
**Advisory Board on Alcoholism
and Drug Abuse**



Alaska Mental Health Board

Making It Work

Behavioral Health in Alaska

Annual Implementation Report

January 2008

Advisory Board on Alcoholism and Drug Abuse
Alaska Mental Health Board

Our Joint Vision: Alaskans Living Healthy, Productive Lives

Introduction: In 2007, the Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Board (ABADA/AMHB) completed Making It Work: Behavioral Health in Alaska. This five year plan guides us in fulfilling our statutory duties to **Plan, Coordinate, Educate, Advise, Evaluate, and Advocate** so that Alaskans can lead productive, healthy lives.

The Boards' plan identifies desired population results and lists activities the Boards will implement to achieve those results. In the first years of the plan, we expect that we can more effectively show progress by focusing on activities and how well we implement them. By the end of the five years, we anticipate that we can point to changes in the system and in some population variables that reflect our involvement in making people's lives better. The Boards have worked closely with the Department of Health and Social Services to identify population variables that will be tracked. In addition we are working with the Alaska Mental Health Trust Authority to develop data to show us progress being made within the system.

Our FY07 annual report is also available. It provides the annual implementation information in a brief format, identifies key Board activities for FY08, and gives additional information about the system. It can be accessed at <http://hss.state.ak.us/abada/> or <http://hss.state.ak.us/amhb/>.

Much of the work of ABADA/AMHB occurs in meetings and communications with other key stakeholders in the behavioral health system. These help move the total system forward. The successes from these partnership are documented below:

- Development of a successful advocacy program that led to \$2.2 million funding for Behavioral Health grants, the first GF/MH funding for consumer run programs, and passage of SB100. Use of Capwiz, a web based legislative information and communication system led to increased consumer and stakeholder involvement in the legislative process.
- Development of a strengthened working relationship with Behavioral Health. We now participate on a variety of BH committees and help review policies and plans of BH and DHSS.
- Successful advocacy through the Trust Request for Recommendations process for inclusion of funding to restore BH service system grants in The Trust FY09 GF/MH budget documents.
- Publication of Making It Work: Behavioral Health in Alaska, the Boards' five year plan.
- Publication of a statewide behavioral health resource directory.

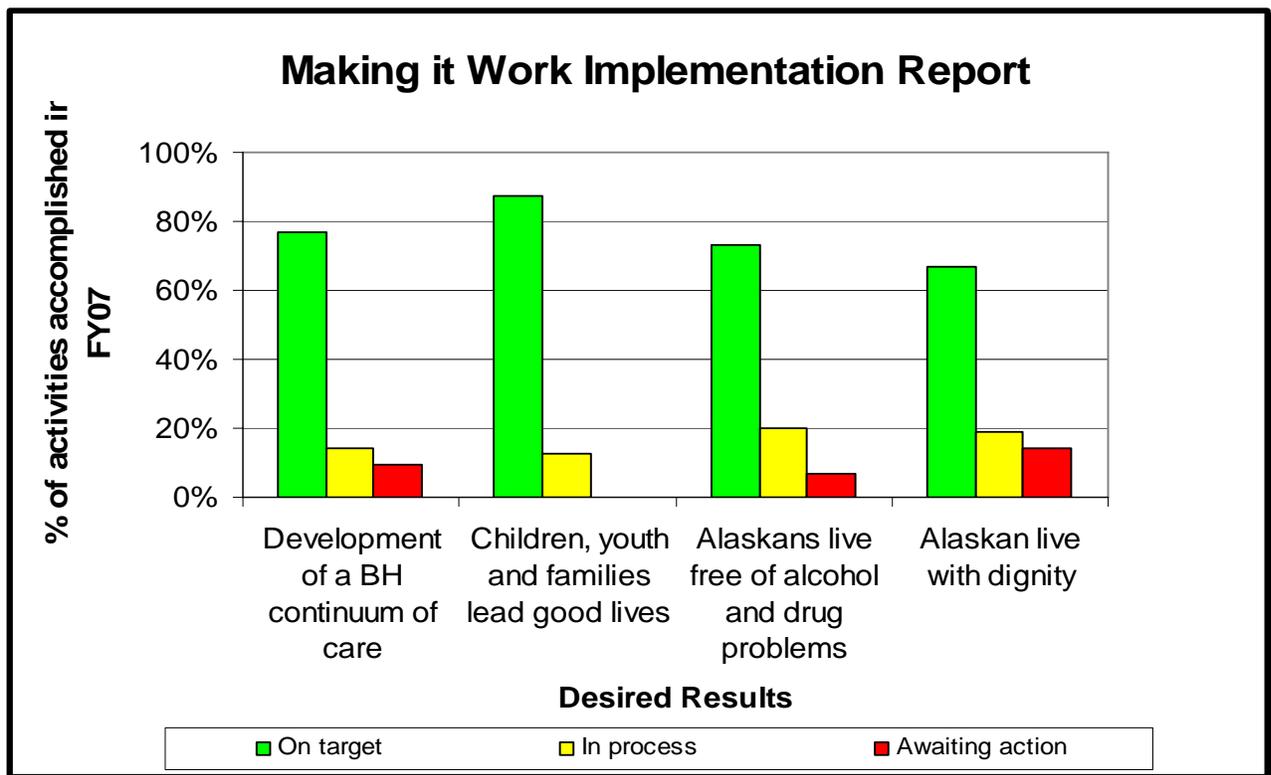
How this report is organized: This report summarizes how well we have done to stay on target in working on the activities outlined by our plan. The tracking document uses three symbols:

