

01/29/15
BUDGET
OVERVIEW
FY 16:
ALASKA
MENTAL
HEALTH TRUST
AUTHORITY

<TARGET><BILL></BILL><SUBJECT>01-29-15 BUDGET OVERVIEW
FY 16 ALASKA MENTAL HEALTH TRUST
AUTHORITY</SUBJECT><COMM>SFIN29</COMM></TARGET>

Trust

Alaska Mental Health Trust Authority

3745 Community Park Loop, Suite 200
Anchorage, Alaska 99508
Phone: 907-269-7960
www.mhtrust.org

To: Senate Finance Committee Co-chairs and Committee
Members
From: Jeff Jessee, CEO
Date: 3/6/2015
Re: Responses to questions from the committee

Following are responses to questions proposed by various members of the committee during the Trust's presentation on January 29, 2015, and February 9, 2015.

Senator Dunleavy: What are some projects that the Trust has stopped funding because a lack of effectiveness?

The Trust often acts as a "venture capitalist" funding (through grants and MHTAAR) new projects and programs in Alaska to ensure a comprehensive mental health program.

The Trust evaluates all grantees' effectiveness. However, depending on the funding (direct grant or MHTAAR) the methodology may differ. Regardless of funding, the Trust evaluates the programs' effectiveness, sustainability model and, depending on their efficacy, either ends funding or recommends GF/MH funding. Examples of projects/programs that the Trust funded and did not recommend GF/MH funding include:

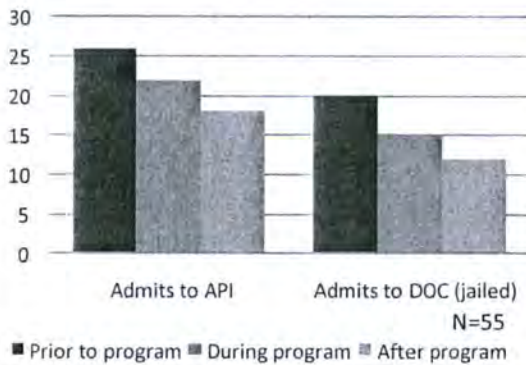
- **Improving Mood Promoting Access to Collaborative Treatment (IMPACT)**
In 2008, the Trust approved feasibility planning and grant funding. IMPACT is an evidence-based intervention model designed for primary care environments with a track record of twice the depression recovery rates than usual depression therapies. The Trust worked with four Tribal sites and two urban locations. In FY09-FY14 the Trust granted \$1.2 million. Evaluation revealed that the model itself resulted in exceptional patient outcomes, however it was not yet sustainable due to insufficient reimbursement mechanisms and workforce shortages
- **Barrow Therapeutic Court**
The Trust was the sole funder of the Barrow Therapeutic Court from FY06-FY13. The Trust ended its funding and did not recommend GF/MH funding of the Barrow Therapeutic Court as it has for other therapeutic courts (e.g., Anchorage, Palmer) due to community need/capacity.

Senator Dunleavy: What are some things that we are doing that aren't that cost effective versus some that are?

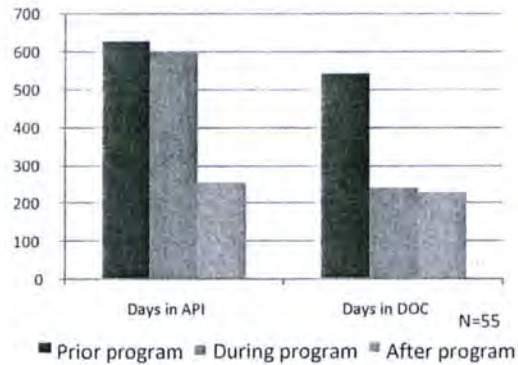
One example with proven cost effective results are the therapeutic courts aimed at preventing inappropriate use of correctional centers and reducing criminal recidivism for targeted populations. The Trust invested approximately \$1,000,000 over five years to develop, implement and evaluate the Anchorage Mental Health Court. The Anchorage Mental Health Court has combined savings of nearly 2.5 times the program annual operating cost.

Another example is the Bridge Home Program that targets people exiting Alaska Psychiatric Institute or Department of Corrections through intensive community outreach project. The graphs below show that people demonstrated ability to remain stable in housing (and out of institutions) with lower cost supportive services.

API & DOC Admits



Days in API & DOC



Additionally, the Trust has long recognized the need to evaluate varying aspects of Alaska's behavioral health system and has been working for over a year with key partners such as the DHSS Division of Behavioral Health, the Tribal Behavioral Health System and the Mat-Su Health Foundation to conduct an assessment of the publicly funded Alaska behavioral health system. The goals of this project are to identify the need of Alaskans for publicly funded behavioral health services, assess current capacity of the State of Alaska's behavioral health system to meet that need, and, finally, to use that information as a base to guide system improvements as well as to proactively prepare for future system change.

The information produced from this assessment is expected to provide substantive data to guide planning and decision making. As you can imagine this is a complicated project that requires technical expertise at integrating a number of large, complex and unique data sources. We anticipate the results of the Alaska Behavioral Health Systems Assessment to be available at the end of the summer 2015. When the findings become available we look forward to sharing them with the Legislature.

Senator Micciche: request for beneficiary recidivism rate

Trust beneficiaries in the Department of Corrections:

- In 2007, Hornby Zeller Associates Inc. released a 4-year (FY02 – FY06) retrospective analysis of Trust beneficiaries in the Department of Corrections. Among many things, the analysis found that on a snapshot day (June 30, 2006) 42% of all inmates in the custody of DOC were Trust beneficiaries. This analysis and report was jointly funded by DOC and the Trust.
- In 2014, DOC in partnership with the Trust contracted with Hornby Zeller Associates Inc. to update and expand the 2007 report. The study period was FY09 – FY12. The snapshot day analysis was replicated (June 30, 2012) and 65% of all inmates in the custody of DOC were Trust beneficiaries. *The reader must exercise caution when comparing the two reports and this finding. As there were key differences in methodology and significant changes within DOC that must be taken into account.*
- The 2007 study examined only individuals who entered AND were released from an Alaska state facility between FY03 and FY06, identifying 39,899 offenders. The new study includes all offenders, released OR not released, so long as they were incarcerated for any part of the period under review.

