THE ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE AND THE ALASKA MENTAL HEALTH BOARD FY 05 ANNUAL REPORT

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Introduction

This annual report is part of a continuing dialogue about appropriate, accessible, and adequate behavioral health services for citizens of our state. It presents the 2005 goals, activities, and accomplishments of the Alaska Mental Health Board (AMHB) and the Advisory Board on Alcoholism and Drug Abuse (ABADA). The Boards intend to use this review to inform Alaskans of the work of the Boards during State fiscal year 2005 (FY05), July 1, 2004 through June 30, 2005.

During FY05, the main initiative of the state behavioral health system was the transformational task of merging services to individuals who experienced co-occurring mental health and substance abuse problems. This occurred at all levels of state administration and service delivery. At the same time, a climate of fiscal cautiousness led to reduced financial support for the work of citizen boards in general. As they looked at ways to reflect the integration of many substance abuse and mental health issues, the AMHB and ABADA faced the challenge of finding ways to do their work efficiently while retaining the unique roles each board plays in planning, budgeting, and advocating for its constituents. This required increased cooperation between boards and the merging of some staff functions. Finding ways to do this as effectively as possible shaped the agenda for both boards for FY05.

In addition, the Boards continued to perform the statutory functions of planning, evaluation, advocacy, coordination of efforts, and advising all systems of government on the needs of their beneficiaries. They participated in the activities of the Alaska Mental Health Trust Authority (AMHTA) initiatives and continued to be involved in the development and oversight of programs through the Department of Health and Social Services. They strongly advocated for the increased support of consumer directed programs in response to the increasing strength of such programs in Alaska.

During FY2006, the Boards continued to build on their shared vision. This FY05 report is an interim look at the history or the Boards and progress made during a time of transition.

We invite you to attend any of the ABADA or AMHB meetings held in communities across Alaska or to contact us concerning your views on the Alaskan behavioral health system. Visit our web sites at http://www.hss.state.ak.us/abada/ and http://hss.state.ak.us/amhb for current information on meetings, initiatives, and activities.

Thank you for your interest,

Kathy Craft
Interim Executive Director
Advisory Board on Alcoholism and Drug Abuse
Alaska Mental Health Board
October 2006

Who we are:

The AMHB and ABADA are two of the four boards formed to represent their respective beneficiary groups. In addition, the Boards represent a broader population of consumers, providers, advocates, and state agencies that serve the mental health and alcoholism and substance abuse needs of Alaskans. They serve as planning, coordinating, and advocacy bodies for all substance abuse and mental health treatment and prevention programs in Alaska. Citation of statutory authority is available on the website.

The ABADA and AMHB have a rich history. The ABADA began in its current form in 1995. Prior to that, it functioned as the governor's Advisory Board on Alcoholism. As a board composed of consumers, providers, and public members, it was responsible for advocacy, planning, and budgeting for substance abuse treatment and prevention programs in the state. From its beginning, it was clear that the ABADA was responsible for representing both the chronic alcoholic population served by the AMHTA and the broader population of "all persons as they are affected by alcohol, other drug and inhalant issues." (Budget for Service Delivery for Persons Identified as Chronic Alcoholics with Psychosis, ABADA, 1995). The board traditionally used a continuum of care model to determine what levels of service should be funded throughout the state.

The Mental Health Board, under different names at different times, has guided the use of both state and federal funds in serving the mental health needs of Alaskans. Providers, consumers, and other stakeholders have always had involvement in these decisions. In a state as vast as Alaska, there have been challenges in involving all who choose to have a voice. Over time, this has evolved from quarterly meetings to use of a variety of means, including teleconferencing and web sites to make sure this communication is effective. Face to face quarterly meetings continue to be a strong component of this exchange of ideas.

The Boards review the behavioral health continuum of care, assuring that the needs of consumers are being met and that the voices of providers are heard as services are planned and funded. This report is part of that ongoing dialogue.

ABADA 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**.**

AMHB 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.

