



ALASKA STATE LEGISLATURE

Representative Genevieve Mina

Chair, House Health and Social Services Committee

Serving House District 19: Airport Heights, Mountain View, & Russian Jack

HB 138 Sponsor Statement Version I

"An Act establishing a behavioral health crisis services surcharge; establishing the behavioral health crisis services fund; and providing for an effective date."

Alaska is confronting a significant behavioral health crisis, having the nation's highest rates of youth suicide and the second highest rates of adult suicide. Additionally, while most U.S. states have seen a decline in opioid-related deaths in recent years, Alaska's rates have nearly doubled.

House Bill 138 proposes the establishment of a \$0.98 monthly surcharge on each wireless and wireline telephone number and creates a dedicated Behavioral Health Crisis Services Fund. This initiative aims to enhance the state's capacity to respond more appropriately to mental health emergencies, building upon the behavioral health crisis system of care framework established in HB 172 (2022). At \$.98 per line, HB 138 is estimated to generate \$6-8 million annually in predictable, sustainable funding.

Currently, Alaska's behavioral health crisis services rely heavily on dwindling general fund dollars, unstable or temporary grant funding, and insufficient Medicaid reimbursement rates. As Alaska has transitioned to leveraging Federal dollars through 1115 Medicaid waiver services, there has been a significant decline in funding to Behavioral Health Treatment and Recovery Grants. This financial instability has led some providers to discontinue or delay the implementation of crisis services. By establishing a consistent funding mechanism through the proposed surcharge, Alaska can ensure the sustainability and expansion of its behavioral health crisis response system.

The proposed surcharge would support critical services, including the 988 crisis hotline, mobile crisis teams, crisis stabilization centers, and culturally-appropriate outreach, programs, and services. These services are essential for providing immediate assistance to individuals experiencing mental health crises, reducing the burden on emergency departments, law enforcement agencies, and the correctional system. These funds would also facilitate the recruitment and retention of behavioral health professionals, offer specialized training, and support public awareness campaigns to destigmatize mental health issues.

Adopting the behavioral health crisis telecommunication surcharge in House Bill 138 is a critical step toward strengthening Alaska's mental health infrastructure. It offers a sustainable funding solution to enhance crisis response services, ensuring that individuals in need have access to timely and effective support. By investing in this initiative, Alaska can improve public safety, reduce the strain on emergency services, and provide better outcomes for those experiencing behavioral health crises.

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Rep. Genevieve.Mina@akleg.gov

HOUSE BILL NO. 138

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVES MINA, Jimmie, Story, Galvin, Hall

Introduced: 3/17/25

Referred: Health and Social Services, Labor and Commerce, Finance

A BILL

FOR AN ACT ENTITLED

1 **"An Act establishing a behavioral health crisis services surcharge; establishing the**
2 **behavioral health crisis services fund; and providing for an effective date."**

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 * **Section 1.** AS 43.98 is amended by adding a new section to read:

5 **Article 5. Behavioral Health Crisis Services Surcharge.**

6 **Sec. 43.98.080. Behavioral health crisis services surcharge; behavioral**
7 **health crisis services fund.** (a) A behavioral health crisis services surcharge of \$.98 a
8 month is imposed for each wireless telephone number and for each local exchange
9 access line for wireline telephones.

10 (b) A local exchange telephone company that provides service in the state
11 shall bill each month and collect a behavioral health crisis services surcharge from
12 each customer. A wireless telephone company that provides telephone service to a
13 customer with a billing address in the state shall impose a behavioral health crisis
14 services surcharge each month and collect the surcharge from the customer. A local

1 exchange telephone customer may not be subject to more than one behavioral health
2 crisis services surcharge on a local exchange access line for a wireline telephone. A
3 wireless telephone customer may not be subject to more than one behavioral health
4 crisis services surcharge for each wireless telephone number. A customer that has
5 more than 100 local exchange access lines from a local exchange telephone company
6 in the state is liable for the behavioral health crisis services surcharge only on 100
7 local exchange access lines.

8 (c) A local exchange telephone company or wireless telephone company shall
9 include the appropriate behavioral health crisis services surcharge, stated separately
10 and included in the total amount owed, in the bill delivered to a customer. The
11 Regulatory Commission of Alaska may not consider the behavioral health crisis
12 services surcharge as revenue of the telephone company and has no jurisdiction over
13 behavioral health crisis services. A customer is liable for payment of the surcharge in
14 the amount billed by the telephone company until the amount has been paid to the
15 telephone company.

16 (d) A local exchange telephone company or wireless telephone company that
17 has collected the behavioral health crisis services surcharge shall remit the amount
18 collected to the department not later than 60 days after the end of the month in which
19 the amount was collected. From each remittance made in a timely manner under this
20 subsection, the telephone company is entitled to deduct and retain the greater of one
21 percent of the collected amount or \$150 as the cost of administration for collecting the
22 surcharge.

23 (e) A local exchange telephone company or wireless telephone company is not
24 obligated to take legal action to enforce collection of the behavioral health crisis
25 services surcharge. However, if a telephone company attempts to collect an unpaid
26 debt from a customer, the telephone company shall also attempt to collect any unpaid
27 behavioral health crisis services surcharges that the customer owes. If a customer pays
28 a portion of a bill that includes a behavioral health crisis services surcharge, the
29 amount paid is prorated between the telephone company and the surcharge. The
30 telephone company shall annually provide the department with a list of the amounts
31 due for the nonpayment of behavioral health crisis services surcharges, together with

1 the name and address of each customer who carries a balance that can be determined
2 by the telephone company to be for the nonpayment of the surcharge. The telephone
3 company is not liable for an uncollected amount.

4 (f) The department may, at its own expense, require an annual audit of a local
5 exchange telephone company's or wireless telephone company's books and records
6 concerning the collection and remittance of the behavioral health crisis services
7 surcharge.

8 (g) The behavioral health crisis services fund is established in the general
9 fund. The Department of Administration shall separately account for the behavioral
10 health crisis services surcharge collected under this section and deposit the surcharge
11 into the behavioral health crisis services fund. The fund consists of the money
12 deposited by the Department of Administration under this subsection, donations to the
13 fund, interest earned on the fund, and appropriations made to the fund. The legislature
14 may appropriate the annual estimated balance in the fund to the Department of Health
15 for the purposes of

16 (1) establishing, operating, maintaining, and improving the single
17 three-digit number 988 for reporting a behavioral health issue or crisis, including
18 personnel costs, technology, and infrastructure enhancements necessary to achieve
19 operational and clinical standards and evidence-based best practices;

20 (2) providing services to a person experiencing a behavioral health
21 crisis;

22 (3) recruiting and retaining qualified behavioral health services
23 personnel;

24 (4) providing specialized training related to providing behavioral
25 health services to at-risk communities, including providing culturally and
26 linguistically competent behavioral health services;

27 (5) providing behavioral health education and raising public awareness
28 of the single three-digit number 988 and other behavioral health crisis services
29 available in the state;

30 (6) collecting, analyzing, and reporting data, including seeking
31 feedback from behavioral health services recipients and related quality improvement

1 activities;

2 (7) administration, oversight, and evaluation of the behavioral health
3 crisis services fund.

4 (h) Nothing in this section creates a dedicated fund.

5 (i) In this section,

6 (1) "local exchange access line" has the meaning given in
7 AS 29.35.137;

8 (2) "local exchange telephone company" has the meaning given in
9 AS 29.35.137;

10 (3) "wireless telephone" has the meaning given in AS 29.35.137;

11 (4) "wireless telephone company" has the meaning given in
12 AS 29.35.137;

13 (5) "wireline telephone" has the meaning given in AS 29.35.137.

14 * **Sec. 2.** This Act takes effect July 1, 2025.



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HB 138 Sectional Analysis Version I

"An Act establishing a behavioral health crisis services surcharge; establishing the behavioral health crisis services fund; and providing for an effective date."

Section 1. Establishes Article 5 under Title 43 - Revenue and Taxation, Chapter 98 - Miscellaneous Provisions, to establish the Behavioral Health Crisis Services Surcharge in AS 43.98.080

Subsection (a) establishes a telecom fee of \$.98 per month for each wireless telephone number and wireline telephone.

Subsection (b) provides that the telephone company shall impose the surcharge to each customer with a billing address in the state and collect the surcharge from the customer. Customers may not be subject to more than one surcharge per line. A customer with more than 100 lines are subject to the surcharge on no more than 100 lines.

