2/02/11 BUDGET OVERVIEW: ALASKA MENTAL HEALTH TRUST AUTHORITY

<TARGET><BILL></BILL><SUBJECT>2-02-11 BUDGET OVERVIEW ALASKA MENTAL HEALTH TRUST AUTHORITY</SUBJECT><COMM>HFIN27</COMM></TARGET>

House Finance Committee FY 2012 Budget

Alaska Mental Health Trust Authority

February 2, 2011

The TRUST
The Alaska Mental Health Trust Authority

Trust Beneficiaries

- People with mental illness
- People with developmental disabilities
- People with chronic alcoholism
- People with Alzheimer's disease and related dementia

The Trust
The Alaska Mental Health Trust Authority

Guiding Principles

- **To improve the lives of Trust beneficiaries, The Trust is committed to:**
  - **Education of the public and policymakers on beneficiary needs;**
  - **Collaboration with consumers and partner advocates;**
  - **Maximizing beneficiary input into programs;**
  - **Prioritizing services for beneficiaries at risk of institutionalization;**

Guiding Principles - continued

- Useful and timely data for evaluating program results;
- Inclusion of early intervention and prevention components;
- Provision of reasonably necessary beneficiary services based on ability to pay.

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

Trust Funding FY2012

Distributable Income	
Trust Fund Payout 4.25%	$17,060,000
Prior Year Lapse	4,145,000
Land Office Income	1,800,000
Interest	1,100,000
Total Projected	$24,105,000

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

Five Program Focus Areas

- **Bring the Kids Home**
  - reforming Alaska's mental health care for children and adolescents so they are diagnosed earlier and are treated as close to home as possible
- **Workforce Development**
  - creating an available and competent workforce for Trust beneficiaries and service providers
- **Disability Justice**
  - reducing the involvement and recidivism of Trust beneficiaries in the criminal justice system
- **Affordable, Appropriate Housing**
  - increasing a continuum of housing options for Trust beneficiaries
- **Beneficiary Projects Initiative**
  - supporting grassroots, peer-to-peer programs for Trust beneficiaries

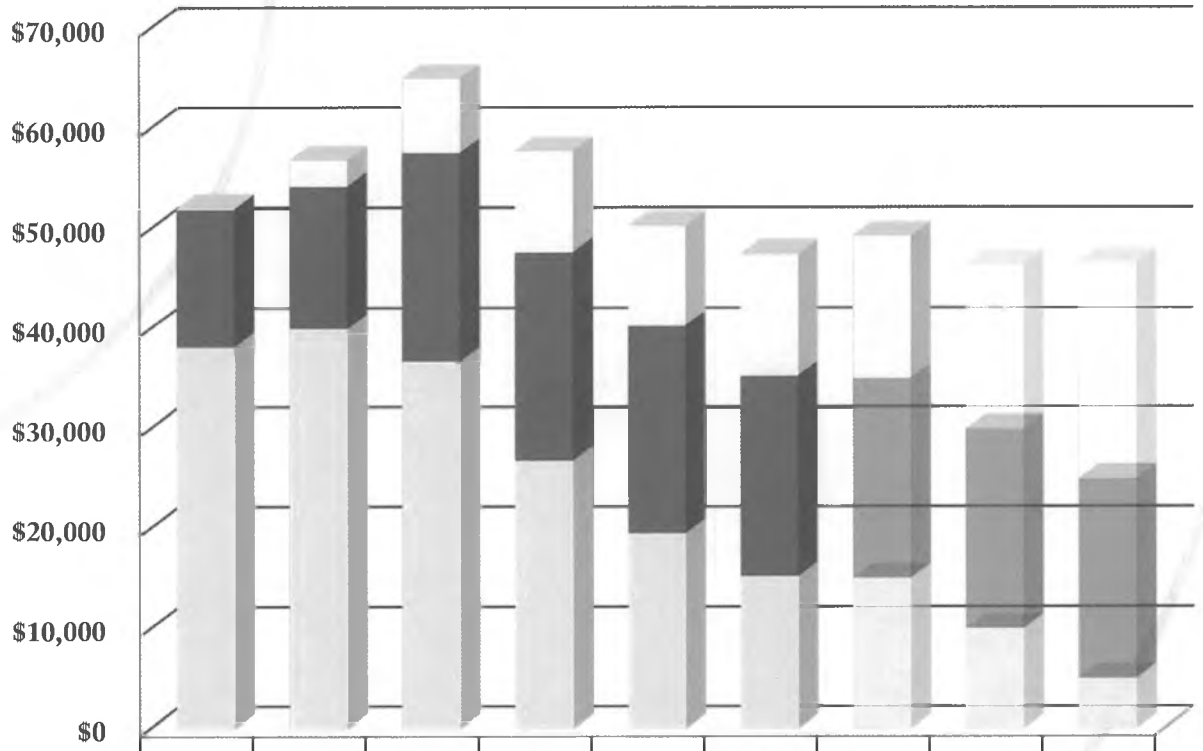
Bring the Kids Home

- **Problem**
  - FY06: 743 Alaskan children with severe emotional disturbances received out-of-state residential psychiatric treatment services
    - separated from families, communities
    - difficult transitions back to Alaska
    - length of stay varies from several months to multiple years
    - cost = $40 million Medicaid paid to out-of-state providers
- **Committed partners**
  - DHSS, Dept. of Education & Early Development, Denali Commission, Trust partner boards, Alaska Native health providers, other service providers, parents and youth
- **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

BTKH Reinvestment

Shift from out-of-state RPTC to in-state RPTC and BTKH projects

* FY05-10 Actual
* FY11-13 Projected
* Note: FY11 base budget is actual approved



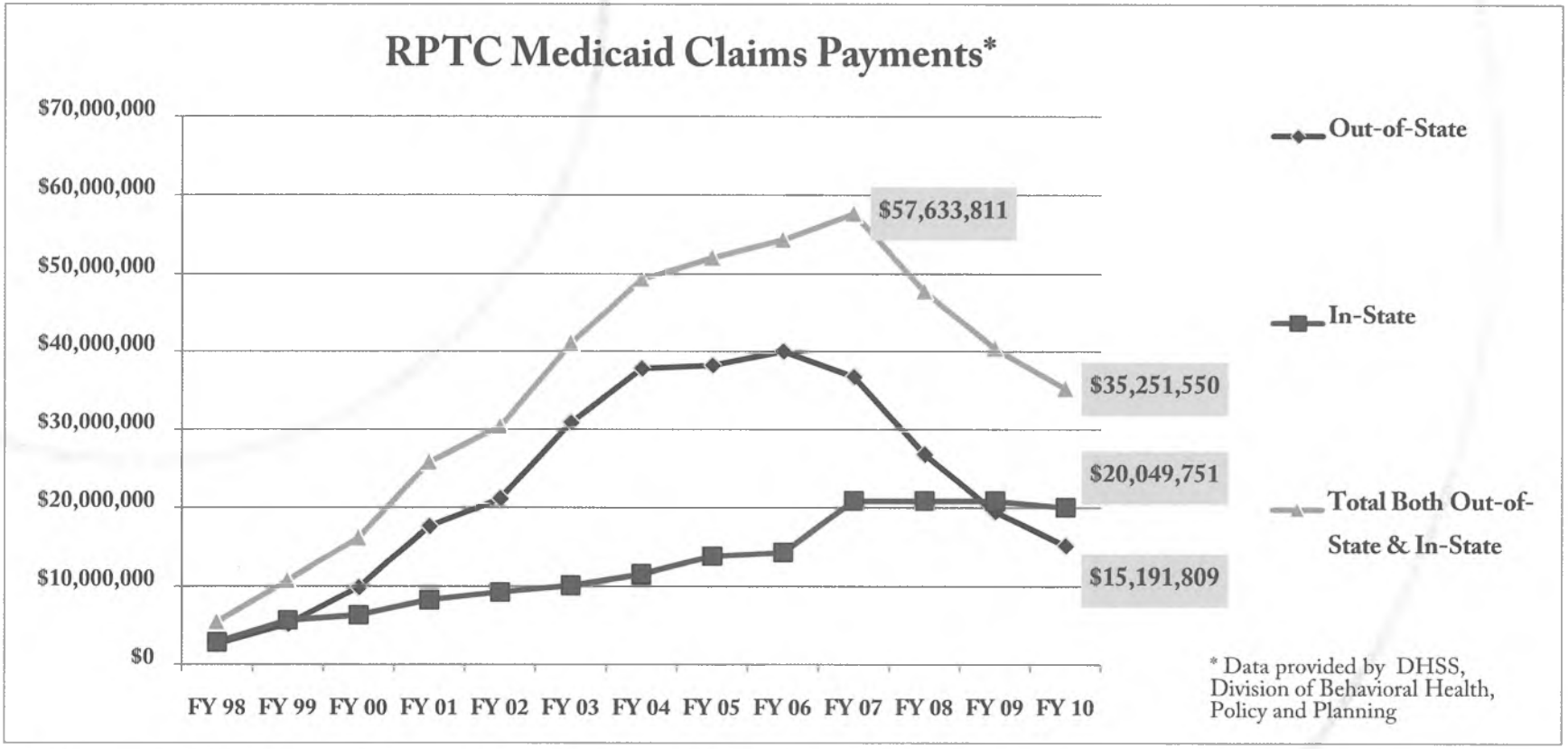
BTKH Base Budget	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13
In-State RPTC Expenditures	$13,813	$14,297	$20,888	$20,900	$20,800	$20,050	$20,000	$20,000	$20,000
Out-of-State RPTC Expenditures	$38,203	$40,009	$36,746	$26,800	$19,500	$15,191	$15,000	$10,000	$5,000

** Cost in thousands of dollars*

The Trust
The Alaska Mental Health Trust Authority

BTKH Reinvestment

Shifted expenditures to in-state services



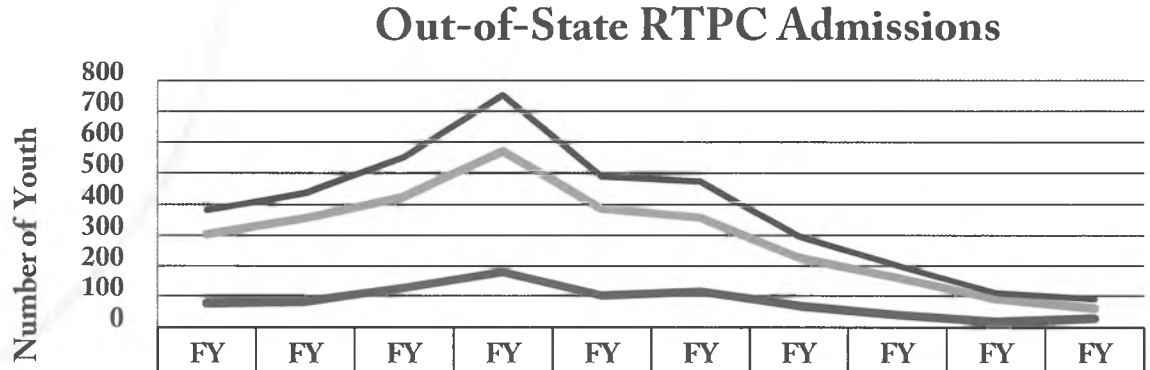
Financial impact:

- **$22M+ decrease in Medicaid for RPTC**
- **$20M+ RPTC Medicaid within Alaska**
- **Statewide expansion spreads financial impact widely**

The Trust
The Alaska Mental Health Trust Authority

Results for Beneficiaries

Keeping youth in Alaska and ensuring quality



	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	FY 10
Custody Out-of-State	77	82	127	181	102	115	69	40	19	29
Non-Custody Out-of-State	304	355	425	571	387	358	228	162	91	61
Total	381	437	552	752	489	473	297	202	110	90

- Reducing use of out-of-state residential psychiatric treatment centers
  - 76% decrease out-of-state RPTC admissions from FY2001 through FY2010
  - 88% decrease out-of-state RPTC admissions from FY2004 (start of BTKH) through FY2010
- Improving outcomes for youth leaving RPTC (in-state & out-of-state)
  - recidivism to RPTC within 1 year dropped from 20% to 8.6% (FY2004 - FY2010)

The Trust
The Alaska Mental Health Trust Authority

Ahead in FY2012

	MHTAAR	GF/MH	Gov GF/MH
Transition into BTKH base budget			
• Individualized services		$ 300.0	$ 0.0
• Behavioral health technical assistance	$ 330.0	125.0	0.0
Build capacity within BTKH base funding			
• Community BH capacity development	400.0	380.0	380.0
• Crisis bed stabilization		150.0	150.0
• Tribal/rural system development	100.0	100.0	0.0
• Transitional-aged youth	250.0	100.0	0.0
• BRS crisis stabilization rate increase		350 .0	0.0
• BTKH Clinician – early childhood learning network	100.0	100.0	0.0
• School based grants	125.0	175.0	175.0
• BTKH tool kit		50.0	0.0
• Foster parent/parent services	138.0	138.0	138.0
• Strong family voice	25 .0		
• Peer navigation	100.0	100.0	100.0
• Child psychiatrist		50.0	50.0
• BH care management		250.0	0.0
FY2012 Total Budget Increments	$ 1,568.0	$ 2,368.0	$ 993.0

Funding in thousands of dollars

The Trust
The Alaska Mental Health Trust Authority

Workforce Development

- **Problem**
  - 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, Alaska Workforce Investment Board, non-profit and faith-based organizations, University of Alaska system
- **Strategic thinking**
  - key strategies
    - Recruitment and retention
    - Wages and benefits
    - Training and education

Results for Beneficiaries

- 2,449 students in 137 Alaska community received behavioral health training through the University of Alaska, a 16.8% increase in individuals trained from 2009
- 334 providers across Alaska attended 1,160 distance delivery and on-site training sessions on behavioral health related topics through the Trust Training Cooperative
- 470 professionals across Alaska were trained through Training and Technical Assistance for Providers program, increasing capacity of providers to respond to disability related abuse cases
- 1,222 individuals from around the state received distance delivery and on-site training on autism through the Autism Resource Center

Trust Training Cooperative
Building Our Workforce Together

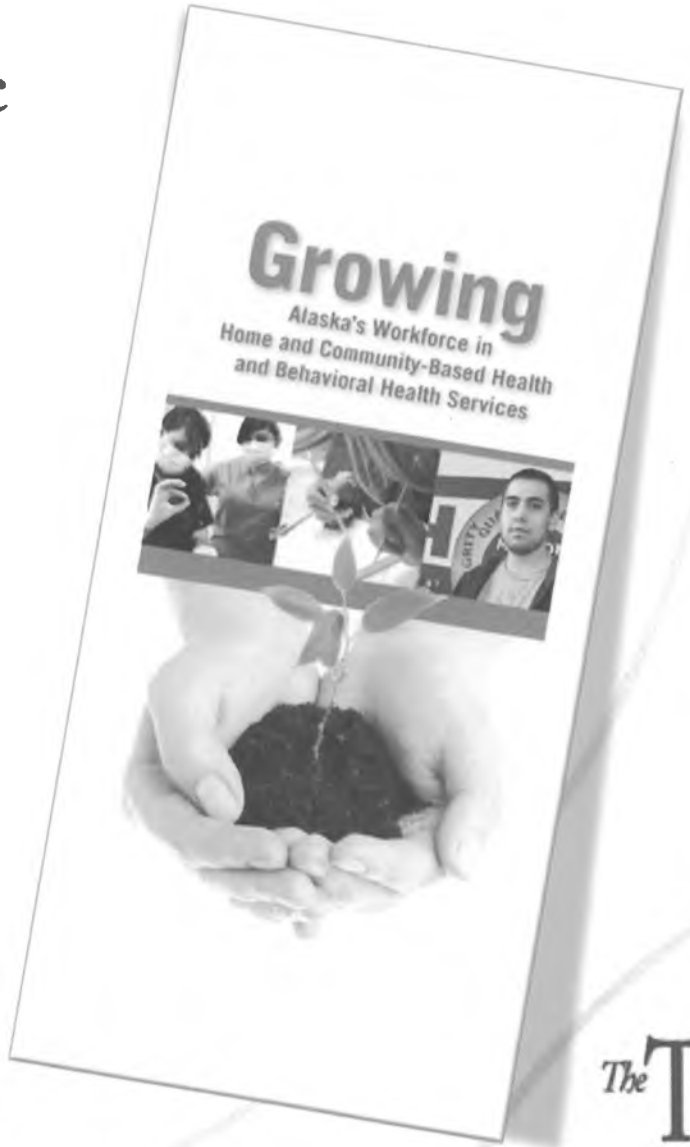
Alaska Rural Behavioral Health Training Academy

