

*Advisory Board on Alcohol & Drug Abuse*  
*Alaska Mental Health Board*

# **FY 2007 Annual Report**



**Advisory Board on Alcoholism  
and Drug Abuse**



**Alaska Mental Health Board**

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# Welcome



The Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Board present this report in fulfillment of their statutory duties to report on the activities of the Boards and the state of the behavioral health system in Alaska. During FY07, the Boards have joined with a wide variety of partners to help strengthen the behavioral health system in Alaska. The reader is referred to *Making It Work: Behavioral Health in Alaska*, our five year plan, to learn more about this system and the people it serves. It can be downloaded at:

[http://www.hss.state.ak.us/abada/pdf/making\\_it\\_work073007.pdf](http://www.hss.state.ak.us/abada/pdf/making_it_work073007.pdf).

In the following pages we will tell you about our progress in meeting the goals of that plan. We will project where we plan to move in the next year. Finally, we will review the state of the behavioral health system in Alaska, some strengths, some areas where there is room for growth, and some recommendations for the future.

Thank you for your attention to this report, to the successes and needs of the behavioral health system, and for your support of the work of the Boards.

Eric Holland, Chair  
Advisory Board on Alcoholism  
and Drug Abuse

Andrea Schmook, Chair  
Alaska Mental Health Board

# FY 07 Board Activities

## The Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Board (ABADA/AMHB)

continued their course in FY07 of merging much of the work of the Boards while retaining their unique identities so that they could best represent their beneficiary groups. We will highlight some major activities of the year by looking at them through the lens of our five year plan, *Making It Work: Behavioral Health In Alaska*.

***Vision: Alaskans living healthy, productive lives***

**D**esired population result: Alaskan adults are physically, mentally, spiritually, and emotionally healthy and are engaged in healthy lifestyles to sustain well being. This is supported through development of a community-based, culturally competent behavioral health prevention and treatment service system for Alaskans.

## STRATEGIES:

**I**dentify current behavioral health system strengths and gaps.

*Some products and activities:*

- Completed the ABADA/AMHB five year plan, *Making it Work: Behavioral Health in Alaska* and began its implementation.
- Completed the FY05 and FY06 Annual Reports for the Boards.
- Contributed to review of the DHSS Comprehensive Integrated Mental Health Plan (CIMHP) and development of the Annual Implementation Report.
- At the request of Behavioral Health, chaired the Connecting Systems Project which brought all four beneficiary boards (ABADA, AMHB, Alaska Council on Aging, Governor's Council on Disabilities and Special Education), the Alaska Mental Health Trust and the Department of Health and Social Services together to identify gaps in the system.
- Developed a matrix with all four beneficiary boards identifying all our services, where the gaps are and the strengths of those services.
- Contributed to the visit from the Center of Substance Abuse Prevention, looking at our prevention system and where the gaps and strengths are.

**R**evue, monitor, and evaluate behavioral health services at the community, client, provider, and state system level.

*Some products and activities:*

- Collaborated with the Alaska Behavioral Health Association and Substance Abuse Directors Association to identify system needs and solutions.



- Partnered with Behavioral Health and other stakeholders on the Outcome Identification System Performance Project (OISPP) to refine the Client Status Review and the Behavioral Health Community Survey to collect outcome data.
- Collected an unduplicated count of how many clients were served in FY06.
- Developed prevalence estimates of behavioral health problems in Alaska using National Comorbidity Survey and other data.
- Reviewed the synthetic prevalence estimations as part of OISPP and offered suggestions for their improvement to best reflect Alaskan data.
- Began development of the Community Provider Review project to develop effective quality assurance models.
- Partnered in development of plans for Performance Based Funding.

## **A**dvocate for a comprehensive effective behavioral health service system.

### *Some products and activities:*

- Development of ABADA/AMHB Legislative Priorities.
- Chaired a weekly Legislative Teleconference.
- Provided Capwiz advocacy tool training and management.
- Tracked and analyzed development of the state operating budget.
- Partnered to develop the Human Services Coalition.
- Provided support and training for Meeting the Challenge to tell legislators personal stories of substance use disorder recovery.
- Trained in advocacy for the Full Lives Conference and for Partners in Policymaking.
- Planned the Advocacy Summit. Brought together all Trust beneficiary groups to plan and strategize for the 2007 legislative session.

**D**esired population result: Alaskan children, youth, and families lead safe, stable, happy, productive lives.

## **STRATEGY:**

**S**upport the planning, funding, and provision of a comprehensive system of care within Alaska for children, youth, and their families.

### *Some products and activities:*

- Assisted with development of early childhood mental health diagnostic crosswalk and position descriptions to facilitate treatment for this population.
- Participated in the Interdepartmental Early Childhood Workgroup with a goal of coordinating services.
- Chaired monthly Family Voice teleconferences which allowed consumers and providers to talk together about needs of children, families, and youth with behavioral health problems.
- Trained families and youth in how to tell their stories to legislators and other interested stakeholders.
- Participated in Bring the Kids Home (BTKH) activities representing the needs of consumers and providers in program planning and evaluation.
- Helped write the application for a fetal alcohol syndrome treatment medicaid waiver and participated in implementation planning.
- Assisted in two proposal evaluation committees that funded community-based grants: the Trust's beneficiary initiative grants and grants for expansion of community-based services for BTKH initiative.

