Advisory Board on Alcoholism and Drug Abuse

abada

amhb

Alaska Mental Health Board

FY2009 Annual Report

ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE

AND

ALASKA MENTAL HEALTH BOARD

Advisory Board on Alcoholism and Drug Abuse

Alaska Mental Health Board

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Table of Contents

Welcome 4

Vision Statement 5

Duties and Responsibilities 6

Report on the Behavioral Health System 8

The Year in Review—FY2009 15

Members 18

Statutory Authority 19

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 FY2009, 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 FY2009 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.

James Duncan, 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.

Participants and staff at Polaris House, Alaska's first clubhouse to be accredited by the International Center for Clubhouse Development (Summer, 2009)

Duties and Responsibilities

ABADA and AMHB have six statutory duties. Fulfilling these responsibilities requires close working relationships with the other statutory boards, 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.

Plan & Coordinate

ABADA and AMHB help create and implement the Comprehensive Integrated Mental Health Plan, the state plans for the Mental Health Block Grant and Substance Abuse Prevention and Treatment Block Grant, and others. We partner with the Department of Health and Social Services, the Alaska Mental Health Trust, and other advisory bodies to help these plans work together more effectively. We collaborate with community and consumer organizations, like the Alaska Behavioral Health Association, the Peer Support Consortium, and community coalitions throughout the state.

Educate

ABADA and AMHB use a variety of tools to educate the public that "Treatment Works – Recovery Happens!" One of our primary goals is to reduce stigma related to addiction and mental illness. We are part of the stigma reduction "You Know Me" campaign. Board members participated in legislative caucuses, wrote Compass articles and letters to the editor, and appeared in television and print ads to 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.

Advise

ABADA and AMHB provide advice and support regarding a variety of behavioral health issues, including funding for services. Our staff meets regularly with agency directors and managers and works through a variety of workgroups to fulfill this responsibility.

In order to provide quality advice and information, the Boards solicit public input in a variety of ways all over the state. An example of this process is the Town Hall Project, funded by a grant from the Alaska Mental Health Trust. The Boards communicate the information gathered from stakeholders and communities to the executive and legislative branches.

The Boards launched a public discussion blog in FY2009. Go to http://akamhbabadablog.wordpress.com/

Evaluate

Board members and staff participate in proposal evaluation committees (reviewing grant applications), conduct site visits, and help with other efforts to evaluate the effectiveness of policy and programs.

Advocate

ABADA and AMHB 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 to elected officials to communicate the perspectives heard from the public on behavioral health issues. We also support grassroots organizations, like Meeting the Challenge and the Southeast Alaska FASD Coalition, in their advocacy efforts.

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. These services are provided with a variety of public funds, which include Medicaid, general funds, federal grants, and alcohol tax revenues. Complementing the state-funded behavioral health system is the tribal health system, which is supported by an equally diverse funding system.

Continued Progress on Systems Integration

Integration of the substance abuse and mental health systems into a comprehensive behavioral health system continued in FY2009 with the release of the proposed integrated behavioral health regulations in June. Providers, consumer organizations and policy makers all engaged in review of these regulations, to provide detailed comment in early FY2010.

One of the system changes contemplated by the proposed integrated behavioral health regulations began to generate significant discussion even before the release of the proposed regulations. Requirements that provider organizations secure accreditation by outside organizations, like the Joint Commission or Commission on Accreditation of Rehabilitation Facilities, may be imposed under the new regulations. The Alaska Behavioral Health Association and the Alaska Addiction Professionals Association (formerly the Substance Abuse Directors Association) are actively engaged in this policy discussion, ensuring that the provider agencies are fully represented.

Publicly Funded Services ~ Medicaid and More

The majority of mental health services in Alaska are funded through Medicaid. In FY2009, 3,662 Alaskan adults and 4,434 Alaskan children received mental health treatment through Medicaid services.

Medicaid enrollments for behavioral health services have increased since FY2008. In FY2009, 8,443 adults with serious mental illness (SMI) were enrolled in Medicaid (23.3% more than in FY2008). A similar increase in the number of substance use disorder (SUD) occurred (up 27.5% to 6,605 youth and

Report on the Behavioral Health System, cont.

adults). The enrollments for youth with serious emotional disturbance (SED) grew twice as much, increasing 53% from FY2008 to 4,096 youth enrolled in Medicaid.