Subsection (c) specifies that the telephone company shall clearly state the surcharge on the monthly telephone bill. The Regulatory Commission of Alaska may not consider this surcharge as revenue of the telephone company and has no jurisdiction over behavioral health crisis services.

Subsection (d) specifies that the telephone company shall remit the amount collected to the Department of Health no later than 60 days after the end of the month in which the surcharge was collected. The telephone company may deduct and retain the greater of 1% of the amount collected or \$150 to support the administration of surcharge collection.

Subsection (e) states that the telephone company is not obligated to take legal action to enforce collection of the surcharge. However, if the telephone company attempts to collect an unpaid debt from customer, the company shall also collect the unpaid surcharge. If a customer pays only a portion of their bill, the surcharge amount shall be prorated accordingly. The telephone company shall also provide an annual report to the Department of Health with detailed information on customer non-payment amounts. The telephone company is not liable for uncollected surcharges.



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Subsection (f) the Department may require an annual audit of the telephone company's records concerning the collection and remittance of the surcharge.

Subsection (g) establishes the Behavioral Health Crisis Services Fund in the general fund. The Department of Administration shall account for this fund separately. The Legislature may appropriate the annual estimated balance of the fund to the Department of Health for the specific behavioral health crisis response purposes outlined in subsections (1)-(7) including support for the crisis call center, mobile crisis teams, crisis stabilization centers, workforce development, training, education, and other services.

Subsection (h) states that nothing in this section creates a dedicated fund.

Subsection (i) includes the definitions for "local exchange access line," "local exchange telephone company," "wireless telephone," "wireless telephone company," and "wireline telephone."

Section 2. Provides for an effective date of July 1, 2025

Fiscal Note

State of Alaska
2025 Legislative Session

Bill Version: HB 138
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB138-DOH-BHTRG-04-17-2025
Title: BEH. HEALTH CRISIS SURCHARGE & FUND
Sponsor: MINA
Requester: (H) HSS

Department: Department of Health
Appropriation: Behavioral Health
Allocation: Behavioral Health Treatment and Recovery
Grants
OMB Component Number: 3099

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2026 Appropriation Requested	Included in Governor's FY2026 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	FY 2026	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Personal Services	***		***	***	***	***	***
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	***	0.0	***	***	***	***	***

Fund Source (Operating Only)

None							
Total	***	0.0	***	***	***	***	***

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2025) cost: 0.0 (separate supplemental appropriation required)

Estimated CAPITAL (FY2026) cost: 0.0 (separate capital appropriation required)

Does the bill create or modify a new fund or account? Yes
(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? N/A

Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

Prepared By: Tracy Dompeling, Division Director
Division: Division of Behavioral Health
Approved By: Pam Halloran, Assistant Commissioner
Agency: Department of Health

Phone: (907)465-2817
Date: 04/16/2025
Date: 04/17/25

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2025 LEGISLATIVE SESSION

BILL NO. HB138

Analysis

HB138 seeks a sustainable funding source to enhance crisis response and to improve access to critical services. This bill establishes a \$0.98 monthly surcharge on phone lines to create the designated behavioral health crisis services fund within the general fund. The Department of Administration (DOA) will account for the surcharge collected and deposit it into the fund. The Legislature may appropriate funds to the Department of Health annually to support the 988 behavioral health crisis hotline, crisis services for individuals in need, recruitment and retention of mental health professionals, specialized training for at-risk communities, to support public awareness of the 988 hotline and crisis services available in the state and for data collection, analysis, and quality improvement efforts to enhance service effectiveness.

The Legislature may appropriate funds from the behavioral health crisis services fund to the Division of Behavioral Health. It is uncertain how much will be appropriated; therefore, an indeterminate fiscal note is submitted.

Fiscal Note

State of Alaska
2025 Legislative Session

Bill Version: HB 138
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB138-DOR-TAX-4-18-25
Title: BEH. HEALTH CRISIS SURCHARGE & FUND
Sponsor: MINA
Requester: (H) HSS

Department: Department of Revenue
Appropriation: Taxation and Treasury
Allocation: Tax Division
OMB Component Number: 2476

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2026 Appropriation Requested	Included in Governor's FY2026 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	FY 2026	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None	***		***	***	***	***	***
Total	***	0.0	***	***	***	***	***

Estimated SUPPLEMENTAL (FY2025) cost: 0.0 (separate supplemental appropriation required)

Estimated CAPITAL (FY2026) cost: 500.0 (separate capital appropriation required)

Does the bill create or modify a new fund or account? Yes
(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/25

Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

Prepared By: Brandon Spanos, Deputy Director
Division: Tax Division
Approved By: Janelle Earls, Administrative Services Director
Agency: Department of Revenue
Phone: (907)269-6736
Date: 04/18/2025
Date: 04/18/25

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2025 LEGISLATIVE SESSION

BILL NO. HB138

Analysis

Bill Summary

This bill would assess a surcharge of 98 cents per month for each wireless phone number with a billing address in the state. If a customer has more than 100 local exchange access lines, they would be charged the fee only on the first 100 lines. The wireless telephone company providing the service would be required to collect and remit the surcharge to the department within 60 days following the month in which the surcharge was collected. The wireless telephone company would be allowed to retain one percent or \$150, whichever is greater, as an administrative fee for collecting and remitting the surcharge.

The bill would also create a behavioral health crisis service fund in the general fund, with separate accounting. The fund could be utilized for: (1) supporting the operation and improvement of the 988 behavioral health crisis hotline; (2) providing services to individuals experiencing crises; (3) recruiting and training behavioral health personnel; (4) enhancing culturally and linguistically competent services; (5) promoting behavioral health education and public awareness; (6) data collection, feedback analysis, and quality improvement; and (7) administration, oversight, and evaluation.

The effective date of the bill is July 1, 2025.

Revenue Impact

The Tax Division is currently analyzing the potential revenue impact of this bill. At this stage, the impact is indeterminate.

Implementation Cost

This bill creates a new surcharge on wireless phone numbers and would require the Tax Division to develop a new surcharge module in its Tax Revenue Management System (TRMS) and Revenue Online system (ROL). TRMS is required to accept and process payments, accept and process returns, run reports, audit returns, send refunds, etc. ROL is required for the taxpayer to file and pay online.

The Department will need to engage FAST Enterprises, Tax Division's TRMS contractor, to develop a new surcharge module into TRMS and integrate the module with existing imaging, accounting, and collections modules. The estimated base cost for the module is \$250.0. However, given the effective date, this would need to be rolled out on an expedited timeline. There would be an additional \$250.0 charge to expedite the rollout. The \$500.0 in capital costs is an estimate for the needed contract with FAST Enterprises to develop the new tax module on a very short timeline.

This program would have a small enough base of fillers—wireless companies remitting the surcharge—that the Department can most likely absorb the day-to-day duties of administering the program utilizing existing Excise staff.

Frequently Asked Questions: 988 & Crisis Response Services

This FAQ is designed to help answer common questions received from legislators and other decision-makers when advocating for adoption of 988 legislation, and in particular when advocating for fee legislation or state budget funding for the 988-crisis response system.

For general information on the Lifeline's future transition to 988, please consult the following webpages:

- [AFSP: Funding for 988 and Crisis Response](#)
- [Vibrant and 988](#)

1. Is federal funding provided, and if so, why is state funding necessary?

While the Lifeline is a national program, federal funding goes toward managing call routing, best practice standards, public messaging, capacity-building opportunities, and technical assistance for the nationwide network. Local crisis centers answering the calls are reliant on funding from state and local contributors to operate. Currently, the only regular federal funding that goes to local Lifeline centers is a small annual baseline stipend of \$1,500 to \$2,500.

In 2020, the Lifeline received over 3.6 million calls, chats, and texts. Full implementation of 988 will result in even higher call volumes, requiring more trained personnel to answer the phones, mental health professionals to do the training and supervise shifts, and advanced infrastructure upgrades. Increased, reliable, and sustainable state and local investment is needed now more than ever to ensure capacity to respond to a steadily increasing call volume and as state residents continue to face stressors during the COVID-19 pandemic.

The National Suicide Hotline Designation Act of 2020 included language allowing each state to pass their own legislation funding 988 and their local in-state crisis call centers the same way as 911, through monthly telecom customer service fees. It is critical that appropriate funding for the Lifeline network, individual crisis centers, and the crisis continuum be allocated to serve more people in crisis. In 2018, fees for 911 generated \$2.6 billion to support that service; similar investment must be made for mental health and suicidal crises.