# FY 07 Board Activities

**D**esired population result: Alaskans live free from the negative consequences of alcohol and other drug use.

## STRATEGY:

**S**upport a continuum of care for those experiencing alcohol and substance use disorders and those at risk.

*Some products and activities:*

- Advocated for increased alcohol and drug use disorder funding. Procured an additional \$2.2 million grant funding in FY07 to help fill a funding shortfall.
- Supported passage of SB100 – which expanded and clarified the use of involuntary treatment for substance abuse and co-occurring disorders.
- Collected data on the number of clients served by the behavioral health system.
- Reviewed prevention grants and advocated for continued prevention funding.
- Contributed to the Epidemiology Study led by Behavioral Health Prevention Section, covering statewide needs.

**D**esired population result: Alaskans live with dignity and respect as valued members of their families and communities.

## STRATEGIES:

**A**dvocate for a safe, accessible, and affordable continuum of housing options for beneficiaries of ABADA and AMHB.

**A**dvocate for increased opportunities for employment, education, and meaningful participation in activities of one's choice.

**A**dvocate for and support interagency collaboration among the appropriate criminal justice, mental health, and substance abuse systems, and other relevant community members or governmental agencies to prevent the unsuitable or unnecessary arrest, incarceration, and/or prosecution of persons with behavioral health problems.

**R**educe stigma about behavioral health problems by teaching Alaskans about the importance of behavioral health, promoting wellness and emphasizing the potential that Treatment Works, Recovery Happens.

*Some products and activities:*

- Partnered with the Department of Corrections to implement the APIC grant to ease transition from prison for people with mental health and co-occurring disorders.
- Worked with the Alaska Mental Health Trust Authority, authored announcements that highlighted information to reduce stigma as part of the You KNOW Me campaign. These were run on television, radio, newspapers, and in movie theaters.
- Collaborated in developing housing options for beneficiaries including advancing the idea of use of Assertive Community Treatment for those who haven't succeeded in other parts of the system.
- Requested and helped award funding for a program to move clients from dependence to competitive employment.
- Advocated for needed services as identified by community members during public comment



during Board meetings in Bethel, Juneau, and Wasilla.

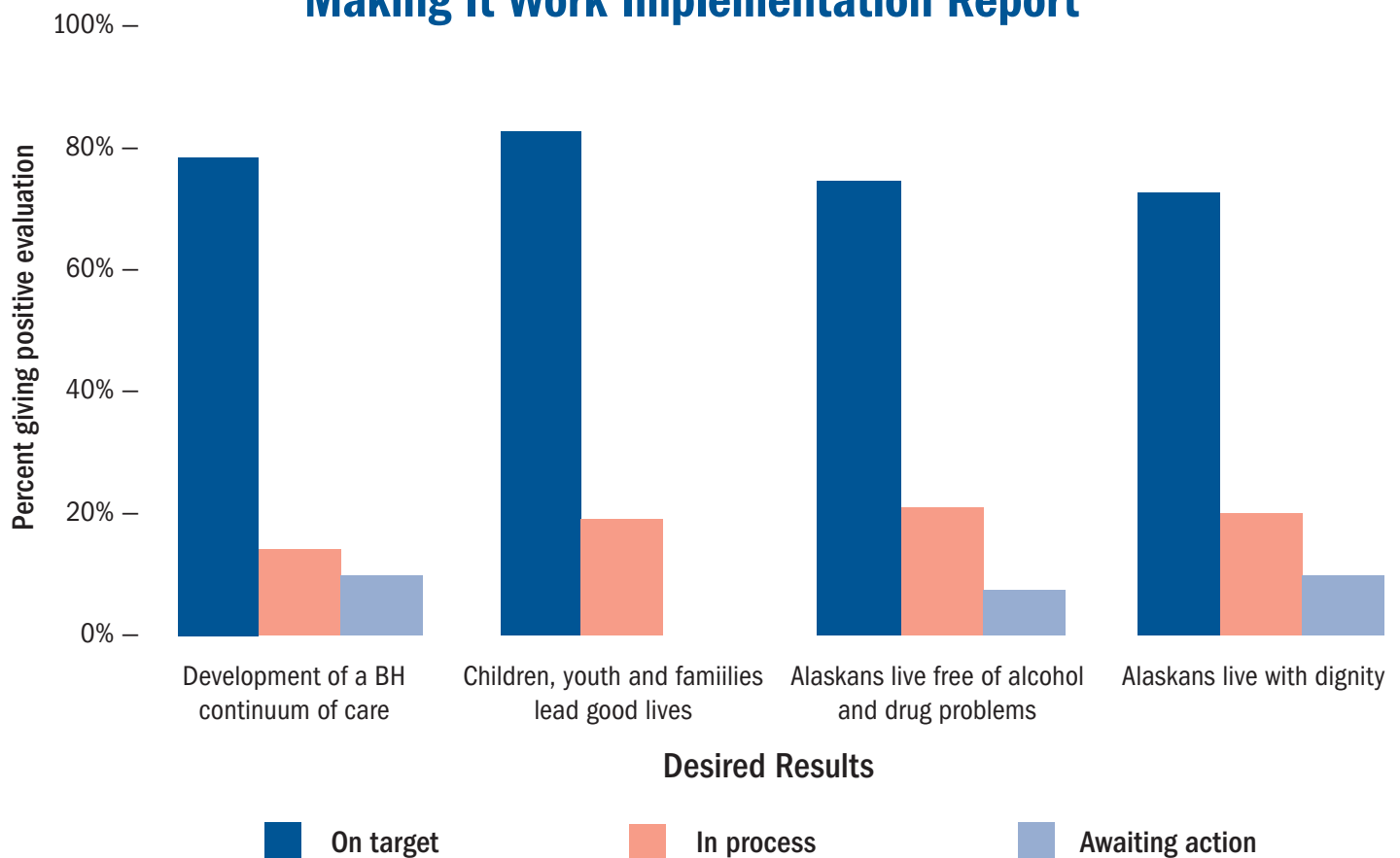
- Participated in activities towards increasing consumer-driven programs.