Despite the increased enrollments, and the fact that over 8,000 Alaskans received mental health services in FY2009, the behavioral health system continues to lack capacity to meet the need indicated by the most recent prevalence rates. Based on the 2006 Behavioral Health Prevalence Estimates in Alaska study conducted by the Division of Behavioral Health and Alaska Mental Health Trust, in partnership with the Boards, 7,339 Alaskan youth and 14,089 Alaskan adults experience serious mental health disorders or co-occurring disorders..

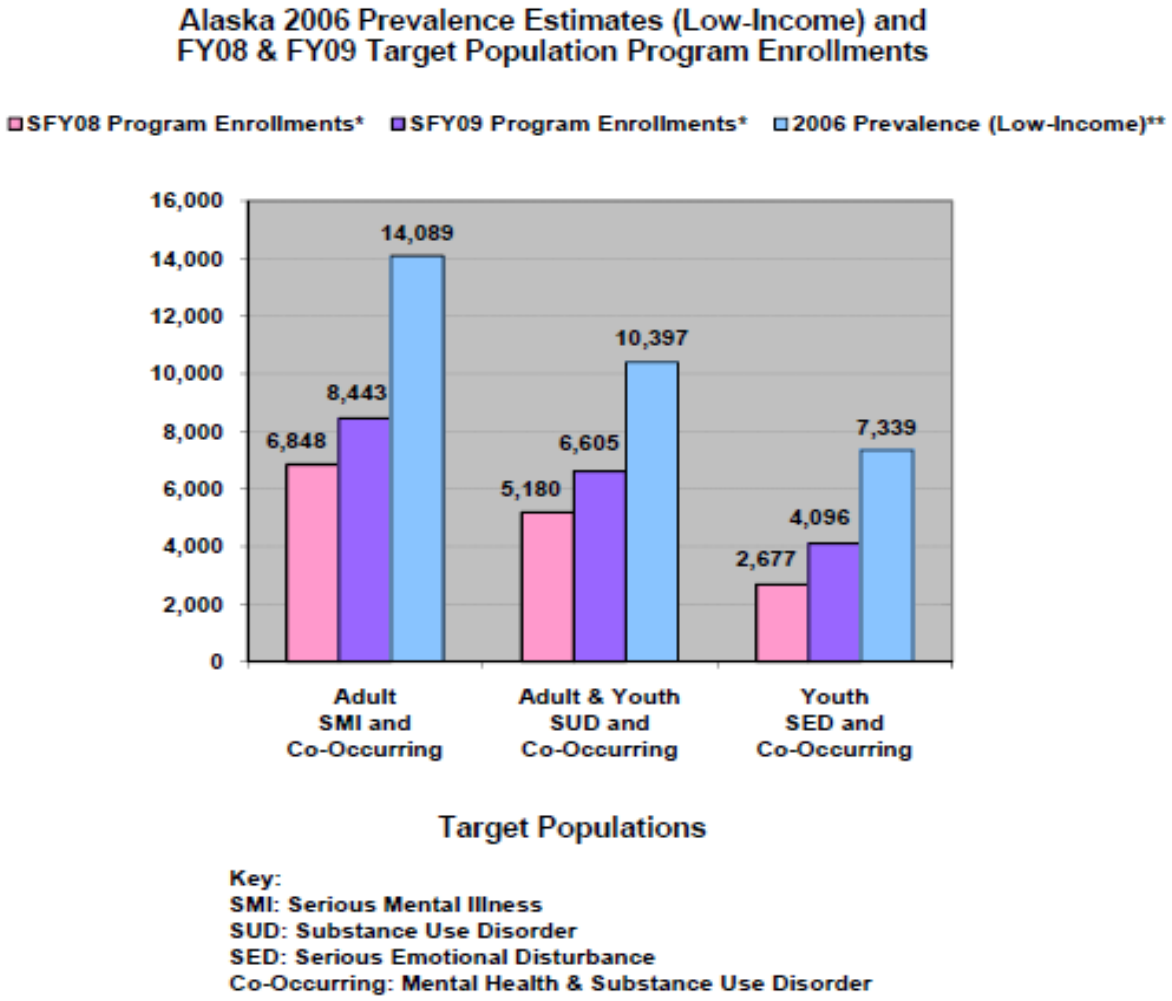
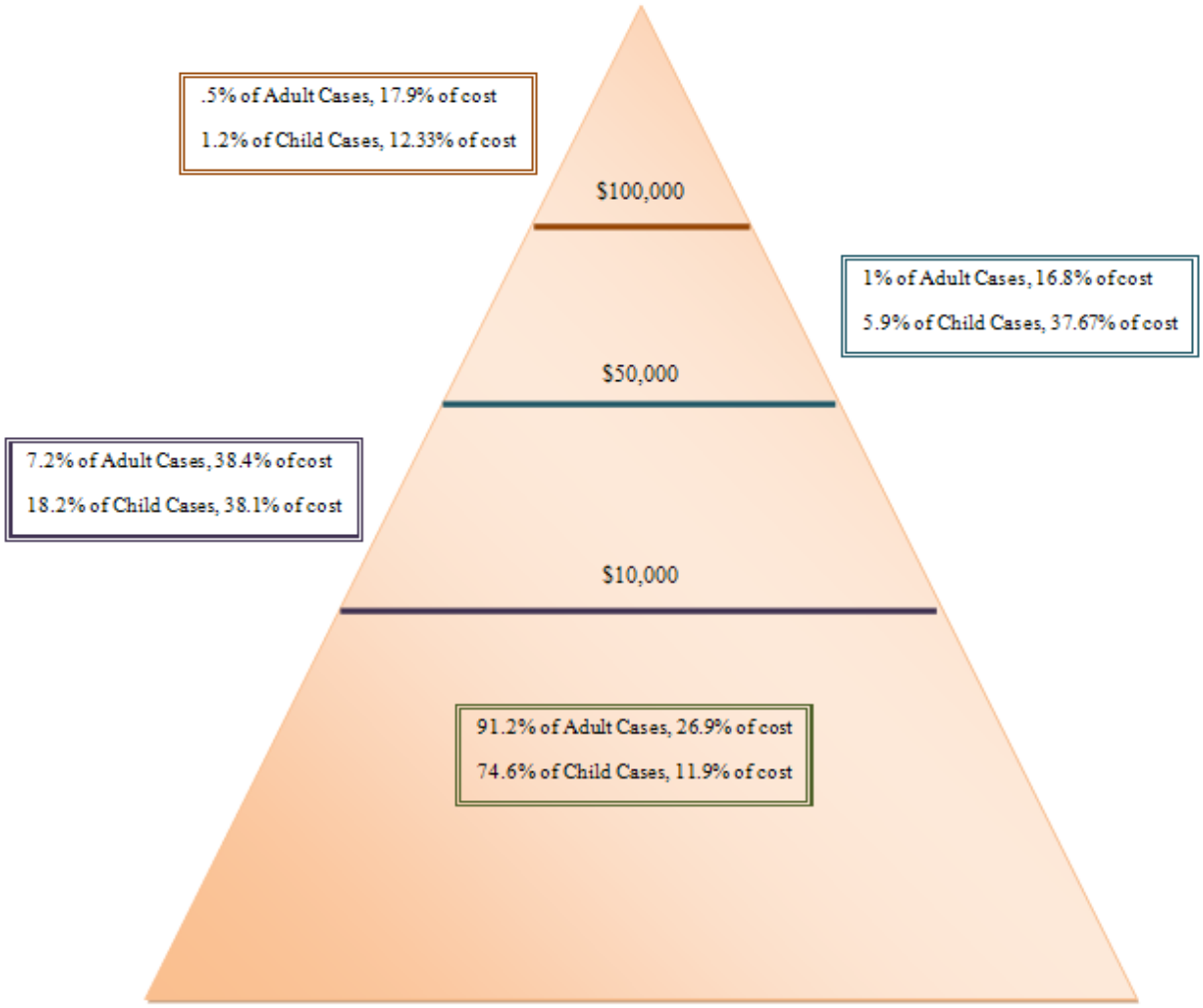


Chart by Division of Behavioral Health, DHSS

Report on the Behavioral Health System, cont.

