



This Hands quilt hangs in the sanctuary room at Bethel's Tundra Swan treatment center. It was made and donated by a Tlinget lady.

Bethel—From an Iowa Farm Girl's Perspective

As you read this piece, you need to understand, I was raised on a farm a few miles from a small Iowa town. I grew up surrounded by lush green hills, green trees that turn to gold in the fall and acres and acres of green grass and fields.

As the plane prepared to land in Bethel the day before the AMHB/ABADA Board Meeting began in May, I was amazed at the landscape. From the air, it reminded me of the area around Phoenix only this landscape had water puddles everywhere, it was ALL brown and very, very flat. I thought, "Oh my God, who would want to live here?"

Before I left Bethel three days later, I had changed my perspective completely. I was thinking to myself as I walked along the streets in the early morning hours, "You know, it would be kind of neat to live here."

It's the people who changed my perspective.

They are loving, caring people working very hard to make life better for their whole community. When I speak of "community," it's not only Bethel. This "community" includes 58 rural villages gathered under the protective wings of the Yukon-Kuskokwim Delta folks. People are working together in amazing ways to improve the life of every man, woman and child in the whole area.

The public testimony period and visits with community providers made it clear to me, these people care deeply about their friends and neighbors. They want them not only to survive but to be happy and content with their life in the process. They understand that mental illness and substance abuse are not only the individual's problem to solve. They realize it takes the "community" for an individual to heal.

They know that this healing involves families, friends, neighbors and whole communities working together. Providers and community leaders are working with villagers to help folks understand the nature of the diseases confronting their families and friends and the stigma that stands in the way of treatment and recovery.

Janice Hamrick, Outpatient clinic coordinator at the Y-K Health Center tells board members about their program.



Plan
Coordinate
Educate
Advise
Evaluate
Advocate

Art Hanson is a Guild Certified Feldenkrais Practitioner



I am a 67-year-old retired dentist married to my best friend and partner in life, Celeste. We have been married for five years.

Luck sure rained on me when I made the local dental society join the Fairbanks Chamber of Commerce. That's where I met Celeste. She was the Director of Membership and Marketing for the Chamber at the time of my third term as president of the North Central District Dental Society. Little did we know what this forced meeting would lead to. I have three grown daughters from a previous marriage and Celeste has one daughter. Between us, we have six grandkids, none of whom are in Alaska.

In 1982, I suffered a cerebral hemorrhage while gutting a moose downriver from Tanana. My hunting partner managed to get me back to Fairbanks. To the amazement of some doctors, I survived long

enough to undergo brain surgery in 1983.

Therapy, PT, OT and ten years of daily horseback riding led to my pursuing four years of training to become a Guild Certified Feldenkrais* Practitioner, one of only six in Alaska. This training completely changed my life and way of thinking. I feel it changed my life for the better but some would dispute that.

My Feldenkrais Practice is such that I am able to do volunteer work when and where I feel I can. It allows me to support and enable those in need. Celeste and I support and encourage each other in these endeavors. What else can one ask for in life?

Art graduated from Northwestern University Dental School in 1966 and was student body president during the 1965-66 school year. Art has served and continues to serve on many professional and nonprofit boards and committees.



ED Hiring Process Begins

The recruitment and hiring process to fill the ABADA/AMHB Executive Director position has finally begun. The Growth Company from Anchorage will facilitate the hiring process for the ABADA and AMHB members.

The Growth Company will write a classified ad, post the position and conduct search calls and e-mails to locate candidates who might not be currently looking for a new job but who might be right for the position. Their "employee hire" team will screen re-

sumes, develop questions for candidate interviews and conduct reference checks.

ABADA members who voluntarily agreed to participate in the hiring process include Eric Holland, James Duncan and Anna Sappah. AMHB members on the team are Brenda Moore, Andrea Schmook and Debi Keith. Bill Hogan, H&SS Deputy Commissioner of Operations, and Melissa Stone, Director of Behavioral Health, have also agreed to participate in candidate interviews.

* "The *Feldenkrais Method* is an approach for improving both physical and mental functioning through the exploration of body movement patterns and the use of attention. It is based on the brain's innate capacity for learning and the potential for lifelong development and growth. Movement is used as the medium toward understanding our habits and identifying, learning and acquiring alternatives that promote ease and well-being." From "**The Feldenkrais Method®: An Introduction**"

Eva LeVeque and Her Family Subsistence Hunt, Fish & Gather



I was born and raised in the village of Nondalton on Six Mile Lake near Lake Clark. I was born to Frances and Bill Wilson and have seven brothers and sisters. I am the fourth child in the family and am the oldest girl.