■ These activities are on target and going well.

■ These activities are moving forward, but need continued attention and fine tuning.

■ Little is happening on this activity. Because this is a five year plan, some of these activities are slated for later implementation. Others need to be reviewed to assure that they are still relevant.

The following chart summarizes ABADA/AMHB’s progress in implementing Making It Work: Behavioral Health in Alaska by tracking how we are doing on the activities outlined within each population results area. Because this is the first year of a five year plan, it is not expected that we will be working on all plan activities at this time.



We are proud of the work of the Advisory Board of Alcoholism and Drug Abuse and the Alaska Mental Health Board. We invite you to contact us with further questions or to participate in any of these initiatives. Thank you.

(Abbreviations are explained at the end of the following table.)

Desired Result: Alaskans are physically, mentally, spiritually, and emotionally healthy and are engaged in productive lifestyles to sustain well being.

Strategy: Identify current behavioral health system strengths and gaps

Board planned activity by statutory role:	What we have done to date:	Track
Plan		
<ul style="list-style-type: none"> • Continue to review existing needs assessments across the behavioral health service spectrum. Identify programs that work and where there are unmet needs. Specific current examples of this include: <ul style="list-style-type: none"> • Work with other agencies to find ways to reduce the Alaska Psychiatric Institute census pressure, including identifying appropriate community resources to prevent readmission to API. • Identify how a continuum of care for alcoholism and substance abuse prevention, assessment and treatment is being implemented in Alaska. • Using data from the current grant/Medicaid funding study being conducted by Information Insights and other information, identify the appropriate mix of services to serve the full range of behavioral health conditions - including prevention, early intervention, and care for those who experience chronic mental illness. 	<p>Staff holds monthly meetings with Ron Adler that address API census pressure.</p> <p>The Trust and BH budget included our recommended increments to increase funding to the continuum of care for mental health and substance use disorders. Needs assessment documents reviewed, written and in use.</p>	
<ul style="list-style-type: none"> • Work with the Division of Behavioral Health, the Mental Health Trust, consumers, and providers to continue the development of a clear vision of an effective behavioral health system. This vision should be used to guide policy and funding decisions. Use information about existing system strengths to advocate for continuing effective programs. 	<p>We have an initial agreement to work with BH to develop a behavioral health plan for the state. Staff continues to work on review of the Comprehensive Integrated Mental Health Plan</p>	
Coordinate		
<ul style="list-style-type: none"> • Use monthly consumer Family Voice teleconferences to identify ongoing needs within the system. 	<p>Involvement of state decision makers in the teleconference has allowed communication between consumers and policy makers.</p>	

