

ALASKA LEGISLATURE

HOUSE and SENATE FINANCE COMMITTEE FILES, 2005-2006 2770

1/26/05

State of Alaska  
**OFFICE OF THE GOVERNOR**

**Frank H. Murkowski**  
Governor  
P.O. Box 110001  
Juneau, Alaska 99811-0001  
**NEWS RELEASE**



**Becky Hultberg**  
Press Spokeswoman  
907-465-3500  
FAX: 907-465-3532  
[www.gov.state.ak.us](http://www.gov.state.ak.us)

FOR IMMEDIATE RELEASE: December 13, 2004

No.04-269

**Governor Proposes More Services for Seniors**  
Enhances SeniorCare, Adult Protective Services, Medicaid Adult Dental

(Anchorage) – Alaska's needy seniors would receive continued prescription drug benefits or cash support, expanded coverage of dental services, additional funds for General Relief Assistance and increased staffing at Adult Protective Services, under Governor Frank H. Murkowski's proposal to expand his SeniorCare program.

"Alaska's seniors testified to the Legislature that ending the SeniorCare program in 2006 would create a hardship," Murkowski said in announcing his package of legislative and budget proposals at the Anchorage Senior Center today. "We listened and we're responding. With these changes to SeniorCare, and the federal changes to Medicare, all Alaska seniors will have access to a prescription drug plan of one kind or another."

Enacted earlier this year, Governor Murkowski's SeniorCare initiative provides an array of services for low-income seniors until full federal Medicare drug coverage becomes available Jan. 1, 2006. The governor's proposal would continue the SeniorCare cash benefit beyond Jan. 1, 2006 for seniors with incomes below 135 percent of the federal poverty level. It would also change the SeniorCare drug benefit to cover Medicare Part D or comparable insurance prescription drug premiums and deductibles for Alaska seniors with incomes up to 300 percent of the federal poverty level.

"The new prescription drug coverage under Medicare requires beneficiaries to pay premium and deductible expenses out of pocket. Our proposal would help cover those costs," said Joel Gilbertson, commissioner of Health and Social Services. "The result is a combination of state and federal benefits that provide better prescription drug coverage for Alaska seniors." SeniorCare would cover up to about \$670 per person, which will fully fund seniors' prescription drug premiums and deductible costs next year, he said.

According to federal poverty level guidelines for 2004, a senior would qualify for the \$120 monthly cash assistance if he or she earns less than \$15,708 annually, or if living with a spouse, earns less than \$21,084. To qualify, liquid assets of \$6,000 for an individual and \$9,000 for a couple are considered in the overall needs test, which is an increase from the current SeniorCare standards.

Additionally, beginning January 1, 2006, seniors with annual incomes between 135 percent and 300 percent of the federal poverty level will qualify for the assistance with prescription drug premiums and deductibles up to \$670 a year. To qualify, seniors must have an annual income less than \$34,890 for an individual, or \$46,830 for a couple, and liquid assets of \$50,000 or less for individuals, or \$100,000 per couple. The federal poverty guidelines will be updated in early 2005, so the income levels may change at that time.

Over 40 percent of Alaska seniors, about 17,000 out of 41,000, are estimated to be eligible in 2006 for SeniorCare under the new proposal.

Enrollment in Medicare Part D will not be mandatory. While many Medicare beneficiaries will enroll in Part D, some individuals, especially those with drug coverage under retirement benefits, will choose not to.

Last year the Legislature generously appropriated \$26.3 million to the SeniorCare fund, and the balance is available to help the program in FY06, Gilbertson said. There have been fewer seniors participating in the plan than anticipated, leaving the fund with an estimated balance of nearly \$7.8 million for January 2006. Therefore, an appropriation of less than \$500,000 is needed to cover the cost of the new SeniorCare program for FY06. In future years, the proposed changes to SeniorCare would cost the State of Alaska about \$16.5 million annually.

Under the governor's proposal, an individual would have to be enrolled in Medicare Part D, Medigap or some comparable prescription drug coverage that has separate premiums or deductibles for prescription drugs in order to qualify for the SeniorCare drug program. Indian Health Service beneficiaries would be eligible for the SeniorCare drug program if they are enrolled in one of those programs.

Federal regulations implementing Medicare Part D have been proposed but not finalized. The proposed changes to the SeniorCare drug program will ultimately depend on the provisions of the final regulations, which are expected in early 2005.

Since its implementation in April 2004, SeniorCare has offered eligible Alaska seniors (currently up to 135 percent of the poverty level, and not receiving comprehensive Medicaid prescription drug coverage) an option to receive \$120 per month cash assistance up to \$1,440 annually, or a \$1,600 annual prescription drug subsidy. Seniors between 135 percent and 150 percent of the poverty level receive a prescription drug benefit of \$1,000 a year. Currently, 6829 are enrolled in SeniorCare, half of whom did not receive the longevity bonus. As of early December, 58 of those Alaska seniors use the drug benefit, and 6771 receive the cash benefit.

SeniorCare also provides statewide senior information, resource and referral services for all Alaska seniors through the Senior Information Office's statewide toll free number and Web site. The SeniorCare Senior Information Office began operating in spring of this year.

Murkowski will also propose legislation in January to expand the range of adult dental services allowed under the Medicaid program to allow a more complete level of adult dental services, he said. Currently, Alaska only provides emergency dental care for Medicaid recipients aged 21 or older. Murkowski's proposal would provide for preventative or restorative adult dental services, as much as \$1,150 in dental care per client each year. Services provided would include exams, cleaning, tooth restoration or extraction, or upper or lower full denture.

About 41,000 low-income Alaskans would be eligible for the expanded Medicaid dental benefit, including seniors, people with disabilities, and adults on the Alaska Temporary Assistance for Needy Families (TANF) program. Expanding the dental program will cost nearly \$3.2 million, of which federal Medicaid will cover 66 percent of the expenses, the Alaska Mental Health Trust will cover 12.5 percent, and the state general fund would cover the remaining 21.5 percent.

In addition, the Governor's FY06 legislative budget proposal will include adding a full-time staff person to help with Adult Protective Services investigations and an increase of \$750,000 for General Relief Assistance. This assistance program meets the immediate, basic needs of Alaskans facing extreme financial crisis. It is designed to be used as a last resort for financially eligible individuals and families who have exhausted all other possible resources.

Murkowski will propose the new legislation and budget in the upcoming Legislative session beginning in January. It will need to be passed by the Alaska Legislature before its benefits will be realized.

###

Contact: Sherry Hill: (907) 465-1618

1/27/05

**OVERVIEW:**

**OFFICE OF**

**CHILDREN'S**

**SERVICES**

**HFIN**

**FILE**

*Handout 1-27-05*



*Alaska  
Department of Health  
and  
Social Services*

*Office of Children's Services*

Presentation to the Finance Committee  
January 27, 2005

Joel Gilbertson, Commissioner  
Marci Kennai, Deputy Commissioner

# *Who We Are*

## Prevention and Well-Being

- ☆ Family Nutrition Services: Grantees provide services to pregnant and post-partum women with children up to age 5.
  
- ☆ Healthy Families Alaska: HFAK grantees visit families with children under age 3, who have an identified risk factor for child abuse or neglect.
  
- ☆ Infant Learning Program-ILP grantees screen and assess children, Infant-3, with identified risks for developmental delays.

