

**1/28/09  
OVERVIEW:  
ALASKA  
MENTAL  
HEALTH  
TRUST  
AUTHORITY**

<target><bill></bill><subject>1-28-09 OVERVIEW ALASKA MENTAL  
HEALTH TRUST AUTHORITY</subject><comm>SF26</comm></target>



The Alaska Mental Health Trust Authority

## FACT SHEET

### The Trust

The Alaska Mental Health Trust Authority is a state corporation that administers the Alaska Mental Health Trust, a perpetual trust managed on behalf of Trust beneficiaries. The Trust operates much like a private foundation, using its resources to ensure that Alaska has a comprehensive integrated mental health program to provide treatment and services for Trust beneficiaries. The Trust works with the Alaska Department of Health and Social Services to coordinate planning for this program, makes recommendations to the governor and Legislature regarding funding of the program, and advocates for funding and policies that support the systems serving Trust beneficiaries.

### Trust Beneficiaries

Trust beneficiaries include:

- people with mental illness,
- people with developmental disabilities,
- people with chronic alcoholism and
- people with Alzheimer's disease and related disorders.

### Trust History

Prior to statehood, there were limited services available in the Territory of Alaska for individuals who experienced mental illness or developmental disabilities. Instead, these individuals were sent by the federal government to live in an institution in Oregon. During Alaska's transition to a state, Congress passed the Alaska Mental Health Enabling Act of 1956 to help bring these individuals home. This act transferred the responsibility for providing mental health services from the federal government to the Territory of Alaska and ultimately the State of Alaska, by creating the Alaska Mental Health Trust. To fund The Trust, the state selected one million prime acres of land that would be managed to generate income to pay for a comprehensive integrated mental health program.

Though the Alaska Legislature held a fiduciary responsibility to manage the land on behalf of Alaskans with mental disabilities, it did not do so. Instead, by 1982, only about 35 percent of the land remained in state ownership. The majority of the land had been transferred to individuals or municipalities, or designated by the Legislature as forests, parks or wildlife areas.

In 1982, Vern Weiss filed a lawsuit on behalf of his son, who required mental health services that were not available in Alaska. Other beneficiary groups joined *Weiss v State of Alaska* in a class action suit. The case was ruled on in 1984 by the State Supreme Court, which ordered that the original trust be restored. Ten years later, in 1994, a final settlement reconstructed The Trust with 500,000 acres of original Trust land, 500,000 acres of replacement land and \$200 million in cash.

### Trust Governance

The Trust settlement established an independent Board of Trustees appointed by the governor and confirmed by the Legislature. The appointments are for five-year, staggered terms. Current Trustees are:

- Dr. William Doolittle, Chair
- Laraine Derr, Vice Chair
- Paula Easley, Secretary/Treasurer
- Tom Hawkins
- Larry Norene
- Timothy Schuerch

### Trust Advisors

The Trust works closely with several advocacy boards that represent Trust beneficiaries:

- **Advisory Board on Alcoholism and Drug Abuse**
  - Call 907-465-8920 in Juneau or 888-464-8920 (toll free)
  - <http://www.hss.state.ak.us/abada>
- **Alaska Mental Health Board**
  - Call 907-465-8920 in Juneau or 888-464-8920 (toll free)
  - <http://hss.state.ak.us/amhb>
- **Governor's Council on Disabilities and Special Education**
  - Call 907-268-8990 in Anchorage or 888-269-8990 (toll free)
  - <http://health.hss.state.ak.us/gcdse>
- **Alaska Commission on Aging**
  - Call 907-465-3250 in Juneau
  - <http://www.alaska.aging.org>
- **Alaska Brain Injury Network**
  - Call 907-274-2824 in Anchorage or 888-574-2824 (toll free)
  - <http://www.alaskabraininjury.net>
- **Statewide Suicide Prevention Council**
  - Call 907-465-8536 or 877-383-2287 (toll free)
  - <http://www.hss.state.ak.us/suicideprevention>

### Trust Assets

The Trust employs the expertise of several organizations to manage its cash and non-cash assets. The Alaska Permanent Fund Corporation and the Alaska Department of Revenue Treasury Division manage The Trust's cash assets. The Trust Land Office, a separate unit within the Alaska Department of Natural Resources, manages the land and other non-cash assets on behalf of The Trust.

### Trust Funding

The majority of The Trust's annual operating and capital budgets is spent in two areas:

- Trust Focus Areas -- based on recommendations from the focus area workgroups.
- Programs initiated by The Trust's advisory boards through the annual Request for Recommendation process.

These expenditures along with other state funds comprise the Separate Mental Health Budget Bill and must be approved by the Legislature.

A small portion of The Trust's annual operating budget is available for grants to non-profits, providers, tribal entities, governmental agencies and other organizations that serve Trust beneficiaries. Grant funds are spent at the discretion of the Board of Trustees or Trust staff.

### Trust Focus Areas

Currently The Trust is focusing on five program areas that address issues with significant impact on Trust beneficiaries:

1. **Bring the Kids Home** – bringing home to Alaska those children who experience severe emotional disturbances and are being treated in out-of-state psychiatric institutions, and increasing treatment, services statewide so they remain in Alaska;
2. **Affordable Appropriate Housing** – increasing a continuum of housing options for Trust beneficiaries;
3. **Disability Justice** – reducing the involvement and recidivism of Trust beneficiaries in the criminal justice system;
4. **Beneficiary Projects Initiative** – supporting grassroots, peer-to-peer programs for Trust beneficiaries;
5. **Workforce Development** – creating an available and competent workforce for Trust beneficiary service providers.

January 2009



# Alaska State Senate

## Senate Finance Committee

Official Business

Mail Stop 3100  
State Capitol  
Juneau, Alaska 99801-1182

## AGENDA

Wednesday, January 28, 2009

9:00 AM

### OVERVIEW:

#### ALASKA MENTAL HEALTH TRUST AUTHORITY BUDGET

Jeff Jesse, Executive Director, Alaska Mental Health Trust Authority

Laraine Derr, Vice-Chair, Alaska Mental Health Trust Authority

*[Handwritten signature]*



# Alaska Scorecard

## Key Issues Impacting Alaska Mental Health Trust Beneficiaries



### Key to Scorecard Status Symbols

	AK vs. US % variation		Trend		Definition	Status
If	Less than 15%	and	Getting better	then	Satisfactory	▲
If	Less than 15%	and	Getting worse or flat	then	Uncertain	◀▶
If	Greater than 15% to the positive	and	Getting better or flat	then	Satisfactory	▲
If	Greater than 15% to the positive	and	Getting worse	then	Uncertain	◀▶
If	Greater than 15% to the negative	and	Getting better	then	Uncertain	◀▶
If	Greater than 15% to the negative	and	Getting worse or flat	then	Needs Improvement	▼
If	An unacceptably large rate to the negative	then	Trend becomes irrelevant	then	Needs Improvement	▼

Charts showing trend data can be found in the Drilldown Information by Key Population Indicator.

Scorecard indicator #8 on teen depression is labeled with a "down" arrow because even though a clear trend cannot be determined, the Comprehensive Integrated Mental Health Program Executive Committee finds it unacceptable that more than 20 percent of Alaska teens experience depression.

# The TRUST

The Alaska Mental Health  
Trust Authority

## Background/Facts about Trust Advisors

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  - <http://www.hss.state.ak.us/abada>
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  - <http://www.hss.state.ak.us/suicideprevention>

Details about each of these advisory groups are attached.

**Advisory Board on Alcoholism  
and Drug Abuse**



**Alaska Mental Health Board**

## Advisory Board on Alcoholism and Drug Abuse

*Prevention & Treatment work! Recovery happens!*

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

Toll free (888) 464-8920

In Juneau (907) 465-8920

The Advisory Board on Alcoholism and Drug Abuse (ABADA) is a statutorily authorized Governor's advisory board charged with assisting in planning and offering oversight of Alaska's behavioral health system. Through our mandate, we work to support a comprehensive, effective and accountable behavioral health system of prevention and treatment of substance abuse for Alaskans. Our members' vision is of all Alaskans living healthy, productive lives. The shared plan to achieve that vision is on our web site at [www.hss.state.ak.us/abada](http://www.hss.state.ak.us/abada).

### *Advocacy priorities*

ABADA supports:

- a comprehensive and effective behavioral health service system;
- effective evidence-based prevention programs that target young people and families to help reduce the tendency and/or predisposition to becoming an alcoholic or addict;
- effective evidence-based treatment programs that work in the community and in detention facilities to guide alcoholics and addicts in changing their thinking and subsequently their behavior as it relates to addiction;
- reducing stigma about substance abuse disorder.

The American Medical Association has determined that addiction is a disease, like diabetes or heart disease. And, like other diseases, recovery from addiction is possible. ABADA supports programs that help individuals with addiction disorders realize their potential in recovery.

Evidence shows that incarcerated individuals with addiction disorders are less likely to reoffend if they receive treatment services while in prison and during the transition back into their communities. Evidence-based treatment programs are proven to decrease recidivism when an individual is treated closer to his/her family and community. ABADA supports partnering with the Alaska Department of

Corrections to implement programs for supportive housing, employment and social/emotional skill development during the transition after incarceration.

The social and economic costs of substance abuse are shared by all Alaskans. Public safety, health care and public assistance are all impacted by substance abuse. However, funding for prevention and treatment of behavioral health programs that treat substance abuse has not kept pace with community need.

### *Some facts about substance abuse in Alaska*

In 2003, the total cost of substance dependence in was estimated to be \$738 million.\*

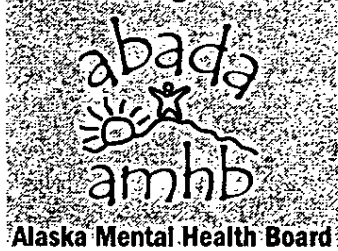
- \$367 million from productivity losses
- \$154 million from criminal justice and protective services
- \$178 million from health care
- \$35 millions from traffic crashes
- \$4 million from public assistance

Approximately 17,400 offenses and 1,190 incarcerations were attributed to alcohol and other drug abuse in Alaska's prisons. It is estimated that alcohol and other drug abuse plays a role in 85% to 95% of all incarcerations in the state.\*

Alcohol and other drug abuse is a primary contributor to child abuse in Alaska. A 1999 study found that parents were three times more likely to abuse their children and four times more likely to neglect their children if the parents were substance abusers.\*

About half of all U.S. fatal traffic crashes are caused by alcohol use. In Alaska in 2002, 32% of the 78 deaths from traffic crashes were attributed to alcohol.\*

\* *Economic Costs of Alcohol and Other Drug Abuse in Alaska, 2005 - McDowell Group, Inc.*



## Alaska Mental Health Board

*Prevention & Treatment work! Recovery happens!*

<http://www.hss.state.ak.us/amhb>

Toll free (888) 464-8920

In Juneau (907) 465-8920

The Alaska Mental Health Board (AMHB) is statutorily charged with assisting in planning and offering oversight and evaluation of Alaska's behavioral health system. AMHB also provides advocacy for Alaskans affected by mental illness. Our vision is for all Alaskans to live healthy, productive lives.

### *Advocacy priorities*

AMHB supports:

- Promoting evidence-based recovery models and treatment services for people with mental illness – including children, veterans and the elderly – in both rural and urban communities and in detention facilities;
- Treating children with emotional disorders at home in their own communities;
- Innovative housing for people with mental illness;
- Defining behavioral health needs of aging Alaska citizens;
- Reducing the stigma associated with mental illness.
- Promoting workforce development for both providers in the behavioral health field and beneficiaries in all fields.

AMHB supports evidence-based services such as tele-psychiatry and on-call emergency service teams to support rural community service needs. Making acute care services available in rural areas promotes quality treatment as close to home as possible while also reducing the costs associated with transporting people in crisis to Anchorage.

Too many Alaskans with serious mental illnesses end up in a corrections facility. The AMHB advocates for effective community-based programs available to serve individuals with serious mental illnesses so that they are less likely to offend, or to re-offend when released into the community.

With the Alaska Mental Health Trust Authority (Trust) and others, we continue to support the need

for community-based care for children who experience severe emotional disorders. The Bring the Kids Home initiative has dramatically reduced the number of children in out-of-state treatment — we support maintaining the services to keep our children in Alaska.

We continue to support developing innovative housing for individuals experiencing mental illness, including consumer-run programs.

Alaska's senior population is growing rapidly. AMHB is working closely with the Alaska Commission on Aging and other partners to better define the behavioral health needs and resources for this group. Alaska and other states are finding that depression and substance abuse within the senior population are very serious problems that require specialized services.

### *Some facts about mental health in Alaska*

The Division of Juvenile Justice reported that in a one-day count, 40% of the youth in their custody or care have a mental health diagnosis.

According to a one-day snapshot study conducted for the Department of Corrections in 2007, 42% of those in the corrections system experience a mental health disorder. "Among those identified, findings indicate that Trust beneficiaries spend more time in custody than other inmates, are more likely to recidivate post-release, and more than 1/4 do not get reconnected with community-based mental health service providers upon release," the study said.

Alaska has the highest percentage of veterans in the nation (17% of all adults). The Veterans Administration reports that one in three veterans returning from Afghanistan and Iraq face behavioral health problems. Post traumatic stress disorders (PTSD), depression, substance abuse and traumatic brain injuries are very real problems for Alaska's veterans. The only four VA Centers are located on the road system, making it difficult for veterans in rural areas to access care. Alaskan veterans with severe mental health problems are sent to the Lower 48 for treatment.

**Governor's Council on Disabilities and Special Education**  
*Creating Change That Improves the Lives of People with Disabilities  
And Students Receiving Special Education Services*

The more than 87,000 children and adults in Alaska with developmental disabilities are as varied as any group of people. They go to school or work; have families and friends; nurture hopes and dreams; fulfill expectations and potential. These individuals and their families, like all of us, want to determine their own lifestyles and be valued, participating members of their communities.

Alaska is a better place than it used to be for people with developmental disabilities. We have more accessible, affordable housing, and better transportation and family support systems. But we also have long waiting lists for available services. And in many communities, services aren't available at all.

Large gaps exist between adults with developmental disabilities and other adults in employment, education, income and other important standards of living. Many public buildings still aren't accessible. Lack of affordable health care is also a major barrier to independent living.

For students with disabilities, getting an appropriate education is challenging. Education issues rank second in the number of complaints with the Disability Law Center. Successful transitions throughout the educational process are inconsistent statewide. Very few Alaskans with developmental disabilities receive any post-secondary education, which limits their employment options and opportunities for career advancement.

Rather than creating separate boards to comply with the requirements of the Developmental Disabilities Assistance and Bill of Rights Act and the Individuals with Disabilities Education Act, the Alaska Legislature established the Governor's Council on Disabilities and Special Education. The Council serves as the:

- State Council on Developmental Disabilities
- Special Education Advisory Panel
- Interagency Coordinating Council on Infants and Toddlers with Disabilities
- Beneficiary Board of the Alaska Mental Health Trust Authority
- Governing Board of the Special Education Service Agency (SESA)

The Council is a 28-member Governor-appointed body made up of people with disabilities, parents, and representatives of principal state agencies and private providers. We use planning, evaluation, capacity building, and advocacy to create change. We analyze trends and study population characteristics. To influence attitudes we conduct public awareness campaigns. We strive to coordinate services through interagency working groups. We develop coalitions to bring about change through legislation and regulation. We also provide information to assist individuals and families to access services and advocate to policymakers on their own behalf.

***Our Major Areas of Focus***

- **Community Participation:** We seek to make certain people with disabilities have access to fully participate in all aspects of their community by increasing their knowledge regarding consumer rights and responsibilities, self-determination, self-advocacy and

systems navigation. This promotes communication between people with disabilities and their policymakers.

- **Education:** Alaska students should have educational experiences that allow them to reach their goals, and achieve their hopes and dreams. We work to ensure students with disabilities succeed at a rate as closely as possible to that of the general population. We also work to ensure that youth graduating from high school are equipped with skills to successfully participate in adult life.
- **Transportation:** We believe everyone should be able to get where they want to go when they want to get there. Only a few Alaska communities have public transportation. In other communities, what transportation that is available is uncoordinated and unnecessarily expensive. We work to improve statewide availability and accessibility of adequate transportation.
- **Health Care:** Everyone should have the opportunity to be healthy and benefit from the full range of needed health care services. As more people receive services, more attention needs to be given to assuring their health and safety. We work to promote the recruiting and retaining of high quality staff; exterminating wait lists; and giving more attention to people with complex needs, as well as those in remote areas of the state.
- **Housing:** We believe Alaskans who experience disabilities should be able to secure accessible, affordable and integrated housing in their communities. We work to increase the availability of accessible housing options for people with disabilities.
- **Self-Determination:** People should have control, choice, and flexibility in the services and supports they receive. We strive to ensure every individual is a valued, participating member of their community by helping them learn how to gain more control over their own supports and services. In this way, they learn and practice skills that enhance their abilities for self-determination.
- **Employment:** It is our goal that every Alaska is able to get and keep employment consistent with his or her interests, abilities, and needs. We work to develop strategies to significantly increase career opportunities for people with disabilities.

The Governor's Council on Disabilities and Special Education is one of several boards/commissions that the Alaska Mental Health Trust Authority (The Trust) represents.

**For more information, call or check these websites:**

Governor's Council on Disabilities and Special Education  
(907) 269-8990 – <http://health.hss.state.ak.us/gcdse/>

Alaska Mental Health Trust Authority  
907-269-7960 -- [www.mhtrust.org](http://www.mhtrust.org)

# The Alaska Commission on Aging

## *Alaska's Seniors – a Resource and a Responsibility*

907-465-3250 [www.alaskaaging.org](http://www.alaskaaging.org)

Alaska's senior population is the second most rapidly growing senior population in the nation. We experienced more than a 100% increase in the 60 and older population from 1990 to 2006, with the number of older Alaskans now growing by over five percent per year. By 2030, seniors age 60 and older will comprise 17% of Alaska's population – the same proportion as Florida's age 65+ population today.

Older Alaskans provide enormous benefits to the state, their communities, and their families. Contributing over \$1.5 billion a year to the Alaskan economy (from retirement income and health care payments), seniors comprise one of the state's most basic economic "industries" – and one with many positive features, such as stability; local spending, triggering the economic multiplier effect; support of a diverse job mix year-round; an environmentally benign profile; non-enclave character where spending is distributed throughout the state); and creation of economies of scale in the provision of goods and services, especially in health care.

In addition to their economic assets, older Alaskans also contribute to their communities through high levels of volunteering, and they frequently serve as unpaid caregivers for children, other seniors, and younger adults with disabilities. The leadership and historical knowledge elders provide to our state is priceless and irreplaceable.

As the number of older Alaskans increases, the network of services for seniors must be strengthened and its capacity significantly expanded. This includes the information and referral resources upon which seniors rely to find the programs and services they need. Most seniors do not use any services – but when the need arises, they wish to have those services available and accessible.

