

Advisory Board on Alcoholism
and Drug Abuse



Alaska Mental Health Board

FY2008 Annual Report



**ADVISORY BOARD ON ALCOHOLISM
AND DRUG ABUSE**

AND

ALASKA MENTAL HEALTH BOARD



Table of Contents

Welcome	3
Vision Statement	4
Duties and Responsibilities	5
Report on the Behavioral Health System	7
The Year in Review—FY2008	10
Members	12
Statutory Authority	13

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the Alaska Mental Health Trust Authority.*





Welcome

The Advisory Board on Alcoholism and Drug Abuse (ABADA) and the Alaska Mental Health Board (AMHB) present this report in fulfillment of their statutory duties to report on the activities of the Boards and the state of the behavioral health system in Alaska.

In FY2008, the Boards joined with a wide variety of partners to help strengthen the behavioral health system in Alaska. You can learn more about this system and the people served in our five year strategic plan, *Making It Work: Behavioral Health in Alaska*, available online at

<http://hss.state.ak.us/abada/> or
<http://hss.state.ak.us/amhb/>

We take this opportunity to give an overview of the behavioral health system in Alaska, to present the progress we made in FY2008 toward our goals, and the areas where we need to continue to focus. We appreciate your taking time to learn more about the Boards and Alaska's behavioral health system.



Lonnie Walters, Chair
Advisory Board on Alcoholism and Drug Abuse

Debi Keith, Chair
Alaska Mental Health Board

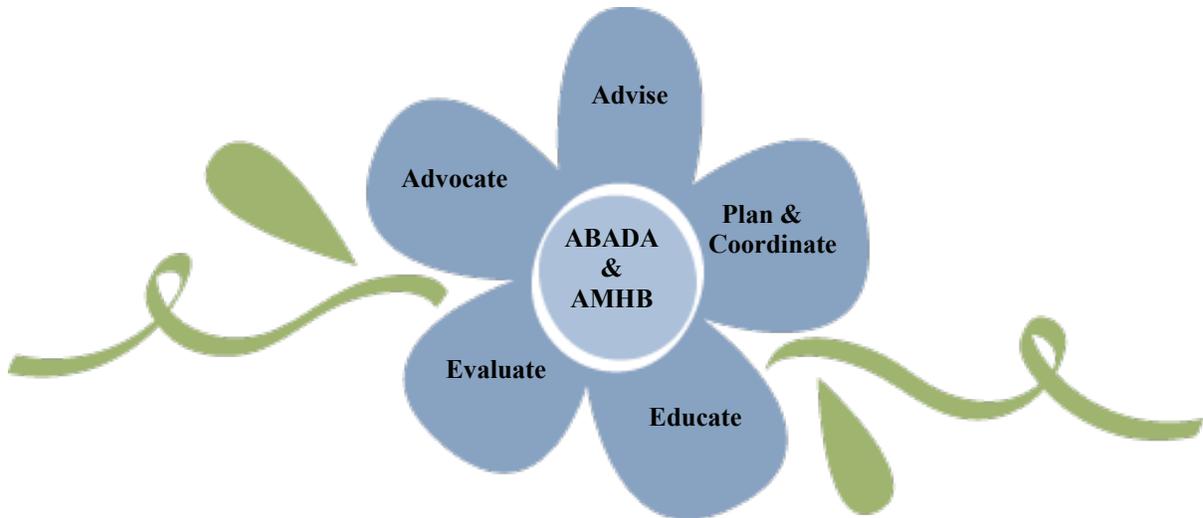


Our Vision

The Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Board are guided by the vision that all Alaskans will lead healthy and productive lives.



Duties and Responsibilities



Advise

ABADA and AMHB work in partnership with state agencies and the Legislature to provide advice and support regarding a variety of behavioral health issues, including funding for services. The Boards' solicit public input in a variety of ways all over the state, and then communicate that information to the executive and legislative branches. Our staff meets regularly with agency directors and managers and works through a variety of work-groups to fulfill this responsibility.

Plan & Coordinate

ABADA and AMHB staff and board members help create and implement the Comprehensive Integrated Mental Health Plan, the Suicide Prevention Plan, the state plans for the Mental Health Block Grant and Substance Abuse Block Grant, as well as others. We partner with the Department of Health and Social Services, the Alaska Mental Health Trust, and other advisory bodies to help make these various plans work more effectively together. We collaborate with community and consumer organizations, like the Substance Abuse Directors Association, NAMI and homeless coalitions throughout the state.



Educate

ABADA and AMHB use a variety of tools to educate citizens, elected officials, and state officers about the issues of substance abuse and mental health. One of our primary goals is to reduce stigma related to addiction and mental illness. We are part of the “You Know Me” campaign. Our own education efforts focus on the fact that “Treatment Works – Recovery Happens!” Board members have participated in legislative caucuses and appeared in television and print ads in order to help educate all Alaskans about the possibilities that can be realized when the right services are available at the right time and in the right place.