In essence, the most recent cohort is a broader sample of the population than what was previously considered and equals 60,247 individuals.

- Secondly, an important difference between this study and the previous one is the demonstration of the overlap between the offender population and the populations of other public programs. The 2007 study indicated that Trust beneficiaries touch multiple public sector systems. This report determines the number and percentage of Trust beneficiaries who appear in specific Department of Health and Social Services datasets (API, AKAIMS, JOMIS, ORCA, and the MMIS).
- The third important difference between the two studies is the current report expanded the identification of Trust beneficiaries to include individuals with other substance-related disorders, beyond those with chronic alcoholism. Furthermore, offenders having any of the following were considered Trust beneficiaries in this study:
 - clinical diagnosis of a mental illness, developmental disability, chronic alcoholism or other substance-related disorders, Alzheimer's disease and related dementia, or a traumatic brain injury
 - admission to API, or
 - receipt of community services of significant duration and intensity either where a mental health and/or substance abuse diagnosis had been made or where the service itself was clearly related to mental health and/or substance abuse.
- Finally, DOC has significantly improved and expanded its behavioral health clinical capacity and implemented the use of the Substance Abuse and Mental Health Services Administration (SAMHSA) *Brief Jail Mental Health Screening Tool*, which meets National Institute of Corrections standards regarding screening for mental illness.

Trust beneficiary and non-Trust beneficiary One-Year Recidivism Rates:

- Within the first year after release Trust beneficiaries recidivate at nearly twice the rate of those who are not Trust beneficiaries (40.9% vs. 22.0%).
- Recidivism rates for both groups have declined since 2007 when they were 45.6 and 24.0 percent, respectively.
- The speed of the recidivism for each group tracks the rate; i.e., at any given point within the first year, about half as many non-beneficiaries have recidivated as beneficiaries.
- Trust beneficiaries are more likely to recidivate during the first six months post-release.
- The characteristics of offenders most likely to recidivate are as follows in order of magnitude: whether the offender had committed a felony in the past, whether they were a Trust beneficiary, whether the offender was an Alaska Native, the number of offenses they had committed previously, whether they were in the juvenile justice system, whether they were in the child welfare system, whether they were male, and if the offender was young.

Note: Recidivism is defined as remands to incarceration, including remands for new arrests, and for probation and parole violations.

Senator Dunleavy: Examples of programs with quantifiable positive results.

- Since the 1990s, the Washington State legislature has directed the Washington State Institute for Public Policy to identify "evidence-based" policies. The goal is to provide Washington policymakers and budget writers with a list of well-researched public policies that can, with a high degree of certainty, lead to better statewide outcomes coupled with a more efficient use of taxpayer dollars. This has been a foundational source for Alaska in the identification, development and implementation of strategies for reducing recidivism.

<http://www.wsipp.wa.gov/BenefitCost>

- The Alaska Judicial Council and ISER evaluated two programs for offenders with substance abuse problems: therapeutic courts and Department of Corrections institutional programs for incarcerated offenders. <http://www.ajc.state.ak.us/reports/2012programrecid.pdf>

Senator Micciche: requests for reports from Texas and Washington particularly in regards to substance abuse and reducing recidivism.

In 2007, the Texas Department of Corrections projected a shortfall of 17,000 prison beds over the next five years and recommended the construction of 4,000 new beds at a cost of more than \$900 million. Texas legislators requested assistance from the Public Safety Performance Project and its partner, the Council of State Governments Justice Center, to identify a diverse set of cost-effective strategies to avert prison growth while protecting public safety for example, expanding substance abuse treatment and diversion programs, reducing probation caseloads, assessing how probation supervision resources were deployed, reducing the maximum probation terms of some property and drug offenders from 10 to five years to help agencies tighten their supervision during the earlier years when offenders are mostly likely to commit new crimes.

The 2007 legislature approved a data-driven plan that invested over \$241 million in evidence-based strategies to reduce recidivism. The reform package included swift and graduated sanctions, incentives to promote compliance with the terms of probation, and drug courts. It also cut the maximum probation terms of some property and drug offenders from 10 to five years to help agencies tighten their supervision during the earlier years when offenders are mostly likely to commit new crimes.

Since enactment, the recidivism rate has dropped 24 percent, crime rates are at their lowest level since 1968, and the state has avoided nearly \$3 billion in prison costs.

- Council of State Governments' Justice Center - <http://csgjusticecenter.org/>
- Texas - <http://csgjusticecenter.org/jr/tx/>
- Texas - <http://csgjusticecenter.org/nrrc/publications/states-report-reductions-in-recidivism-2/>
- Washington - <http://www.wsipp.wa.gov/BenefitCost> (Link to Washington's Institute for Public Policy's report). PDFs of the scorecard can be downloaded.

Senator Dunleavy: please share any report(s) showing smoking rates over last 20 years (declines).

This information is gathered annually with the last update completed in April 2014 which shows trends in smoking starting on page 5. According to the Behavioral Risk Factor Surveillance System, smoking prevalence has declined significantly from 27.7% in 1996 to 21.0% in 2012. Using US Census information, this represents about 35,000 fewer adult smokers in 2012 than in 1996. Youth smoking has also declined over time (page 33 of the report). For the YRBS, current youth smoking prevalence is defined as smoking on 1 or more days in the past 30 days. Smoking among Alaska high school students dropped from 36.5% in 1995 to 10.6% in 2013. http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2014_alaska_tobacco_facts.pdf

Senator MacKinnon: request for any studies on if beneficiaries are negatively impacted by daylight savings

This is in response to a request for information about whether there is literature addressing the relationship between Daylight Savings Time and behavioral health issues such as suicide.

A review of available of empirical articles and abstracts from the past 25 years revealed over 10,000 references to Daylight Savings Time in the literature databases searched. There were roughly 600 articles occurring in health and behavioral health related databases, of which approximately 30 empirical articles explored the relationship between Daylight Savings Time and health, disrupted sleep cycles, traffic injuries and crashes, workplace accidents and injuries, or behavioral health.

There appeared to be three empirical articles that addressed Daylight Savings Time and behavioral health related issues.

