

**Department of Health and Social Services (DHSS)
Division of Behavioral Health (DBH)**

FY 2022 Budget Presentation Packet

March 2021

Prevention and Early Intervention

DBH is responsible for a range of prevention activities – including Alaska’s suicide prevention efforts; Comprehensive Behavioral Health Prevention and Early Intervention Community Coalitions (CBHPEI); Rural Human Services Systems (RHSS); Alcohol Safety Action Program (ASAP); and Tobacco Enforcement and Education

SUICIDE PREVENTION

The Statewide Suicide Prevention Coordinator resides within the Division of Behavioral Health (DBH) and oversees suicide prevention funding. Suicide Prevention programs that are funded by DBH include the Careline, Alaska’s 24/7 suicide prevention and someone to talk to line; the Trauma-Engaged Alaska Alternative School Initiative; the Suicide Postvention Training and Community Planning Project; Comprehensive Behavioral Health Prevention and Early Intervention suicide prevention grantees; and the Behavioral Health Occupational Endorsement, developed in partnership with the University of Alaska, Southeast. The division works closely with the Statewide Suicide Prevention Council, the Department of Education and Early Development, the Alaska Mental Health Trust Authority, the Alaska Native Tribal Health Consortium, as well as many other stakeholder groups. The five-year suicide prevention plan, “Recasting the Net,” is the guiding document for suicide prevention efforts in Alaska.

Careline

The Careline is an Alaska-based service that provides crisis intervention and support for individuals considering suicide or experiencing a crisis, isolation, or depression. Careline services are available via a toll-free phone number (1-877-266-4357), 24 hours a day, seven days a week. Text message (839863) is also available for limited hours each week. In FY21, the division increased the Careline contract to expand texting services to be available 24/7. Expanded texting services are scheduled to be fully implemented by April 30th, 2021. The Careline also responds to phone calls placed to the National Suicide Prevention Lifeline by individuals with a 907-area code. Careline services are free and confidential.

The Careline received more than 55,000 phone calls and texts between 2017 and 2019. In 2020, the Careline received over 22,000 calls. During the pandemic, the Careline saw significant increases in call volume for new callers (1st time calls to the Careline) and people ages 25-44 years old. Careline counselors effectively helped to alleviate crisis situations. From 2017-2019, less than 1% of all calls resulted in a 911 dispatch after disclosure of suicidal thoughts.

Careline Call Center Data

Compiled by Calendar Year (CY) and Quarter

Total Number of Careline Call Center
Contacts CY18 - CY20

	CY18	CY19	CY20
Jan - Mar	5,716	4,848	4,557
Apr - June	5,259	5,308	5,480
July - Sept	4,902	5,419	6,612
Oct - Dec	5,559	4,758	6,039
Total	21,436	20,333	22,688



AK First Responders Relief Line

The AK Responders Relief Line is a confidential and anonymous, 24/7 crisis call line created to support health and behavioral health professionals, emergency service providers, as well as any workers whose role in a first response setting puts them at risk for COVID-19. The immediate family members of first responders can also utilize this crisis call line.

AK Responders Relief Line

Call Volume Since Implementation

	Initial Calls	Follow Up Calls	Total
May-June 2020 (FY 20)	19	34	53
July-September 2020 (FY 21)	26	46	72
October-December 2020 (FY 21)	37	63	100
January 2021 (FY 21)	32	36	68
Total	114	179	293



18

988 State Planning and Implementation

In July 2020, the Federal Communications Commission (FCC) designated 988 as the new three-digit number for the National Suicide Prevention Lifeline, to be operational by July 2022. The Careline will receive all 988 calls, as they are the only National Suicide Prevention Lifeline member in Alaska. The division will be engaging stakeholders to develop a 988 Implementation Coalition to guide the formation of an Implementation Plan for 988 in Alaska.

Zero Suicide Initiative

In FY22, in partnership with the Alaska Mental Health Trust, DBH will launch the Zero Suicide Initiative in Alaska. This initiative involves a joint funding partnership with DBH to create a new full-time position. This position will manage the best practice model called Zero Suicide and will work with community-based agencies and coalitions to roll out the tenets of this model. The Zero Suicide model involves a framework, which helps organizations to ensure a safe environment when providing care to individuals who are in crisis. The core elements include the following: leading, training, identifying, engaging, treating, transitioning, and improvement.