Board planned activity by statutory role:	What we have done to date:	Track
<ul style="list-style-type: none"> From public testimony at Board meetings, site visits, and community meetings, identify ongoing needs and strengths within the system. 	We sent a letter to Gov. Palin informing her of needs and strengths identified in Bethel public testimony.	
<ul style="list-style-type: none"> Coordinate with the other Boards, the Trust, providers, consumers, and BH through the Connecting Systems Project to identify places in the service delivery system where clients fail to get services because of falling between programs and, thus, not being eligible for any services. 	Connecting Systems Project meetings are completed, and the final paper is in draft form.	
<ul style="list-style-type: none"> Develop and maintain working relationships with tribal health corporations, private providers, and providers of behavioral health services in other parts of the human service system to identify how all of these systems serve Alaskans and gaps in the larger system. 	This will be incorporated into the work done on a behavioral health plan.	
Educate		
<ul style="list-style-type: none"> Increase policy makers' knowledge about our present system of care and identification of strengths and gaps in the system. 	The Making It Work, FY06 and FY07 Annual Reports are complete and available.	
<ul style="list-style-type: none"> Increase knowledge in the public about available services. 	The Resource Guide is complete and being distributed.	
Advise		
<ul style="list-style-type: none"> Use the Alaska Mental Health Trust funding recommendations process to build on continued communication with providers and consumers regarding system needs. 	RFR proposals were distributed to consumers and AMHB/ABADA for discussion. Their feedback was used to help craft the final requests.	
Evaluate		
<ul style="list-style-type: none"> Get feedback from public hearings and community meetings about how the system is working in their community. 	Public testimony was held at all Board meetings, Staff attended two BTKH community summits.	
<ul style="list-style-type: none"> Work with the Outcomes Identification and System Performance Project (OISPP) to identify prevalence rates for mental illness and substance use disorder in Alaska. 	Staff reviewed and revised synthetic prevalence estimates, and are developing a paper on this.	
<ul style="list-style-type: none"> With developed methods, measure resiliency and protective factors in communities. 	As part of BH epidemiological study, we helped develop measures of resiliency.	

Board planned activity by statutory role:	What we have done to date:	Track
Advocate		
<ul style="list-style-type: none"> Survey legislators and staff about perceived behavioral health gaps and strengths in their districts. 	We have met with several legislators and staff between sessions. Survey needs to be developed.	■

Strategy: Review, monitor and evaluate behavioral health services at the community, client, provider and state system level.

Board planned activity by statutory role:	What we have done to date:	Track
Coordinate		
<ul style="list-style-type: none"> Work with members of the behavioral health system to continue to assure that training and administrative support is provided for behavioral health program integration as identified in the behavioral health model at all levels. 	We have had active involvement in change agent training. We advocate for inclusion of administration costs in new funding.	■
<ul style="list-style-type: none"> Coordinate with DHSS, the Trust, and other partners to define behavioral health standards of care, regulations, performance measures, standardized evaluation tools and an ongoing system for evaluation of services at the community, client, provider and state level. Work with Division of Behavioral Health to assure that new regulations regarding record keeping reflect the minimum requirements for Medicaid compliance as a way to reduce audit exceptions. 	We are participating in the internal review process for integrated regulations. Staff is actively involved in the Performance Based Funding subcommittee.	■
Evaluate		
<ul style="list-style-type: none"> Participate in continuing the development of a community program review that utilizes on-site review, substantial consumer involvement and feedback, and provision of support and technical assistance to optimize program function. Identify sustainable funding mechanisms for this program. 	A supplemental request is being developed.	■
<ul style="list-style-type: none"> Participate in OISPP's creation, implementation, monitoring and evaluation of outcomes data. 	Staff and some Board members are actively involved in 2+ meetings a month.	■

Board planned activity by statutory role	What we have done to date:	Track
<ul style="list-style-type: none"> Monitor and review AKAIMS (Alaska Automated Information Management System) reports – the data management information system. 	Staff participates in OPS (operations) group, representing stakeholders' concerns.	
<ul style="list-style-type: none"> Participate in the revision and review of regulations, data systems, and grant requirements to confirm that they assure quality services while taking minimal resources from service delivery. 	We are participating in the internal review process for integrated regulations. Staff is involved with the Performance Based Funding subcommittee..	
<ul style="list-style-type: none"> Utilize data from a variety of sources, including the Behavior Risk Factor Surveillance Survey and the Youth Risk Behavior Survey, to identify system strengths and gaps and to assess system performance. 	We are developing a report card of system strengths and gaps. Staff is an active part of the Trust data subcommittee.	
Advocate		
<ul style="list-style-type: none"> Advocate for top-level management involvement in AKAIMS until it is successfully deployed. Participate at all levels to make sure that the voices of consumers and providers are adequately represented in decision making regarding data management. 	We participate in the AKAIMS OPS group, representing providers' and consumers' concerns to this group. We advocate for appropriately funding this system.	
<ul style="list-style-type: none"> Advocate for the training in and use of evidence-based practices and other proven approaches to behavioral health prevention and treatment and assure that they are used in culturally and community appropriate ways. 	Several proposed funding increments include evidence-based or culturally relevant practice requirements.	
<ul style="list-style-type: none"> Advocate for Alaskan principles-based practices to be funded and evaluated in order to become proven practices 	We have prepared a proposal for an Alaskan Medicaid best practice focus area for the Trust.	