### ***Alaska Commission on Aging***

The Alaska Commission on Aging (ACoA), formerly known as the Older Alaskans Commission, has been in existence since 1982. Its mission is to ensure dignity and independence for Alaska's seniors and to assist them, through planning, advocacy, education, and inter-agency coordination, to lead useful and meaningful lives.

### ***What are the major challenges?***

Alaska's senior population is expected to more than double by 2030, and the number of those age 85+ (the age group most likely to be affected by

Alzheimer's Disease and Related Disorders – ADRD) will more than triple. There are an estimated 5,000 older Alaskans with ADRD today. While 80% of care for individuals with ADRD is provided at home, it is essential for families to be able to rely on an effective support system comprised of government, non-profit agencies, churches, businesses, and volunteers.

According to a 2005 senior survey conducted by the ACoA, financial security was the top concern of older Alaskans, followed closely by accessible, affordable health care. The survey provided an early alert to the growing problem of access to primary care for seniors on Medicare, with more and more physicians declining to serve patients enrolled in this program (they cite very low reimbursement rates). Other important concerns identified by the survey included the need for appropriate housing, fears of inadequate funding of senior services, a growing demand for senior transportation, and a perception that government and political leaders in Alaska should be more responsive to senior issues.

State- and municipally-funded programs (for example, the Senior Benefits program, the senior municipal property tax exemption, and senior grant services) are an important part of the economic and supportive resources of many senior households. However, they by no means constitute an adequate safety net for seniors. Only about one in five older Alaskans receives Medicaid services. The remaining 80%, often of very modest income, can have great difficulty obtaining the supportive services they may need. Even those with the requisite low income are deemed ineligible for Medicaid waiver services if their primary diagnosis is ADRD. Available funds for senior grant services have increased only marginally over the past decade, while the number of seniors has grown by over five percent per year.

### ***How has the Commission addressed these challenges?***

The Alaska Commission on Aging has undertaken a number of activities related to planning, advocacy, public awareness, and inter-agency coordination to address these challenges.

The State Plan for Senior Services, FY 2008 – FY 2011; approved by the U.S. Administration on Aging in June 2007, provides a broad vision of the status and needs of Alaskan seniors and offers an extensive set of goals, objectives and strategies chosen to move this vision forward among the state's aging network and other relevant agencies. Developed with the

assistance and ongoing support of multiple agency partners, the State Plan was intended to actively guide their work for the next four years, leveraged by the synergy of annual implementation meetings in which partners share ideas and report on their plan-related activities.

In 2006, the ACoA formed the Alaska Aging Advocacy Network (AAAN), a group of about 125 individuals (seniors and senior advocates) with an interest in joining the ACoA in advocating for legislation of particular interest to Alaska seniors. In 2007, the efforts of the AAAN assisted the Commission and other advocates in successfully obtaining a Senior Benefits program and several other bills benefiting seniors.

Each year, the Commission develops a list of advocacy priorities, which it posts on its website. One of the ACoA's top priority issues, a substantial operating budget increment for senior grant services (and an accompanying capital budget item for facility upgrades for senior grant providers), remains the focal point of the Commission's advocacy work in 2008.

Each year, the ACoA holds a series of senior legislative teleconferences during session, giving seniors at host sites across the state the opportunity to learn about and discuss a wide range of bills that may potentially impact them.

In 2007, the Commission and other partner agencies published a Report on the Economic Well-Being of Alaska Seniors, a long-awaited description of the economic status of older Alaskans and the variety of State programs available to them.

The ACoA engages in a variety of public awareness campaigns ranging from an Older Americans Month celebration each May featuring posters carrying messages about healthy aging, to participation in The Trust's "You KNOW Me..." campaign and the recent launching of the Healthy Body, Healthy Brain Campaign aimed at educating seniors and baby boomers about the links between healthy lifestyles (physical activity, healthy eating, socializing, and mental challenges) and a lower risk of developing ADRD.

The Commission's popular website is frequently updated with new features and news stories of interest to older Alaskans.

### ***The Alaska Mental Health Trust Authority***

The Alaska Commission on Aging is one of several boards/commissions that represent beneficiaries of the Alaska Mental Health Trust Authority (The Trust). Trust beneficiaries include people with mental illness, those with developmental disabilities, people with chronic alcoholism, and people with Alzheimer's disease and related disorders.

Prior to statehood, there were limited services available in the Territory of Alaska for individuals who experienced mental illness or developmental disabilities. Instead, these individuals were sent by the federal government to live in an institution in Oregon. During Alaska's transition to statehood, Congress passed the Alaska Mental Health Enabling Act of 1956 to help bring these individuals home. This act transferred the responsibility for providing mental health services from the federal government to the Territory of Alaska and ultimately the State of Alaska by creating the Alaska Mental Health Trust. To fund The Trust, the state selected one million prime acres of land that would be managed to generate income that would pay for a comprehensive integrated mental health program.

Though the state legislature held a fiduciary responsibility to manage the land on behalf of Alaskans with disabilities, it did not do so. Instead, by 1982, only about 35 percent of the land remained in State ownership. The majority of the land had been transferred to individuals or municipalities, or designated by the legislature as forests, parks, or wildlife areas.

In 1982, Vern Weiss filed a lawsuit on behalf of his son, who required mental health services that were not available in Alaska. Other beneficiary groups joined Weiss v. State of Alaska in a class action suit. The case was decided in 1984 by the Alaska Supreme Court, which ordered that the original trust be restored. Ten years later, in 1994, a final settlement reconstructed The Trust with 500,000 acres of original Trust land, 500,000 acres of replacement land, and \$200 million.

The settlement established an independent Board of Trustees who are appointed by the governor and confirmed by the legislature for five-year, staggered terms. The Trustees are responsible for oversight of The Trust's investments and land and non-cash assets. The investments are managed by the Alaska Permanent Fund Corporation, and the land and non-cash assets are managed under a contract with the Trust Land Office, a separate unit within the Alaska Department of Natural Resources.

The Trust works with the Alaska Department of Health and Social Services to coordinate planning for a comprehensive mental health program, makes recommendations to fund the program, and advocates for funding and policies that support the systems serving Trust beneficiaries.



**Every 15 seconds** someone sustains a traumatic brain injury (TBI) in the U.S.

Thirty years ago, only half of all people with brain injury survived; now 78% survive. This means that many individuals now live with significant disability requiring a full range of services.

Every year the Alaska Department of Health & Social Services reports about 800 traumatic brain injury (TBI) cases resulting in hospitalization or fatality. There is an estimated 3000 emergency department visits. The TBI rate in rural Alaska is one of the highest in the nation.

It is estimated that at least 10,000 Alaskans are living with brain injury today. This number accumulates each year. Brain Injury can be a life-long disability.

**The goal for every brain injury survivor is the best possible recovery for a fulfilling and productive life. Achieving that goal requires full range of services close to home.**

***The Alaska Brain Injury Network, Inc. (ABIN)*** is a non-profit organization dedicated to Alaskans whose lives have been changed by brain injury.

ABIN's Board of Directors represent all regions of Alaska and the extended brain injury community – survivors, family members, service providers, health educators, researchers and those who write laws and policy.

ABIN works with Department of Health and Social Services, the Alaska Mental Health Trust Authority, and partner boards to advocate for policy changes, programs, and facilities to better serve Alaskans with disability due to brain injury.

ABIN connects survivors and family members with others. Please contact us to learn about brain injury programs in your region.

## What you can do...

- **Support FY10 TBI Budget items:**

**"Care Coordination with specialty in brain injury"**

Department of Health and Social Services,  
Senior and Disability Services

**\$50.0 (General Fund/Mental Health)  
Matching funds \$150.0 MHTAAR**

Visit [www.alaskabraininjury.net](http://www.alaskabraininjury.net) to learn more.

- **Be aware of the fiscal and social burden of brain injury to the state**
- **Recognize emerging populations i.e. military and the elderly.**
- **Join Alaska Brain Matters online forum to meet and learn from Alaskans who have been affected by TBI.**

## 10 Year TBI State Plan Priorities

Visit [www.alaskabraininjury.net](http://www.alaskabraininjury.net) to read the full report

**Brain Injury Waiver** – Develop TBI Waiver and/or improve the current Medicaid waiver system to accommodate the services needed by brain injury survivors: neuropsychological assessment; cognitive and functional therapy; case management; counseling, home modifications; transportation; and respite care.

**In-state rehab facility** – many Alaskans are left in a hospital setting because there is no post-acute rehabilitation option in Alaska. Others are sent out of State. Research shows outcomes improve with quality and timely rehabilitation.

**Implement full continuum of TBI Services:** I & R, Care Coordination, Acute and Post-Acute Rehab, Educational and related supports, Vocational Training and Rehabilitation, Long-term Care and Community Supports.

**Continue TBI System Development:** Public Awareness, Prevention and Advocacy; Outreach and Identification; Training and Workforce Development; and Statewide Planning and Coordination.



[www.alaskabraininjury.net](http://www.alaskabraininjury.net)  
3745 Community Park Loop, Ste 140  
Anchorage, AK 99508  
(907) 274-2824

*Alaska Brain Injury Network, Inc. mission is to educate, plan, coordinate, and advocate for a comprehensive service delivery system for Alaskans with traumatic brain injury and their families.*

# You KNOW us ...



## The Public Health Burden of Brain Injury (prevalence)

### 5.3 million Brain Injuries

- 5 million persistent Mental Illness
- 4 million Alzheimer's
- 3 million Stroke
- 2 million Epilepsy
- 900,000 HIV/AIDS
- 500,000 Cerebral Palsy
- 400,000 Spinal Cord Injury

**Brain injury prevalence is higher than most other disabilities.**

**Research shows outcomes after brain injury improve with quality TBI services at the right time.**

## The Financial Burden of Brain Injury

- Cost of care for a severe TBI survivor can range from \$600,000 and \$1,875,000.
- Direct medical costs and indirect costs of TBI such as lost productivity totaled an estimated \$60 billion in the United States in 2000. (*Centers for Disease Control and Prevention*)
- Every dollar used for brain injury rehabilitation saves up to \$35 in future medical costs. (Rhode Island Brain Injury Association)

## Prevention is the only cure for Brain Injury

- The three leading causes of brain injury in Alaska are:  
1) falls 2) motor vehicles crashes and 3) assaults  
(ATV and Snowmachine accidents combined are a close fourth)
- One-third of all TBIs recorded in the Alaska Trauma Registry were alcohol related.
- The use of safety belts is the single most effective measure to prevent traumatic brain injuries.
- Using a helmet increases your chance of surviving a motorcycle crash by 37 percent. (*National Highway Traffic Safety Administration*)
- Bicycle helmets are 85-88 percent effective in mitigating head and brain injuries. Every dollar spent on a bike helmet saves \$40 in direct medical costs and other costs to society. (*National Highway Traffic Safety Administration*)
- 14-20 percent of returning service members return from Iraq and Afghanistan with a TBI. Elmendorf Hospital recognizes the need for a Mild TBI clinic in Alaska. In the past year, 1400 soldiers have visited the local mild TBI clinic. (*KTUU News, 8/27/08*)

*Traumatic Brain Injury is a beneficiary group in the Alaska Mental Health Trust Authority  
"You Know Me" Anti-Stigma and Treatment Works Campaign.*

## Alaska Statewide Suicide Prevention Council

[Alaska Statute 44.29.300-390]

The Statewide Suicide Prevention Council is the state planning and coordinating agency for issues surrounding suicide and suicide prevention. The powers, duties and responsibilities of the Council are to act in the advisory capacity to the Governor and the legislature with respect to what actions can and should be taken to:

- ✓ Improve health and wellness throughout the state by reducing suicide and its effect on individuals, families, and communities;
- ✓ Broaden the public's awareness of suicide and the risk factors related to suicide;
- ✓ Enhance suicide prevention services and programs throughout the state;
- ✓ Develop healthy communities through comprehensive, collaborative, community-based approaches;
- ✓ Develop and implement a statewide suicide prevention plan; and
- ✓ Strengthen existing and build new partnerships between public and private entities that will advance suicide prevention efforts in the state.

*Our beneficiaries are families, friends, and neighbors –*

They are Alaskans in our schools, churches and workplaces. They deserve the quality of care and level of service that will allow them to live as independently as possible. Healthy people are Alaska's most important natural resource.

*Services make a difference –*

An individual who receives appropriate services can live a fuller, more dignified life. We have made great strides in understanding the challenges facing Trust beneficiaries and how to better help them. Adequate services allow beneficiaries to become more self-sufficient, improving the quality of life for them, their families and communities.

*Investment produces dividends –*

Wisely investing resources today in early intervention and prevention helps people build healthy lives and decreases the prospect of more costly services in the future. Individuals, families, communities, and the state reap the dividends.

*What are some major challenges?*

Funding for prevention and treatment has not kept pace with community need. Increasing reliance on Medicaid funds to be eligible for treatment excludes all but the very needy. Reaching out to families, returning veterans, older Alaskans, and others with moderate needs is critical to decreasing high costs, both financially and in addictions that take more effort to treat.

## The Alaska Mental Health Trust Authority

The Alaska Statewide Suicide Prevention Council is one of several boards/commissions that represent beneficiaries of the Alaska Mental Health Trust Authority (The Trust). Trust beneficiaries include people with mental illness, people with developmental disabilities, people with chronic alcoholism, and people with Alzheimer's disease and related disorders.

Prior to statehood, there were limited services available in the Territory of Alaska for individuals who experienced mental illness or developmental disabilities. Instead, these individuals were sent by the federal government to live in an institution in Oregon. During Alaska's transition to a state, Congress passed the Alaska Mental Health Enabling Act of 1956 to help bring these individuals home. This act transferred the responsibility for providing mental health services from the federal government to the Territory of Alaska and ultimately the State of Alaska, by creating the Alaska Mental Health Trust. To fund The Trust, the state selected one million prime acres of land that would be managed to generate income that would pay for a comprehensive integrated mental health program.

Though the state legislature held a fiduciary responsibility to manage the land on behalf of Alaskans with disabilities, it did not do so. Instead, by 1982, only about 35 percent of the land remained in state ownership. The majority of the land had been transferred to individuals or municipalities, or designated by the legislature as forests, parks or wildlife areas.

In 1982, Vern Weiss filed a lawsuit on behalf of his son, who required mental health services that were not available in Alaska. Other beneficiary groups joined *Weiss v State of Alaska* in a class action suit. The case was ruled on in 1984 by the State Supreme Court, which ordered that the original trust be restored. Ten years later, in 1994, a final settlement reconstructed The Trust with 500,000 acres of original Trust land, 500,000 acres of replacement land and \$200 million.

The settlement established an independent Board of Trustees who are appointed by the governor and confirmed by the legislature for five-year, staggered terms. The Trustees are responsible for oversight of The Trust's investments and land and non-cash assets. The investments are managed by the Alaska Permanent Fund Corporation, and the land and non-cash assets are managed under a contract with the Trust Land Office, a separate unit within the Alaska Department of Natural Resources.

The Trust works with the Alaska Department of Health and Social Services to coordinate planning for a comprehensive mental health program, makes recommendations to fund the program and advocates for funding and policies that support the systems serving Trust beneficiaries.

### **For more information, call or check these websites:**

Alaska Mental Health Trust Authority	907-269-7960 -- <a href="http://www.mhtrust.org">www.mhtrust.org</a>
Advisory Board on Alcoholism and Drug Abuse	907-465-8920 or 888-464-8920 -- <a href="http://www.hss.state.ak/abada">www.hss.state.ak/abada</a>
Alaska Commission on Aging	907-465-3250 -- <a href="http://www.alaskaaging.org">www.alaskaaging.org</a>
Alaska Mental Health Board	907-465-8920 -- <a href="http://www.hss.state.ak/amhb">www.hss.state.ak/amhb</a>
Governor's Council on Disabilities and Special Education	907-269-8990 -- <a href="http://www.hss.state.ak.us/gcdse">www.hss.state.ak.us/gcdse</a>
Statewide Suicide Prevention Council	907-451-2017 -- <a href="http://www.hss.state.ak/suicideprevention">www.hss.state.ak/suicideprevention</a>
Alaska Brain Injury Network	907-274-2824 -- <a href="http://www.alaskabraininjury.net">www.alaskabraininjury.net</a>



# Alaska Scorecard

## Key Issues Impacting Alaska Mental Health Trust Beneficiaries



	▲ Satisfactory	↔ Uncertain	▼ Needs Improvement	
<b>Key Population Indicators for Alaska</b>				
	<i>Alaska Data</i>	<i>U.S. Data</i>	<i>2012 AK Target</i>	<i>Status</i>
<b>Health</b>				
<b>Suicide</b>				
1 Suicide rate per 100,000	19.6	10.9	18	▼
2 Non-fatal suicide attempts (rate per 100,000)	104.9	54.5	95	▼
<b>Substance Abuse</b>				
3 Alcohol-induced deaths per 100,000	20.7	7	17	▼
4 Adults who engage in heavy drinking	6.4%	5.2%	5.2%	▼
5 Adults who engage in binge drinking	19.2%	15.7%	18%	▼
6 Illicit drug users (age 12 and older)	11.1%	8.3%	10%	▼
<b>Mental Health</b>				
7 Days of poor mental health in past month (adults)	3.2	3.2	3	↔
8 Teens who experienced depression during past year	26.9%	28.5%	22.5%	▼
<b>Access</b>				
9 Population without health insurance	17.4%	15.5%	14.6%	↔
<b>Safety</b>				
<b>Protection</b>				
10 Children abused and neglected (rate per 1,000)	14.3	12.3	12.3	▼
11 Injuries to elders due to falls — rate per 100,000	1,369	1,176	1,176	↔
12 Rate of non-fatal traumatic brain injury per 100,000	87.3	not avail.	82	▲
<b>Justice</b>				
13 Percent of incarcerated adults with mental illness or mental disabilities	42%	38.7%	40%	▼
14 Criminal recidivism rates for incarcerated adults with mental illness or mental disabilities	36.2%	not avail.	34%	↔
15 Percent of arrests involving alcohol or substance abuse (State Troopers)	58.4%	not avail.	not avail.	▼
<b>Living with Dignity</b>				
<b>Accessible, Affordable Housing</b>				
16 Rate of chronic homelessness per 100,000	91.8 (2008)	41.1 (2007)	63.5	▼
<b>Educational Goals</b>				
17 High school graduation rate	63%	not avail.	not avail.	▼
18 Percent of youth who received special education who are employed and/or enrolled in post-secondary education one year after leaving school	68.4%	not avail.	71.4%	↔
<b>Economic Security</b>				
19 Percent of minimum wage income needed for average 2-bedroom housing	85%	not avail.	30%	▼
20 Average annual unemployment rate	7%	5.7%	not avail.	↔
21 Percent of SSI recipients with blindness or disabilities who are working	7.1%	5.7%	8%	▲