## DASHBOARD

**C**hart 1, Making It Work Implementation Report, summarizes ABADA/AMHB's progress in working on Making It Work: Behavioral Health in Alaska by tracking how we are doing on the activities outlined in the plan. Because this is the first year of a five year plan, it is not expected that

we will be working on all activities at this time. Further information on progress on all activities can be found at our websites: <http://www.hss.state.ak.us/abada/> and <http://www.hss.state.ak.us/amhb/>.

**Chart 1**  
**Making It Work Implementation Report**



# Where do we go from here? **FY08 Implementation Plan**

**T**he Boards will continue to implement *Making it Work*, their five year plan in FY08. Beyond continuation of most of the activities outlined in the Boards' activities, the Boards are initiating some new activities.



## **ABADA/AMHB SPEAKERS BUREAU:**

As a part of our stigma reduction campaign, Board members will speak to local civic, religious, and special interest groups about mental health and substance use disorders.

We will:

- Tell about new research into these disorders and their effects on the brain;
- Highlight what is being done now to offer solutions;
- Work to decrease stigma;
- Engage community members in helping solve behavioral health problems; and
- Urge support for programs that we need in the state.

*FY08 performance measures:*

1. Preparation of speakers' packet.
2. Speakers' training completed.
3. A minimum of 20 speaking engagements completed during the last two quarters of FY08.





## ABADA/AMHB WORKGROUPS:

Three groups will meet monthly to develop action on the following initiatives:

1. Development of an Alaska Behavioral Health plan. The Boards will convene a working group to develop this behavioral health plan for the State of Alaska. The plan will identify existing and needed resources, both within state funded programs and in other behavioral health service sectors, and outline a strategy for better coordination of statewide behavioral health services. The expected outcome is enhanced coordination and efficient provision of prevention and treatment services to all Alaskans.
2. Exploration of the links in provision of services between behavioral health and physical health. Several programs in the state have merged or are working on integrating these services. The Boards will review the effectiveness of this mode of service provision, assure that the needs of consumers are being met, participate in groups looking at further mergers, and advocate for appropriate funding or legislative change if the need is identified.

## UNDERLYING THEMES THAT CUT ACROSS ALL WORKGROUPS:

- a. Need for expanded alcohol and substance use disorder treatment and prevention services across the continuum of care.
- b. Need for models for rural delivery of services and support for these models.
- c. Focus on consumer empowerment and peer directed services.
- d. Emphasis on recovery.
- e. Need for a full continuum of care from prevention to long term care, including care for moderate mental illness.
- f. Need to address the needs of older Alaskans.
- g. Need for care that bridges the gaps between services for different beneficiary groups, such as people with traumatic brain injury and mental health challenges.
- h. Need to provide a full continuum of care for children, youth, and families.

**FY 08 Performance Measures:** Each workgroup will develop specific performance measures.

These will include both activities to be accomplished and expected system changes to result from the activities.

# FY 07 Report on the Behavioral Health System

In fulfillment of our statutory duties to review the behavioral health system in Alaska, we present this update on the current functioning of the system.

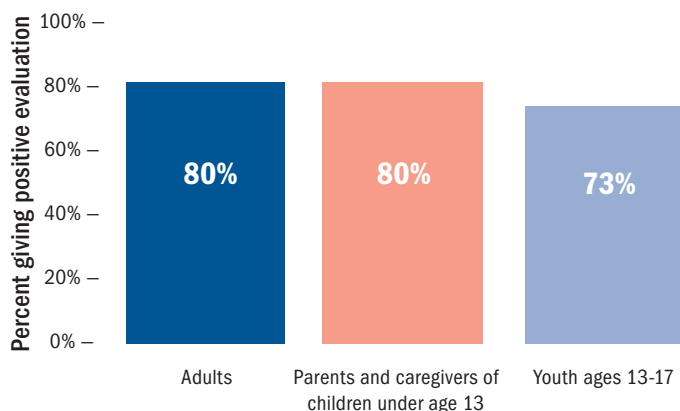
## SYSTEM SUCCESSES:

The behavioral health system is effectively bringing mental health and substance use disorder services to many Alaskans. Through a system of grant funded nonprofit and local government directed programs, both prevention services and treatment and recovery services are available throughout Alaska. As partners with Behavioral Health, the Boards have helped support the success of these services.