1. Berk, M., Dodd, S., Hallam, K, Berk, L., Gleeson, & Henry, M. (2008). Small shifts in diurnal rhythms are associated with an increase in suicide: The effect of daylight saving. *Sleep and Biological Rhythms*, 6, 22025.
 - Article: <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=3&sid=be924a21-cf2a-41e3-82bc-161c9de002f4%40sessionmgr112&hid=101>
2. Lahti, T., Haukka, J., Lonnqvist, J., & Partonen, T. (2008). Daylight saving time transitions and hospital treatments due to accidents or manic episodes. *BMC Public Health*, 8, 74-77.
 - Article: <http://www.biomedcentral.com/content/pdf/1471-2458-8-74.pdf>
3. Lofthouse, N. (2008). Web survey of sleep problems associated with early-onset bipolar spectrum disorders. *Journal of Pediatric Psychology*, 33(4), 349-357.
 - Abstract: <http://www.ncbi.nlm.nih.gov/pubmed/18192301>

In summary, the articles and abstracts addressing behavioral health issues identified occurred in 2008. Since that time the emphasis in the literature appears to have shifted from the impact of changes in clock time to a larger body of empirical literature addressing other biological and environment factors such as the role of sleep hygiene patterns and circadian rhythms, exposure to daylight, and the seasonal patterns of behavioral health issues like depression and suicide.

Please do not hesitate to contact me if you have any further questions.

Senate Finance Committee

January 29, 2015

Trust

Alaska Mental Health
Trust Authority

Trustees

- Mike Barton, chair
- Laraine Derr, vice chair
- Paula Easley, secretary
- Mary Jane Michael
- John McClellan, P.E.
- Larry Norene
- Russ Webb