The most acute cases account for a disproportionate share of the cost. Just 60 adult cases accounted for over 1/3 of the cost of adult services. For children receiving services, 7.1% of the cases accounted for half the entire costs for children's Medicaid mental health treatment.

Distribution of Mental Health Service Recipients by Medicaid Cost (FY09)



Information provided by the Division of Behavioral Health, DHSS

Report on the Behavioral Health System, cont.

Medicaid supports mental health treatment services for individuals experiencing serious mental illness, as well as substance abuse treatment services for a smaller number of qualifying individuals. Because Medicaid does not cover every service, or every person needing behavioral health services, our behavioral health system depends on grants for a wide variety of services. In FY2009, the Division of Behavioral Heath spent $44,052,932 on treatment and recovery program grants — of which nearly 60% went to substance abuse treatment and recovery grants. Spending on prevention and early intervention grants was only $3,725,066. Of those grants, nearly $1 million went to community suicide prevention programs.

Acute Care ~ Residential, Inpatient and Emergency Psychiatric Services

The Bring the Kids Home Initiative, an investment in behavioral health services for children and youth experiencing serious emotional disturbance (SED), has, over time, reduced the numbers of out of state placements for residential psychiatric treatment. Even better, the focus on in-state and community based services has also begun to reduce the overall number of children in residential psychiatric treatment.

