



Remembering to Say Thank You

This edition, I'm using this space to send some thank you notes:

Plan

Thank you Brenda Moore, Barry Creighton, Andrea Schmook, Summer LeFebvre, Stacy Toner, and everyone else at DBH who worked on the Mental Health Block Grant Application. And thank you Brenda for volunteering to be our AMHB representative in November at the reading.

Coordinate

Thank you everyone – including but not limited to board members, Commissioner Hogan and DHSS staff, Melissa Stone and DBH folks, Mille Ryan and Duane Mayes at GCDSE, Denise Daniello and her fabulous crew at ACOA, Jill Hodges at ABIN, and our own amazing team — for helping create and present our funding recommendations to the Alaska Mental Health Trust Authority Board of Trustees. Thank you Miri Smith-Coolidge for being such a big help during Trust meetings (and always), and to all the Trust staff who worked so hard on the focus area budget recommendations and the overall recommendation process. Thank you to the Trustees, who were engaged and thoughtful throughout.

Educate

Advise

Evaluate

Thank you Connie, for establishing relationships with the new support group consortium in Juneau, and helping organize the September Recovery Month Poetry Slam.

Advocate

Thank you Lance, for getting everything planned and scheduled for our October board meeting.

Thank you Bill Herman, Jean Findley, and Brita Bishop for giving crash courses on BTKH, the Comp Plan and all sorts of other great topics for Tom and Rebecca.

Thank you Denise Daniello, Vivian Hamilton and Millie Ryan for sitting on the interviewing committee for the advocacy coordinator position (it is such a help having you work with us!).

And finally, thank you everyone for all your hard work, support and dedication!

National Poll Reveals Attitudes on Treatment and Recovery

SAMHSA sponsored the nationwide survey to gain insight into public attitudes toward substance abuse and the effectiveness of prevention, treatment and recovery programs. The survey showed that most Americans are supportive of people in recovery, and that the public overwhelmingly believes that prevention and treatment efforts can work. Of people surveyed, a large majority believe that people in recovery can live productive lives and contribute to their community.

Among the survey's more notable findings:

- Only 18% of Americans would think less of a friend or relative in recovery from addiction.

- 66% of Americans believe that addiction to illicit drugs is preventable.
- 63% of Americans report that they would feel comfortable working with someone in recovery from addiction.

SAMHSA Acting Administrator Eric Broderick reported that the survey results were encouraging: "The survey shows that the American people believe that prevention and treatment efforts make a real difference in addressing this public health challenge and improving lives."

The complete survey findings are on the SAMHSA website at www.samhsa.gov/attitudes.



Introductions: Planner Tom Chard

In 1975, Microsoft was founded...
and in 1975, I was founded.

There are a few other similarities between the multibillion dollar company and myself that I thought I might share:

10. We were both started by baby-boomers.
9. We both strive to help people and organizations work more efficiently and effectively.
8. We are both continually evolving.
7. We are both working right now.
6. We have both been introduced in a few countries.
5. We are both interested in giving back.
4. We are both slightly allergic to apples.
3. We have both shared the distinction of being labeled “somewhat geeky.”
2. We both strive to work better with others.

...and, to mix things up a bit, I thought I'd share something that we do not have in common:

1. One of us has not assumed implicit control of Earth (yet).



I think it's more important to try to help than to help. To help presupposes that we have the ability to fully understand and correct what's wrong. To try is all we can ask of ourselves and each other.

Introductions: Planner Rebecca Busch



I was born and raised in the big sky country of Montana. After growing up in the small community of Red Lodge, I pursued a bachelor's degree in social work and a minor in Spanish from the University of Montana.

During this time I had the opportunity to attend the Universidad de Catolica in Santiago, Chile, as well as to travel in many countries in South America.

On finishing my degree at the University of Montana, I began working with teen parents and their children to coordinate local

community resources. I also coordinated services and offered case management. I helped homeless families find shelter.