Board Members (June, 2005):

Alaska Mental Health Board

*Bill Evans, Chair
Attorney, Anchorage

*Doug Smith, Vice Chair
Provider member, Juneau

Marieke Heatwole, Secretary
Consumer member, Anchorage

*Suzanne Price, Treasurer
Provider member, Fairbanks

*Barry Creighton
Consumer member, Kasiloff

*Arthur Hansen, DDS
Public member, Fairbanks

*Brenda Moore
Public member, Anchorage

Jeanette Grasto
Consumer member, Fairbanks

Jeri Lanier
Consumer member, Fairbanks

Tom Brice
Public member, Juneau

Tracy Barbee
Consumer member, Anchorage

*Valerie Naquin
Consumer member, Eagle River

Ex-officio:

Bill Hogan, DBH director
Colleen Patrick-Riley, DOC
Dwayne Peeples, HCS Director
Marcia Kennai, OCS
Art Arnold, EED
Patty Ware, DJJ Director
Macrina Fazio , DVR Regional Manager

Advisory Board on Alcoholism and Drug Abuse

Peter Ashman, Chair
Attorney, Anchorage

*James Duncan, Vice Chair
Public member, Soldotna

Lisa Savelis, Recorder/Treasurer
Consumer member, Aniak

*Marvin Deacon
Consumer member, Grayling

Robert Young
Provider member, Eagle River

Bonnie Gordon
Public member, Fairbanks

Donna Galbreath
Provider member, Fairbanks

*Lonnie Walters
Consumer member, Craig

*Judith Lethin
Public member, Anchorage

*Lucy Hudson
Public member, Juneau

*Eric Holland
Provider member, Dillingham

*Theodora “Teddy” Williams
Provider member, Wrangell

* current members in 2006

Staff:

Kaye Taylor, ABADA Executive Director
Richard Rainery, AMHB Executive Director
Erin Walker-Tolles, AMHB Planner
Pamela Wilmoth-Schaf, ABADA Planner
Mariah Coe, Ph.D., Research Analyst
Lance Brown, Administrative Assistant
Barbara Magnusson, Administrative Assistant

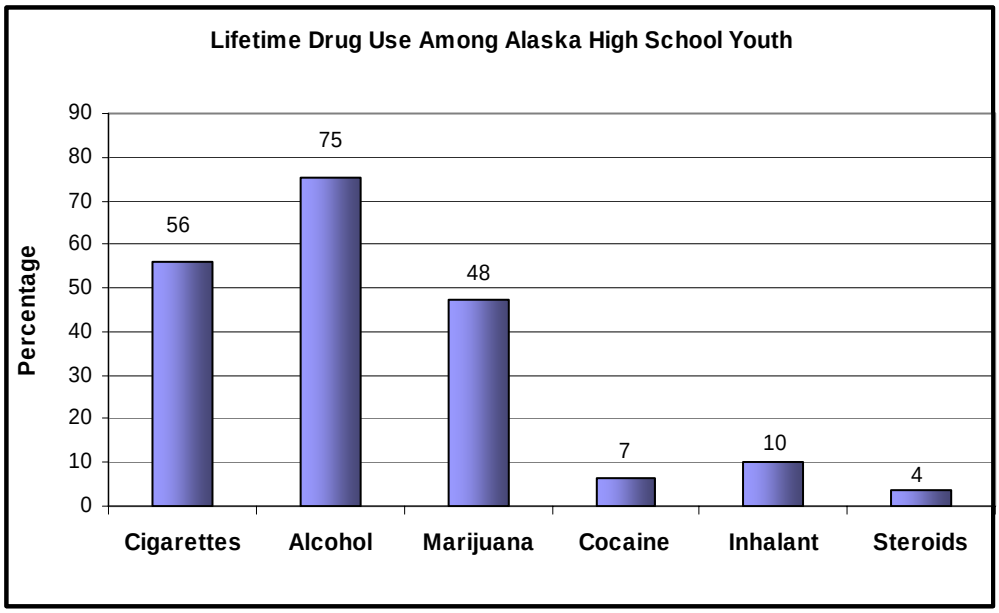
How many people need treatment?

Substance Abuse:

According to the latest federal Substance Abuse and Mental Health Services Administration (SAMHSA) reports[1], based on telephone surveys from 2003 and 2004, **between 43,000 and 57,000** Alaskans age 12 or over abused or were dependent on alcohol or an illicit drug.

Other data gives us a picture of substance abuse issues for Alaskan young people. From the 2003 Youth Risk Behavior Survey we see that many Alaskan high school students used alcohol, tobacco, or other drugs during their lives.[2] (figure 1)

Figure 1



Mental Health:

Between 31,000 and 45,000 Alaskan adults age 18 or older suffered at least one episode of serious psychological distress during the year. The SAMHSA survey did not estimate prevalence of mental illness in teens, but if the prevalence rates are the same as for adults, there will be an additional 7,000 to 10,000 cases among 12- to 17-year olds.[3] (table 1)

Table 1.