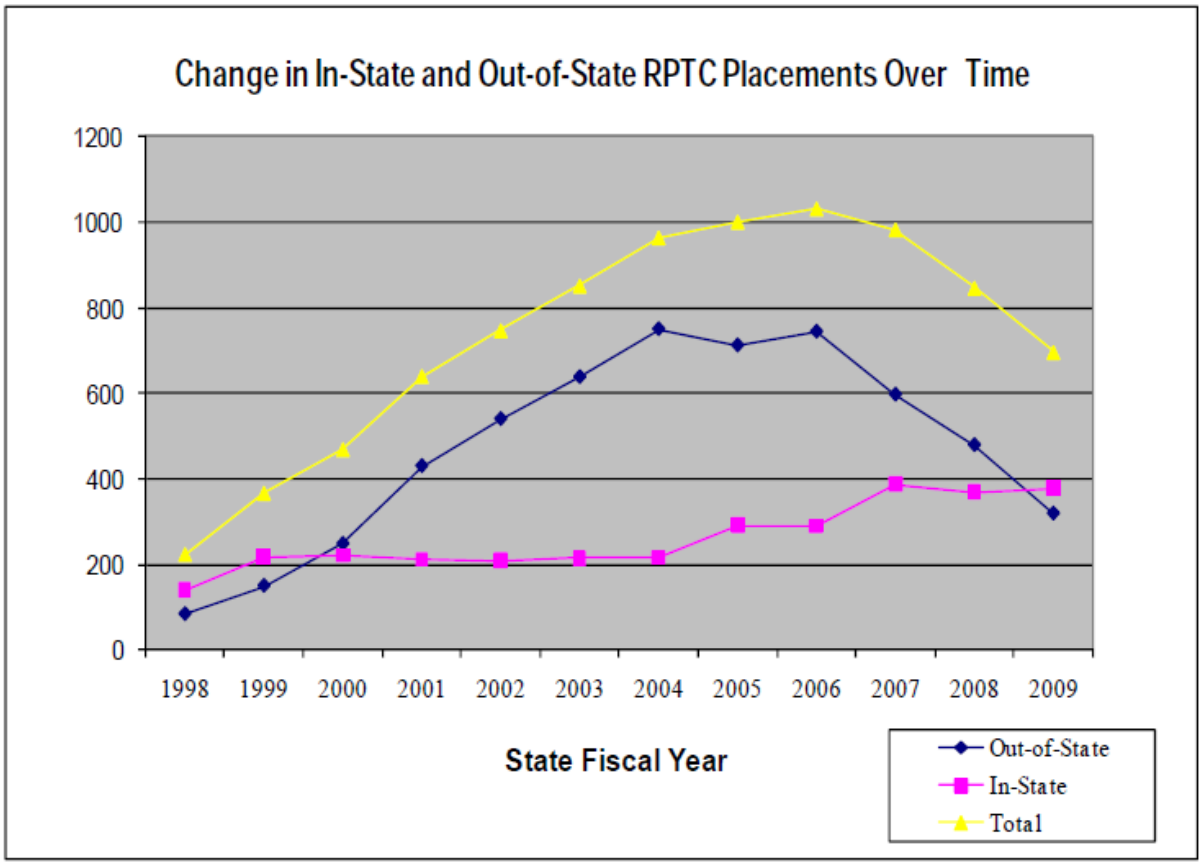


Chart by Division of Behavioral Health

Report on the Behavioral Health System, cont.

The number of young people being placed in residential psychiatric treatment centers outside of Alaska has decreased by 52.5% since FY2008. The total number of children and youth being referred to residential psychiatric treatment has decreased by 3.4% since last year.

Unfortunately, the emergency psychiatric services system has not experienced the same level of improvement. Families, individuals, communities and treatment providers have all reported extreme problems with the safe transport of individuals from outlying communities to the acute care providers in Anchorage, Fairbanks, and Juneau. Many communities still lack safe and appropriate places in which to hold and monitor individuals in crisis, pending transport.

Based on extensive public comment and board members' visits to rural communities around the state, they recommended an additional investment of $950,000 in state general funds to bolster the designated evaluation and treatment system. This is the network of regional hospitals that provide acute treatment services to people experiencing a mental health crisis. The Department of Health and Social Services and Alaska Legislature supported the recommendation. The additional funding was made available beginning in FY10. Additional funding from Alaska Mental Health Trust receipts is supporting planning for system improvements statewide.

Substance Abuse Treatment

A spectrum of substance abuse treatment services are funded through the public behavioral health system. These include individual outpatient treatment, family and youth outpatient treatment, group programs, methadone programs, services for individuals with co-occurring disorders (mental health and substance use disorders) or dual diagnoses (developmental disability, traumatic brain injury, etc. and substance use disorders), and intensive detoxification, residential, and aftercare services for the most chronically addicted.

Based on information provided by substance abuse providers to the Boards and the Division of Behavioral Health, the available treatment capacity in a community may not always meet the demand in that community. In Anchorage, Barrow, Bethel, and Fairbanks, as well as other communities, the demand for specialized treatment (such as for opiod addictions) and outpatient services for individuals with dual diagnoses are greater than the available agency resources.

After a prolonged period of relatively flat funding, a significant increase in appropriations for substance abuse treatment and prevention services occurred in FY2009. Last year, $30,237,800 was spent on publicly funded substance abuse treatment services. This is a 29% increase over spending in FY2008. The majority of state spending was general funds, followed by the federal block grant, Medicaid and, finally, Alaska Mental Health Trust receipts. The Department of Health and Social Services blends these funding sources to serve thousands of individuals statewide.

Report on the Behavioral Health System, cont.

Client Outcomes

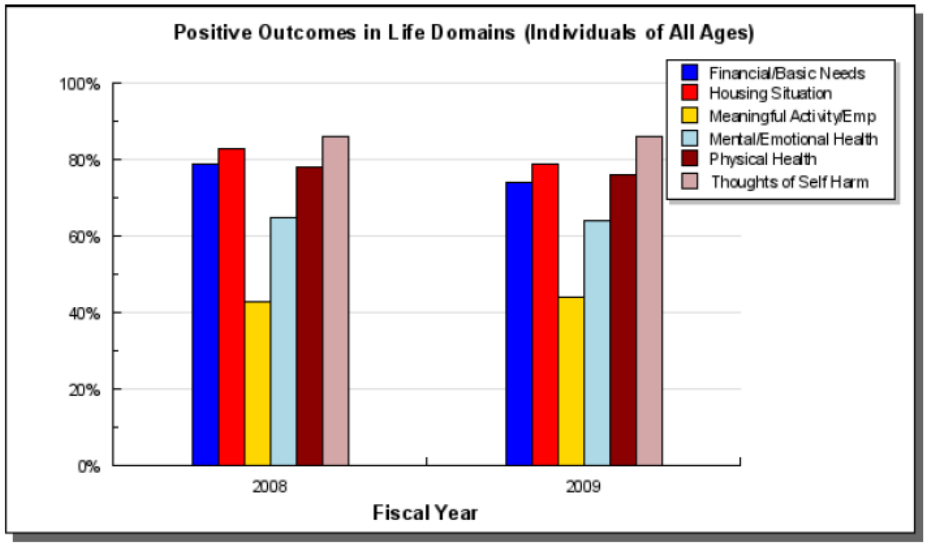
People who receive treatment services through the publicly funded behavioral health system are asked to complete a Client Status Review so that providers and the Division of Behavioral Health can see whether the services received are helping people reach a better quality of life. The Client Status Review questions are asked when a person begins treatment, at regular intervals during treatment, and then when the person leaves treatment. This helps treatment providers track changes in the person's life to see if the services being provided are helping the person achieve their recovery goals.