- The Behavioral Health Consumer Satisfaction Survey asks clients to respond to a series of questions about the treatment they have received. The percentage of respondents who positively evaluated behavioral health treatment and recovery services is shown in Chart 2, Positive Evaluations of Behavioral Health Treatment Services.<sup>1</sup>

Chart 2

### Positive Evaluations of BH Treatment Services<sup>1</sup>



- The Client Status Review gives us information on how the lives of clients change as a result of treatment. According to this review, clients within the Behavioral Health system in FY07 had improved quality of life, productivity, and security.
- Behavioral health grantees have had fewer Medicaid audit exceptions than many other health entities.
- Behavioral Health is moving to the use of performance based funding. They have worked closely with providers to shape a system that is effective and fair.
- The distinct number of residential psychiatric treatment center admissions for children and youth with severe emotional disorders for FY07 decreased by 13%.

## FUTURE ISSUES FOR BEHAVIORAL HEALTH IN ALASKA:

It is an exciting time for Alaska. We are faced with many opportunities to meet the needs of our citizens and to move fully into the 21st century. We have the resources to do a good job of making necessary changes, but we also face complex issues. Some of the challenges we hear talked about as we meet with community members and those providing services throughout the state include:

- The increase in demand for and cost of corrections and public safety;
- The important role education plays in moving to a diversified economy in the 21st century;
- Concerns about the increase in health care costs;
- Concerns about meeting the behavioral health needs of returning veterans and their families;
- Concerns about finding ways to maintain a good quality of life for all Alaskan citizens.



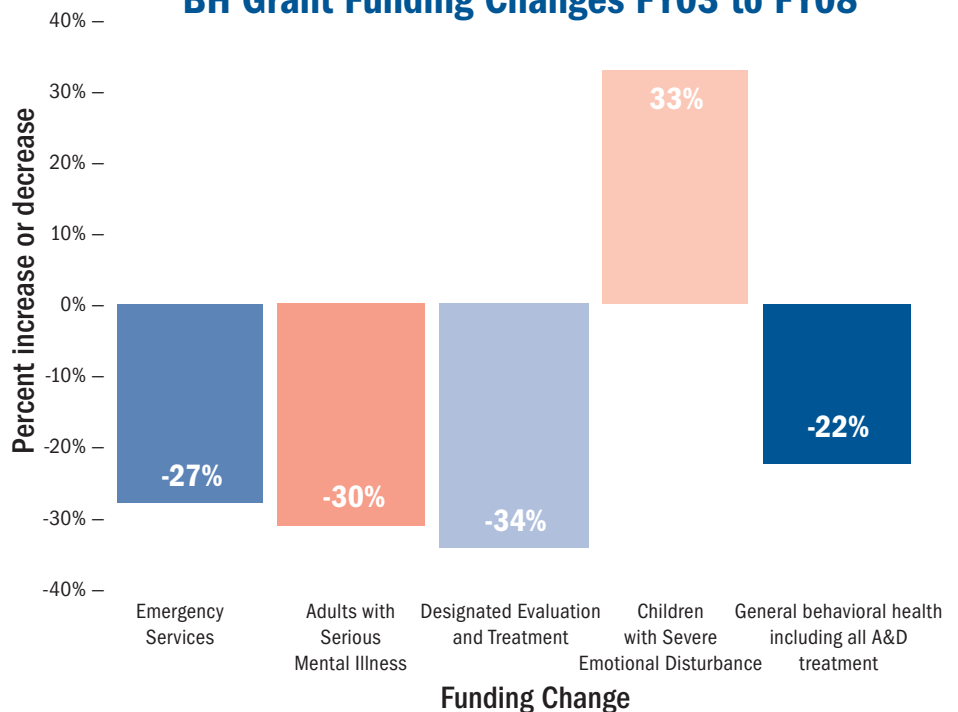
As our population ages, we face increasing costs for health care and long term care. Alaska's low high school completion rate is a concern. The costs of our corrections system and law enforcement are escalating. Entitlement program spending is predicted to increase significantly. These concerns potentially leave us with less capacity for economic diversification and expansion. In addition, they have a negative impact on other indicators of societal functioning. We must increase Alaskans' awareness of the impact of these developing issues so that we can better anticipate the needs and stay ahead of "the curve" where problems can become larger and more costly.

**W**hy are we facing these dilemmas? The impact of alcohol and drug use disorders, mental health problems, and family violence plays a large role in the failure of many Alaskan citizens to complete their education or to thrive as adults. The loss of productivity that comes from this, coupled with the increased societal costs of treating the impact of these disorders, will place a significant drain on both state financial resources and on the souls of our citizenry.

Chart 3, Behavioral Health Grant Funding Changes FY03 to FY08<sup>2</sup>, shows that declining grant funds have impacted substance use disorder programs. While Medicaid funding has increased, this rarely funds these programs. Grant funding for mental health services has also decreased. This reduces both the number of people who can be served and the types of services that can be offered. At this time, we are serving those with the greatest need, but, we are failing to provide the types of

services that help prevent such need in the future. As discussed above, we have a behavioral health system that has proven its ability to help people improve their lives. Now we need to find ways to make these services available to those who are in need before it becomes more costly.

**Chart 3**  
**BH Grant Funding Changes FY03 to FY08<sup>2</sup>**



## CONCLUSION:

The Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Board support provision of funding increments to make behavioral health services available to more Alaskans. Behavioral health problems are at the core of many of the long term challenges Alaska faces. Building on a system that has proven its ability to make lives better will help reduce future costs, both monetary and societal. We demonstrate some of the potential savings on the next page.