After doing this for a few years full-time and skiing and snowboarding part-time, I felt a need to explore again—this time for the pristine powder in the Tetons of Eastern Idaho. There, when not recreating in the beautiful Teton mountains, I worked with adults and children experiencing behavioral health and mental health disorders.

Wanting to further my opportunities, I attended Portland State University to complete a masters degree in social work emphasizing community based practices and social justice. During graduate school, I worked for a domestic violence agency providing advocacy for survivors, co-facilitating youth programs, coordinating events and fundraising efforts, writing grants and doing development work. Naturally, after graduation it was time to explore a beautiful place again, so here I have landed in Alaska!



“Neither a borrower nor a lender be;
For loan oft loses both itself and friend,
And borrowing dulls the edge of husbandry.
This above all: to thine ownself be true,
And it must follow, as the night the day,
Thou canst not then be false to any man.”

William Shakespeare, *Hamlet*. Act I / Scene 3.

HHS Hikes Value of Mental Health Services in Medicare Physicians and Patients Stand to Benefit

Family physicians treating seniors for mental health disorders, such as depression, recently got a pay raise from the federal government.

Beginning July 1, 2008, the Department of Health and Human Services (HHS) will increase the physician fee schedule by 5 percent for specified mental health services, including psychiatric therapeutic procedures furnished in the office or other outpatient facility settings.

Under the same plan, Medicare beneficiaries receive a financial break for outpatient psychiatric services with co-payment rates. While initially patients will not see changes in out-of-pocket expenses, continuing to pay 50 percent of the Medicare allowable amount for mental health services, in 2010 patients will begin to see their mental health co-insurance rates drop incrementally over a period of several years.

Medicare patients will pay

- 45 percent in 2010 and 2011,
- 40 percent in 2012,
- 35 percent in 2013, and
- 20 percent in 2014 and beyond.

Leveling co-insurance percentages for all Medicare services may ease patient distress about higher-than-expected billed charges. “Sometimes patients may get upset when they get their explanation of benefits from Medicare and learn that they’re going to have to pay more of the bill because the physician reported a diagnosis of something such as anxiety or depression,” said Cynthia Hughes, a coding specialist for the American Academy of Family Physicians.

Summary from *HHS Hikes Value of Mental Health Services in Medicare* by Sheri Porter, July 27, 2008

Available online at:

<http://www.aafp.org/online/en/home/publications/news/news-now/practice-management/20080724mental-servs.html>

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Number of Alaskan Children Living in Poverty 2 Percent Higher

On August 27, 2008, the U.S. Census Bureau released new data showing that the number children living in poverty has skyrocketed, reaching its highest rate in a decade. The Census report shows that in 2007, 13.3 million children were living in poverty.

This new data indicated that 18 percent of children living in the U.S. are in poverty, as compared to 17 percent in 2006. It is the highest rate of child poverty since 1998, when it reached 19 percent. In Alaska, 11 percent of our children were living in poverty in 2007, a 2 percent increase in child poverty since 2001.

“Today’s figures show a stunning increase in the number of children living in poverty, a disturbing sign of what may lie ahead in 2008,” said Bruce Lesley, president of First Focus.

“These 2007 figures do not take into account the last six months of a struggling economy, and as a result it is likely these numbers will be worse in 2008. Indeed, as unemployment rates continue to climb, home foreclosures skyrocket, and the costs of health insurance rises, the number of children living in poverty certainly will increase. Congress and the President must take notice of what is happening to our children, and provide families with the assistance they need. This means investing in successful, common sense measures such as an expansion of the Earned Income Tax Credit, the Child Tax Credit, and others.”

Summary of: “*Census Data Shows Thousands of New Children Living in Poverty*”, First Focus, 8/26/2008

Available online at: <http://www.chn.org/pdf/2008/ACSchildpov.pdf>

Comparison of First-Time & Repeat Admissions to Substance Abuse Treatment

Relapse to substance use after a period of abstinence is a common pattern among individuals who abuse substances. Many are admitted to substance abuse treatment multiple times before they achieve long-term abstinence. Individuals who are re-admitted to treatment repeatedly often exhibit different substance use and socioeconomic characteristics than individuals admitted for the first time.