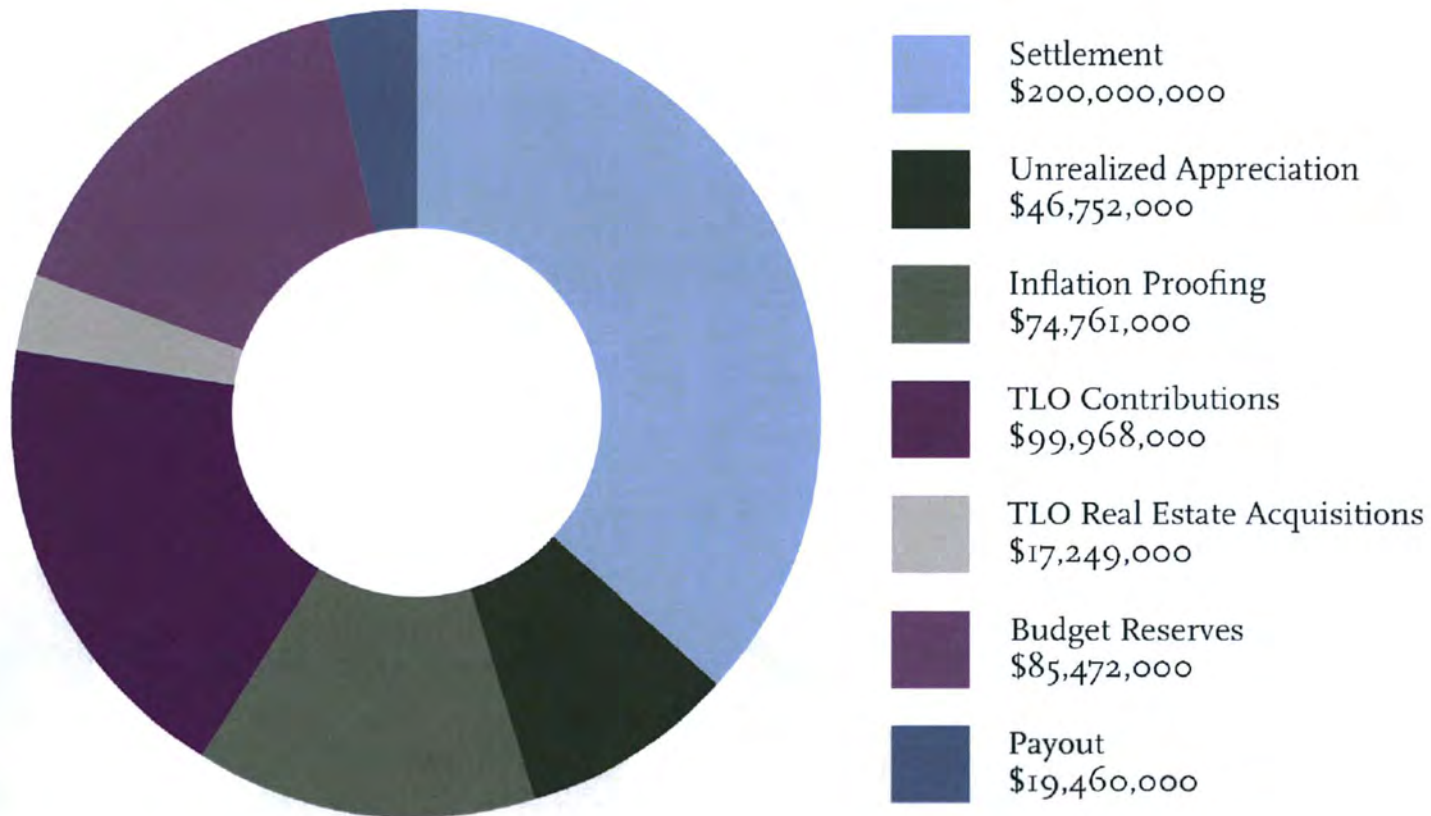
Trust Beneficiaries



Approximate number of Trust beneficiaries

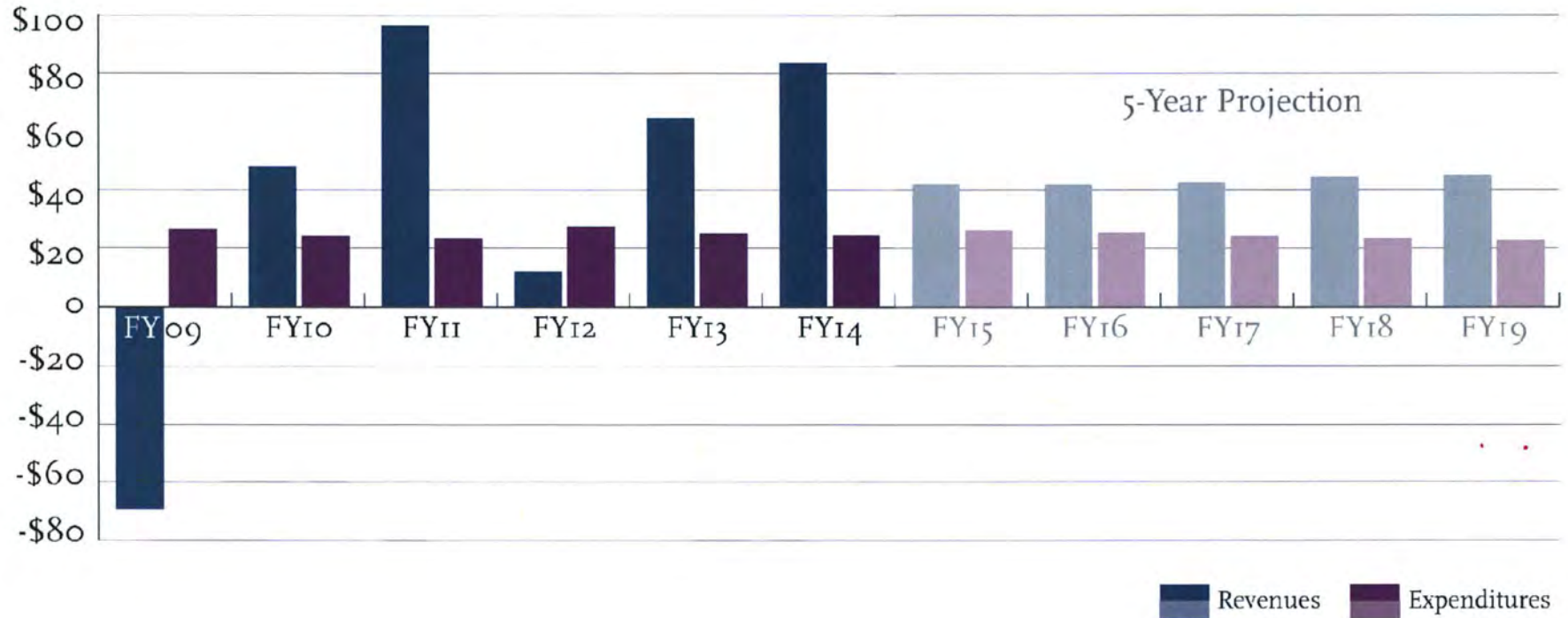
Mental Illness	22,000
Developmental disabilities	13,000
Chronic alcoholism and other substance-related disorders	20,000
Alzheimer's disease and related dementia	5,000
Traumatic brain injury	12,000

Trust Cash Assets at End of FY14



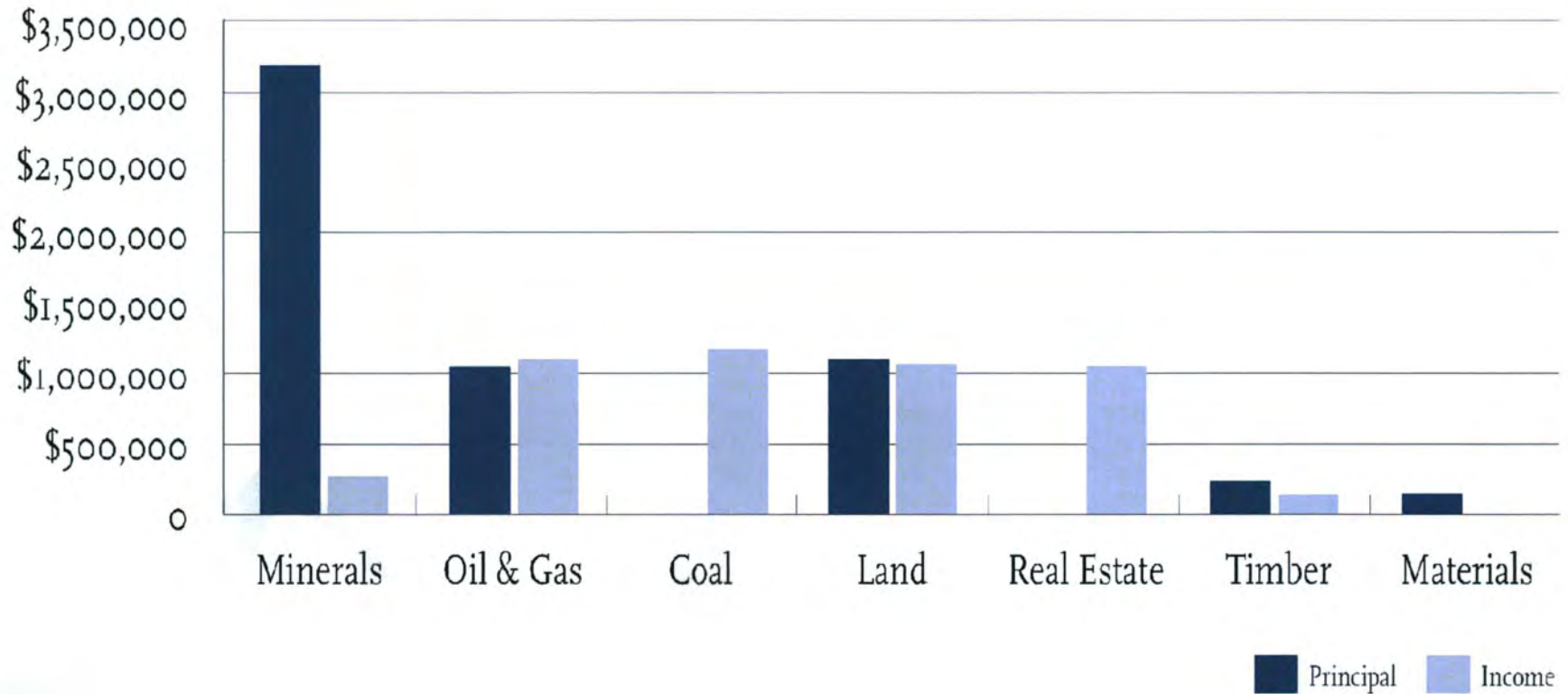
Revenues and Expenditures

(in millions)