### Prevalence Estimates: Alaska Mental Health Trust Beneficiaries

Trust Beneficiary Population	<i>Number (and population rate)</i>	
Mental Illness: Alaskan Adults with Serious Mental Illness	21,754	(4.6%)
Mental Illness: Alaskan Children with Serious Emotional Disturbance	12,725	(6%)
Alaskans with Alzheimer's Disease and Related Disorders	5,100	(.8%)
Alaskans with Traumatic Brain Injury	11,900	(1.8%)
Alaskans with developmental disabilities	12,185	(1.8%)
Alaskan adults dependent on alcohol	17,000	(3.6%)

### Health: Suicide

**1. Suicide rate per 100,000.** Alaska rate is almost twice the national rate. (2005)<sup>1</sup>

**2. Non-fatal suicide attempts per 100,000.** Rate of non-fatal attempts requiring hospitalization for at least 24 hours. AK ranks no. 2 in the U.S. (2006)<sup>2</sup>

### Health: Substance Abuse

**3. Alcohol-induced deaths per 100,000.** Includes fatalities from alcoholic psychoses, alcohol dependence syndrome, non-dependent abuse of alcohol, alcohol-induced chronic liver disease and cirrhosis, and alcohol poisoning. (2006)<sup>1</sup>

**4. Adults who engage in heavy drinking.** Percent of adults who reported heavy drinking in past 30 days (2 or more drinks daily for men and 1 or more daily for women). AK ranks no. 8 in the U.S. (2007)<sup>3</sup>

**5. Adults who engage in binge drinking.** Percent who reported drinking 5 or more drinks on one occasion in past 30 days. AK ranks no. 6 in the U.S. (2007)<sup>3</sup>

**6. Illicit drug users.** % population age 12 and older who report using illicit drugs, including marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically. Alaska ranks no. 2 in the U.S. (2006)<sup>4</sup>

### Health: Mental Health

**7. Days of poor mental health in past month (adults).** Mean number of reports of poor mental health. (2007)<sup>3</sup>

**8. Teens who experienced depression during past year.** Percent of high school students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during past 12 months. (2007)<sup>5</sup>

### Health: Access

**9. Population without health insurance.** Percent of Alaskans without health insurance for entire year. (2007)<sup>6</sup>

### Safety: Protection

**10. Children abused and neglected.** Rate of child abuse and neglect per 1,000 children ages 0-17. AK rate is number 6 in U.S. (2006).<sup>7</sup>

**11. Injuries to elders due to falls — rate per 100,000.** Non-fatal injuries, ages 65+, hospitalized 24 hours or more. (2005)<sup>2</sup>

**12. Rate of non-fatal traumatic brain injury per 100,000.** Hospitalized 24 hours or more. (2005)<sup>2</sup>

### Safety: Justice

**13. Percent of incarcerated adults with mental illness or mental disabilities.** (2006)<sup>8</sup>

**14. Statewide criminal recidivism rates for incarcerated adults with mental illness or mental disabilities.** Rate of re-entry into ADOC for a new crime occurring within one year of initial date of discharge. (2006)<sup>8</sup>

**15. Percent of arrests involving alcohol or substance abuse.** Arrest offenses with Division of AK State Troopers or Wildlife Troopers that were flagged as being related to alcohol and/or drugs. This data does not include municipalities. (2007)<sup>9</sup>

### Living with Dignity: Housing

**16. Rate of chronic homelessness per 100,000 population.** AHFC Point-in-Time Survey. (2007)<sup>10</sup>

### Living with Dignity: Education

**17. High school graduation rate.** Percent graduating public schools with a regular diploma. (2007)<sup>11</sup>

**18. Percent of youth who received special education who are employed and/or enrolled in post-secondary education one year after leaving school.** (2007)<sup>12</sup>

### Economic Security

**19. Percent of minimum wage income needed for average 2-bedroom housing in Alaska.** "Affordable" housing defined as 30% of one's income. (2007)<sup>13</sup>

**20. Average annual unemployment rate.** Rate represents the number unemployed as a percent of the labor force. (2007)<sup>14</sup>

**21. Percent of SSI recipients with blindness or disabilities who are working.** (2007)<sup>15</sup>

### Data Sources

1. DHSS Division of Public Health, Bureau of Vital Statistics and CDC National Vital Statistics Reports

2. DHSS Div. of Public Health, Alaska Trauma Registry and US Centers for Disease Control, WISQARS

3. AK DHSS Div. of Public Health, Behavioral Risk Factor Surveillance Survey (BRFSS) and U.S. CDC

4. SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health

5. AK DHSS Div. of Public Health, Youth Risk Behavior Survey (YRBS)

6. US Census Bureau, Current Population Reports, P60 Series, Consumer Income

7. AK DHSS Office of Children's Services, 253 and 257 reports from the ORCA Online Report Manager

8. Hornby Zeller Associates, Inc. (December, 2007). A Study of Trust Beneficiaries in the Alaska Department of Corrections.

9. Alaska Public Safety Information Network (APSIN) case data for AK Dept of Public Safety Division of AK State Troopers and Wildlife Troopers (personal communication 11/5/08)

10. Alaska Housing Finance Corporation

11. Alaska Department of Education and Early Development

12. Alaska Department of Education and Early Development, Special Education

13. National Low Income Housing Coalition "Out of Reach" reports

14. Alaska Dept. of Labor and Workforce Development; U.S. Dept. of Labor, Labor Force Statistics from the Current Population Survey

15. Social Security Administration Annual Statistical Reports

**Population Rates:** AK Dept. of Labor & Workforce Development Population Estimates

### Prevalence Data — Sources

**Mental Illness (SMI and SED).** WICHE Mental Health Program and Holzer, Charles (January 15, 2008). 2006 Behavioral Health Prevalence Estimates in Alaska: Serious Behavioral Health Disorders in Households

**Alzheimer's Disease.** Alaska Commission on Aging (2008)

**Traumatic Brain Injury.** Univ. of AK Center for Human Development (2003). The Alaska Traumatic Brain Injury (TBI) Planning Grant Needs and Resources Assessment, June 2001 - January, 2003 and AK Brain Injury Network director

**Developmental Disabilities.** Gollay, E. (1981). Summary Report on the Implications of Modifying the Definition of a Developmental Disability. U.S. Department of Health, Education and Welfare; and GCDSE

**Alcohol dependence.** U.S. DHHS, SAMHSA, State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use & Health

2007  
Annual  
Report

# Creating a formula for Success



*The* TRUST

The Alaska Mental Health  
Trust Authority

**THE ALASKA MENTAL HEALTH TRUST AUTHORITY**  
*Board of Trustees*

Dr. William Doolittle, Chair

Laraine Derr

Paula Easley

Tom Hawkins

Roy Huhndorf

Margaret Lowe

John Malone

## FY07 Year in Review

As we assess the many things we accomplished at the Alaska Mental Health Trust (The Trust) during fiscal year 2007, there is clear evidence that we have continued to improve and refine our efforts because we are reaping more targeted results for Trust beneficiaries than ever. We attribute this success to the many collaborative relationships we are engaged in and the strategic thinking that evolves from these relationships. We have found this formula to be very successful and it will continue to guide us through the coming year. Thus, the theme for this annual report is "committed partners + strategic thinking = results for Trust beneficiaries."

At the center of our success are our relationships with hundreds of committed partners, including local, state and federal agencies, our advisory groups, non-profits, service providers, philanthropic organizations and private sector leaders. Working with these partners has reinforced the old adage that "two heads are smarter than one," because together we have developed strategic, well-thought-out programs that are helping make a difference in the lives of Trust beneficiaries.

Like any organization, we work to learn from the past so that we are continuously improving and innovating. Over the years we have discovered that we are most successful when we focus our efforts like a laser beam on a few critical issues rather than scattering our funding across diverse program areas. From this knowledge evolved the concept of "focus areas," in which we concentrate funding and other resources on a few specific issues in an effort to substantially improve services and delivery systems across the state, and ultimately improve the lives of Trust beneficiaries. Currently The Trust is working on five focus areas that address issues with significant impact on Trust beneficiaries:

1. Bring the Kids Home – bringing home to Alaska children who are being treated in out-of-state psychiatric institutions and increasing treatment services statewide;
2. Affordable Appropriate Housing – increasing the availability of a continuum of housing options for Trust beneficiaries;
3. Justice for Persons with Disabilities – reducing the involvement and recidivism of Trust beneficiaries in the criminal justice system;
4. Trust Beneficiary Projects Initiative – supporting grassroots, consumer-driven programs and small, one-time projects that improve the lives of beneficiaries; and
5. Workforce Development – creating an available and competent workforce for Trust beneficiary service providers.

In each focus area we have partnered with agencies and organizations that can bring the most influence to the table or that are essential in helping us navigate through the current landscape of services and support available for beneficiaries. In many instances we have directly engaged beneficiaries or

their family members – after all, who can better speak about these issues – to get guidance and feedback. From all these discussions we have fashioned specific performance measures that help us gauge how we are doing and whether we are turning the curve when it comes to improving the lives of beneficiaries. This annual report will address each of these focus areas and describe how we are making a difference.

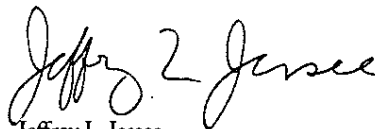
All of this effort takes funding, of course, and fortunately The Trust had a highly successful financial year in FY07. Investments with the Alaska Permanent Fund increased approximately 14 percent over the previous year. As a result approximately \$26 million was available to support programs of direct benefit to Trust beneficiaries in FY07. We expect to fund at a similar level in FY08 and in FY09. The full details of our financial performance are included later in this report.

The Trustees take their fiduciary responsibilities at The Trust very seriously. Trustees are also conscious of the need to develop Trust policies and programs that adequately and appropriately reflect the needs of beneficiaries, especially as state and federal funding tightens and philanthropic support is spread more thinly. We are committed to a prudent investment plan that will result in sustained growth over time and stability for the work of The Trust. At the beginning of FY08, The Trustees hired Harry Noah as the new executive director for the Trust Land Office and he has been tasked with seeking new ways to take advantage of the investment opportunities created by our land and non-cash assets.

We urge you to read through this annual report to see the progress we made in FY07 using our formula for success, and what lies ahead for FY08 as we continue to collaborate with our partners for the betterment of our beneficiaries.



William Doolittle, M.D.  
Chair



Jeffrey L. Jessee  
Chief Executive Officer



# Bring the Kids Home Focus Area

The **Bring the Kids Home Focus Area** is a model example of how committed partners, strategic thinking and measurable outcomes provide results for Trust beneficiaries.

## THE PROBLEM OR COMMUNITY NEED:

The events that led to formation of the Bring the Kids Home Focus Area began building in the late 1990s when the number of Alaska children being sent at state expense for treatment in out-of-state psychiatric institutions began rising dramatically. The situation was devastating to the children and their families, and it was expensive for the state.

By 2005, the state was paying almost \$40 million for out-of-state care for more than 700 Alaskan children with severe emotional disturbances. That same year the Department of Health and Social Services and The Trust partnered to bring home the kids who were being treated in out-of-state psychiatric institutions. We also began building a continuum of services from in-home supports to foster and group homes, which are needed in order to curtail the practice in the future. By improving the treatment delivery system, we hope to improve the lives of these youth and their families, and control the state's cost for children's mental health care.

## COMMITTED PARTNERSHIPS:

The Bring the Kids Home Focus Area is one of the most complicated efforts The Trust has undertaken because it involves so many players, including representatives from the Department of Health and Social Services, the Denali Commission, behavioral health providers, Trust partner boards, a parent advocacy group, individual parents, Alaska Housing Finance Corporation and The Trust. Plus, this initiative requires service system redesign, capital infrastructure development and workforce development, each of which can involve complex and protracted solutions.

## STRATEGIC THINKING:

The initial planning and funding efforts focused on the following:

- ensuring that each child is treated at the appropriate level of care as close to home as possible,
- building appropriate treatment facilities in state,
- increasing the capacity and core competencies of in-state providers so they can provide services that meet the needs of kids with severe emotional disturbances,
- ensuring youth and their parents are supported as they navigate the system of care, and
- involving parents and youth in the entire process so they are part of the solution.

From the outset, the partners in the initiative agreed that this process would be data-driven and success would be gauged by significant changes in areas directly impacting the children, namely treatment location, length of stay, recidivism, functional improvements, and service satisfaction. In addition, we began tracking increases in service capacity and shifts in funding from out of state to more in state. Our goal is to achieve significant improvements in all these areas by fiscal year 2012.

## RESULTS FOR BENEFICIARIES:

After two years of intense work, our data-driven effort is showing signs of impacting the problem and changing service delivery for this group of children. Some key indicators are:

- The number of youth admitted to out-of-state residential treatment facilities has dropped 39.3 percent, from 489 when this focus area launched in FY05 to 297 at the close of FY07.
- With the infusion of capital funding from the State and The Trust's partners, service capacity – the number of beds available in state – has increased from 668 in FY05 when the initiative launched to 804 in FY07. Another 349 beds are expected to be added by the close of FY09, bringing total capacity to 1,153 for a 72.6 percent increase over FY05.



In order to bring the kids home, Alaska needed to increase the number of in-state services.



Construction began in late FY07 to increase capacity at the ARCH residential treatment facility in Eagle River.

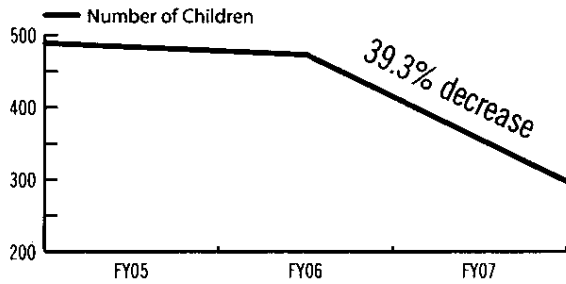


The ARCH is increasing its beds from 16 to 24 for children experiencing severe emotional disturbances.

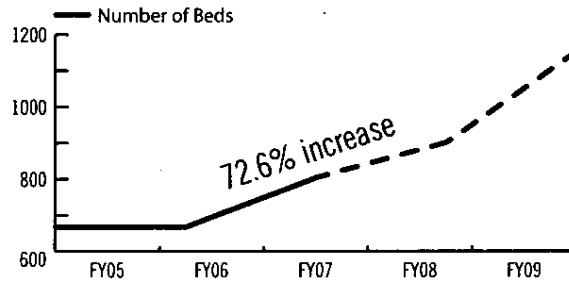


New residential treatment facilities and group homes are also underway or operating in Fairbanks, Juneau, Mat-Su Valley and Dillingham.

CHILDREN IN OUT-OF-STATE RESIDENTIAL TREATMENT FACILITIES



RESIDENTIAL TREATMENT CAPACITY IN ALASKA



**AHEAD FOR '08:**

Our initial efforts in FY06 and FY07 focused heavily on increasing in-state residential treatment capacity in order to bring home the kids who were being treated in out-of-state psychiatric facilities. In FY07 we began to shift our focus to early intervention programs. These are primarily home and community-based programs involving families, schools and day care centers. This effort will receive greater attention in FY08 and FY09 in an attempt to help children experiencing severe emotional disturbances get assistance early in their lives. Our goal is to prevent these kids from advancing to residential treatment.

Capacity building remains an issue, however, and several capital projects are on the horizon in FY08 that will help increase capacity and improve the state's service delivery system. For example, in early FY08 bids were being accepted to build a 44-bed facility in Eklutna, which is expected to be complete sometime in FY09. Plus, construction began in late FY07, expanding the ARCH residential treatment facility in Eagle River from 16 to 24 beds. This project is expected to be complete by late FY08.

While great strides were made in FY07 and are ahead for FY08, creating a sensible and sustainable program that keeps Alaska's children home and controls out-of-state spending will take years of continuous effort.

Affordable Appropriate Housing Focus Area

3

The goal of The Trust's Affordable Appropriate Housing Focus Area is to increase the availability of a continuum of housing options that are best suited to Trust beneficiary needs, and that will improve or sustain their quality of life.

**THE PROBLEM OR COMMUNITY NEED:**

Statistics from around the state are conclusive: many Alaskans of all ages do not have a place to truly call home. What is most

disturbing to The Trust is that the statewide housing shortage disproportionately affects Trust beneficiaries. Having safe, decent, affordable, accessible and appropriate housing is often the key for beneficiaries in maintaining a healthy lifestyle.

The high incidence of homelessness among Trust beneficiaries can be linked to challenges associated with disabling conditions, lack of opportunities for economic advancement, the need for supportive living situations, or accommodations required to meet special needs. Increasingly, the cost of providing these supportive services, such as treatment, crisis intervention, job counseling or life-skills training, is too expensive for mainstream landlords and challenging even for skilled social service providers.



Rural GAP celebrated 10 years of offering supportive housing to Alaskans.



Housing advocates across the state support the Alaska Housing Trust.



Kenai Peninsula Housing Initiatives completed! Cresview, supported housing in Soldotna.



Valley Residential Services operates several supported housing units in Mat-Su.

### COMMITTED PARTNERS:

A steering committee was formed in 2006 to examine possible ways to increase the number of affordable housing units in Alaska and how to maintain them securely over time. Among the models examined was creation of a housing trust. The committee included representatives from the governor's office, The Trust, Alaska Housing Finance Corporation, Alaska Department of Health and Social Services, several regional tribal housing authorities, U.S. Department of Housing and Urban Development, U.S. Department of Agriculture Rural Development, Wells Fargo Bank, Rasmuson Foundation, social service providers, and homebuilders.

### STRATEGIC THINKING:

Based on the success of housing trusts in more than 30 states, The Trust and its partners agreed to create the Alaska Housing Trust. A housing trust is a pot of non-federal funds devoted to housing activities for individuals and families with greater housing needs. It allows flexibility in spending and the opportunity to be innovative and entrepreneurial in solving housing problems.

By creating a housing trust, Alaska can increase the number of affordable units available for rent and help maintain them securely over time. Funding from a housing trust can serve as the glue to meld federal resources and social service funding, and can subsidize areas of supported housing projects that are not covered by traditional funding streams. With assistance from a housing trust, these units are more affordable and secure for tenants because additional support services and subsidies are built into the overall project costs. These service-enriched units are also attractive to developers and landlords because they create mechanisms for tenants to afford their rents, become reliable, long-term residents, and receive assistance with skills training and crisis management.

### RESULTS FOR TRUST BENEFICIARIES:

In tandem with our efforts to create a housing trust, this focus area also funded several programs in FY07 that provide or promote stable housing for Trust beneficiaries. For instance, The Trust, the Denali Commission, the Rasmuson Foundation and The Foraker Group partnered to create a predevelopment program that offers technical assistance to housing and social service agencies interested in expanding or retaining their

existing portfolio of special needs housing units. The Trust also collaborated with the Division of Behavioral Health's Supported Housing Office in developing a supported housing business plan for small housing developers that takes into account the cost of providing support to Trust beneficiaries. Additionally, in FY07, The Trust helped fund rental subsidies at Bridge Home, a transitional living facility which provided stable housing to about 40 individuals who had been cycling through hospital emergency rooms and psychiatric facilities.

