

LEGISLATIVE Advocacy Report



Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse

May 2011

Substance abuse treatment for at-risk parents passes

Legislature approves \$225,000 to Family Preservation in Office of Children's Services

While there are many root causes of child abuse and neglect, substance abuse has been found to be a major contributing factor. For families whose children are still at home and where substance abuse is a contributor to a risk of harm, there needs to be quick access to treatment to help maintain a safe environment for the child(ren). For families who have had their children removed, having quick access to services reduces the duration of time a child will be in out-of-home placement, and increases the potential for reunification.

Legislators recognized this need and added funding that will provide clinical substance abuse treatment and recovery services for parents who have a substantiated report of harm, and where substance abuse is a contributing factor of continued risk of harm. This funding will emphasize access to *treatment*, rather than case management and will be delivered through the

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Members of the press talk with Sen. Lyman Hoffman shortly after the Conference Committee concluded its work on the Operating and Mental Health budgets on May 4. The committee accepted funding recommendations for substance abuse treatment for at-risk parents and rural peer support services.

Rural peer support services receives legislative support

Alaska Peer Support Consortium advocates for services; legislature offers \$225,000

When the Alaska Peer Support Consortium (AKPSC) put together its list of legislative priorities for the state's FY12 budget, they decided peer support in rural areas was at the top of that list. They put together a position paper and packet of back-up information telling why rural peer support services are important and how they save money in the long run ... and then they wrote letters and petitions, and met with legislators.

The Senate budget subcommittee for Health and Social Services added the request into the Senate's

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The six members of the Conference Committee on the Operating and Mental Health budgets discuss the final provisions of their report.

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Division of Behavioral Health's (DBH) grant program, in collaboration with the Office of Children's Services (OCS) treatment team staff, through the Family Preservation program.

Family Preservation services help families in crisis or at risk of instability, and serves both adoptive and extended families. The program helps children facing foster care placement and offers follow-up care to families where a child has been returned after a foster care placement. The program also supports respite care as temporary relief for parents and caregivers, and parenting skill development (training in child development, family budgeting, coping with stress, health and nutrition, and more).

Currently, DBH provides a grant program for case management to OCS-engaged parents to increase access to substance abuse treatment, but this program is only available in Fairbanks and Anchorage, and it's primary focus is on case management (though grantees are also able to provide treatment services). One concern with the original pilot was that it presumed there were treatment opportunities available and that OCS-engaged parents weren't getting to them. This new funding will allow the treatment team staff to focus on communities with the most need and the least available resources for treatment.

Addressing substance abuse, as one of the root causes of child abuse and neglect, will reduce the likelihood of children moving into the foster care system. Timely assessment and access to outpatient substance abuse treatment services strengthens the ability of the family to safely keep children in their own homes, reduces the trauma experienced by the children in out-of-home placements, improves family functioning, and reduces the likelihood and number of children who will develop more severe behavioral health disorders, including substance abuse, and the potential need for long-term residential treatment. ❖

Peer Support – from page 1

recommendations, and it ultimately ended up in a budget conference committee where both the House and Senate agreed to keep it there.

Peer-operated services help people with mental illness and substance abuse disorders to heal and live productive lives. Peers have experienced the same difficulties and can be experts in supporting people going through it now.

Peer services support people in their homes and communities, among friends and family. They provide crisis management, on-going counseling support, training and employment support, life skills training, and more.

Peer services also help expand the behavioral health workforce by creating jobs with appropriate pay and benefits for people with mental health and/or substance issues, and helps keep people off Medicaid as they stabilize and gain the skills necessary to return to life as productive citizens.

Research supports that people who receive peer support stay in jobs, have less social isolation, and live more independently.

From the AKPSC white paper:

"The Substance Abuse and Mental Health Services Administration (SAMHSA) has recognized peer support as an evidence-based practice. In the U.S. alone, there are an estimated 7,467 mutual support groups, self-help organizations, and peer-operated organizations, and an estimated 41,363 individuals attending mutual support groups. A total of 1,005,400 belong to a mental health self-help organization, and a total of 534,551 people are members of peer operated services – Goldsrom ID, Campbell J Rogers JA, et.Al. National Estimates for mental health mutual support groups, self-help organizations, and consumer-operated services. Admin Policy Mental Health. In Press."

Effective peer support programs save money because they keep people out of more expensive treatment programs and institutions. An evaluation of the New York Association of Psychiatric Rehabilitation Services Peer Bridger Project found that hospitalization readmission rates over a two-year period decreased from 60% to 19% for individuals who were receiving peer-provided case management.

The boards supported the efforts of the AKPSC to see this funding pass the legislature. ❖

Alaska Complex Behaviors Collaborative gets Hub

Legislature approves \$475,000 (both Trust funds and general funds) to begin the work

The Alaska Complex Behaviors Collaborative (Collaborative) will ultimately consist of three primary components: the Hub, brief stabilization services, and intensive intermediate intervention services. Funding was allocated this session to start the Hub, the point of entry for people experiencing complex behavioral issues.

The Hub will offer stabilization, triage, assessment and referral to diagnostic services, and/or short and long-term community-based support services for individuals who experience developmental disabilities, mental illness, addiction, Fetal Alcohol Spectrum Disorders, traumatic brain injury, and/or other behavioral disorders.