2. What will happen if legislation is not passed before 988 goes into effect in July 2022?

The 988 dialing code will become nationally available in July 2022. State planning efforts should be well underway by now, including plans to address funding for the 988-crisis response system, as the transition has already begun with several wireless service providers currently connecting customers to the Lifeline through 988. The work that we do now to support the implementation of 988, fortify the Lifeline's network of local crisis call centers, and strengthen state crisis service capacity will set this new system up for success.

Passage of state 988 legislation will effectively establish the 988-crisis response system for individuals experiencing suicidal distress or a mental health crisis by supporting the crisis call centers in our state and mobile crisis outreach to directly respond to individuals in need.

Continued >

3. Is the National Suicide Prevention Lifeline effective?

Since launching in 2005, the Lifeline's call volume has increased 14% annually. Call centers in the Lifeline network divert hundreds of thousands of calls from 911 every year and resolve 98% of calls without requiring emergency services. Evaluations and caller feedback show that Lifeline counselors are effective in reducing caller distress and suicidality and help tens of thousands of people get through crises daily.

Callers experiencing a suicide or mental health crisis will soon be able to call 988, instead of 911, to receive appropriate care and avoid unnecessary law enforcement involvement. Valuable law enforcement time and resources could then be spent responding to crimes and other emergencies rather than people in mental or emotional distress.

4. What happens if local call centers are unable to answer a call from in-state? Why is it so important that 988 calls are answered in-state?

When in-state call centers are unable to answer calls to the Lifeline, callers get re-routed to other centers out-of-state and into the Lifeline's national backup network. Low in-state answer rates put a strain on the backup network. When a caller is routed to the backup network, callers in crisis wait longer to be connected to a counselor and receive fewer linkages to effective local care, making the use of in-state crisis centers as opposed to a centralized national help center crucial.

In-state crisis centers connect callers to local counselors who are familiar with the community and better equipped to provide culturally competent support and referrals to local community resources and other lifesaving follow-up care. 988 is not only about answering calls – it's also about providing emotional support to people in crisis during the moments they most need it, which can include making appropriate and accessible referrals, or linking to mobile crisis teams and crisis stabilization programs that connect people to a continuum of care.

5. What are the main 988 components funded and supported by the legislation? What does an ideal state-wide crisis services system look like?

To more effectively build on the promise of 988, state lawmakers must take steps now to develop and fund an effective crisis response infrastructure that includes three key components: (1) Someone to answer the call: this requires funding for 24/7 call centers adequately staffed by specially trained individuals to respond to a range of mental health and suicide crises; (2) Someone to come help: this requires funding mobile crisis teams that can be dispatched to the scene and are equipped to effectively assist people in crisis; (3) Someplace to go for care: this requires funding for crisis stabilization services to provide short-term observation as well as connection to follow-up care.

An ideal system should also include public education and awareness campaigns that promote the new 988 number and the availability of crisis services and that encourage and normalize seeking help for suicide and mental health crises. Robust administration and oversight are also needed, as well as regular reporting of 988 services provided and populations served. This will facilitate greater understanding of the 988 crisis care continuum and support a quality, standardized service for callers in need.






Mobile crisis response is crucial for the implementation of 988 on the state level. States need the capacity to provide mental health crisis response when individuals calling 988 need in-person interventions. This responsibility currently falls upon emergency responders, most commonly law enforcement officers who are often not trained in managing a mental health crisis.

6. Why is the 988 vision an improvement over the current status quo?

According to a 2019 report by the Treatment Advocacy Center, in 2017 an average of 10% of law enforcement agencies' total budgets and 20% of total law enforcement staff time was spent responding to and transporting persons with mental illness. Fully implemented, 988 will reduce avoidable emergency department or hospital admissions for people in crisis and avoid traumatic engagements with the criminal justice system.

2.2 Services Overview: Key Differences Between 988 and 911

Knowing when and how to communicate the distinctions between 988 and 911 is critical. People may not always know when to reach out for behavioral health support versus emergency medical care, and they often rely on their providers for clarity.

988: A LIFELINE FOR BEHAVIORAL HEALTH CRISES	911: A RESPONSE SYSTEM FOR MEDICAL, FIRE, OR POLICE EMERGENCIES
DESCRIPTION	
The 988 Lifeline connects people with trained counselors who provide emotional support, crisis de-escalation, and linkage to local community resources, without relying on law enforcement or emergency medical intervention unless necessary.	911 is the primary contact for medical emergencies, fire, crimes in progress, or other situations requiring immediate physical intervention. Although 911 is highly effective for emergencies involving physical harm, it is not specialized to manage behavioral health crises.
KEY FEATURES	
 Crisis Counseling: People receive real-time emotional and mental health support and crisis intervention from trained crisis counselors.	 Immediate Intervention for Physical Danger: 911 dispatches police, fire, or EMS to address urgent threats to life or safety.
 Minimal Law Enforcement Intervention: Most crises (approximately 98 percent of calls) are managed without involving law enforcement, reducing the likelihood of escalated responses. ⁵⁴	 Law Enforcement Involvement: Law enforcement officers are typically dispatched in crises involving potential violence or criminal activity.
 Connection to Local Resources: People are referred to local mental health and/or substance use treatment services for follow-up care, ensuring continuity of support.	
Summary: Both 988 and 911 provide critical support but focus on different crisis types: 988 specializes in behavioral health crises, offering crisis counseling and emotional de-escalation, while 911 addresses physical dangers needing police, fire, or EMS. Understanding the distinction is essential to ensuring the appropriate response and care.	
Adapted from Centers for Disease Control and Prevention (CDC) Vital Signs and 988 Suicide & Crisis Lifeline Fact Sheet	



988 | SUICIDE & CRISIS LIFELINE

WHATEVER TIME: Day. Night. Weekends. Holidays.

WHATEVER THE REASON:

Mental health distress. Substance use crisis. Thoughts of suicide.
The 988 Suicide & Crisis Lifeline is here for you.



Text 988



Call 988



Chat 988lifeline.org

Simply calling or texting 988 or chatting 988lifeline.org will connect a person in crisis to compassionate care and support for any mental health or substance use-related distress. Anyone—a person in crisis, or someone supporting a person in crisis—can reach 988 in the United States through any land line, cell phone, and voice-over internet device.

With rising levels of anxiety, depression, emotional distress, and overdose deaths, it is crucial that people have somewhere to turn when they're in crisis. Suicide is a leading cause of death in the United States. The number of people with a substance use disorder continues to increase. The 988 Lifeline is a direct connection to immediate and free support and resources for anyone in crisis.

And it works. About 98 percent of people who call, chat, or text the 988 Lifeline get the crisis support they need and do not require additional services in that moment. The 988 Lifeline is a key part of a broader vision for reimagined crisis care in the United States. Through federal, state, local, and community partnerships, SAMHSA is working towards a vision where everyone has:

Someone to talk to. Someone to respond. A safe place for help.



FREQUENTLY ASKED QUESTIONS

What support is available through the 988 Lifeline?

The 988 Lifeline offers free and confidential support for anyone in crisis. That includes people who need support for a suicidal, mental health and/or substance use crisis, or who are in emotional distress.

What happens when a person calls, texts, or chats?

When a person calls or texts 988 or chats 988lifeline.org, they are connected with a crisis counselor who listens, tries to understand how the problem is affecting the person, provides support, and shares resources. 988 Lifeline crisis counselors are trained to help reduce the intensity of a situation for the person seeking help and connect them to additional local resources to support their wellbeing.

How does the 988 Lifeline protect the privacy of those who call, text, or chat?

When a person contacts the 988 Lifeline, they don't have to say who or where they are to get support. The 988 Lifeline crisis counselor knows only the person's phone number if they call or text, or their IP address if they use chat. No one is required to provide any personal information to receive the help from the 988 Lifeline.

How is 988 different from 911?

The 988 Lifeline was established to improve access to immediate support to meet the nation's growing mental health, suicide, and substance use distress needs. The 988 Lifeline provides easy access to emotional distress care, which is distinct from 911, where the focus is on dispatching emergency medical services, fire, and police, as needed.

Only a small percent of 988 Lifeline calls require activation of the 911 system. Most of those are done with the consent and cooperation of the caller. This occurs when there is imminent risk to someone's life that cannot be reduced during the call. In these cases, the crisis counselor shares information with 911 that is crucial to saving the caller's life.