Trauma-engaged Alaska Alternative School Initiative

Through an interdepartmental partnership between DBH and the Department of Education and Early Development, the five-year trauma engaged alternative schools Initiative (FY19-23) focuses on alternative school students in 14 schools in 8 districts (4 in Anchorage, 3 in Mat-Su, 2 in Kenai, and 1 each in Sitka, Juneau, Ketchikan, Utqiagvik and Bethel).

The Alaska Alternative Schools coalition brings together communities, services, and individuals to build protective factors through increasing interpersonal connectedness and providing opportunities for students to increase emotional well-being. Analysis of Alaska's Youth Risk Behavioral Survey tells us that increasing youth protective factors is effective in reducing suicidal risk, and other risk factors that are more prevalent amongst youth who attend an alternative school.

Behavioral Health Occupational Endorsement / Peer Support Specialist Training

With the 1115 Waiver Demonstration Project in Alaska expected to allow increased opportunities to fund preventative and community-based services, there is recognition that there are not enough entry-level behavioral health providers to meet this new model of practice. The University of Alaska Southeast (UAS), in partnership with DBH, developed a new 9-credit series of behavioral health classes that earn a Behavioral Health Occupational Endorsement. The courses are designed to provide concrete skills for working with individuals with behavioral health and trauma related needs. The three-course series will offer entry-level staff a set of skills that will make them more effective in working with others, as well as assist them in managing the demands of the behavioral health field.

This project also included the development of a statewide, distance-delivered Peer Support Training course that is eligible for university credit. The course would meet the certification requirements developed by the certification body for peer support specialists to encourage the academic pathway for peers. The course, which will be open for student enrollment in Fall Semester 2021, is designed to provide a flexible, distance option that meets the statewide certification criteria. It is anticipated that as individuals and agencies experience the benefit of having current and new employees through this program, the program will grow and become self-sustainable, similar to the Behavioral Health Occupational Endorsement.

COMPREHENSIVE BEHAVIORAL HEALTH PREVENTION & EARLY INTERVENTION SERVICES (CBHPEI)

DBH funds 16 community-based wellness coalitions with a statewide membership of around 400. Community coalitions engage multiple stakeholders including local community service agencies, schools, and other interested organizations in a collective effort to prevent underage drinking and binge drinking; to prevent suicide; and to encourage community wellness through population-level change.

Each grantee uses an evidence-based planning model, the Strategic Prevention Framework (SPF) from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), as a foundation to guide their programming. Through the SPF, coalitions assess, plan, strategize, implement, and evaluate community-based services. Wellness coalitions have actively supported and coordinated the implementation of community specific COVID-19 relief and prevention strategies since March 2020.

RURAL HUMAN SERVICES SYSTEMS

The Rural Human Services Systems (RHSS) project is a partnership between DBH and the University of Alaska Fairbanks (UAF), College of Rural and Community Development. The long-term outcome is to have a trained, culturally competent, and sustainable behavioral health workforce in all rural and remote Alaskan villages. Funding is provided for part or full-time internships at local agencies for students taking UAF RHSS classes and completing their certification.

These village-based, student interns serve as behavioral health paraprofessionals providing prevention, early intervention, and general counseling services to the community. Following the RHSS certificate, students can continue in the Human Services Associate degree program and then continue into the Intensive Rural Bachelor of Social Work program. Currently, RHSS grants fund students through 13 regional hub agencies from Kotzebue to the Eastern Aleutian Islands.

ALCOHOL SAFETY ACTION PROGRAM

Sobriety Monitoring

The Alaska Alcohol Safety Action Program (ASAP) provides substance abuse screening, case management and accountability for Driving While Intoxicated (DWI) and other alcohol/drug related misdemeanor cases. ASAP operates as a neutral link between the justice and the health care delivery systems. This requires a close working relationship among all involved agencies: enforcement, prosecution, judicial, probation, corrections, rehabilitation, licensing, traffic records, and public information/education.

In FY20, there were 4,175 ASAP misdemeanor admissions statewide, with 2,260 of those case in Anchorage.

ASAP operates in Anchorage, Fairbanks, Juneau, Kenai/Homer, Kotzebue, Wasilla/Palmer, Dillingham, Glennallen, Ketchikan, Kodiak, Seward, Nome, and Bethel.