# Turning the Curve

**INVESTMENT IN A CONTINUUM OF BEHAVIORAL HEALTH SERVICES WILL HELP REDUCE ALASKA'S GROWING FUTURE ECONOMIC BURDEN, IMPROVE THE QUALITY OF LIFE FOR ALASKANS, AND MAKE US A LEADER IN HAVING THE HEALTHIEST, MOST PRODUCTIVE CITIZENS IN THE NATION.**

**FACT:** The cost of the Department of Corrections budget has increased by 49% during the last nine years.

**COST:** Department of Corrections budget for FY08 is \$220 million and growing.

**HOW TO TURN THE CURVE:**

Many of these offenses are alcohol and drug related. Providing treatment before offenders get into legal trouble, at the time they are incarcerated, or as an alternative to incarceration is cost effective, humane, and breaks the cycle of recidivism. Mental health and wellness courts have proven their effectiveness in diverting offenders from the correctional system if there are sufficient services available in the community, such as behavioral health treatment, supportive housing, work skills development, and peer support

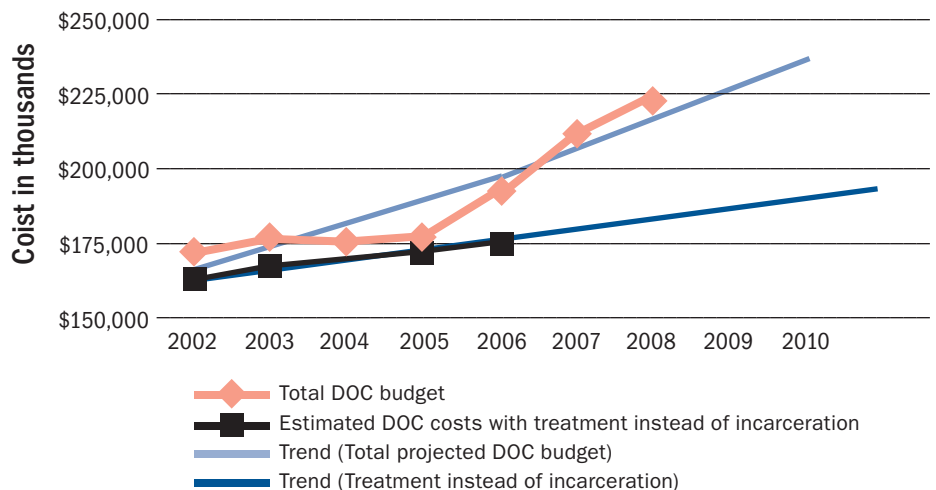
services.

**FISCAL IMPACT:** Chart 4, Possible Corrections (DOC) Cost Savings with Alcohol and Drug Treatment Instead of Incarceration, shows how we could save \$40 million or more in one year by diverting those incarcerated for alcohol and drug

offenses to behavioral health treatment. Long term savings should increase as people are diverted from repeat offenses.

**FACT:** Alaska's educational system is failing to prepare many citizens for successful adulthood. We rank low in both the percentage of students

**Chart 4  
Possible Corrections (DOC) Cost Savings with Alcohol & Drug Treatment Instead of Incarceration**





who complete high school and the number who attain higher education. Without an educated workforce, economic development is limited.

**COST:** A loss of \$400,000 in lifetime earnings for an Alaskan who doesn't graduate from high school. Our state loses capacity to develop alternative industries that depend on an educated workforce.<sup>3</sup>

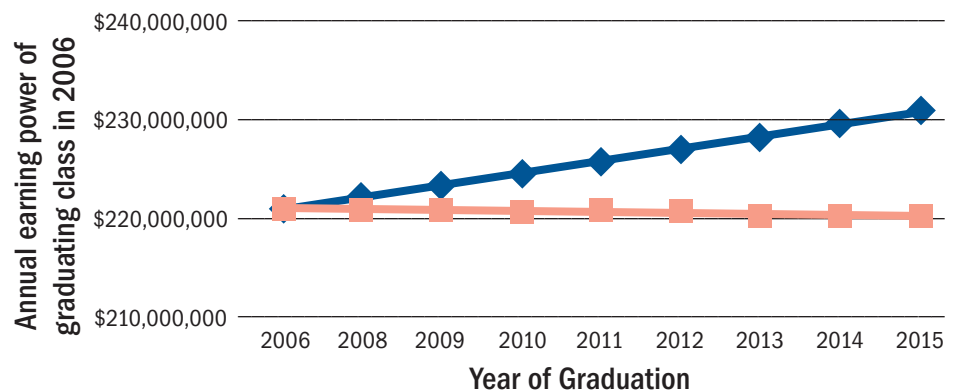
**HOW TO TURN THE CURVE:**

Families who receive treatment to stop a cycle of mental illness alcohol and drug abuse can help their children succeed in schools. Mothers who do not drink during pregnancy avoid the life long trauma of Fetal Alcohol Spectrum Disorders for their children. Young people who receive effective prevention education, outreach, and treatment for substance use disorders can continue to grow and thrive, achieving academic and life success.

**FISCAL IMPACT:** As demonstrated in Chart 5, Increased Earning Power Per Year with Increased Graduation Rate, if we decrease the dropout rate by 10% over the next ten years, Alaskans' earning power will increase significantly.

**FACT:** As shown in Chart

**Chart 5**  
**Increased Earning Power with Increased Graduation Rate**



6, Lost Productivity Due to Depression,<sup>4</sup> worker productivity is severely impacted by moderate mental illness. Even when physically present at work, major depression keeps Alaskans from achieving their potential.