SAMHSA is working towards a long-term vision of strong coordination between 988 and 911 so people in crisis get to the most appropriate care needed in that moment. SAMHSA is actively working with 911 counterparts at federal, state, and local levels as our country continues to improve response.



Urgent Realities.

A person dies by suicide every 11 minutes.

In 2022:

- The number of suicides was the highest number ever recorded in the U.S.
- Over 950,000 youth and 1.6 million adults attempted suicide.
- 12.3% of Asian youth, 12.6% of Latino youth, 12.2% of Black youth, and 15.2% of multiracial youth had serious thoughts of suicide, made suicide plans, or attempted suicide in the past year.
- Nearly 108,000 people died from a drug overdose.



Easier Access.

988 is an easy-to-remember number that is providing greater access to life-saving services.



You Are Not Alone.

988 offers 24/7 judgment-free support for mental health, substance use, and more. Text, call, or chat 988.

Email 988 questions to:

**[988Team@
samhsa.hhs.gov](mailto:988Team@samhsa.hhs.gov)**

inseparable

A Better Response

Improving America's
Mental Health Crisis System

OUR VISION

**No one's worst day
keeps them from
living their best life.**

We Need a Better Mental Health Crisis Response

Half (51%) of American adults say that their families have experienced a severe mental health crisis. Too often, those in crisis don't know who to turn to, and many don't receive the care they need.

Every minute, on average:



2 people will attempt suicide.



3 people with a mental health condition will be booked into a jail.



8 calls, texts, and chats will be made to the 988 Suicide & Crisis Lifeline.

Fortunately, with appropriate and timely interventions, people can start on a road to recovery.

The "Crisis Now" Model

The "Crisis Now" Model offers the promise of a **better response, better outcomes, and better use of state and local resources.**

CRISIS NOW MODEL

Someone to Talk To

Support from a trained crisis counselor at a 988 Lifeline contact center. **Approximately 80% of crisis calls are resolved on the phone.**

Someone to Respond

Mobile response teams with professional and paraprofessional staff available to reach anyone who needs in-person support anywhere, anytime. **Typically 70% of mobile response dispatches are resolved in the field.**

A Safe Place to Go

Crisis receiving and stabilization facilities for observation and crisis stabilization in a home-like environment for less than 24 hours. **About 60% or more who go to crisis stabilization facilities return directly to the community.**



State policymakers have the power to help.

State policymakers are uniquely positioned to shape and sustain reimagined crisis systems. By adopting policies proven to enhance access, quality, and coordination of care, states can ensure:

- ✓ Everyone in a mental health crisis receives **the right services at the right time** and has a supportive, recovery-oriented experience of care
- ✓ Youth in mental health crisis and their families receive **developmentally-appropriate services and supports**
- ✓ Law enforcement involvement in a mental health crisis **is the exception, not the rule**

Solutions at a Glance

State policymakers can address issues of financing, accountability, infrastructure, workforce, and service delivery to reimagine crisis response and ensure the right care is delivered at the right time. **The keys are:**

Establish sustainable financing

- Fund 988 call centers and related services through a small telecom surcharge
- Apply for an enhanced Medicaid match rate of 85% for qualifying mobile response services
- Require state-regulated commercial insurance coverage of mobile response
- Enforce federal coverage requirements for crisis stabilization services
- Require state-regulated payers to cover all recommended billing codes in [Sustainable Funding for Mental Health Crisis Services](#)
- Require Medicaid and commercial insurers to reimburse providers at rates that cover costs of care
- Invest state general funds that provide flexibility to cover system costs

Ensure system accountability

- Require data collection, analysis, and reporting throughout the crisis response system
- Require Medicaid contracts to include crisis system measurement, information-sharing, and performance standards
- Facilitate coordination and information sharing with emergency response systems, key system stakeholders, and partners
- Establish a state advisory board to inform the improvement of crisis response systems
- Require annual reporting to legislative bodies on the mental health crisis system, including gaps, needs, and recommendations

Build system infrastructure

- Establish common definitions, across all payers, for 988 call centers, mobile response, 23-hour crisis receiving and stabilization services, crisis residential services, peer respite, and in-home stabilization services
- Ensure that crisis-related transportation does not rely on law enforcement
- Leverage technology to allow first responders, schools, and others to connect users with a mental health professional through a virtual platform
- Develop capacity for all three components of crisis response, including youth-specific services
- Support warm lines to provide an appropriate level of support to people with less acute struggles
- Permit on-site medication storage and dispensing for crisis receiving and stabilization and crisis residential facilities

Develop Workforce Capacity

- Incorporate peer services into crisis response systems
- Enact liability protections for crisis response staff and facilities
- Update licensing and credentialing standards to include a range of crisis response professionals, paraprofessionals, and facilities
- Support training and retention of specialized crisis response staff

Promote a Culture of Service

- Require mobile response providers to “just go” when requested and prohibit providers from triaging calls or refusing to serve certain people, places, or times
- Require crisis providers to “just serve” anyone in crisis and prohibit providers from rejecting a person as “too acute,” “too agitated,” or “too intoxicated,” or from specifying a percentage of patients that may be refused
- Establish population-specific services to meet community needs

Key Terms

Key terms included in the guide are listed below. Key terms are **bolded** the first time they appear in the text.

Term	Definition
Behavioral health crisis*	A disruption in a person's thoughts, emotions, behaviors, or functioning that leads to an urgent need for assessment and treatment to prevent the condition from worsening or becoming dangerous. ^{1,2} A behavioral health crisis can happen to anyone, anytime, and is shaped by how the person perceives the situation.
Behavioral health providers	Professionals who help individuals to address mental health and substance use disorders, including psychologists, psychiatrists, nurses, peers, patient navigators, therapists, addiction and mental health counselors, recovery coaches, case workers, social workers, psychiatric aides and technicians, and other medical and nonmedical professionals who support people in managing behavioral health issues. ^{3,4}
Behavioral health services	Services and supports designed to meet the needs of people with mental and/or substance use disorders. ⁵
Continuum of care	An integrated system of care that guides and tracks a person over time through a comprehensive array of health services appropriate to their needs. A continuum of care may include prevention, early intervention, harm reduction, treatment, continuing care, and recovery support. ⁶
Crisis care	A range of services for anyone who is experiencing a behavioral health crisis. Services can include crisis lines, mobile crisis teams, and crisis receiving and stabilization facilities. ⁷
988 crisis counselor	A person trained to provide crisis counseling through the 988 Suicide & Crisis Lifeline, specializing in providing emotional support, crisis intervention, and referrals to local resources for people in emotional distress or experiencing behavioral health crises. ⁸
Cultural responsiveness	"[A] set of behaviors, attitudes, and policies that...enable a system, agency, or group of professionals to work effectively in cross-cultural situations." It involves honoring and respecting "the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services" (p. xvii). ⁹ Cultural responsiveness includes ensuring that 988 offers appropriate services for different cultural backgrounds and languages.
Emergency medical services (EMS)	A comprehensive system in which highly skilled pre-hospital clinicians respond to emergencies that require coordinated medical care, including behavioral health crisis services. EMS integrates with other services and systems, such as emergency management, public health, and public safety. EMS can also play a role in nonemergent medical care, such as mobile health and home-based services. ¹⁰

*The field lacks a standardized definition for "behavioral health crisis" because crises can vary widely in nature, severity, and how they affect each person.

Term	Definition
Emotional distress	A state of mental suffering or emotional upset that can be temporary or may last longer (e.g., several weeks or months). Signs of emotional distress can include feeling overwhelmed, sad, anxious, worried, or angry; changes to sleep and appetite; feeling tired or lacking energy; experiencing physical symptoms like headaches or stomach upset; increasing substance use; lack of interest in relationships; and difficulties at home or work and with relationships. ¹¹
Mental health	A person's emotional, psychological, and social well-being. It affects how someone thinks, feels, and acts and helps them determine how to handle stress, relate to others, and make choices. ¹²
Opioid overdose reversal medication (OORM)	OORMs are lifesaving medications approved by the Food and Drug Administration (FDA) to reverse opioid overdose. Two FDA-approved OORMs are naloxone (available over the counter) and nalmefene (available by prescription), which are effective in reversing opioid overdose, even in instances when opioids are used in combination with other sedatives or stimulants. ¹³
Primary care provider (PCP)	PCPs include physicians, nurses, nurse practitioners, and physician assistants. PCPs typically advise and treat a variety of health-related issues and coordinate care with specialists. They remain involved with people's care on a long-term basis. ¹⁴
Problematic substance use	"The use of any substance in a manner, situation, amount, or frequency that causes harm to the person using the substance or to those around them...In the case of prescription medications, problematic use is any use other than as prescribed or directed by a healthcare professional. For some substances (e.g., heroin, cocaine) or people (e.g., those who engage in injection drug use), any use constitutes problematic use." (p. xiv) ¹⁵
Safety planning	A brief intervention in which people identify steps they can use during a suicidal crisis to reduce the chance of engaging in suicidal behavior. ¹⁶
Suicidal ideation	A range of thoughts that exist on a continuum from fleeting, vague considerations of death to more persistent and highly specific thoughts about suicide. These thoughts may occur sporadically or may be constant and unrelenting, but they do not necessarily involve concrete plans to carry out the act of suicide. ¹⁷
Trusted network	The trusted people (e.g., family members, caregivers, friends, classmates, coworkers) involved in helping people make decisions during a crisis.