Individuals may be brought to the attention of the Hub when their behaviors are complex or presenting a high risk of danger to self or others, and/or when the interventions required to ensure the safety of those involved are outside the skill set of the current program staff. Services will be available for people already receiving services supported by DHSS, and will not be considered a means of achieving *eligibility* for services.

From the Governor's FY12 Change Record Detail:

"Alaska's current system of care does not include appropriate services for individuals with cognitive disabilities and complex behaviors. Because of this, many of these individuals are served by API, where they languish in an unnecessarily restrictive environment for extended periods of time, or they are inappropriately held in places such as jails and emergency rooms. Many are ultimately sent out of the state for care, where in many cases they remain indefinitely. Risk for out-of-state placement typically occurs when the individual exhibits behaviors that are so complex that they are outside the range of expertise of local caregivers and providers, or the available treatment options in the state have been exhausted without resultant success for the individual. The result of the lack of appropriate services in Alaska is a cost to the individuals and their families.

"In addition, there are key risks and costs to the State of Alaska, including but not limited to: violations of the Americans with Disabilities Act (ADA), specifically regarding *Olmstead versus LC*. The U.S. Department of Justice expects states to



Two of Alaska's three branches of government, the Legislature and the Governor's office, reside in the Alaska State Capitol building in Juneau.

demonstrate progress on their waiting lists to move individuals with disabilities to less restrictive integrated community-based settings, to have a clearly defined method to manage movement on the waiting lists, and to demonstrate their methodology regarding how their lists are developed and tracked.

"It appears that while limitations in state budgets may affect the state's rate and scope of compliance with the ADA's integration mandate, budget limitations do not relieve the state of its obligation to take effective steps to end inappropriate institutionalization. Such lawsuits are quite costly to states due to imposed court mandates and, while such lawsuits may result in the development of needed services, they are not the most effective or cost efficient way to develop them."

The boards support development of the Collaborative and all its components so that more Alaskans will have access to the care they need, when they need it. ❖



Members of the Joint Advocacy Summit met in Anchorage in 2010 to discuss advocacy plans for two legislative priorities: "Public Transportation for Seniors and Alaskans with Disabilities" and "Preserving Health Care for Vulnerable Alaskans."

Joint Priorities of The Trust and Partner Boards make headway this session

Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, Alaska Commission on Aging and Governor's Council on Disabilities and Special Education, in collaboration with the Alaska Mental Health Trust Authority, Alaska Brain Injury Network and Statewide Suicide Prevention Council

In August 2010, participants from The Trust and partner boards met in Anchorage and developed advocacy plans for two joint priorities: "Public Transportation for Seniors and Alaskans with Disabilities" and "Preserving Health Care for Vulnerable Alaskans." Both experienced movement during the 2011 legislative session. Following is an update for each priority:

Public Transportation for Seniors and Alaskans with Disabilities

This priority addresses the need for a coordinated public and community transportation effort to address the needs of seniors and Alaskans with physical and cognitive disabilities. It consists of two parts: 1) establishing a permanent, statewide public and community transportation commission, and 2) establishing a statewide public and community transportation fund.

Several bills/resolutions were introduced in 2011 to address these issues, including:

- **HJR 4** by Rep. Peggy Wilson (R-Wrangell) – A constitutional amendment creating a transportation infrastructure fund;

- **HB 30** by Rep. Peggy Wilson (R-Wrangell) – Establishing a dedicated transportation infrastructure fund;
- **HB 31** by Rep. Peggy Wilson (R-Wrangell) – Making an appropriation to a transportation infrastructure fund;
- **SB 37** by Sen. Joe Thomas (D-Fairbanks) – Establishing a transportation infrastructure fund (not dedicated);
- **SB 77** by Sen. Johnny Ellis (D-Anchorage) – Making a \$3 million appropriation for operating public transit programs (*Note: The provisions of this bill were rolled into the FY12 Capital Budget*);
- **HB 131** by Rep. Cathy Muñoz (R-Juneau) – Establishes the Alaska Community and Public Transportation Advisory Board.

None of these bills or resolutions passed the legislature this session, but advocacy efforts will continue over the interim and in 2012.

\$1.05 million was included in the Mental Health budget for Coordinated Transportation and Vehicles. \$1.5 million was included in the Capital budget for Public Transit Programs – which will provide capital and operating expenses for public transit programs, e.g. human services providers, community transit, etc.

For more information, go to the Alaska Mobility Coalition website at: www.alaskamobility.org.

Preserving Health Care for Vulnerable Alaskans

The Medicaid Task Force in DHSS was convened in 2010 to develop recommendations for addressing Alaska's Medicaid spending. Members included the Commissioner and two representatives from DHSS, four senators and four representatives. The group met several times and developed a set of recommendations, which they presented for public comment in March. Formal recommendations were forwarded to the Governor in early April.

The task force presented eight potential cost-saving measures in their report, which included: 1) patient-centered medical home; 2) chronic care management; 3) increased substitutions of generic medications; 4) increased use of generic medications; 5) enhancing the preferred drug list; 6) instituting a state maximum allowable cost (SMAC); 7) instituting a psychiatric medication policy; and 8) instituting a community-first choice policy for personal care attendant services.

From here, the Governor will direct DHSS to investigate (if any) the recommendations further, followed by planning and implementation by the department.