AARC
Alaska Autism Resource Center

The Trust
The Alaska Mental Health Trust Authority

Ahead in FY2012

- **Funding for a psychiatric residency program in Alaska**
  - **#1 beneficiary-related workforce priority of DHSS and The Trust**



The Trust
The Alaska Mental Health Trust Authority

Ahead in FY2012

	MHTAAR	Authority Grant	GF/MH	Other *	Gov GF/MH
Recruitment & Retention					
• Loan Repayment -- SHARP	$ 200.0		$200.0	$400.0	$ 0.0
• Wages & Benefits Study			200.0		0.0
Training & Education					
• UAF – HUMS (Human Services)	50.0				
• UAA Interdisciplinary Education in Children's Mental Health	64.0		50.0		0.0
• Alaska Psychiatric Residency		$ 68.0	202.0		202.0
• Physical Therapy			65.0		0.0
• DBH/UAA/UAF Ph.D. Student partnership			85.0		0.0
• Trust Training Cooperative	650.0				
• Increase provider capacity to better serve cognitively impaired offenders	80.0				
• Specialized skills & service training on serving cognitively impaired offenders	55.0				
• Training /technical assistance for providers	210.0				
• AK Rural BH Training Academy	172.5				
Focus Area Administration					
• Workforce Coordinator	115.0		70.0		0.0
FY2012 Budget Increment Totals	$1,596.5	$ 68.0	$872.0	$400.0	$202.0

Funding in thousands of dollars

**Other = federal funds*

The TRUST
The Alaska Mental Health Trust Authority

Affordable Appropriate Housing

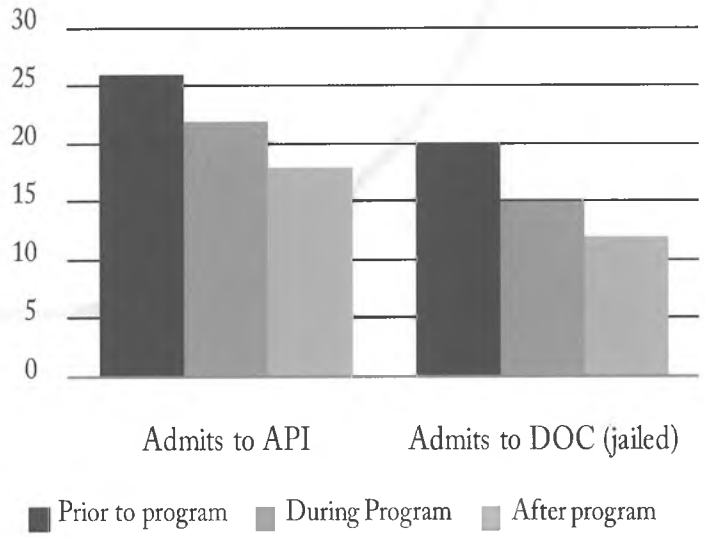
- **Problem**
  - 4,982 Alaskans homeless in HUD point-in-time survey January 2010[1]
    - Families w/children and households nearly doubled in one year
      - 2,836 people in families w/children – 822 households (January 2010)
      - 1,507 people in families w/children – 494 households (January 2009)
  - 1,270 individuals reported at least one prior episode of homelessness in Department of Corrections survey [2]
- **Committed partners**
  - Alaska Council on the Homeless: Alaska Housing Finance Corporation, DHSS, DOC, DOL, Public Safety, Veterans
  - Housing development organizations and social service agencies
  - Local affordable housing and homeless coalitions
- **Strategic thinking**
  - Adapting programs for sustainability - replicating housing trust strategies (Special Needs Housing and Homeless Assistance Program - HAP)
  - Replicating *Housing First* model in numerous settings

1. http://www.ahfc.state.ak.us/grants/homeless_survey_reports.cfm
2. Department of Corrections 2010 Homeless Offender survey

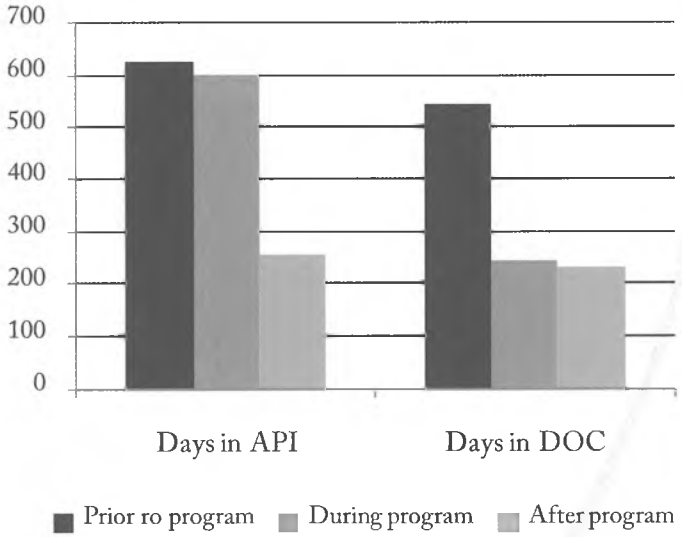
Results for Beneficiaries

Bridge Home program outcomes

API* & DOC** Admits



Days in API* & DOC**



*API = Alaska Psychiatric Institute **DOC = Department of Corrections
Number of Participants = 55 Data from 10/15/10 Grant Report

- **Outcomes 1 year prior, 1 year during and 1 year after participation for participants in Bridge Home program at Anchorage Community Mental Health Services**

The TRUST
The Alaska Mental Health Trust Authority

Ahead in FY 2012

- **Policy - Governor's Council on the Homeless**
  - State interagency collaboration modeled on federal agencies' efforts
  - 10-year homeless plan and budget recommendations being implemented
- **Budget - $10 million annual recommendation for 10-year plan**
  - The Trust, AHFC, GF/MH and other funding sources
  - Housing units requested through Special Needs Housing grant program and Homeless Assistance Program increased
  - Housing units targeted at chronically homeless and low income people with disabilities
- **Effective program models implemented**
  - Trust/DHSS Bridge Home pilot project expansion to serve most challenging of individuals cycling through API and DOC
  - Replication of *Housing First* to serve beneficiaries who are homeless with alcohol addiction
    - Resulted in cost reductions of $4 million in Seattle in 12-month period (Medicaid reduced 56%, sobering center down 87%, homeless shelter use down 92%)
    - Drinking decreased 30% in Seattle participants due to engagement and assistance with goal setting/compliance while stable in housing
- **Long Term Care strategic planning for Alaska**
  - Cost containment through emphasis on lower levels of care for seniors and people with disabilities

Ahead in FY2012

	MHTAAR	GF/MH	AHFC/GF	Other*	Gov.GF/MH
Homeless Assistance Programs					
• Base Homeless Assistance Program (housing trust model replication - $10.0 mil annual recom.)	$ 850.0	$ 850.0	$6,300.0	$ 2,000.0	$ 850.0**
• Special Needs Housing Grant Program			$1,750.0		
Resources assisting beneficiaries leaving institutions					
• DOC Discharge Incentive grants	$ 250.0	$ 150.0			150.0
• Bridge Home program and expansion	$ 750.0	$ 200.0			0.0
• Assisted Living training	$ 100.0	$ 100.0			0.0
• Home modifications program (DHSS)	$ 300.0	$ 750.0			750.0
Technical assistance and business planning resources					
• Office of Integrated Housing (DBH admin)	$ 225.0				
• Rural Long Term Care Development (SDS)	$ 140.0				
• Aging and Disability Resource Centers	$ 125.0	$ 125.0			$ 0.0
FY2012 Budget Increment Totals	$2,740.0	$2,175.0	$8,050.0	$2,000.0	$1,750.00

Support service programs: important resources to assist beneficiaries in maintaining stability

- Behavioral Health grants and Individualized Services Agreement funding (Div. Behavioral Health)
- Senior grants, residential support, Personal Care Assistance and in-home support services (Div. Senior and Disability Services)

*Other = federal funds, e.g. federal housing trust, HUD

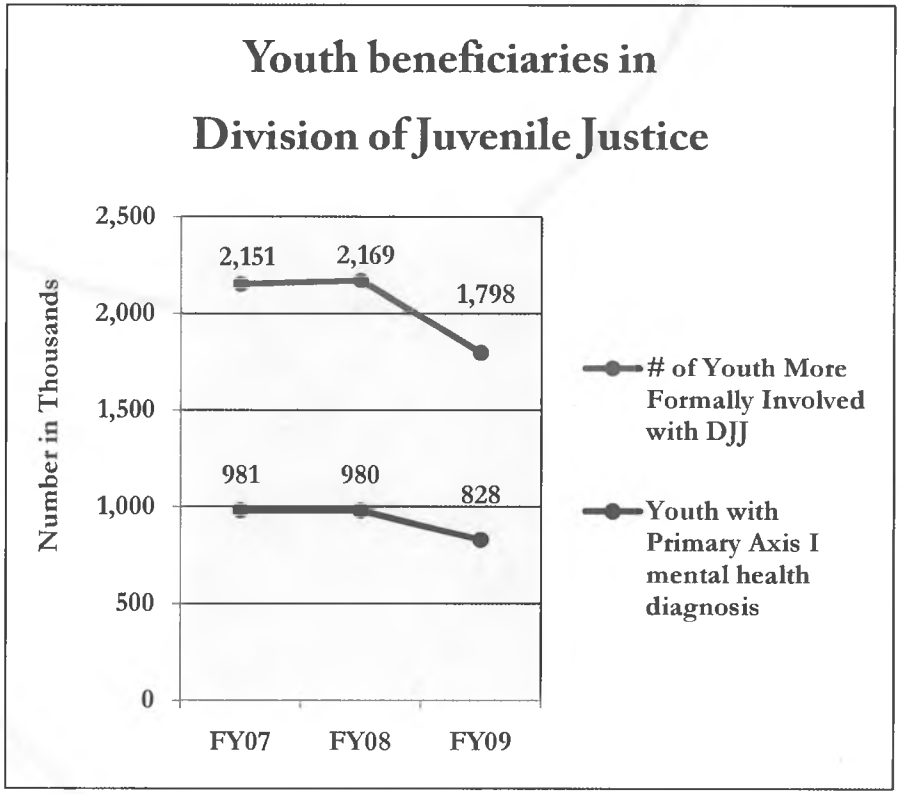
*** Governor's budget included ALL recommended GF, GF/MH and federal funds*

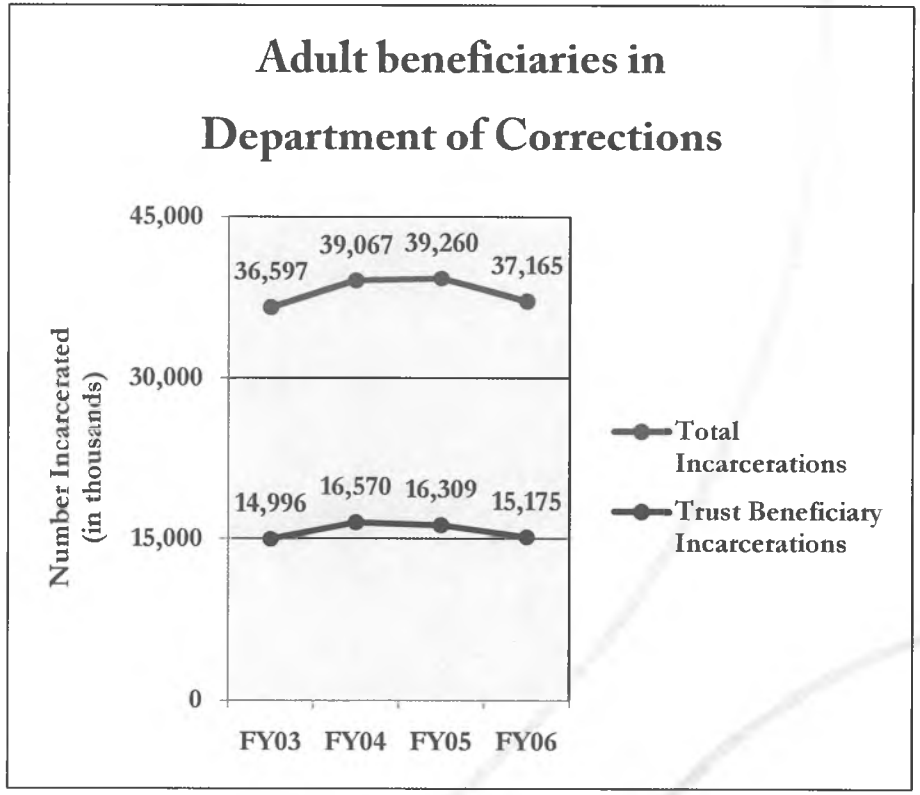
Funding in thousands of dollars

The TRUST
The Alaska Mental Health Trust Authority

Disability Justice

- **Problem**
  - 46% of youth involved with the juvenile justice system are Trust beneficiaries
  - 42% of incarcerated adults are Trust beneficiaries