REIMAGINE

Crisis Response

States with a 988 Fee

	988 Fee Amount	Estimated Annual Revenue (in Millions)	Effective Date (on or after)
 California	\$0.08-\$0.30 per line per month	\$55.6	\$0.08 charge began on Jan. 1, 2023. Starting Jan. 1, 2025, the fee will be charged at an amount based on a specified formula, but no greater than \$0.30
 Colorado	Capped at \$0.30 per line per month	\$ 12.7	\$0.18 charge began Jan. 1, 2022
 Delaware	\$0.60 per line per month	\$9.4	Jan. 16, 2024
 Maryland*	\$0.25 per line per month	\$27	Oct. 1, 2024
 Minnesota	Capped at \$0.25 per line per month	\$9.8	\$0.12 charge begins Sept. 1, 2024
 Nevada	\$0.35 per line per month	\$13.3	Jan. 20, 2023
 Oregon	\$0.40 per line per month	\$32.9	Jan. 1, 2024 (sunsets Jan. 1, 2030)
 Virginia	\$0.12 per line per month	\$10	July 1, 2021
 Vermont*	A portion of \$0.72 per line per month	\$1	July 1, 2025
 Washington	\$0.40 per line per month	\$46	Jan. 1, 2023

* Maryland and Vermont enacted 988 fee legislation in 2024.



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April 21, 2025

Chair Representative Mina and Health & Social Services Committee
State Capitol Bldg.
Juneau, AK 99801

RE: Support for HB 138 – Behavioral Health Crisis Surcharge and Fund

Dear Members of the Health & Social Services Committee,

My name is Dennis Lasley, and I serve as the Secretary of the Anchorage Police Department Employees Association (APDEA), representing the dedicated professionals who serve in Alaska's largest law enforcement agency. I am also a 911 dispatch supervisor with nearly 17 years of experience in law enforcement, and I speak to you today not just from a professional lens, but as someone with a deep personal commitment to suicide prevention and mental health advocacy.

For over 16 years, I have also served as a volunteer leader with the American Foundation for Suicide Prevention (AFSP), helping to build and lead the Alaska Chapter as its founding chair. This unique intersection of professional service and personal advocacy has given me a clear and unwavering understanding: **we must do more to divert individuals in behavioral health crisis from law enforcement and toward appropriate, lifesaving care.**

The vast majority of mental health crisis calls that come through our dispatch center do not require a law enforcement response. And yet, because of a lack of resources and sustainable funding, police officers are often the default—an approach that is not only ineffective but can be draining for our limited public safety resources and diverts those resources away from their core public safety mission.

HB 138 presents a much-needed, sustainable solution. By establishing a modest \$0.98 monthly surcharge on mobile and landline phones, HB 138 would generate an estimated \$6-8 million annually to support the Crisis Now model statewide. This investment is not only necessary—it is long overdue.

As Alaska faces deep fiscal challenges, with slashed federal support and reductions in our Behavioral Health Treatment and Recovery Grants since 2019, we must find ways to build resilience into our behavioral health systems. Alaska continues to have the second-highest rate of adult suicide and the highest rate of teen suicide in the country. Opioid-related deaths in Alaska have spiked while the rest of the country trends downward. We cannot ignore the reality any longer—lives are at stake.



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HB 138 builds upon the promising foundation of HB 172 (2022) by creating **predictable, flexible funding** for a range of community-tailored services, including:

- Mobile crisis teams to respond with compassion;
- 23-hour crisis stabilization centers to keep people out of jail and emergency rooms;
- Support for the 988 Lifeline and local Careline operations;
- Workforce stabilization to recruit and retain qualified behavioral health professionals;
- Culturally appropriate programs that meet the unique needs of our diverse Alaska communities.

This is not just a policy decision—it is a public safety imperative. It is a moral commitment to ensure Alaskans in crisis receive the right care from the right people at the right time.

I urge you to support HB 138 and provide the leadership necessary to secure long-term, effective, compassionate behavioral health crisis services across Alaska. Our officers, our dispatchers, our communities—and most importantly, those in crisis—are depending on it.

With respect and gratitude,

Dennis Lasley
Secretary, Anchorage Police Department Employees Association
911 Dispatch Supervisor, Anchorage
Founding Chair, AFSP Alaska Chapter



Dear Health & Social Service Committee Members,

I am writing to express my support for House Bill 138 (HB138), which will establish a dedicated funding mechanism for Alaska's behavioral health crisis services, including our Careline Alaska Crisis Call Center—the state's only 988 crisis call center.

Careline Alaska provides life-saving crisis intervention, providing nearly 40,000 crisis contacts for vulnerable Alaskans last year alone. The crisis call center provides a critical service for individuals experiencing mental health crises, suicidal ideation, and emotional distress, connecting them with compassionate professionals who offer immediate support. Each timely intervention by Careline helps avert expensive hospital stays and transfers to psychiatric facilities, reducing the State's costs while emphasizing early assistance and sustained well-being.

Despite their immense public health impact, services like Careline's often struggle to secure reliable funding through traditional sources such as Medicaid. Implementing sustainable funding solutions for Alaska's crisis care system is essential. HB138 ensures funding for crisis response services to support operations like Careline Alaska. Passage of this groundbreaking legislation maintains and expands critical behavioral health resources, ensuring no Alaskan in crisis is left without help.

I urge you to support HB138 and advocate for its swift passage. Reliable funding for the Careline Alaska Crisis Call Center and other crisis care providers will save lives and strengthen Alaska's behavioral health crisis response system for generations.

Thank you for your time and consideration. Please contact me if you require further information or personal testimony regarding the importance of Careline Alaska and HB138.

Sincerely,

Susanna Marchuk
Executive Director
executivedirector@akccsi.org

Chair Mina and Members of the House Health & Social Services Committee
Alaska State Legislature
April 23, 2025
Juneau, AK
RE: Letter of Support for House Bill 138

Dear Chair Mina and Members of the Committee,

My name is Jennifer Pierce, and I am the Lead Mental Health Clinician for the Anchorage Fire Department's Mobile Crisis Team (AFD MCT). I am writing today to express my strong support for HB 138, which proposes a sustainable funding mechanism to support the expansion and long-term implementation of the Crisis Now model across Alaska. The views expressed here are my own and do not reflect those of the Anchorage Fire Department.

My experience with behavioral health crises spans a range of roles. First as a police officer with the Anchorage Police Department for over eight years, then as a mental health therapist at Providence Hospital on both inpatient and emergency units, and now as the lead clinician for AFD MCT. In each of these positions, I have witnessed the shortcomings of our crisis response systems. As an officer, I felt unprepared to meet the needs of individuals experiencing a behavioral health crisis. As a therapist in a hospital setting, I saw people admitted to emergency rooms who could have been better served in the community. These gaps made it clear that we needed a different, more effective approach.

The Municipality of Anchorage acted on this need by investing in the Mobile Crisis Team through alcohol tax funding in 2020, launching a program based on the Crisis Now model. This approach changed how behavioral health crises are managed locally. Instead of sending police or EMS (who may not be equipped to help in a behavioral health crisis) AFD MCT dispatches a team of licensed mental health clinicians and EMTs or paramedics trained in trauma-informed, culturally responsive care. Our interventions help people remain safely in the community and connect them to meaningful resources.

In many cases, hospitalization is not only unnecessary but can inadvertently increase risk. A growing body of peer-reviewed research shows that the period immediately following psychiatric hospitalization is associated with a significantly elevated risk for suicide, particularly within the first week and month after discharge. These findings reinforce what we see in practice: unnecessary hospitalization can be traumatic, destabilizing, and, without proper follow-up, dangerous.