Beginning mid-March, in response to the COVID-19 pandemic, ASAP developed a virtual orientation module for ASAP misdemeanor participants. This module allows participants to learn about the ASAP process and what to anticipate with their case going forward. Each individual is provided with a telephonic screening and an individual appointment to discuss screening results and treatment referrals. Monitoring is continued through electronic means or phone calls.

Therapeutic Courts

The Therapeutic Court is an alternative justice model in which a collaborative “court team” oversees and closely monitors participants who chose the treatment program in lieu of incarceration. The team is made up of a supervising judge, district attorney, defense counsel, an *ASAP probation officer/case manager*, a substance abuse or/and a mental health treatment provider.

To be considered, participants must meet the eligibility standards of each court and the substance abuse or mental health treatment criteria of the provider. Participants must engage in treatment, find employment, pursue education, be randomly drug/alcohol tested, have field visits at their home/work, and actively participate in their treatment plan. The court team meets weekly to review progress, suggesting incentives or sanctions that may best encourage success.

Upon successful completion, participants’ sentences are imposed according to the initially negotiated agreements. Participants who are unable or unwilling to complete the program are dismissed, and their sentence is immediately imposed according to the agreement made when they entered the program.

TOBACCO ENFORCEMENT AND EDUCATION

The Tobacco Enforcement and Education program works directly in communities across Alaska to reduce youth access to tobacco, e-cigarette and vape products from retailers.

The program monitors the compliance of retail outlets statewide. Tobacco Investigators conduct retail compliance checks using underage persons. This work allows monitoring of the “sell rate” of tobacco products to minors under the age of 19 (the legal age to purchase tobacco in Alaska). The sell rate to minors is known as the retailer violation rate (RVR).

In addition to monitoring and compliance checks, investigators provide retailers with technical assistance, a retail certification program, educational classes on the state tobacco laws, e-cigarette and vape product laws, and training in how to avoid selling to minors. Investigators also work with national, state, and local tobacco control partners.

Due to the consistent and professional work of the Tobacco Enforcement section, the RVR continues to drop from the recorded high of 36% in 2001. An RVR exceeding 20% jeopardizes the state’s federal block grant funds for substance abuse prevention and treatment. In federal fiscal year 2020, the RVR was 6.6%. The program continues to show improvement and success in reducing access to tobacco, e-cigarette and vape products by minors.

Treatment and Recovery Services

DBH oversees an array of behavioral health services which extend across the lifespan and range from early intervention programs to intensive treatment services. Clinic or community-based outpatient services, school-based programs, residential programs, and hospital services are provided in villages, regional centers, rural and urban communities. These programs are funded through state behavioral health grants, Medicaid, federal pass-through grants, third party insurers, and private pay.

PSYCHIATRIC EMERGENCY SERVICES

DBH grantees provide Psychiatric Emergency Services (PES). Psychiatric emergency services may include crisis intervention; brief therapeutic interventions for stabilization; and family, consumer, and community wrap-around supports. Through PES grants, non-profit and tribal health organizations provide PES coverage for the entire state. In addition, two emergency departments (Fairbanks Memorial and Providence Anchorage) receive Disproportionate Share Hospital (DSH) funds for their single point of entry for psychiatric services.

Over the past year, with leadership from the Trust, division staff have participated in planning meetings for the Crisis Now Model with community partners and providers in Fairbanks, the Mat-Su Valley, and Anchorage. The Crisis Now Model will be able to utilize the 1115 Behavioral Health Medicaid Waiver services for reimbursement of some services. With the additional funding, support and regulation changes, the Crisis Now Model in combination with the 1115 Behavioral Health Medicaid Waiver crisis response services will have a significant impact on reducing emergency room visits and hospitalizations.

At present, higher levels of acuity and severity may require referral to higher levels of care within the treatment continuum, including transfer to Alaska Psychiatric Institute (API) or a hospital designated by the division to provide psychiatric evaluation and stabilization and/or treatment services.

1. The hospitals below provide inpatient emergency psychiatric evaluation, stabilization, and treatment services:
 1. Alaska Psychiatric Institute (API)
 2. Bartlett Regional Hospital
 3. Fairbanks Memorial Hospital
 4. North Star Behavioral Health (children ages 4 to 18)
 5. North Star Chris Kyle Patriots Hospital (adults)

6. PeaceHealth Ketchikan Medical Center (evaluation and stabilization only)
 7. Providence Alaska Medical Center
 8. Mat-Su Regional Medical Center
2. The Mental Health Treatment Assistance Program (MHTAP) provides financial assistance for qualified patients' inpatient psychiatric hospitalizations and ancillary services when they are involuntary admitted to a Designated Evaluation and Treatment (DET) and Designated Evaluation and Stabilization (DES) facilities.