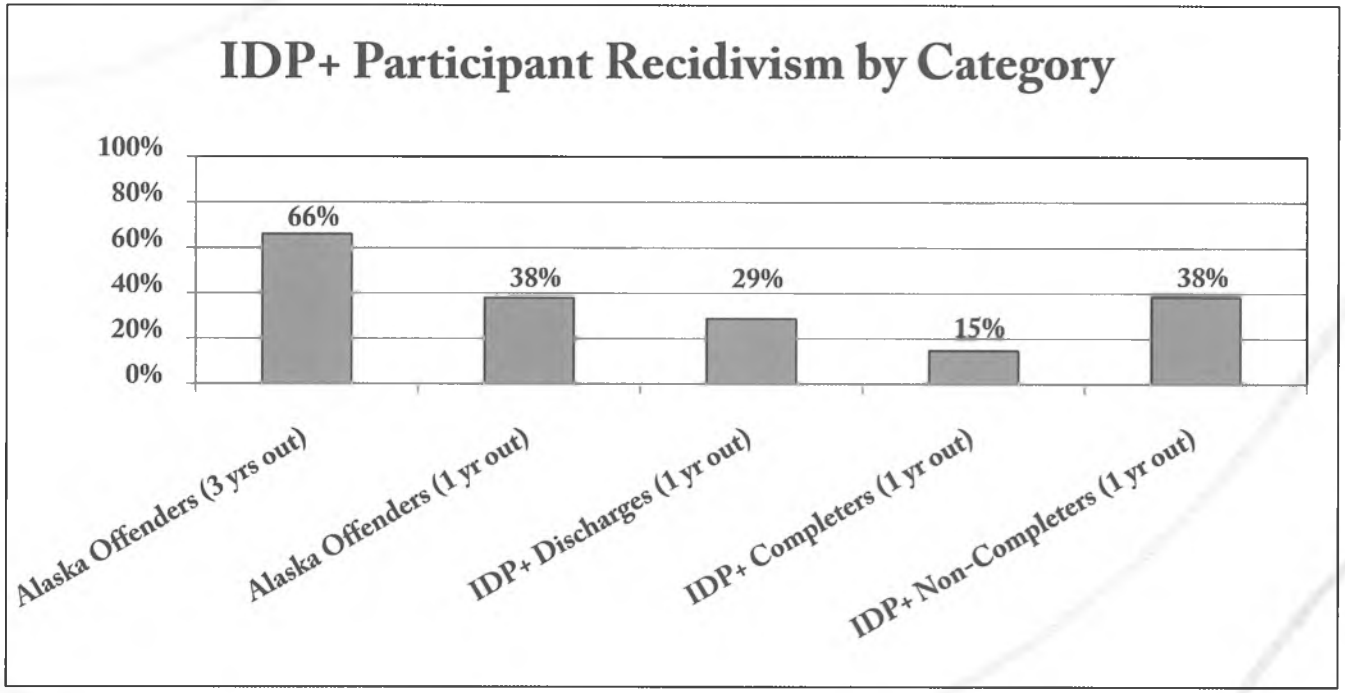
The Trust
The Alaska Mental Health Trust Authority

Strategic Thinking

- **Partnerships with local governments; Alaska Native tribal entities; Alaska Court System; Departments of Administration, Corrections, Health and Social Services, Law and Public Safety, and community behavioral health treatment providers are focused on effective strategies to:**
  1. **prevent and reduce inappropriate or avoidable arrest, prosecution, incarceration, and criminal recidivism of juvenile and adult Trust beneficiaries;**
  2. **increase criminal justice system's ability to accommodate, support, protect, and provide treatment for victims and offenders who are Trust beneficiaries;**
  3. **reduce the use of jails and prisons for providing protective custody of adult Trust beneficiaries under Alaska Statute 47.37.170; and,**
  4. **improve community reentry planning from juvenile detention and treatment, and adult correctional facilities back into Alaskan communities.**

Outcomes Driven Results

- **Therapeutic Courts**
  - Combined institutional savings generated by *Anchorage Mental Health Court* almost 2 ½ times program annual operational costs ($293,000)
  - Diverting participants into *Anchorage and Palmer Mental Health Courts* poses less risk to public safety than traditional adjudication
  - *Anchorage and Palmer Mental Health Court* participants less likely to engage in new criminal conduct after exiting program than equivalent group of people experiencing mental illness and also involved in criminal justice system
- **Reentry planning & supervision improves outcomes**



The Trust
The Alaska Mental Health Trust Authority

Ahead in FY2012

	MHTAAR	Authority Grant
Training for Criminal Justice Personnel		
• Anchorage & Fairbanks police CIT training		$ 77.0
• Deliver training for prosecutors	$ 15.0	
• Deliver training for defense attorneys	15.0	
• Training for therapeutic court clinical staff	15.0	
• Training for judicial officers	15.0	
Sustain & Expand Therapeutic Models & Practices		
• Fairbanks Juvenile Mental Health Court	245.9	5.0
• Mental Health Court expansion in targeted community	204.4	6.0
• Flex funds for therapeutic court participants		90.0
• ASAP therapeutic court case mgmt & monitoring - Barrow	139.9	
Re-entry Planning for Beneficiaries Involved with Criminal Justice System		
• Division of Juvenile Justice Rural Specialist	110.9	
• Social Services Specialist position - Bethel (PDA)	138.8	
Develop Alternatives to Incarcerations for Beneficiaries who Require Protective Custody (Nome)		
• Pre-development activities	100.0	
General Capacity Building		
• Criminal Justice Technician	56.0	

Funding in thousands of dollars

Ahead in FY2012

	MHTAAR	GF/MH	Gov. GF/MH
Sustain & Expand Therapeutic Models & Practices			
• Management and clinical oversight of therapeutic court probation staff		$ 142.7	$ 142.7
• Probation staff instruction on therapeutic models of community supervision		80.0	80.0
• Treatment funding for Therapeutic Court participants	$250.0	250.0	250.0
Re-entry Planning for Beneficiaries Involved with Criminal Justice System			
• Increased capacity for IDP+ program		152.0	0.0
• APIC Discharge Planning Model	210.0	76.0	0.0
• Increased mental health clinician capacity for juveniles		189.2	189.2
• Increased mental health clinician capacity	164.0	110.0	0.0
Develop Alternatives to Incarcerations for Beneficiaries who Require Protective Custody (Bethel)			
• Develop alternatives to incarcerations for Title 47 Substance Abuse Protective Custody Holds (operating)		350.0	350.0
	MHTAAR/ Authority Grant	**GF/MH**	**Gov. GF/MH**
FY2012 Budget Increment Totals	$1,857.9	$1,349.9	$ 1,011.9

Funding in thousands of dollars

The TRUST
The Alaska Mental Health Trust Authority

Beneficiary Projects Initiative

- **Community need:**
  - consumers active in defining, advocating and delivering recovery support
  - peer services: benefit of lower cost, preventative, evidence-based practices resulting in positive recovery outcomes for beneficiaries
- **Partners:**
  - 27 beneficiary grantees since 2006
  - Alaska Peer Support Consortium
  - Division of Behavioral Health, Vocational Rehabilitation, Trust Training Cooperative at UAA-Center for Human Development
  - Advisory Board on Alcohol and Drug Abuse, Alaska Mental Health Board, Governors Council on Disabilities and Special Education
- **Strategic thinking:**
  - Funding and technical assistance to support safety, effectiveness and sustainability of peer programs and services
  - Training and education for peer support workforce
  - Integration of peer-support specialists across service delivery systems
  - Mini Grants to improve beneficiaries' quality of life
    - $896,939 to 722 individuals in FY2010
  - Small Projects Grants for small, beneficiary-focused projects
    - $250,000 annually

FY2010 Beneficiary Mini Grants

Beneficiary Group	Number of Beneficiaries	Amount Awarded
Alzheimer's Disease and Related Dementia	220	$242,589
Developmental Disabilities	183	$166,763
Mental Illness	248	$355,964
Chronic Alcoholism	71	$131,623
Total	722	$896,939

Maximum grant = $2,500 per person per year

Results for Beneficiaries

- Promotes recovery, stability and wellness
- Provides sense of empowerment and connection
- Reinforces consumer choice in managing recovery
- Wide range of beneficiary-led programs serving Trust beneficiaries through:
  - peer-support services
  - recovery-community support programs
  - clubhouses
  - drop-in centers
  - community outreach and engagement
  - illness self-management
  - alternatives to residential treatment
  - supported employment
  - training and education
- State-wide presence

Ahead in FY2012

	MHTAAR	Authority Grant	GF/MH	Gov. GF/MH
Grant Funds for Projects				
• BPI Program Grants		$1,620.0		
• Polaris House - Juneau			$200.0	$ 0.0
Technical Assistance (TA)				
• TA for beneficiary groups & agencies		265.0		
• Partners in Policymaking	$ 200.0			
Program Management				
• Initiative Administrative		100.0		
• Beneficiary & family leadership conference		80.0		
• Evaluation		30.0		
Consumer choice & expanded services				
• Mini Grants – Behavioral Health		709.6		
• Mini Grants – Alzheimer's Disease and Related Dementia		260.3		
• Mini Grants – Developmental Disabilities	227.5			
• Small Projects Grants		250.0		
• Micro-Enterprise Capital		125.0	25.0	0.0
FY2012 Budget Increment Totals	$ 427.5	$3,439.9	$225.0	$ 0.0

Funding in thousands of dollars

The TRUST
The Alaska Mental Health Trust Authority

Joint FY2012 Legislative Priorities

- Shared with all beneficiary advisory boards
- Ensure access to affordable, high-quality Medicaid services for Trust beneficiaries
- Fund community-coordinated transportation systems for seniors and Alaskans with disabilities

Advisory Board on Alcoholism and Drug Abuse

abada amhb

Alaska Mental Health Board

Governor's Council on Disabilities and Special Education

Alaskan Seniors Living Longer Growing Stronger

from the Alaska Commission on Aging

The Trust

The Alaska Mental Health Trust Authority

New Initiatives

- Governor's Domestic Violence and Sexual Assault Task Force
- Alcohol and Other Substance Abuse Initiative
  - Partnership
    - Mat Su Health Foundation
    - Rasmuson Foundation
    - The Trust

Thank You

Contacts:

Jeff Jessee, Chief Executive Officer

jeff.jessee@alaska.gov

907-269-7963

Delisa Culpepper, Chief Operating Officer

delisa.culpepper@alaska.gov

907-269-7965

3745 Community Park Loop, Suite 200

Anchorage AK 99508

www.mhtrust.org

The TRUST

The Alaska Mental Health Trust Authority

The TRUST

The Alaska Mental Health Trust Authority

Jeff Jessee

CHIEF EXECUTIVE OFFICER

Tel: 907-269-7963

Fax: 907-269-7966

jeff@mhtrust.org

www.mhtrust.org

3745 Community Park Loop, Ste. 200

Anchorage, AK 99508

a catalyst for change

chronic alcoholism

mental illness

The TRUST
The Alaska Mental Health Trust Authority

developmental disabilities

15 YEARS OF COMMITMENT AND SUCCESS

2010 annual report

Alzheimer's disease

Board of Trustees

- Dr. William Doolittle, Chair
- Laraine Derr, Vice Chair
- Paula Easley, Secretary/Treasurer
- Mike Barton
- Mary Jane Michael
- Larry Norene
- Russ Webb

Beneficiaries of The Trust

- People with mental illness
- People with developmental disabilities
- People with chronic alcoholism
- People with Alzheimer's disease and related dementia

Trust Guiding Principles

To improve the lives of Trust beneficiaries, The Trust is committed to:

- Education of the public and policymakers on beneficiary needs;
- Collaboration with consumers and partner advocates;
- Maximizing beneficiary input into programs;
- Prioritizing services for beneficiaries at risk of institutionalization or needing long-term, intensive care;
- Useful and timely data for evaluating program results;
- Inclusion of early intervention and prevention components in programs;
- Provision of reasonably necessary beneficiary services based on ability to pay.

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

Overview: 15 years

Reaching a significant milestone is cause for celebration, reflection and prediction. Join us in the following pages as we celebrate 15 years of achievement, reflect on lessons learned and predict the challenges ahead for beneficiaries, the Alaska Mental Health Trust Authority and our dedicated partners and advocates.

CELEBRATION: In 15 years, we have made significant strides toward our goal of improving the lives of Trust beneficiaries. There is much to celebrate:

- Closing Harborview Hospital in Valdez and building a statewide network of community services gave beneficiaries with developmental disabilities more independence.
- Creating therapeutic courts diverted beneficiaries from prison into treatment and reduced recidivism.
- Establishing supported housing programs for people with disabling conditions provided more options for safe, affordable places to live.
- Nurturing the consumer movement spawned dozens of peer-run organizations that are gaining in sophistication and financial stability.
- Partnering with the University of Alaska, state agencies and service providers increased educational and training opportunities for the workforce serving beneficiaries.

REFLECTION: In shaping system change, we see our role as the convener, gathering those who know what needs to be done and how to make things happen. We have learned that in order to make long-term system change we need to serve not only as a catalyst and fire-starter, but as a fire-tender. We must continuously advocate so projects and programs remain on track, with adequate funding to carry them from implementation to sustainability. In 2004, we partnered with the Department of Health & Social Services to stem the tide of young people being sent out-of-state treatment for residential psychiatric treatment. In five years, we have grown in-state capacity and created early interventions to keep them close to home in lower levels of care. Without collaboration and funding from The Trust and the State, this project would not have succeeded.

PREDICTION: The coming years will require continued leadership, advocacy and dedication to our guiding principles. More can be done to improve the systems that serve beneficiaries. We will not waiver in our goal to improve their lives. Keeping beneficiaries safe requires additional work with law enforcement, the courts and correctional institutions to ensure beneficiaries are treated appropriately. Finding housing will always be difficult in a state like ours, but by collaborating with our partners we can create more options. Workforce recruitment and retention will remain issues for providers serving Trust beneficiaries, especially in rural areas. Working with our partners, we can increase educational opportunities, improve wages and benefits, and attract more people into the field. The reforms achieved in children's mental health services must be sustained. We want youth with mental illness to have treatment and services earlier and in their home communities, so they have a better chance of healthier lives. We will continue encouraging beneficiaries to take a role in their treatment and recovery and in assisting others. It is exciting to see peer support becoming a best-practice in Alaska.

Two recently launched initiatives promise to improve beneficiaries' lives. First, we support Governor Parnell's Domestic Violence and Sexual Assault Task Force, charged with ending the epidemic that has scarred our state. The "Choose Respect" campaign includes thoughtful strategies to stop the cycle of harm. Second, we are partnering with the Rasmuson and Mat-Su Health foundations to transform systems that address alcohol and drug abuse in Alaska.

The Trustees and Trust staff remain committed to working with the Governor, the Legislature and our partners on behalf of Trust beneficiaries to make the systemic changes necessary for long-term, sustainable improvements in Alaska's mental health program.

Jeffrey L. Jessee
Chief Executive Officer

William Doolittle, M.D.
Chair, Board of Trustees

Jeff Jessee

William Doolittle

Celebrating 15 Years of Commitment and Success

In March 2010, we celebrated the 15th anniversary of the appointment of our first Board of Trustees. That is 15 years of commitment to our mission of improving the lives of Trust beneficiaries. When Vern Weiss contacted a young Fairbanks lawyer named Steve Cowper in 1982 about filing a suit to compel the State of Alaska to fulfill its obligation to provide services for people with mental disabilities, few could have guessed that the result would be an organization as unique as the Alaska Mental Health Trust Authority (The Trust).

The Weiss case eventually became a class-action suit heard by the State Supreme Court. It was settled in 1994, restoring the Mental Health Trust created by federal law in 1956 as a source of State income for mental health services. The settlement also set in motion an overhaul of the State's mental health service delivery system. Fifteen years later, that work remains our focus and commitment on behalf of Trust beneficiaries and their families.

Our goal is to serve as a catalyst for change and improvement across all facets of Alaska's mental health continuum of care. To accomplish this, The Trust funds projects and programs that promote long-term system change. Examples include capacity building programs, demonstration or pilot projects, funding partnerships, technical assistance, and other measures that will improve the lives of Trust beneficiaries.

During our first 15 years, we have collaborated with countless partners, including departments and agencies within state and local government, beneficiary advisory boards, service providers, community groups, and many beneficiaries and their families.

Among the 50 states, there is no comparable, state-owned, private corporation dedicated to ensuring services are available for people with mental illness, developmental disabilities, chronic alcoholism, and Alzheimer's disease and related dementia.