Strategy: Advocate for a comprehensive behavioral health service

Board planned activity by statutory role	What we have done to date:	Track
Plan		
<ul style="list-style-type: none"> Work with other parts of the system to ensure that the Comprehensive Integrated Mental Health Plan, Moving Forward, is implemented. 	We participate in monthly planner's meetings and core team meetings. We will integrate BH plan with this.	
<ul style="list-style-type: none"> Actively participate with DBH in the continuing development of the Mental Health and Substance Abuse Prevention and Treatment Block Grants. 	We wrote and reviewed portions of the MHBG, we participated in review after submission of the SAPTBG.	

Board planned activity by statutory role	What we have done to date:	Track
<ul style="list-style-type: none"> Explore the funding of behavioral health services in the larger framework of health services funding. Identify if funding mechanisms such as parity, single party payer, or other approaches could better provide for behavioral health access within the physical health system. 	<p>The Boards' workgroup on interface of primary and behavioral health care initiative is beginning its work.</p>	
Coordinate		
<ul style="list-style-type: none"> Assure that memoranda of agreement are executed between behavioral health providers and school districts and that quality assurance activities monitor the efficacy of these agreements. 	<p>Staff is participating in the Education Subcommittee of BTKH.</p>	
<ul style="list-style-type: none"> Work with the Alaska Commission on Aging to continue to identify and support best practices to deliver behavioral health services to seniors. 	<p>ABADA/AMHB proposed Trust funding for senior centered behavioral health services. BH is submitting a funding request for this increment.</p>	
<ul style="list-style-type: none"> Support continuing development of working relationships with tribal health entities, private providers, and providers of behavioral health services in other parts of the human service system to identify how all of these systems serve Alaskans and gaps in the larger system. 	<p>The Boards' meeting at YKHC furthered exploration of these issues.</p>	
Educate		
<ul style="list-style-type: none"> Increase lawmakers' knowledge and awareness of the activities and successes of the behavioral health system. 	<p>This is accomplished through publications and ongoing advocacy.</p>	
<ul style="list-style-type: none"> Present information related to the behavioral health system and advocacy at available trainings and conferences such as the Annual School on Addictions, the Rural Behavioral Health Conference, and the Health Summit. 	<p>We made presentations at the 2007 Full Lives Conference: "Advocacy" and "Taking Care of Yourself while Taking Care of Others."</p>	
<ul style="list-style-type: none"> Continue to explore the possibility of wrap-around long term services for those who cycle through the system because of chronically mental illness and substance use disorders, such as the evidence-based plan for assertive community treatment model (ACT). 	<p>We continue to introduce this option in venues such as APIC, supported housing meetings, and RFR requests.</p>	
<ul style="list-style-type: none"> Advocate for a state wide national screening day and availability of mental health and substance use disorder screening instruments for all physicians. 	<p>FY09</p>	