Table 1. Serious Psychological Distress in *Alaska*, by Age Group: Annual Averages Based on 2003 and 2004 NSDUHs			
Serious Psychological Distress[8]	**Total 18 or Older**	**AGE GROUP (Years)**	
		18-25	**26 or Older**
Estimated Numbers	38,000	9,000	29,000
Percentage of population	8.75%	13.43%	7.87%

How many of them receive treatment?

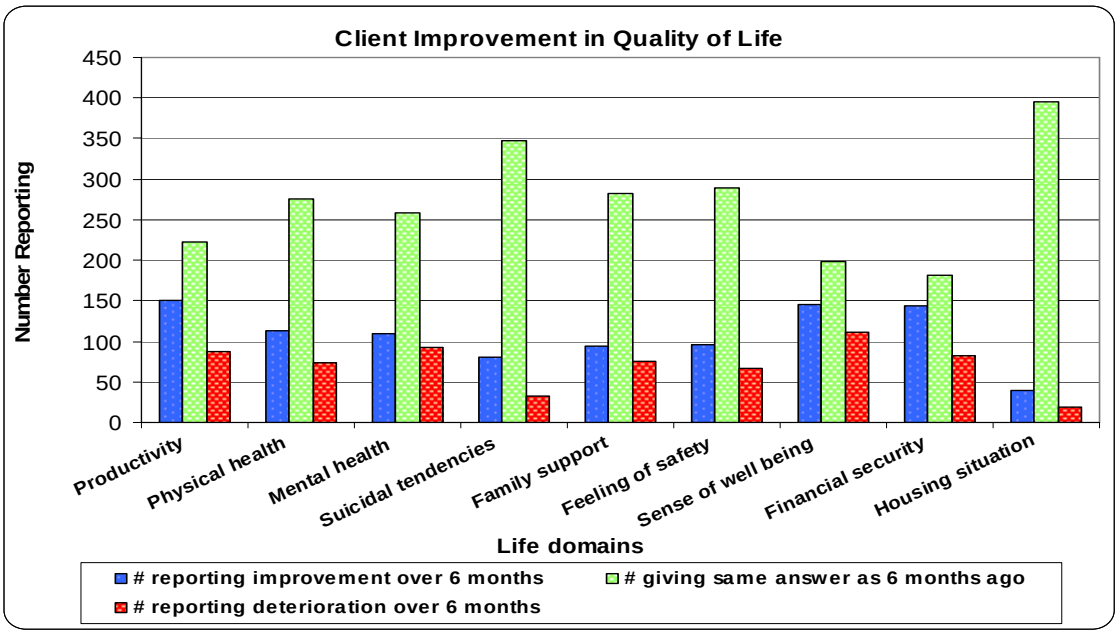
Data from the Division of Behavioral Health gives us estimates of those served within the system. The last Treatment Episode Data Set sent to SAMHSA by Alaska was in 2003, and reported 4,006 substance abuse treatment admissions[4]. This data source is not 100% complete, so these figures are a lower bound, but all evidence points toward **between 4,000 and 5,000 substance abuse treatment admissions per year**. This double-counts some number of patients who seek treatment more than once in a year's time.

DBH's quarterly reports from mental health providers for FY05 show about 3400 cases of seriously mentally ill adults receiving treatment and 2000 severely emotionally disturbed youth receiving treatment per quarter.[5] Again some of these are repeat patients or duplicated counts within a quarter, and a majority of patients will receive services in more than one quarter. In the coming year, means of un-duplicating these counts will be being explored, in hopes of obtaining a good estimate of number of unique individuals served. At this time, we can say only that it is at least a few thousand but probably not 10,000.

Is the treatment effective?