## *Who we are (cont'd)*

- ☆ Protection and Permanency- Protection of children who are the subjects of reports of harm through the provision of services that include:
  - Screening and investigation of reports of harm
  - In-home services and family preservation
  - Reunification, adoption, guardianship
  - Out of home placement services including behavioral rehab services
  - Recruitment and licensing of foster/adoptive homes
  - Independent living services for youth
  - Research, Evaluation, Quality Assurance
  - Eligibility determination for federal financing

## *Who We Served in FY '04*

- Family Nutrition Services served over 27,000 clients in thirty sites throughout Alaska
- Infant Learning Program served 1,721 infants and toddlers in FY'04.
- Healthy Families served 373 families in FY' 04
- Child Protection conducted 11,202 investigations in 28 sites during FY'04.
- Approximately 2000 children are in OCS custody on any given day.

# *Child Protection Program*

## Federal Child and Family Services Review

In June of 2002, the Federal government completed the Child and Family Services Review (CFSR) in Alaska. The CFSR consisted of the following activities:

- A comprehensive Statewide Self-Assessment
- State Data Profile that measured 6 outcomes
- Onsite Review of 50 cases and interviews with stakeholders

## Final Report received in September 2002

The review assessed the state's ability to achieve *safety, permanency, and well-being* for children who come to the attention of OCS.

# *Child Protection*

## Program Improvement Plan

- Alaska negotiated a two-year Program Improvement Plan with our Federal Region.
- The plan was approved on September 1, 2003 and will be in effect until August 31, 2005.
- Alaska needs to make progress toward improvement or risk losing federal dollars in the future.

# *Child Protection*

## *Highlights of the Program Improvement Plan*

### Safety

- Changes in policies and procedures that reduce repeat maltreatment
- Changes that reduce the maltreatment of children by out of home care providers
- Activities that focus efforts on responding to all reports of harm according to timeframes set in policy

# *Child Protection*

## *Highlights of Program Improvement Plan (Cont'd)*

### Permanency

- Achieve plans of reunification within 12 months of entry;
- Achieve plans of adoption within 24 months of entry into care;
- Facilitation of regular visits between parents and their children;
- Monthly visits between worker & child and worker & parents;
- Increase the stability of placement for those children in custody;
- Improvement the assessments of children and families to assure that they receive needed services;
- Provide services to foster parents that enhance their capacity to care for the children in their home

# *Child Protection*

## *Highlights of Program Improvement Plan (cont'd)*

### Well-Being:

- Support Foster Parents in their efforts to care for children in their care;
- Assure that children in care are receiving all health, mental health, dental, educational services that meet their needs;
- Assure that children we serve in their own homes are receiving appropriate health care and have a plan to address risk and safety .

# *Child Protection*

## *Highlights of the Program Improvement Plan (Cont'd)*

### Systems Improvement:

- The development of ORCA to improve accountability and performance;
- The development of a comprehensive Quality Assurance (QA) program;
- Improve the array of services available to families.

# *Child Protection*

## *Progress on the PIP*

- Completed first year of Program Improvement Plan
  - 58% (67 out of 114) Action Steps have been completed.
  - 76.4% (188 out of 246) Benchmarks have been completed.
  
- Safety Goals Achieved (also AK missions and measures)
  - Repeat Maltreatment – As of June '04, rate is 15.5%. We exceeded our stated goal of 22% or less.
  - Incidence of Child Abuse and/or Neglect in Foster Care-  
As of June '04, rate was 1.20%. We exceeded our stated goal of 1.77% or less.

# *Child Protection*

## *Progress on the PIP*

- Progress on Permanency (as of June 2004)
  - Placement Stability (no more than 2 placements in 12 months)- Currently at 74.3% just short of our Dec '04 goal of 74.6%.
  - Reunification in less than 12 months-Goal is 63.3% by March 2005 – currently at 54.1%
  - Adoption in less than 24 months- Goal is 24.7% by August 2005 – currently at 18.7%

# *Investments in the system*

26 new positions in FY 05 enabled us to begin re-engineering our system:

- Reduced caseloads to an average of 24 cases per worker statewide.
- Enabled us to address the needs of youth aging out of our system by preparing them for responsible adulthood.
- Allows us to respond to investigations in a timely manner to assure child safety and promote permanency for children.
- Established a vigorous Quality Assurance Program
- Improved supervision for front line workers.

# *Investment in the System*

The capital budget in 03, 04, and 05 reflects major investment of resources to develop an automated case management and financial payments system for OCS.

- Planning for Online Resources for the Children of Alaska (ORCA), began in March '03 and went live with the case management module on September 7, 2004
- Financial Modules will go live on February 1, 2005
- This is a state of the art, web-based system that will enable workers to manage their cases from a desktop and enable supervisors and managers to hold everyone accountable for the work!
- The system will enable us to manage with current data.

# *Investments in the System*

- In FY '05, 54% of the OCS budget was Federal dollars
- Tribal partnerships-OCS has contracts with nine tribal organizations that enable them to draw federal dollars for some of their child welfare work. Collectively, they receive 1.5 million dollars per year that they can put into prevention programs or other child welfare activities.
- Rasmuson Foundation has given us funding to implement a national reform effort, *Family to Family*, in Anchorage. Early results are showing positive outcomes for children. We would like to take this statewide next year.

## *Investments in the system (cont'd)*

- Casey Family Programs is helping us to develop a kinship care support program for relatives who care for children who are unsafe in their parents' care.
- Annie E Casey Foundation is providing technical support on the Family to Family Initiative and in helping us to develop the capacity to look at data differently.
- Casey Family Programs has funded an initiative to help us look at disproportionality with our tribal partners.
- Alaska Children's Trust will fund a child abuse prevention campaign within the next 6 months.