Most often we find our role is that of the convener. No other agency or organization is positioned, like The Trust, to pull together stakeholders from all perspectives to address issues.

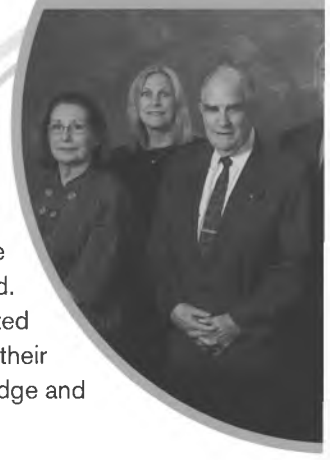
Land Trust Restored

The 1994 settlement created an endowment with two components: cash and land. A cash settlement of $200 million was deposited in the Alaska Permanent Fund as restitution for the years in which no income was collected for use or sale of land in the original land trust. Second, the original one-million-acre trust was restored with new selections from throughout Alaska. Finally, the settlement established a seven-member board to manage the cash and non-cash assets on behalf of the beneficiaries.

Using the foundation model, a percentage of the income from the two revenue streams is used each year to help fund the State's service delivery system. The majority of the income is re-invested to serve as a perpetual trust, assuring long-term, sustainable support for the State's comprehensive integrated mental health program.

Governor Tony Knowles in 1995 appointed the first Board of Trustees. The seven members came from varied backgrounds. Several had family members who were Trust beneficiaries or had worked in the mental health field. They were expected to bring into play their collective knowledge and

Current Truste
(left to right): Pau
Easley, Mary Jane
Michael, William Doolittle,
chair, Larry Norene, Laraine D
Russ Webb and Mike Barton.



A History of The Trust

1956
Congress passes Mental Health Trust Enabling Act, creating one-million-acre land trust to pay for mental health services after statehood

1959
We're in! Alaska becomes 49th state and takes responsibility for mental health programs

1960
State purchases Valdez hotel, creates Harborview, a residential facility for people with developmental disabilities

1964
Tsunami spawned b
Good Friday Earthqu
destroys Valdez;
Harborview rebuilt t
include a hospital

experience with the service needs of beneficiaries. There was no office or staff and there were no policies in place to run the organization. There were, however, plenty of Alaskans in need. The Trustees' task was awesome in its complexity and inspiring for the opportunity to make lasting change.

The Power of Leveraging

In the first few years, The Trust was a bare-bones operation, only making its first disbursement in 1997. It was a monumental task to sort out what programs and what issues should take priority. One thing stood out: Alaska did not have an integrated service system. Treatment silos had evolved in which each beneficiary group was served independently.

Board
ustees
to right) Evelyn
ker, Kay Burrows,
Hawkins, Nelson
e, John Malone, Phil
nker Jr. and John Pugh.

One of the first major steps undertaken by the Trustees was negotiating the closure of Harborview Hospital in Valdez, which included a residential treatment facility for individuals with developmental disabilities. The facility was among the first opened after statehood and at its height cared for 180 residents.

All the data shows that people with disabilities do better in their own communities, near their families. However, first, the communities needed services to support the Harborview residents. Working with the Legislature and the Department of Health & Social Services (DHSS), The Trust funded Harborview services for two years while the State implemented new community services such as housing, training and employment. In 1997, the last resident moved home.

Harborview was the first of many funding partnerships over the past 15 years in which The Trust leveraged its resources to allow organizations, especially State government, to implement service changes and improvements while gradually assuming the cost. In subsequent years, The Trust partnered with the Legislature and DHSS to build a smaller, more effective replacement for Alaska Psychiatric Institute (API), another remnant of Alaska's early mental health system. Working in collaboration, DHSS and The Trust sought a community-based alternative to hospitalization. When the new API opened its doors in 2005, it had reduced its capacity, and Alaska's network of community-based emergency mental health and alcohol and substance abuse services had expanded.

A Catalyst for Change

The Trust also played a pivotal role in the development of mental health and substance abuse services for women in Alaska's correctional system. Prior to 1998, there were no services for female inmates with chronic mental illness. After a Trust-commissioned study revealed 38 percent of women in custody had a mental illness and 29 percent of all

NELSON PAGE

Anchorage attorney
Original Trustee
and First Board Chair

At the time of the settlement, we had no conception about what The Trust would look like, what it would do, or what role it would play. The legislation seemed to suggest that our role would be grant-making, but also that we would be running and funding programs. We had to work out what the relationship would be between the beneficiary boards and The Trust. I am proud of the way The Trust has integrated all the communities of beneficiaries into The Trust process without having lost the central, guiding role it plays. And I am most proud that The Trust is seen as a legitimate, powerful player in the mental health field, bringing together beneficiaries.

1982
Vern Weiss files lawsuit to force State of Alaska to provide mental health services

1994
Class-action suit settled, creating Alaska Mental Health Trust Authority with $200 million in cash and one million acres

1995
Gov. Tony Knowles appoints first Board of Trustees, which hires Jeff Jessee as CEO

1996
Trust Land Office earns $1 million in income from Icy Bay timber sale

1997
Trust funds operating and capital programs for first time, totaling $6.8 million; Harborview closes

1998
Alaska's first therapeutic court authorized, third in the nation

1999
First Comprehensive Integrated Mental Health Plan completed in collaboration with Department of Health & Social Services and beneficiary advisory boards

JUDGE STEPHANIE RHOADES

Alaska District Court

Chief among the rewarding aspects of presiding over the Anchorage Mental Health Court are the various friendships that I have made with participants who have become successful and return to visit me or send me cards throughout the year to stay connected. I have one particular acquaintance with an older male who had many prior crimes and was poly-substance abusing and homeless for about 25 years. Through his court participation, he gave up substances, found housing, began adhering to his treatment regimen and now, eight or more years after his participation in the program, he visits me as a friend, and I visit him at Anchor House as a friend. This remains a life-changing friendship.

inmates had significant alcohol or drug involvement, The Trust proposed formation of an 18-bed Women's Psychiatric Treatment Unit at Hiland Mountain Correctional Center in Eagle River. It took three years and $1.8 million to implement.

Additionally, in 1998, the Women's Residential Substance Abuse Treatment Program was established at Hiland Mountain. It was funded through a three-year, U.S. Justice Department grant with matching funds from The Trust. Today, mental health and substance abuse services for women are an integral part of Alaska's correctional system and remain in the State budget.

The Power of Partnerships

When the first Board of Trustees was appointed, four governor-appointed advisory boards were already working on behalf of beneficiaries. They include Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, Governor's Council on Disabilities & Special Education, and Alaska Commission on Aging.

The Trust and its advisory boards share responsibility with DHSS for developing the State's Comprehensive Integrated Mental Health Plan. This is an ongoing process in which the partners address issues that improve the health, safety, and economic security of beneficiaries and provide opportunities for beneficiaries to live with dignity as engaged, employed and contributing members of society. Annually the partners produce a scorecard, measuring outcomes in each of these life domains.

Under the Trust settlement, the beneficiary boards are advisors to the Trustees, serving as a conduit for information about the status and needs of beneficiaries. Annually the boards make funding recommendations to the Trustees to address these needs.

In addition, The Trust has forged partnerships with many other state agencies that serve beneficiaries, especially the departments of Corrections, Labor & Workforce Development, and Transportation & Public Facilities; Alaska Court System, University of Alaska System and Alaska Housing Finance Corporation. Acting as a convener and leveraging our resources, The Trust has created a greater pool of resources from which to draw, both for expertise and funding.

Funding for Maximum Impact

In the early years of The Trust there were many unmet needs among the beneficiaries and our funding took on a shotgun approach, targeting projects and programs all over the service delivery system in an effort

2000
Trust Land Office leases 20,000 acres near Fairbanks for Fort Knox Gold Mine

2001
Legislature commits $16 million to construct new API; Trust contributes land for $47 million project

2002
Trust and partners win statewide alcohol tax increase; University of Alaska Anchorage launches distance delivered Master's of Social Work degree

2003
Training funded for personal care attendants, dental health aides and behavioral health aides to boost services, provide jobs in rural Alaska

2004
Land purchased, community planning begins for a Fairbanks detox center

2005
Bring the Kids Home Focu
Area begins to bring hom
youth in out-of-state residen
psychiatric treatment cente

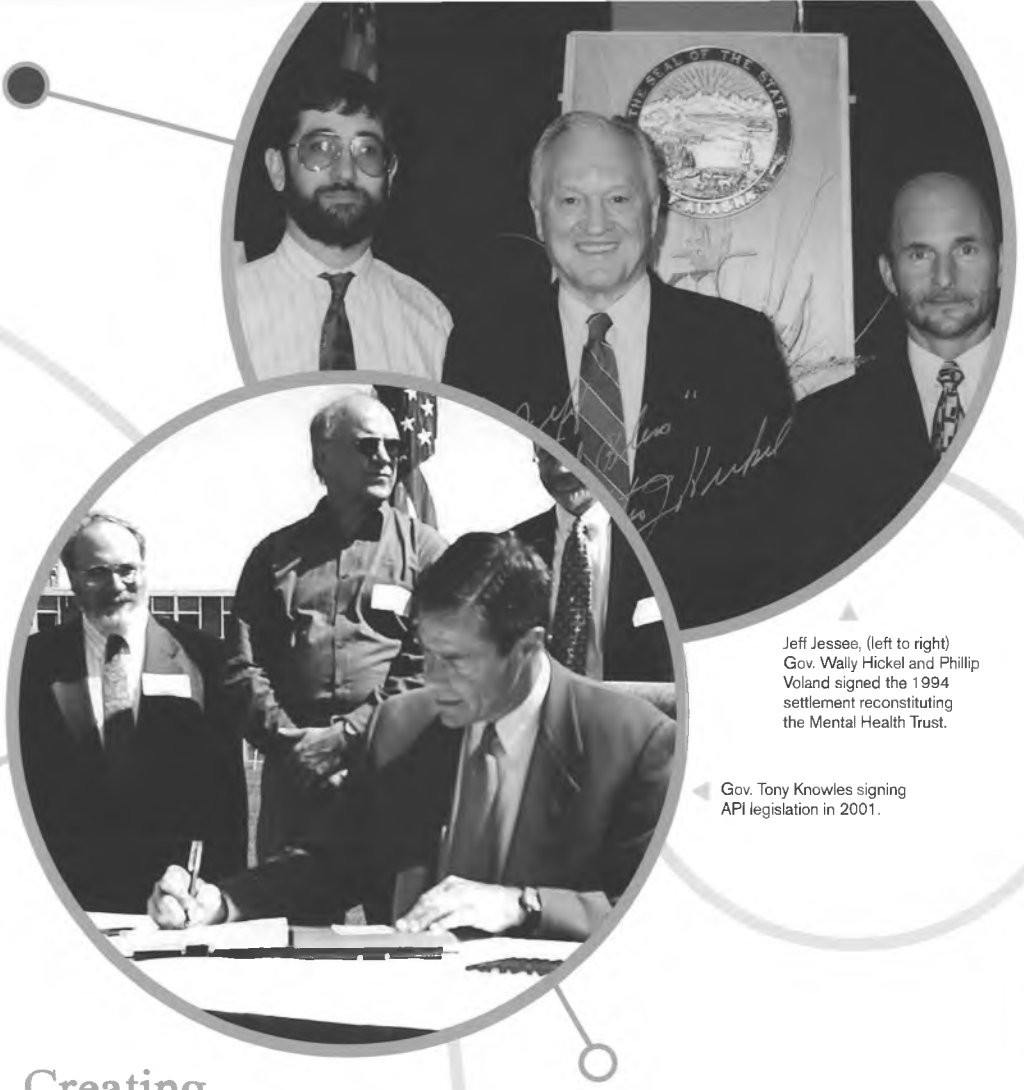
to stimulate service growth. Some projects were short-term fixes; others had long-term implications for beneficiaries. It became evident that, in order to making lasting change, The Trust would need a more focused funding approach.

Acting as a convener once again, The Trust assembled stakeholders to prioritize and plan for the future. The result was creation in 2005 of four focus areas to address issues that cut across all service delivery systems and benefit all beneficiaries.

By 2007, The Trust and its partners had identified a growing need for a trained and available workforce to fill the jobs that serve Trust beneficiaries. The Trust adopted Workforce Development as its fifth focus area.

These focus areas are:

- **Bring the Kids Home** - an initiative to reform Alaska's mental health system of care for children;
- **Affordable Appropriate Housing** - an effort to increase housing options for beneficiaries;
- **Disability Justice** - programs aimed at reducing beneficiaries' incarceration and recidivism in the criminal justice system;
- **Beneficiary Projects Initiative** - aimed at creating and sustaining grassroots, peer-run groups; and
- **Workforce Development** - providing beneficiaries with access to a capable, culturally competent workforce to support their families and communities.



Jeff Jessee, (left to right) Gov. Wally Hickel and Phillip Voland signed the 1994 settlement reconstituting the Mental Health Trust.

Gov. Tony Knowles signing API legislation in 2001.

Creating Systems Change

The results of each focus area are remarkable. The number of children being treated in out-of-state residential psychiatric treatment centers has dropped from a record high of 748 to fewer than 100 by late 2010. The Alaska Housing Finance Corporation's homeless assistance program has grown to more than $6 million per year. There are 13 therapeutic courts serving juveniles and adult beneficiaries and more in development.

In our first 15 years The Trust has seen many changes across Alaska's mental health continuum of care. Through advocacy, planning and funding, The Trust has paved the way for lasting improvements to the systems that serve beneficiaries, whether it is in-home supports, community-based services, housing, therapeutic courts, prison treatment programs, workforce training and education, transportation or consumer-run groups.

2006
0-member coalition advocates for legislative support for a housing trust to address homelessness in Alaska

2007
Workforce Development becomes fifth focus area, targets training, education, recruitment and retention of workforce serving beneficiaries

2008
The Trust and Rasmuson Foundation each commit $1 million for supportive housing pilot projects in Southcentral Alaska

2009
$1.2 million student loan repayment program offers recruitment incentive to health professionals serving beneficiaries

2010
Trust celebrates 15 years, budgets $24 million in support of beneficiaries

Engaging Beneficiaries

The Beneficiary Projects Initiative (BPI) emerged in 2005 in response to growing interest among Trust beneficiaries and family members in engaging in and using peer support as an enhancement to conventional behavioral health services. In parallel with the national mental health consumer movement, Alaska consumers wanted to draw on support from other consumers, clients and family members as part of their recovery. The Trust recognizes that involving beneficiaries in defining and mapping out their recovery can forestall the need for more intensive traditional services and provides beneficiaries with a choice in how they recover.

The primary strategies for this focus area are providing consumer-run organizations with seed money and technical assistance to get peer-run projects off the ground, and ongoing support to ensure the organizations continue to operate smoothly and are sustainable. The Trust has funded clubhouse models, drop-in centers, peer-to-peer recovery programs, and family support projects. Investment in the long-term capacity of peer-support organizations has resulted in many successful grassroots, consumer-run programs across the state that provide innovative, quality support services to beneficiaries who may not engage or respond well to traditional services. In 2010, more than 3,000 beneficiaries received services delivered by other beneficiaries.