Mobile Crisis Teams are essential because they offer a safer, more stabilizing alternative to hospitalization in many cases. The AFD MCT model helps individuals remain in the community, connected to services, and avoids the risks associated with inpatient discharge. Supporting HB 138 means investing in crisis care that not only resolves immediate distress, but also prevents downstream harms like suicide after hospitalization.

In 2024 alone, AFD MCT responded to 4,658 calls of those 4,170 were 911 behavioral health crises. In 87.29% of these cases, individuals remained safe in their community with appropriate follow-up. Only 1.5% were transported by law enforcement and 11.12% by ambulance to a hospital. Law enforcement was only present on approximately 227 calls. Most importantly, there have been zero injuries to individuals, team members, or community members—underscoring the safety and efficacy of this model.

Our team also gathers anonymous feedback from the individuals we serve. In 2024, 100% of respondents reported they were treated with respect and were satisfied with the care they received. 98% stated the Mobile Crisis Team was helpful. Many noted the relief of receiving a non-law enforcement response, the accessibility of community-based help, and the value of being connected to the right services without entering the emergency system.

What we're seeing in Anchorage reflects what's possible statewide. The Crisis Now model is recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a national best practice. By supporting HB 138, Alaska will be joining other states in aligning with this evidence-based, integrated approach to behavioral health crisis care.

Equally crucial is expanding these services to Alaska's rural and remote communities. Too many areas across the state still lack access to appropriate crisis care. HB 138 would provide critical funding to build out this infrastructure beyond urban centers—ensuring that every Alaskan, regardless of location, can receive the right response, at the right time, in the right place.

The Mobile Crisis Team cannot operate in isolation. We rely on 988 crisis line professionals and behavioral health stabilization centers to complete the continuum of care. HB 138 provides the funding necessary to support this full crisis system, which is only effective when its parts—988, mobile response, and stabilization—are well-integrated and resourced.

I urge you to pass HB 138 and help create a comprehensive, community-based crisis response system that reaches every corner of our state. The Anchorage Fire Department Mobile Crisis Team is one example of what's possible. With your support, many more communities in Alaska could benefit from this model.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Pierce".

Jennifer Pierce, M.S., LPC-S
Doctoral Candidate, Clinical-Community Psychology
University of Alaska Anchorage
Lead Mental Health Clinician, Mobile Crisis Team
Anchorage Fire Department



Brenda McFarlane - Crisis Now Community Coordinator

22 April 2025

Representative Genevieve Mina
Health & Social Services Committee

Dear Health & Social Service Committee Members,

Thank you for this opportunity for the City of Fairbanks Crisis Now Coordinator to express strong support for House Bill 138 to expand crisis service capacity across the state.

The Fairbanks City Council passed [Resolution 5145](#) in December 2024 to ask the Alaska State Legislature to prioritize the development and expansion of a crisis behavioral health system in the State of Alaska.

Our community members have been advocating for an alternative to an emergency room or correctional facility for their loved ones for decades. The City of Fairbanks supports Careline Alaska, Mobile Crisis Teams across the state, and the formation of 'No Wrong Door' Crisis Stabilization Centers which accept 100% of referrals from law enforcement, emergency service providers, and the public.

The City has had the distinct privilege of partnering with Alaska Behavioral Health for the provision of Mobile Crisis Team response to citizens in distress for the last 3.5 years. The team is operated to the full fidelity of the Crisis Now model, integrated with our public safety professionals, and keeps over 82% of community members in their community—diverting them from the hospital and incarceration. We are seeing the fruits of our labor as the Alaska State Troopers are now partnered with the Mobile Crisis Team and the team's call volume is expanding—with 113 calls in March 2025. This is not the time to lose momentum in the provision of a secure funding source for these services which will eventually save the state money. Every diversion of an individual with Medicaid insurance from an emergency room stay, hospital admission, and possible transfer to the Alaska Psychiatric Facility saves the State of Alaska thousands of dollars.

The City of Fairbanks supports and asks the legislature to continue to support the establishment of crisis services to build capacity for individuals in crisis to be served appropriately in their regions.

Sincerely,

Brenda McFarlane
Crisis Now Community Coordinator
Mayor's Office, City of Fairbanks
bmcfarlane@fairbanks.us | 907-459-9764

Phone: (907) 459-6793 Fax: (907) 459-6710

800 Cushman Street, Fairbanks, AK, 99701





**American
Foundation
for Suicide
Prevention**

Alaska

April 21, 2025

Chair Mina and Members of the Health & Social Services Committee,

Subject: Support for HB 138 – Sustainable Funding for the 988 Suicide & Crisis Lifeline

On behalf of the Alaska Chapter of the American Foundation for Suicide Prevention (AFSP), I write to express our strong support for House Bill 138, which would establish a sustainable funding mechanism for the 988 Suicide & Crisis Lifeline and related behavioral health crisis response services across Alaska.

As our state continues to confront a growing mental health and substance use crisis, the need for accessible, immediate support has never been greater. The 988 Lifeline offers a critical connection to help for individuals experiencing suicidal thoughts, mental health emergencies, or substance use concerns—by phone, text, or chat at 988lifeline.org. These services save lives.

Why HB 138 Is Urgently Needed:

- Alaska has the second-highest suicide rate in the country, and Alaska Native and American Indian populations continue to be disproportionately affected, with the highest suicide rates among all racial and ethnic groups nationwide. According to the newest data in 2023, Alaska had the *highest* age-adjusted suicide rate (28.2/100,000) in the United States.
- Careline Alaska, our state's 988 call center, answered over 24,000 calls last year. It was also one of the first centers in the country to join the National Suicide Prevention Lifeline back in 2005, demonstrating Alaska's long-standing leadership in this area.
- HB 138 builds on the Crisis Now framework authorized by HB 172 (2022), which is designed to reduce the burden on law enforcement, emergency departments, and correctional systems, while ensuring that individuals in crisis receive timely and appropriate care.

The legislation allows for flexible grant funding through the Division of Behavioral Health to support local crisis response systems, including:

- Mobile crisis teams
- Careline/988 operations
- 23-hour crisis stabilization centers

American Foundation for Suicide Prevention
2440 E. Tudor #191 | Anchorage, AK 99507
afsp.org/alaska | alaska@afsp.org
Tax ID 13-3393329



**American
Foundation
for Suicide
Prevention**

Alaska

- Culturally responsive programs and outreach
- Workforce stabilization efforts

These investments are critical for building a crisis care continuum that meets the unique needs of our diverse communities across Alaska.

AFSP-Alaska Chapter urges the Health & Social Services Committee to advance HB 138 and help ensure long-term support for Alaska's behavioral health crisis system. Stable funding is essential to maintaining and expanding life-saving services like the 988 Lifeline—and ensuring all Alaskans can access help when they need it most.

Thank you for your commitment to improving behavioral health care and saving lives in Alaska.

Sincerely,

James Biela

Advocacy Ambassador AFSP – Alaska Chapter

Co-Chair National Public Policy AFSP

(907)-545-4675

American Foundation for Suicide Prevention
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Tax ID 13-3393329



ALASKA YOUTH & FAMILY NETWORK

CULTIVATING WELLNESS AND STABILITY FOR ALASKAN FAMILIES WITHIN THEIR COMMUNITIES THROUGH
PEER-SUPPORTED ADVOCACY, EDUCATION, AND BEHAVIORAL HEALTH SERVICES

Alaska's Chapter of the Federation of Families for Children's Mental Health/National Federation of Families

April 22, 2025
House Health and Social Services Committee
Attn: Representative Genevieve Mina, Chair

Re: Letter of Support for HB138-Behavioral Health Crisis Surcharge and Funding

Dear Representative Mina and Members of the Health and Social Services Committee,

Alaska Youth and Family Network (AYFN) supports House Bill 138 to expand Alaska's Behavioral Health Crisis Response continuum of care. As frequent providers of crisis support to Alaskan youth and families, and active members of the Mat-Su Crisis Community Care Team, we understand the transformative potential of this bill for those experiencing behavioral health crises. This legislation is crucial amidst a severe fiscal crisis and limited federal funding.

The bill recognizes the importance of investing in the entire continuum of care, from crisis intervention to long-term support. This holistic approach will benefit not only individuals in crisis but also their families, healthcare providers, and the community at large.