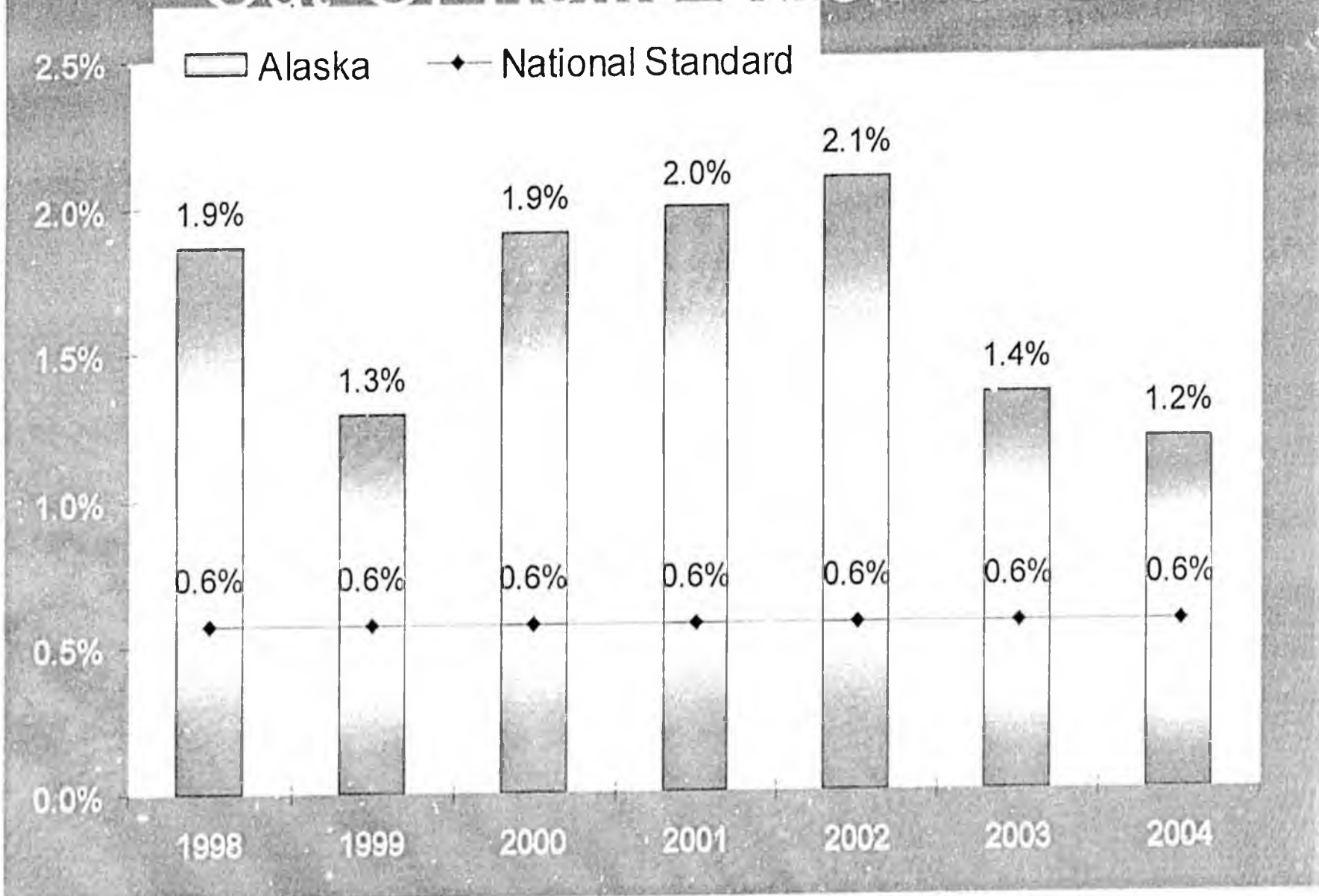
## *Ongoing Challenges*

- Continue improvement of our outcomes, especially related to permanency
- Add foster home family assessments to what we currently do.
- Continue our workforce development, recruitment and retention committees. (Current Vacancies = 18 (includes supervisors, CSS/SW positions)
- ORCA is a wonderful system but needs to have ongoing resources and support.
- Ongoing and current education/training for all staff to assure that best practice is consistent.
- The ability to visit children and families monthly is a desired outcome but for Alaska it is difficult and expensive.
- Lack of available services in rural communities

# *Budget Requests for 2006*

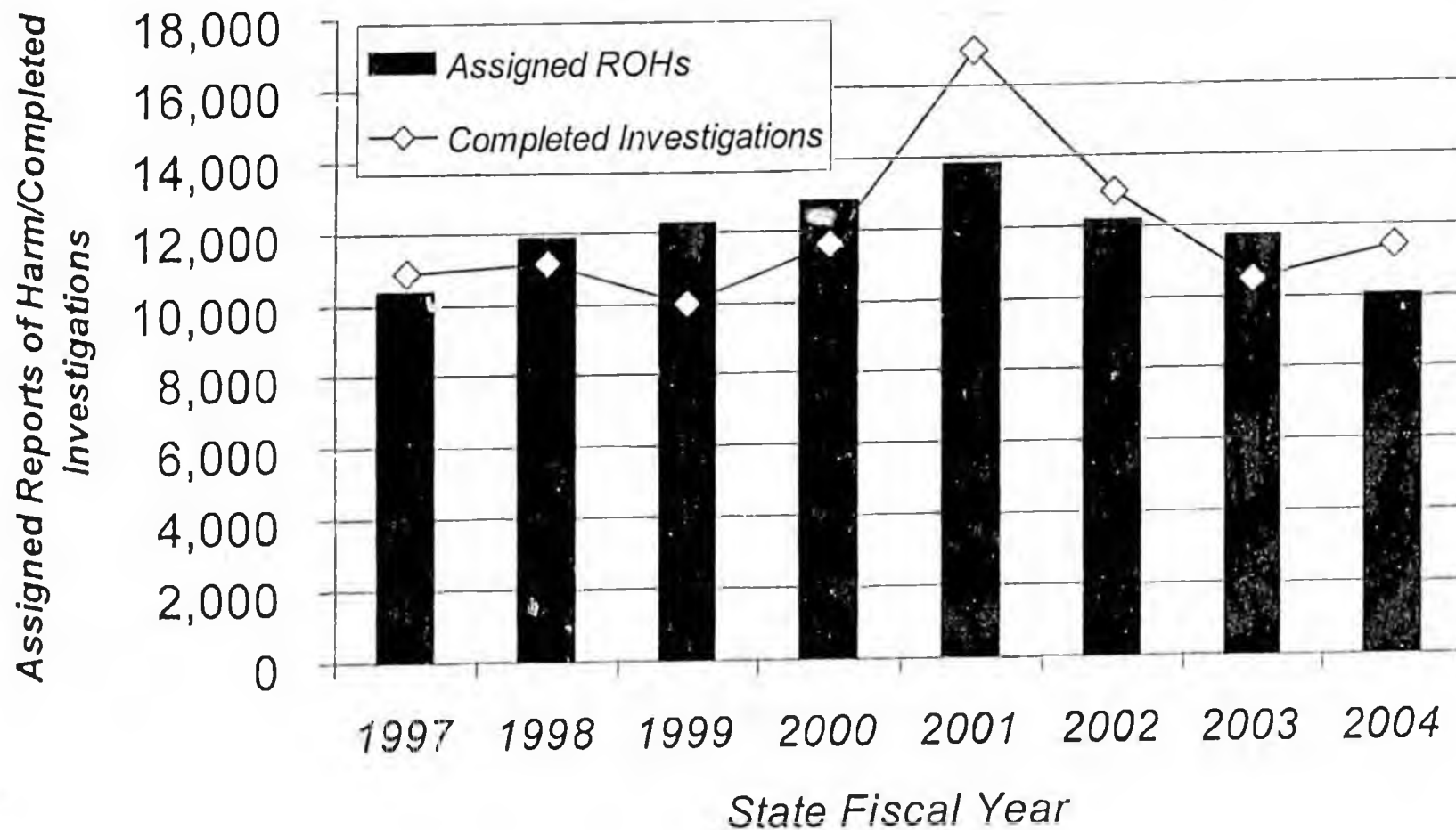
- Request for 34 new positions-to reduce *workload*, especially in rural areas, to support ORCA, to implement foster home licensing reform and to enable us to visit the families and children in our care.
- Increased funding for social work training to improve practice outcomes and assure consistency across the state.
- To focus on retention of social workers, payment of licensure fees is requested
- Request funds to pay for foster home recruitment expenses to expand the pool of resources available to children.
- Expand voluntary post adoption services to stabilize adoptive families and improve placement stability.
- Restore Family Preservation funding to enhance the service array