For more information, see the Medicaid Task Force webpage: www.hss.state.ak.us/commissioner/medicaid/taskforce. ❖

Bills and Resolutions

Many bills and resolutions introduced in 2011 will affect Mental HealthTrust beneficiaries. Following is legislation that passed or is still on the table for next year:

Passed in 2011 by the Legislature

HB 7 – Synthetic Cannabinoids, by Rep. Cathy Muñoz (R-Juneau). This legislation adds 10 synthetic cannabinoids to the list of Schedule IIIA controlled substances. It amends the schedule IIIA designation to include any material or compound containing any quantity of the listed IIIA substances or their salts, isomers or salts of isomers. It also changes the penalties for possession of the substance sprayed onto plant materials (i.e. “Spice” or “K2”) to 6 grams or less as a Class B misdemeanor, and 12 grams or more as a Class C felony.

SCR 7 – Fetal alcohol spectrum disorders awareness day, by Sen. Kevin Meyer (R-Anchorage). This resolution proclaims Sept. 9, 2011 as Fetal Alcohol Spectrum Disorders Day.

HB 15 – Student athlete traumatic brain injuries, by Rep. Mike Doogan (D-Anchorage). This bill requires school districts to develop guidelines on the nature of risks of concussions and other traumatic brain injuries (TBI) and to take certain actions when a student is suspected of sustaining a concussion or other TBI. It requires parent signature for receipt of information on concussions before students can participate in school athletics. It also deals with liability related to these practices.

SB 15 – Sex offenders/underage alcohol offense, by Sen. Kevin Meyer (R-Anchorage). This bill establishes aggravated penalties for convicted sex offenders or child kidnappers who provide alcohol to minors. It applies to people who are required to register under the state’s sex offender registration law.

HB 16 – Extend senior benefits payment program, by Rep. Mike Hawker (R-Anchorage). This bill extends the Senior Benefits Program to June 30, 2015.

SB 84 – Vocational education funding, by Senate Education Committee. This bill establishes a vocational education factor in the school funding formula and adds a tax credit for contributions accepted for education, research, rehabilitation, and facilities by an Alaskan institution that qualifies as a coastal ecosystem learning center under the Coastal America Partnership established by the federal government.

HB 126 – Omnibus board extensions, by House Rules Committee by request of the Legislative Budget & Audit Committee. This bill extends the ABC Board to June 30, 2012 and other boards to June 30, 2019. It also bars convicted felons from serving on boards and commissions unless the conviction has been overturned on appeal or otherwise set aside.

Still on the table for next session:

HJR 4 – Constitutional amendment: Transportation Fund, by Rep. Peggy Wilson (R-Wrangell). This resolution proposes an amendment to the Alaska Constitution to create a dedicated transportation infrastructure fund that would receive funds from state taxes on fuel for motor vehicles to be used for transportation projects, including public transit.

SB 5 – Medical assistance eligibility (Denali KidCare), by Sen. Bettye Davis (D-Anchorage). This bill will change the income eligibility level for children and pregnant women enrolled in Denali KidCare from 175 percent of the federal poverty index to 200 percent.

SB 8 – Student Questionnaires and surveys, by Sen. Bettye Davis (D-Anchorage). This will expand written notice to parents about a questionnaire or survey and other details related the Youth Risk Behavior Survey (YRBS).

STILL ON THE TABLE – continued on page 6

HB 21 – Suicide Prevention Council, by Rep. Anna Fairclough (R-Eagle River). This bill adds a member representing military personnel to the Statewide Suicide Prevention Council. It also expands the age requirement for the youth member.

HB 30 – Dedicated transportation fund/public transportation, by Rep. Peggy Wilson (R-Wrangell). This bill will provide a statutory basis for the administration of a dedicated transportation endowment fund to receive income from motor fuel tax, vehicle license fees, and other transportation-related receipts.

HB 31 – Transportation infrastructure fund appropriation, by Rep. Peggy Wilson (R-Wrangell). This bill appropriates \$1 billion in general funds to capitalize the transportation infrastructure fund.

SB 37 – Transportation infrastructure fund, by Sen. Joe Thomas (D-Fairbanks). This bill establishes a transportation infrastructure fund for transportation projects, including public transit. It also creates an advisory council to make annual recommendations for fund expenditures.

HB 50 – Access to licensed premises, by Rep. Dan Saddler (R-Anchorage). This bill allows a person under 21 to be in a patriotic organization licensed as a club when alcohol is being served, if the person is a guest or club member and possess a valid active duty military or armed forces ID card. It also allows a patriotic organization to sell alcohol to military personnel on active duty.

HB 61 – Advance health care directives registry, by Rep. Lindsey Holmes (D-Anchorage). This bill will establish an advanced health care directives registry with names of individuals who have made written directives.

SB 70 – Alaska Health Benefit Exchange, by Sen. Hollis French (D-Anchorage). This bill establishes an Alaska Health Benefit Exchange that will offer a choice of health insurance plans to individuals and employers.

SB 74 – Insurance coverage for autism spectrum disorder, by Sen. Johnny Ellis (D-Anchorage). This bill will require health insurers to provide coverage for the diagnosis and treatment of autism spectrum

disorders, with a variety of provisions.

SB 77 – Appropriation for public transit projects, by the Senate Transportation Committee. This bill appropriates \$3 million to provide matching grant funds for operating expenses for locally or federally funded public transit programs that are not state projects.

HB 78 – Incentives for certain medical providers, by Rep. Bob Herron (D-Bethel). This bill creates the health care professions loan repayment and incentive program to increase the number of health care professionals providing direct patient care in Alaska.

