

Briefing:

Mental

Health

Trust

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ALASKA MENTAL HEALTH TRUST AUTHORITY

MEMBERS

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Alaska Mental Health Board

Statutory Duties

- Planning
- Advocacy
- Program Review
- Budget Recommendations to the Trust

Alaska Mental Health Board

Who We Serve

- Mentally ill and seriously emotionally disturbed children and adults
- Prevalence Estimates
 - 14,700 Children and Youth
 - 25,600 Adults
 - 4,200 Institutional/Homeless
- Those Receiving Public Mental Health Services
 - One-half of adults
 - One-third of children and youth

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Priority Areas of Concern

- Community Services to Support a Smaller API
- Outcomes/Quality Assurance
- Criminalization of Mental Illness
- Rural Services
- Children and Youth Services

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Outcomes/Quality Assurance

- Outcomes and Indicators contract
- Consumer Affairs Position (90.0 MHTAAR)
- Integrated Community QA (225.0 MHTAAR)
- API Quality Assurance (20.0 MHTAAR)
- CIMHIP (50.0 MHTAAR)

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Criminalization of Mental Illness

- Women's Psychiatric Unit (200.0 MHTAAR, 200.0 GF/MH)
- Jail Alternative Services (130.0 MHTAAR)
- DOC Planner (30.0 MHTAAR, 30.0 GF/MH)

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Rural Services

- Rural Human Services (150.0 MHTAAR)
- Rural Deaf/Hearing Impaired (189.8 MHTAAR)
- Enhanced DET Services

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Children and Youth Services

- Community Residential Alternatives (150.0 MHTAAR)
- FAS and Related Disorders Prevention (300.0 MHTAAR)
- Children's Care Coordination Model (390.0 MHTAAR)
- Healthy Families Control Group (100.0)

The COMMUNITY MENTAL HEALTH / API 2000 PROJECT

Executive Board:

- Karl Brimner, Division of Mental Health & Developmental Disabilities
- Jeff Jessee, Alaska Mental Health Trust Authority
- Walter Majoros, Alaska Mental Health Board

API Director: Randall Burns

Project Manager: Kathy Carsow

API 2000

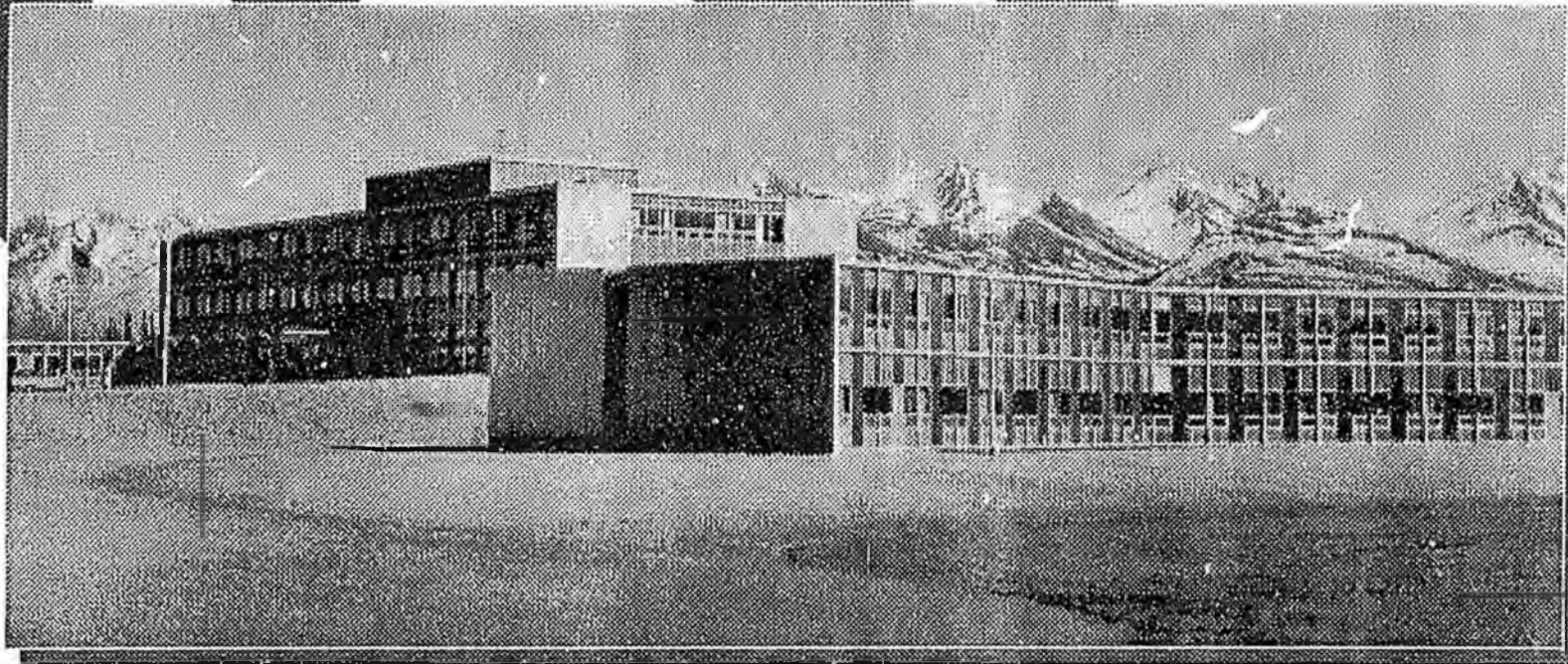
~ Replace the aging 79-bed Alaska Psychiatric Institute with a 54-bed facility to serve patients statewide

