

inseparable

March 26, 2026
State Finance Committee

RE: SUPPORT FOR SB 196—Behavioral Health Crisis Surcharge & Fund

ORAL INVITED TESTIMONY

Co-Chairs Hoffman, Olson, and Stedman and Members of the Committee, my name is Angela Kimball. I'm Chief Advocacy Officer at Inseparable, a national mental health advocacy organization. I'm calling in today in strong support of SB 196.

I've been asked to share the national picture on crisis services — and specifically what the data tells us about cost savings and outcomes. As a Finance Committee, that's exactly the right question to ask.

The status quo is expensive.

When communities lack a functioning crisis system, costs don't disappear — they shift. They shift to emergency departments, where psychiatric boarding can cost hospitals over \$2,200 per episode and patients wait days, not hours. They shift to law enforcement, where officers spend hours on mental health calls they weren't trained to handle. And they shift to jails, psychiatric hospitals, and out-of-state facilities — the most expensive interventions we have.

Alaska is paying those costs right now. The question before this committee isn't whether Alaska will spend money on behavioral health crises. It already is. The question is whether it will spend that money wisely.

The evidence on what works is clear.

The "Crisis Now" model — someone to talk to, someone to respond, and a safe place for help — has more than a decade of outcome data behind it. The most comprehensive example comes from Maricopa County, Arizona, which serves four million people.

After implementing a full crisis continuum of care, Maricopa County freed the equivalent of 37 full-time police officers from mental health transport duty. It eliminated 45 cumulative years of patients waiting in emergency departments — saving hospitals \$37 million in avoided costs. And a \$100 million investment in the crisis continuum avoided \$260 million in inpatient psychiatric expenses alone. That's not a close call on return on investment.

The Maricopa results are not an outlier. Research published in *Psychiatric Services* found mobile crisis programs reduced average cost per case by 23 percent compared to a standard police

response. A Minnesota study found crisis stabilization programs returned \$2.16 for every dollar invested.

A 988 surcharge is a proven, reliable funding mechanism.

Twelve states — including Oregon and Washington — have enacted telephone surcharges to fund crisis systems. At 98 cents per line, SB 196 would generate \$6 to \$8 million annually. That's dedicated, stable, flexible funding — not another grant that expires or a federal dollar that comes with strings attached.

Alaska's current crisis infrastructure relies on a patchwork of general funds, Medicaid dollars, and federal grants that were never designed to sustain 24/7 care. SAMHSA's own national quality framework requires states to integrate 988 with mobile crisis teams and stabilization facilities. Right now, Alaska cannot meet that standard.

The cost of inaction in Alaska.

Alaska has the second-highest adult suicide rate in the nation and the highest teen suicide rate. Overdose deaths are still rising. The communities most affected — including Alaska Native communities — are also the ones with the least access to crisis care.

Last week, young Alaskans traveled to Juneau from Toksook Bay to stand on the Capitol steps and call for action. One young man, Jacob Nicholai, told the crowd he had traveled hundreds of miles to be a voice for those he had lost to suicide. That kind of distance — geographic and emotional — is exactly what this bill is trying to close.

Rep. Mina, the House sponsor, put it simply: the way Alaska is currently funding its crisis system "has been a patchwork. It's been unreliable." SB 196 fixes that. It doesn't ask Alaskans to spend more on behavioral health — it asks them to stop spending so much on the wrong things, and start investing in what works.

I know this not just as an advocate, but as a parent. When my son Alex experienced a severe mental health crisis, a mobile team responded with compassion and skill. Instead of an ER or a jail cell, he was connected to a crisis stabilization center. That intervention kept him safe — and gave our family hope.

Jacob made that trip to Juneau because he believes help is possible. Every Alaska family deserves to know it will be there when they need it most.

I urge your support of SB 196. Thank you.