# Percent of Children Maltreated by Out-Of-Home Care Providers



# Number of OCS Assigned Reports of Harm

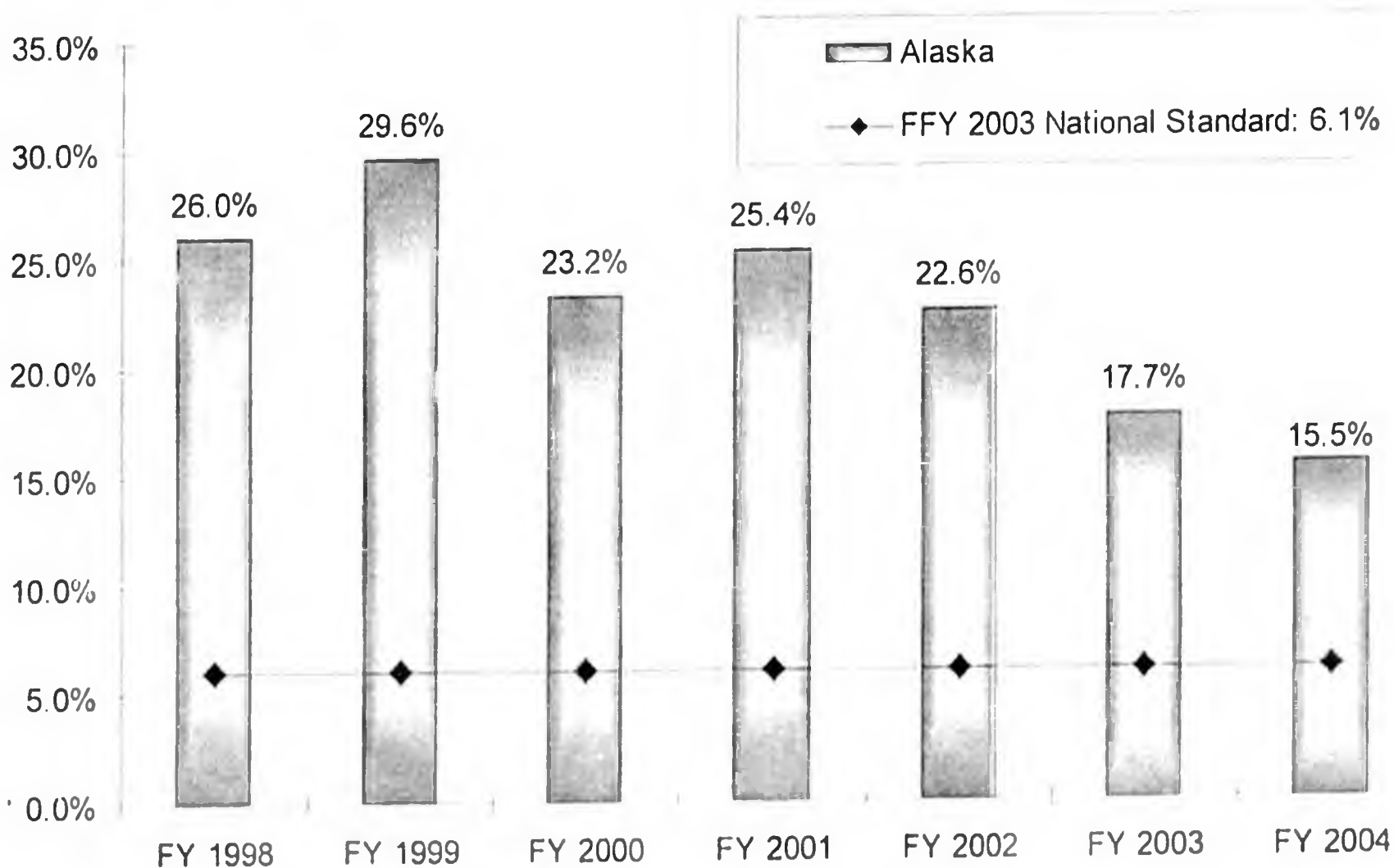
## Number of OCS Completed Investigations



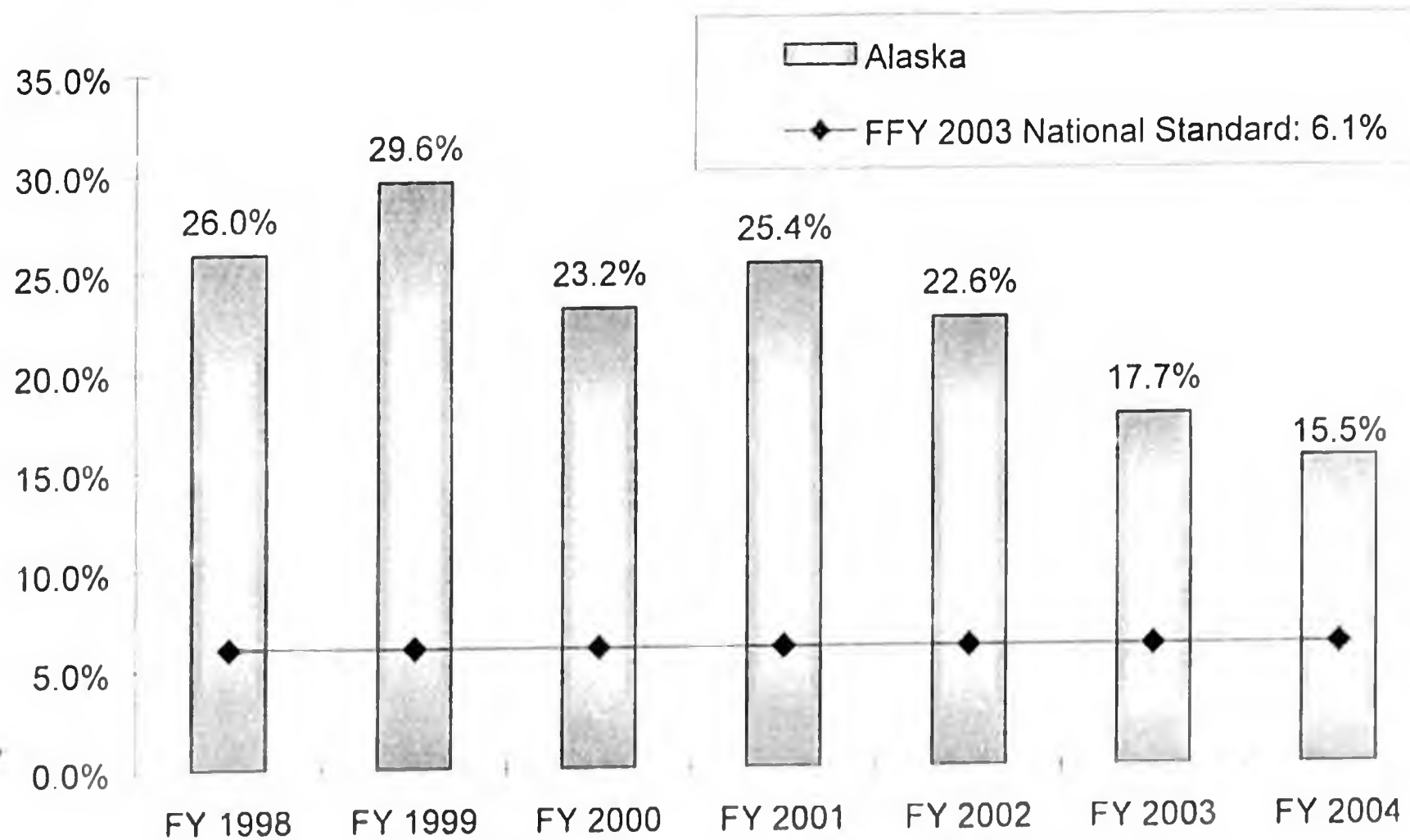
# National Data Indicators for Safety and Permanency

<b>National Data Indicators for Safety and Permanency</b>				
<b>Outcome</b>	<b>National Standard</b>	<b>Where we were in June 2002</b>	<b>Program Improvement Expected by Sept 2005</b>	<b>Progress as of June 30, 2004</b>
<b>Repeat maltreatment</b>	6.1% or less	23.4%	22%	15.5%
<b>Incidence of Child Maltreatment in foster care</b>	.57 or less	1.91%	1.77%	1.2%
<b>Placement Stability</b>	86.7% or more	70.6%	74.6%	72.2%
<b>Length of time to achieve reunification</b>	76.2% or more	58.3%	63.3%	54.1%
<b>Length of time to achieve adoption</b>	32% or more	21.8%	25%	18.7%