**COST:** 20% productivity loss for about 30,000 working Alaskans suffering from depression equals 1,500,000 days of productive work lost each year.<sup>5</sup>

**HOW TO TURN THE CURVE:** Brief cognitive therapy combined with medication in some cases is effective in treating major depressive disorder. This could be offered through our community behavioral health centers as well as in other settings.

**FISCAL IMPACT:** A minimum of \$12 million in increased

productivity annually in Alaska.

**FACT:** We have a large number of Alaskans who will be returning from the military as well as many Alaskans who still suffer from service in other wars. There is little capacity to treat them at this time.

**COST:** The economic cost is unknown. The social cost is very high.

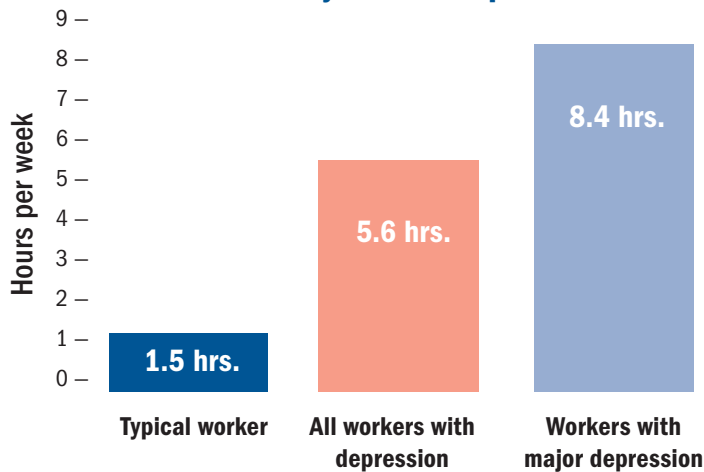
**HOW TO TURN THE CURVE:**

We need to make use of our network of behavioral health centers, domestic violence programs, behavioral health aides, and prevention programs to reach out to these veterans and their families. This will take some additional training to help providers give effective services.

**FISCAL IMPACT:** Chart 7, Behavioral Health Problems of

# Turning the Curve *continued*

**Chart 6**  
**Lost Productivity Due to Depression<sup>4</sup>**



Vets Returning From Iraq and Afghanistan<sup>6</sup> shows the impact of these problems. Reduction in costs of post Traumatic Stress

Disorder, addiction, domestic violence and parenting problems is illustrated. Also shown is the increased pride that we take care

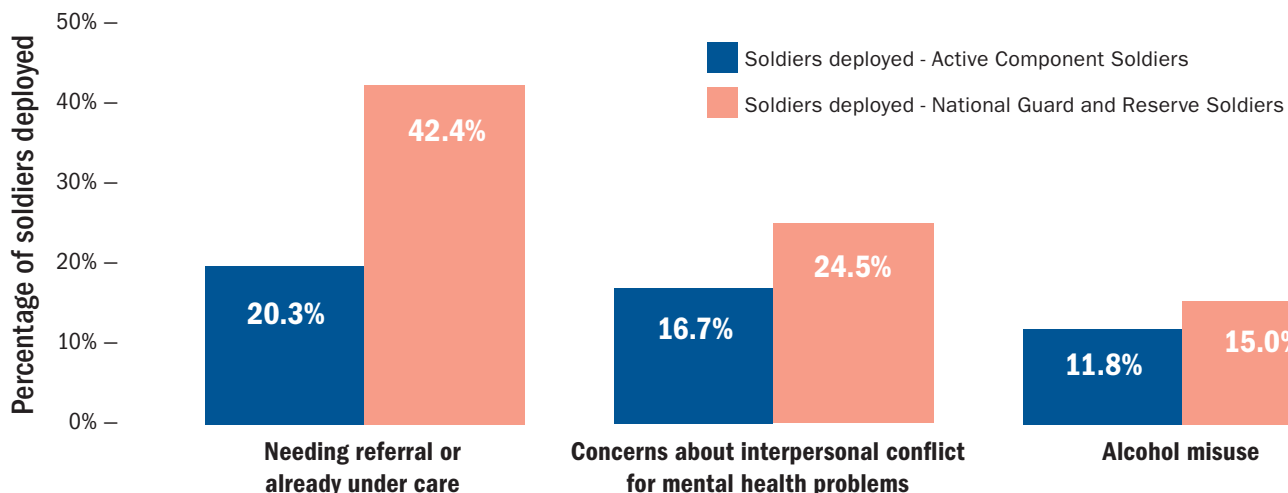
of our own, and recognition from veterans that their communities want to welcome them home.

**FACT:** Even with the success of Bring the Kids Home, we still place too many children and youth into residential treatment because funding is not available for early intervention for behavioral health problems.

