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

The ClipBOARD

THE BUSINESS OF THE BOARDS

Welcome to the first ABADA/AMHB newsletter. We wanted to share with our Board members and the public a little more about day to day activities of the Boards as well as making available some articles about important trends in behavioral health. Connie Olson, our research analyst, volunteered to use her production skills. Hopefully, this newsletter will let you experience some of the excitement of being part of a movement to improve the lives of Alaskans. If this inspires you to write a letter, talk to a neighbor about these issues, or volunteer for an afternoon we will have done our job.

This time of year is always exciting. As the legislature gathers, we are ready to implement our advocacy agenda. Angela Salerno, advocacy coordinator, has been busy meeting with a variety of groups, teaching them about how to effectively present their needs and issues to legislators. The end of January will see our Board members using these same skills to let our representatives know about the needs of those in the behavioral health community. The boards are hosting a reception for them on January 29, 2007 from 4:30 to 6:30 pm. February 14th and 15th is the quarterly meeting for those involved in implementing the Bring the Kids Home project and the Boards are sponsoring Family Voice as part of this. We are bringing in youth who have been through the system, training them in how to identify what they would like a legislator to hear and how to present it, and then testifying to the legislature. In addition, the young people will let BTKH providers know what in the system they see working, and what needs to be fixed.

Another way to hear the voice of beneficiaries is through a monthly parent and youth teleconference sponsored by the Boards and the Mental Health Trust. This occurs the second Thursday of each month from noon to one. (If you are interested in listening in, the contact number is 1-800-315-6338. Key in 2854# when the operator answers.) The agenda includes a brief educational session on some topic of interest and then a chance for consumers to talk among themselves about how they can best navigate the behavioral health system. At the end of each session, we identify an action item that will be followed up on before the next meeting. For example, at the January teleconference we had people calling in from all over the state. Angela Salerno gave a brief presentation on how to make your voice heard. We had a wide ranging discussion on parental rights and how to assert them when your child is in residential treatment. Finally, we agreed that a brochure that was available to parents to explain rights would be helpful. Next month's teleconference will start with a report on this action item.

These are just a few of the initiatives the Board members and staff are involved in at this time. We welcome your questions, your participation, and your support. Also, we welcome articles for the newsletter – please share.

You know me. But did you KNOW . . .

Forty percent of those who suffer from depression also have had problems with alcohol?

Research shows a strong link between major depression and alcohol or other substance *dependence*. In the past, treatment focused primarily on the substance dependence with the belief it might also resolve the depression.

Policies to Improve the Way States Organize and Deliver Alcohol and Drug Prevention and Treatment

Join Together—2006

Join Together convened a panel to address two realities: state governments pay dearly for the nation's failure to effectively prevent and treat alcohol and drug problems. They also have enormous potential because state governments are the primary funders of prevention and treatment services. These recommendations were unanimously adopted by the panel:

Leadership. Governors, legislative leaders and chief judges need to provide personal, continuous leadership for a statewide strategy to prevent alcohol and drug problems. When prevention and treatment are delegated to mid-level state agencies, states can not successfully prevent or treat drug problems at the population level.

Structure. Every state should have a strategy that encompasses al the agencies affected by alcohol and drug problems. Responsibility for state and federal prevention and treatment funds should be held by an entity that reports directly to the governor and has direct access to the state legislature.

Resources. States can generate two key resources needed to improve alcohol and drug services: money and skilled practitioners. An annual public report should detail alcohol and drug related spending in all state agencies. If additional funds are needed, states should consider raising alcohol taxes. States should also use their licensing and educational resources to improve and retain the prevention and treatment workforce.

Measurement and Accountability. States should hold agencies and contracted providers accountable for meeting identified outcome measures. They should reward those that meet or exceed outcome targets and penalize those that consistently fail.

Legislation. States should review and update the legislation that controls their alcohol and drug policies including authorization for prevention and treatment agencies and alcohol control boards. Laws and regulations that prevent recovering individuals from getting jobs, education and other services needed for successful reintegration should also be reviewed and repealed.

Sustain State Focus and Attention. State advisory councils should be created or revived with enough staff and authority to hold elected officials accountable for providing needed leadership. States should support community coalitions and recovery organizations to build a lasting constituency for continuing effective state action.