# Percent of Children with Recurrence of Maltreatment by State Fiscal Year

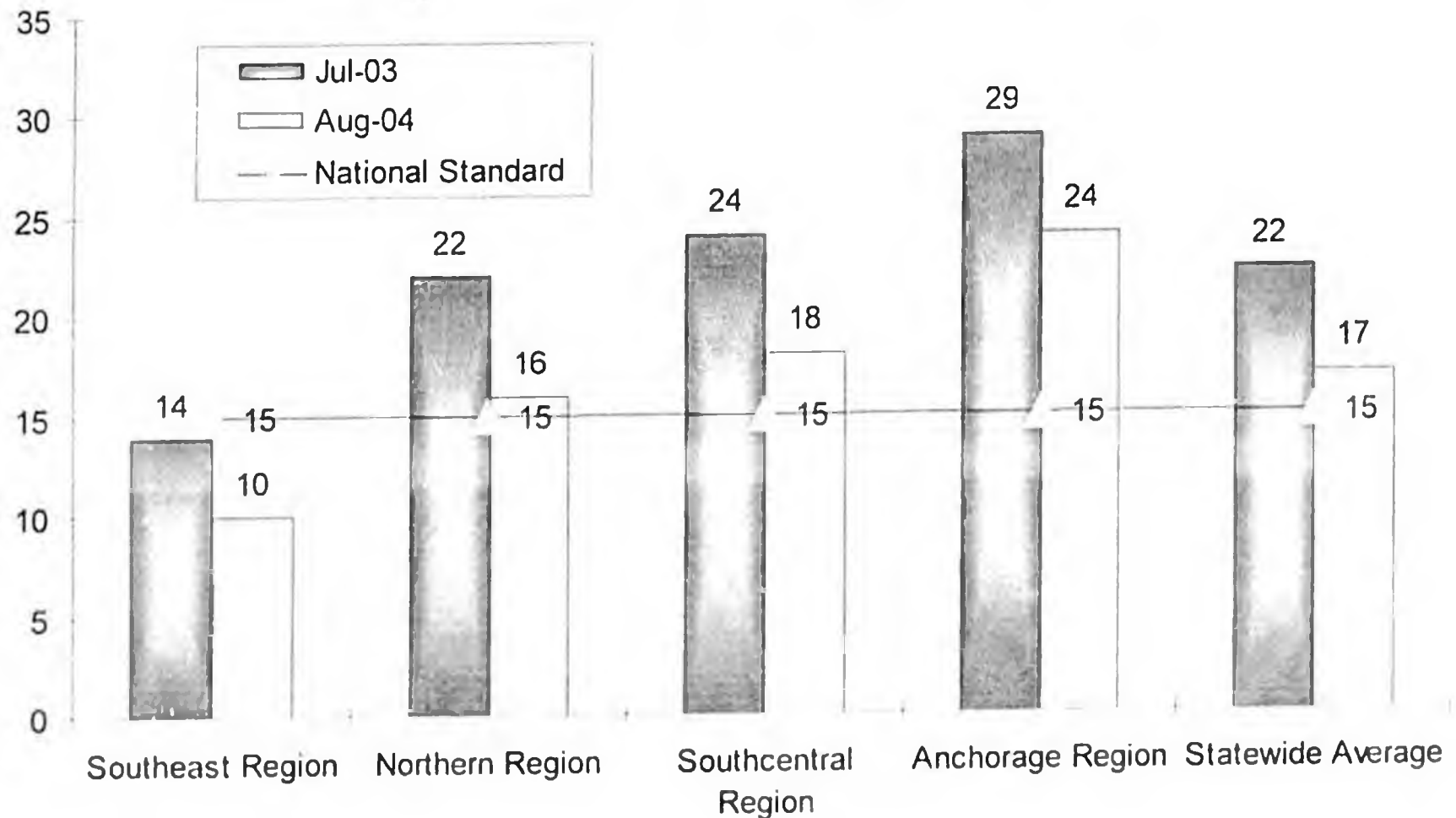


# Percent of Children with Recurrence of Maltreatment by State Fiscal Year

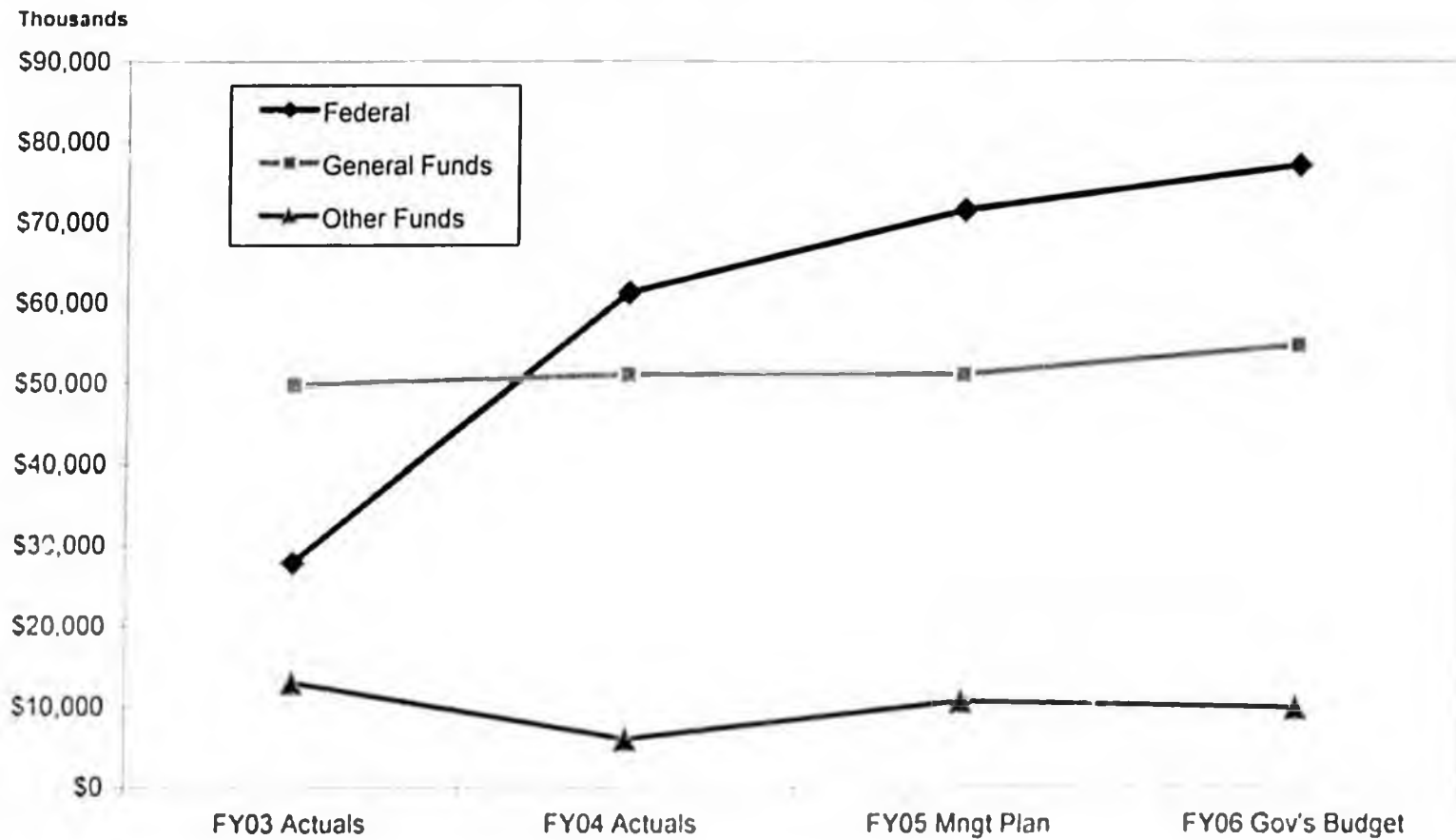


# Number of Cases Per Available Frontline Social Worker

July 2003 and August 2004



## Office of Children's Services Funding Source Comparison FY03 - FY06



FY03 Actuals combine the Family and Youth Services (FYS) and Purchased Services (PS) RDUs  
 In FY04, Office of Children's Services (OCS) RDU was established combining FYS, PS, WIC, Behavioral Rehabilitation Services, Healthy Families and Infant Learning Program

Source: ABS

ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES

# A Legacy for Alaska's Children, Youth and Families



THE NEW OFFICE OF CHILDREN'S SERVICES  
*A Three-Year Strategic Plan*

*November 2004*



## **OUR MISSION**

OCS works in partnership with families and communities to support the well-being of Alaska's children and youth. Services will enhance families' capacities to give their children a healthy start, to provide them with safe and permanent homes, to maintain cultural connections and to help them realize their potential.

## **OUR VISION**

*Stronger Families,  
Safer Children*

*For more information about the  
Office of Children's Services  
please contact:*

**Alaska Department of  
Health & Social Services,  
Office of Children's Services  
P.O. Box 110630  
(907) 465-3191  
[www.hss.state.ak.us/ocs/](http://www.hss.state.ak.us/ocs/)**

Special thanks to the Rasmuson Foundation  
and Casey Family Programs for their  
generosity and funding that supported our  
strategic planning process.

Handout 1-27-05

# A Legacy for Alaska's Children, Youth and Families

The New Office of Children's Services

A Three-Year Strategic Plan  
July 2004



Frank H. Murkowski, Governor  
State of Alaska

Joel Gilbertson, Commissioner  
Department of Health & Social Services

Marcia Kennai, Deputy Commissioner  
Office of Children's Services



Dear Partners:

I am proud to present this important Strategic Plan for the Office of Children's Services (OCS). In the following pages, you will discover the commitment of Alaska's child welfare system to keeping children safe and making families stronger.

This plan represents the culmination of a years' work between tribal leaders, the Division of Juvenile Justice, provider organizations, foster parents, adoptive parents, law enforcement, the Court System, the Office of Public Advocacy, university personnel, the Department of Education, the Division of Behavioral Health, the Governor's Council on Disabilities and Special Education, the Rasmuson Foundation, Casey Family Programs, the Annie E. Casey Foundation and OCS staff. It is not comprehensive, but a general plan and vision for pulling together the four programs of OCS — Child Protection, Family Nutrition Services, Healthy Families Alaska, and the Early Intervention Infant Learning Program.

The professionals who manage the Office of Children's Services will use this publication as a working, living document every day for the next three years. It represents our values, objectives and strategies. It represents our dreams for Alaska's children and families.

Please read through this Strategic Plan. As you do, think about how you might share in the ownership and responsibility of helping families to give their children a healthy start, provide them with safe and permanent homes, maintain their cultural connections and help them realize their full potential.

Sincerely,

A handwritten signature in cursive script that reads "Marcia Kennai".

Marcia Kennai  
*Deputy Commissioner*

## Table of Contents

Holding Hands: Who Are We Now?.....	1
Facing Forward .....	2
Bringing Our Vision to Life.....	4
Objectives: What We Plan to Achieve.....	4
Strategies: Getting from Here to There.....	5
Conclusion.....	11
Contact Information.....	12

## Where do we want to be in 2007?

- Our programs will be aligned under one mission that focuses on building healthy families.