Based on 2006 data, there are noteworthy distinctions between those admitted for the first time and those being readmitted for treatment.

First-time admissions:

- Are more likely to report alcohol or marijuana as the primary substance abused;
- Are more likely to have no health insurance; and
- Experience a substantial decrease in insurance coverage at age 19.

Repeat Admissions:

- Report heroin and other opiates as the primary substance of abuse;
- Report an average age of first use was 5 months younger than for first time admissions;
- Are more likely to be white;
- Report using multiple substances; and
- Are more likely to have Medicaid for health insurance.

Summary from *The DASIS Report: First-Time & Repeat Admissions Aged 18–25 to Substance Abuse Treatment: 2006*, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, August 4, 2008. Available online at: <http://oas.samhsa.gov/2k8/timesTX/timesTX.pdf>



From Our Library
(a book review by Kate)

SOCIAL INTELLIGENCE: THE REVOLUTIONARY NEW SCIENCE OF HUMAN RELATIONSHIPS by Daniel Goleman (Bantam Dell, 2006)

“We are wired to connect.” With this basic hypothesis, Daniel Goleman explores the burgeoning science behind “social intelligence.” You may remember Goleman from 1995’s *Emotional Intelligence*. This is a companion to that volume, examining “those ephemeral moments that emerge as we interact.”

Goleman uses current research in psychology and neuroscience to support his argument that our emotions and interactions with others also have physical effects – in our brains and in our bodies. He explains the theory of “emotional contagion” — something we have all experienced perhaps without even knowing it. A much used example, hooliganism at English football (soccer) games, is compared to a controlled experiment at Yale involving smaller groups in meeting settings to show that we “catch” the emotions of the people around us in all kinds of

settings. Goleman argues that this “convergence bespeaks a subtle, inexorable magnetism, a gravity-like pull toward thinking and feeling alike about things” among family members, friends, and co-workers.

The idea that we are so tuned into each other that I feel what you feel — even if I don’t realize it — is developed throughout the book. This is something many of us already know, but it is still interesting to explore the scientific evidence that toxic social interactions have quantifiable negative effects on our brains and bodies, and that positive social interactions “are an elixir of sorts” promoting mental and physical health. Goleman proposes that this science of social intelligence can provide us with tools for more positive relationships and greater personal and community wellness — changing our society’s “us versus them” dynamic to a culture of “we.”

*Hold fast
to dreams
for if
dreams
die, life is
a
broken
winged
bird that
cannot
fly.*

*Langston
Hughes*

12 Percent of Native American Deaths Due to Alcohol

Almost 12 percent of the deaths among American Indians and Alaska Natives are alcohol-related — more than three times the percentage in the general population, a new federal report says.

The study said more than 68 percent of male Native American deaths were attributed to alcohol. Sixty-six percent were people younger than 50 years old. Seven percent were less than 20 years old.

The study recommends “culturally appropriate clinical interventions” to reduce excessive drinking and better integration between tribal health care centers and tribal courts, which often deal with alcohol-related crimes.

Donovan Antelope, a spokesman for the

Northern Arapaho Tribe, said alcoholism has been a problem for more than a century with many Native American populations.

“It has had a very negative impact on our day-to day life,” he said, adding that the tribe has started promoting alcohol-free events.

In general, Native Americans suffer much higher death rates of most leading causes than the rest of the country. Besides alcoholism, drug use, diabetes, cardiovascular disease and suicide also are high.

Visit the website below to read more:
<http://www.cw11tv.com/pages/landing/?Federal-study-says-almost-12-percent-of-1&blockID=43604&feedID=101>

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Summer Lance !



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*Lonnie Walters, ABADA Chair
Andrea Schmook, AMHB Chair*