Questions on the Client Status Review focus on six "life domains:" financial and basic needs; housing; meaningful activity and/or employment; mental and emotional health; physical health; thoughts of self-harm. Client outcomes in these six areas have remained relatively static or have declined slightly since FY2008. However, FY2008 was the "baseline year" for the Client Status Review, so the FY2009 data cannot be used to identify trends (since there is only one year to which to compare).

Decreased thoughts of self-harm is the area with the most positive outcomes for clients — 86% report improvement in this area of their lives. Having meaningful activities and/or employment is the area where the least number of people report improvement — only 44% of clients say that part of their lives has improved. Improvement in financial security and having basic needs met decreased 5% from FY2008, to 74% of clients.

Reports of positive outcomes in housing (having or maintaining a safe and appropriate place to live) also decreased, from 83% of clients in FY2008 to 79% in FY2009. Only 64% of clients in FY2009 report improvement in their mental and emotional health, but 76% report improved physical health.

As this information is tracked over time, we expect to see more positive outcomes for clients across these areas, due to expanded consumer-driven and peer support programs that emphasize recovery.



Methodology: Grantee agency staff administers the Client Status Review (CSR) to clients at intake, periodically throughout treatment, and at time of discharge. A client's status of "improvement or maintaining condition" is determined based on comparing CSR scores from the most recent CSR to the intake CSR. Note: The CSR is not required for clients receiving psychiatric emergency services and/or detoxification services.

Data Source Date: August 2009

Chart by Division of Behavioral Health

Report on the Behavioral Health System, cont.

Prevention ~ Refocusing on Wellness

The majority of behavioral health spending in Alaska is on the most acute, most expensive forms of care for individuals who have become disabled by their mental health and/or substance abuse conditions. Publicly funded behavioral health prevention programs rely on grants to communities and agencies. In FY2009, $4,865,790 in grants were spent on prevention programs. This is just 11% of the total spent on treatment grants (and is 3% of what was spent on Medicaid-reimbursed behavioral health services in FY2009).

Prevention grants support programs like:

Alcohol Safety Action Programs (adult and youth)
Suicide Prevention
Under Aged Drinking Prevention
Mentoring Programs
Substance Abuse Prevention
Wellness Promotion

These programs are designed to build resiliency in individuals, families, and communities so that fewer Alaskans commit suicide, become addicted to alcohol and/or other drugs, and experience serious mental health conditions as children and adults.

The Year in Review - FY 2009

The Boards' accomplishments for FY 2009 include:

- Successfully advocated for increased behavioral health treatment and prevention services ($2.25 million in additional increments), behavioral health services for prisoners, designated evaluation and treatment services for psychiatric emergencies ($950,000), legislative recognition of the special health care needs of veterans by joint resolution, and funding for suicide prevention resources.

- Hosted five town hall events in Ketchikan, Haines, Nome, Homer and Dutch Harbor/Unalaska , at which board members and staff heard from consumers, providers, and the community at large about how the behavioral health system in each community was or was not addressing the needs of its people (made possible with a grant from the Alaska Mental Health Trust). Reports from each individual town hall meeting are available online.

Town Hall Meeting, Haines, Alaska March 2009

- Conducted board meetings in Kenai (Fall 2008), Juneau (Winter 2009), and Kodiak (Spring 2009), hosting community potluck forums in Kenai and Kodiak and a legislative game feed in Juneau.