SB 86/HB 150 – Protection of vulnerable adults and minors, by Governor Sean Parnell. These bills will strengthen the laws against financial exploitation of vulnerable adults and enhance ability to obtain emergency protective orders.

SB 87 – Grants for seniors' medical care, by Sen. Hollis French (D-Anchorage). This bill will establish a program to provide grants to health care providers who provide primary care for Alaskans 65 years or older.

HB 125 – Alcohol Beverage Control Board, by House Rules by request of the Legislative Budget and Audit Committee. This bill would move the ABC Board from the Dept. of Public Safety to the Dept. of Commerce and Economic Development.

HB 131 – Community and transportation advisory board, by Rep. Cathy Muñoz (R-Anchorage). This bill establishes a board to develop a long-range plan for coordinated community and public transportation.

HB 149 – Drivers licensing/medical conditions, by Rep. Anna Fairclough (R-Anchorage). This bill will require licensed drivers to disclose a disorder characterized by lapses of consciousness or other conditions that could impair their ability to drive.

HB 210 – Alcohol/tobacco use for underage military, by Rep. Bob Lynn. This bill will allow active duty service members under age 21 to consume alcoholic beverages and use tobacco products in Alaska. ❖

FY12 Budget

The following items made it into the FY 12 Operating and Mental Health budgets this legislative session, which passed the legislature on May 6. As of May 31, both bills were waiting signature by the Governor.

DEFINITIONS:

MHTAAR = a state funding source, Mental Health Trust Authority Authorized Receipts

GF/MH = a state funding source, General Funds found in the Mental Health budget bill (HB 109)

GF = a state funding source, General Funds in the Operating budget bill (HB 108)

I/A Receipts = Interagency Receipts (allocated to one department, but transferred to another)

Inc = Increment (added to the base budget)

OTI = One Time Item

IncOTI = Reflects Trust's annual zero-based budgeting

IncM = Maintenance increment

DHSS = Department of Health & Social Services

DBH = Division of Behavioral Health

DJJ = Division of Juvenile Justice

OCS = Office of Children's Services

SDS = Division of Senior and Disabilities Services

DPH = Division of Public Health

DOC = Department of Corrections

DEED = Department of Education and Early Development

LAW = Department of Law

ADMIN = Department of Administration

Courts = Alaska Court System

Trust = Alaska Mental Health Trust Authority

RPTC = Residential Psychiatric Treatment Center

SED = Severe Emotional Disturbance

MENTAL HEALTH

Increase mental health clinical capacity in DJJ

\$189,200 (GF/MH) IncM; \$10,800 (GF/MH) Inc – McLaughlin Youth Center, DJJ/DHSS. Funding will maintain adequate mental health clinical staff capacity to provide mental health treatment and transition planning appropriate treatment to youth within DJJ facilities statewide.

Community Behavioral Health Centers outpatient & emergency residential services & training

\$380,000 (GF/MH) IncM; \$400,000 (MHTAAR) IncOTI - Services for Seriously Emotionally Disturbed Youth, DBH/DHSS. This funding will expand grant opportunities to Community Behavioral Health Centers (CBHC) to enhance

outpatient services with innovative programs and training for children experiencing SED, Fetal Alcohol Syndrome (FAS), and other cognitive impairments. A separate evaluation component is funded by the Trust to demonstrate the cost effectiveness of these outpatient services.

Mental health clinical positions in Corrections

\$164,000 (MHTAAR) IncOTI – Behavioral Health Care, IHC/DOC. This funding will support a mental health clinician in DOC to manage the high needs of offenders in the newly expanded Men's Mental Health Unit at the Anchorage Correctional Complex. Duties will include assessment and programming, monitoring for safety, and developing appropriate release plans.

Child Psychiatrist at API

\$50,000 (GF/MH) IncM – Alaska Psychiatric Institute, DBH/DHSS. These funds will pay for a child psychiatrist at Alaska Psychiatric Institute (API) to provide doctor-to-doctor consultation to other RPTCs on issues of case planning and treatment recommendations. The psychiatrist will provide a second opinion for state staff working to divert children from RPTC care and consults with primary care physicians on children at risk of moving into acute or residential care.

IMPACT model of treating depression

\$75,000 (MHTAAR) IncOTI – Alaska Psychiatric Institute, DBH/DHSS. This funding will support the "Improving Mood Promoting Access to Collaborative Treatment" (IMPACT) model of treating depression in the primary care setting. Administered by a psychiatrist and depression care manager, this model emphasizes patient education, positive lifestyle changes, and antidepressant medication when appropriate. Funding will also support telehealth equipment for three demonstration projects in urban and rural Alaska.

Family Wellness Warriors Initiative (Year Two)

\$200,000 (GF) IncOTI – I/A Rcpts to DHSS. Family Wellness Warriors Initiative seeks to address domestic violence, abuse, and neglect in the Alaska Native community. The purpose of the project is to equip organizations and individuals to effectively address the spiritual, emotional, mental and physical effects of domestic violence, abuse, and neglect.

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TREATMENT

Substance abuse treatment and recovery Services for at-risk parents \$225,000 (GF/MH) Inc – *Family Preservation in OCS/DHSS*. This funding will provide clinical substance abuse treatment and recovery services for parents who have a substantiated report of harm and where substance abuse is a contributing factor to continued risk of harm for their children. It will be delivered through the Family Preservation program offered by the Office of Children’s Services, to ensure that treatment services are available to the parent before a child must be removed from the home.