~ Develop community-based emergency mental health system in the Anchorage area to provide private treatment alternatives to hospitalization

~ Make statutory changes to the state's DET program to allow funds to follow the consumer to expand the capacity of private hospital care

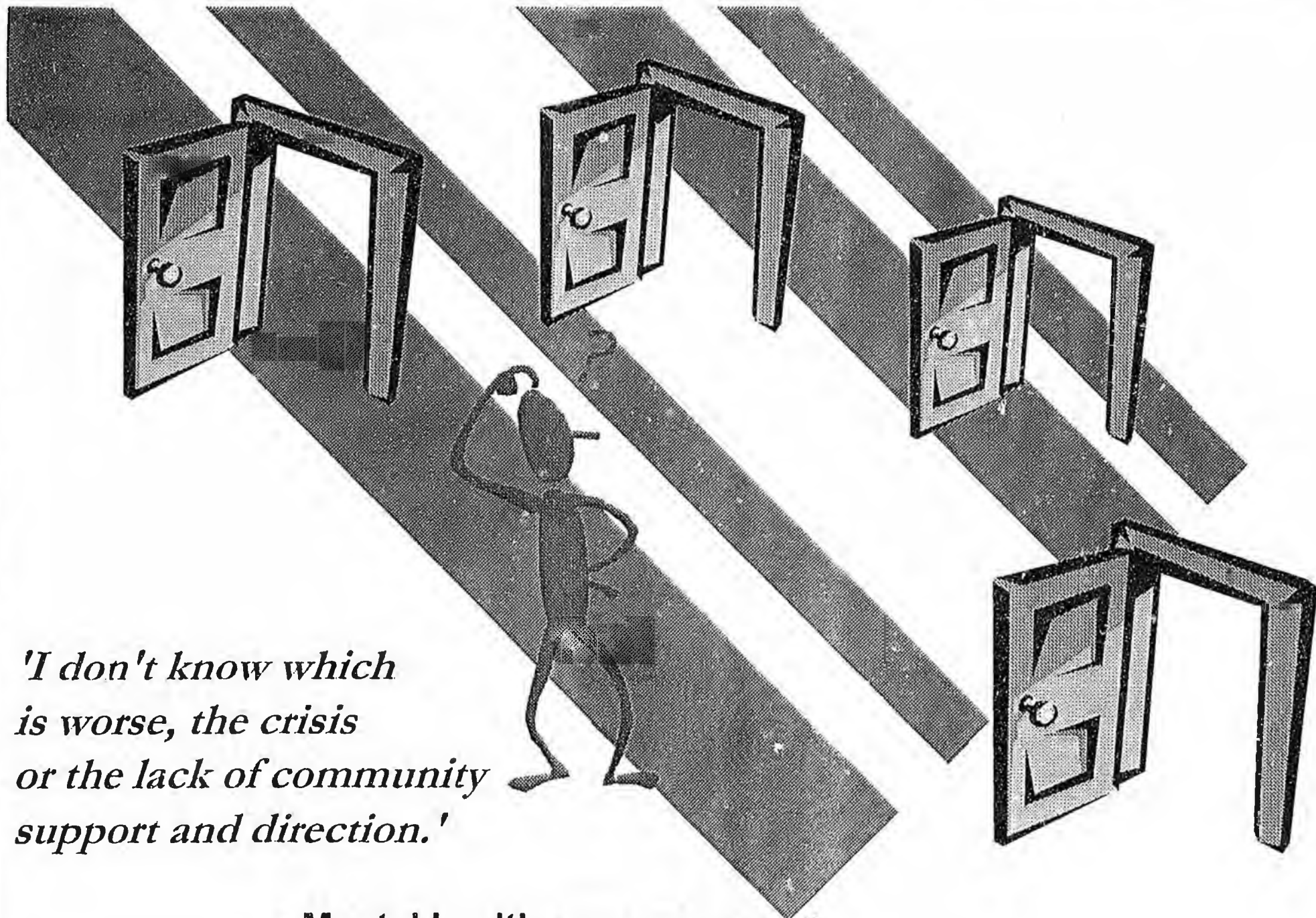


***Building a better
emergency mental health system ~
Improving response to substance
abuse and mental health crisis***



Alaska Psychiatric Institute

- ❑ Functionally obsolete for more than a decade
- ❑ Fewer than 5 years of service life left
- ❑ Major asbestos problems
- ❑ Not economical to renovate