During the 2007 legislative session, Gov. Sarah Palin issued an Administrative Order maintaining and expanding the Alaska Council on the Homeless, which was formed in 2004 to address homelessness in Alaska. The governor also included directions to develop a framework for the housing trust and legislation that will enact it. This legislation has been drafted and is ready for release once the Council, AHFC, the Alaska Housing Trust steering committee and the state administration determine the best mechanism to move the legislation ahead.

In recognition that the Alaska Housing Trust is moving forward, The Trust allocated \$1 million in FY07 to support the housing trust and the Rasmuson Foundation granted a matching \$1 million. In addition, the Alaska Housing Trust Coalition formed in FY07 in support of the Alaska Housing Trust and has nearly 70 members, including representatives from United Way organizations across the state, the Municipality of Anchorage, social service providers, private housing developers and the Alaska Chapter of AARP.

### AHEAD FOR '08:

As a first step in administering the \$2 million in pilot funds contributed in FY07 to support the housing trust, AHFC, the Municipality of Anchorage and The Trust combined application processes for AHFC's FY08 capital projects. This improved procedure gives applicants access to state and local funding, plus the housing trust pilot money, in a single competitive bid, demonstrating how the housing trust model streamlines the funding process.

Already several communities have begun examining how the Alaska Housing Trust may assist in meeting their need for housing for special populations, including plans for a pilot project in Anchorage to support the chronic homeless, and coordination of services in Juneau and Fairbanks to ensure seasonal housing demands are met.

## WORK HOURS NEEDED TO PAY RENT

Area	Work hours per week at minimum wage needed to afford 1 bedroom	Work hours per week at minimum wage needed to afford 2 bedroom	Work hours per week at minimum wage needed to afford 3 bedroom	Work hours per week at minimum wage needed to afford 4 bedroom
	Alaska minimum wage = \$7.14/hour			
Anchorage	81	101	143	173
Fairbanks	72	92	134	141
Mat-Su Borough	67	86	122	143
Bethel	108	131	156	229
Juneau	94	113	159	199
Kenai Peninsula	65	79	108	138
Ketchikan	86	104	151	182
Kodiak	85	111	160	169

Source: National Low Income Housing Coalition "Out of Reach 2006"

# Disability Justice Focus Area

## THE PROBLEM OR COMMUNITY NEED:

A 1997 study showed that 37 percent of persons under the supervision of the Department of Corrections had a mental illness and most also had a co-occurring substance abuse disorder for either drugs or alcohol. By 2006 the statistics had not improved and a large number of Trust beneficiaries continued to be incarcerated, spurring The Trust to form the Disability Justice Focus Area. This focus area has two primary goals: (1) reduce the involvement and recidivism of Trust beneficiaries in the criminal justice system and (2) increase the criminal justice system's ability to effectively accommodate the needs of victims and offenders who are Trust beneficiaries.

Trust beneficiaries are at increased risk of involvement with the criminal justice system both as defendants and as victims. Each year, hundreds of Trust beneficiaries, who have committed no crime, are incarcerated for their safety because appropriate service alternatives are not available. Thousands more are arrested, prosecuted and incarcerated for status offenses resulting from behaviors associated with the symptoms of their mental disorders.

## COMMITTED PARTNERS:

Several strong partnerships were formed to address this issue with The Trust, including the Alaska Court System, the departments of Corrections, Health and Social Services, Law, and Public Safety, the University of Alaska, local governments, law enforcement, and behavioral health treatment providers.

## STRATEGIC THINKING:

The partners quickly identified cross system communication, early identification of beneficiaries when they enter the criminal justice system, and training as the key components needed to assist Alaska's criminal justice and health and social service systems in preventing the inappropriate or avoidable arrest, prosecution, and incarceration of Trust beneficiaries.

## RESULTS FOR BENEFICIARIES:

In FY07, The Trust and its partners focused on two key areas: training criminal justice personnel to be more familiar with beneficiaries and their needs, and discharge planning for

beneficiaries exiting the corrections system and re-entering Alaska's communities as a strategy to reduce recidivism among beneficiaries.

The Alaska Court System, the Alaska Bar Association, the Public Defender Agency and The Trust partnered to develop and implement a six-part Continuing Legal Education (CLE) series entitled "Managing Cases Involving Persons with Mental Disorders." The curriculum assists judges, lawyers and other professionals in understanding and more effectively handling legal cases involving Trust beneficiaries. There were 450 participants in the CLE series, of which 262 worked in the legal field. The training sessions were videotaped and are available for those who were unable to attend or for new lawyers entering the field who are unfamiliar with mental health disorders and law.

The departments of Corrections and Health and Social Services, behavioral health treatment providers and other stakeholders from around the state developed and implemented a discharge planning program for beneficiaries who leave corrections and re-integrate into Alaska's communities. It is based on a national best-practice model called Assess, Plan, Identify, Coordinate (APIC). The program was operational in the fourth quarter of FY07 in Anchorage, Fairbanks, Juneau and Palmer.

## AHEAD FOR '08:

Goals for FY08 include release of a comprehensive, four-year, retrospective analysis of beneficiaries who entered, were served within, and were released from the Department of Corrections. This data will assist the Disability Justice Focus Area partners to strategically plan and develop effective programs that will divert and reduce the number of Trust beneficiaries who are incarcerated. The Trust has also committed funds in FY08 for additional training on disorders experienced by beneficiaries and intervention techniques for law enforcement officers in Anchorage and Fairbanks. Planning will begin for introduction of additional therapeutic courts in Southeast Alaska.

Finally, The Trust plans to develop, in partnership with the departments of Corrections and Health and Social Services, local governments and stakeholders, an enhanced continuum of detoxification and treatment services in several locations that will reduce the inappropriate and avoidable incarceration of beneficiaries under Alaska's protective custody laws.

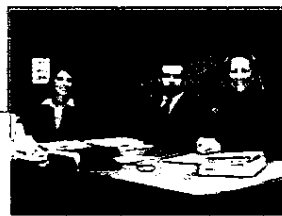
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District Court Judge Stephanie Rhoades presides over the Anchorage Mental Health Court.



Law enforcement and correctional officers completed Trust funded Crisis Intervention Team training.



Prosecutors are key team members of the therapeutic courts in Anchorage, Fairbanks, Palmer, Bethel, Juneau and Ketchikan.



District Court Judge Greg Heath presides over the Palmer Mental Health Court.

# Beneficiary Projects Initiative Focus Area

What better way to demonstrate The Trust's commitment to improving the lives and circumstances of Trust beneficiaries than putting funds directly into beneficiaries' hands for beneficiary-directed projects they conceive and operate.

## THE PROBLEM OR COMMUNITY NEED:

Involving consumers in defining and mapping out their recovery is a well-known treatment tactic and may forestall the need for more intensive traditional service. While plenty of beneficiaries and their family members have keen interest in developing consumer-driven services, not all have the expertise or training to organize, manage and sustain the programs they envision.

In FY07, the Beneficiary Projects Initiative Focus Area committed about \$1.3 million for Trust beneficiaries to develop grassroots projects that focus on peer-to-peer support. This means beneficiaries are helping each other find and maintain their individual path to recovery and wellness. The Trust also funded a \$1.2 million mini-grant program for projects that provide Trust beneficiaries with a broad range of equipment and services essential to directly improving their quality of life and increasing independent functioning. In addition, The Trust allocated \$250,000 for The Trust's Small Projects program, which provided small amounts of one-time funding for more than 30 beneficiary-directed projects in FY07.

## COMMITTED PARTNERS:

The most significant partners in this focus area are the beneficiary grantees, of which there has been 25 since the program began in 2006, including 15 who received funding in FY07. They all have committed to delivering safe, effective services and running stable, well-managed organizations. They are succeeding because of the help they receive from a host of committed partners, including The Trust's advisory boards, federal agencies such as SAMHSA, state agencies such as the Division of Behavioral Health, Native organizations

such as First Alaskans Institute, major foundations such as the Rasmuson Foundation, and national and state technical assistance providers.

## STRATEGIC THINKING:

Among the goals for this focus area are providing grantees with seed money and technical assistance so their projects get off the ground, operate smoothly and are sustainable. The program is administered through a contract with The Foraker Group where staff can answer basic operating questions, help develop business plans, or assist beneficiaries in getting a program started and running effectively.

## RESULTS FOR BENEFICIARIES:

Some of the services initiated by Trust beneficiaries include peer-support services, clubhouses and drop-in centers, community outreach, and illness self-management in communities that range from Nenana to Ketchikan. By funding these projects, The Trust has helped increase the capacity of the state's mental health treatment delivery system for beneficiary-directed services. But more importantly, these projects and services are improving beneficiaries' lives by creating a sense of empowerment and promoting recovery among both the beneficiary providers and the recipients. In 2007, more than 1,600 Trust beneficiaries received both direct and indirect services through the Beneficiary Projects Initiative Focus Area, nearly all of which were provided by fellow beneficiaries and/or family members.

## AHEAD IN '08:

In FY08 an "incubator" program will assist beneficiaries in developing their project ideas more thoroughly. Overall initiative capacity building will take two distinct forms. First, through leadership training, we want to grow the expertise of individual beneficiaries who are already serving; and, second, we will recruit other skilled individuals who have interest in serving their communities. Finally, an evaluation of the initiative will be conducted to provide focus area guidance and establish appropriate performance measures.

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The Trust funded the Petersburg Community Garden as a small project.



The annual Key Campaign raises awareness about developmental disabilities.



Beneficiaries developed peer-support services, clubhouses and drop-in centers.



Young self-advocates give back to their community by participating in a tree-planting program.

# Workforce Development Focus Area

## THE PROBLEM OR COMMUNITY NEED:

Having an available and competent workforce are enormous challenges for all Trust beneficiary service providers. A shortage of health care workers in Alaska has been at a near-crisis level for many years, yet the health services industry is the fastest growing sector of Alaska's economy, employing more than 7 percent of the state's workforce, according to a 2007 study commissioned by The Trust. Much of the reason for this worker shortage lies in Alaska's remoteness, harsh climate, rural isolation, low population density, high cost of living and scarce training resources. Exacerbating this already difficult situation is a burgeoning demand now for increased health services for the state's steadily growing and aging population, some of whom are among The Trust's beneficiaries. The Workforce Development Focus Area is aimed specifically at increasing the available pool of qualified employees in Alaska who serve Trust beneficiaries and keeping that workforce adequately trained.

## COMMITTED PARTNERSHIPS:

More than 20 partners worked in FY07 to develop strategies that will address the goals set out by this focus area. These partners included service providers, the departments of Health and Social Services and Labor and Workforce Development, non-profit and faith-based organizations, and educational institutions such as the University of Alaska system, including the campuses in Anchorage, Fairbanks and Sitka.

## STRATEGIC THINKING:

After studying data around the workforce issues it became clear that there are many dimensions to the problem and that multiple strategies are needed to reduce the problems. We have developed strategies around recruitment, retention and training issues to accomplish our goal of having a competent workforce to serve Trust beneficiaries. The strategies address a diverse array

of problems including adequate pay and benefits, affordable housing, access to training and professional development, and competent supervision.

## RESULTS FOR BENEFICIARIES:

The Trust partnered with the University of Alaska to conduct a state-wide vacancy study in 2007 to assess the number and length of time positions have been open in a broad array of physical and behavioral health organizations. The results were staggering, especially among the occupations that serve Trust beneficiaries. The vacancy study shows the most severe shortages in the behavioral health field were for occupations that fell under the category of human services worker, with both extremely high vacancy numbers and high vacancy rates. Overall, all behavioral health occupation vacancies were high – around 29 percent of all estimated vacancies – and ranked higher than any other occupational group. This means organizations that serve beneficiaries are understaffed, which results in delayed treatment or no services available to some people, resulting in negative impacts to individuals, families and communities.

## AHEAD FOR '08:

Because the Workforce Development Focus Area is the newest of The Trust's focus areas, most of the work was just being planned in 2007 so many of the strategies are expected to gain traction or launch in FY08. A new Trust Training Cooperative formed in 2007 will address training needs in the field, helping to tie together and maximize available on-the-job training and necessary continuing education for the workforce. Additionally, new recruitment and retention strategies are beginning or expanding in FY08 in a wide variety of venues. For instance, a demonstration project for a new Student Loan Repayment Program for behavioral health professionals is expected to commence in 2008 that will serve as a recruitment and retention tool.

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## REGIONAL VACANCY RATES

Occupational Group	Regions (Study Sample – n = 476)						
	North/West (n=10)	Southwest (n=17)	Interior (n=72)	Anchorage Mat-Su (n=232)	Gulf Coast (n=69)	Southeast (n=70)	Statewide Multiregional (n=6)
Physicians	26.7%	21.2%	21.6%	12.6%	10.4%	6.8%	30.3%
Professional Nurses	26.0%	21.6%	5.9%	11.1%	8.0%	5.9%	12.1%
Other Nursing Staff	18.6%	18.8%	5.8%	6.2%	4.6%	2.3%	8.8%
Dentists/Pharmacists/Therapists	32.4%	32.4%	20.7%	15.9%	16.5%	16.3%	12.4%
Behavioral Health	19.0%	22.7%	13.1%	8.3%	7.1%	11.1%	11.6%
Allied Health	17.0%	24.6%	7.3%	6.5%	8.4%	7.7%	8.6%
Public Health/Nutrition	30.0%	6.3%	0.0%	4.0%	18.9%	0.0%	10.5%
Other Primary Care (PA & CHA/P)	19.7%	18.6%	24.5%	9.0%	9.1%	4.0%	0.0%
Managers	13.8%	2.4%	3.5%	3.2%	6.4%	11.7%	4.0%
Health Information/Reimbursement	15.9%	16.9%	2.0%	5.3%	6.6%	2.8%	7.2%
All Occupations	20.1%	20.3%	9.0%	8.6%	8.1%	7.7%	10.2%

The 2007 Alaska Health Workforce Vacancy Study was conducted by the Alaska Center for Rural Health – Alaska's AHRC, at the University of Alaska, Anchorage. The study was funded by The Trust and by the Office of Associate VP for Health, University of Alaska Anchorage, through the Centers for Disease Control and Prevention. The full report may be downloaded at <http://nursing.uaa.alaska.edu/achr/>.

# Trust Fund Experiences Record Growth in FY07

Due to strong investment markets throughout the 2007 fiscal year, the cash assets of the Alaska Mental Health Trust Authority reached a record high balance. Investments with the Alaska Permanent Fund (APFC) increased 13.8 percent, rising from \$385,366,600 at the end of FY06 to \$438,513,700 at the end of FY07.

Income from these investments was \$62,448,000 for FY07 and \$36,046,700 for FY06. Statutory net income determined by APFC (which does not include unrealized gains) was \$31,756,200 for FY07 and \$39,733,300 for FY06. Statutory net income increases the Budget Reserve and can be used to fund the mental health budget, while unrealized net income can only be applied to inflation proof our Principal investment.

The Budget Reserve is set at 400 percent of the annual payout, to allow for disbursements during market downturns without eroding Trust Principal. The Budget Reserve investment is split between the Alaska Permanent Fund and the Treasury Division of the Alaska Department of Revenue.

The Treasury Division Budget Reserve investments were reallocated during FY07 according to the recommendation of financial consultants Callan Associates, Inc. Due to this change, combined with strong investment performance, the earnings

on this portion of the Budget Reserve soared tenfold from \$445,740 in FY06 to \$4,586,200 in FY07.

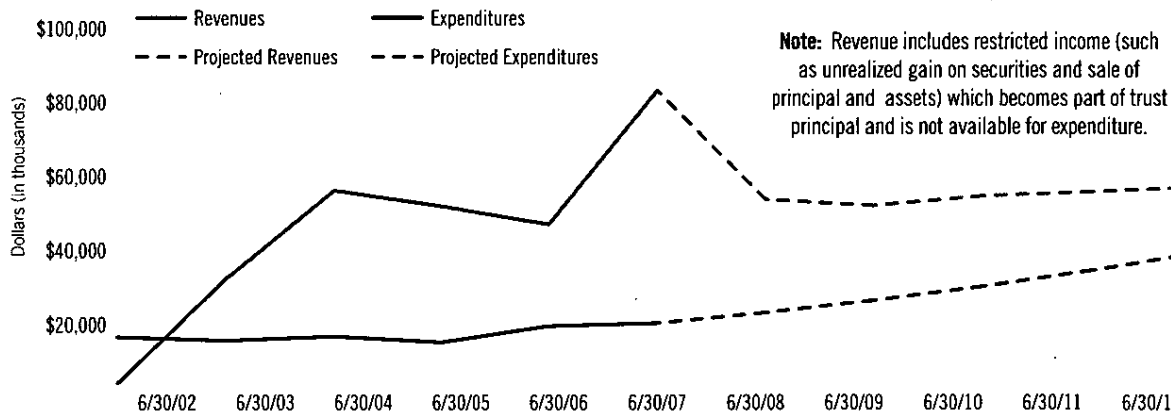
The Trust's payout rate, which is used to calculate the disbursement (or payout) for the mental health budget, was increased at the end of FY06 from 3.75 percent to 4.0 percent beginning with the FY07 budget. This rate is applied to the balance in the Trust Fund (Principal and Budget Reserve) at the end of a fiscal year to calculate the payout for the subsequent year.

The following financial performance from FY07 is available for funding in FY08:

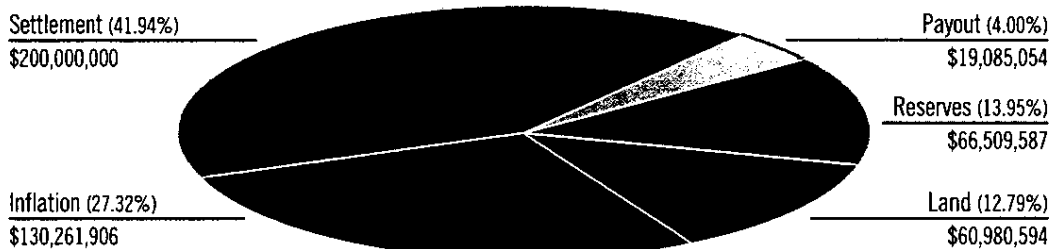
- Disbursement (payout) rate of 4.0 percent, for a payout of \$19,085,054. This represents an increase of 14.8 percent over FY06.
- Resource management revenue allocated as income was \$3,428,312.
- Interest on the Income Account at Treasury Division was \$1,620,108.
- Lapsed funds from prior fiscal years were \$2,770,922.
- Total funding available for FY08 is \$26,904,396. This is a 17 percent increase from FY07 availability of \$23,032,672.

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## REVENUES AND EXPENDITURES



## TRUST CASH ASSETS AT END OF FY07



# Trust Land Office Generated \$8.1 Million

Revenue-generating uses of Trust land include land leasing and sales; commercial timber sales; mineral exploration and production; coal, oil and gas exploration and development; sand, gravel and rock sales; and other general land uses.