These services are funded with Medicaid when a facility is approved to receive Disproportionate Share Hospital (DSH) payments. Otherwise, the MHTAP payments are funded with General Funds when Medicaid and other insurance do not pay, and the patient meets financial requirements.

The following are DET facilities:

1. Bartlett Regional Hospital
2. Fairbanks Memorial Hospital
3. Mat-Su Regional Medical Center

PeaceHealth Ketchikan Medical Center is a DES facility.

4. The division contracts for secure transport services to travel with patients to the DET or DES facilities and API.

These services are funded with General Funds. Due to the lack of commercial air transportation from COVID-19, and the need to use charters to transport patients to a hospital, the cost of secure transports increased in FY20.

The secure transport agencies are:

1. 49th State Security
2. Bootlegger Security Services
3. Goldbelt Security
4. Securitas
5. WEKA

REHABILITATION TREATMENT SERVICES

DBH provides rehabilitative services, such as skill building, peer supports, supported housing and employment, and educational opportunities.

These are funded through grant programs and Medicaid reimbursable services, as well as partnerships with the Alaska Housing Finance Corporation (AHFC), the Division of Vocational Rehabilitation, and a network of community behavioral health providers.

DBH has established a partnership with AHFC that leverages state and federal (Housing and Urban Development) funding for housing subsidies for individuals with disabilities. AHFC oversees the actual project-based and tenant-based subsidies, and DBH provides services,

supports, and treatment to help people sustain housing while they recover from substance use and/or mental health disorders.

Due to the positive correlation between employment, treatment, and recovery outcomes, DBH partners with the Division of Vocational Rehabilitation to expand employment opportunities for individuals with substance use and/or mental health disorders.

Definitions and Outcomes

Rehabilitative Treatment Services: Process of choosing, getting, and keeping goals in specific living, learning, working and social environments.

Supported Employment: Employment in integrated job sites not designated solely for people with disabilities where the individual is paid a competitive prevailing wage and where supports and skill building are available through on the job coaching or off worksite coaching.

Supportive housing: Affordable housing paired with tenant supports and services that may be permanent for some populations and transitional or time limited for other populations. Scatter site integrated housing continues to be a priority for DBH.

Peer and Consumer Support Services: Supports and services that are provided by individuals who are qualified by nature of having experienced behavioral health recovery or families of individuals who have experienced behavioral health recovery **and** have training and/or experience in providing skill building, supports, and advocacy to others with similar experiences. These may be available through community behavioral health centers, substance Use Disorder (SUD) treatment facilities, and/or consumer owned and operated centers.

Through a partnership with the Alaska Mental Health Trust Authority, in addition to State Opioid Response funding, a peer support certification and standardized training has been developed. Training on the peer support certification process for providers has been completed. In FY22, we are looking forward to peers either meeting the grandfathering requirements or completing the training to become certified. The peer support certification will improve the standards and help build a workforce for this profession.

SUBSTANCE USE DISORDERS (SUD)

Individuals with opioid use disorder often present with other physiological and/ or psychological conditions. To treat the “whole person,” a multidisciplinary approach is required.

The division is involved with efforts to coordinate the department’s opioid response as it relates to mental health and substance use treatment. Coordination efforts occur on a macro level where systems are sharing resources and aligning their implementation activities towards shared, desired outcomes. For example:

1. DBH works with the Office of Children’s Services (OCS) to ensure that OCS staff and child protection stakeholders (such as the guardian ad litem, the public defender, and judge) are provided with education about best practices in SUD treatment for pregnant women and

for individuals with opioid use disorder. This coordination enhances field workers' knowledge, so that they can work more effectively with families that experience these conditions.