As a result of this initiative:

- Trust-funded consumer organizations have increased their capacity and expanded their services by obtaining additional funding sources.
- State departments acknowledge peer support services as an integral part of the service delivery system and are jointly funding consumer programs with The Trust.
- Peer support services are expanding into other State departments and Trust focus areas.
- Customized self-employment models are helping beneficiaries start small businesses.
- Cross-agency collaboration with peer provider programs has increased among agencies that have high usage by beneficiaries, such as emergency services and corrections.
- Peer counseling workforce has increased and more training is available for peer counseling providers.
- Beneficiaries are participating in advocacy at the state and local policy levels, influencing the issues that impact their recovery and their lives.
- Formerly an informal gathering of peers, the Alaska Peer Support Consortium is a mobilizing force, providing networking, education, training and advocacy for consumer groups across Alaska.

Employing Evidence-based Practices

As BPI programs mature, they are exploring and evaluating how beneficiaries' lives are better because of their engagement with consumer-run programs. These programs use a range of evidenced-based and emerging practices. Wellness Recovery Action Planning (WRAP) promotes self-management of mental illnesses and addictions to monitor, reduce or eliminate symptoms. NAMI Alaska facilitates Family to Family, a best-practice program for families experiencing mental illness. Polaris House, an evidence-based clubhouse in Juneau, operates a supported employment program. In 2010, about 40 clubhouse members were employed, earning a combined, average annual income of more than $200,000.

Partners in Policymaking teaches beneficiaries how to make their voices heard through involvement, advocacy and voting.

FY2010 Mini Grants by Beneficiary Type

Beneficiary Group	Amount Awarded	Number of Beneficiaries
Alzheimer's Disease & Related Dementias	$ 242,589	220
Developmental Disabilities	$ 166,763	183
Mental Illness	$ 355,964	248
Chronic Alcoholism	$ 131,623	71
Total	**$ 896,939**	**722**

Building Housing Opportunities

Housing is the cornerstone of any treatment, recovery or wellness plan for people with mental illness, developmental disabilities, alcoholism, or Alzheimer's disease and related dementia. In Alaska, these individuals have many unmet housing needs due to the challenges posed by high housing costs and remote locations, and their need to connect with supportive services. As a result, safe, affordable, accessible and appropriate housing is cited repeatedly as the key resource beneficiaries need to continue their rehabilitation and recovery.

Since statehood, there has been a focus on keeping Alaskans with mental disabilities in or near their home communities, starting with the return of those individuals who were sent during Territorial days to Morningside Hospital in Oregon. Two subsequent projects, closure of Harborview Developmental Center in 1997 and downsizing of Alaska Psychiatric Institute in 2005, further illustrate The Trust's commitment to keeping beneficiaries in their home communities. Behind these pivotal projects lies the concept of in-home and community-based care as the most appropriate method of assisting people with disabling conditions.

Shaping the Service Network

Maintaining a social service delivery system that meets these mandates and the needs of Trust beneficiaries in a large state with a small population can take years. In our early development, The Trust focused on increasing housing options and important components of the social services safety net.

Key efforts included restructuring the state's Medicaid and social service programs to allow for home-based services and increasing work options for beneficiaries.

However, in the last decade, some gains were reversed as the number of beneficiaries entering corrections facilities and cycling through costly emergency services has increased. Increasingly, providing supported housing is too costly for social service agencies and outside the scope of what mainstream landlords can provide. Funding for actual "in home" supports is scarce and difficult to administer. In addition, social services workforce shortages and inadequate pay for workers pose challenges.

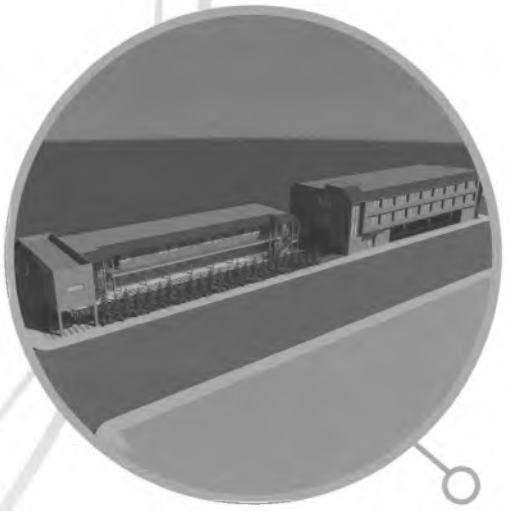
Creative Funding Programs

Some states have addressed these issues through creative funding mechanisms that encourage service providers and landlords to collaborate on building and operating projects. One such method, called a housing trust, has been used in 40 states and the District of Columbia to build, purchase or rehabilitate permanent housing for special needs populations. Since 2006, The Trust has worked with Alaska Housing Finance Corporation to secure similar funding and increase supported housing options in Alaska. As a result, Alaska now has a reliable funding mechanism for on-site social services and resources to help beneficiaries with more intensive needs remain in their home communities.

Housing First

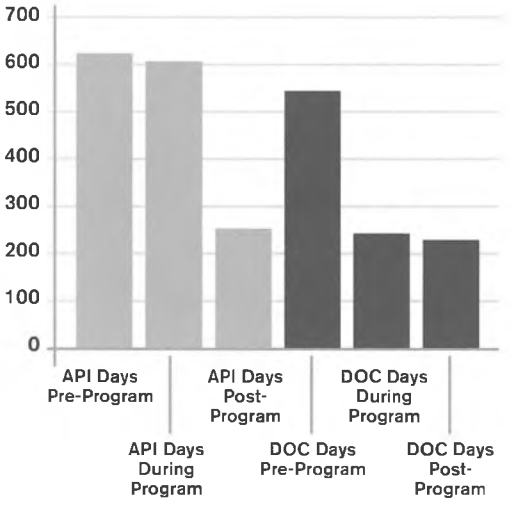
Over the last four years, The Trust's Housing Focus Area has funded several projects that have resulted in increased tenure in safe, stable housing by people with intensive needs. The most significant impact resulted from implementing a Housing First model. In Housing First programs, an individual is safely housed first; then the person's barriers to successful housing are identified and supportive service plans are implemented to ensure long-term stability and healthier living.

Throughout 2010, The Trust worked with the RurAL CAP to implement a 48-unit Housing First program in a former Anchorage hotel. Karluk Manor is Alaska's first, large-scale facility with on-site support services for previously homeless people with chronic alcoholism. Other Alaska communities are exploring similar projects.



Karluk Manor is a 48-unit Housing First project in Anchorage. (courtesy Barnes Architecture Inc.)

Housing First Results for Bridge Home



Number of Participants: 47
API = Alaska Psychiatric Institute
DOC = Department of Corrections

Seeking Justice for Beneficiaries

In 1997 The Trust commissioned a one-day-snapshot study of inmates under the care and custody of the Department of Corrections (DOC). The study revealed that more than 25 percent of all inmates and 38 percent of female inmates qualified as Trust beneficiaries. A similar study in 2006 revealed approximately 42 percent of Alaska inmates have a mental illness or cognitive impairment. Essentially, DOC is the largest mental health provider in Alaska.

As a result of these findings, for more than a decade The Trust has focused on ensuring adequate community systems of care are in place to prevent beneficiaries from contact with the criminal justice system, incarcerated beneficiaries have access to appropriate treatment, and incarcerated beneficiaries successfully reenter Alaskan communities.

Top: A community-funded detox treatment center opened in 2009 on Trust land in Fairbanks.

Bottom: District Court Judge John Lohff, who presided over Alaska's first therapeutic court, and his wife, Nancy, at his 2010 retirement.

In FY1998, The Trust partnered with DOC to develop and implement the department's first mental health unit and residential substance abuse treatment services at Hiland Mountain Correctional Center. This partnership continues today and has resulted in expanding similar services to other correctional facilities statewide. It has also led to implementation of new diversion, reentry and monitoring programs to reduce beneficiary contact or recidivism with the criminal justice system.

In 2005, our Board of Trustees recognized that reducing the prevalence of beneficiaries in the juvenile justice and adult correctional facilities would require a multidisciplinary, focused and collaborative effort, across the criminal justice continuum of law enforcement, jail, courts and community reentry. The Trust convened representatives from law enforcement, corrections, courts, probation, law, defense, and health and social services who developed a comprehensive plan to address these issues. Implemented in 2006, the plan focuses on three broad categories:

- reduce the involvement and recidivism of juvenile and adult beneficiaries in the criminal justice system;
- identify and support beneficiaries who are victims of crime; and
- reduce the use of correctional facilities for substance abuse protective custody holds.

Cross-System Changes

As a result of this collaborative effort, many changes and improvements have been achieved. Highlights include:

- increased recognition that untreated and undertreated mental health and substance abuse disorders underlie a significant percentage of criminal activity and recidivism;
- increased cross-system collaboration between criminal justice and behavioral health systems;
- integrated therapeutic jurisprudence principles and courts into the Alaska Court System's core operations;
- increased recognition that release planning begins when a person is booked;
- coordinated community responses for beneficiaries who are a danger to themselves or others because of substance abuse;
- established a partnership with the Council on Domestic Violence & Sexual Assault;
- trained about 150 law enforcement officers from 20 communities in Crisis Intervention Team skills;
- increased mental health and substance abuse treatment services in juvenile justice and adult correctional facilities;
- established 13 adult and juvenile therapeutic courts; and
- implemented Disability Assault Response Teams in Anchorage, Bethel, Fairbanks and Juneau.

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%	42.6%	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	37.3%	34.3%	34.8%	35.3%

The complete 2007 report by Hornby Zeller Associates can be found at http://bit.ly/fT1J3v.

Improving Care for Alaska's Youth

Between 1985 and 1995, Alaska operated an in-state system of behavioral health services using grants and individualized funding to deliver highly individualized interventions for children with severe emotional disturbances and their families. The Alaska Youth Initiative (AYI) was a nationally recognized best-practice model of wraparound service delivery. Through AYI, Alaska stopped sending youth to residential psychiatric treatment centers (RPTC) outside of Alaska. When The Trust came into existence in 1995, this in-state system was functioning effectively.

Over the next decade, the system became overwhelmed as the State became more reliant on Medicaid. By 2004, services had eroded and more youth were being sent out-of-state for treatment. By FY2004, new out-of-state RPTC admissions peaked at 752 youth. Recidivism was high, with 20 percent of these youth returned to RPTC within a year. Out-of-state services were not always good for youth or their families. The children were far from home, with only an option for a high level of care with limited support available upon return. Also, Alaska was not developing adequately its own in-state service system. In 2004, the Department of Health & Social Services conducted a needs assessment of children's mental health services, and found ready partners to solve the concerns identified. This led to the Bring the Kids Home (BTKH) Focus Area.

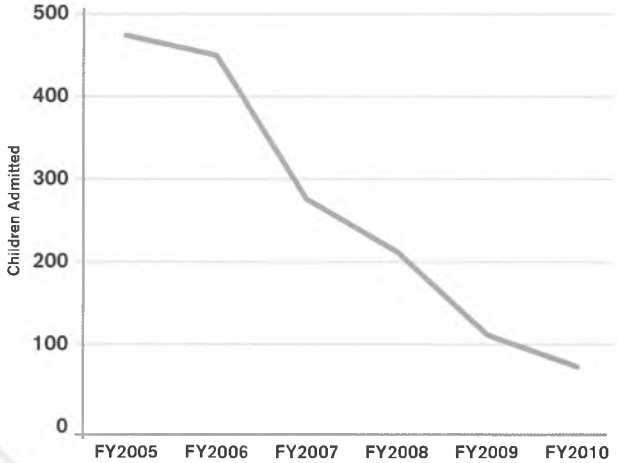
Building an In-State System

BTKH received governor and legislative support, and funding from The Trust and the Legislature. The initiative has encouraged system change and expanded in-state resources to allow youth to be served at or near their homes and family. Several key strategies support BTKH. A primary strategy was to encourage collaboration and cross system communication at all levels, including planning, service delivery and performance evaluation.

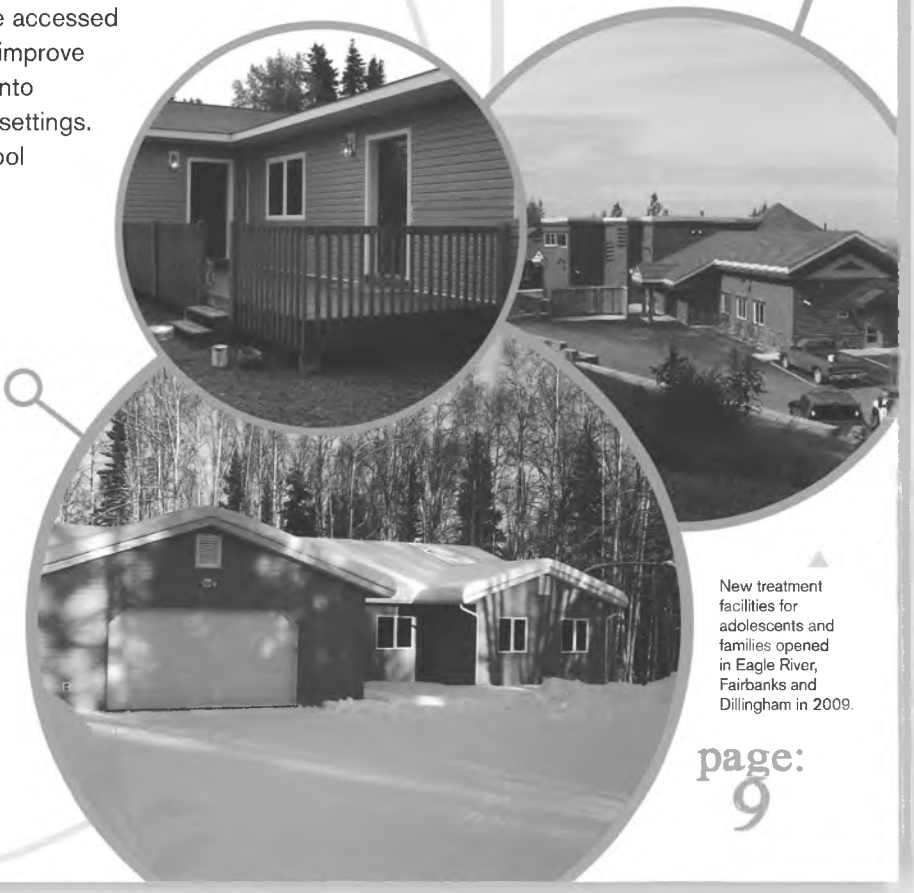
Other strategies included increased system oversight and care coordination to ensure in-state services are accessed first and to improve transitions into community settings. Home, school and community-based services were expanded across Alaska. Capital and operational grants contributed to approximately 300 new residential beds, and expanded access to existing beds. Individualized services funding was established to divert children from residential care. Finally, systemic barriers were removed, and policies, procedures and regulations were updated.

To maintain BTKH progress, long-term performance indicators will be established to monitor system performance. The strong focus on data-driven system development will continue. Current practices will be refined and institutionalized. Interagency agreements will be formalized around use of individualized funding and for on-going system development and collaboration. Start-up grants to support performance improvement initiatives will continue. Efforts to increase parent, youth and stakeholder feedback into system planning and development will be institutionalized.

Out-of-State RPTC Admissions



RPTC = Residential Psychiatric Treatment Center



New treatment facilities for adolescents and families opened in Eagle River, Fairbanks and Dillingham in 2009.

Growing Our Workforce

The Trust has long recognized that there is a need for a trained workforce to serve beneficiaries. Initially, providers requested funding for training within their agencies or to send staff to training to enhance their skills. Soon, The Trust was working with the University of Alaska to grow its capacity to train the workforce needed to serve beneficiaries.