Evaluate

Board members and staff participate in proposal evaluation committees (reviewing grant applications), conduct site visits, complete an annual unduplicated count of clients served, and other efforts to help evaluate the effectiveness of policy and programs.

Advocate

Board members and staff are committed to making the voices of consumers and their families, as well as service providers and communities as a whole, heard. Using weekly teleconferences, websites, newsletters, and other media, we provide information and support to stakeholders so that they can better express their views and needs to their elected officials. Board members and staff talk with legislators, legislative staff, the Governor and executive staff, and Alaska’s federal delegation to communicate the perspectives of the people on behavioral health issues.

All of the efforts of ABADA and AMHB necessitate close working relationships with the other statutory boards as well as community organizations, provider associations, state agencies, and consumer groups. No one function stands separate and apart from the other. Each duty is important if we are to see every Alaskan living a healthy and productive life.





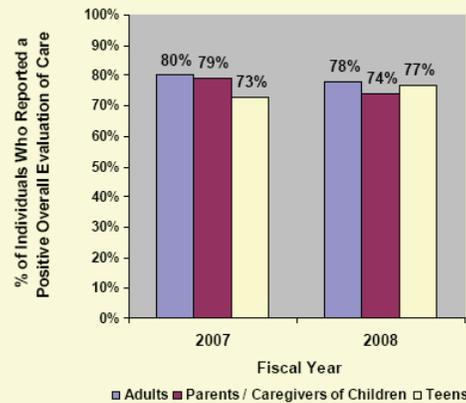
Report on the Behavioral Health System

Alaska's publicly funded behavioral health system provides services to a large number of our neighbors who are most in need of treatment for mental health and substance use disorders. For the most seriously mentally ill and addicted, there are services available through grant funded nonprofit providers, tribal health care providers, and programs directed by local governments. In addition, treatment services to support people in recovery and prevention services are available in many communities.

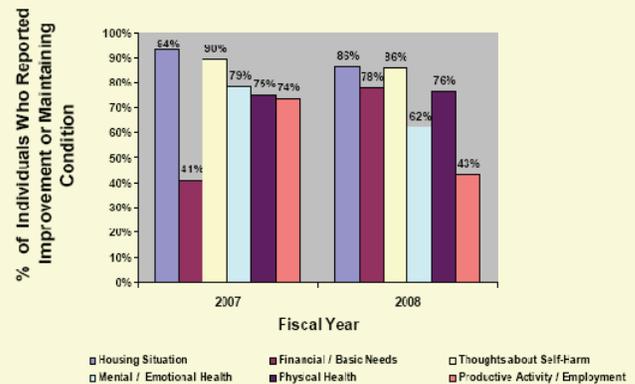
Based on the consumer satisfaction surveys and client status reviews completed by and with the people served, we know that these services do help improve people's quality of life. While the percentage of clients and family members who report a positive evaluation of the care provided remains consistent, there has been an increase in client satisfaction among teens.

Review of the positive outcomes specifically identified by clients shows areas for continued monitoring and improvement. Most striking is the decrease in positive outcomes related to employment and productivity. It is for this reason that board members and staff are active in efforts to increase opportunities for Trust beneficiaries and advocated for greater use of Mental Health Block Grant Funds for employment projects targeting beneficiaries.

Behavioral Health Consumer Survey Client Overall Evaluation of Care



Positive outcomes in life domains (Individuals of all ages)



*Presented by Melissa Stone, Director
Division of Behavioral Health,
October 2008*



Report on the Behavioral Health System, cont.

There has been an increased focus on providing service as close to home as possible. Continued investments in the behavioral health system's telemedicine resources have meant better training for front-line care providers in rural Alaska and greater access to psychiatric care without always having to be transported to the Alaska Psychiatric Institute. This is a dynamic partnership between the Department of Health and Social Services and with the tribal health system, specifically the Alaska Federal Health Care Access Network and Alaska Native Tribal Health Consortium, and serves as an example for future collaborations in telemedicine.

The continued investment in the Bring the Kids Home Initiative has resulted in amazing returns — not least of which has been a substantial decrease in the number of children in residential psychiatric treatment centers outside of Alaska. By the end of the fiscal year, the number of children out of state had been reduced by 23.5% from April 13, 2007 (just 14 months earlier).