"Consult not your fears but your hopes and your dreams. Think not about your frustrations, but about your unfulfilled potential. Concern yourself not with what you tried and failed in, but with what it is still possible for you to do."

Pope John XXIII

ALASKA HUMAN SERVICES COALITION

The **Alaska Human Services Coalition** (AHSC) is organizing to advocate for a strong and responsive system of community-based human services for the people of Alaska. Human services include a broad array of basic supports, community-based prevention and specialized interventions that promote and protect the health and well-being of all Alaskans, foster self-sufficiency and protect those who cannot care for themselves.

In Alaska, human services are furnished through a partnership between the State of Alaska and other federal, municipal, city, Tribal and private non-profit entities. Our guiding principles are "responsibility, sustainability and accountability;" our position is that both funders and service providers must abide by these principles.

AHSC will actively advocate for state policy and budget decisions that support a strong and responsive system of community-based human services. Our top priorities include:

The State of Alaska Operating Budget: Human services funding that keeps pace with community need.

Medicaid Policy and Financing: A State of Alaska Medicaid program that remains a viable and accessible source of health care for thousands of Alaskans.

ALASKA HUMAN SERVICES COALITION (continued)

Housing. The basic housing needs of al Alaskans are met through investments like the Alaska Housing Trust and partnerships between federal, state and private funders.

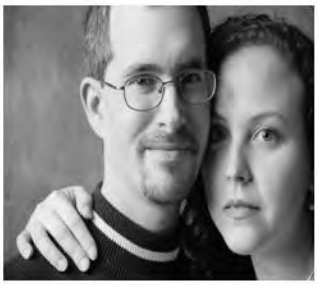
Recruitment to the Alaska Human Services Coalition is now underway. Member organizations will receive the weekly e-publication *Partners in Advocacy Update* and email action alerts with instructions on targeting your organization's advocacy effort.

Coalition member organizations will not be expected to attend regular meetings, but will be included in an AHSC brochure and may have opportunities to participate in occasional polls to assist with planning or decision-making regarding specific issues.

Join AHSC and add your voice to a powerful force for good. If you need more information, call Angela Salerno at AMHB/ABADA, 465-4765 or email her at Angela_Salerno@health.state.ak.us

Our mental and emotional diets determine our overall energy levels, health, and well-being to a far greater extent than most people realize. Every thought and feeling, no matter how big or small, impacts our inner energy reserves.

Doc Childre and Howard Marti
The HeartMath Solution



ACHIEVING THE PROMISE: Transforming Mental Health Care in America

By
The President's New Freedom Commission on Mental Health
July 2003

Vision Statement: We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports – essentials for living, working, learning, and participating fully in the community.

The President's New Freedom Commission on Mental Health is a key component of the New Freedom initiative. The President launched the Commission to address the problems in the current mental health service delivery system that allow Americans to fall through the system's cracks.

Mental illnesses rank first among illnesses that cause disability in the United States. This serious public health challenge is under-recognized as a public health burden. In addition, one of the most distressing and preventable consequences of undiagnosed, untreated, or under-treated mental illness is suicide.

Goals – In a Transformed Mental Health System:

1. Americans understand that mental health is essential to overall health.
2. Mental health care is consumer and family driven.
3. Disparities in mental health services are eliminated.
4. Early mental health screening, assessment, and referral to services are common practice.
5. Excellent mental health care is delivered and research is accelerated.

Technology is used to access to mental health care and information.

Alaska Mental Health Trust Authority's Small Projects Funding

AMHTA is accepting proposals for its Small Projects Funding program. The program is designed to create new services of direct benefit to Trust beneficiaries. For more information, call 907-269-7960 or visit
http://www.mhtrust.org/index.cfm?section=Our%20Funding%20Process&page=Small%20Projects%20Funding

The Alaska Children's Trust

The Alaska Children's Trust is designed to promote and financially support community initiatives to strengthen families and protect children. For more information, call 907-269-3933 or visit
http://health.hss.state.ak.us/ocs/ChildrensTrust/history.html

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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.

Lonnie Walters, ABADA Chair

Andrea Schmook, AMHB Chair

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