Board planned activity by statutory role	What we have done to date:	Track
<ul style="list-style-type: none"> • Develop Continuing Medical Education program to provide information to physicians about behavioral health issues. 	FY09	
Advise		
<ul style="list-style-type: none"> • Continue to collaborate with the Division of Behavioral Health, the Governor’s office, and other policy makers to identify behavioral health system strengths and needs. 	The Making It Work, FY06 and FY07 Annual Reports were prepared and distributed. The Governor’s representative attended the Boards’ last meeting. We have established regular meetings with BH.	
Evaluate		
<ul style="list-style-type: none"> • Monitor the use of formularies for psychotropic medication, identify best practices to educate general practice physicians about behavioral health problems, best medication approaches, and other appropriate interventions. 	FY09	
Advocate		
<ul style="list-style-type: none"> • Advocate for a system that reflects a resilience and recovery approach to behavioral health services 	As part of the EPI study, we helped developed measures of resiliency. We will incorporate this focus in BH plan.	
<ul style="list-style-type: none"> • Monitor relevant legislation throughout the session 	We distribute weekly legislative update plus CAPWIZ alerts.	
<ul style="list-style-type: none"> • Lead an advocacy committee that informs stakeholders of legislative opportunities and coordinates advocacy efforts 	We hold weekly advocacy update teleconferences during session.	
<ul style="list-style-type: none"> • Continue to mobilize consumers and Board members to advocate for programs that are supportive of their recovery. 	We distribute weekly legislative update plus CAPWIZ alerts. We helped support the Faces of Recovery and Family Voice legislative testimony as well as testimony from our Boards.	
<ul style="list-style-type: none"> • Identify legislative priorities and organize an advocacy campaign to support these. 	We helped develop the Human Service Coalition.	
<ul style="list-style-type: none"> • Use the Trust request for funding recommendations process to advocate for sustaining effective behavioral health services while innovating in areas where there is existing need. 	We submitted \$6 million increments for these services, of which the Trust supported \$4 million in its budget.	
<ul style="list-style-type: none"> • Advocate for an appropriate mix of funding that maximizes federal funding while sustaining the program flexibility available through the state grant process. 	We initially proposed and then cooperated in data collection for the Information Insights study of this topic.	

Desired Result: Alaskan children, youth, and families lead safe, stable, happy, productive lives.

Strategy: Support the planning, funding, and provision of a comprehensive system of care within Alaska for children, youth, and their families.

Board planned activity by statutory role	What we have done to date:	Track
Plan		
<ul style="list-style-type: none"> Participate in the early childhood mental health work group to develop a program that assures earlier identification and intervention of mental health disorders of children birth to 21, supporting the use of standardized screening and assessment tools. 	Staff has participated in job description, diagnosis crosswalk, and general workgroups on this topic. We have advocated for funding for this increment.	
<ul style="list-style-type: none"> Implement the activities to assess need, monitor quality, and develop advocacy outlined above for adult behavioral health programs for programs that serve children and youth as well. 	Our advocacy efforts support programs for children, youth, families, and adults.	
Coordinate		
<ul style="list-style-type: none"> Actively participate in the Bring the Kids Home Initiative and the four sub-committees: care coordination; home and community-based services; client tracking/monitoring; and workforce development 	We participate actively in these committees, bringing concerns raised by parents and youth at the Family Voice teleconference to make their voices heard.	
<ul style="list-style-type: none"> Work with DHSS and the Department of Education and Early Development on the implementation of effective, culturally appropriate practices by providers and school districts across the state to find ways to further integrate behavioral health service provision with schools. 	We participate as an unofficial member of the Trust education subcommittee.	
<ul style="list-style-type: none"> Identify partners across all state departments and tribal organizations to support a seamless system of care for Alaskan children and youth and encourage their support and advocacy when needed 	This will be addressed as part of the development of the BH plan.	
<ul style="list-style-type: none"> Chair the Family Voice working group that oversees funding for family and youth involvement in the behavioral health system. 	We have held training meetings for Family Voice during BTKH quarterly meetings.	
<ul style="list-style-type: none"> Continue to work with the Suicide Prevention Council and other parties to address the issue of youth suicide in Alaska. Use results from the track-back study to identify programs that may address this issue. 	We have been co-leads in writing the Suicide Prevention Report and have shared an executive director with the Council.	