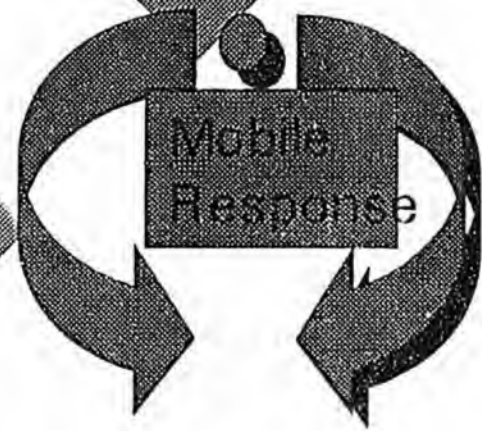
*'I don't know which
is worse, the crisis
or the lack of community
support and direction.'*

--Mental health care consumer

Building a better emergency mental health system

Single Point of Entry

to emergency mental health care



- open around the clock*
- “no refusal” policy*
- psychiatric assessment and referral*
- emergency mobile response unit*
- 1-800 emergency hot line*
- 23-hour stabilization & observation*
- transport to respite, detox, and hospital care*

Building a better emergency mental health system

Crisis Respite

For stabilization, evaluation & assessment outside a hospital setting.

Enhanced Detox

Providing psychiatric-backed care without hospitalization for stabilizing intoxicated individuals with mental illness.



Dual Diagnosis Treatment

Dual diagnosis psychiatric program for individuals entering post-crisis treatment.

Building a better emergency mental health system

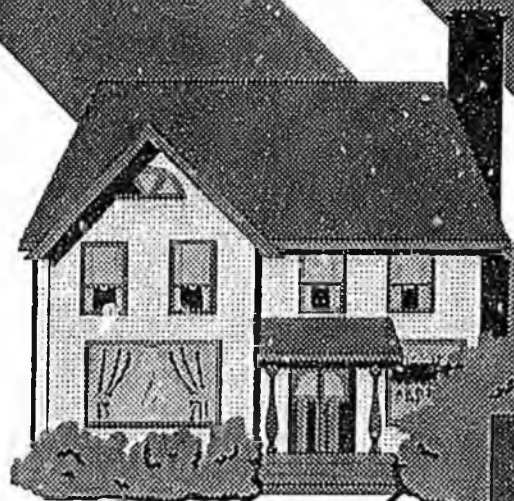


*Designated
Evaluation &
Treatment*

Secured DET hospital care for individuals in crisis and in danger of harming themselves or others.

*Alaska
Psychiatric
Institute*

A state psychiatric hospital providing patients quality treatment, safety and privacy in a therapeutic environment.



'It is much cheaper and more humane for individuals to be out of the hospital.'

--Extended care committee member

Enhanced
Extended Care

Enhance existing and create new residential treatment programs with psychiatric and medical back-up as alternatives to long-term hospitalization



Target start-up dates

Enhanced Extended Care:

June 1, 1999

Enhanced Detox & Dual Diagnosis Treatment:

Nov. 1, 1999

Enhanced Crisis Respite:

Dec. 1, 1999

Single Point of Entry:

April 1, 2000

Designated Evaluation & Treatment:

April 1, 2000

Utilization Review:

April 1, 2000

API
2000

Replace the Alaska Psychiatric Institute
building

Develop private treatment alternatives to hospitalization

Statutory changes to the state DET program
to expand the capacity of private hospital care

SB31

Separate Appropriation Bill for Mental Health

Overview for Senate HESS Committee

February 17, 1999 1:30-3:00

I. Introduction

II. Governor's Council on Disabilities & Special Education

- A. *Employment*
- B. *Institutionalization Prevention*
- C. *Substance Abuse Treatment for People with Multiple Diagnoses*

III. Alaska Commission on Aging

Kay Burwood

- A. *Assisted Living*
- B. *Guardianship*
- C. *Mental Health Needs of the Elderly*

IV. Alaska Psychiatric Institute

Carl / Kathy

- A. *Replace the API Building*
- B. *Develop Private Treatment Alternatives to Hospitalization*
- C. *Legislate Changes to the state DET program to expand capacity of private hospital care*

V. Alaska Mental Health Board

- A. *Outcomes/Quality Assurance*
- B. *Criminalization of Mental Illness*
- C. *Rural Services*
- D. *Children and Youth Services*

VI. Advisory Board on Alcoholism and Drug Abuse

- A. *Continuum of care for Beneficiaries (Strategy 12)*
- B. *Improved Services to Clients with Both Substance Abuse and Mental Health Issues (Strategy 14)*
- C. *Appropriate Services for Underserved Alaskans, including Alaska Natives, Youth, Women with Children, Seniors and Clients with Disabilities (Strategy 16)*

VII. Summary