

**Department of Health and Social Services  
Division of Behavioral Health**

**FY 2020 Budget Presentation Packet**

**March 2019**

## **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**

Suicide prevention funds support the 24/7 suicide hotline-Careline; the Trauma-Engaged Alaska Alternative School Initiative-provide counselors in 14 alternative schools; Gatekeepers training; and behavioral health coaching learning modules

The Division works closely with the Statewide Suicide Prevention Council on these efforts using the 2018-2022 five-year plan- Recasting the Net- to guide our support to state agencies, local community organizations and community members.

### ***Careline***

Careline provides a critical service to Alaskans, available 24/7, skilled staff stand ready to listen, provide options/referrals/resources, and help callers discover their own solutions. Careline services are free and confidential. 1-877-266-4357

Careline has experienced significant growth in call volume. In FY15 the Careline answered 10,270 calls. The Careline answered 20,976 calls in FY18.

### ***Trauma-engaged Alaska Alternative School Initiative***

Interdepartmental partnership between DBH and DEED. Five-year 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 increase interpersonal connectedness and to provide opportunities for students to increase emotional well-being and experience benefits associated with having trusting relationships with healthy adults (two protective factors shown effective in preventing suicide)

Targeted behavioral health issues addressed are improved mental health, decreased suicide attempts/completions, and decreased substance misused.

### ***Gatekeepers***

The Division of Behavioral Health and UAA Center for Human Development, Alaska Training Cooperative, coordinated State of Alaska suicide prevention efforts by providing the QPR Gatekeeper training, as well as Training of Trainers in Alaskan Communities.

The QPR Gatekeeper training is a simple educational program that teaches ordinary citizens how to recognize a mental health emergency and how to get a person at risk the help they need. It is also an action plan that can result in lives saved. QPR stands for Question, Persuade and Refer, an emergency mental health intervention for suicidal persons.

In 2018, Master Trainers provided a "Training of Trainers" to 144 people. The new trainers then provide training for their respective organizations. During 2018, the basic QPR Gatekeeper training was delivered to 4,498 people across the state through collaboration with the Alaska Training Cooperative and the Alaska Mental Health Trust Authority.

## **COMPREHENSIVE BEHAVIORAL HEALTH PREVENTION & EARLY INTERVENTION SERVICES (CBHPEI)**

Community Coalition grantees (18 throughout the state) engage 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.

### **RURAL HUMAN SERVICES**

The rural human services systems project (RHSS) is a partnership between DBH and the University of Alaska Fairbanks (UAF) College of Rural Alaska. 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 RHS classes and completing their certification. These village-based student interns function as behavioral health paraprofessionals providing prevention, early intervention and general counseling services to the community.

Following the RHS 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.

### ***Behavioral Health Coaching-eLearning Modules***

With the 1115 Waiver Demonstration Project in Alaska expected to allow increased opportunities to fund preventative and community based services, there is a recognition that there are not enough entry level behavioral health providers to meet this new model of practice. This workforce gap will be addressed in part through development of a 30 credit behavioral health coaching certification based out of the UAS campus and available to students statewide.

The UAS curriculum workgroup and industry executives statewide are meeting to gather input in shaping both the curriculum content and the delivery. Successful completion of this project will be identified when a 30 credit, distance, statewide delivery certificate in behavioral health coaching has been submitted to the UAS curriculum committee. UAS is committed to offering one key course in the fall of 2019 and one in the spring of 2020, with full implementation of the certificate set for fall 2020.

## **ALCOHOL SAFETY ACTION PROGRAM**

### ***Sobriety Monitoring***

The Alaska Alcohol Safety Action Program (ASAP) provides substance abuse screening, case management and accountability for 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.

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

### ***Therapeutic Courts***

The Therapeutic Court is an alternative justice model in which a collaborative court team 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, oversees and closely monitors participants who chose the treatment program in lieu of incarceration.

To be considered, participants must meet 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 engage 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)

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, sell rates to minors in Alaska have dropped from 36% in 2001 to 4.7% in 2018. 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. 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.

Providers are a combination of both non-profit and tribal health organizations with nearly 100% coverage statewide.

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
  7. Providence Alaska Medical Center
2. The Mental Health Treatment Assistance Program (MHTAP) provides financial assistance for inpatient psychiatric hospital and ancillary services at 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.

The following are DET facilities:

1. Bartlett Regional Hospital
2. Fairbanks Memorial Hospital

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.

The secure transport agencies are:

1. 49<sup>th</sup> State Security
2. Bootlegger Security Services
3. Goldbelt Security
4. Securitas
5. WEKA

## REHABILITATION TREATMENT SERVICES

DBH provides rehabilitative services of skill building, peer supports, supported affordable housing opportunities and supported work and educational opportunities.

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

DBH has established a partnership with the Alaska Housing Finance Corporation (AHFC) that leverages state and federal (Housing and Urban Development-HUD) 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 or mental health disorders.

Due to the positive correlation between employment and recovery/treatment outcomes, DBH partners with the Division of Vocational Rehabilitation to expand employment opportunities for individuals with substance use or mental health disorders. In addition, DBH is using some of the State Opioid Response (SOR) funding to expand employment supports for individuals with opioid use disorders.