Treatment funding for therapeutic court participants \$250,000 (MHTAAR) IncOTI; \$250,000 (GF/MH) Inc – *Therapeutic Courts/COURTS*. Funding will support timely access to substance abuse and mental health treatment for therapeutic court participants in an effort to address the underlying issues related to contact with the criminal justice system. Timely access to substance abuse and mental health treatment services is a critical component to the operations of these courts, the success of its participants, and to reduced recidivism.

Pre-development for sleep-off alternatives in Nome \$100,000 (MHTAAR) IncOTI – *Behavioral Health Grants, DBH/DHSS*. These funds will be used to support pre-development and planning activities for alternatives to incarcerating persons requiring protective custody in Nome. Activities may include substance abuse assessment, assessment of the service capacity of existing programs and facilities within the community, and developing an implementation plan for identified treatment services.

PREVENTION

Clinician to work with Head Start & day care centers for early childhood screening services \$100,000 (MHTAAR) IncOTI – *Infant Learning Program Grants, OCS/DHSS*. This funding will establish an early childhood mental health learning network and provide grants for agencies to engage in early childhood screening and intervention services – serving youth at risk of experiencing SED. A coordinator will provide consultation, technical assistance, and professional development to mental health clinicians, family support workers, child care workers, Head Start staff, early intervention, and infant learning specialists.

Early Intervention/Infant Learning Program Positive Parenting training \$80,000 (MHTAAR) IncOTI – *Infant Learning Program Grants, OCS/DHSS*. Funding will

support three demonstration sites in fully implementing the “Teacher Pyramid” model, an evidence based research model for supporting social competence and preventing challenging behavior in young children. The parent training modules serve both biological and foster families who are in need of intervention supports, but whose provider agencies have not yet adopted these strategies.

Pre-K Program funding

\$1.7 million (GF) OTI – *Early Learning Coordination, TLS/DEED*; \$300,000 (GF) Inc – *for intervention districts Lower Yukon and Yupiit School Districts*. Funds will help continue pilot preschool programs statewide as part of the Alaska Pre-Kindergarten Project, which provides a voluntary, comprehensive, half-day preschool programs in urban, rural and remote settings. The programs build on existing community resources and supports the creation of local model programs. Early interventions help families and schools be better prepared to serve students with special needs throughout their school years. This increment maintains the program that began as a pilot project in previous years.

Alaska Family Violence Prevention Project (AFVPP)

\$200,000 (GF) Inc – *Chronic Disease Prevention and Health Promotion, DPH/DHSS*. This funding will support training, personnel, curricula and tools, printing and dissemination of resource materials for providers statewide. AFVPP is a nationally recognized best practices program for violence prevention that uses a community-based, multidisciplinary team approach to address dating violence and substance use among youth.

PEER SUPPORT

Rural peer support services

\$225,000 (GF) Inc – *Behavioral Health Grants, DBH/DHSS*. This funding will expand availability of peer support services for people with mental health and/or substance use disorders in rural areas. Peer-operated services may include drop-in centers, clubhouses, crisis services, support groups, supported employment and housing assistance, case management, outreach, and more. “Peers” have experienced mental and/or physical difficulties and support other people experiencing the same difficulties.

Peer Navigator Program

\$100,000 (GF/MH) IncM; \$100,000 (MHTAAR) IncOTI – *Services for Seriously Emotionally Disturbed Youth, DBH/DHSS*. Funds will maintain peer navigator services, including hiring parents and youth experiencing SED to

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assist peers in navigating the service delivery system. Grantees are required to report outcomes, including number of parents involved, results of the interaction, and effectiveness of services.

YOUTH

Crisis bed stabilization statewide

\$150,000 (GF/MH) IncM – Services for Seriously Emotionally Disturbed Youth, DBH/DHSS. This program maintains services in Anchorage and begins to expand services beyond Anchorage for youth in crisis. It provides multiple grants to assist both youth in OCS custody and youth with family, and is expected to save Medicaid funds by reducing acute hospitalizations and eventual referrals to RPTCs.

Services for transition-aged youth

\$250,000 (MHTAAR) IncOTI - Services for Seriously Emotionally Disturbed Youth, DBH/DHSS. This funding will support community-based capacity for transition-aged youth to move into adulthood with age-appropriate services, including productive work and/or educational activities. The goal is to target youth, particularly those youth with few or no family supports, who are at risk of moving into corrections, emergency mental health or substance abuse programs.

Family Voice for parents and youth

\$25,000 (MHTAAR) IncOTI – Alaska Mental Health Board, DBH/DHSS. This funding brings parents and youth experiencing SED to the Bring the Kids Home (BTKH) quarterly meetings and other advocacy and policy setting meetings, with the goal of providing policy-makers with first-hand knowledge of issues affecting youth and families affected by SED.

DISABILITY JUSTICE

Social services specialist position in Bethel

\$138,800 (MHTAAR) IncOTI – Public Defenders Agency, LAS/ADMIN. This funding will support a social services specialist in the Public Defender Agency to assist attorneys with "in-house" clinical expertise on developmental and cognitive disorders and available community treatment. Duties may include forensic psychosocial interviews, home visits, needs assessments, and assistance in developing expert opinion and negotiating ongoing legal issues.