- Implemented a restructured Family Voice project to increase family and youth participation in the Bring the Kids Home Initiative and other youth-related policymaking (this project is funded by a grant from the Alaska Mental Health Trust);

- Stronger collaboration with the Division of Behavioral Health (DBH) through the Mental Health and Substance Abuse Prevention and Treatment Block Grants, development of budget recommendations for shared priorities, and grant reviews;

The Year in Review - FY 2009, cont.

- Participated in revision of Alaska Screening Tool, emphasizing the inclusion of questions related to trauma;

- Providing leadership and support in the efforts to restructure the Workforce Development Focus Area of the Alaska Mental Health Trust, to include a consumer-driven perspective and to broaden the definition of workforce to include communities and family members;

- Active board member participation in monthly review of Alaska Mental Health Trust beneficiary mini-grant applications, reviewing 30 or more requests each month for grants up to $2,500 for a variety of services to improve the quality of life of Alaska Mental Health Trust beneficiaries; these include education/classes, wellness programs, dental services, peer support specialist training, etc.

- Participated in planning for the 2009 Annual School on Addictions; hosted a lunchtime public forum at the event, and provided evaluation support after the event;

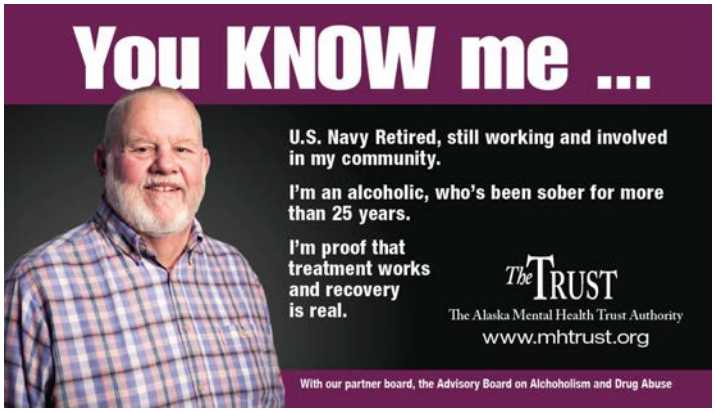
- Participation in the Comprehensive Integrated Mental Health Plan at all levels (Leadership Team, Executive Committee, Data and Planning Workgroup);

- Participation in collaborative planning activities related to sexual assault prevention, special education services for children experiencing serious emotional disturbance, senior behavioral health services, peer support services, homelessness, childhood mental health, and school health and safety;

- Active staff participation in the workgroups focused on performance based funding, the information management systems, and the Alaska Screening Tool and Client Status Review;