- We will work with our tribal partners and with community groups to provide culturally appropriate services that support happy, healthy and safe families.
- We will routinely use evidence-based best practices in all four programs.
- We will have a continuum of care for children and families that is community-based, family-focused and child-centered.
- We will have a qualified and stable work force with manageable caseloads.
- We will eliminate duplication of services among our four programs.
- We will have enough foster and adoptive homes to meet the needs of our children and we will make a special effort to increase the number of Alaska Native homes.
- We will meet or exceed national standards and benchmarks for all programs.
- We will maximize all sources of revenue so that we can continue to serve the children, youth and families in Alaska.
- We will have an integrated quality assurance and continuous quality improvement process.
- We will gain national recognition for our innovative approaches to keeping children safe and promoting healthy families.

*Imagine if all  
Alaskan children...*

**...had a healthy, happy and safe  
childhood**

**...had permanent, caring homes**

**...had connections to their own  
community and cultural heritage**

**...had support to help them reach  
their maximum potential**

*Imagine if these dreams  
were a reality...*

This is the 'New'  
**Office of Children's  
Services:**

*Child Protection  
and Permanency...*

*Family Nutrition Services...*

*Healthy Families Alaska...*

*Early Intervention/  
Infant Learning Program...*



## Holding Hands: Who Are We Now?

The new Office of Children's Services (OCS) reflects the strengths of the past and the opportunities of the future. Formerly known as the Division of Family and Youth Services, OCS reorganized in July 2003, bringing together under one roof four programs that support children, youth and families.

In the past, we focused mainly on child protection and permanency. Now our mandate also includes healthy families' services, family nutrition and infant learning. Standing shoulder to shoulder, we are committed to the well-being of Alaska's families, celebrating their resilience and our own as we embark on a voyage of change.

The new OCS is...

**Child Protection and Permanency:** We are committed to safety, permanency and well-being for Alaska's vulnerable children, youth and families. We assess allegations of abuse and neglect and provide family preservation services in the home when appropriate. If necessary, we provide out-of-home care to protect the child. Our goal is a permanent home for every child through reunification, adoption or guardianship. We recruit adoptive and foster homes and help older teens in care prepare for independent living.

**Family Nutrition Services:** Through the Women Infants and Children Program (WIC), we support delivery of free nutritious foods and information on healthy eating for low-income pregnant and breastfeeding women and their children. We also offer WIC participants and eligible seniors fresh fruits and vegetables through the Alaska Farmers' Market program in the summer. In addition, we have a teen nutrition program that operates in schools to promote healthy eating and decrease teenage obesity.

**Healthy Families Alaska:** We provide new parents with services to help their babies thrive and to build family self-sufficiency. We reach out to women during pregnancy or at birth, using a Family Stress Check List to identify those most in need of support. We address challenges such as parenting, housing, finances, social isolation, substance abuse, domestic violence and mental health issues. The program is voluntary, and families can participate until the children are age 5.

**Early Intervention/Infant Learning Program:** We provide an array of flexible services to infants and toddlers with disabilities or special developmental needs. Within the family setting, we help parents and children under age 3 with instruction, therapy and other support services. Our services are flexible and tailored to the circumstances of each family.