The Trust Land Office (TLO) is a small 11-person unit in the Department of Natural Resources that manages approximately one million acres of land and non-cash assets throughout Alaska on behalf of the beneficiaries of the Alaska Mental Health Trust. Gross revenue in FY07 totaled about \$8.1 million, of which about \$3.3 million was Spendable Income and about \$4.7 million was Principal revenue.

Revenue-generating uses of Trust land include land leasing and sales; commercial timber sales; mineral exploration and production; coal, oil and gas exploration and development; sand, gravel and rock sales; and other general land uses. Rents, fees and 15 percent of timber revenue from Trust land uses are considered "Spendable Income" and are available to The Trust for use in the following fiscal year. Land Sale revenue, hydrocarbon and mineral royalties, and 85 percent of timber revenue are considered "Principal" and are deposited in The Trust corpus, which is held and managed by the Alaska Permanent Fund Corporation.

### RECENT ACCOMPLISHMENTS:

- Completed subdivision and re-plot of The Trust's Juneau waterfront parcel known as The Support, and sold a parcel adjacent to Centennial Hall to the City and Borough of Juneau for \$2.93 million.
- Fairbanks Gold Mining Inc. paid The Trust a royalty of more than \$700,000 for its 2006 calendar year production from its mine located on Trust land north of Fairbanks.
- Sold 67 parcels in The Trust's annual land sale for a value of \$2.17 million.
- Responded quickly to approve an authorization for the

expedited recovery of spilled fuel from a DC-4 that crashed on Trust land near Nenana carrying 3,000 gallons of heating oil.

- Worked with the Department of Natural Resources to establish a new replacement land list, and prioritized conveyances of the lands owed to The Trust under the Settlement Agreement for lands that were originally conveyed to The Trust in error or had other encumbrances that significantly affected the land.
- After a 10-year hiatus, the Board of Land Management began adjudication of the remaining Mental Health Enabling Act selections as part of the agreement to close out The Trust's federal entitlement.
- Talon Gold began mineral exploration on Trust land near Livengood. Early results from that program continue to provide encouraging news for the precious metals prospect.
- Worked with various communities throughout Alaska on issues affecting management of Trust lands.

### ANNUAL PLAN:

The TLO will begin long-term planning for Trust timber lands, commercial real estate and resort properties. In addition, the office will strive to build or rebuild relationships with local communities or individuals that live or work near lands managed by The Trust.

Key projects will include:

- Planning for development of the Juneau Waterfront Property (formerly titled the Juneau Support);
- Researching potential timber land exchanges in Southeast Alaska with the U. S. Forest Service;
- Developing a long-term property and land management program for use by TLO staff;
- Resolving a back log of land use issues;
- Developing a preliminary feasibility study for monitoring resort quality properties;
- Offering for sale potential subdivision lots; and
- Continuing to offer oil, gas and mineral properties for lease.



Trust land along Juneau's waterfront is being redeveloped.



Typical timberland owned by The Trust in Southeast Alaska.



Saw logs waiting to be processed at Silver Bay Mill in Wrangell.



Yellow cedar dimensional lumber waiting for shipment in Wrangell.

*The* TRUST  
The Alaska Mental Health  
Trust Authority

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Continuing our formula for  
**Success**

*The* **TRUST**

The Alaska Mental Health  
Trust Authority

**2008 Annual Report**

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Laraine Derr, Vice Chair

Paula Easley, Secretary/Treasurer

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Margaret Lowe

John Malone

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Tim Schuerch

## Trust Beneficiaries

People with mental illness

People with developmental disabilities

People with chronic alcoholism

People with Alzheimer's disease and related dementia

## Trust Advisors

Advisory Board on Alcoholism and Drug Abuse

Alaska Mental Health Board

Governor's Council on Disabilities and Special Education

Alaska Commission on Aging

Commissioner of Health and Social Services

Commissioner of Natural Resources

Commissioner of Revenue

Commissioner of Corrections

# An Overview of 2008

Last year we reported that we have developed a formula for achieving our goal of improving the lives and circumstances of Trust beneficiaries. We defined the formula as "committed partners + strategic planning = results for Trust beneficiaries." Throughout FY2008, we continued to rely on this formula to guide our work on behalf of Trust beneficiaries. As a result, our theme for this annual report is "continuing our formula for success," which reflects our ongoing commitment to serve as a catalyst for change in the systems that serve Trust beneficiaries.

We urge you to read through this report to learn how we are collaborating with our many partners to ensure and improve the comprehensive integrated mental health program in Alaska. We hope that by reading this report you will have a better understanding of how the issues we address affect virtually all Alaskans.

## WHAT IS THE TRUST

The Alaska Mental Health Trust Authority is a state corporation that manages the Mental Health Trust, which was established at statehood. Our goal is to serve as a catalyst for change and improvement in Alaska's mental health continuum of care. We do not provide individual services; instead we operate much like a private foundation, using our resources to fund projects and activities that promote system change, including capacity building, demonstration projects, funding partnerships, technical assistance, and other activities that will improve the lives and circumstances of Trust beneficiaries.

## TRUST BENEFICIARIES

Our beneficiaries are a diverse group. They include people with mental illness, developmental disabilities, chronic alcoholism, and Alzheimer's disease and related dementia. They live throughout Alaska and range from newborns to the oldest members of our communities. You probably know someone who is represented by The Trust; it could be a family member, a neighbor, a coworker or even yourself. As a result, the issues addressed by The Trust touch nearly every Alaskan, either directly or indirectly.

## HOW WE FUND PROGRAMS

The amount Trustees have available to spend each year includes a portion of the earnings from our cash and non-cash assets. Because of favorable market conditions in recent years our investments have done well. As a result, Trustees have disbursed about \$25 million per year to support programs of direct benefit to Trust beneficiaries. The economic downturn in FY2009, however, indicates The Trust will have a smaller funding stream available in FY2010.

## FOCUS OF TRUST FUNDING

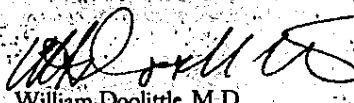
Most of The Trust's annual operating and capital budgets are spent on five focus areas that address issues with significant impact on Trust beneficiaries. These focus areas are:

1. Bring the Kids Home – bringing home to Alaska children who are being treated in out-of-state residential psychiatric institutions and increasing early detection, intervention and treatment services for these children statewide;
2. Affordable Appropriate Housing – increasing the availability of a continuum of housing options for Trust beneficiaries to reduce homelessness and improve their quality of life;
3. Disability Justice – reducing the involvement and recidivism of Trust beneficiaries in the criminal justice system;
4. Trust Beneficiary Projects Initiative – supporting grassroots, consumer-driven programs and small, one-time projects that improve the lives of beneficiaries; and
5. Workforce Development – creating an available and competent workforce for Trust beneficiary service providers.

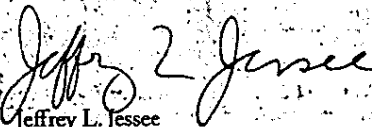
## OUR PARTNERS

In many instances, we directly engage beneficiaries and family members for guidance and feedback. We also depend on input regarding funding and policy recommendations from several advisory boards that serve as a link between The Trust and our beneficiaries, their families, caregivers and legal guardians. In addition, we rely on participation and collaboration from a number of state agencies, community partners and stakeholders to help reform and improve the systems that serve Trust beneficiaries.

The Trustees and Trust staff are committed to working with Governor Palin, the Legislature and our many partners to continue applying our formula for achieving the systemic change needed to make long-term improvements in the lives and circumstances of Trust beneficiaries.



William Doolittle, M.D.  
Chair



Jeffrey L. Jessee  
Chief Executive Officer



# Keeping Beneficiaries Out of Corrections

The Disability Justice Focus Area aims to reduce the involvement and recidivism of Trust beneficiaries in the criminal justice system and increase the system's ability to effectively accommodate the needs of victims and offenders who are Trust beneficiaries.

**Study of Trust Beneficiaries in the Department of Corrections —** More than 40 percent of Alaska inmates have a mental illness or a cognitive impairment, according to a study commissioned by The Trust and the Alaska Department of Corrections, in coordination with the Department of Health and Social Services. The 2008 study revealed that inmates identified as Trust beneficiaries are more likely to return to prison, return sooner and spend more time in custody than other inmates. The four-year study also revealed that Trust beneficiaries who receive community health services upon release from prison have a lower rate of recidivism. The Trust and its partners are using the study results to promote increased funding for correctional and community-based treatment, improve integration among the systems serving Trust beneficiaries, and provide better links with community health care services to help ease the burden of care on Alaska's criminal justice system.

**Therapeutic Court System Studies —** Evaluations of the Anchorage and Palmer Mental Health Courts in FY2008 demonstrated that the courts save public funds, reduce crime, and better meet the needs of defendants with significant mental disabilities than the traditional criminal justice approach. The courts are a collaborative effort between The Trust, Alaska Court System, the departments of Administration-Public Defender Agency, Corrections, Health and

Social Services, Law, and Public Safety; local law enforcement and community treatment providers.

According to the 2008 study of beneficiaries in the Department of Corrections, Trust beneficiaries are part of a "revolving door" system of justice that is expensive, does not serve the interests of public safety, and does not benefit the defendants. The retention and program completion rates at Anchorage and Palmer compare favorably with therapeutic courts nationally. As a result, other

communities are being assessed for expansion of mental health and substance abuse courts statewide.



Alaska District Court Judge Greg Heath presides over the Palmer Mental Health Court.

**Fairbanks Enhanced Detox Facility —** A \$4.6 million, 16-bed detox treatment facility aimed at reducing the inappropriate and avoidable incarceration of beneficiaries under Alaska's protective custody laws opened in January 2009 in Fairbanks. Construction of the Gateway to Recovery – Fairbanks Community Enhanced Detox Center began in FY2008 after several years of planning by a coalition of community providers,

including Fairbanks Memorial Hospital, Tanana Chiefs Conference, Fairbanks Community Behavioral Health Center, and the Fairbanks Native Association, which also operates the facility. The new center increases detoxification capacity in Fairbanks by 60 percent. The new facility is located on Trust land and received major financial support from the Department of Health and Social Services; the Department of Commerce, Community and Economic Development; Rasmuson Foundation; Greater Fairbanks Community Hospital Foundation; The Trust; Doyon Ltd.; Tanana Chiefs Conference and private donors.

## Overall Distribution of Trust Beneficiaries in Custody of the Alaska Department of Corrections

Incarcerations	FY2003	FY2004	FY2005	FY2006
Total Incarcerations	36,597	39,067	39,260	37,165
Trust Beneficiary Incarcerations	14,996	16,570	16,309	15,175
Trust Beneficiary Percent	41.0%	42.4%	41.5%	40.8%
Unique Offenders	17,258	18,246	17,998	17,220
Unique Trust Beneficiaries	5,820	6,267	6,265	6,071
Trust Beneficiary Percent	33.7%	34.3%	34.8%	35.3%

Results from "A Study of Trust Beneficiaries in the Alaska Department of Corrections" conducted by Hornby Zeller Associates, Inc. To read the full report, see [http://www.mhtrust.org/documents\\_mhtrust/12-07%20Final%20DOC%20Trust%20Beneficiary%20Study.pdf](http://www.mhtrust.org/documents_mhtrust/12-07%20Final%20DOC%20Trust%20Beneficiary%20Study.pdf).

# Providing Affordable, Supportive Housing

The Appropriate Affordable Housing Focus Area is directed at expanding the availability of supportive housing for Trust beneficiaries. Safe, affordable, secure housing is critical for all Trust beneficiaries to be successful in their communities. Yet, finding permanent, appropriate housing is a problem for all our beneficiary groups. The problem is compounded by the fact that Trust beneficiaries typically need more than just a roof over their heads. They often need housing that also provides training and support services such as budgeting, financial management, social skills training, problem solving and assistance with cognitive or behavioral issues to help them become stable, dependable tenants. The Appropriate Affordable Housing Focus Area workgroup has developed and is piloting several innovative, flexible strategies to address the housing needs of Trust beneficiaries.

**Special Needs Housing Grant Program Expanded** — The Special Needs Housing Grants or SNHG (pronounced snug) program is a long-time partnership between Alaska Housing Finance Corporation and The Trust that provides capital funds for supported housing for Trust beneficiaries. The program was expanded in FY2008 to provide more operations assistance and more flexible funding so the units are affordable and have increased outreach and assistance for residents. This innovation represents important first steps to retooling the special needs housing systems in our state. The program is managed and funded by AHFC, with additional funding from The Trust and the Department of Health and Social Services. Competitive grants are available to non-profit service providers and housing developers for planning and construction activities and may provide for group, supportive and transitional housing.

**Housing Trust Pilot Projects** — The Rasmuson Foundation and The Trust each committed \$1 million in FY2008 for supportive housing pilot projects in Southcentral Alaska. The projects replicate the approach used in 35 other states that have implemented housing trusts. Housing trusts are a tool that states and communities use to increase the outreach and social services available to housing developments. As a result, these housing developments offer long-term support for individuals with special needs and preserve the community's investment.

**Restructured Housing in Fairbanks** — The Trust and the Department of Health and Social Services were instrumental in assisting Fairbanks Community Behavioral Health Center in restructuring its housing programs, allowing the center to reopen 24 previously closed units for individuals with serious mental illness.

**Bridge Home Reduces Institutionalization** — The Trust's main program in the housing focus area, the Bridge Home, is aimed at reducing the number of beneficiaries cycling through the Alaska Department of Corrections and Alaska Psychiatric Institute. In a four-year analysis of program participants, there was a significant reduction in the number of admissions to these facilities and a reduction in the costs related to these visits. This program will be expanding in FY2009 to include more beneficiaries with histories of cycling through the system.



Top: Supportive housing in Fairbanks assists Trust beneficiaries with training in daily life skills.  
Left: Residents in a supportive housing program in Anchorage helped landscape the area around their home.

## Bridge Home Supportive Housing Results\*

	Prior to Program	During Program	Reduction in Use
Alaska Psychiatric Institute Admits	79	49	38%
Days in Alaska Psychiatric Institute	1,707	1,167	32%
Department of Corrections Admits	51	27	48%
Days in Department of Corrections	2,124	674	68%

\* Number of residents = 47

# Reforming Mental Health Care for Children

The Bring the Kids Home Focus Area is reforming Alaska's mental health care for children and adolescents by increasing community-based services, providing early detection and intervention, and coordinating with families and schools to promote healthy learning environments. Bring the Kids Home began in 2005 as an initiative to return children with severe emotional disturbances from out-of-state residential facilities to treatment in Alaska and to keep additional children from moving into out-of-state care. Funded by The Trust and the Department of Health and Social Services, this initiative is a good example of how The Trust uses its resources to affect systemic change on behalf of Trust beneficiaries. Besides improving recovery at the lowest level of appropriate care, the State expects to benefit from this initiative by gaining better control of the future cost for children's mental health care.

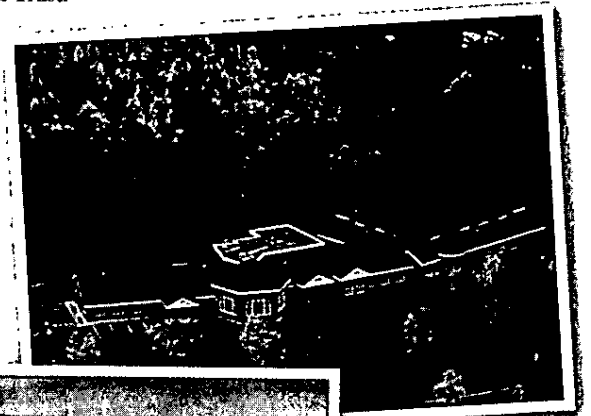
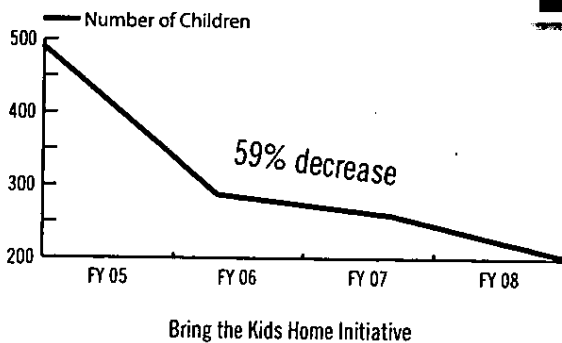
**Out-of-State Placements Dropped 59 Percent** — The number of children admitted into out-of-state psychiatric treatment facilities dropped 32 percent, from 297 in FY2007 to 202 in FY2008. That is an overall 59 percent decline from the 489 kids who were admitted into out-of-state residential programs when the initiative began in 2005.

**In-State Capacity Increased** — In order for children in out-of-state treatment facilities to come home, there must be treatment available in Alaska. Planning and construction of new facilities take time and have not caught up with the need, but there were some small increases in FY2008 and at least one facility has opened in FY2009. The Boys & Girls Homes of Alaska in FY2008 opened a residential center in Fairbanks with a capacity of 130 kids. A five-bed group home opened in Dillingham in FY2008, with financial support from the Denali Commission, the Department of Health and Social Services and The Trust. In December 2008, the Volunteers of America-Alaska opened its expanded 24-bed adolescent residential center in Anchorage, increasing its capacity in FY2009 by 50 percent.

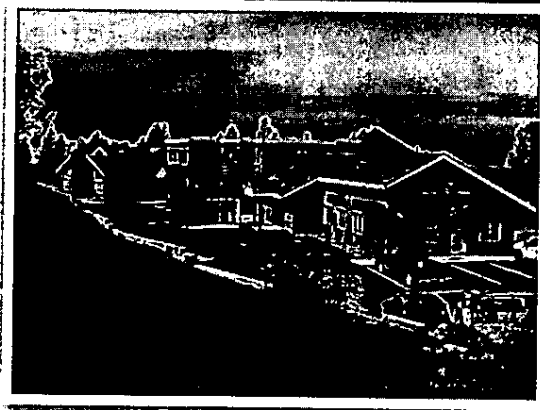
**Individualized Services Increased** — Developing in-state capacity for children with severe emotional disturbances is only a partial solution. The rest of the answer lies in preventing the need for residential care by providing youth the services and supports they need to stay at home. This requires investments in early intervention for children and families to keep problems from becoming severe. The Individualized Services program provides assistance to children and their families specifically geared to each child that will keep them safe, stable and at home. Services range from transportation to attend after-school activities to crisis intervention; and from family therapy to medication management. Without these services, many recipients would be destined for residential treatment, which would separate them from their families and home communities and cost more. The program is funded by the Department of Health and Social Services and The Trust.

4

Children Admitted into Out-of-State Residential Treatment Facilities



Top: Construction of new treatment facilities in Alaska is helping bring home those youth being treated out of state.



Left: Volunteers of America-Alaska increased capacity in their Anchorage residential facility by 50 percent.