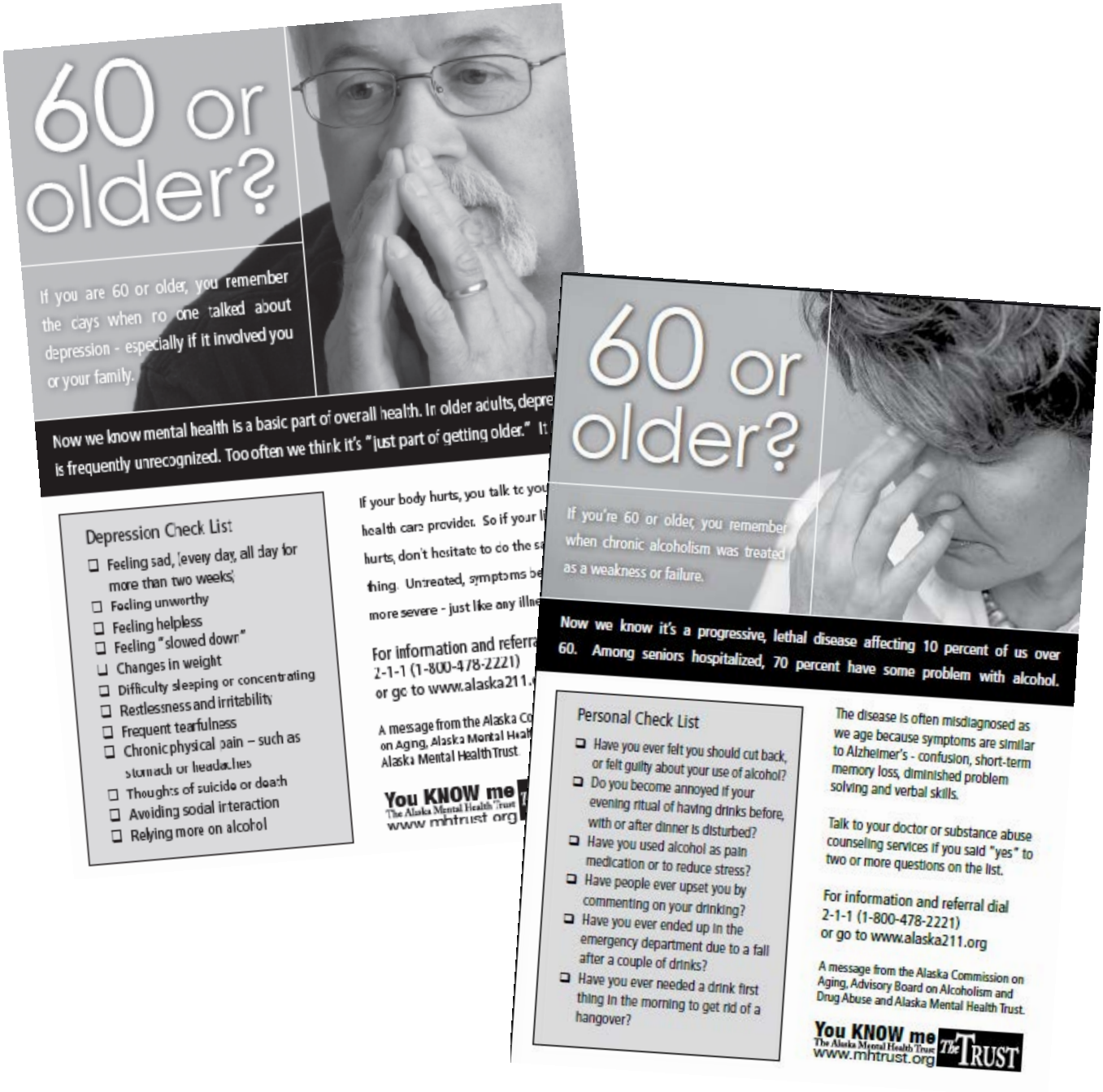
- Developed closer working relationships with the members of the Statewide Suicide Prevention Council and their staff within the Division of Behavioral Health;

- Participated in the You Know Me campaign to reduce stigma associated with mental illness and substance abuse;



The Year in Review - FY 2009, cont.

- Participated in a joint public awareness campaign with the Alaska Commission on Aging focusing on the behavioral health needs of Alaskans over 60.



Board Members (FY2010)

Advisory Board on Alcoholism and Drug Abuse

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

Ex officio:
Bill Streur, Deputy Commissioner, DHSS
Melissa Stone, Director, Behavioral Health

Alaska Mental Health Board

Chair	Debi Keith, Anchorage
Vice-Chair	Nina Allen, Homer
Secretary	Brenda Moore, Anchorage
Treasurer	Ramona Duby, Anchorage
At-large	Barry Creighton, Kasilof

Joseph Dingman, Barrow
Dr. Kathleen Graves, Anchorage
Randall Jones, Anchorage
Daniel Meddleton, Anchorage
Timothy Peters, Anchorage
Andrea Schmook, Anchorage
Stan Steadman, Kenai
Stephen Sundby, Meadow Lake
Kathleen Watson, Fairbanks

Ex officio:
Melissa Stone, Director, Behavioral Health
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
Paul Reamer, Division of Vocational Rehabilitation

Staff

J. Kate Burkhart, Executive Director
Lance Brown, Administrative Assistant
Rebecca Busch, Planner
Thomas Chard, Planner
Andrew Hund, Research Analyst
Teri Tibbett, Advocacy Coordinator

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.

Advisory Board on Alcoholism and Drug Abuse

Alaska Mental Health Board

This Annual Report is web-published instead of printed, saving more than $2,500.00 in printing costs and 5,000 pieces of paper.

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

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