Sobering center operations-alternatives to Title 47 protective custody holds in Bethel

\$350,000 (GF/MH) IncM – Behavioral Health Grants, DBH/DHSS. Funds will support operations at the Bethel Sobering Center as an alternative placement for

chronic inebriates who end up in 12-hour protective-custody jail holds under Title 47.

Implement APIC discharge planning model in Corrections

\$210,000 (MHTAAR) IncOTI – Behavioral Health Care, IHC/DOC. This funding will support the "Assess, Plan, Identify, and Coordinate" (APIC) model of connecting Trust beneficiary offenders re-entering the community to appropriate community behavioral health services. The APIC model, which has shown to reduce recidivism, engages both DOC and community treatment providers in developing a transition plan for the soon-to-be-released offender.

Criminal justice technician in DOC

\$56,000 (MHTAAR) IncOTI – Behavioral Health Care, IHC/DOC. This funding will support a technician to track and provide reports on program outcome measures, clinical contacts, unit census changes, mental health Title 47s, access to programming, treatment failures, suicide data, assault and injury data, release data and a variety of other patient and programming needs, for offenders in DOC.

Discharge Incentive Grants

\$150,000 (GF/MH) IncM; \$250,000 (MHTAAR) IncOTI - Services to Seriously Mentally Ill, DBH/DHSS. This funding supports beneficiaries in DOC settings who require extended supervision and support services to prevent repeat incarceration and becoming a public safety concern. These funds will be administered by DBH as Assisted Living Home vouchers or support service resources. Resources will also be targeted to increase the skill level and capacity for assisted living providers to successfully house this population.

Fairbanks Juvenile Therapeutic Court

\$245,900 (MHTAAR) IncOTI – Therapeutic Courts/COURTS. This project continues funding for a therapeutic court alternative for Trust beneficiary youth involved in the juvenile justice system in Fairbanks. The project engages Trust beneficiary youth in treatment, and helps avoid future more expensive treatment services or costs associated with the adult correctional and judicial systems. Funding will also support tracking and reporting outcomes.

Mental Health Court expansion in targeted communities

\$204,400 (MHTAAR) IncOTI – Therapeutic Courts/COURTS. Funding supports a therapeutic court alternative for Trust beneficiaries that serves to identify the underlying reasons for an individual's contact with the criminal justice system, followed by development of a treatment plan (court-ordered) designed to decrease the risk of future contact with the criminal justice system. Funding also supports tracking and reporting data, related number of individuals served and their

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outcomes, how funding is utilized, and associated cost savings.

ASAP therapeutic case management and monitoring treatment in Barrow

\$139,900 (MHTAAR) IncOTI – Therapeutic Courts/COURTS. This project will continue funding a position within Alaska Safety Action Program (ASAP) in Barrow which provides a therapeutic court alternative. It includes identifying available treatment, making treatment recommendations to the court and supports, monitoring adherence to court ordered recommendations, and other mechanisms that address the underlying disorder contributing to the individual's contact with the justice system.

Probation officer for Anchorage Wellness Court

\$79,900 (I/A Receipts through Courts) – Alcohol Safety Action Program, DBH/DHSS. This funding supports a probation officer at the Anchorage Municipal Wellness Court. Responsibilities include substance abuse screening, case management, education and treatment recommendations, monitoring of DWI and other alcohol/drug related misdemeanor cases. ASAP operates as a neutral link between the justice and the health care delivery systems, including enforcement, prosecution, judicial, probation, corrections, rehabilitation, licensing, traffic records, and public information/education.

RURAL SERVICES

Tribal/rural system development

\$100,000 (MHTAAR) IncOTI – Behavioral Health Administration, DBH/DHSS. Funding will assist in establishing SED services in rural areas, including developing and improving funding mechanisms and strategies specific to tribal systems. Projects may include developing Medicaid clinical, billing and supervision capacity, technical assistance to link programmatic and finance sections into an effective service delivery/billing revenue generation, implementing telemedicine, Skype or other distance delivery technology, grant writing, and/or blending funding streams.

Rural specialist

\$110,900 (MHTAAR) IncOTI – Probation Services, DJJ/DHSS This funding will support a specialist in rural issues to assist rural communities, treatment providers and natural local supports in developing prevention and/or early intervention activities and making training recommendations that ultimately serve youth returning to their rural home communities from DJJ facilities.

Rural long term care development

\$140,000 (MHTAAR) IncOTI – Senior and Disabilities Services Administration, SDS/DHSS. This funding continues a project that provides technical assistance to rural communities and helps analyze long-term care needs and locate resources to meet those needs. It includes outreach, education and intensive community-based work to help meet the needs of people with Alzheimer's and related dementias, and other cognitive impairments.

See “Rural peer support services” under PEER SUPPORT

See “Rural specialist in DJJ” under DISABILITY JUSTICE

See “Rural long term care development” under SENIORS

See “Rural/tribal system development” under EARLY CHILDHOOD/YOUTH

SUPPORTED HOUSING

Office of Integrated Housing

\$225,000 (MHTAAR) IncOTI – Behavioral Health Administration, DBH/DHSS. Funding supports an ongoing project offering technical assistance in developing supported housing options for Trust beneficiaries. The Supported Housing Office develops housing and support opportunities for consumers with mental illness and/or addiction disorders, to expand supported housing opportunities statewide.