Bottom: Early detection and intervention programs help children get help sooner and in their home communities.

# Offering the Wind Beneath Their Wings

The Beneficiary Projects Initiative Focus Area supports and funds grassroots, beneficiary-driven, peer-to-peer programs and small, one-time projects that improve the lives of Trust beneficiaries. In FY2008, The Trust authorized \$1.25 million for this focus area, which is the only focus area that puts funds directly into the hands of beneficiaries to help them map out their recovery and long-term wellbeing. During the year, nine projects were funded that focused on everything from peer-to-peer support services and activities to early intervention programs, education, advocacy and outreach.

**Technical Assistance** — A panel of experts in the non-profit field is available to assist beneficiary groups in getting their programs developed, funded and running smoothly. The panel provided technical assistance in FY2008 to 23 beneficiary-led projects regarding organizational development, project implementation, business planning and board development. The panel is funded by The Trust and coordinated by The Foraker Group.

**Alaska Peer Support Consortium** — A network of 20 beneficiary-run programs organized into the Alaska Peer Support Consortium to advocate for beneficiaries, share information and provide training opportunities for peer-to-peer support services. The group is proving to be a critical partner to policymakers for developing peer-to-peer support services.

**Beneficiaries Participate in Public Process** — Partners in Policymaking is a Trust-funded program that provides training to Trust beneficiaries about how to participate in policymaking at various levels of government. The program is a collaboration with the Governor's Council on Disabilities and Special Education and the University of Alaska Center for Human Development. Program graduates have been successful in securing funds for peer-operated support services, serving on Beneficiary Projects Initiative grantee boards and participating in public advisory boards and commissions.



Top: Polaris House participants learn CPR at their Juneau clubhouse.



Left: Peer-run clubhouses offer participants life-skills training such as cooking.

Bottom: Beneficiaries produced costumes for an Anchorage poetry jam as part of their recovery.

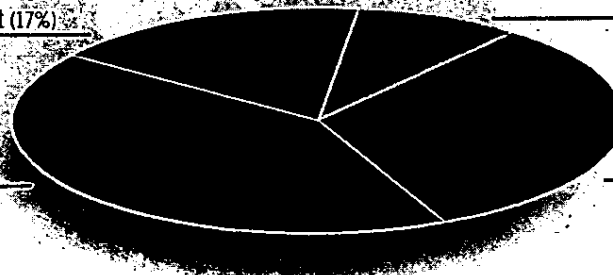


5

## Beneficiary Programs Initiative FY2008 Grants

Peer-run Alternatives to Residential Treatment (17%)  
\$200,000

Peer-to-Peer Support (42%)  
\$512,000



Community Education and Advocacy (9%)

\$108,000

Clubhouse/Drop-in Centers (32%)

\$380,000

# Recruiting, Retaining and Educating Workers

The overarching goal of the Workforce Development Focus Area is for service providers across the state to have access to a capable, culturally competent workforce that supports Trust beneficiaries, their families and communities. The focus area workgroup has identified three objectives to help make this happen: workforce recruitment, retention, and training and education. FY2008 was the first year of implementation in this focus area. During the year, more than 20 activities and programs were launched that targeted from entry-level personnel to paraprofessionals and professionals in a wide variety of beneficiary-related jobs across the state.

**Student Loan Repayment Program** — Under this incentive program, workers are being recruited into jobs in the behavioral health field that have been identified as having high vacancy rates in communities across the state. Professionals who graduated from an accredited college or university with a master's degree or higher are eligible for loan repayment in exchange for working in Alaska for two years. The program structure was developed in FY2008; five eligible job sites were selected for FY2008 and an additional five for FY2009.

**Trust Training Cooperative** — Many service providers lack access to education and training for employees who serve Trust beneficiaries, especially at small agencies and agencies in rural areas. To help ease this problem, The Trust in FY2008 funded the Trust Training Cooperative, which is coordinated by and housed at the University of Alaska Center for Human Development. The cooperative functions as a clearinghouse to identify, coordinate and provide training, education and career development opportunities for the workforce that serves Trust beneficiaries. One of the cooperative's major accomplishments in 2008 was purchasing and piloting a learning management system for delivering, tracking and managing online training. When fully implemented, it will allow students to manage their training records, view course catalogs via the Internet, and register for, pay for and take training online.

6

**Life experience counts.**  
Helping others can be a career.

Helping others can be a career. I've been a nurse for 15 years, but I've also been a teacher, a counselor, and a coach. I've learned so much from my patients and colleagues. I've also learned that I can make a difference in the lives of others. I'm now a nurse practitioner, and I'm helping people in a new way. I'm proud of my career, and I'm proud of the people I've helped.

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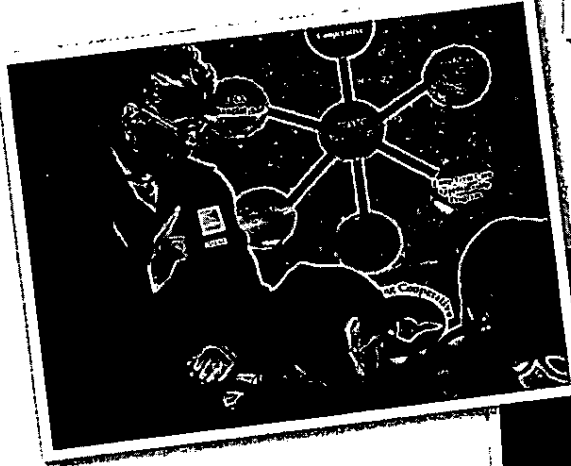
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Everyone has the potential to be who they wish-visualize it!

There are 1000 open jobs available in Alaska for people with master's degrees in behavioral health. If you have a master's degree in behavioral health, you may be eligible for a loan repayment program. Contact us today for more information.

**"Life Experience Counts" Marketing Campaign** — A television and print campaign was launched in FY2008 targeting Alaska Natives and individuals living in rural Alaska where there is a high percentage of vacancies in jobs serving Trust beneficiaries. The campaign ran in media outlets across the state with the slogan "Life Experience Counts" and featured the professional stories of two Alaska Natives. The ads encouraged individuals to use their experiences as caregivers as building blocks for jobs in the direct service field.

Above: TV and print ads encouraged people to turn their life experiences into job skills, helping and caring for Trust beneficiaries.



The annual Full Lives Conference provides motivational, educational and networking opportunities for direct service staff.



A loan repayment program is offering to repay student loans in exchange for working in behavioral health jobs in high vacancy areas of the state.

# Trust Land Office Generated \$11.8 Million

The Trust Land Office (TLO) is a 12-person unit in the Department of Natural Resources that manages approximately one million acres of land and other non-cash assets throughout Alaska on behalf of the Alaska Mental Health Trust. Gross revenues on these assets totaled about \$11.8 million in FY2008, of which about \$2.7 million was Spendable Income and about \$9.1 million was Principal revenue.

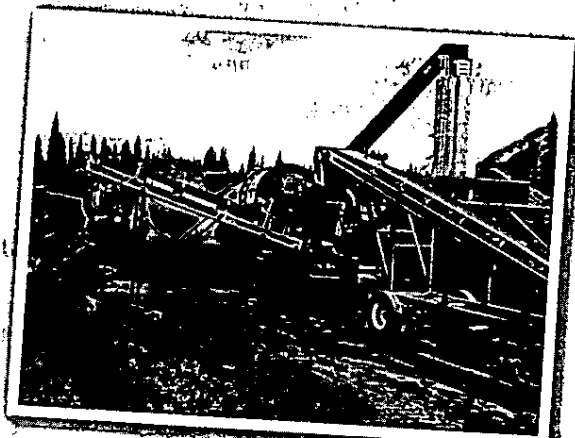
Revenue-generating uses of Trust land include land leasing and sales; commercial timber sales; mineral exploration and production; coal, oil and gas exploration and development; sand, gravel and rock sales; and other general land uses. Rents, fees and 15 percent of timber revenue from Trust land uses are considered "Spendable Income" and are available to The Trust for use in the following fiscal year. Land Sale revenue, hydrocarbon and mineral royalties, and 85 percent of timber revenue are considered "Principal" and are deposited in The Trust corpus, which is held and managed by the Alaska Permanent Fund Corporation.

**Highlights of FY2008** — The TLO completed a number of projects in FY2008 that resulted in increased revenue and helped build or strengthen relationships with individuals, communities and agencies that interact with the TLO. These included:

- Completed demolition and cleanup on Trust-owned waterfront property in Juneau, setting the stage for future development of the area.
- Received a royalty of more than \$1.4 million from Fairbanks Gold Mining Inc. for 2008 production from its mine on Trust land north of Fairbanks. FGMI also paid \$4.2 million for land assets involved in the mining operation.
- Sold 55 parcels in The Trust's annual land sale for \$2.2 million.
- Signed a ground lease between The Trust and Fairbanks Behavioral Health Center for land on which a new enhanced detox center was built in FY2008.
- Sent the final Federal Entitlement close-out agreement to the Bureau of Land Management for review.
- Hired staff in Ketchikan and Petersburg, where large blocks of Trust land impact the local community.

**Future Focus** — The TLO, in conjunction with The Trust's Resource Management Committee, will continue developing long-term plans for its natural resource portfolio and working with local communities and individuals to increase public awareness of Trust lands and other non-cash assets and our mission. Key projects will include:

- Continued planning for the development of Juneau waterfront property;
- Exploring commercial real estate opportunities, specifically in the Anchorage University-Medical District and resort properties;
- Pursuing development of new mining projects on Trust lands;
- Developing a plan for future land sale programs;
- Developing large-block land management programs at Icy Cape and Haines;
- Seeking new business opportunities such as wind power or biomass development.



Top: This asphalt batch plant near Cantwell used aggregate from a quarry on Trust land to repair a section of the Parks Highway.



Right: The Trust has received more than \$4 million in revenue over the past three years from timber harvested on Trust land near Leask Lake in Southeast Alaska.

Trust property adjacent to South Point Higgins Beach is being purchased by Ketchikan Gateway Borough. The property is highly valued by Ketchikan residents for its recreation and beach access.



# Sluggish Economy Slows Trust Fund Growth

Due to the economic slowdown during the 2008 fiscal year, the cash assets of the Alaska Mental Health Trust decreased 7.2 percent from the record-high balance of the prior year. Our investments managed by the Alaska Permanent Fund Corporation (APFC) declined from \$438,513,700 at the close of FY2007 to \$406,981,200 at the end of FY2008.

These investments experienced a \$15,575,000 loss for FY2008 compared to earnings of \$62,448,000 for FY2007. Statutory net income determined by APFC (which does not include unrealized gains or losses) was \$33,912,300 for FY2008 and \$39,733,300 for FY2007. Statutory net income increases the Budget Reserve and can be used to fund the mental health budget, while unrealized net income can only be applied to inflation proof our Principal investment.

The reserve investments managed on behalf of The Trust by the Treasury Division of the Department of Revenue were also impacted by the economic uncertainty of 2008. The loss on this account was \$1,914,200 in FY2008, compared to earnings of \$4,586,200 in FY2007.

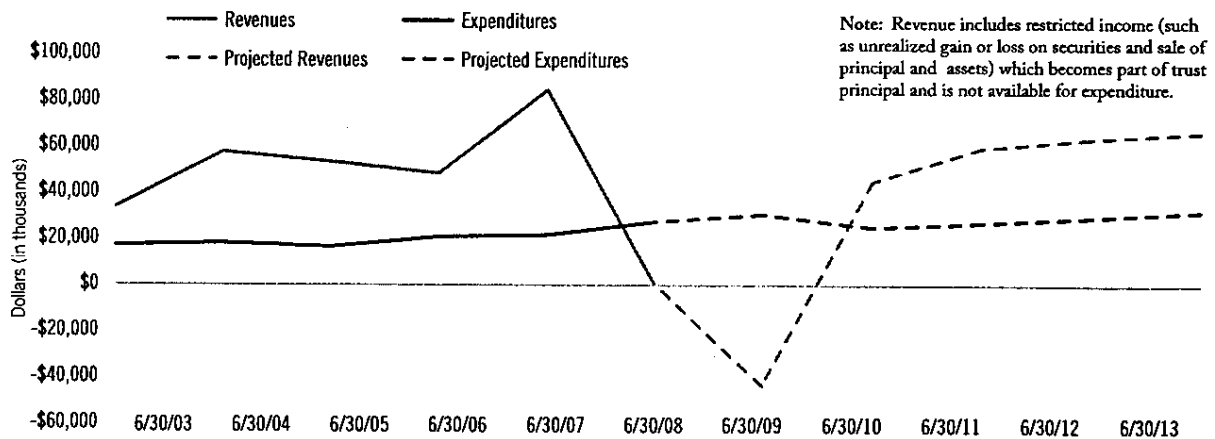
The Trust's payout rate, which is used to calculate the disbursement (or payout) for the mental health budget, was increased at the end of FY2007 from 4 percent to 4.25 percent beginning with the FY2008 budget. The following financial performance from FY2008 is available for funding in FY2009:

- Disbursement (payout) rate of 4.25 percent, for a payout of \$19,102,185.
- Resource management revenue allocated as income was \$2,579,683.
- Interest on the Income Account at Treasury Division was \$1,846,172.
- Lapsed funds from prior fiscal years were \$4,356,596.
- Total funding available for FY2009 is \$27,884,636. This is a 3.6 percent increase from FY2008 availability of \$26,904,396.

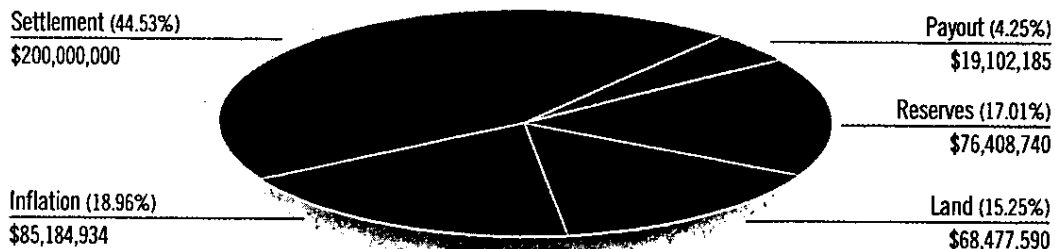
Since the end of FY2008, the financial slowdown has become a full-blown recession with the investments market falling sharply. In the first quarter of FY2009, we experienced more than a 25 percent reduction in our total asset value. Based on this trend, we are expecting FY2010 available income to fund the budget to be substantially less than FY2009.

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## Revenues and Expenditures



## Trust Cash Assets at End of FY2008



Senate Finance  
Committee  
FY 2010 Budget



Alaska Mental Health Trust Authority

January 28, 2009

The TRUST  
The Alaska Mental Health  
Trust Authority



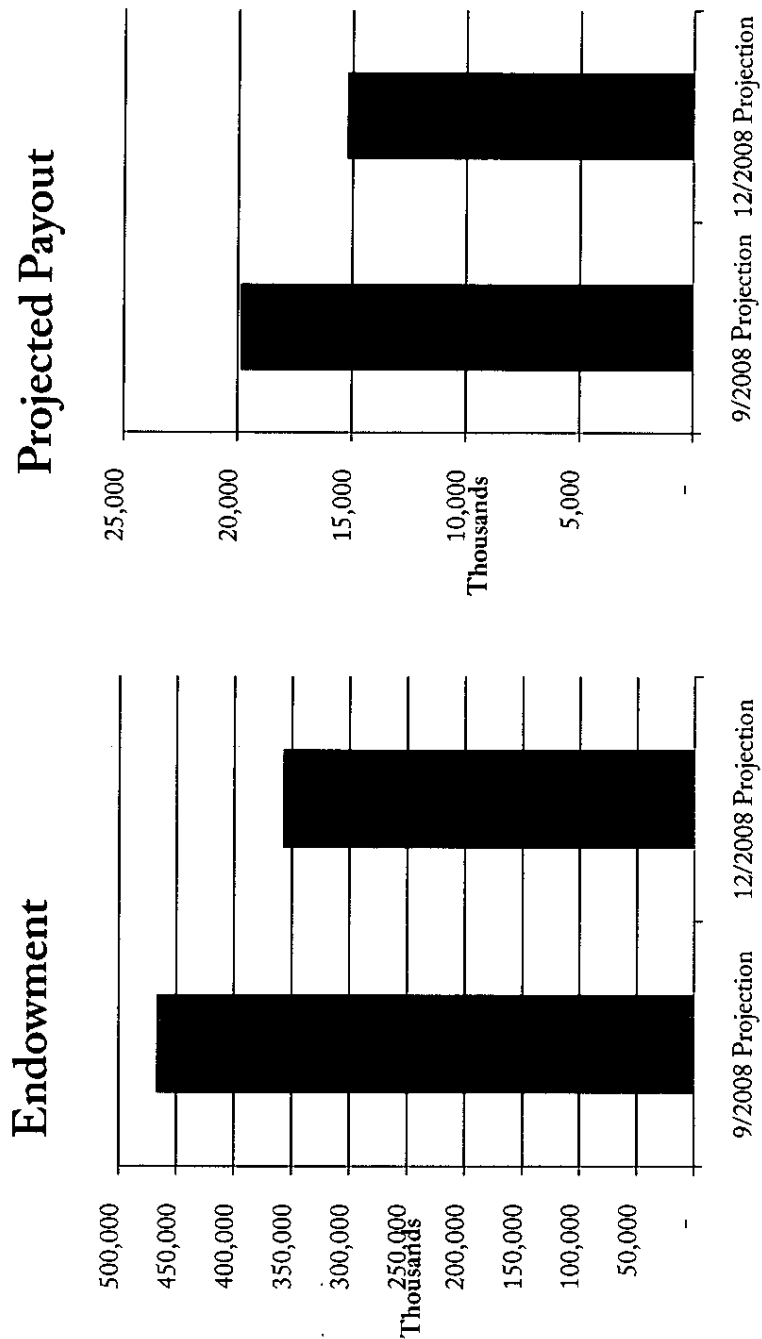
## **Trust Advisors**

- **Alaska Mental Health Board**
- **Advisory Board on Alcoholism & Drug Abuse**
- **Governor's Council on Disabilities & Special Education**
- **Alaska Commission on Aging**
- **Commissioners of Health and Social Services, Natural Resources, Revenue and Corrections**
- **Alaska Brain Injury Network**
- **Statewide Suicide Prevention Council**

**The TRUST**  
The Alaska Mental Health  
Trust Authority

# FY2010 Budget Projections

Changes in Financial Projects between September 2008 and January 2009



# Trust Funding FY2010

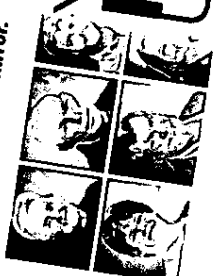
<u>Distributable Income</u>	\$15,205,253
Trust Fund Payout 4.25%	\$ 4,049,000
Prior Year Lapse	\$ 1,800,000
Land Office Income	\$ 800,000
Interest	\$ 800,000
<b>Total Trust Projected</b>	<b>\$21,854,253</b>

# Joint FY2010 Legislative Priorities

- Reauthorize adult dental Medicaid services
- Establish regular and periodic schedule of rate reviews for home and community-based services
- Fund 10-year plan to reduce homelessness
- Fund community-coordinated transportation systems

Priorities shared by The Trust and its advisors: Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, Governor's Council on Disabilities and Special Education, Alaska Commission on Aging

Trust issues touch all of us. Co-workers, friends, family or the face in the mirror.