**COST:** \$52,000 a year for one child in residential psychiatric treatment facility placement.

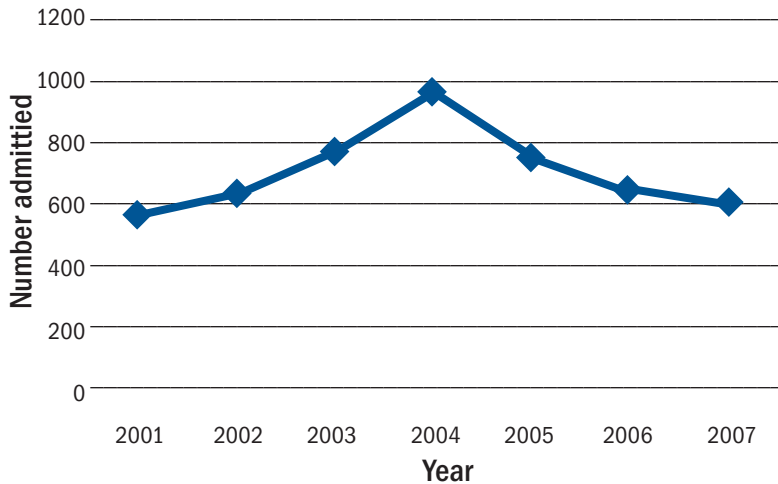
**HOW TO TURN THE CURVE:** Increase the network of services for infants, children, youth, and families in their own communities. Begin intervention before children rise to the level of needing residential care. Make services available to parents to

**Chart 7**  
**Behavioral Health Problems of Vets Returning From Iraq and Afghanistan<sup>6</sup>**





**Chart 8**  
**Number of Medicaid Recipients**  
**Admitted to Residential Psychiatric Treatment Centers**  
**In a Year<sup>7</sup>**



assure that alcohol, drug, and mental health problems do not interfere with parenting.

**FISCAL IMPACT:** Prevention of one case of Fetal Alcohol Spectrum Disorder saves \$1.4 million. Chart 8, Number of Medicaid Recipients Admitted to Residential Psychiatric Treatment Centers in a Year,<sup>7</sup> allows us to see the reduction in out-of-state placements. Children treated in the community or before problems become severe need fewer services and less expensive interventions.

**FACT:** With the aging of Alaska’s population and increasing costs of health care, we face massive increases in health care spending over the next 15 years. Alaskans

are becoming unhealthier. Behavioral choices make up the majority of reasons for this decline.

**COST:** 133,000 Alaskans are projected to suffer from a

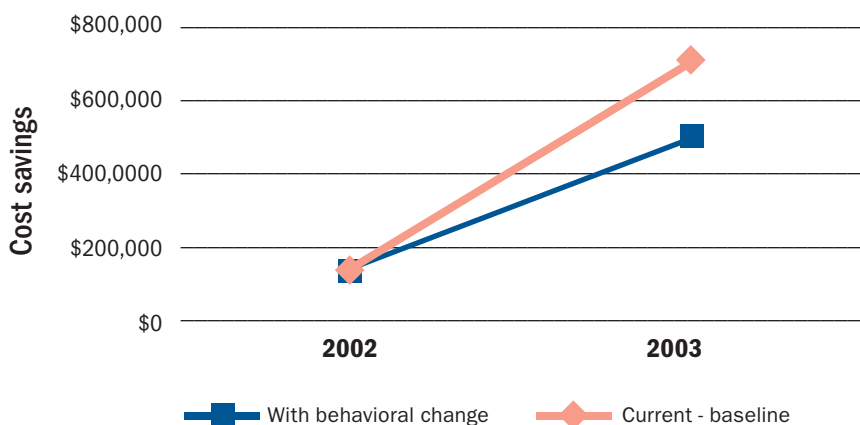
mental disorder in 2023.

**HOW TO TURN THE CURVE:** Treating the whole person results in better decisions that enhance physical and behavioral health. Early intervention prevents or modifies many of the most expensive health problems.

**FISCAL IMPACT:** As demonstrated in Chart 9, Behavioral Health Cost Savings with Enhanced Intervention, effective intervention will mean that 17,000 fewer Alaskans suffer from mental disorder in 2023. Behavioral health treatment reduces everything from obesity to cigarette smoking, saving over \$1 billion in economic costs to Alaska by 2023.<sup>8</sup>

**For more information on any of these ways to Turn the Curve, please contact ABADA/AMHB.**

**Chart 9**  
**Behavioral Health Cost Savings with Enhanced Intervention**



# Advisory Board on Alcoholism & Drug Abuse 2008



## Mission

In partnership with the public, the Advisory Board on Alcoholism and Drug Abuse plans and advocates for policies, programs and services that help Alaskans achieve healthy and productive lives, free from the devastating effects of the abuse of alcohol and other substances.

## MEMBERS

Eric Holland, Chair  
Provider member, Dillingham

Lonnie Walters, Vice Chair  
Consumer member, Craig

Renee Schofield, Recorder/Treasurer  
Public member, Juneau

James Duncan  
Public member, Soldotna

Marvin Deacon  
Consumer member, Grayling

Raymond Watson  
Provider member, Bethel

Verner Stillner  
Physician, Juneau

Fred Glenn  
Consumer member, Kenai

Anna Sappah  
Consumer member, Anchorage

Ella Anagick  
Attorney, Anchorage

Bernard Gatewood  
Public member, Fairbanks

Michael Kerosky  
Provider member, Anchorage

Amy McCorkel  
Public member, Palmer

Bob Coghill  
Public member, Fairbanks

Melissa Stone  
DBH Director, Ex-officio member

Sarah Williams, DOC  
Unofficial representative

### Statutory Authority:

AS 44.29.140 states the duties of the Advisory Board on Alcoholism and Drug Abuse:

(a) The board shall

(1) act in an advisory capacity to the legislature, the governor, and state agencies in the following matters:

(A) special problems affecting mental health that alcoholism or drug abuse may present;

(B) educational research and public informational activities in respect to the problems presented by alcoholism or drug abuse;

(C) social problems that affect rehabilitation of alcoholics and drug abusers;

(D) legal processes that affect the treatment and rehabilitation of alcoholics and drug abusers;

(E) development of programs of prevention, treatment, and rehabilitation for alcoholics and drug abusers; and

(F) evaluation of effectiveness of alcoholism and drug abuse

programs in the state;

(2) provide to the Alaska Mental Health Trust Authority for its review and consideration recommendations concerning the integrated comprehensive mental health program for the people who are described in AS 47.30.056 (b)(3), and concerning the use of money in the mental health trust settlement income account in a manner consistent with regulations adopted under AS 47.30.031.