DBH asks providers to administer the Client Status Review survey at intake and again 6 and 12 months later if the client is still in contact with the provider. In FY05 many agencies were not yet using AKAIMS, and many clients were not yet reached for the follow-up survey. DBH identified 461 usable pairs of surveys (figure 2). The good news is that, in every question asked on the CSR, clients reporting that their quality of life was improving outnumbered those who said it was worsening: Six months is a short period of time to make significant changes in life-long chronic conditions. Maintaining stability is often a great achievement. Improvement is a sign of success. [6]

Figure 2



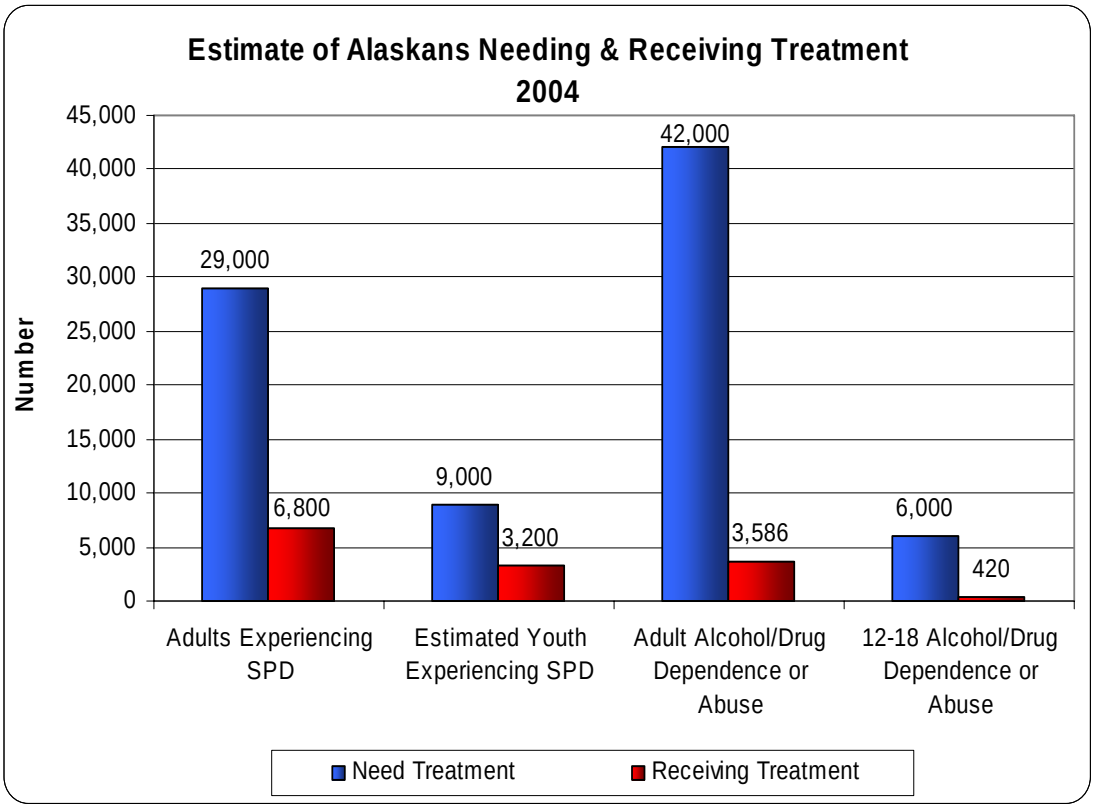
Are additional services needed?

Yes! Providers throughout the state report treatment beds are full to capacity, long waiting lists exist for services they offer, and there are numerous requests for services their agencies currently do not provide.

How large is the unmet need? A federal 2003 telephone survey that found 43,000 to 57,000 Alaskans with substance abuse or dependence also found that **29,000 to 43,000 Alaskans 12 and over needed but did not receive alcohol treatment**, and **14,000 to 22,000** needed but did not receive illicit drug treatment.[7] These numbers are huge in comparison with 4,000 to 5,000 people who actually receive substance abuse treatment in any given year.

In addition, from existing data there appear to be over **28,000 adults and children** who do not receive mental health treatment who suffer from serious psychological distress. (figure 3)

Figure 3



SPD = Serious Psychological Distress

What the Boards did in Fiscal Year 2005:

The Alaska Mental Health Board and the Advisory Board on Alcoholism and Substance Abuse met four times during FY05. Meetings were held in Fairbanks, Anchorage, Juneau, and Seward. Additional meetings were held by the committees within the Boards. Committee structure for the AMHB and the ADABA was as follows:

- Executive Committee
- Legislation Committee
- Budget Committee
- Planning and Evaluation Committee