**YOU KNOW US...**

**That's why we're speaking out.**

The Alaska Mental Health Trust Authority, with our partners, advocates for timely, accessible treatment and services to better serve Alaskans. Inadequate care only increases long-term cost.

**Partner Boards**  
Alaska Mental Health Board  
Advisory Board on Alcoholism and Drug Abuse  
Governor's Council on Disabilities and Special Education  
Alaska Commission on Aging  
Alaska Brain Injury Network  
Substance Prevention Council

**The TRUST**  
The Alaska Mental Health Trust Authority  
[www.alhtrst.org](http://www.alhtrst.org)

**The TRUST**  
The Alaska Mental Health Trust Authority

## Formula for Success

- Identify a problem or community need
- Collaborate with governmental agencies, advisory groups, non profits, service providers, philanthropic organizations and private sector
- Develop strategic, sharply focused solutions
- Make lasting system improvements for Trust beneficiaries

committed partners + strategic thinking = results for Trust beneficiaries

The TRUST

The Alaska Mental Health  
Trust Authority

## *Five Focus Areas*

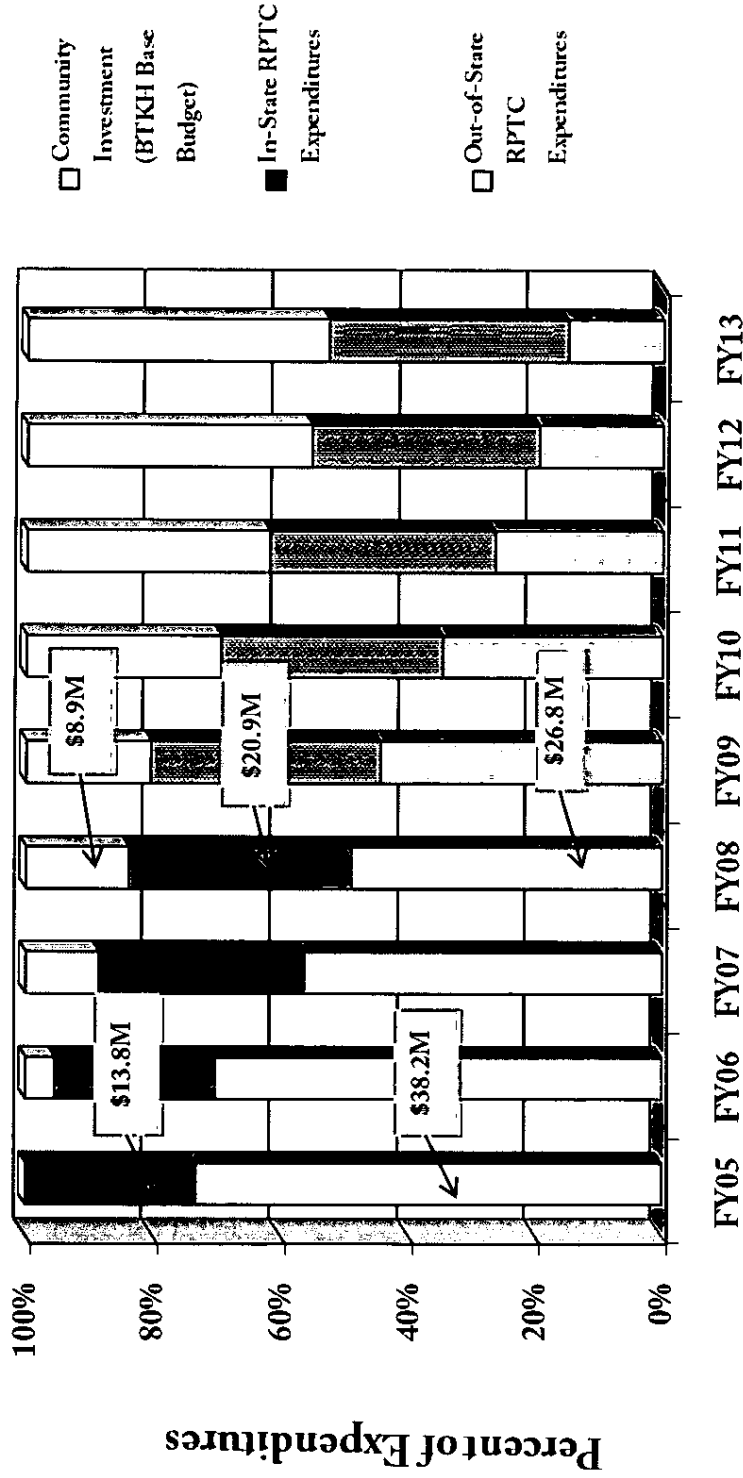
- **Bring the Kids Home**
- **Affordable, Appropriate Housing**
- **Disability Justice**
- **Workforce Development**
- **Beneficiary Projects Initiative**

# Bring the Kids Home

- **Problem or community need**
  - FY06: a total of 743 Alaskan children with severe emotional disturbances received service in out-of-state residential psychiatric treatment centers
    - separated from families, communities
    - length of stay varies from several months to multiple years
  - FY06: \$40 million for out-of-state Medicaid care
- **Committed partners**
  - DHSS, Denali Commission, Trust partner boards, Alaska Native health providers, other service providers, parents, advocacy groups, AHFC
- **Strategic thinking**
  - Each child treated at appropriate level of care as close to home as possible
    - Build appropriate treatment facilities in Alaska
    - Increase capacity/core competence for outpatient services
    - Provide family supports
    - Involve parents and youth in the solutions

# Projected BTKH Reinvestment

FY05-FY08 = Actual Expenditures      FY09 - FY13 = Projected Expenditures



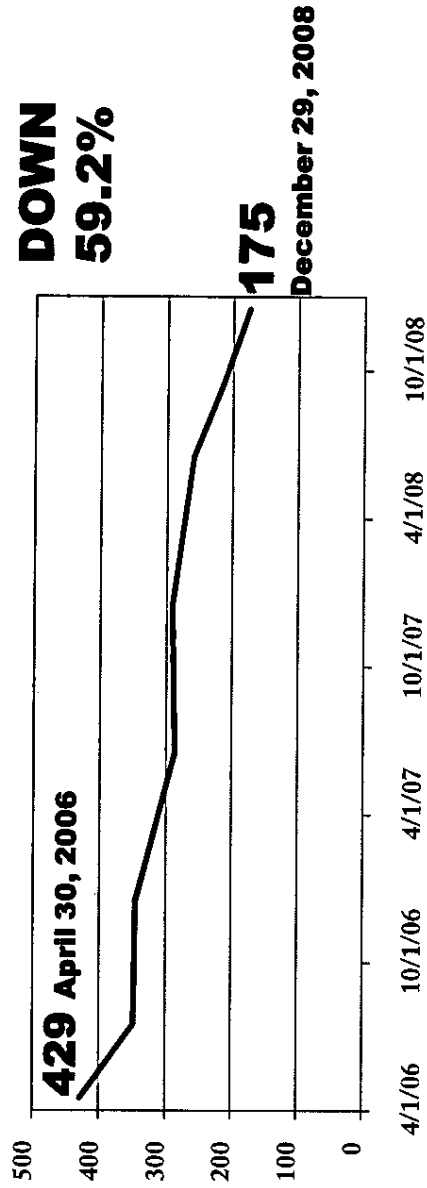
\* Total per year cost in thousands of dollars

Data for FY05-07 are from Behavioral Health based on paid claims for Medicaid data. Expenditure data for FY08 are from Finance Management Services and includes all claims incurred and paid in FY08 and claims incurred in FY08 and paid in the first quarter of FY09.



# Results for Beneficiaries

## Youth Out-of-State Census



- Census of youth in out-of-state residential psychiatric treatment facilities **DROPPED 59.2%** from 429 on 4/30/06 to 175 on 12/29/08
- **IN STATE** services continue to increase. During FY08:
  - 300+ youth received **INDIVIDUALIZED SERVICES**
  - 500+ youth received services via new **COMMUNITY** behavioral health capacity
  - 150+ **RESIDENTIAL BEDS** were added

# Ahead in FY2010

Transition into BTKH Base Budget:	MHTAAR	GE/MH	Total
• Individualized services	\$ 100.0	\$ 800.0	\$ 800.0
• Behavioral Health Technical Assistance	\$ 250.0	\$ 225.0	\$ 325.0
<b>Build capacity within BTKH Base Funding:</b>			
• Community BH capacity development	\$ 150.0	\$ 2,000.0	\$ 2,250.0
• Crisis Bed Stabilization	\$ 400.0	\$ 400.0	\$ 800.0
• Tribal/rural system development	\$ 200.0	\$ 300.0	\$ 500.0
• Transitional-aged youth	\$ 255.0	\$ 200.0	\$ 455.0
• Early childhood mental health	\$ 300.0		\$ 300.0
• School based services	\$ 75.0		\$ 75.0
• Foster parent/parent services	\$ 25.0	\$ 25.0	\$ 50.0
• Strong family voice			
<b>BTKH Capital Funding:</b>			
• Matching for Denali Commission funds	\$ 2,316.8	\$ 2,316.8	\$ 2,316.8

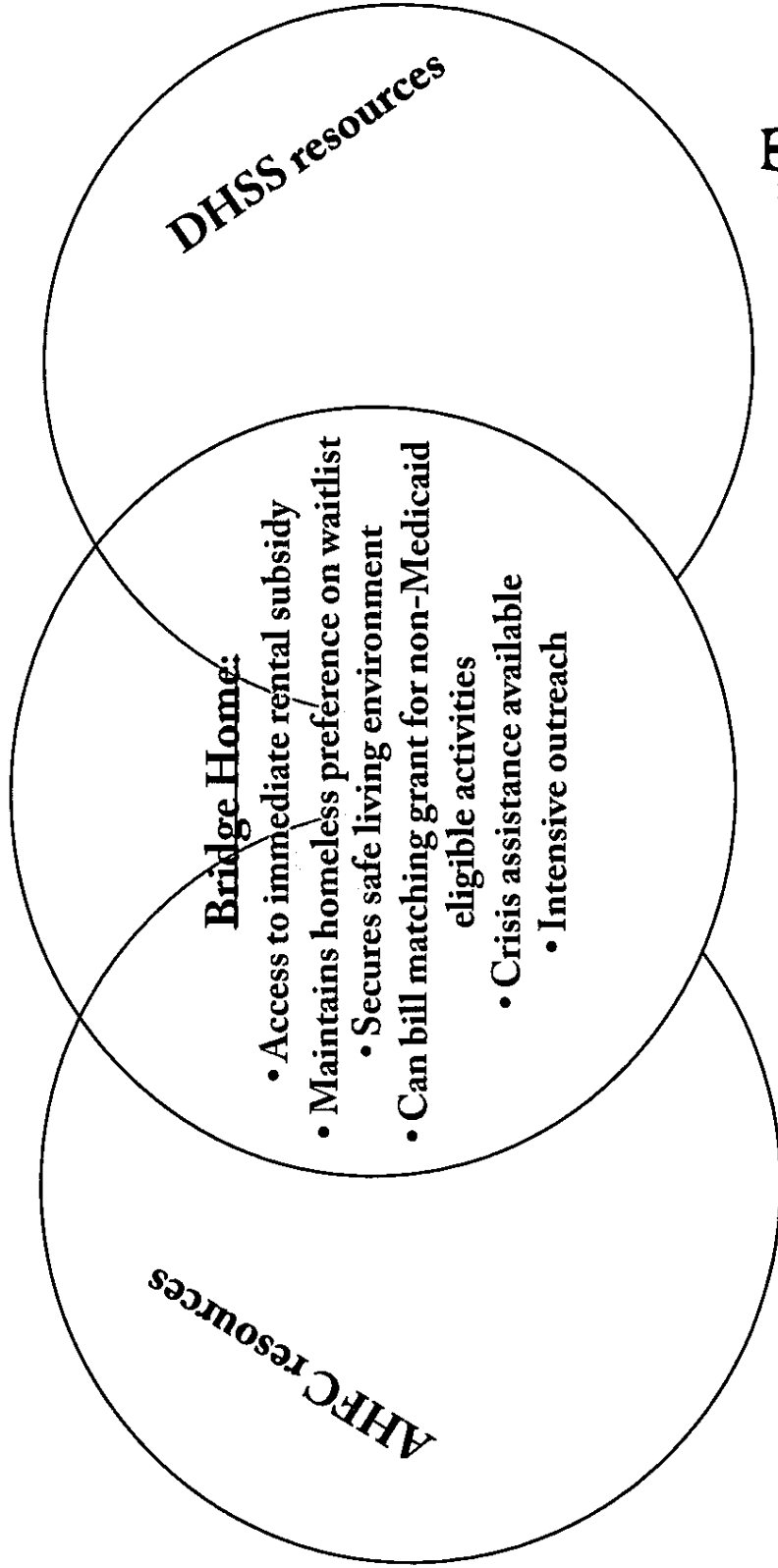
*Funding in thousands of dollars*

# Affordable, Appropriate Housing

- Problem or community need
  - 3,500 Alaskans homeless on any given night
    - 1,600 are in families with children
    - 4,000 + and growing are number of people on rental assistance waitlist
    - Wait time on the list can be 2 years or longer
  - Lack of housing disproportionately affects Trust beneficiaries
    - challenges associated with disabling conditions
    - lack of opportunities for economic advancement
    - need for supportive living situations
    - physical accommodations required to meet special needs
    - need assistance locating and maintaining independent apartment units

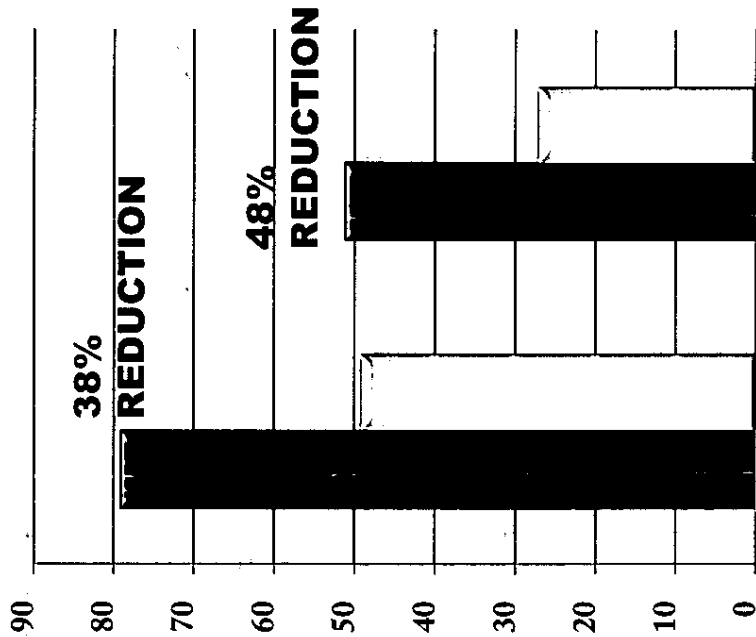
# Bridge Home Pilot Project

Program replicates housing trust programs  
Outside by combining resources

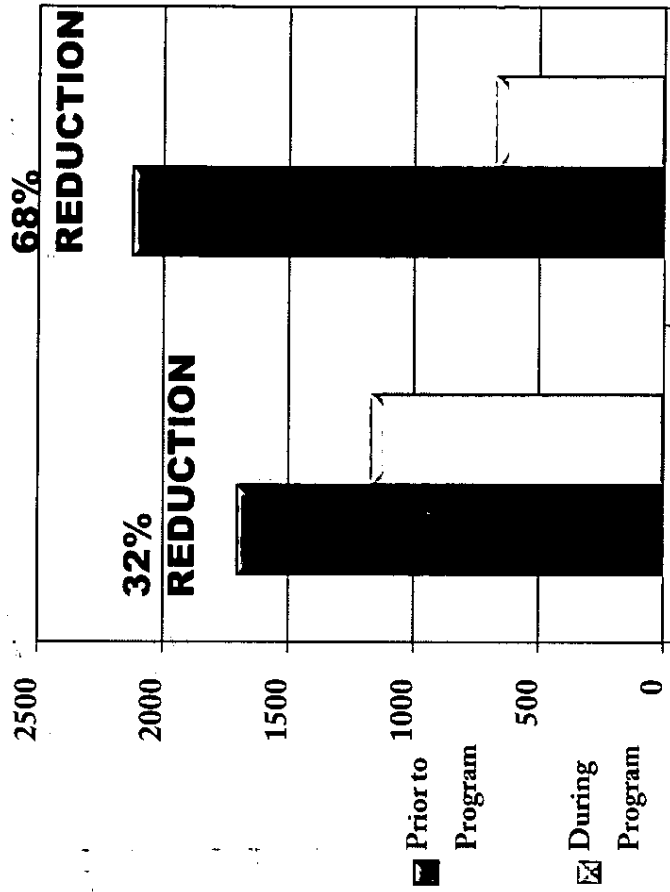


# Bridge Home Results

## Reductions in institutionalization and incarceration



Admits to Alaska Psychiatric Institute  
of Corrections



Days in Alaska Psychiatric Institute  
Days in Dept. of Corrections

•N = 47 participants

## ***A Proven Model***

- **Each \$1 spent leverages \$7 in other funds**
- **600 housing trusts operating in more than 30 states using these components**
- **Investment in permanent, affordable housing**
- **Include supportive services and skills training**
  - case management
  - access to treatment
  - crisis intervention
  - financial literacy
  - home maintenance/upkeep
  - tenant education and responsibilities
  - job counseling and building work routines
  - transportation
  - money management
  - nutrition
  - life-skills training

## *Results for Beneficiaries*

- Reduces public funding for other services
  - public safety
  - courts
  - jails
- Promotes strong families and community stability
- Children more successful in school
- Seniors and persons with disabilities can live independently with dignity
- Encourages partnerships between Alaska's social service and business sectors
- Helps keep Alaska's housing construction industry strong

# Ahead in FY2010

- **Policy - Governor's Council on the Homeless**
  - interagency collaboration
  - creating and overseeing 10-year homeless plan and budget recommendations
  - adapting programs to replicate successful homeless programs
- **Budget - \$10 million in Governor's capital budget to begin implementing 10-year plan**
  - The Trust, AHFC, GF/MH and other sources
  - National Housing Trust funds possible in FY2010
- **Projects - Working on implementation of more responsive projects**
  - AHFC grants in FY08 and FY09 Special Needs Grant rounds
  - Trust/DHSS Bridge Home pilot project
  - Trust/Rasmuson Foundation pilot projects - \$2 million
  - Office of Public Advocacy intensive needs housing project

