recommended by the Trust) in the Public Defender Agency. Holistic Defense uses a team approach that includes a criminal attorney to address a defendant's criminal legal needs, a civil legal aid attorney to address civil needs, and a social services navigator to assist with unmet community needs.

Public Guardian for Office of Children's Services (DOA). Both the Governor and Legislature maintained $91,500 MHTAAR for a position to work directly with young adults who have aged out of the child welfare system and need support as they transition to adult systems and supports.

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Crisis Intervention Team (CIT) Behavioral Health Training for First Responders (DPS). Both the Governor and Legislature included $60,000 MHTAAR (+$10,000 above FY26) to the Alaska State Troopers and $80,000 MHTAAR to the Alaska Police Standards Council for CIT training, which offers skills for de-escalation, intervention, and referral to appropriately respond to people experiencing a behavioral health crisis, thereby reducing arrests and promoting public safety.

Statewide Behavioral Health Administrator (COURTS). Both the Governor and Legislature included +$102,000 MHTAAR for oversight of behavioral health-related programs and initiatives at the intersection of the judicial and behavioral health systems. This position is responsible for responding to the needs of individuals with behavioral health conditions involved with the criminal justice system.

Student Mental Health Support (UA). The Legislature added +$785,000 UGF to expand the University's capacity to serve students in need of mental health support, distributed as follows: +$340,000 to the UAA campus for three support positions; +$300,000 to UAF Troth Yeddah campus for clinical psychology; and +$145,000 to the UAS campus for mental health and life skills support.

Criminal Justice Mental Health First Aid (MHFA) Train the Trainers (UA). Both the Governor and Legislature included +$50,000 MHTAAR for a criminal justice-specific train-the-trainers for Mental Health First Aid (MHFA) for up to 16 new criminal justice professional trainers in Alaska. MHFA equips criminal justice staff with skills to recognize, de-escalate, and connect people in crisis to appropriate care.

Supported Employment (UA). Both the Governor and Legislature maintained $75,000 MHTAAR for planning, training, coordination, and collaboration with the Division of Vocational Rehabilitation, Senior and Disability Services, and community agencies to ensure a competent workforce to access supported employment and related services for competitive integrated employment.

Family Services Training Center. Both the Governor and Legislature included +$80,000 MHTAAR for the Infant, Child & Youth (ICY) Conference, supporting professional training for Alaska's early childhood, childhood, and youth service providers statewide. The ICY conference provides training and networking opportunities and continuing education credits for professionals to maintain licenses to provide services.

Alaska Training Cooperative (AKTC). Both the Governor and Legislature included $585,000 MHTAAR (decrement -$100,000 from FY26) for facilitating training for direct care staff statewide working with Trust beneficiaries, in applying evidence-based practices and skills for working with Alaskans experiencing complex behavioral and other behaviors.

Homeless Assistance Program (HAP) (DOR). Both the Governor and Legislature maintained $5 million ($950,000 MHTAAR; $4.05 million AHFC/DGF) for this program. The Legislature added $5.15 million to maintain FY26 funding levels. HAP provides assistance to non-profit organizations, local governments, and regional housing authority for emergency housing, shelters, rental assistance, and other support for individuals and families who are homeless or near homelessness.

Person Centered Transportation (DOH). Both the Governor and Legislature included $250,000 MHTAAR for transportation support for people with physical and developmental disabilities, cognitive impairments, and other challenges, for accessing work, social activities, and healthcare.

Terms:

MHTAAR = Mental Health Trust Authority Authorized Receipts (Mental Health Trust funds)
GF or UGF = Undesignated General Funds
GF/MH = General Funds for MH Trust-related items
AHFC/DGF = Alaska Housing Finance Corporation/ Designated Funds
FED = Federal Funds
DOH = Dept. of Health
DFCS = Dept. of Family & Community Services
DOC = Dept. of Corrections
DEED = Dept. of Education & Early Development
DCCED = Dept. of Commerce, Community & Economic Development
DOR = Dept. of Revenue
DOA = Dept. of Administration
DPS = Dept. of Public Safety
UA = University of Alaska

**The explanation in the Governor's veto summary for these items reads: "Preserve general fund resources to support long-term fiscal stability. Retains $784.5 million in general funds to support Alaska's Medicaid program, and an additional $10 million through FY2027 for behavioral health clinic services."*

ABOUT US

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

AK Advocates can help with:

- Legislative 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 establish-ing 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 any or all of the following: advocacy planning; legislative priority identification; advocacy training; bill and budget tracking and reporting; Capitol visit planning; legislator appointments and guidance. Meetings that include the client can be contractor-led or client-led, with the contractor available for background and/or questions. Additionally, contractor can meet independently with policymakers and/or staff on behalf of client interests, proposals, bills, budget requests, etc. This service includes follow-up reporting and analysis.

Teri Tibbett, Coordinator, has over 30 years experience in legislative advocacy. For ten years she served as a legislative aide with the Alaska State Legislature, and for 14 years coordinated 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, families and professionals impacted by mental illness, substance use disorders, prenatal alcohol exposure, traumatic brain injury, dementia, and intellectual-developmental disabilities. She has also coordinated 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.