Early, long-term Trust investments included creation of the Masters in Social Work (MSW), distance-delivery programs for the Bachelors of Social Work and MSW degrees, and the human services degree program. The Trust also funded the Alaska Alliance for Direct Service Careers (AADSC) to assist long-term care and direct-care providers with staff recruitment and retention. Annually, The Trust supports continuing education by sponsoring professional conferences on topics related to beneficiaries.

In 2004, groups from across the state, including The Trust, the university and the Department of Health & Social Services (DHSS), met to discuss behavioral health workforce issues and set goals to address the problems. Afterwards, the university, DHSS, and The Trust formed a five-year partnership and committed $1 million a year to increase capacity in behavioral health programs at the university. Notable new programs from this initiative were the first Ph.D. program in clinical-community psychology with an emphasis in rural, indigenous people; a certificate in children's behavioral health; the Alaska Rural Behavioral Health Training Academy; and expansion of the distance delivery MSW program.

Expanding Training Capacity

By 2007, the partners knew that additional efforts were needed and sought creation of a new Trust focus area. The Workforce Development Focus Area includes The Trust, the university, state agencies, service providers and consumers. They analyzed the problems facing service providers and developed strategies to address education, training, recruitment and retention. New strategies have produced:

- the Trust Training Cooperative, which coordinates training and is making training distance delivery;
- Ph.D. psychology internship program to ensure Alaska's Ph.D students stay in state for their internship and remain here to work;
- a feasibility study that concluded a psychiatric residency to increase the pool of psychiatrists in Alaska, especially in the public and tribal mental health systems, is viable;
- a student loan repayment program to assist in recruitment and retention of behavioral health professionals in rural and underserved areas;
- core competencies for direct service workers to create standards and training for the competencies; and
- training curriculum for the current workforce around peer counseling, autism, Alzheimer's and related dementias, behavior health and personal care attendant work.

Workforce development is expected to remain an important issue as Alaska deals with the challenges related to implementing health care reform and our aging population.

The Trust and its partners are collaborating on a recruitment campaign to attract workers into the behavioral health field.

An advertising campaign encourages people to turn their life experiences into job skills, helping and caring for Trust beneficiaries.

Regaining Investment Value

Trust investments regained some of the value lost during the significant market declines that began in 2008. Investments at the Alaska Permanent Fund Corporation (APFC) increased by $39 million during FY2010. This was welcome news compared to the previous year's loss of $73.4 million. Still, returns were insufficient to fully recover from the worst recession in the U.S. since the 1930s.

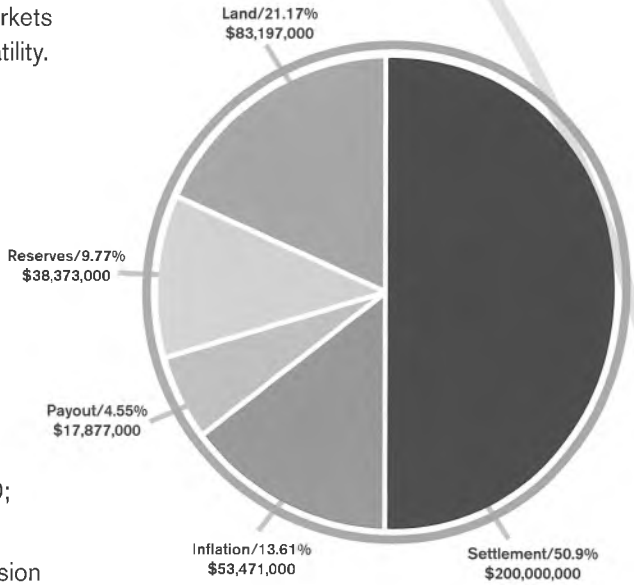
The Budget Reserve is set at 400 percent of the annual payout to allow for disbursements during market declines. The Budget Reserve investment is split between the Alaska Permanent Fund and the Treasury Division of the Alaska Department of Revenue. The Treasury Division Budget Reserve investments in FY2010 also improved markedly over previous years. Specifically this portion of the Budget Reserve gained $3.9 million compared to a $4.7 million loss during FY2009.

The Trust's payout rate, which is used to calculate the disbursement (or payout) for the annual Trust budget, remained at 4.25 percent. This rate is applied to the trailing four-year-average principal and budget reserve year-end balances to calculate the payout for the subsequent year. A four-year-average provides funding stability when financial markets experience significant volatility.

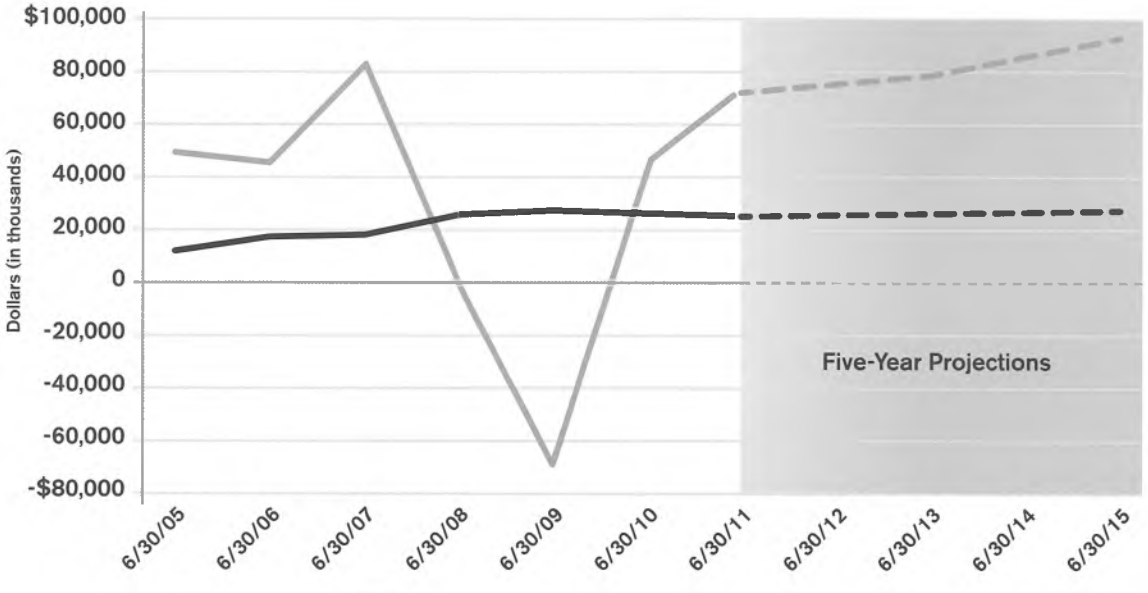
As a result of the FY2010 financial performance the following funding is available for FY2011:

- disbursement (payout) rate of 4.25 percent, for a payout of $17,877,000;
- resource management revenue allocated as income was $2,107,000;
- interest on the Income Account at Treasury Division was $1,072,000;
- lapsed funds from prior fiscal years were $3,575,000; and
- total funding available for FY2011 is $24,631,000. This is a one percent decrease from FY2010.

Trust Cash Assets at End of FY2010



Revenues and Expenditures



Note: Revenue includes restricted income (such as unrealized gain on securities and sale of principal land assets) which becomes part of trust principal and is not available for expenditure.

The Trust Land Office

STEVE PLANCHON
Trust Land Office
Executive Director
1994-2004

When the Trust Land Office was created we had no staff, no regulations and nominal revenues being generated from The Trust's land and resources. We hired the right staff and contractors, framed an effective working relationship with DNR, got trust land management training and then went to work operating with the business philosophy of "under promise and over deliver." We focused first on resources that would generate high levels of revenue with low levels of controversy. By the end of the first year, we were operating in the black, and went on to establish an excellent reputation for our professional work, responsible development, positive community relations and, most importantly, the TLO's reliable and steadily increasing income stream, which was used to help fund programs and services for Trust beneficiaries.

The Trust Land Office (TLO) is a 14-person unit in the Department of Natural Resources that manages approximately one million acres of land throughout Alaska on behalf of Trust beneficiaries. Gross revenue in FY2010 totaled $5.4 million with $1.8 million as spendable income and $3.4 million as 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; and sand, gravel and rock sales. Rents, fees and 15 percent of timber revenue are considered "spendable income" and are available to The Trust for use in the following fiscal year. Land sales, hydrocarbon and mineral royalties, and 85 percent of timber revenue are considered "principal" and are deposited in The Trust corpus.

Trust land generates income from leases, sales, mineral exploration and development; coal, oil and gas exploration and development; and sand, gravel and rock sales.

Timber harvesting on Trust land in Southeast Alaska.

Highlights of 2010

- Received a royalty of $292,900 from Fairbanks Gold Mining Inc. for 2009 production from its mine on Trust land north of Fairbanks.
- Sold 22 parcels in the 2010 land sale for $698,166.
- Initiated an Underground Coal Gasification Program, offering approximately 190,000 acres for exploration for deep coal resources.
- Completed engineering, planning and permitting for development of a high-value 4.5 acre property in the University Medical District (U-Med) of Anchorage.
- Identified land for a sustainable fiber supply and income to The Trust.
- Continued discussions with the U.S. Forest Service regarding a land exchange in Southeast Alaska.

Ahead in the Future

The TLO will continue developing long-term plans for its natural resource portfolio and working with communities and individuals to increase public awareness of Trust lands and its mission. Key projects will include:

- exploration authorized by the Underground Coal Gasification Program could lead to development of deep coal resources resulting in royalty payments to The Trust;
- continuing improvements to a parcel in the U-Med District to ready the site by the end of 2011 for a building development opportunity;
- conducting timber sales in Haines, Thorne Bay and Ketchikan;
- pursuing new mining, coal, and oil and gas projects on Trust lands;
- exploring commercial and residential real estate development projects in Eagle River, Fairbanks, Wasilla, Sitka and Ketchikan; and
- continued exploration and planning by Talon Gold on a mineral lease at Livengood.

Budgeting for 2012

Each year the Board of Trustees makes recommendations to the Governor and the Legislature regarding expenditure of Trust funds and other state dollars to help pay for Alaska's Comprehensive Integrated Mental Health Program. These recommendations comprise the Mental Health Budget Bill. During the 2011 legislative session, The Trust will seek approval of our FY2012 operating and capital budgets.

The Trust, our partner boards and the Department of Health & Social Services (DHSS) have begun using a program management model called Results Based Accountability. This model is used to determine how much service is being delivered, how well or efficiently it is delivered, and whether beneficiaries are better off. This information will lead to informed budget requests for programs that make a difference.

Following are highlights of the projects planned for the next fiscal year in each Trust focus area:

Bring The Kids Home

- Increasing community services for transition age youth, family therapy and young children.
- Adapting some in-state beds to serve youth with severe emotional disturbances and co-occurring disabilities, such as autism, low cognitive functions and aggressive behaviors.
- Expanding community services such as community behavioral health services, school-based services, peer navigation, individualized services and psychiatric consultation.

Disability Justice

- Reduce juvenile and adult beneficiary criminal recidivism rates.
- Reduce the number of beneficiaries who have committed no crime but are incarcerated for an involuntary alcohol emergency commitment, protective custody hold.
- Improve community reintegration rates for Alaskan youth and adults from juvenile justice and adult correctional facilities.

Appropriate Affordable Housing

- Continuing our partnership with the Alaska Council on the Homeless and Alaska Housing Finance Corporation (AHFC) to gather data regarding homelessness and housing and implementing the first strategies in the Statewide 10-Year Plan to Reduce Homelessness.
- Seeking continued funding for improved housing through AHFC's "Homeless Assistance Program."
- Collaborating with the DHSS and other tribal and community partners on a Long Term Care Strategic Plan for Alaska to reduce the cost of institutional care for people with disabling conditions and the elderly.

Beneficiary Projects Initiative

- Invest in and advocate for statewide organizational capacity of peer support organizations through operating funding, technical assistance and key partnerships.
- Articulate the role and place of peer support and consumer organizations within Alaska's continuum of care.
- Invest in the peer support workforce via training, education, advocacy and collaboration with existing workforce initiatives statewide.

Workforce Development

Funding for a psychiatric residency program in Alaska is the top workforce priority of The Trust and DHSS for FY2012. The residency will be a partnership with the University of Washington, School of medicine, Psychiatric Residency Program. It will be overseen in Alaska by Providence Health & Services Alaska and funded by a consortium of public and private hospitals, Veterans Administration, tribal health system, Federal Healthcare Partnership in Alaska, the State and The Trust. The Governor has included the residency in his proposed FY2012 budget. The consortium will work with the Legislature to ensure the program is funded, so it can be launched in FY2013.

Alaska Rural Behavioral Health Training Academy

Trust Training Cooperative
Building Our Workforce Together

Education and career training remain top priorities as The Trust and its partners attempt to grow the workforce serving Trust beneficiaries.

The Trust and its partners have identified public transportation for seniors and Alaskans with disabilities as a top 2011 legislative priority.

3745 Community Park Loop
Suite 200
Anchorage AK 99508

Tel 907-269-7960
Fax 907-269-7966

The TRUST
The Alaska Mental Health Trust Authority

mhtrust.org

This report was printed in Anchorage, Alaska, at a cost of $1.02 each.

The Trust

The Alaska Mental Health Trust Authority

Trust Focus Areas and Initiatives

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

1. **Bring the Kids Home** – reforming Alaska's mental health care system for children and adolescents so they are diagnosed earlier and are treated as close to home as possible;

2. **Workforce Development** – creating an available and competent workforce for Trust beneficiaries and beneficiary service providers.

3. **Affordable Appropriate Housing** – increasing housing placements and tenure in stable, affordable housing for Trust beneficiaries;

4. **Disability Justice** – reducing the involvement and recidivism of Trust beneficiaries in the criminal justice system;

5. **Beneficiary Projects Initiative** – supporting grassroots, peer-to-peer programs for Trust beneficiaries;

In addition, The Trust is partnering with the Rasmuson Foundation and the Mat-Su Health Foundation on a new project:

- **Alcohol and Substance Abuse Initiative** - a jointly funded effort to reduce the negative impacts of alcohol and other substance abuse on Alaska.

Details about each focus area and the initiative are attached.

January 2011

BRING THE KIDS HOME FOCUS AREA | FACT SHEET

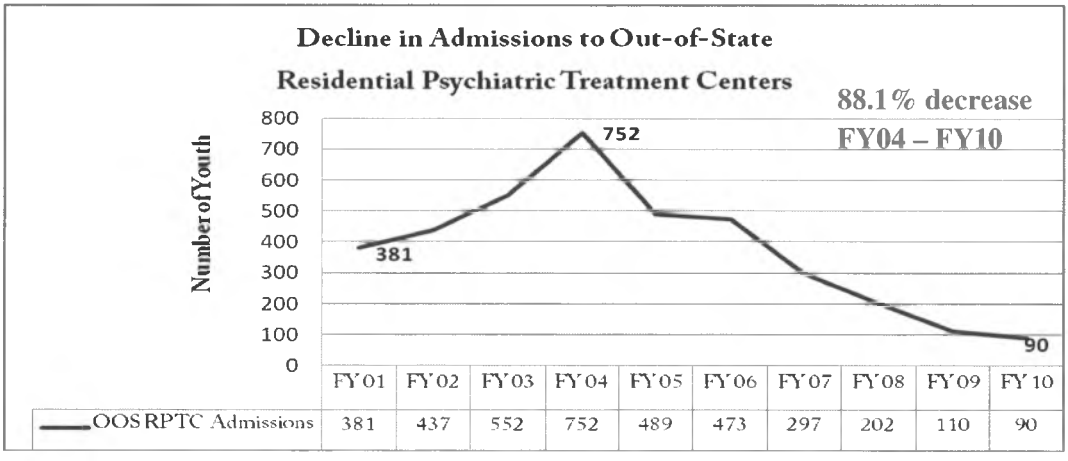
The Alaska Mental Health Trust Authority Bring the Kids Home Focus Area is reforming Alaska's mental health care system for children and adolescents so they are diagnosed earlier and are treated as close to home as possible.