(b) The board is the planning and coordinating body for purposes of federal and state laws relating to alcohol, drug, and other substance abuse prevention and treatment services;

(c) The board shall prepare and maintain a comprehensive plan of services;

(1) for the prevention and treatment of alcohol, drug, and other substance abuse; and

(2) for persons described in AS 47.30.056 (b)(3).



# Alaska Mental Health Board 2008



## Mission

The Board is the state planning and coordinating agency and the advocate for mental health consumers and mental health beneficiaries of the Alaska Mental Health Trust, including Medicaid-eligible consumers and beneficiaries, for the purposes of federal and state laws relating to the mental health program of the state. The purpose of the Board is to assist the state in ensuring an integrated Comprehensive Mental Health Program.

## MEMBERS

Andrea Schmook, Chair

Consumer member, Anchorage

Doug Veit, Vice Chair

Provider member, Craig

Brenda Moore, Secretary

Provide member, Anchorage

Eva Leveque, Treasurer

Consumer/Provider member, Dillingham

Debbi Keith, At Large

Consumer member, Wasilla

Arthur Hansen, DDS

Public member, Fairbanks

Brenda Moore

Public member, Anchorage

Stan Steadman

Public member, Kenai

Ramona Duby

Consumer member, Anchorage

### Ex-officio:

Melissa Stone, Director, Behavioral Health

Colleen Patrick-Riley, Department of Corrections

William Streur, Division of Health Care Services

Erin Kinavey, Office of Children's Services

Sharon Schumacher, Department of Education and Early Development

Steve McComb, Division of Juvenile Justice

Jane Macintosh, Vocational Rehabilitation

Kris Duncan, Alaska Housing Finance Corporation

### Statutory Authority:

AS 47.30.666 states that the AMHB is the state planning and coordinating agency for the purposes of federal and state laws relating to the mental health program of the state. The purpose of the board is to assist the state in ensuring an integrated comprehensive mental health program. At least one half of the members of the Alaska Mental Health Board must be people with a mental disorder or members of their family.

On behalf of persons with mental disorders, the Board shall:

- (1) prepare and maintain a comprehensive plan of treatment and rehabilitation services;
- (2) propose an annual implementation plan consistent with the comprehensive plan and with due regard for the findings from evaluation of existing programs;
- (3) provide a public forum for the discussion of issues

related to the mental health services for which the board has planning and coordinating responsibility;

(4) advocate the needs of persons with mental disorders before the governor, executive agencies, the legislature, and the public;

(5) advise the legislature, the governor, the Alaska Mental Health Trust Authority, and other state agencies in matters affecting persons with mental disorders, including, but not limited to:

(A) development of necessary services for diagnosis, treatment, and rehabilitation;

(B) evaluation of the effectiveness of programs in the state for diagnosis, treatment, and rehabilitation;

(C) legal processes that affect screening, diagnosis, treatment, and rehabilitation;

(6) provide to the Alaska Mental Health Trust Authority for its review and consideration recommendations concerning the integrated comprehensive mental health program for those persons who are described in AS 47.30.056 (b)(1) and the use of money in the mental health trust settlement income account in a manner consistent with regulations adopted under AS 47.30.031; and

(7) submit periodic reports regarding its planning, evaluation, advocacy, and other activities.

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## ENDNOTES

<sup>1</sup> Behavioral Health Consumer Survey, August, 2007, DBH Policy and Planning, DHSS.

<sup>2</sup> Legislative Finance funding reports <http://www.legfin.state.ak.us/>

<sup>3</sup> <http://www.thecollegetrack.com/whosin/income.php?state=AK>

<sup>4</sup> Journal of the American Medical Association, Jun 2003; 289: 3135 – 3144

<sup>5</sup> National Survey of Drug Use and Health, <http://www.oas.samhsa.gov/2k5State/AppB.htm#TabB.1>

<sup>6</sup> Journal of the American Medical Association, November, 2007—Vol 298: 2141-2148

<sup>7</sup> DHSS, Behavioral Health, FY07 BTKH report.

<sup>8</sup> [http://www.milkeninstitute.org/pdf/chronic\\_disease\\_report.pdf](http://www.milkeninstitute.org/pdf/chronic_disease_report.pdf)

**Advisory Board on Alcoholism  
and Drug Abuse**



**Alaska Mental Health Board**

**The Advisory Board on Alcoholism and Drug Abuse  
The Alaska Mental Health Board**

Sarah Palin, Governor  
State of Alaska

Karleen K. Jackson, Commissioner  
Department of Health and Social Services

J. Kate Burkhart, Executive Director  
Advisory Board on Alcoholism and Drug Abuse  
Alaska Mental Health Board



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