### Connections: What the Four Programs of OCS Have in Common

- We all work to enhance a family's capacity to raise healthy and safe children.
- We all provide critical services for families and children that are delivered in the communities where children live.
- We all provide parenting education around children's basic needs.
- We all work with vulnerable families and children.
- We cross-refer families across our four programs.
- We all connect families with community support.
- We all work to maintain families' ties to their cultural and tribal heritage.
- We all want to see children reach their full potential.
- We all believe that by working together, we can make Alaska the greatest state in which to raise a child.
- We all want to see stronger families and safer children.

## Facing Forward

### THE MISSION OF THE NEW OCS

OCS works in partnership with families and communities to support the well-being of Alaska's children and youth. Services will enhance families' capacities to give their children a healthy start, to provide them with safe and permanent homes, to maintain cultural connections and to help them realize their potential.

### THE VALUES OF THE NEW OCS

A core set of values will drive our work.

We believe:

- All people should be treated with respect and dignity.
- All children deserve safe, stable, loving and permanent families.
- Every family has unique and inherent strengths.
- The success of our interventions rests with the family, therefore, families should be included in making decisions about their children.
- Community partners are essential to ensure healthy, safe families.
- Services should enhance cultural and family values.
- Services should be timely, accessible and coordinated.
- Services related to parenting, health and nutrition are essential to strengthen the growth and development of children and to prevent abuse and neglect.
- Data should drive our decisions about how and where we allocate resources and services.

In early January 2004, the Office of Children's Services met to chart a new beginning — a future as an organization with four active programs and a future of collaboration with families, children, youth and tribal and community groups.

This strategic planning meeting was a historic occasion. OCS staff at all levels sat down with our stakeholders and (metaphorically) rolled up our sleeves. We held a facilitated conversation with tribal leaders, juvenile justice representatives, provider organizations, foster parents, adoptive parents, law enforcement, university personnel and our own staff. We included partners from the Department of Education, the Department of Health & Social Services Division of Behavioral Health, the Governor's Council on Disabilities, the Rasmuson Foundation, Casey Family Programs and the Annie E. Casey Foundation.

The meeting was a gift of time that took us outside the constraints of our day-to-day responsibilities. Over three days, we articulated our hopes for the families and children of Alaska. What is our mission? What are the core values that will drive our work together? What is our vision for this new OCS over the next three years? What are our objectives and how will we meet them?

Alaska is a big state with a small population. We have serious problems of child abuse and neglect. During 2003, OCS investigated 11,222 reports of harm. Forty percent of those reports were substantiated. The average number of children in out-of-home care on the first day of each month in 2003 was 1,983. This average represents 10.1 children for every 1,000 Alaskan children under age 18. The national average of children in out-of-home care is 7.4 per 1,000 children under age 18. Our resources for children do not always meet their needs. We place many children in care outside the state. Those we place inside the state often must leave their home communities. Responding to child maltreatment reports can be difficult in Alaska, especially in rural areas where workers face challenges of distance and weather.

Yet we have a dream for the children of Alaska. We want children to be safe in their homes. We want to help families remain together in their own communities to keep their cultural connections vibrant and supportive. We want to bring our out-of-state children home. We want to provide prenatal care for mothers and nutritional education for families. We want to identify developmental delays and disabilities early so that families can get maximum support. We want a strong and secure safety net for our most vulnerable families and children.

We can achieve this dream. The strategic plan forged from the January gathering is a promise we make to ourselves as well as to our stakeholders and to the citizens of Alaska. We have charted a common purpose of trust and shared responsibility between the state and our communities, tribal groups and families.

This strategic plan is also our pledge to Alaska's families that they are not alone. We are here to support them and we will hold ourselves accountable for bringing to life what we have in the past only been able to imagine.



It is often said that the children are our future. But who are Alaska's children? And what is the current state of children, youth and families in our communities?

- Children and youth under age 18 make up 30.4 percent of the state's total population of 627,000. (2000 census)
- Alaskan Natives make up 15.6 percent of the population; African Americans, 3.5 percent; Hispanics, 4.1 percent. (2000 census)
- In Federal Fiscal Year 2003, there were 13,975 reports of child abuse or neglect.
- On Dec. 1, 2003, 2,072 children were in out-of-home care.
- 65 percent of those children in care on December 1, 2003, were Alaska Natives.
- 25 percent of the foster homes are Alaska Native homes.
- Of all children in out-of-home care in December 2003, 11.1 percent were less than 2 years old; 23.4 percent were from age 2 to 5 years; 27.1 percent were 6 to 10 years; 22.9 percent 11 to 14 years; 13.9 percent 15 to 17 years; and 1.6 percent age 18 or older.
- Home Visitation programs serve about 26,000 individuals a month: 6,000 women, 6,000 infants and 14,000 children
- The WIC and Senior Farmers' Market program together serve a total of 21,000 individuals per summer season.
- There are six Healthy Families programs in the state, serving 427 families in fy 2003. Workers made 5,577 home visits, and 2,688 referrals to community resources.
- In fy 2003, there were 1,721 children enrolled in the Early Intervention Infant Learning Program - 148 of those were in foster care and 566 were Alaska Native.

## THE VISION OF THE NEW OCS

*Stronger Families,  
Safer Children*

*"My hopes  
for Alaska's  
children: All  
children in  
Alaska will  
have full bellies,  
a safe home  
and the strong,  
loving arms of a  
healthy secure  
family wrapped  
around them  
each day."*

JESSICA STEPHENSON  
(WIC)

## Bringing Our Vision to Life

This is a three-year strategic plan. To make our vision of stronger families and safer children a reality, we must set specific measurable goals.

### Where Are We Now?

OCS has many strengths. Support from our legislators, private foundations and community partners is helping us build on those strengths. We have a dedicated staff that is re-energized by the consolidation of primary prevention programs within OCS. Nevertheless, we have a number of challenges, including:

- We have four diverse programs that are just beginning to align under a common mission.
- We are sending too many children out of state for placement.
- Our current data system restricts our ability to utilize data to make program improvements.
- Our case plans reflect services that are *available* and not what is *necessary* for families and children to achieve their goals.
- We need to improve our communication with and involvement of parents in the system.
- We need to educate our providers about the outcomes we want to achieve for families and children.
- We need regular contact with our communities so that they can formally communicate local needs to the state.

OCS is not satisfied with this status quo. Our strategic plan will guide us as we move forward to make major changes.

### Objectives: What We Plan to Achieve

We know a strategic plan is just a piece of paper if we cannot bring our vision to life. In order to make a strategic plan live, we need to get specific. What are our objectives? What specifically do we need to change to get to where we want to go?

We looked at our objectives from four perspectives:

1. Internal to our staff and organization: What structural changes are important to successfully meet our goals?
2. Our impact on the families and our communities: What practice changes do we need to make?
3. How will we communicate our vision and help others understand our goals?
4. What is the return on our investment and how can we hold ourselves accountable?

Using a methodology called the "balanced scorecard," we went to work to make our vision real. This is what we want to achieve:

#### Staff organization

- We will achieve manageable caseloads.
- We will build a well-trained and stable workforce.
- We will have clear performance standards for our grantees and for our staff.
- We will use evidence-based practice.
- We will reduce duplication among programs.

*"My hope for Alaska's children is that they have happy, safe childhoods. I hope they develop to their full potential and that they feel loved and cared for by their tribes, communities and families."*

—RUTH HOLLIST

*(Staff organization continued)*

- We will seek other organizations as partners in prevention and well-being.