My husband and I have seven children and seven grandchildren. Three of our children are still at home and in high school and middle school. All are doing well.

We currently live in Dillingham, Alaska. Our move from Nondalton was mostly due to lack of jobs and school concerns. My husband and I wanted to be role models for our children. We could not do that effectively without employment.

The other important factor in moving was school. We decided that the children needed to be at home while attending high school. The choices were to attend high school with maybe one or two classmates or get into a larger school where there was

more diversity so they could have a variety of classes from which to choose. I think the choice was a good one. We like Dillingham and so do the children.

We are still able to subsistence hunt, fish and gather which was very much a part of our lives in Nondalton. In some ways, we have more here. There is a greater variety of fish and berries.

I have worked for Bristol Bay Area Health Corporation for the past 13 years. I came to them as a Family Service Worker in the village of Nondalton where I worked for seven years. During those years, I earned a Bachelor of Social Work degree and a Counselor II certification thru the state of Alaska. I am still employed with BBAHC, and am now an Intake Coordinator in the Residential setting of Jake's Place and a consultant to the rural counselors. I enjoy my work here but funding cuts have made our jobs difficult in many areas.



The ABADA - AMHB Plan for 2007-11

[Making It Work: Behavioral Health in Alaska](#) is the ABADA/AMHB plan for 2007-11. Built on several years of discussion and stakeholder involvement, the plan falls in two parts.

The first part is an overview of the behavioral health system in Alaska. Understanding definitions of mental illness and substance use disorders helps us identify approximately how many people experience these disorders. In addition, we look at the breakout of disorders as mild, moderate, and serious.

Understanding these distinctions is important in defining priority populations, and prevention and early intervention opportunities. We are beginning to know how many people we are serving in the behavioral health system. The gaps between need and availability of services help us define what

we need to do next to improve services for all Alaskans.

The second part of Making It Work is a plan to guide the Boards' work for the next four years. Starting with our vision – [Alaskans leading healthy, productive lives](#) – we identify population results that would help achieve that vision.

These are followed by strategies for the Board to achieve the desired changes in the behavioral health of Alaskans, activities to implement those strategies, and a method of tracking how we are doing.

Board members have signed on to participate in activities that match their interests. The Plan will be available in hard copy and on ABADA and AMHB websites. It is a living document that will change as needs and resources evolve.

“Family faces are magic mirrors.

Looking at people who belong to us, we see the past, present and future.”

Gail Lumet Buckley

Boards Set 2008 Legislative Priorities



The Boards’ Joint Advocacy Committee has made recommendations for 2008 legislative priorities with their draft *Advocacy Plan*. The plan continues the focus on priorities set in the 2007 plan, and highlights several newly emerging issues.

The State of Alaska operating budget remains central to advocacy efforts. The plan calls for additional funding for behavioral health prevention and treatment services, peer-operated services, the Residential Substance Abuse Treatment program (RSAT) in the Department of Corrections, and Bring the Kids Home efforts. Budget priorities new for this year include funding for secure, involuntary substance abuse treatment beds in at least two regions, a pilot community-based mental health programs for seniors and funds to enhance behavioral health services provided by the state’s

Community Health Centers.

In other advocacy efforts, the Trust will hold the annual *Advocacy Summit* on September 5th at their offices in Anchorage. Advocacy Coordinator Angela Salerno is heading up a committee that is now planning the day’s activities. Members and staff from the Trust and beneficiary boards will work to come to consensus on Trust advocacy priorities and develop advocacy messages designed to promote the priorities to the legislature and the general public. Participants will also learn strategies for building relationships with their legislators, and will set benchmarks for their interim activities.

For more information regarding interim advocacy, contact Angela at 465-4765 or Angela.Salerno@alaska.gov.