### **Short definitions**

**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 has been 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, SUD treatment facilities and/or consumer owned and operated centers.

## **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.

DBH facilitates coordination through funding streams: requires grantees to establish community coalitions where representation from the various parts of a community (i.e. representation of the variety of services in the above mentioned dimensions) meet regularly to share information for the purpose of coordination, sharing information and identifying needs and solutions.

The Department is undertaking several efforts to coordinate the opioid response as it relates to mental health and substance use treatment. The Departments’ divisions do not provide direct services to individuals and families so coordination efforts are on a macro level where systems are sharing resources and aligning in their implementation of activities toward a shared goal or desired outcome. For example:

1. DBH through Partnership of Success (awarded to the State by SAMHSA), requires communities to carry out prevention activities through the establishment of local opioid workgroups/coalitions.
2. DBH works with the Office of Children’s services to ensure OCS staff child protection services stakeholders (such as guardian ad-litem, public defenders, and judges) are provided with education about best practices in substance use disorder 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.
3. 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.
4. Partnerships that the Department Divisions have established for work on these endeavors include State and Federal partners such as the University of Alaska Anchorage, Providence, ANTHC, The Alaska Primary Care Association, the State Targeted Response Technical Assistance Consortium, the Northwest Addiction Technology Transfer Center, and with national experts such as Dr. Don Teater, and Dr. Rick Ries.
5. Behavioral Health and Public Health coordinate on identifying needs and executing action toward addressing the needs of pregnant women with opioid use disorder and neonatal abstinence syndrome. One example is that DBH and DPH staff are working together to train medical providers on the use of an evidence based screening tool to administer in OBGYN and birthing centers.

## **RESIDENTIAL BEHAVIORAL REHABILITATION SERVICES-CHILDREN/YOUTH**

RBRS services build the strengths and resiliency of children/youth and families.

RBRS services are provided to children/youth in residential settings to treat debilitating psychosocial, emotional, and behavioral disorders. RBRS 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, professional counselor

RBRS services are “client-centered” and are provided within the residential care system individually, in groups and in 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. RBRS 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; and from which services can be provided by Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA) and 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*** 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 clients’ natural supports, including family members. The goal is to help clients live as independently as possible, and avoid Alaska Psychiatric Institute, jail, emergency rooms or out-of-state care.

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

- currently receive services from Senior & Disabilities Services or Behavioral Health
- have housing where they can be assessed and get the 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

A likely client has a cognitive impairment with complex behavior management needs and also has one or more complicating issues: chronic mental illness, intellectual disability, dementia/Alzheimer's, brain injury or substance abuse

## RE-ENTRY SERVICES

The re-entry services program's goals are to promote the rehabilitation of persons on probation or parole or incarcerated for offenses and recently released from correctional facilities. In an effort to supplement existing reentry programs already located within the Department of Corrections, DHSS funded community-based reentry efforts in areas where DOC facilities exist.

The majority of recidivism reduction funding for DHSS is for **re-entry case management services** in Anchorage, Fairbanks, Mat-Su, Dillingham, and Juneau, and expanded services at the Partners Reentry Center in Anchorage. Rural coalitions on the Kenai Peninsula and in Nome, Dillingham, and Ketchikan are also supported.

Re-entry case managers work closely with DOC staff to assist offenders in obtaining essential community-based services. Case managers build upon release plans created by DOC to **better coordinate community services** that are in line with DOC's evidence-based principles for strategies that have been shown to be effective for reducing recidivism and increasing public safety. Reentry case managers also collect and monitor program data.

The target population for reentry case management are DOC offenders who:

- Have served over 30 days in prison
- Are within 90 days of release
- Are medium to high-risk felons or high-risk misdemeanants

Also in the mix, among other goals, the 1115 waiver demonstration project will allow Alaska – over a five-year period – to demonstrate the ability to enhance its recidivism reduction efforts by developing new and expanded local behavioral health programs that provide treatment and medically necessary behavioral health supports to the Medicaid eligible offender population.

## DISASTER RESPONSE

DBH assists with system coordination and response when there is a disaster, such as the recent Anchorage earthquake.

DBH is responsible to assist the DHSS 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 to conduct on-going assessment of any additional response needs, and for any potential long-term, behavioral health recovery needs.

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

Throughout the response phase, DBH acts as [behavioral health] Technical Specialist for the Department within the DHSS Emergency Operations Center (DHSS/EOC). Technical support may include assistance with public briefings, PSA's, and Just-in-Time training for response personnel. The Technical Specialist may also provide direct behavioral health support for DHSS/EOC staff.

## Lists of Alaska behavioral health treatment services

- **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](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 for whom the Division of Behavioral Health does not provide oversight. See:  
[https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator?field\\_bup\\_physician\\_us\\_state\\_value=AK](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 Bed Availability:**  
<http://dhss.alaska.gov/dbh/Pages/ResidentialSUD/default.aspx>
- **Youth Residential Treatment:**  
<http://dhss.alaska.gov/dbh/Pages/Residentialcare/Default.aspx>.
- **Inpatient Psychiatric Treatment:**  
<http://dhss.alaska.gov/dbh/Pages/Inpatient-Psych/default.aspx>