



Alaska faces a number of challenges including dispersed geography, high rates of substance abuse and suicide, and an economy in steep decline. In this difficult climate, the mental health system is in crisis mode. It is a system that cannot afford more service reductions.

In 2006, Alaska received a D grade. Three years later, the grade is the same. The state offers a modest vision for moving forward, but results are difficult to assess. The state's efforts to address co-occurring mental health and substance abuse services exemplify this gap. Using a federal transformation grant, the Department of Behavioral Health has integrated and increased training and services. But from ground level, the reality is still a striking shortage of services, from substance abuse beds and trained dual-disorder professionals to billing limitations.

The Alaska Psychiatric Institute (API) in Anchorage is a strength of the system, although it faces hospital bed pressures and workforce issues. API offers an Internet-accessible dashboard that allows the public to review quarterly reports on important indicators of the facility's services, including patient satisfaction upon discharge, readmission rates, nursing overtime, and restraints and seclusions. The dashboard is a model of transparency and accountability for the nation to emulate.

In contrast, Alaska does not study statewide consumer mortality, a significant oversight in a system of shortages, rural challenges, and high suicide rates.

Alaska's Mental Health Trust Authority, which serves as an innovation generator, funds peer services, but peer specialists are not yet integrated into mental health centers on a paid basis. There is still room for improvement.

Alaska is behind the curve on the implementation of evidence-based practices, with no Assertive Community Treatment or support for family psychoeducation. It does not maintain fidelity to national standards for those few practices it has adopted. Transportation issues are central to access problems.

Criminalization of people with mental illness remains an issue. Five mental health courts exist, but are only beginning to reverse correctional responses to mental health concerns. Ironically, the lack of community-based mental health services results in cost-shifting to the correctional system that is more expensive, as well as inappropriate, for treatment of serious mental illnesses.

Innovations

- Transparent, Internet-accessible dashboard indicators
- Peer services
- Telemedicine efforts to rural areas

Urgent Needs

- Community-based services, including supported housing
- Increase access to services
- Address workforce shortage
- Suicide prevention

Consumer and Family Comments

- *"In Fairbanks, all group homes were closed."*
- *"I see the stress of client overload."*
- *"The providers do not educate the family members."*
- *"There are not enough providers who accept Medicaid."*

Across the state, there is a massive workforce shortage. Even in Fairbanks, there are times when there is no psychiatrist or psychiatric nurse available in the mental health center. The lack of professionals in many communities means there is little real hope for continuity of care and recovery. On the plus side, the state does use telemedicine to reach rural areas. There is also a good workforce development plan, but a plan alone is not enough.

Alaska has a very high suicide rate. The state has used federal funds for youth suicide prevention, but the legislature recently failed to fund a comprehensive five-year suicide prevention plan.

Funding and other resources are major challenges, with the system currently in crisis. For example, Anchorage Community Mental Health Center is overburdened and has to ration its uninsured care. Ketchikan has cut staff and services. Juneau has cut crisis services and beds. Fairbanks dramatically cut supported housing and moved people 300 miles to Anchorage before reopening some units.

Alaska needs leadership and political will to overcome the many problems in its mental health care system. Unless it makes sustained investment in the system a priority, the reality will remain grim for people with real needs.