Board planned activity by statutory role	What we have done to date:	Track
<ul style="list-style-type: none"> Work with Division of Juvenile Justice to assure that comprehensive behavioral health programs are available to children and youth involved with the correctional system. 	We are working closely with the BTKH coordinator in Juvenile Justice to identify areas of advocacy.	
<ul style="list-style-type: none"> Support the development of an early childhood mental health consultation and education model to extend behavioral health services for this population. 	We participate in job description, diagnosis crosswalk, and general workgroups on this topic. We advocate for funding for this increment.	
Educate		
<ul style="list-style-type: none"> Develop and initially chair a monthly teleconference that involves family, youth, and adult consumers, to combine education and consumer discussion of programs and involve consumers in addressing system problems. 	We have held 10 teleconferences with people calling in from 24 communities throughout the state.	
<ul style="list-style-type: none"> Support community coalitions/planning teams centered around promotion, prevention, and BTKH treatment for early childhood needs working towards positive behavioral health. 	We attended 2 BTKH summits and reviewed information from two more summits.	
Evaluate		
<ul style="list-style-type: none"> Work with OISPP and other data groups to use data to assess the effectiveness of the continuum of services for children, youth, and families 	OISPP has begun reviewing BTKH data. We are working with the Utilization Review team to share information from parents about the continuum of care for children.	
Advocate		
<ul style="list-style-type: none"> Support full funding for SCHIP federal youth insurance funding and Denali Kid Care program at the state and federal level 	We used CAPWIZ to mobilize advocacy for SCHIP funding. Denali KidCare was increased to 175% FPL.	
<ul style="list-style-type: none"> Identify and advocate for programs, regulations, and funding that support transition age youth. 	We have worked with the SOAR program to assure that they inform providers about the need to ensure SSI availability for appropriate transition age youth.	
<ul style="list-style-type: none"> Advocate for full implementation of the DHSS Early Childhood Comprehensive Systems Plan, focusing on the parts that involve maternal and child mental health.¹ 	We have participated in the first two meetings and contributed work to the Interdepartmental Early Childhood Coordinating Council.	
<ul style="list-style-type: none"> Advocate for increased early intervention services for children and families through age 21. 	We are advocating for a moderate mental illness component that would serve children before they become seriously emotionally disturbed.	

Desired Result: Alaskans live free from the negative consequences of alcohol and other drug use.

Strategy: Support a continuum of care for those experiencing alcohol and substance abuse disorders and those at risk.

Board planned activity by statutory role	What we have done to date:	Track
Plan		
<ul style="list-style-type: none"> Support provision of substance abuse services to the estimated 90% of incarcerated Alaskans who have experienced a problem with substance abuse. 	We are partners in the APIC planning process to provide transition from prison. We are advocating for substance abuse treatment alternatives to incarceration.	
<ul style="list-style-type: none"> Identify best practices for prevention and treatment of methamphetamine abuse and advocate for their funding and use. 	This will be addressed by the workgroup developing the behavioral health plan.	
<ul style="list-style-type: none"> Identify ways to expand community prevention and treatment, especially addressing the effects of substance abuse on families and children 	We reviewed prevention grants, and proposed funding for an increased prevention program.	
<ul style="list-style-type: none"> Support identification and implementation of practices for prevention and early intervention of inhalant and prescription drug abuse. 	We are working to identify best practices and push for their implementation.	
Coordinate		
<ul style="list-style-type: none"> Work closely with the Prevention section of Division of Behavioral Health to review grants, identify best practices, and decrease substance abuse in adults and youth. 	We reviewed the prevention grants, and proposed funding for an increased prevention program.	
Educate		
<ul style="list-style-type: none"> Review information on the Fetal Alcohol Syndrome program that was funded in Alaska, and use lessons learned to shape future program planning. 	We reviewed the FASD report, and we are advocating for inclusion of specialized FASD treatment in new RPTC's in Alaska. We helped write the FASD/SED Medicaid waiver.	
<ul style="list-style-type: none"> Educate our children on the risks of alcohol and drug consumption leading to addiction and abuse 	We are advocating for increased funding for a prevention and early intervention component.	
Advise		
<ul style="list-style-type: none"> Inform Division of Behavioral Health, the Governor's office, and other policy makers of system strengths and needs. 	We completed Making it Work, and reports for FY05 and FY06.	