Trust Land Office

Revenue Generated in FY14



Impact at a Glance

Grants awarded in FY14

	AMOUNT	NUMBER
Mental Health Trust Authority Authorized Receipts (MHTAAR)	\$13,105,500	48
Nonprofits/Tribal Organizations/Agencies	\$7,823,365	175
Total	\$20,928,865	223

FY16 Anticipated Income

Distributable Income	
Payout	\$20,127,800
Prior Years Average Lapse	\$3,416,000
Land Office Average Spendable Income	\$4,305,200
Interest Average	\$275,800
Total	\$28,124,800

Utilize POMV strategy

- The Trust's base payout is 4.25% of the average value of the fund's cash assets



Funding approach ensures relatively stable cash flow from year to year

FY16 GF/MH Recommendations

	MHTAAR	GF/MH
<i>IT Application/Telehealth Service System Improvements</i>	\$100.0	\$100.0
<i>National Family Caregiver Grant Program</i>		\$325.0
<i>Senior In-Home Services</i>		\$350.0
<i>Long-Term Care Ombudsman Office – Increment</i>		\$35.0
<i>Area Health Education Centers</i>		\$330.0
<i>Licensed Marriage & Family Therapist</i>		\$25.0
TOTAL	\$100.0	\$1,165.0

FY16 Capital Recommendations

	MHTAAR	GF/MH	AHFC
<i>Deferred Maintenance</i>		\$1,000.0	
<i>Home Modifications and Upgrades to Retain Housing</i>	\$300.0	\$500.0	\$250.0
<i>Homeless Assistance Project</i>	\$850.0	\$850.0	\$6,350.0
<i>Special Needs Housing Grant</i>		\$1,750.0	\$1,750.0
<i>Coordinated Transportation</i>	\$300.0	\$1,000.0	
TOTAL	\$1,450.0	\$5,100	\$8,350.0

Established Focus Areas

- Disability justice
- Substance abuse prevention and treatment
- Beneficiary employment and engagement
- Workforce development
- Housing and long-term services & supports

Current Priorities

- Medicaid Expansion and Reform
- Recidivism
- Substance Abuse Prevention & Treatment

Medicaid Expansion

Expansion will impact many Trust beneficiaries.

Medicaid Expansion

- Projections estimate 42,000 Alaskans will be eligible under expansion of the Medicaid program
- Alaskans between the ages of 19-64
 - with income under 138% of the Federal Poverty Level who are not already eligible for Medicare or Medicaid (Currently at \$20,120 annual income for a single person; \$27,130 for a couple)

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Medicaid Expansion

- The new population eligible for coverage will include Trust beneficiaries with **chronic substance abuse and mental health issues**. As well as **homeless adults and incarcerated persons**.
- Medicaid expansion will result in offsets and savings of general funds.

Medicaid Expansion: Impact on DOC

- In FY14, Alaska Department of Corrections processed approximately \$8.5 million in billings for inmate in-patient stays that lasted more than 24 hours.
- Under Medicaid expansion, it is estimated that **\$6.8-\$7.65 million** could be paid for by federal Medicaid rather than State funds based on 80%-90% of the population being eligible.

This is an estimate based on what we know now and our interpretation of the expansion rules so the numbers may change.

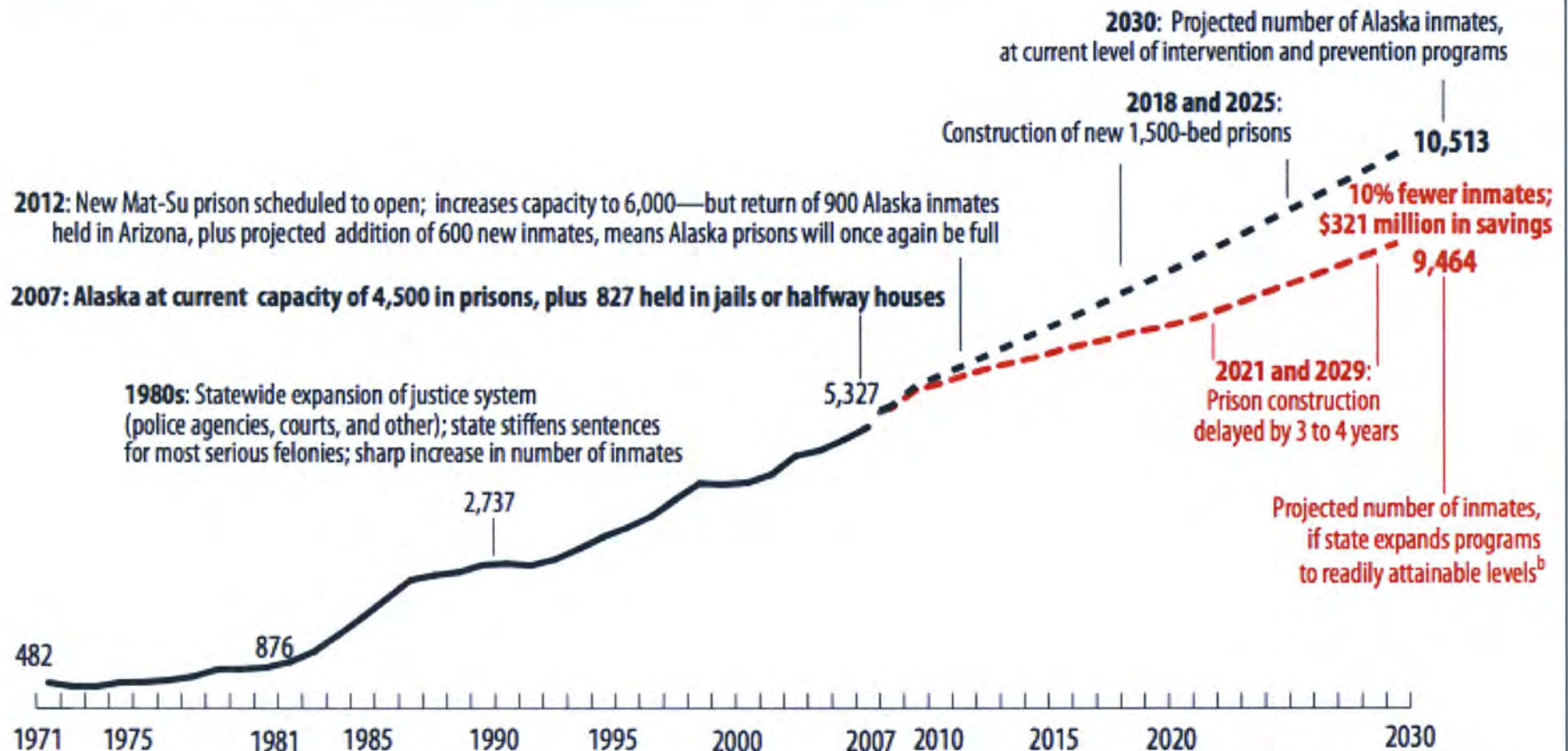
Medicaid expansion is a
catalyst for reform.