<u>Goals</u>	<u>Objectives</u>	<u>Strategy</u>
1. Access to: Prevention, Early Intervention, Diagnosis, Treatment Rehabilitation Services	1.1 \$5 m added GF to replace supplanted funds	Budget Advocacy
	1.2 Medicaid reform	Administrative Advocacy
	1.3 Continuum of care for SED children	Budget/Administrative Advocacy
	1.4 \$100,000 for Peer-Operated Services	Budget Advocacy
	1.5 \$75,000 DOC increment for RSAT	Budget Advocacy
	1.6 DKC eligibility increased to 350% FPL	Legislative Advocacy
	1.7 Funds for secure beds for SA treatment	Budget Advocacy
	1.8 Early Medicaid MH services for young children and families	
	1.9 \$300,000 GF/MH for community-based MH programs for seniors	Budget Advocacy
2. Quality Programs	2.1 State-provided BH services evaluation	
3. Just Laws & Regulations	3.1 Regulations integrating BH Medicaid services & reimbursement	Staff Monitoring
4. Beneficiary Basic Supports	4.1 <i>Alaska Housing Trust</i> established	Legislative Advocacy
5. Public Education & Awareness	5.1 Boards partner with SADA in 2008 “Meeting the Challenge”	
6. Multi-Level Partnerships	6.1 \$2.3 m GF for Community Health Centers to support BH services	Budget Advocacy

The Resource Guide is Available

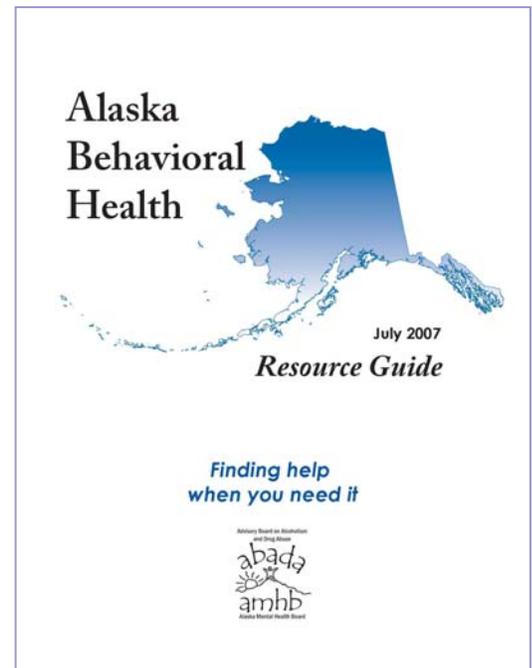
The Alaska Behavioral Health Resource Guide is here and ready for distribution. It is also available on the ABADA and AMHB websites. This will be the first guide for Alaska's behavioral health resources. Previously, separate guides were produced for either substance use disorder or mental health services.

The resource guide is designed to take you directly to prevention, treatment and recovery services across the State. There are also sections addressing stigma, payment for services, legal rights and helpful web links.

We encourage your feedback to keep the guide current and useful for all Alaskans.

If you would like hard copies, please contact Lance at 907-465-8920. To find the Resource Guide on the web, go to:

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



CSAP Strategic Prevention Framework System Review



On July 31 through August 2 the Division of Behavioral Health, Prevention & Early Intervention Services, participated in its first Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework (SPF) System Re-

view. The mission of CSAP in fielding these system reviews is to support and facilitate enhancements to and ongoing development of substance abuse prevention services and youth tobacco control efforts in the States and Territories. The purpose is to assist in improving substance abuse prevention and youth tobacco control services delivered through the use of federal Substance Abuse Prevention and Treatment Block Grant (SAPT BG) monies.

The review process was facilitated to allow for

an easy exchange and dialogue between the state and the review team, working toward an agreed upon plan for strengthening and enhancing Alaska's behavioral health system.

The initial report from the review team was positive, highlighting the progress Alaska has made in: developing strong prevention leadership; developing a cross-disciplinary strategic plan for preventing substance abuse across our state; strong state partnerships and collaborations; a clear process for awarding program funding to community-based agencies; progress toward 'performance-based funding' and prevention outcome measures; recognition and planning to improve behavioral health workforce development, and a plan for annual collection of the National Outcome Measures (NOMS).

A follow-up teleconference will occur in late August with a full report to the Division in September, outlining next steps, training and technical assistance requests, and ideas for further prevention system enhancements. The review was positive, productive and initiated a new partnership between DBH and the Center for Substance Abuse Prevention.

The Comprehensive Community Mental Health Services for Children and Their Families Program Annual Report to Congress 2002-2003

“The family is the corner stone of our society. More than any other force it shapes the attitude, the hopes, the ambitions, and the values of the child. And when the family collapses it is the children that are usually damaged. When it happens on a massive scale the community itself is crippled. So, unless we work to strengthen the family, to create conditions under which most parents will stay together, all the rest — schools, playgrounds, and public assistance, and private concern — will never be enough.”