Board planned activity by statutory role	What we have done to date:	Track
<ul style="list-style-type: none"> Review plans for revision of Title 47 holds and advocate for appropriate use of this legislation to serve chronic substance users. 	We advocated for the passage of SB100 and for the fiscal note and program plan to implement it in FY09.	
<ul style="list-style-type: none"> Continue to be involved in development of regulations that support parity for substance abuse programs and professionals in the behavioral health arena. 	We will address this in the review of integrated regulations. We participated in the original external task force for shaping of the regulations.	
Advocate		
<ul style="list-style-type: none"> Identify and continue to advocate for solutions to substance abuse issues for Alaska's aging population 	We proposed Trust funding for senior centered behavioral health services. BH submitted a funding request for this increment.	
<ul style="list-style-type: none"> Advocate for sufficient services to allow immediate access to substance abuse treatment after completing detox. 	We submitted an increment for increased availability of SA services. We also highlighted the Waiting in Line for Treatment study from 2001, asking for a repetition of this information.	
<ul style="list-style-type: none"> Advocate for use of alcohol tax dollars to expand substance abuse treatment and prevention. 	This was an advocacy effort for FY08 and will be for FY09.	
<ul style="list-style-type: none"> Work with legislators to introduce appropriate legislation to reduce driving while intoxicated offenses. 	We supported legislation for use of an interlock device.	
<ul style="list-style-type: none"> Strengthen and support the local ordinance law for communities, including better follow-up. 	FY09	

Desired Result: Alaskans live with dignity and respect as valued members of their families and communities.

Strategy: The Boards will advocate for a safe, accessible, and affordable continuum of housing options for the ABADA and AMHB beneficiaries.

Board planned activity by statutory role	What we have done to date:	Track
Coordinate		
<ul style="list-style-type: none"> Actively participate in the Alaska Mental Health Trust's housing focus groups and its subcommittees. 	We participate in the supported housing group and advocate for the Housing Trust.	
Educate		
<ul style="list-style-type: none"> Promote efforts to increase the number of assisted living beds available for persons with a severe mental illness being released from state-funded institutions by monitoring the housing and supportive service resources in Alaska 	We participated in the supported housing group, advocating for the Housing Trust. We advocate for the Assertive Community Treatment model in Anchorage.	
Advocate		
<ul style="list-style-type: none"> Advocate for formal discharge policies within all state-funded in-patient or residential programs that require identification of a written discharge plan and agency referral for persons needing long-term care to include identification and referral to appropriate housing. 	This is a priority for FY09. We are currently working with AHFC to identify issues related to discharge from API to homeless shelters.	
<ul style="list-style-type: none"> Through the Advocacy coordinator, mobilize statewide stakeholders to advocate and support the development of a range of housing options. 	We advocate for increments for housing within the Trust budget, as well as the Housing Trust.	
<ul style="list-style-type: none"> Advocate for increased affordable housing such as the Oxford House Model. 	This continues to be part of our advocacy agenda.	
<ul style="list-style-type: none"> Support the development of the Alaska Mental Health Trust's Housing Trust Initiative. 	This continues to be part of our advocacy agenda.	

Strategy: The Boards will advocate for increased opportunities for employment, education, and meaningful participation in activities of one's choice.

Board planned activity by statutory role	What we have done to date:	Track
Plan		
<ul style="list-style-type: none"> Support an employer initiative to increase recruitment, employment, advancement, and retention of people with mental illness, addiction and/or co-occurring disorders. 	This will be a part of our Boards' community speaking agenda.	
Coordinate		
<ul style="list-style-type: none"> Encourage Division of Behavioral Health to work with the Department of Labor as partners to promote the use of customized employment strategies. 	FY09	
<ul style="list-style-type: none"> Work with the representative of Vocational Rehabilitation on the Board to coordinate programs that serve beneficiaries. 	We have a representative of VR now attending most Board meetings. We need to further coordinate programs.	
Educate		
<ul style="list-style-type: none"> Promote the seamless transition of youth with serious emotional disturbances from school to post-secondary opportunities and/or employment. 	Increments for these programs are a part of our advocacy agenda	
Advise		
<ul style="list-style-type: none"> Continue to provide recommendations on how to improve relevant beneficiary oriented education and employment opportunities to the Governor, the Trust, the Department, the Legislature and interested stakeholders. 	FY09	
Evaluate		
<ul style="list-style-type: none"> Utilize AKAIMS to review, track and monitor consumers ' and clients' increased satisfaction with employment, education, and/or activities. 	We wrote a paper assessing changes in the Client Status Review. We work to develop and assess the CSR through OISPP.	

Strategy: The Boards will advocate for and support interagency collaboration among the appropriate criminal justice, mental health, substance abuse systems and other relevant community members or governmental agencies to prevent the unsuitable or unnecessary arrest, incarceration, and/or prosecution of persons with behavioral health problems.