Since 2019, reduced Behavioral Health Treatment and Recovery Grants have impacted service quality. Alaska has the second highest adult suicide rate and the highest teen suicide rate in the U.S., indicating the urgent need for enhanced crisis services.

With increasing opioid-related deaths, HB138 proposes a \$0.98 per line surcharge to generate \$6-8 million annually for sustainable Crisis Now-related services. This builds on HB172 (2022) to relieve law enforcement, first responders, hospitals, and corrections through the 988/Crisis Now framework.

The bill offers flexible funding to expand local capacity and services, supporting mobile crisis teams, the Alaska Crisis Call Line/988, stabilization centers, outreach programs, and workforce stabilization.

Expanding the behavioral health crisis response continuum of care will contribute to the overall well-being of our community. It will help reduce the stigma associated with mental health issues and promote a healthier, more supportive environment for all Alaskans, including our most vulnerable at risk children, youth, and families.

Please support HB138 to ensure adequate funding for Alaska's behavioral health crisis response services.

Paul Cornils
Executive Director

ALASKA
YOUTH & FAMILY
NETWORK

PO BOX: 233142, Anchorage, Alaska 99523-3142 Main Office: 740 Communications Ave, Anchorage, Alaska 99503

Phone: 907-770-4979

Fax: 907-564-6200

Website: www.ayfn.org

Email: admin@ayfn.org



Our Mission

To provide support, education and advocacy for people experiencing psychiatric disabilities, their families, friends, and interested community members.

NAMI Fairbanks

3504 Industrial Ave, Suite 102
Fairbanks, AK 99701

April 23, 2025

Representative Genevieve Mina
House Health and Social Services Committee
Alaska State Legislature
Juneau, AK 99801

Re: Support for House Bill 138 – Behavioral Health Crisis Services Surcharge

Dear Representative Mina and Members of the House Health and Social Services Committee,

On behalf of NAMI Fairbanks, I write in strong support of House Bill 138, which establishes a much-needed behavioral health crisis services surcharge to fund Alaska's Crisis Now framework and 988 response system.

As Alaska faces a dire fiscal climate and ongoing reductions to critical behavioral health and substance use programs, HB 138 offers a sustainable and predictable funding mechanism to ensure that people in crisis receive timely, appropriate care. This is especially critical in our state, which continues to experience some of the highest suicide and opioid-related death rates in the nation.

The flexibility built into this legislation empowers communities like ours to expand mobile crisis response, improve 988 call center services, develop stabilization centers, and invest in culturally responsive outreach. These services are essential to reducing strain on law enforcement, emergency departments, and correctional facilities—while offering more compassionate and effective care.

At NAMI Fairbanks, we see firsthand the gaps in crisis services that leave individuals and families vulnerable. We believe HB 138 is a necessary step forward to strengthen Alaska's behavioral health system and save lives.

Thank you for your leadership on this vital issue.

Sincerely,

A handwritten signature in black ink that reads "Nenette Rogers".

Nenette Rogers
Executive Director
NAMI Fairbanks
nenette.rogers@namifairbanks.org
(907) 456-4704



April 21, 2025

To: Chair Mina and the Health & Social Services Committee,

I am writing to express my support for HB 138. With some of the highest rates for mental health and substance use related hospitalizations, incarcerations, and deaths, the need for funding remains high. We have seen previous grant and other funding go to organizations that are making a real difference. The State of Alaska Epidemiology Bulletin stated, "The decline in overdose rates in 2024 offers hope, but the persistence of high rates calls for continued, targeted efforts. Expanding harm reduction strategies such as naloxone distribution, overdose prevention education, and connections to treatment services are essential steps in addressing the ongoing opioid crisis in Alaska." Cutting back now would prove detrimental to the state.

HB 138 seeks to provide sustainable and predictable funding for Crisis Now-related services across Alaska. At \$.98 per line, HB 138 is estimated to generate \$6-8 million annually. The 988/Crisis Now framework seeks to alleviate the burden on law enforcement, first responders, hospitals, and corrections. 988, Mobile Crisis Teams, and Stabilization crisis counselors have saved the lives of our neighbors. 988/Careline in the state of AK has answered more than 32,000 calls in FY24.

The Crisis Now framework authorized in HB 172 (2022) has created funding flexibility allowing communities to expand capacity and services based on specific local needs and gaps. Grants available through the Division of Behavioral Health possess the potential to create and expand:

- Mobile Crisis Teams
- Alaska Crisis Call Line/988
- 23-hour stabilization centers
- Culturally appropriate outreach, programs, and services
- Workforce stabilization

Efforts to build out an improved crisis response needs your support for HB 138. Thank you for your time on this critical issue.

Lisa DeLaet

Ketchikan Crisis Now Coordinator
Ketchikan Wellness Coalition

Brenda R. Hannah

Brenda Hannah
Project Director, 988 Athabascan Suicide Response Project
bhannah2@alaska.edu
907-322-8772

April 17, 2025
Alaska State Legislature
State Capitol
Juneau, AK 99801

RE: Letter of Support for HB 138 – Behavioral Health Crisis Services Surcharge & Culturally Relevant 988 Outreach

Dear Members of the Alaska State Legislature,

I am writing to express my strong support for House Bill 138, which proposes the creation of a Behavioral Health Crisis Services Surcharge to ensure the long-term sustainability of the 988 Suicide & Crisis Lifeline and related behavioral health services throughout Alaska.

As the Project Director for the 988 Athabascan Suicide Response Project, I lead outreach efforts focused on reducing stigma and improving help-seeking behaviors in Alaska Native communities, where suicide rates remain disproportionately high. Our work demonstrates that crisis response systems like the 988 Lifeline are only effective when they are seen as trusted, culturally aligned resources.

Through our culturally relevant awareness campaign, we used Alaska Native imagery, values, and language to promote 988 not simply as a number, but as a symbol of community care, cultural strength, and early intervention. These efforts are deeply rooted in the lived realities of the people we serve and are vital to fostering meaningful engagement with behavioral health services.

Currently, 988 operations and outreach—especially culturally grounded programming—are supported solely by time-limited grant funding. I should not have to remind you that in today’s political environment, relying on unstable federal or state grants is not a viable long-term strategy. HB 138 is essential. By establishing a modest telecommunications surcharge, this bill creates a dedicated, sustainable fund to maintain, expand, and adapt these services across Alaska.

This is more than a policy proposal—it is a lifeline for Alaska Native communities in crisis. Without this funding mechanism, we risk losing the trust we’ve worked so hard to build and compromising access to life-saving resources.

I respectfully urge the Legislature to support HB 138 and to prioritize a behavioral health crisis infrastructure that is sustainable, culturally responsive, and equitable for all Alaskans.

Thank you for your time, your leadership, and your continued commitment to mental health equity for all Alaskans.

Respectfully,
Brenda Hannah

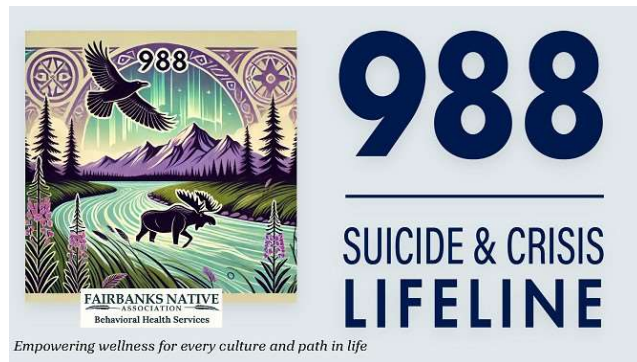
Project Director, 988 Athabascan Tribal Response Grant
Fairbanks Native Association



988 Athabascan Suicide Response
Project Director





Brenda Hannah

907-452-6251 x6425
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516 2nd Ave. #220
Fairbanks, Alaska 99701
<https://www.fairbanksnative.org>



Crisis Support Resources:

If you or someone you know is in crisis—whether you're concerned for yourself, a loved one, or a member of your community—please reach out for support.

-  Call or text **988** to reach the **988 Suicide & Crisis Lifeline**
-  Chat online at 988Lifeline.org/chat
-  Or visit 988Lifeline.org to connect with a trained crisis counselor
-  Text **“TALK”** or **“HOME”** to **741741** to connect with the Crisis Text Line

For our Alaska Native and American Indian relatives:
Please lean on your trusted community healers, Elders, Tribal behavioral health programs, and cultural support systems.

Your wellness matters, and you are not alone on this journey.