Bridge Home Program

\$750,000 (MHTAAR) IncOTI – Services to Seriously Mentally Ill, DBH/DHSS. Funding supports the Bridge Home Program, which offers rent subsidies paired with intensive in-home support services for individuals 'cycling' through emergency and institutional settings – including DOC facilities, API, hospital emergency services, and other high-cost social service and health programs.

Capital projects include:

AHFC Homeless Assistance Program (\$10.05 million in AHFC receipts) and **AHFC Beneficiary and Special Needs Housing** (\$1.750 million).

PLANNING

Alaska Complex Behaviors Collaborative: Start Hub

\$325,000 (GF/MH) IncOTI – Services to Seriously Mentally Ill, DBH/DHSS. This funding will be used to begin implementation of the Alaska Complex Behaviors Collaborative Hub for individuals who experience disabilities (e.g. developmental disabilities, mental illness, addiction, fetal alcohol spectrum disorders, and/or other

– continued on page 11

behavioral disorders) can receive stabilization, triage, assessment, referral to diagnostic services and/or short and long-term community-based support services. Funding will support start-up costs, stabilization services, intensive intermediate services, and development of the Hub, or point-of-entry component.

Behavioral health follow-up survey

\$100,000 (MHTAAR) IncOTI – Behavioral Health Grants, DBH/DHSS. This funding will be used to conduct a behavioral health survey of client recovery one year after treatment. This survey has important policy implications for improving treatment and could also help to document important cost savings from good treatment. If survey information is found to be helpful, it is the intent to repeat this survey every 4 to 5 years.

WORKFORCE DEVELOPMENT/TRAINING

Assisted living home training and targeted capacity for development *\$100,000 (MHTAAR) IncOTI – Behavioral Health Grants, DBH/DHSS.* This funding continues training for assisted living home providers and a targeted capacity development project designed to improve the quality of training available for providers serving individuals with severe mental health disabilities, and providers serving high-needs individuals in correctional facilities. Both programs serve to address homelessness and improve daily functioning activities for very impaired individuals

Training and technical assistance for Bring the Kids Home programs *\$330,000 (MHTAAR) IncOTI – Behavioral Health Administration, DBH/DHSS.* This funding will support technical assistance, training, and on-going mentoring to improve delivery of integrated, family-driven, recovery oriented services. Focus is on business practices and clinical performance improvement projects – such as developing wraparound facilitation, implementing evidence-based or best practices, developing FASD waiver services, and/or expanding in-home and family therapy service models.

Training for prosecutors

\$15,000 (MHTAAR) IncOTI – Third Judicial District-Anchorage, Criminal Division/LAW. This project provides foundational knowledge on mental health disorders and cognitive impairments, best practices and available treatment, and our state's community behavioral health system to prosecutors within the Dept. of Law. Training better equips prosecutors to understand the needs of Trust beneficiaries, consider underlying causes for a beneficiary's contact with the criminal justice system, and to set appropriate conditions of bail/probation given the individuals mental and/or cognitive capacity.

Training for defense attorneys

\$15,000 (MHTAAR) IncOTI – Office of Public Advocacy, LAS/ADMIN. Funding will support training for defense attorneys in understanding and effectively handling legal cases involving persons with mental health disorders and/or cognitive impairments, including foundational knowledge on mental health disorders and cognitive impairments, best-practice and available treatment, and Alaska's community behavioral health system.

Training for Judicial Conference participants

\$15,000 (MHTAAR) IncOTI – Therapeutic Courts/COURTS The funding will support training on topics related to mental health disorders and/or cognitive impairments, addictions, associated treatments, therapeutic jurisprudence principles and practices to participants of the Judicial Conference, which include the Dept. of Law, Public Defender Agency, and Office of Public Advocacy. Training offers understanding of the underlying causes for a beneficiary's contact with the criminal justice system, appropriate interventions, recommendations for alternative conditions of bail/probation, etc.

Training for therapeutic court clinical staff

\$15,000 (MHTAAR) IncOTI – Therapeutic Courts/COURTS The funding will send Therapeutic Court teams (judges, attorneys, clinical case coordinators) to a national conference sponsored by SAMHSA and the GAINS Center, focusing on the connection between mental health and criminal justice systems, and evidence-based practices as solutions.

Probation staff instruction on therapeutic models of community supervision

\$80,000 (GF/MH) Inc – Therapeutic Courts/COURTS. This funding supports training for ASAP probation staff in evidence-based practices that will serve to improve long-term client outcomes and reduce criminal recidivism.

University of Alaska - Anchorage Campus

- **Increase provider capacity to better serve cognitively impaired offenders** - \$80,000 (MHTAAR)
- **Specialized skills and training on serving cognitively impaired offenders** - \$55,000 (MHTAAR)
- **Training and technical assistance for providers** - \$210,000 (MHTAAR)
- **Children's mental health (interdisciplinary education) and certification** - \$64,000 (MHTAAR)

Fairbanks Campus

- **Alaska Rural Behavioral Health Training Academy** - \$172,500 (MHTAAR)
- **Human Services** - \$50,000 (MHTAAR) ❖



Participants of the Youth Policy Summit pose in the Fahrenkamp Committee room of the Alaska State Legislature in Juneau.

Youth Policy Summit is co-hosted by AMHB/ABADA

In February, the Youth Policy Summit created an opportunity for 14 young people who have had experience with various state service systems to learn about how policy is developed, how services become funded, and how to share their personal stories and perspectives as a way to make a difference.