Board planned activity by statutory role	What we have done to date:	Track
Plan		
<ul style="list-style-type: none"> Continue to participate with Department of Corrections (DOC) in APIC and other program planning efforts that lead to better transitions from the corrections system for beneficiaries. 	We helped develop the APIC project, participated in working groups, and researched other funding options.	
Coordinate		
<ul style="list-style-type: none"> Review, monitor, and track the DOC mental health and alcohol and drug programs through presentations from Board ex-officio members and participation in shared DOC/BH working groups 	Our ex-officio members from DOC are some of our most active and helpful members.	
Advocate		
<ul style="list-style-type: none"> Advocate for expansion of mental health, substance abuse, family, and wellness courts to divert beneficiaries into treatment. 	We work with the various courts and advocate for appropriate growth	
<ul style="list-style-type: none"> Advocate for expanded behavioral health diagnosis and treatment options within the corrections system. 	We are using data about the corrections system and potential savings from treatment to advocate for this.	
<ul style="list-style-type: none"> Advocate for the continuance of CIT (crisis intervention team) training for Alaska police officers and village public safety officers. 	We have advocated for continuation of funding to NAMI to support this project.	
<ul style="list-style-type: none"> Advocate for further training for corrections staff, both outside and inside the prison system, to better understand mental illness, TBI, substance abuse, and FASD 	We have talked with the Alaska Brain Injury Network about a number of training options.	

Strategy: The Boards will reduce stigma about behavioral health issues by teaching Alaskans about the importance of behavioral health, promoting wellness, and emphasizing the potential that Treatment Works, Recovery Happens.

Board planned activity by statutory role	What we have done to date:	Track
Educate		
<ul style="list-style-type: none"> Present information on behavioral health, existing programs, and future directions in public forums such as conferences, health fairs, and arenas. 	Staff made presentations in FY07. This will continue with Board presentations in FY08.	

Board planned activity by statutory role	What we have done to date:	Track
<ul style="list-style-type: none"> Support the use of the “You KNOW Me, But did you know” anti-stigma campaign to reduce stigma surrounding BH beneficiaries. 	Our advertising developed during this campaign appeared in print, in movies, and on radio,	■
Advocate		
<ul style="list-style-type: none"> Work within the system to change the way we talk about clients. Eliminate the word “patient” from most discussions. Be sure that language reflects the person, not the problem. 	We do consistent review of all writing that we release for “person first” language.	■

Abbreviations – A number of abbreviations are used in this document to make it best fit the formatting. They are explained below.

ABADA – Advisory Board on Alcoholism and Drug Abuse
 AHFC – Alaska Housing Finance Corporation
 AKAIMS – Alaska Automated Management Information System
 AMHB – Alaska Mental Health Board
 API – Alaska Psychiatric Institute
 APIC – Assess, Plan, Identify, Plan, Coordinate , a model for integrating those leaving the corrections system back into everyday life
 BH – Behavioral Health, a division of the Alaska Department of Health and Social Services
 BTKH – Bring the Kids Home
 CAPWIZ – an online advocacy tool
 CIT – Crisis Intervention Training
 CSR – Client Status Review
 DOC – Department of Corrections
 FASD – Fetal Alcohol Spectrum Disorders
 FPL – Federal Poverty Level
 FY – Fiscal Year
 MHBG – Mental Health Block Grant
 NAMI – National Alliance on Mental Illness
 OISPP – Outcomes Identification and System Performance Project
 OPS – the AKAIMS operations oversight group
 RFR – Request for Recommendations
 RPTC – Residential Psychiatric Treatment Center
 SAPTBG – Substance Abuse Prevention and Treatment Block Grant
 SB – Senate Bill
 SCHIP – the children’s health insurance program
 SED – Severely Emotionally Disturbed
 SOAR – SSI/SSDI Outreach, Access and Recovery program to qualify appropriate Alaskans for Social Security Disability payments
 SSI – Social Security Insurance
 TBI – Traumatic brain injury
 VR – Vocational Rehabilitation
 YKHC – Yukon Kuskokwim Health Corporation

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¹ Department of Health and Social Services, Office of Children’s Services. *Early Childhood Comprehensive Systems Plan: Vision*. 2006. <http://www.hss.state.ak.us/ocs/childplan/ECCSFullChildPlan.pdf>