Problem:

- 7.2 percent (12,725) of Alaska youth are experiencing serious emotional disturbances according to Division of Behavioral Health estimates
- in FY2004, youth admits to out-of-state residential psychiatric treatment centers peaked at 752
- out-of-state treatment can isolate youth, make it hard for families to participate in treatment, and make transitions to home and school challenging.

Progress:

- out-of-state residential psychiatric treatment center admits dropped 88 percent, from 752 youths in FY2004 to 90 in FY2010 – *see chart*
- Medicaid payments for out-of-state residential psychiatric treatment dropped 62 percent from $40 million in FY2006 to $15.2 million in FY2010
- new home and community-based programs served 1,020 youth in FY2010, an 8 percent increase over the previous year
- of the 1,020 youth served by new programs, 302 were stepped down from a residential psychiatric treatment center, a 104 percent increase over the previous year
- the recidivism rate within one year of leaving a residential psychiatric treatment center dropped from 20 percent in FY2004 to 8.6 percent for FY2010.



	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
OOS RPTC Admissions	381	437	552	752	489	473	297	202	110	90

Budget priorities for FY2012:

- *System improvement* - implement effective evidence-based practices in additional communities; programs include Transition to Independence Process, Parenting with Love and Limits, Early Childhood Mental Health Consultation, etc.
- *Address residential gaps* - adapt in-state beds to serve youth with severe emotional disturbances presenting as highly aggressive, or with co-occurring disabilities such as low cognitive functioning.
- *Intensive community-based services* - expand access to peer navigation and care coordination, school-based services, individualized services, intensive outpatient supports, psychiatric consultation, etc.

For additional information, contact:

Brita Bishop, Bring the Kids Home Coordinator
907-465-4994
brita.bishop@alaska.gov

Bill Herman, Trust Program Officer
907-269-7962
william.herman@alaska.gov

The Trust
The Alaska Mental Health Trust Authority

January 2011

WORKFORCE DEVELOPMENT FACT SHEET

Overview

The goal of the Alaska Mental Health Trust Authority Workforce Development Focus Area is to ensure service providers across the state have access to a capable, culturally competent workforce to serve Trust beneficiaries, their families and communities. Trust beneficiaries include people with mental illness, chronic alcoholism, developmental disabilities, and Alzheimer's disease and related dementia.

Problem:

- shortage of health care workers in Alaska at a near-crisis level; ranked 48th among states in 2000 in per capita health services employment
- health services industry is the fastest growing sector of Alaska's economy -- more than 11.6 percent of the state's workforce (2009)
- burgeoning demand for increased health services for the state's steadily growing and aging population, some of which are Trust beneficiaries
- need to increase pool of qualified employees who serve Trust beneficiaries and keep them adequately trained
- Alaska's current workforce is aging, projected percent change in persons 65 and older (i.e., retirement age), who are not considered to be a part of Alaska's workforce, is a staggering 238.9 percent by 2034
- Alaska's health services industry continues to grow; Department of Labor reports health services industry is the fastest growing and one of the larger sectors of Alaska's economy
  - health services employment grew 74 percent between 1988 and 2000[1]
  - Alaska is projected to have an increase of 5,776 jobs across 41 healthcare occupations between 2008 and 2018, for a 26.8 percent increase
- Alaska job vacancy rates are high; a study of 93 occupations found physicians have a moderate to substantial vacancy rate of 12 percent, including psychiatrists at 12.7 percent
- Alaska currently has a critical shortage of at least 25-30 psychiatrists, a deficit of 30-40 percent. A 2009 survey of Alaskan psychiatrists found approximately 40 percent are 50 years of age or older, and almost one-third (29 percent) indicated they may retire within the next five years.

Budget priorities for FY 2012:

- Launching a psychiatric residency program in Alaska
- Supporting student loan repayment and other incentive strategies for health professionals
- Supporting increments for University of Alaska health programs.

For additional information, contact:
Delisa Culpepper, Trust Chief Operating Officer
907-269-7965
delisa.culpepper@alaska.gov

The TRUST
The Alaska Mental Health Trust Authority

January 2011

[1] http://bhpr.hrsa.gov/healthworkforce/reports/statesummaries/alaska.htm

AFFORDABLE HOUSING FOCUS AREA | FACT SHEET

The Alaska Mental Health Trust Authority Affordable Appropriate Housing Focus Area is working to increase successful tenancy and tenure in stable affordable housing for Trust beneficiaries who are currently or who may be at risk of becoming homeless, institutionalized or incarcerated. Trust beneficiaries include people with mental illness, chronic alcoholism, developmental disabilities, and Alzheimer's disease and related dementia. Trust beneficiaries are more likely to lose stable housing than other populations due to economic challenges associated with life-long disabling conditions and they have a higher chance of experiencing social problems and addiction.

Problem

- 4,982 Alaskans reported experiencing homelessness in Alaska's January 2010 homeless point-in-time count[1].
- Homeless families with children nearly doubled in 2010. (822 households, increasing from 494 in 2009.)
- About 30 percent of those surveyed report one or more condition qualifying them as a Trust beneficiary.
- Homeless shelters are reporting increased need for shelter beds. In FY2010, Brother Francis Shelter in Anchorage served 3,192 individuals for a nightly average of 224. The number seeking shelter at the facility has steadily increased, rising from a nightly average of 170 in FY2008.[2] It is designed to sleep 150. When the shelter exceeds capacity, neighboring Beans Café, a soup kitchen serving the homeless, is used as a temporary shelter. On one night in December 2010, the combined total served at both facilities was 355.[3]
- Approximately 42 percent of the overall corrections population are Trust beneficiaries, according to a 2006 point-in-time Department of Corrections (DOC) study.[4]
- DOC reports 38 percent (1,270 individuals) of approximately 3,300 surveyed in custody in 2010 experienced at least one prior episode of homelessness[5].
- Compared to 50 years ago, Alaska now has nine times as many seniors aged 60-64 and 15 times as many seniors aged 85+.[6] The cost of caring for this population will continue to grow, if lower levels of care are not affordable and easily accessible.

Budget priorities for FY2011

- Homeless services and prevention programs
  - Alaska Housing Finance Corporation Homeless Assistance Program
  - Beneficiary and special needs housing
  - DOC discharge incentive grants
  - Replicating Bridge Home project – a Housing First program
  - Assisted living home staff training project
- Technical assistance for housing projects and long-term care (business planning and sustainability)
  - Division of Behavioral Health Integrated Housing Office
  - Senior & Disability Services (SDS) Rural Long Term Development
  - Aging and Disability Resource Centers
- Department of Health & Social Services community-based support programs to assist beneficiaries in maintaining housing stability
  - Behavioral health grants, Individualized Services Agreements and Medicaid program supports
  - SDS home and community based supports, including personal care services and in-home supports
  - Home modification program

For additional information, contact:
Nancy Burke, Trust Program Officer
907-269-7961
nancy.burke@alaska.gov

The Trust
The Alaska Mental Health

January 2011

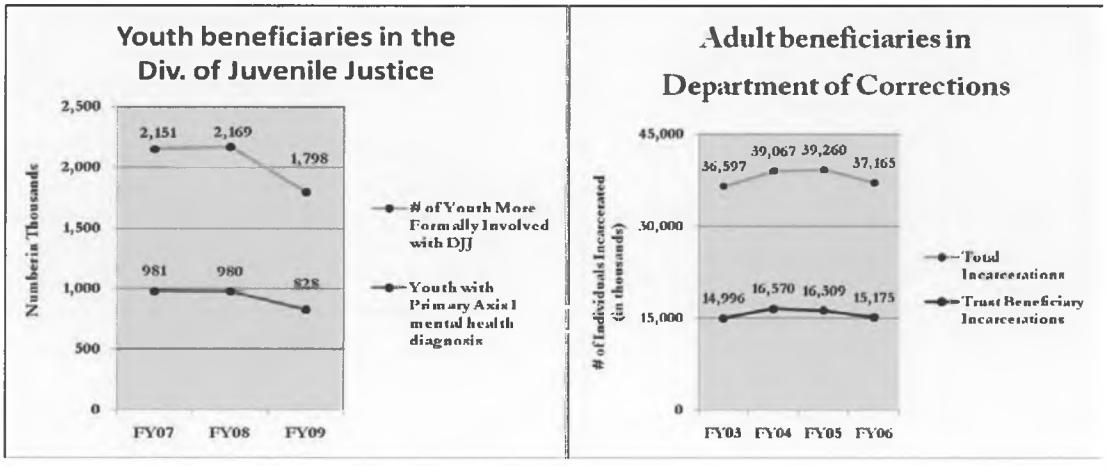
[1] Alaska Total Homeless Count - January 2010: Alaska Housing Finance Corporation
[2] Data provided by Brother Francis Shelter
[3] Anchorage Daily News http://community.adn/node/154605
[4] *Study of Trust Beneficiaries in the Alaska Department of Corrections – 2007* (Hornby Zeller Associates)
[5] Department of Corrections 2010 Homeless Offender Survey, November 2010
[6] Alaska Department of Labor, U.S. Bureau of the Census

DISABILITY JUSTICE FOCUS AREA | FACT SHEET

The Alaska Mental Health Trust Authority Disability Justice Focus Area is aimed at reducing the involvement and recidivism of Trust beneficiaries in the criminal justice system. Trust beneficiaries include people with mental illness, chronic alcoholism, developmental disabilities, and Alzheimer's disease and related dementia.

Problem:

- 46 percent of youth involved with the juvenile justice system are Trust beneficiaries.[1]
- 42 percent of individuals incarcerated in the Alaska Department of Corrections are Trust beneficiaries.[2]



- Incarcerated beneficiaries:
  - have more difficulty adjusting to incarceration
  - tend to commit more frequent violations of prison rules
  - are more likely to be victimized by other prisoners
  - spend a disproportionate amount of time in custody
  - are at increased risk for re-incarceration for technical violations of their conditions of release (violations that do not constitute a crime), due to inadequate release planning for reentry into Alaska communities.
- Hundreds of beneficiaries are incarcerated each year for their "safety" under AS 47.37 because detoxification services are not available.
- Trust beneficiaries are at increased risk of financial, physical and sexual victimization and exploitation because they are more vulnerable.

Budget priorities for FY2012:

- Annualized operations funding for the *Bethel Sobering Center*
- Increased capacity for Department of Corrections offender reentry programs – *Assess, Plan, Identify, and Coordinate (APIC)* and *Institutional Discharge Plus (IDP+)* programs
- Expanding therapeutic courts to targeted communities
- Increased mental health clinical capacity in juvenile justice facilities
- Increased community treatment capacity statewide for therapeutic court participants.

For additional information, contact:
Steve Williams, Trust Program Officer
907-269-7697
steve.williams@alaska.gov

The Trust
The Alaska Mental Health Trust Authority

January 2011

[1] *FY09 DSM-IV-TR Summary*, Division of Juvenile Justice, Department of Health & Social Services

[2] *Study of Trust Beneficiaries in the Alaska Department of Corrections – 2007* (Hornby Zeller Associates)

BENEFICIARY PROJECTS INITIATIVE | FACT SHEET

The Alaska Mental Health Trust Authority Beneficiary Projects Initiative Focus Area supports and funds grassroots, beneficiary-driven, peer-to-peer programs and a grants program that directly improves the lives of Trust beneficiaries. Trust beneficiaries include people with mental illness, chronic alcoholism, developmental disabilities, and Alzheimer's disease and related dementia. Peer-based service models of care are based on the principle of mutual support, have been tested in multiple environments and are grounded in the values of community and relationship.

Community need:

- Paralleling a growing national movement, Trust beneficiaries want to work together to make changes in their lives, in the health system and in society.
- Increased peer-based recovery support programs and recovered/recovering people to provide support to others with similar experiences.
- Development of additional community-based peer support and other forms of peer-based recovery management programs to help prevent the need for more expensive, intensive levels of service.
- Effective peer models of care to engage individuals who do not respond well to traditional behavioral health treatment systems or providers.
- Sustained recovery support for persons with high severity and complex social and behavioral health issues who do not fare well in traditional services.[1]
- Individuals who have experienced similar problems, life situations and circumstances to provide support to one another and derive significant benefit from helping others.
- Development of peer support programs, services and workforce to enhance Alaska's service continuum of care for beneficiaries.

Budget priorities for FY2012:

- Targeting funding for evidence-based models of peer support (e.g., peer support within criminal justice[2] and addiction recovery).
- Developing peer support programming in new regions across Alaska and across beneficiary groups.
- Workforce development for peer support specialists.

For additional information, contact:

Katie Baldwin-Johnson, Trust Program Officer
907-269-1049
katie.johnson@alaska.gov

The TRUST
The Alaska Mental Health Trust Authority
January 2011

[1] White, W. Boyle, M. and Loveland, D. (2003) *Recovery Management: Transcending the Limitations of Addiction Treatment.* Behavioral Health Management 23(3):38-44.

[2] Davidson, L., & Rowe, M. (2008). *Peer support within criminal justice settings: The role of forensic peer specialists.* Delmar, NY: CMHS National GAINS Center.

ALCOHOL & SUBSTANCE ABUSE INITIATIVE FACT SHEET

The Alcohol and Substance Abuse Initiative is a jointly funded effort to reduce the negative impacts of alcohol and substance abuse on Alaska. The Trust, in conjunction with the Rasmuson and Mat-Su Health foundations, is part of a broad-based stakeholder group developing strategies to help individuals, families and communities in Alaska "recover" from alcohol and other substance abuse. The group is focusing on making systems, policy, statutory and practice changes that will lead to long-term improvements. Within the next several months, this stakeholder group will announce its plans for future direction.

Problem and community need:

- Economic Impact – Reduce the cost to the Alaska economy. The monetary consequences to the Alaska economy are approximately $738 million.[1] Alcohol abuse accounts for over 70 percent of that total or nearly $525 million. The remainder is the cost of other drug abuse. The of alcohol and other substance abuse include job productivity losses, criminal justice and protective services, health care, traffic crashes, and public assistance.
- Social Impact – Repair the "tear" in the social fabric of our families. Substance abuse is a contributing factor in suicides, unemployment, domestic violence, sexual assault, child abuse, school dropouts and juvenile delinquency.
- Community Impact – Revive what's best about our communities. Homelessness among those individuals and families with alcohol and drug problems is disproportionate to the general population of those without a place to live. This is especially true in our larger communities – Anchorage, Fairbanks, the Mat-Su and Juneau. Individuals and families living on the street without access to shelter, food and clothing make our communities less desirable places to live.
- Health Impact – Restore the health and well being of Alaskans. Alcohol and drug abuse is a contributing factor in increased rates of unintentional injuries, obesity, diabetes, cancer, heart disease, liver disease and sexually transmitted diseases.
- Program and Services Impact – Revitalize and redesign our service system and replicate what works best. Many persons with alcohol and drug problems in Alaska lack access to an effective, evidence-based comprehensive array of early intervention, treatment and recovery services. This lack of treatment capacity results in most, if not all, programs having a waiting list.