Lyndon Baines Johnson



Many advances in the children’s mental health knowledge base have been made in understanding the determinants of mental illness, the course of the disease, and treatment and service delivery approaches. These advances in the knowledge base have served to illuminate continuing challenges in delivering services and unmet needs, and have thrust the issue of children’s mental health into the public spotlight. The information contained in this report provides evidence of the effectiveness of the *Comprehensive Community Mental Health Services for Children and their Families Program* (CMHI) to support implementation of systems-of-care and improve the outcomes of children with serious emotional disturbance and their families; and highlights the importance of continuing to expand the program’s reach. The CMHI supports system-level change in the way mental health services are provided to children and their families.

Most children received only nonrestrictive, community-based services and these service experiences translated into increasing satisfaction with services, especially among youth. Emotional and behavioral problems and functional impairment were reduced. School attendance and school performance improved, and children missed fewer days of school due to suspensions or expulsions. All forms of law enforcement contacts decreased, and living situations became more stable. Youth with substance abuse co-morbidity experienced significantly greater improvement in their overall functioning. Further, the findings indicate that outcomes for children and families in systems of care are not only shaped by the unique characteristics and experiences of the child and family, but also by the initiative’s values and principles that guide how the service system is developed and implemented.

Individualized and accessible service delivery at the system level significantly contributed to improved child functioning, reduced behavioral and emotional problems, and reduced caregiver strain. These findings strongly support the underlying system of care assumptions that children and families will benefit more from a service system that takes into account their unique needs and characteristics and that makes services financially and physically accessible (Pires, 2002; Stroul & Friedman).

Although more financial resources were devoted to mental health services within system of care communities, a broader cost perspective suggests that this investment may offset increased costs across other child-serving agencies within the community such as juvenile justice, inpatient and residential placements, child welfare, and education. Other literature from the evidence-based treatment movement within children’s mental health (Burns & Hoagwood, 2002) suggests that systems of care are an area in need of further study, especially with respect to the integration of evidence-based interventions within these community-based programs. Special studies in development within the national evaluation employing randomized clinical trial designs will begin to address these questions.

In conclusion, the findings in this report provide information on how to optimize service delivery for children and families within systems of care.

<http://mentalhealth.samhsa.gov/publications/allpubs/SMA03-CBE2002/default.asp>

UAA Center for Human Development—Partners in Policymaking Program

Fall 2007 PiP Internship Recruitment

All Alaska Mental Health Trust beneficiaries are eligible to apply for the internship.

Would you like to learn how to work with decision makers to get the results you want? Work with others to improve services? Have your voice heard? The Partners in Policymaking internship is a training opportunity to help you learn to be an effective advocate for yourself or someone you care about. The training is designed for individuals with disabilities, behavioral/mental health disorders, elders, people with long-term care needs, and family members. The Fall Internship will run from September 12th through November 14th. No fees are involved for the internship. For more information on Partners in Policymaking or to access an application for internship please go to:

<http://www.alaskachd.org/pip/index.html>

State of Alaska
Department of Health & Social Services
Advisory Board of Alcoholism & Drug Abuse/Alaska Mental Health
431 N. Franklin, Suite 200
Juneau, AK 99801
Phone: 907-465-8920
Fax: 907-465-3079



Executive Director: [Kathryn Craft](#)
(907) 465-8920
Kathryn.Craft@alaska.gov

Advocacy Coordinator: [Angela Salerno](#)
(907) 465-4765
Angela.Salerno@alaska.gov

Planner: [Carol Greenough](#)
(907) 465-3278
Carol.Greenough@alaska.gov

Planner: [Marilyn Irwin](#)
(907) 465-5114
Marilyn.Irwin@alaska.gov

Research Analyst: [Connie Olson](#)
(907) 465-3072
Connie.Olson@alaska.gov

Administrative Assistant: [Lance Brown](#)
(907) 465-8920
Lance.Brown@alaska.gov

“September is Recovery Month”



[Find Recovery Month
Events in Your
Community](#)

<http://www.recoverymonth.gov/2007/events/default.aspx>



The Advisory Board on Alcoholism and Drug Abuse (ABADA) and the Alaska Mental Health Board (AMHB) are the state agencies charged with planning and coordinating behavioral health services funded by the State of Alaska. The joint mission of AMHB and ABADA is to advocate for programs and services that promote healthy, independent, productive Alaskans.

Eric Holland, ABADA Chair

Andrea Schmook, AMHB Chair