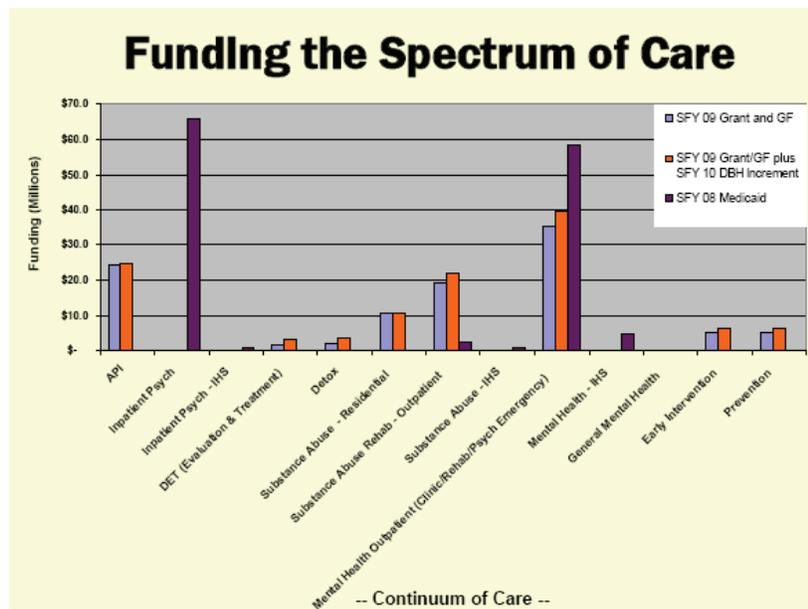


*Board member Ramona DUBY in Noatak, May 2008
with Vivian Hamilton, Duane Mayes, Jennifer Charvet, and local residents*



Report on the Behavioral Health System, cont.

While the behavioral health system prioritizes services for those most in need, there are still a large number of Alaskans with moderate behavioral health needs who are not being served. This is most apparent from the funding allocations:



*Presented by Melissa Stone, Director of the Division of Behavioral Health,
October 2008*

Our behavioral health system faced some significant issues this past fiscal year due to changes in Medicaid at the federal level, recent economic volatility, and continued difficulty recruiting and maintaining a qualified workforce. Provider organizations, the Division of Behavioral Health, the Alaska Mental Health Trust, and the Boards have worked together in a variety of ways. These include workgroups looking at Medicaid issues, planning and providing training focused on better management practices, and creative problem solving to preserve the integrity of our system and the effectiveness of the services provided. These strong working relationships will continue to be an asset as we face the year ahead.



The Year in Review - FY 2008

The Boards' accomplishments for FY 2008 include:

- * Successful advocacy for increased behavioral health treatment and prevention services (\$2.3 million in additional increments), Medicaid rate rebasing, appropriations for workforce development, and funding for supportive housing;
- * Community forums and opportunities for public comment, including a legislative breakfast reception at the homeless shelter in Juneau and community potluck forums in Bethel and Barrow;



Board Members Anna Sappah and Renee Schofield at the Boards' legislative breakfast the Glory Hole Juneau, January, 2008.

Board Members (l-r) Bernard Gatewood, Paul Sugar, Ray Watson and Fred Glenn at the Community Forum Barrow, May 2008.



The Year in Review - FY 2008, cont.

- * Joint data analysis projects with the Department of Corrections and the Department of Health and Social Services related to services provided to incarcerated Trust beneficiaries;
- * Increasing family and youth participation in the Bring the Kids Home Initiative through the Family Voice project, and beginning planning for a restructured project to reach more parents and youth;
- * Stronger collaboration with the Division of Behavioral Health (DBH) through the Medicaid Behavioral Health Collaborative, the Mental Health Block Grant, development of budget recommendations for shared priorities, and grant reviews;
- * Working with the Department of Health and Social Services, Alaska Mental Health Trust Authority, Governor's Council on Disabilities and Special Education, and Alaska Commission on Aging to reach a memorandum of understanding memorializing the many ways we work together;
- * Participating in the biennial rural outreach trip sponsored by the Trust, during which board members and staff visited Kotzebue and villages in the Northwest Arctic Borough;
- * Creating new anti-stigma and public education materials for use in the "You Know Me" campaign, at the 2008 Legislative Health Fair, and at other venues; and
- * Publication of an updated statewide behavioral health resource directory.



*Finding help
when you need it*



Board Members (FY2009)

Advisory Board on Alcoholism and Drug Abuse

Chair Lonnie Walters, Craig
Chair-Elect James Duncan, Soldotna
Treasurer Renee Schofield, Ketchikan

Robert Coghill, Jr., Juneau
Marvin Deacon, Grayling
Amy Hansen, Wasilla
Eric Holland, Dillingham
Bernard Gatewood, Fairbanks
Fred Glenn, Haines
Michael Kerosky, Anchorage
Russell LaVigne, Juneau
Anna Sappah, Anchorage
Dr. Verner Stillner, Juneau
Raymond Watson, Bethel

Ex officio:

Bill Streur, Deputy Commissioner, DHSS
Melissa Stone, Director, Behavioral Health
Mary McCarthy, Dept. of Corrections