Recidivism

Reduce long-term budget demands by investing in proven strategies that reduce criminal recidivism.

Disability Justice ... Investing Wisely?

Figure 8. Average Number of Alaska Inmates,^a 1971-2007, and Projected Number, 2008-2030

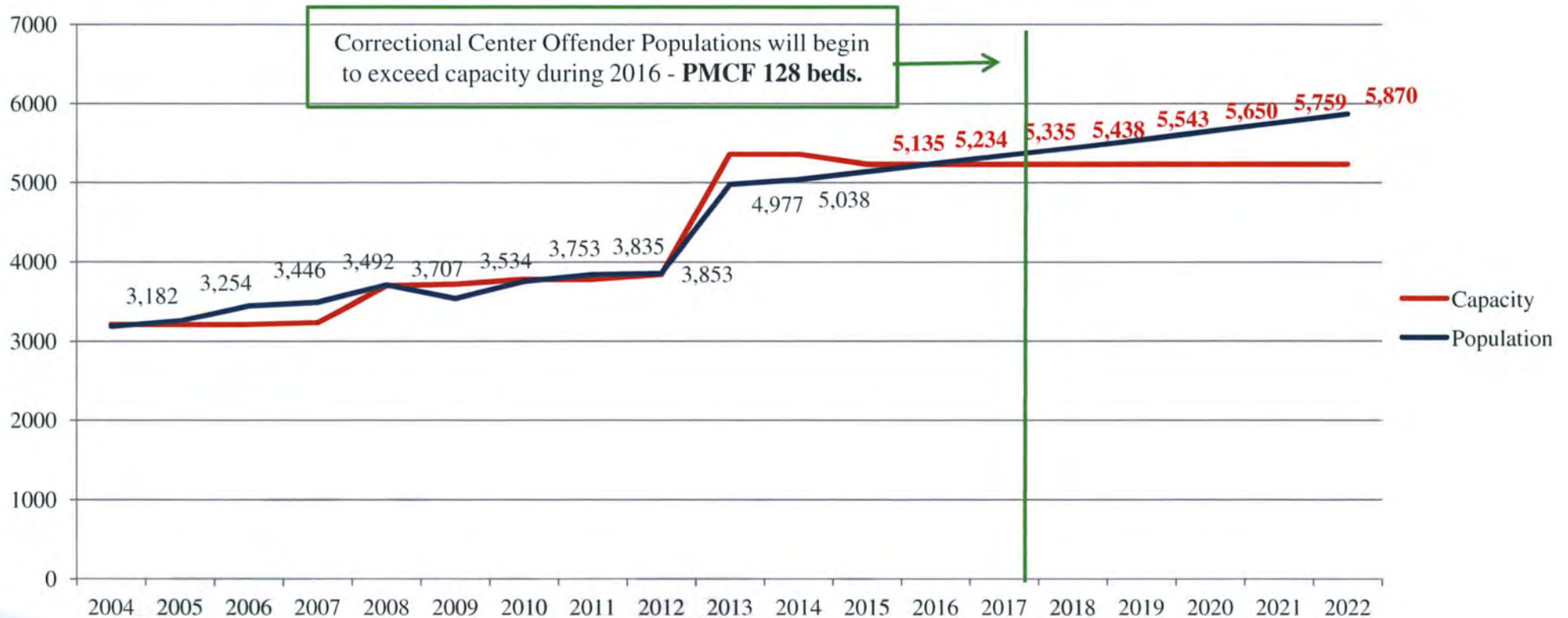


^aAverage daily number of people in prisons, jails, and halfway houses. ^bThe number of people who could be readily added to program rolls varies considerably by program; see Table 1.

Sources: Alaska Department of Corrections; ISER projections of number of prisoners, based on Alaska Department of Labor projections of Alaska population 18-64 and assuming no change in current use of rehabilitation programs as well as expanded use; Washington State Institute of Public Policy

UAA Institute for Social and Economic Research – January 2009 **The Cost of Crime: Could the State Reduce Future Crime and Save Money By Expanding Education and Treatment Programs?**



Institutional Inmate Population 2004 - 2022



Total offender population is projected to grow at an average of 1.93% annually for the next 8 years. Historical numbers are the actual institutional daily average population excluding electronic monitoring and community residential center population information.

**Figures based on the average annual population*
Alaska Department of Corrections

Proven results ... Texas

- Funding for probation officers to use for outpatient substance abuse treatment for offenders
 - Funding for a mental health pre-trial diversion program
 - Expansion of in-custody substance abuse therapeutic communities
 - A prison dedicated to providing DWI offenders with intensive substance abuse treatment
 - Use of intermediate sanction facilities for probationers who violate probation conditions
 - Early school intervention programs
 - Nurse family partnership program
-  With these and other measures, Texas successfully averted construction of previously planned prison beds through 2012
-  And Texas prison population completely leveled off as a result



Recommendations

- Maintain efforts of current policy and program efforts
 - 2014 SB64 passed and created Alaska Criminal Justice Commission
 - 2014 HB266 Legislative intent: workgroup formed to develop Recidivism Reduction Plan (to be delivered Feb. 2, 2015)
 - 2007 Criminal Justice Working Group
 - 2005 Trust disability justice focus area



Recommendations

1. Maintain current community behavioral health system capacity
2. Establish an office focused on re-entry within Department of Corrections
3. Attain technical assistance through Pew Charitable Trust for Results First Initiative

Substance Abuse Prevention & Treatment

The prevalence rates and negative consequences of alcohol and drug abuse upon Alaskans are substantial.