Budget priorities for FY2012:

- Supporting Behavioral Health Services budget line items in the Department of Health & Social Services and Department of Corrections Mental Health budget
- Targeting funding for evidence-based practices and programs
- Obtaining adequate funding to sustain the Alcohol and Substance Abuse Initiative, including funding from "other than government" sources

For additional information, contact:
Bill Hogan, Trust Program Officer
907-269-3492
william.hogan@alaska.gov

The TRUST
The Alaska Mental Health Trust Authority

January 2011

[1] McDowell Group Report on the Economic Costs of Alcohol and Drug Abuse in Alaska 2005

Alaska Scorecard

Key Issues Impacting Alaska Mental Health Trust Beneficiaries

The Trust — The Alaska Mental Health Trust Authority

▲ **Satisfactory** ⇔ **Uncertain** ▼ **Needs Improvement**

	Key Population Indicators for Alaska	*U.S. Data*	*Alaska Data: Previous Year*	*Alaska Data: Most Current*	*2012 Alaska Target*	*Status*
	Health					
	Suicide					
1	Suicide rate per 100,000	11.8	24.7	20.2	18.0	▼
2	Non-fatal suicide attempts (rate per 100,000)	55.6	104.9	*97.9*	95.0	▼
	Substance Abuse					
3	Alcohol-induced deaths per 100,000	7.9	21.1	22.5	17.0	▼
4	Adults who engage in heavy drinking	5.1%	6.5%	6.2%	5.2%	▼
5	Adults who engage in binge drinking	15.5%	16.1%	17.9%	18.0%	⇔
6	Illicit drug users (age 12 and older)	8.0%	10.7%	11.8%	10.0%	▼
	Mental Health					
7	Days of poor mental health in past month (adults)	3.3	3.3	2.6	3.0	▲
8	Teens who experienced depression during past year	28.5% *(2007)*	25.2% *(2009)*	*no new data*	22.5%	▼
	Access					
9	Population without health insurance	16.7%	19.8%	17.7%	14.6%	⇔
	Safety					
	Protection					
10	Child maltreatment (rate per 1,000)	9.3	23.0	18	12.3	▼
11	Substantiated reports of harm to adults (rate per 1,000)	n/a	n/a	1.0	*not avail.*	new
12	Injuries to elders due to falls — (rate per 100,000)	1,110	1,318	1,274	1,176	⇔
13	Traumatic brain injury per 100,000 (hospitalized non-fatal)	*not avail.*	81.1	97.9	82.0	⇔
	Justice					
14	Percent of incarcerated adults with mental illness or mental disabilities	38.7%	42.0%	*no new data*	40.0%	▼
15	Criminal recidivism rates for incarcerated adults with mental illness or mental disabilities	*not avail.*	36.2%	*no new data*	34.0%	⇔
16	Percent of arrests involving alcohol or drugs (State Troopers)	*not avail.*	58.1%	57.4%	*not avail.*	▼
	Living with Dignity					
	Accessible, Affordable Housing					
17	Rate of chronic homelessness per 100,000	36.1	66.6	35.5	63.5	⇔
	Educational Goals					
18	High school graduation rate	68.8% *(2007)*	62.6%	67.7% (2009)	*not avail.*	▲
19	Percent of youth who received special education and are employed and/or enrolled in post-secondary education one year after leaving school	*not avail.*	*not avail.*	64.1%	71.4%	⇔
	Economic Security					
20	Percent of minimum wage income needed for average 2-bedroom housing	*not avail.*	88.5%	85.4%	30.0%	▼
21	Average annual unemployment rate	9.3%	6.5%	8.0%	*not avail.*	▲
22	Percent of SSI recipients who are blind or disabled and are working	5.2%	7.0%	6.3%	8.0%	▲

Prevalence Estimates: Alaska Mental Health Trust Beneficiaries		
Trust Beneficiary Population	Number (and population rate)	
Serious Mental Illness (ages 18+)	21,754	(4.6%)
Serious Emotional Disturbance (ages 0 to 17)	12,725	(7.2%)
Alzheimer's Disease and Related Disorders (ages 55+)	7,581	(5.8%)
Brain injury (all ages)	11,900	(1.8%)
Developmental disabilities (all ages)	12,461	(1.8%)
Dependent on alcohol (ages 12 to 17)	1,000	(1.5%)
Dependent on alcohol (ages 18+)	20,000	(4.2%)

Health: Suicide

1. Suicide rate per 100,000. The Alaska rate is almost twice the national rate. (2009)[1]

2. Non-fatal suicide attempts per 100,000. Rate of non-fatal attempts requiring hospitalization for at least 24 hours. The AK is almost twice the US rate. (2007)[2]

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. (2009)[1]

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. 7 in the U.S. (2009)[3]

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. 11 in the U.S. (2009)[3]

6. Illicit drug users. Percent of 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. 4 in the U.S. (2009)[4]

Health: Mental Health

7. Days of poor mental health in past month (adults). Mean number of reports of poor mental health. (2009)[3]

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. (2009)[5]

Health: Access

9. Population without health insurance. Percent without health insurance for entire year. (2009)[6]

Safety: Protection

10. Child Maltreatment. Rate of child maltreatment per 1,000 children ages 0-17. (2009).[7]

11. Substantiated reports of harm to adults, rate per 1,000. (FY 2010) [16].

12. Injuries to elders due to falls — rate per 100,000. Non-fatal injuries, ages 65+, hospitalized 24 hours or more. (2008)[2]

13. Traumatic brain injury per 100,000. Hospitalized 24 hours or more. (2007)[2]

Safety: Justice

14. Percent of incarcerated adults with mental illness or mental disabilities. (2006)[8]

15. 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)[8]

16. 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. See also Anch. Municipality Report. (2009)[9]

Living with Dignity: Housing

17. Rate of chronic homelessness per 100,000 population. AHFC Point-in-Time Survey. (2010)[10]

Living with Dignity: Education

18. High school graduation rate. Percent graduating public schools with a regular diploma. (2009)[11]

19. Percent of youth who received special education and are employed and/or enrolled in post-secondary education one year after leaving school. (2009)[12]

Economic Security

20. Percent of minimum wage income needed for average 2-bedroom housing in Alaska. "Affordable" housing defined as 30% of one's income. (2009)[13]

21. Average annual unemployment rate. Rate represents the number unemployed as a percent of the labor force. (2009)[14]

22. Percent of SSI recipients who are blind or disabled and are working.(2009)

Data Sources

1. DHSS Division of Public Health, Bureau of Vital Statistics

2. DHSS Div. of Public Health, Alaska Trauma Registry

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 Survey, Annual Social and Economic (ASEC) Supplement.

7. US DHHS, Administration for Children and Families, Children's Bureau, Child Maltreatment

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 Div. of AK State Troopers and Wildlife Troopers

10. Alaska Housing Finance Corporation Annual Point-in-Time Survey U.S. Dept of Housing and Urban Development, Annual Homeless Assessment Report to Congress

11. Alaska Dept. of Educ. & Early Development Statistics and Reports and Diplomas Count 2010; Graduation by the Numbers

12. Gov. Council on Disab. & Spec. Educ; Alaska Dept. of Educ. & 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. U.S. Social Security Administration, Office of Retirement and Disability Policy, SSI Annual Statistical Report, 2009, Table 41, Recipients Who Work

16. DHSS DS3 (Division of Senior and Disabilities Services Data System) and AK Dept of Labor Population Estimates

Population Rates: AK Dept. of Labor & Workforce Dev. Pop. 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

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

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 Gov. Council on Disab. & Spec. Ed

Alcohol dependence. U.S. DHHS, SAMHSA, State Estimates of Substance Use and Mental Health from the 2007 National Surveys on Drug Use & Health (Table 17)

Key to Scorecard "Status" Symbols

	AK vs. US % Difference		AK Year-to-Year Trend		Assessment	Status
If	Less than 15%	and	Getting better	then	Satisfactory	▲
If	Less than 15%	and	Getting worse or not clear	then	Uncertain	⇔
If	Greater than 15% to the positive	and	Getting better or not clear	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 not clear	then	Needs Improvement	▼
If	An unacceptably large rate to the negative	then	Trend becomes irrelevant	then	Needs Improvement	▼

How did we determine the "status" of Scorecard indicators?

The Alaska Department of Health and Social Services, in conjunction with The Trust and the related boards and commission, has produced this Alaska Scorecard three times so far, in 2008, 2009, and 2010. **Between 2009 and 2010 the "status" of most indicators remained the same, except five improved and two got worse (see below).** To determine the "status" of an indicator, the most current Alaska data is compared to U.S. data to see if it is more than 15% higher or lower. Then, the year-to-year Alaska data is researched to see if it shows a clear trend or if it varies so much that a clear trend cannot be determined.

What if a target is met?

The 2012 targets on the Scorecard were set in 2008 by leaders of DHSS, the Trust, and the related boards and commission. All targets will remain the same while we make sure that the data one year is not an "aberration" and that we stay on track with meeting the target for more than one year. Two of the indicators on the 2010 Scorecard met their target (#7 Days of Poor Mental Health and #17 Rate of Chronic Homelessness).

Status Information by Scorecard Indicator

1. **Suicide rate per 100,000.** The 2008 Alaska rate is 71% higher than the most recent U.S. rate available (2008). The Alaska rate has varied too much year-to-year to show a clear trend. The resulting status is "Needs Improvement." (Same status as last year's Scorecard).
2. **Non-fatal suicide attempts.** The Alaska rate is 76% higher than the U.S. rate and it varies too much year-to-year to show a clear trend. The status is "Needs Improvement." (Same status as last year's Scorecard).
3. **Alcohol-induced deaths.** The Alaska rate (2009) is 185% higher than the U.S. rate (2008) and it varies too much year-to-year to show a clear trend, so the status is "Needs Improvement." (Same status as last year's Scorecard).
4. **Heavy drinking (adults).** The Alaska rate is 22% higher than the U.S. rate and it does not show a clear trend, so the status is "Needs Improvement." (Same status as last year's Scorecard).
5. **Binge drinking (adults).** The Alaska rate is 15% higher than the U.S. rate and it does not show a clear trend, so the status is "Uncertain." (Same status as last year's Scorecard.)
6. **Illicit drug users.** The rate is 47% higher than the U.S. rate, and the year-to-year Alaska rate a does not show a clear trend, so the status is "Needs Improvement." **(This is worse than last year's Scorecard rating.)**
7. **Days of poor mental health.** The Alaska rate is 28% lower than the U.S. rate, and it shows no clear trend up or down. The status is "Satisfactory." **(This is an improvement from last year's Scorecard rating).**
8. **Teens who experienced depression.** Although the Alaska rate is 4% below the U.S. rate, the Comp MH Plan Executive Committee* finds it unacceptable that over 25% of Alaska teens experience depression, so the status is "Needs Improvement." (Same status as last year's Scorecard).
9. **Population without health insurance.** The Alaska rate is 6% above the U.S. rate and it does not show a clear trend up or down, so the status is "Uncertain." **(This is an improvement from last year's Scorecard rating.)**
10. **Child Maltreatment.** The Alaska rate is 94% above the U.S. rate and the Alaska data year-to-year varies too much to show a clear trend, so the status is "Needs Improvement." (Same status as last year's Scorecard). Note: This data was revised to reflect AK DOL estimates of Alaska's population ages 0-17.

11. Substantiated reports of harm to adults (rate per 1,000). This is a new Scorecard indicator and there is not enough data to determine a status.

12. **Injuries to elders due to falls.** The Alaska rate (2008) is 14.8% below the U.S. rate (2007) and the Alaska rate year-to-year does not show a clear trend up or down, so the status is "Uncertain." **(**Same status as last year's Scorecard**)**

13. **Traumatic brain injury.** The Alaska rate increased by 20% but it varies too much year-to-year to show a clear trend, and there is no U.S. data for comparison. The resulting status is "Uncertain." **(This is worse than last year's Scorecard rating).**

14. **Incarcerated adults with mental illness or mental disabilities.** There is not enough Alaska data to identify a trend, and there is no comparable U.S. data. The Comp MH Plan Executive Committee finds the very high Alaska percentage unacceptable, so the status is "Needs Improvement." (Same status as last year's Scorecard).

15. **Criminal recidivism for incarcerated adults with mental illness or mental disabilities.** There is not enough Alaska data to identify a trend and there is no comparable U.S. data. The Comp MH Plan Executive Committee finds the very high Alaska percentage unacceptable, so the status is "Uncertain." (Same status as last year's Scorecard).

16. **Arrests involving alcohol or drugs.** The Alaska trend is getting worse; however, there is no U.S. data for comparison. The status is "Needs Improvement." (Same status as last year's Scorecard). There is no target included because the data comes from an agency outside DHSS (Department of Public Safety) and they did not identify a target.

17. **Chronic homelessness.** The Alaska rate (2010) is 2% lower than the U.S. rate and the Alaska data varies too much year-to-year to show a clear trend, so the status is "Uncertain." (This is an improvement from last year's Scorecard rating; however, the data fluctuates significantly year-to-year, mostly because of challenges in counting the homeless. See the Drilldown section.)

18. **High school graduation rate.** The Alaska rate (2009) is 2% below the most current U.S. rate available (2007) and the Alaska data year-to-year varies too much to show a clear trend, so the status is "Satisfactory." **(This is an improvement from last year's Scorecard rating).** However, the Comp MH Plan Executive Committee remains concerned about this low percentage.

19. **Percent of youth who received special education and are employed and/or enrolled in post-secondary education.** There is not enough data to identify a trend and there is no U.S. data to compare to, so the status is "Uncertain." (Same status as last year's Scorecard). Note: The Alaska data from the previous year (7%) is "not available" because definitions and measures were recently modified, making prior years not comparable with current results.

20. **Percent of Minimum Wage needed for Average Housing.** Even though the data improved slightly in the past year due to the increase in the minimum wage, the overall Alaska trend is still getting worse. There is no U.S. data for comparison. The resulting status is "Needs Improvement." (Same status as last year's Scorecard).

21. **Average annual unemployment.** The U.S. unemployment rate rose significantly in 2009, and although the Alaska rate also rose, it was 16% below the U.S. rate. Alaska's year-to-year rate does not show a clear trend. The resulting status is "Satisfactory." **(This is an improvement from last year's Scorecard rating).** Note: The "Alaska Data Previous Year" is slightly different from what was on last year's Scorecard because it was revised by the Department of Labor.

22. **Percent of SSI recipients are blind or disabled and working.** The Alaska rate is 21% better than the U.S. rate and the Alaska rate year-to-year does not show a clear trend, so the status is "Satisfactory." (Same status as last year's Scorecard).

For more information and charts, see the Drilldown section of the scorecard at http://hss.state.ak.us/dhcs/healthplanning/scorecard/assets/indicators.pdf

*The Comprehensive Integrated Mental Health Plan Executive Committee consists of the DHSS Deputy Commissioner for Family, Community, and Integrated Services (designated by the commissioner); the Trust Chief Operating Officer (designated by the Trust Chair); and the Executive Director of ABADA/AMHB (representing the related boards and commission).

For questions about the Scorecard, email **compMHplan@alaska.gov**.