2. DBH and the Office of Substance Misuse and Addiction collaborate with medical professionals and institutions to implement delivery of education to the medical provider community to: a) increase their knowledge base about opioids, pain, and addiction; and b) to provide consultation with national experts.
3. DBH has established partnerships with other DHSS divisions, as well as with state and federal partners, including the University of Alaska Anchorage, Providence Alaska Medical Center, the Alaska Native Tribal Health Consortium, the Alaska Primary Care Association, the State Targeted Response Technical Assistance Consortium, and the Northwest Addiction Technology Transfer Center.
4. DBH and the Division of Public Health (DPH) coordinate to address the needs of pregnant women with opioid use disorder and neonatal opioid withdrawal syndrome. For example, DBH and DPH staff are working together to train medical providers on the use of an evidence-based screening tool to administer with obstetrician-gynecologist (OBGYN) practices and birthing centers.

RESIDENTIAL BEHAVIORAL REHABILITATION SERVICES-CHILDREN/YOUTH

Residential Behavioral Rehabilitation Services help build the strengths and resiliency of children/youth and families.

Residential Behavioral Rehabilitation Services are provided to children/youth in residential settings to treat debilitating psychosocial, emotional, and behavioral disorders. Residential Behavioral Rehabilitation Services provide intervention, stabilization, and development of appropriate coping skills upon the recommendation of a provider listed in 7 AAC 135.800(a)(4)(B)(1)-(ix) within the scope of their practice.

7 AAC 135.800(a)(4)(B)(1)-(ix) providers include a physician, psychologist, psychological associate, clinical social worker, physician assistance, advanced nurse practitioner, psychiatric nursing clinical specialist, marital and family therapist, and professional counselor.

Residential Behavioral Rehabilitation Services are "client-centered" and are provided within the residential care system individually, in groups, and with the family. Services must include the recipient's biological, adoptive, foster, or identified family unless this is clinically inappropriate, or a post-discharge placement has not been identified. Residential Behavioral Rehabilitation Services continue post-discharge to ensure a successful transition back into a community setting.

SPECIALIZED SERVICES

Autism Services

The Autism Services program is intended to provide services for children under the age of 21 diagnosed with Autism Spectrum Disorder. Services can be provided by a Board Certified Behavior Analyst (BCBA), a Board Certified Assistant Behavior Analyst (BCaBA), or an Autism Behavior Technician (ABT).

Services are provided in various settings to include: the recipient's home, school, and community; the behavior analyst's office; an outpatient clinic; and any other appropriate community setting.

The Complex Behavior Collaborative

The Complex Behavior Collaborative (CBC) helps providers meet the needs of Medicaid clients with complex needs who are often aggressive, assaultive, and difficult to support. The CBC program offers consultation and training to providers and their clients' natural supports, including family members. The goal is to help clients live as independently as possible, and to avoid institutional care, emergency rooms, or out-of-state care.

Clients for the program may be in Pioneer Homes, the Alaska Psychiatric Institute, or live in the community. Clients are adults and youth, age 6 and older, who:

- Currently receive services from the Division of Senior & Disabilities Services or Behavioral Health
- Have housing where they can be assessed and receive pilot services
- Have behaviors that are so complex that they are:
 - outside the range of expertise of local caregivers and providers, or
 - available treatment has been exhausted without success for the individual

Potential clients often have a cognitive impairment with complex behavior management needs, as well as one or more complicating issues, such as chronic mental illness, intellectual disability, dementia/Alzheimer's, brain injury or substance abuse.

COMMUNITY-BASED REENTRY AND REHABILITATION SERVICES

DBH manages grants, contracts, and initiatives that align with increasing successful health and public safety outcomes. DBH works closely with the Department of Corrections (DOC) on statewide, community-based reentry efforts. Reentry services includes reentry case managers, reentry centers, and social service agencies that provide access to emergency support services and case management. Emergency support services include transitional housing assistance, linkages to treatment and employment, and transportation assistance.

The overall goal of reentry programming is reduced recidivism for individuals releasing from incarceration. To work towards this goal, the division engages with a diverse stakeholder group, including law enforcement, state stakeholders such as the Alaska Court System, the Alaska Mental Health Trust Authority, and the Department of Labor and Workforce Development, community providers, and reentrants and their families.

DBH utilizes a portion of recidivism reduction funding to support a variety of evidence-based rehabilitation programs, including psychiatric emergency services, outpatient treatment services for individuals with severe mental illness (SMI), and to treat seriously emotionally disturbed (SED) transitional aged youth (18-22). Through the 1115 Behavioral Health Medicaid Waiver, the division is implementing the American Society of Addiction Medication (ASAM) certification standards.