In 2010, Alaska's costs associated with individuals dependent on or abusing alcohol/drugs was \$1.2 billion.

Substance Abuse Prevention & Treatment

- Collaboration on joint strategies
 - Recover Alaska
 - Alaska Wellness Coalition (Positive Social Norms Campaign)
 - ABC board (Title 4 statute rewrite)
 - Implementation of Proposition 2 (Marijuana)
- Partnership with Department of Corrections on the recidivism reduction planning with opportunities for Trust investment in:
 - Prisoner re-entry coalitions
 - Access to effective treatment
 - Prevention strategies focused on incarcerated parents and their children

Recover Alaska

Mission: Reduce harms associated with excessive alcohol consumption in Alaska

Formed by Funding Partners

- Rasmuson Foundation
- Alaska Mental Health Trust Authority
- Mat-Su Health Foundation
- Department of Health and Social Services
- Southcentral Foundation
- Other stakeholders

Guided by a multi-sector action group

- Judges
- Foundations
- Health professionals
- Elected officials including Senator Ellis, Representative Hughes and Representative Herron

Recover Alaska

Active collaborations:

- Connecting Alaskans to help
- Funding media partnerships to increase general public's understanding of alcohol's broad impacts across Alaska
- Title 4 statute review
- Alaska Wellness Coalition: positive social norms campaign on underage drinking
- Efforts to increase awareness of the Adverse Childhood Experiences Study

Title 4

- Most of Title 4 has not been updated since 1980. The laws are outdated and confusing.
- A systematic review of Title 4 helps the board carry out its mission and will benefit communities and businesses.

Licensing Revisions

- Decrease the number of license types and simplifies the licensing system to achieve more consistent enforcement and adherence to state alcohol regulation.
- Update license fees to support the ABC budget; adjusts wholesale license fees and simplifies supplier reporting.
- Realign the system to better enforce population limits.
- Bring all licenses, endorsements and permits into one place in statute, removes redundant or unused types.

Role of the ABC Board Revisions

- Ensure the ABC board fairly represents the interests of all Alaskans and can lead in alcohol education, policy and control.
- Implement uniform police department reporting requirements; develop enforcement, education, and prevention plans directly connected to the matching funds.
- Allow data about alcohol purchases to be released (aggregated at the region or community level) for analysis and community self-assessment.
- Base the ABC budget on the activities and staffing needed to achieve the ABC's mission.
- Designate ABC board seats to ensure representation by: 1 public health, 1 public safety, 2 industry and 1 rural public member; include Director's background in filling the designations.

Underage Drinking Revisions

- Reform underage drinking sanctions so that **adults who supply minors with alcohol are held to greater accountability.**
- Reduce the penalty for a licensee, agent or employee selling alcohol to a minor (Sec. 04.16.052) from a class A misdemeanor to a minor offense violation.
- Require statewide keg registration.

Underage Drinking Revisions

- Reform underage drinking sanctions so that **minors do not become criminals for making one poor decision.**
- Clarify required sign language warning minors of the legal consequences of their entering licensed premises.
- Restore the minor consuming alcohol offense to a true violation.

Local Option Revisions

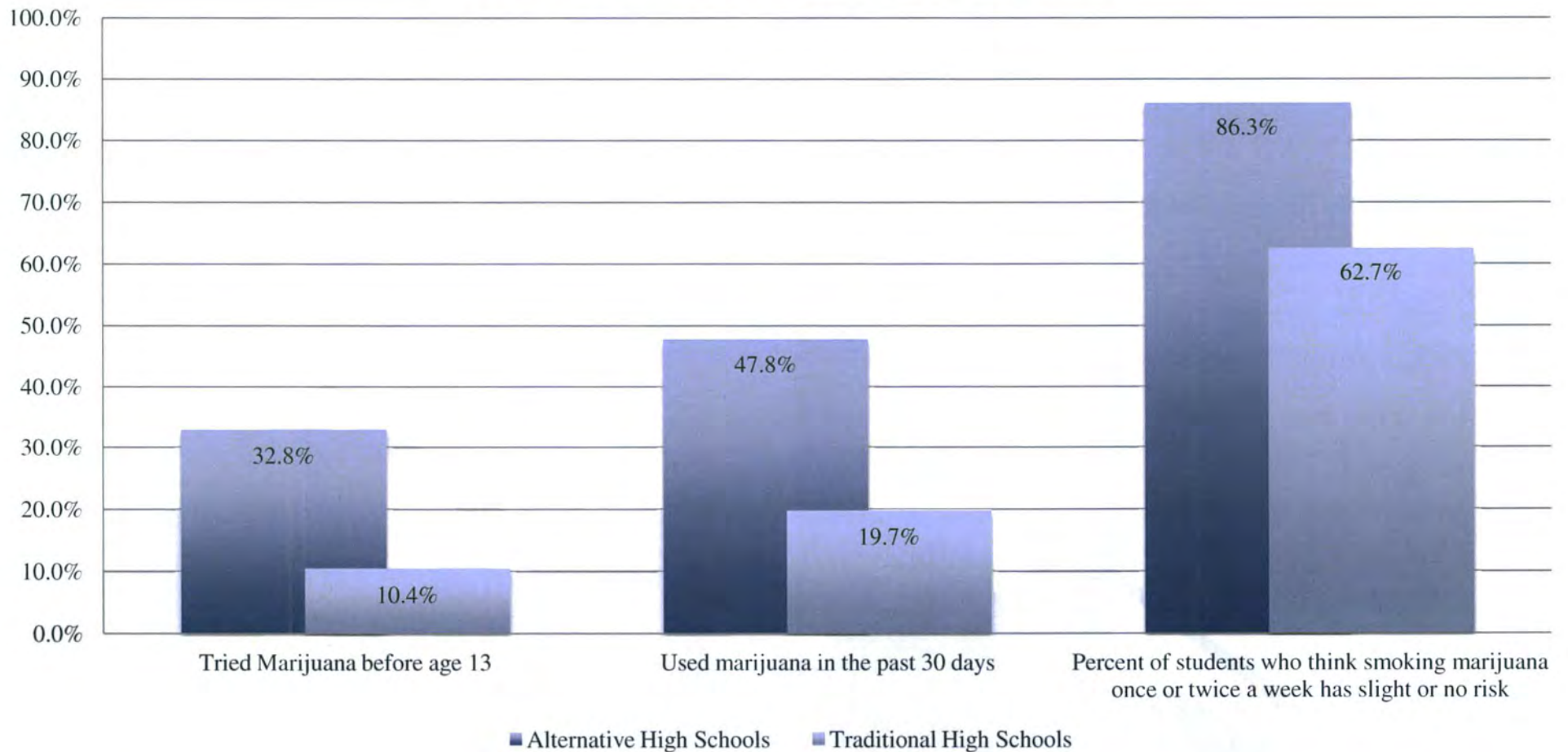
- Strengthen local option laws and the ability to enforce them.
- Repeal local option 4, which bans sale and importation of alcohol, but not possession.
- Increase ABC budget for dedicated Title 4 enforcement staff.
- Increase the local option boundary from a 5-mile radius to a 10-mile radius from the village center.
- Increase the misdemeanor-level fines for bootlegging and imposes additional unit fines per container of alcohol.
- Make possession of homebrew ingredients and/or equipment with intent to produce alcohol illegal in **all** local option communities.