# Disability Justice

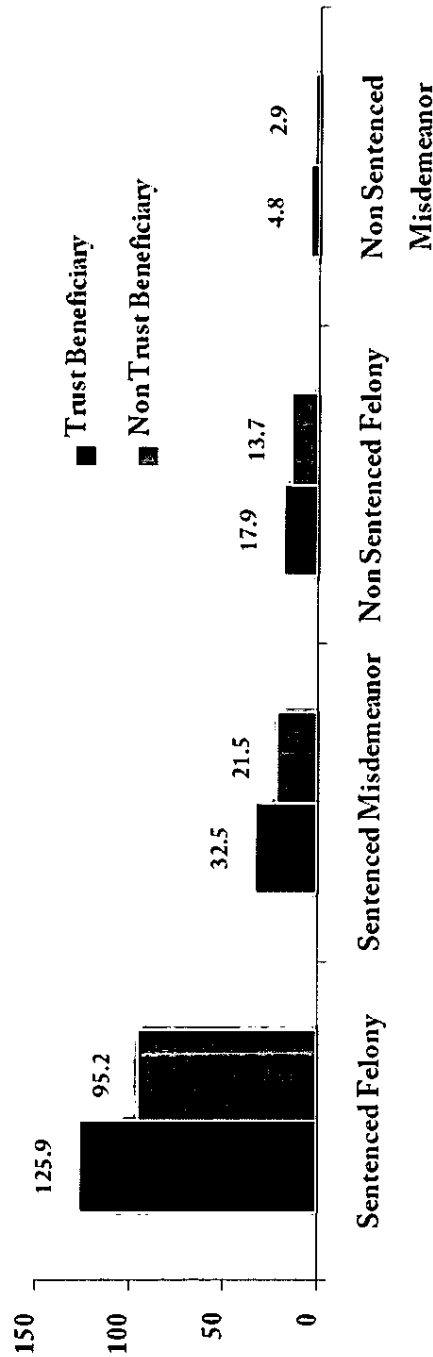
- **Problem or community need**
  - at least 42% of those incarcerated in DOC are Trust beneficiaries
  - incarcerated beneficiaries
    - have more difficulty adjusting to incarceration
    - are more likely to be victimized by other prisoners
    - spend a disproportionate amount of time in custody
  - hundreds of beneficiaries incarcerated for “safety” because services not available
- **Committed partners**
  - Alaska Court System
  - Dept. of Law
  - Dept. of Public Safety
  - Local governments
  - Dept. of Health & Social Services
  - Community treatment providers
  - Dept. of Corrections
  - Public Defender Agency
  - University of Alaska
  - Local law enforcement

# Incarcerated Beneficiaries

## Distribution of Beneficiaries in DOC Custody

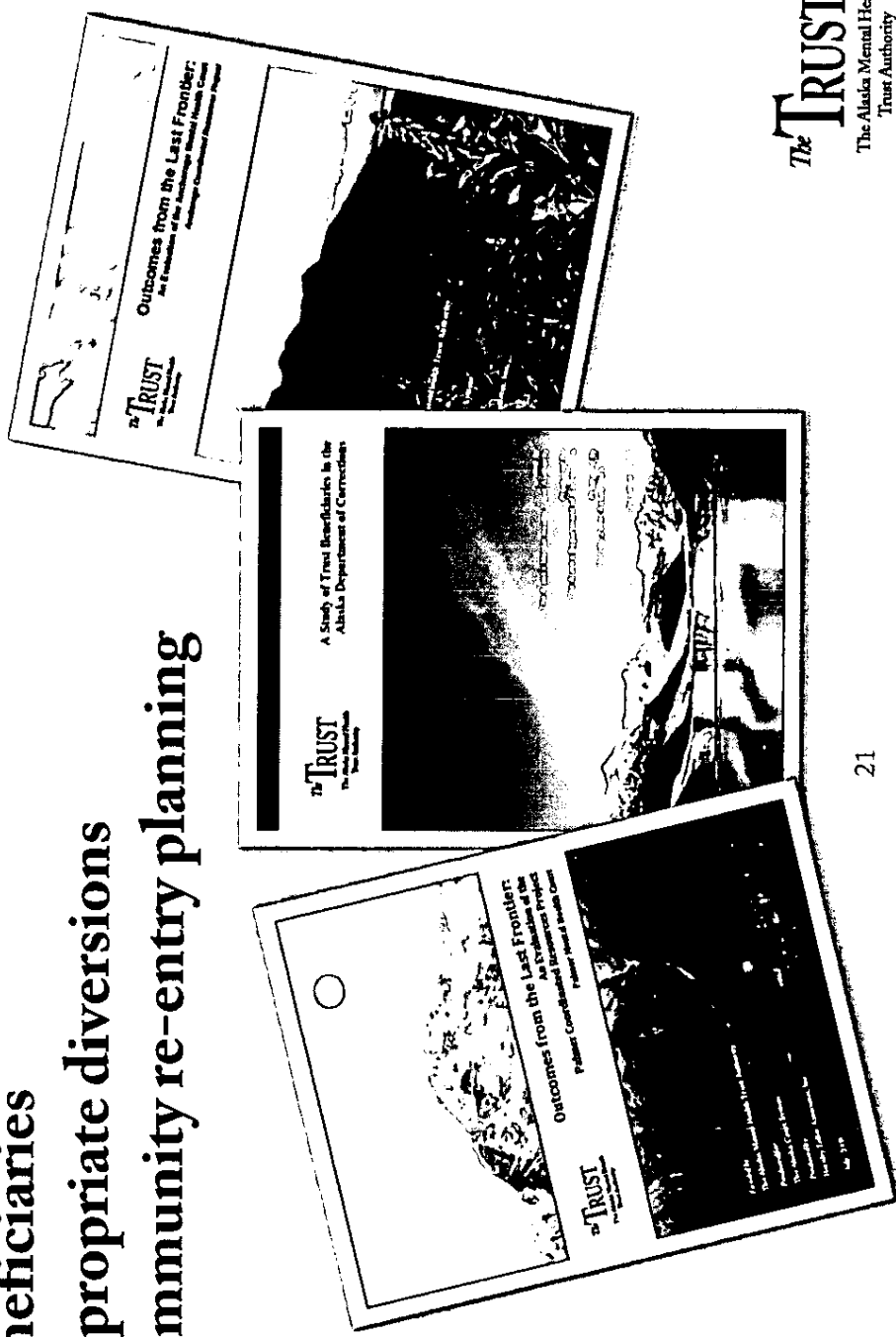
	FY2003	FY2004	FY2005	FY2006
Total Incarcerations	36,457	39,067	39,260	37,165
Trust Beneficiary Incarcerations	14,996	16,570	16,309	15,175
Trust Beneficiary Percent	41.0%	42.4%	41.5%	40.8%

## Comparison of Number of Days in Correctional Facilities



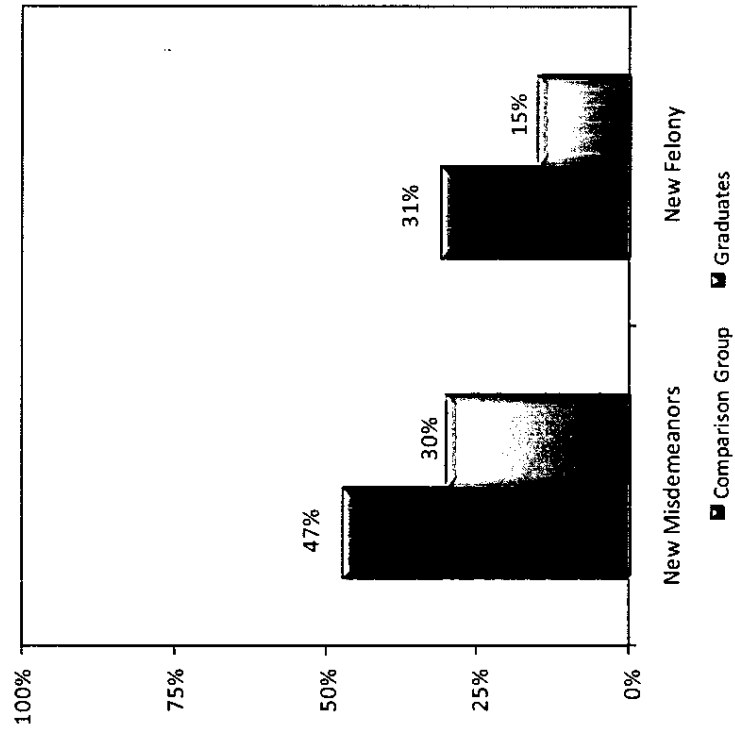
# Strategic Thinking

- Access to comprehensive community mental health and substance abuse treatment
- Early screening and assessment to identify beneficiaries
- Appropriate diversions
- Community re-entry planning

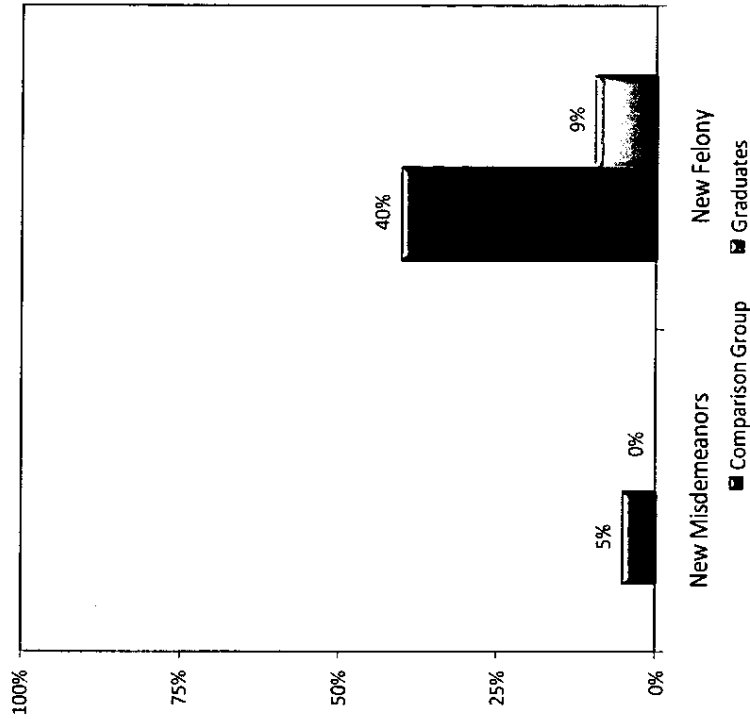


# Improving Outcomes for Trust Beneficiaries Involved with the Criminal Justice System

**Anchorage Mental Health Court  
Criminal Recidivism Outcomes**



**Palmer Mental Health Court  
Criminal Recidivism Outcomes**



Ahead in FY2010

	MHTAAR	GF/MH	Other	Total
<b>Sustain &amp; Expand Therapeutic Models &amp; Practices</b>				
• Fairbanks Juvenile Mental Health Court	\$255.9			\$255.9
• Mental Health Court Expansion in Targeted Community	\$204.4			\$204.4
• Anchorage Mental Health Court		\$ 99.4		\$ 99.4
• Treatment Funding for Therapeutic Court participants		\$500.0		\$500.0
• Adult Guardianship/Mediation Project		\$147.7		\$147.7

**Transitional Planning for Beneficiaries Involved with Criminal Justice System**

• APIC Discharge Planning Model	\$210.0			\$210.0
• Increased Mental Health Clinician Capacity	\$164.0	\$164.0		\$328.0
• Mental Health Services			\$444.8	\$444.8
• Substance Abuse Treatment			\$500.0	\$500.0
• Increased Mental Health Clinician Capacity for Juveniles	\$189.2			\$189.2
• Develop Alternatives to Incarcerations for Title 47				
• Substance Abuse Protective Custody Holds	\$500.0			\$500.0

*Funding in thousands of dollars*



# Workforce Development

- Problem or community need
  - shortage of health care workers in Alaska at a near-crisis level
  - health services industry fastest growing sector of Alaska's economy, more than 7% of workforce
  - burgeoning demand for increased health services for the state's steadily growing and aging population, some are Trust beneficiaries
  - need to increase pool of qualified employees in Alaska who serve Trust beneficiaries and keep adequately trained
- Committed partnerships
  - more than 20 partners
    - service providers, Dept. of Health and Social Services, Dept. Labor and Workforce Development, non-profit and faith-based organizations, University of Alaska system
- Strategic thinking
  - key focus areas
    - recruitment,
    - retention
    - training

# Results for beneficiaries

- 990 professionals/providers across Alaska received training and education on behavioral health related topics through the Trust Training Cooperative
- 1,194 providers trained by the Geriatric Education and Training Center on issues regarding Alzheimer's and related disorders
- 1,550 people received behavioral health training through the University of Alaska, a 13% increase in enrollment in beneficiary related degree programs
- 958 professionals across the state received training through the Training and Technical Assistance for Providers program, increasing the number of professionals trained to respond to cases of disability related abuses

**Life experience counts.**  
Helping others can be a career. In the industry, it's a specialty. It's a passion. It's a way of life. It's a way to make a difference. It's a way to make a difference. It's a way to make a difference.

**It's about giving back - using life experiences to help others find healing and value in their own lives.**

There are 1000 open jobs available in Alaska to help you make a difference. The TRUST is a leading provider of training and technical assistance for providers across the state. We are currently accepting applications for a variety of positions. If you are interested, please visit our website at [www.thetrust.org](http://www.thetrust.org).

**The TRUST**  
The Alaska Mental Health Trust Authority

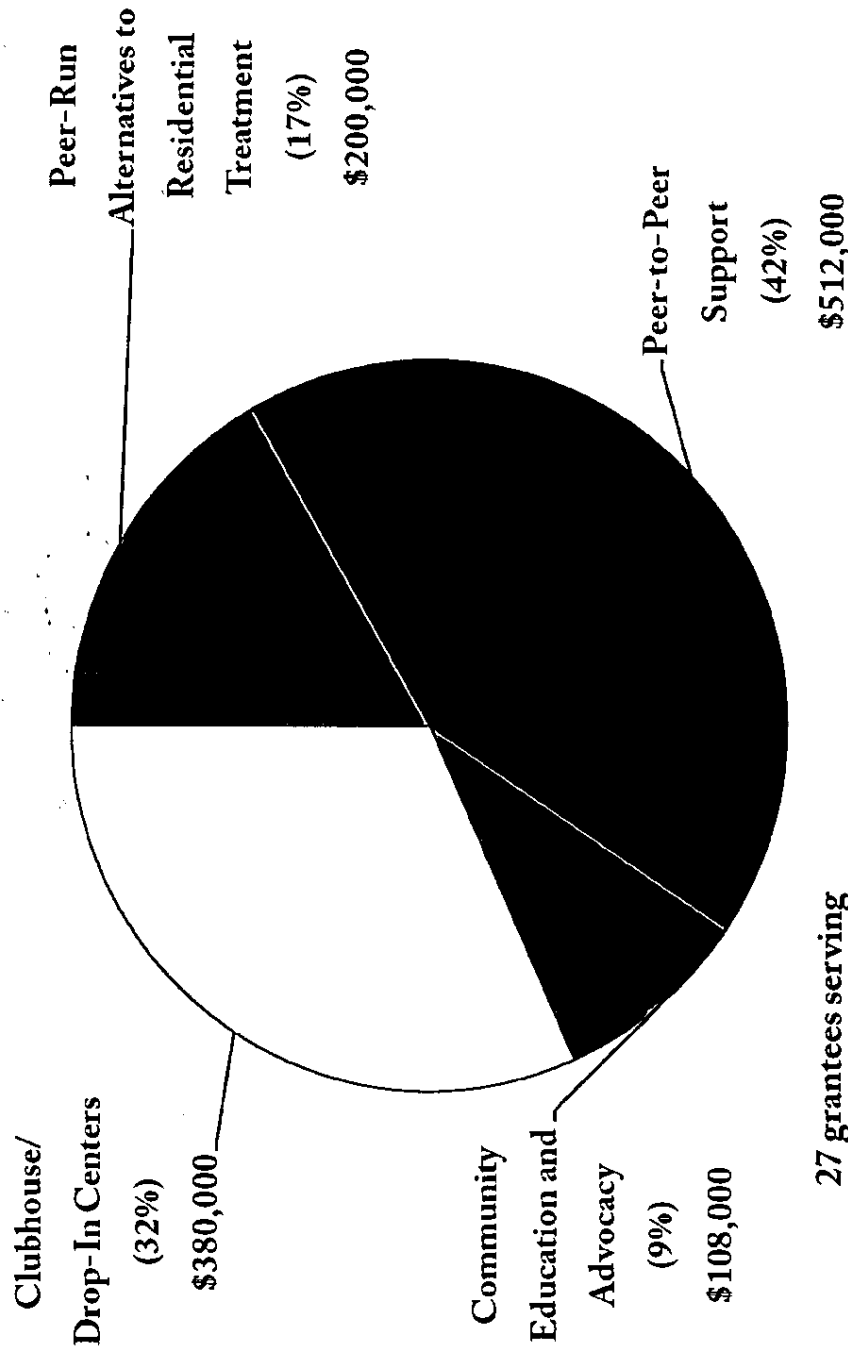
## *Ahead in FY2010*

- **Support student loan repayment strategies for health professionals**
- **Support increments for University of Alaska health programs**
- **Researching a psychiatric residency program in Alaska**
- **Finalizing plans for a PhD psychologist internship program in Alaska**

# Trust Beneficiary Projects Initiative

- **Community need:**
  - consumers active in defining and delivering recovery support
  - beneficiaries/families desire consumer-driven services yet need expertise and training
  - peer services, benefit of lower cost, prevention
- **Partners:**
  - 27 beneficiary grantees since 2006
  - Alaska Peer Support Consortium
  - Division of Behavioral Health, Rasmuson Foundation, Division of Vocational Rehabilitation, UAA-Center for Human Development
  - Partner Boards - Advisory Board on Alcohol and Drug Abuse, Alaska Mental Health Board, Governors Council on Disabilities and Special Education
- **Strategic thinking:**
  - Provide funding and technical assistance for beneficiary group projects
    - safe, sustainable and effective
  - Mini grants to improve beneficiaries' quality of life
  - Small projects grants for small, beneficiary-directed projects
    - \$250,000 annually

# FY08 Beneficiary Projects & Grants



- 27 grantees serving
- people with mental illness
  - people with developmental disabilities
  - people with chronic alcoholism

## *Results for Beneficiaries*

- 27 beneficiary grantees since 2006
- Promotes recovery and stability
- Provides sense of empowerment
- Wide range of beneficiary-run programs
  - peer-support services
  - clubhouses
  - drop-in centers
  - community outreach
  - illness self-management
- In communities from Fairbanks to Sitka

# Thank You

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