DHSS continues to incorporate the recommendations of the Alaska Criminal Justice Commission when allocating funding and setting program outcomes that support an offender's transition and reentry through transitional support services. These include:

- Target the group of offenders with the highest risk of recidivism
- Frontload resources – including housing and treatment – in the first 6 months of release
- Consider individual risk, needs, and responsivity when determining level and duration of services; DOC utilizes the Level of Services Inventory – Revised (LSI-R) risk assessment tool
- Utilize DOC's reentry plans, which are prepared 90-days before the date of release, for transitional support program planning

DISASTER RESPONSE

DBH assists with system coordination and response when there is a disaster.

DBH is responsible for assisting the department with the identification, location, procurement, mobilization, and deployment of disaster behavioral health professionals in response to local community requests for behavioral health assistance following a disaster that overwhelms the community's capacity to meet these needs.

DBH provides supervision and technical support for all disaster behavioral health professionals who are deployed. During the initial stages of a disaster, DBH is responsible for conducting ongoing assessments of additional response needs and for potential long-term, behavioral health recovery needs.

If the disaster qualifies for federal assistance, the division will collaborate with data collection efforts that may be used to apply for FEMA / SAMHSA Crisis Counseling Program Grants, if these programs are determined to be needed.

Throughout the response phase, DBH acts as the behavioral health Technical Specialist for the department within the DHSS Emergency Operations Center (DHSS/EOC). Technical support may include assistance with public briefings, public service announcements (PSAs), and Just-in-Time training for response personnel. The Technical Specialist may also provide direct behavioral health support for DHSS/EOC staff. Throughout the COVID-19 pandemic, DBH staff have participated in DHSS EOC meetings.

Behavioral Health Links / Resources

- **All DBH Treatment and Recovery Grantee List:**
http://dhss.alaska.gov/dbh/Documents/TreatmentRecovery/Community%20Planning%20and%20Service%20Areas/Community_Planning_and_Service_Areas-TR_Providers.pdf
- **Medication-Assisted Treatment (MAT) for Buprenorphine Treatment:** DBH encourages individuals seeking MAT to utilize the SAMHSA treatment locator guide because it includes agencies providing medication-assisted treatment services that the Division of Behavioral Health does not provide oversight for. https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator?field_bup_physician_us_state_value=AK
- **DBH list of Medication-Assisted Treatment providers:**
<http://dhss.alaska.gov/dbh/Documents/TreatmentRecovery/SUD%20Providers/Medication%20Assisted%20Treatment%20Providers.pdf>
- **Substance Use Disorder Treatment Providers:**
<http://dhss.alaska.gov/dbh/Documents/TreatmentRecovery/SUD%20Providers/Substance%20Use%20Disorder%20Treatment%20Providers.pdf>
- **Residential Treatment Agencies:**
<http://dhss.alaska.gov/dbh/Pages/ResidentialSUD/default.aspx>
- **Youth Residential Treatment:** <http://dhss.alaska.gov/dbh/Pages/Residentialcare/Default.aspx>.
- **Suicide Data (Division of Public Health)**
As stated in a recent *Epidemiology Bulletin*, suicide death rates remained largely consistent during the first three quarters of 2018–2020. The bulletin is available at:
<http://epibulletins.dhss.alaska.gov/Document/Display?DocumentId=2058>.
- **Mental Health Needs Survey (Division of Public Health)**
The Division of Public Health has administered surveys to help us understand how the pandemic is impacting Alaskans. Surveys have been helpful in identifying the mental health needs of Alaskans. These surveys can be found at:
<http://dhss.alaska.gov/dph/wcfh/Pages/mchept/default.aspx>.
- **Excess Deaths / Hospitalizations Data (Division of Public Health)**
The Excess Deaths Brief prepared by the Division of Public Health, Health Analytics and Vital Records Section was recently updated and includes a comparison of Intentional Self Harm in 2020 to the previous 3 years. Additionally, an excess hospitalizations brief was prepared to examine hospitalization fluctuations during 2020 compared to the previous 3 years. **It is important to note that 2020 mortality data and the hospitalization data are preliminary and may be incomplete.**

http://dhss.alaska.gov/dph/VitalStats/Documents/PDFs/COVID_ExcessDeaths.pdf
http://dhss.alaska.gov/dph/VitalStats/Documents/PDFs/COVID_ExcessHospitalizations.pdf