Marijuana

- Addiction rate
 - 2012, 17% of individuals admitted to treatment reported marijuana as their primary substance of abuse (U.S.)
 - 2012, an estimated 2.7 million people 12 years of age and older met the DSM-IV criteria for dependence on marijuana
- Increased marijuana use during pregnancy
 - 6.1% of mothers in 2006
 - 7.8% of mothers in 2011
- Psychotic symptoms can occur at 3 to 7 times the rate among marijuana users versus those who do not use.

Impact on Beneficiaries

2013 Alaska YRBS Results snap shot



Lessons Learned in Colorado

■ **Data**

- Colorado wasn't measuring marijuana related data, this lack of baseline has led to an inability to understand the impacts of increased commercial marijuana

■ **Home grows are out of control**

- Non taxable, difficult to enforce, non regulated and hard to manage

■ **Edibles and concentrates**

- Dosage, THC content, portion control and packaging still continue to be difficult to manage
- Butane hash oil explosions and impacts to residential areas

■ **Advertising**

- State is being sued by local newspapers as they believe they have the right to advertise without government restrictions on their commercial free speech

■ **Local control**

- Majority of communities opted out of commercial sales (approx 212)
- Communities have opted out of grow operations and put more restrictions on businesses (locations, quantity)
- Local law enforcement needing training and funding

■ **Black market**

- Legalized commercial marijuana has not decreased the black market

Lessons Learned from Alcohol and Tobacco

- **Avoiding harms to others**
 - Indoor air
 - Driving and injury restrictions
- **Sales and marketing restrictions**
 - Time, place, manner
- **Price**
- **Use of tax revenue**
 - For prevention in youth and young adults
 - Harm reduction and cessation in adult users
- **Strong public health infrastructure**
 - State and local
 - Collaboration with NGO's
- **Strong public health messaging from trusted source**
- **Attention to vulnerable populations**

Recommendations

- **Inter-disciplinary task force**
 - Ensure the regulations are informed by a *comprehensive field of experts* with various backgrounds (public health, regulatory groups, industry, law enforcement, etc).
- **Data**
 - Make certain that the right data and metrics are being collected and funded
- **Regulations**
 - Start with strict regulations and then with time and data have the ability to adapt
- **Local option**
 - Ensure that communities understand their rights and abilities to exercise local controls
- **Licensing**
 - Staging of licenses
 - Potency limits
- **Edibles and concentrates**
 - Only consider through a preapproval process
- **Advertising**
 - Enforce strict advertising; unlimited and unregulated advertisement has a direct impact on youth use
- **Law enforcement**
 - Need training *now* on how to enforce new regulations
 - Effectiveness of enforcement happens at the local level
 - Regulations needed on levels while driving; using while driving

Fetal Alcohol Spectrum Disorders

- Alaska has the highest documented rate of FASD in the nation
- More than 129 children are born with FASD every year in Alaska
- Each child born with FASD costs the State between \$860,000 - \$4.2 million (birth to age 18)
 - 129 kids x \$4.2 million = \$541.8 million
- FASD is 100% preventable

FASD

- \$500.0 appropriation for media campaign to educate Alaskans
 - Prevention message vs intervention (not targeting women who battle addiction)

FASD

- There is a high level of knowledge that alcohol use during pregnancy is harmful to an unborn baby.
- But, many women receive **misinformation** about alcohol and pregnancy, including the consequences of alcohol use, **safe times to drink** during pregnancy **and safe amounts** or types of alcohol.

FASD Media Campaign

- *Increase understanding among Alaska women that:*
 - It is best to stop drinking before conception
 - It is safest not to drink any alcohol during pregnancy
 - There is no known safe time or amount to drink during pregnancy
 - Alcohol use during pregnancy can cause birth defects and brain damage

FASD Campaign Messaging

- *Campaign will encourage Alaska women aged 20 to 35 to ensure they are not pregnant before they drink alcohol or to abstain from alcohol if they are not sure of their pregnancy status in order to prevent occurrences of FASD.*

FASD Media Campaign

- Tactics to include:
 - Video
 - TV
 - Radio
 - Online
 - Social media
 - Out-of-home

- Campaign will launch in March

FASD Prevention

Investing in FASD prevention now will save the state money and most importantly reduce the number of families dealing with the heartbreaking effects of FASD.

Thank you for your support in eradicating FASD in Alaska.

Thank You

Trust

Alaska Mental Health
Trust Authority