Staff

J. Kate Burkhart, Executive Director

Lance Brown, Administrative Assistant
Rebecca Busch, Planner
Thomas Chard, Planner
Teri Tibbett, Advocacy Coordinator

Alaska Mental Health Board

Chair Debi Keith, Anchorage
Vice-Chair Eva Leveque, Dillingham
Secretary Brenda Moore, Anchorage
Treasurer Ramona Duby, Anchorage
At-large Barry Creighton, Kasilof

Nina Allen, Homer
Dr. Randall Jones, Anchorage
Timothy Peters, Anchorage
Andrea Schmook, Anchorage
Stan Steadman, Kenai

Ex officio:

Melissa Stone, Director, Behavioral Health
Steve McComb, Director, Juvenile Justice
Kris Duncan, Alaska Housing Finance Corp
Erin Kinavey, Office of Children's Services
Colleen Patrick-Riley, Dept. of Corrections
Paul Sugar, Dept. of Education & Early
Development



Statutory Authority, ABADA

AS 44.29.140. Duties.

(a) The board shall

(1) act in an advisory capacity to the legislature, the governor, and state agencies in the following matters:

(A) special problems affecting mental health that alcoholism or drug abuse may present;

(B) educational research and public informational activities in respect to the problems presented by alcoholism or drug abuse;

(C) social problems that affect rehabilitation of alcoholics and drug abusers;

(D) legal processes that affect the treatment and rehabilitation of alcoholics and drug abusers;

(E) development of programs of prevention, treatment, and rehabilitation for alcoholics and drug abusers; and

(F) evaluation of effectiveness of alcoholism and drug abuse programs in the state;

(2) provide to the Alaska Mental Health Trust Authority for its review and consideration recommendations concerning the integrated comprehensive mental health program for the people who are described in AS [47.30.056](#) (b)(3), and concerning the use of money in the mental health trust settlement income account in a manner consistent with regulations adopted under AS [47.30.031](#) .

(b) The board is the planning and coordinating body for purposes of federal and state laws relating to alcohol, drug, and other substance abuse prevention and treatment services.

(c) The board shall prepare and maintain a comprehensive plan of services

(1) for the prevention and treatment of alcohol, drug, and other substance abuse; and

(2) for persons described in AS [47.30.056](#) (b)(3).



Statutory Authority, AMHB

AS 47.30.666. Duties of the Board.

The board is the state planning and coordinating body for the purpose of federal and state laws relating to mental health services for persons with mental disorders identified in AS [47.30.056](#) (b)(1). On behalf of those persons, the board shall

- (1) prepare and maintain a comprehensive plan of treatment and rehabilitation services;
- (2) propose an annual implementation plan consistent with the comprehensive plan and with due regard for the findings from evaluation of existing programs;
- (3) provide a public forum for the discussion of issues related to the mental health services for which the board has planning and coordinating responsibility;
- (4) advocate the needs of persons with mental disorders before the governor, executive agencies, the legislature, and the public;
- (5) advise the legislature, the governor, the Alaska Mental Health Trust Authority, and other state agencies in matters affecting persons with mental disorders, including, but not limited to,
 - (A) development of necessary services for diagnosis, treatment, and rehabilitation;
 - (B) evaluation of the effectiveness of programs in the state for diagnosis, treatment, and rehabilitation;
 - (C) legal processes that affect screening, diagnosis, treatment, and rehabilitation;
- (6) provide to the Alaska Mental Health Trust Authority for its review and consideration recommendations concerning the integrated comprehensive mental health program for those persons who are described in AS [47.30.056](#) (b)(1) and the use of money in the mental health trust settlement income account in a manner consistent with regulations adopted under AS [47.30.031](#) ; and
- (7) submit periodic reports regarding its planning, evaluation, advocacy, and other activities.

You KNOW me ...



U.S. Navy Retired, still working and involved in my community.

I'm an alcoholic, who's been sober for more than 25 years.

I'm proof that treatment works and recovery is real.

The **TRUST**

The Alaska Mental Health Trust Authority

www.mhtrust.org

With our partner board, the Advisory Board on Alcoholism and Drug Abuse

Did you KNOW ...

Nationally, depression costs employers \$30 billion to \$40 billion annually in lost productivity, more than any other illness.

Absenteeism makes up 20 percent of the cost, and 80 percent is lost productivity on the job. While the typical worker has one and a half unproductive hours each week, people with serious depression lose over eight productive hours each week.

The **GOOD NEWS** is that with treatment, 80 percent of these workers recover.

Treatment works. Recovery happens.
October 7 – 13, Mental Illness Awareness Week

A message funded by the Alaska Mental Health Trust for the Mental Health Board and the Advisory Board on Alcohol and Drug Abuse.



You KNOW me
The Alaska Mental Health Trust
www.mhtrust.org *The* **TRUST**

ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE AND ALASKA MENTAL HEALTH BOARD

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