The Boards focused on several priority issues. These included integration of mental health and substance abuse services, helping develop programs within Alaska Mental Health Trust focus areas, legislative advocacy, program oversight, and providing an opportunity for consumers to voice their needs within the system. These will be discussed more below:

Integrated Mental Health and Substance Abuse Services:

The major emphasis in 2005 was on service integration of mental health and substance abuse services

The Alaska Screening Tool was developed to screen for substance abuse, mental illness, traumatic brain injury and fetal alcohol syndrome related disorders in clients seeking services from all Division of Behavioral Health substance abuse or mental health grantees. Based on data collected from 4855 clients in 55 behavioral programs throughout the state, 52% of the clients assessed with the screening tool in FY2005 had a dual diagnosis:[8] (table 2)

Table 2

	Screenings	Referrals		Screening Results		
		Substance Abuse	Mental Health	TBI	FASD	Dual Diagnosis
Total count	4,783	3,413	3,351	574	380	2,468
Total percentages		71%	70%	12%	8%	52%

In 2003, the Mental Health Services section of the Division of Mental Health and Developmental Disabilities was merged with the Division of Alcoholism and Drug Abuse to form the Division of Behavioral Health. Following this integration at the state level, behavioral health grantees were required to provide appropriate services to clients with co-occurring mental health and substance abuse problems. At the same time, the AMHB and ABADA boards explored ways to merge some of their functions. The decision was made that the two boards would continue to function independently, as decreed in the Mental Health Lands settlement, but would merge some staff functions as well as spending more time in joint meetings and working together on initiatives, advocacy efforts, and planning. This allowed each board to retain its focus on its unique beneficiary group while using collaboration when appropriate to further the Boards' goals. Much of

FY05 was devoted to this merger of Board functions. In addition, work began on the development of a joint comprehensive plan. This allowed involvement of the Boards, constituents throughout the state, and other State agencies.

Through involvement in the Behavioral Health Community Planning Project, the boards, their staff, and their contractor, Information Insights, have provided support to communities working to achieve service integration. Fifteen communities participated in this initiative during FY05. Their involvement included such things as developing a community continuum of care, developing memoranda of agreement about shared services, and community dialogue about the best ways to work together.

The Boards also worked with DBH on the federal COSIG (Co-Occurring State Incentive Grant) which provided further support for service integration and helped plan the Rural Behavioral Health Conference, which included training on co-occurring disorders.

Alaska Mental Health Trust Authority Focus Areas:

The AMHB and ABADA support the Alaska Mental Health Trust Authority (AMHTA) focus area emphasis. Board members and staff from both Boards have served on workgroups for the four focus areas: Trust Beneficiary Group Initiatives, Bring the Kids Home, Justice for Persons with Disabilities, and Affordable Appropriate Housing. Some specific initiatives of the Boards in these areas include:

Trust Beneficiary Group Initiatives:

The AMHB identified the goal of involving consumers and families in the planning and delivery of services as one of its top priorities. Through work with the Consumer Consortium and other agencies, the Board helped advocate for consumer run services throughout our system.

Bring the Kids Home:

Board members and staff have worked with the Trust and the Division of Behavioral Health to refine and advance the plans to build an infrastructure to keep children in Alaska instead of sending them to Residential Psychiatric Treatment Centers (RPTC's) in other states. In 2005, this included work on Workforce Development, Care Coordination & Assessment, Home & Community-based Care, and Data & Outcomes workgroups, all aimed at furthering the program of comprehensive, integrated care for our kids within the State of Alaska. Particular staff emphasis was placed on assuring that Bring the Kids Home initiatives took the needs of children with Fetal Alcohol Syndrome Disorders into account. Another major issue raised by the Boards was concern that families with alcohol and drug problems received treatment if their children were to return home.

Justice for Persons with Disabilities:

Board members and staff have participated in workgroups to further the use of a variety of programs including mental health and substance abuse courts, and transition services for clients leaving the correctional system.

Affordable Housing:

Board members and staff have participated in workgroups to identify housing needs of individuals with mental illness and substance abuse problems when developing programs that assure this basic human right. The Planning and Evaluation Committee participated in the Anchorage Housing First Plan and reviewed the Rural Behavioral Needs Assessment.

Other initiatives:

The Trust and Boards also concentrated their efforts on securing an Adult Dental Medicaid Waiver and Workforce Development.