Coordinated by Rebecca Busch, AMHB/ABADA Planner, Amanda Metivier, from Facing Foster Care in Alaska (FFCA), and Brita Bishop, Bring the Kids Home (BTKH) coordinator, the summit coincided with the BTKH quarterly meeting in Juneau.

Each youth attending has had at least one experience with the state's service systems, including mental health and/or substance abuse treatment, residential care, psychiatric residential care, juvenile justice, foster care, and/or homelessness.

During the summit, participants eloquently discussed both the gaps and well-functioning areas in the system. They attended workshops on policy development, learned the background and current work of the BTKH Initiative, joined in a roundtable discussion with Statewide Suicide Prevention Council members, were introduced on the floor of the Senate and House of Representatives, received advocacy training from AMHB/ABADA Advocacy Coordinator, Teri Tibbett, and learned how to effectively tell their own story for their visits with legislators.

On the final day of the summit, participants met with their own legislators and used their voice to advocate for funding and issues that have an impact on Alaskan youth. In the afternoon, they joined the provider and stakeholder group of BTKH to share their personal

experiences with our systems and provided valuable insight on how to best engage youth. They pointed out which services were most beneficial for them, how to improve current ways of offering services, and how to involve youth in service planning and implementation.

In the evening, Youth Policy Summit participants hosted a reception for legislators and BTKH stakeholders as their final activity. They were the MCs of the night and acknowledged the attending legislators, introduced Commissioner Bill Streur of Health and Social Services and Jeff Jessee, CEO of the Alaska Mental Health Trust Authority, and shared some of their personal talents with the audience. ❖



(Above) On the final evening of the summit, youth participants hosted a reception for legislators and Bring the Kids Home stakeholders.

(Below) State legislators Rep. Les Gara and Sen. Kevin Meyer pose with Youth Policy Summit participants, showing their support for the youth and issues related to youth in Alaska.

Alaska FASD Partnership: first year is a productive one

The Alaska Fetal Alcohol Spectrum Disorders (FASD) Partnership, coordinated by ABADA/AMHB, is now one year old and continuing to move forward on issues related to FASD.

Since the summer of 2010, Partnership members have met in workgroups to identify and address policy and funding recommendations and have worked to educate policy-makers about the effects and costs associated with fetal alcohol spectrum disorders. Members presented on legislative panels and met with legislators one-on-one to advocate for early childhood screening and diagnosis, training for professionals, and services for individuals and families affected by FASD.

Following are some of the Partnership's activities in 2010 and 2011:

In 2010

- Membership increased to over 75 organizations and individuals at the end of 2010;
- Successfully advocated for funding for case management for individuals diagnosed with FASD in Kenai, Juneau, Bethel and Sitka (\$300,000); and substance abuse treatment for pregnant women (\$500,000) – both in the state operating budget;
- Co-sponsored with Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse, through the boards' *Family Voice* project, five families received advocacy training and presented on FASD before the House and Senate Health and Social Services Committees, and visited with individual legislators. Additionally, they presented in a panel discussion at the FASD Southeast Alaska Regional Conference about their experiences related to FASD;
- Successfully advocated for SCR 12, proclaiming Sept. 9, 2010 as FASD Awareness Day, sponsored by Senator Kevin Meyer (R-Anchorage);
- Co-sponsored, with CHARR (Cabaret Hotel, Restaurant and Retailers), an appreciation luncheon at the Capitol for legislators who have worked on behalf of individuals and families affected by FASD;
- Collaborated with CHARR in promoting "free non-alcoholic beverages for pregnant women" in restaurants on Sept. 9, FASD Awareness Day;
- Hosted a summit of the Alaska FASD Partnership steering committee to determine short and long-term recommendations.



During a visit to Juneau in February, members of the Alaska FASD Partnership presented before the Senate Education Committee on the topic of "FASD and the Education System," and again at a lunchtime Legislative Health Caucus, hosted by Sen. Donny Olson.

In 2011

- Co-sponsored with Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, through the boards' *Family Voice* project, three families to present before the Senate Education Committee on "FASD and the Education System," and for a lunchtime Legislative Health Caucus. Participants received advocacy training, and met with legislators individually to discuss issues related to FASD;
- Successfully advocated for substance abuse treatment for at-risk parents (\$225,000), rural peer support services (\$225,000), and the Alaska Complex Behavior Collaborative Hub (\$325,000) in the operating budget;
- Successfully advocated for SCR 7, proclaiming Sept. 9, 2011 as FASD Awareness Day, sponsored by Senator Kevin Meyer (R-Anchorage);
- The steering committee continues to meet monthly; workgroups are addressing the recommendations of the December 2010 Summit.

For additional information on the Alaska FASD Partnership visit the new website at www.hss.state.ak.us/abada/fasd.htm. ❖

OUR BOARDS

The Advisory Board on Alcoholism and Drug Abuse (ABADA) is a statutorily authorized Governor's advisory board charged with assisting in planning and offering oversight of Alaska's behavioral health system. Through our mandate, we work to support a comprehensive, effective and accountable behavioral health system of prevention and treatment for Alaska, so all Alaskans can live healthy, productive lives.

The Alaska Mental Health Board (AMHB) is charged with assisting in planning and offering oversight and evaluation of Alaska's behavioral health system. AMHB also provides advocacy for Alaskans affected by mental illness. Our vision is for all Alaskans to live healthy, productive lives.



Members of the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse stand on the front steps of the Capitol.

Advisory Board on Alcoholism and Drug Abuse



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