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April 22, 2025

House Health & Social Services Committee
State Capitol Room 106
Juneau, AK 99801

Via electronic submission

RE: SUPPORT FOR HB 138—Behavioral Health Crisis Services Surcharge

Dear Chair Mina and Members of the Committee:

On behalf of Inseparable, a national nonprofit mental health advocacy organization, I write to urge the Committee's support of HB 138, which would generate an estimated \$6-8 million annually to sustainably support local crisis response options that save lives and help ensure that no one's worst day keeps them from living their best life.

Every minute in our nation, an average of two people will attempt suicide, three people with a mental health condition will be booked into a jail, and eight calls, texts, and chats are made to the 988 Suicide & Crisis Lifeline. Alaska experiences these crises even more acutely – with the second-highest rate of adult suicide in the U.S., the highest rate of teen suicide, and increases in overdose deaths even as other states' rates decline. Too often, those in crisis don't know who to turn to, and too many do not receive the care they need.

The "Crisis Now" model offers a better response with "someone to talk to, someone to respond, and a safe place for help." This three-part mental health crisis framework acts like an efficient funnel. Most people in distress get the help they need from a 988 Lifeline or Careline. Typically, only one in five people will need help from a mobile response team. And an even smaller number will need support from "a safe place for help," like a crisis stabilization facility. Communities that have implemented these crisis services have seen decreases in avoidable arrests, emergency department visits, trauma, and tragedy.

Over the past few years, Alaska has been developing innovative crisis services based on this model. However, with state general funds in scarce supply and already diminished federal funds slated for further, deeper cuts, establishing sustainable funding for Alaska's crisis services has never been more important. HB 138, with a \$.98 surcharge per telephone line, is a smart solution that would generate an estimated \$6-8 million annually. Ten states have already enacted a 988 surcharge to support their mental health crisis continuums of care.

Importantly, the funding from HB 138 would provide flexibility – through Division of Behavioral Health grants – for local communities to develop options that best meet their needs—whether for mobile crisis teams, peer respite services, crisis stabilization centers, increased Careline/988 Lifeline capacity, or culturally specific responses, like a crisis and help line for Alaska's Native communities.

We respectfully urge the Committee to support HB 138 and, with it, crisis services that offer safety, dignity, and the hope of recovery.

Respectfully,

A handwritten signature in cursive script that reads "Angela Kimball".

Angela Kimball
Chief Advocacy Officer

From: [Nicholas Haas](#)
To: [House Health and Social Services](#)
Subject: HB 138 Letter of Support
Date: Tuesday, April 22, 2025 8:09:19 AM

Health & Social Services Committee,

My name is Nicholas (Nick) Haas and I am the Security Manager at Mat-Su Regional Medical Center. I consistently see the need for additional Behavioral Health and Crisis Now support, specifically in Mat-Su Borough. Law Enforcement and EMS do not have the manpower or bandwidth to support the volume of Alaskans in behavioral health crises. The Mobile Crisis Team and similar organizations augment Law Enforcement and alleviate the excess load placed on their shoulders. Current funding for additional resources is critical to assisting first responders within our communities. I am also a member of the Crisis Intervention Team coalition and a graduate of the Crisis Intervention Team Academy. I have seen firsthand what a dedicated community can do to combat the behavioral health crises we are seeing in the Mat-Su Borough. As an Alaskan, and as a professional that sees the value in Behavioral and Crisis Support Services in my community, I fully support HB 138. My opinions are my own and not necessarily a representation of my organization or employer.

--

Very Respectfully,

Nicholas (Nick) Haas
Chief of Security
Public Safety Department
Mat-Su Regional Medical Center
2500 S Woodworth Loop
Palmer, AK 99645
907-861-6575 (Office)
907-982-5453 (Cell)

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This is a confidential patient safety work product communication. It is protected from disclosure pursuant to the provisions of the Patient Safety and Quality Improvement Act "42 CFR, Part 3" and other state and federal laws. Unauthorized disclosure or duplication is prohibited.

April 22, 2025

Chair Mina and the Health & Social Services Committee

Subject: In support of HB 138

Dear Representative Mina,

My name is Barbara Mongar and I live in Palmer, Alaska. I am the Coordinator of the Mat-Su Reentry Coalition. I am writing in support of HB 138.

The Mat-Su Reentry Coalition and its partners provide hands-on support for Alaskans leaving incarceration and successfully returning to their communities. We help them get employment, housing, and access to treatment and healthcare.

Many of the individuals we work with have mental and substance abuse issues and would benefit from having access to Crisis Now-related services.

Alaska's Behavioral Health Treatment and Recovery Grants have been significantly cut since 2019. Alaska not only has the 2nd highest rate of adult suicide, it also has seen opioid- related deaths significantly increase in recent years.

HB 138 seeks to provide sustainable and predictable funding for Crisis Now-related services across Alaska by establishing a behavioral health crisis Service surcharge and establishing the behavioral health crisis fund. At \$.98 per line, HB 138 is estimated to generate \$6-8 million annually. The 988/Crisis Now framework seeks to alleviate the burden on law enforcement, first responders, hospitals, and corrections.

I support HB 138 because funding flexibility is built in to allow communities to expand capacity and Crisis Now related services based on specific local needs and gaps. Behavioral health crisis related services help individuals experiencing a crisis get stabilized and become contributing members of their communities.

Sincerely,



Barbara A. Mongar
5945 E. Bideford Blvd,
Palmer, Alaska 99645

From: [Dustin Morris](#)
To: [House Health and Social Services](#)
Subject: support for HB 138
Date: Wednesday, April 23, 2025 11:08:26 AM

Dear Members of the Alaska State Legislature, Health & Social Services Committee

I am writing in support of House Bill 138.

This bill will help people in Alaska who are going through mental health or addiction crises by creating a small monthly fee on phone bills. The money will go into a special fund to support the 988 crisis line and other important services, like training for workers, public education, and helping people in danger get the care they need.

This is a smart and fair way to make sure help is there when people need it most. A small cost each month can help save lives and build a stronger, healthier Alaska.

Please vote yes on HB 138.

Sincerely,
Dustin Morris
Anchorage, Alaska

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Dustin Morris (he/him/his)

2SLGBTQIA+ Ally



Email: dustin@northernrelations.com

[Facebook](#) | [Instagram](#) | [LinkedIn](#) | [#dustindoodles](#)

April 22, 2025

To: Representative Genevieve Mina

From: Linda Setterberg, [REDACTED] Fairbanks, Alaska 99712

Dear Health & Social Service Committee Members,

Thank you for this opportunity for the Fairbanks community to express strong support for House Bill 138 to expand crisis service capacity across the state.

The Fairbanks City Council passed Resolution 5145 in December 2024 to ask the Alaska State Legislature to prioritize the development and expansion of a crisis behavioral health system in the State of Alaska. Along with many community members I have been advocating for an alternative to an emergency room or correctional facility for our loved ones for twenty years. My own son was stabilized on psychiatric medications at FCC after a chaotic and expensive crisis in his mental health. I support Careline Alaska, Mobile Crisis Teams across the state, and the formation of 'No Wrong Door' Crisis Stabilization Centers which accept 100% of referrals from law enforcement, emergency service providers, and the public.

Our community has witnessed Alaska Behavioral Health mobilize the Mobile Crisis Team response to citizens in distress for the last 3.5 years. The team is operated to the full fidelity of the Crisis Now model, integrated with our public safety professionals, and keeps over 82% of community members in their community—diverting them from the hospital and incarceration. With the Alaska State Troopers partnering with the Mobile Crisis Team and the team's call volume is expanding—with 113 calls in March 2025. This is not the time to lose momentum in the provision of a secure funding source for these services which will eventually save the state money. Every diversion of an individual with Medicaid insurance from an emergency room stay, hospital admission, and possible transfer to the Alaska Psychiatric Facility saves the State of Alaska thousands of dollars.

As a mom, pastor and mental health advocate I support and ask the legislature to continue to support the establishment of crisis services to build capacity for individuals in crisis to be served appropriately in their regions.

Sincerely,

Linda Setterberg

Pastor of New Beginnings Church

FCC Volunteer Chaplain

Board Member of City Recovery

[REDACTED]

lindassett@gmail.com

April 22, 2025

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From: Linda Setterberg, 109 Kniffen Road, Fairbanks, Alaska 99712

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Sincerely,

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Pastor of New Beginnings Church

FCC Volunteer Chaplain

Board Member of City Recovery

907-378-5859

lindassett@gmail.com