Legislative advocacy:

After identifying legislative priorities, Board members and staff met with their legislators to support programs that further the goals of the two boards. The joint meeting in Juneau was held to coincide with the legislative session. One of the major emphases was sustaining or increasing funding for existing programs that were facing or had received cuts. Board members also talked with legislators about their support of the governor's supplemental alcoholism and drug abuse prevention budget. While they received some support from their representatives, they found that legislators wanted to find a way to measure change before committing funding. In addition, the AMHB reviewed Alaska Psychiatric Institute (API) policies and requested that they reflect the privacy needs of clients.

Oversight:

The Boards are responsible for oversight and quality assurance of programs serving their beneficiaries. In this time of board transition, there has been less focus on this. However, at the end of FY05, the AMHB identified Quality Assurance as a future need. At that time, no comprehensive Quality Assurance program existed outside of Medicaid compliance reviews. There is a need for an integrated Behavioral Health Quality Assurance process that is developed jointly with the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse, the Division of Behavioral Health, and the Alaska Mental Health Trust Authority. This process should incorporate feedback from consumers, families, and communities and should build on principles of the former integrated Quality Assurance process and current inpatient Quality Assurance processes.

- Boards continued the oversight process during their quarterly meetings, visiting local programs and being educated about responses to beneficiary needs that occurred in those communities. Public comment periods during each meeting also aided boards in identifying needs in the community and the effectiveness of existing responses.

Planning

In addition to internal planning efforts, the Boards participated in a variety of plan development efforts in partnership with DBH:

- The ABADA, through the Alaska Department of Health and Social Services, contracted with McDowell Group in April 2005 to update a prior study on the economic costs of alcohol and other drug abuse in Alaska.
- The AMHB and ABADA participated in the development of the Comprehensive Integrated State Mental Health Plan.
- The AMHB participated in writing the Mental Health Block Grant.
- The Boards began work on the ABADA/AMHB joint plan.

Future directions:

In a climate of evidence based practices, fiscal accountability, and increasing dependence on the Medicaid program for funding behavioral health services, the roles of the Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Board become increasingly important. Representing those for whom the system exists – the consumers of services – and making sure that their voice is foremost in the decision making process is essential. In addition, we must use the wisdom of providers in the field to guide system development, support, and change. We must also enhance prevention services while responding to crisis and chronic needs if we are to help Alaska grow even healthier in the future.

The role of the Boards is defined by these needs. Advocating for essential services to improve the rights of the beneficiaries, assuring that we live in a system that ensures that basic human rights are upheld, and helping to draw together all of the disparate players to achieve these goals has never been more essential. The support of our beneficiaries, the hard work of Board members, the cooperation of other parts of government, and the continuing efficiency and competence of providers in the field all make this possible.

This report is a review of a time of change. FY06 continued to have many of the same themes. By the summer of 06, many new initiatives were in place. These will be reviewed in the FY06 report and during the development of future planning documents. The system, including all of its players, continues to work to best serve the citizens of Alaska. We welcome your participation, questions, and comments.

End Notes

[1] SAMHSA. State index of data on substance abuse treatment admissions and alcohol, tobacco, and illegal drug use. http://www.oas.samhsa.gov/statesIndex.htm

[2] CDC. National Center for Chronic Disease Prevention and Health Promotion. Youth Risk Behavior Surveillance System. http://apps.nccd.cdc.gov/yrbss/index.asp

[3] SAMHSA. 2004 State Estimates of Serious Psychological Distress Among Adults. http://www.oas.samhsa.gov/2k4State/AlaskaMH.htm

[4] SAMHSA, 2005. Treatment Episode Data Sets, Office of Applied Statistics. http://www.oas.samhsa.gov/2k5/quick/quick.cfm

[5] Alaska Division of Behavioral Health, Section of Policy and Planning, Quarterly Report

[6] Alaska Division of Behavioral Health, Section of Policy and Planning. The Client Status Review.

[7] SAMHSA. State index of data on substance abuse treatment admissions and alcohol, tobacco, and illegal drug use. http://www.oas.samhsa.gov/statesIndex.htm

[8] Alaska Division of Behavioral Health. The Alaska Screening Tool. https://www.hss.state.ak.us/dbh/resources/pdf/SFY_05_Results_by_provider.pdf

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http://www.hss.state.ak.us/abada/

http://hss.state.ak.us/amhb

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