
Safety Net Services for People with Disabilities

As the state moves through its FY17 budget process and considers where efficiencies can be made, the partner advisory boards, in collaboration with the Alaska Mental Health Trust Authority, ask policymakers to remember it's smarter and cheaper to maintain existing health care service capacity for vulnerable citizens, than not to serve them.

When community-based services for people with disabilities are reduced, more people will end up in nursing homes, psychiatric hospitals, emergency rooms, jail or prison – most often at state expense. When serving vulnerable Alaskans, there will always be public costs – either on the front end with community supports or on the back end with institutional care.

For example, community support services for seniors can cost half to one-fourth less than nursing home care.¹ Community behavioral health treatment and rehabilitative services cost 20-50% less than a psychiatric hospital for people with severe mental illness.²

Examples of community-based services include housing assistance, assisted living, case management, education and training for providers and caregivers, peer support, transportation support, mental health and substance abuse treatment, and family support services.

These services support local economies by providing jobs for health care professionals and paraprofessional (direct service providers), all of whom contribute to a healthy workforce and strong Alaskan economy. Reducing safety net services results not just in negative consequences for Alaskans with disabilities, but also for communities' economies, and for families who struggle to support their disabled family members living at home.

Community support services help people with disabilities live meaningful and productive lives, prevent homelessness and maintain housing, reduce use of emergency services, and increase opportunities for employment and contributing productively in the community.

Please maintain community-based services for people with disabilities so they can live in their communities and out of expensive institutional care.

What are Community Based Services?

- Support services for people with **Intellectual/Developmental Disabilities** (Down's syndrome, autism) might include life skills assistance, a service animal, drop-in day center, job coaching.
- Community based services for people experiencing **Mental Illness** (schizophrenia, bipolar disorder) and/or **Substance Use Disorders** include treatment services, supportive housing, case management, employment supports, and peer support.
- Support services for seniors with **Alzheimer's Disease** or **Related Dementia** might mean assistance with chores and meals, respite for family caregivers, adult day programs, personal care assistance, care coordination/case management, and home-delivered meals.
- Support services for people with **Neurodisabilities** (traumatic brain injury, fetal alcohol spectrum disorders) might include ongoing case management, job coaching/mentorship, life skills training, supported housing, and respite for caregivers.

Consequences of reduced community based services

- Alaskans with disabilities who do not receive necessary services will be more likely to move into institutional care.
- Alaskans with disabilities transitioning from corrections, juvenile justice or therapeutic court programs are more likely to recidivate and return to jail or prison.
- The state will see more costs for institutional services: corrections, juvenile justice, psychiatric hospitals, and nursing homes.
- Fewer community supports reduces the ability of families to take care of their family members who are disabled.

¹ Comparing home and community-based services like personal care attendants (average 2010 annual cost \$23,387/person) and Medicaid waiver services (average 2010 annual cost ranging from \$23,299 to \$43,662/person) to skilled nursing facility costs (average 2010 annual cost \$91,988/person). **Source:** Long-Term Forecast for Medicaid Enrollment and Spending, Supplements 2008, 2009, and 2010, Department of Health and Social Services; Division of Senior and Disability Services waiver data.

² Comparing outpatient mental health services (average 2010 annual cost of \$8,712/person) to inpatient psychiatric treatment (average 2010 annual cost of \$21,674/person) and residential psychiatric/behavioral rehabilitation services (average 2010 annual cost of \$48,766/person). **Source:** Long-Term Forecast for Medicaid Enrollment and Spending, Supplements 2008, 2009, and 2010, Department of Health and Social Services.