*Impact on the families and communities we serve:*

- We will reach all Alaskan families who need our help.
- Fewer Alaska children will be victims of child abuse and neglect.
- Children and families will be served in their own communities.
- Services will preserve family and cultural connections.
- We will have a system of supports for relatives who are caring for children.
- We will meet or exceed the national standards for safety, permanency and well-being of Alaska's children.
- An array of services will be available in all regions of the state.
- Families will be engaged in planning for their children.
- We will have a state plan to address the specific needs of children from infancy to 8 years old.
- We will collaborate with other organizations, such as education, mental health and public health, for the families we serve jointly.
- We will support more Alaska families in eating a healthy diet.
- We will extend prenatal care to more Alaska women.
- We will identify disabilities and developmental delays earlier so that families can help their children reach their full potential.

*External communications:*

- OCS will be seen as an inclusive leader in collaboration with communities and other agencies.
- OCS will be understood as a positive force by our client families, tribal groups and communities.
- OCS will have an internal and external communications plans.
- We will report regularly to the public on our progress toward our goals.
- We will work to educate our legislators, and community leaders about our goals and our hopes for the future.

*Return on investment accountability:*

- We will target resources to areas that have the greatest positive impact on children and families.
- We will move to performance-based contracting.
- We will incorporate evidence-based practice into our prevention and intervention programs.
- We will meet or exceed all national standards and benchmarks for all programs.
- We will have coordinated quality assurance and continuous quality improvement processes for all four programs.

**Strategies: Getting from Here to There**

Just as a vision must be bolstered with objectives, our objectives must be supported by strategies that help us meet them. In this section of our plan, we get specific.

Informed by facts and fueled by compassion, we look at priorities from the specific viewpoint of each program. These are the changes we can make now, changes big and small that will make a difference

*"Communication, partnership, caring, belief in the good, and a commitment to positive change are key elements to continued growth."*

—DORIS BERGERON

in the lives of the children, youth and families of Alaska. These are the changes that bring the "strategic" in a strategic plan to life.

#### **Infant Learning Program (ILP) and Healthy Families Alaska (HFAK) Strategies**

We will work for stronger families and safer children by implementing the following strategies:

##### *Staff and organizational issues:*

- We will provide training and leadership opportunities for staff.
- We will work with the University Training Academy to include information about ILP and Healthy Families.
- We will make sure that each staff person and grantee agency understands their role in achieving the OCS mission and goals as well as the individual program's strategic plan.
- We will participate in the OCS staff recruitment and retention committee to reduce staff turnover.
- We will consolidate research and evaluation functions so that we can look at all outcome data to see how we want to make system improvements.

##### *We will develop cross-training programs:*

##### *Impact on the communities and families we serve:*

- We will develop cross-training programs for providers in order to increase their understanding of child safety assessment and referral processes.
- The Infant Learning Program will ensure timely screening and assessment of 100 percent of children under age 3 who have a substantiated abuse or neglect referral.
- We will develop community teams with relevant partners to improve coordination of services to families.
- We will involve CPS social workers in all community-based training and teams.
- We will lead the effort to have a cross-system conference that includes the four program areas of OCS.
- We will include foster children in the Health Passports system so Healthy Families can continue serving children if they are placed in out-of-home care.
- Families will be seen and children assessed within forty-five days of referral.
- We will revise the model for Healthy Families to include a stronger focus on child protection and prevention of abuse and neglect.

##### *External communications:*

- Staff will share with all providers the new mission of the Office of Children's Services and help them understand how they fit into that mission.
- Our materials will reflect the Office of Children's Services vision.
- Infant Learning Program and Healthy Families providers will educate families about shaken-baby syndrome, the dangers of co-sleeping and positive parenting programs that are available in the communities they serve.
- Providers will be monitored to see that families are receiving services within the required time periods.

*"Let us put our  
minds together  
and see what  
kind of future  
we can build for  
our children."*

—Sitting Bull

*Return on investment/accountability:*

- A steering committee will oversee the planning and implementation of an Early Childhood Comprehensive System to improve services to families and their children, 0 to 8 years old.
- Waiting lists for Infant Learning Program will be reduced as providers see families within the required timeframes.
- Timely family service plans will identify needs and assure that children receive services by age 3.
- Our provider agencies will have plans of improvement that are regularly monitored.
- Healthy Families will use results of the Johns Hopkins Study to make program improvements that more effectively reduce child abuse and neglect.
- The Infant Learning Program will meet the requirements of the federally required Plan of Improvement. Infant Learning Program and Healthy Families Alaska will develop and implement performance based contracts.
- We will have quarterly reviews of ILP and HFAR strategic plans.

**Family Nutrition Program Strategies**

We will work for stronger families and safer children by implementing the following strategies:

*Staff and organizational issues:*

- We will increase the use of technology to support program activities.
- We will develop a well-trained and stable workforce by providing training opportunities for staff.
- We will provide nutrition education for our colleagues at OCS and for foster parents to help them understand that nutrition is linked to healthy children and healthy families.

*Impact on the families and communities we serve:*

- We will ensure equal access to services for all participants by asking providers to conduct more outreach.
- We will engage our partners and families in becoming more aware of child abuse and neglect issues by asking our providers to distribute information to the families they serve.
- We will reach out to include more families in our programs and train providers to be more vigilant about signs of abuse or neglect.
- We will provide families with nutritional education that encourages a healthy life style.
- We will help our providers explore alternative sources of funding to increase programs for young children.
- We will assure that there are WIC vendors to serve all eligible families in Alaska.

*External communications*

- We will promote our programs and initiatives to the community and to our colleagues in other agencies.
- We will work with our food package vendors to provide quality customer services.

*"My hope for Alaska's children is that they can be children — healthy, happy, with opportunities to play, learn, and be loved."*

—ANONYMOUS

*[External communications continued]*

- We will distribute information on child abuse and neglect, Infant Learning and Healthy Families Alaska through our WIC clinics.
- We will continue to conduct outreach to increase WIC participation around the state.



*"We are a new family here to protect the children of Alaska."*

—John Lovering

*Return on investment accountability:*

- We will track improvements in the health of babies born in Alaska and report that data to the public.
- Our grants and contracts will reflect our focus on culturally appropriate resources.
- WIC clinics will serve as a distribution point for community education materials related to all programs.
- We will measure the impact of the Breastfeeding Support Program as it relates to child abuse and neglect.
- Our grants and contracts will reflect the performance measures that WIC would like to achieve.

**Child Protection and Permanency Strategies**

We will work for stronger families and safer children by implementing the following strategies:

*Staff and organizational issues*

- We will establish a quality assurance system that includes monthly monitoring of case activity. We will develop state and regional self-evaluation teams that examine data and use it to make organizational and program improvements.
- A stipend program will be expanded to encourage recruitment and retention of child welfare staff.

*[Staff and organization issues continued]*

- We will establish clear performance standards for all staff.
- A task force on staff retention and recruitment will meet regularly and make recommendations to the Deputy Commissioner.
- Online Resources for the Children of Alaska (ORCA), the automated case management system, will be implemented statewide.

*Impact on the families and communities we serve:*

- OCS will convene a task force that will develop recommendations to address the disproportionate number of Alaska Native Children who are in the Child Welfare system.
- We will investigate reports of harm within the required timeframes.
- We will expand the use of Alternative Response Contracts to assess low level reports of harm so that OCS staff can respond to higher risk cases.
- Parents and youth will be involved in the development of their case plans. Team Decision Making and other family meetings will become standard practice.
- OCS workers will comply with the current policy of making monthly home visits, but will also advocate with federal officials so that home visits by our tribal partners can be counted.
- We will increase the number of children who remain safely at home by focusing on prevention of child abuse and neglect and by funding providers who are willing to do in-home services.
- We will actively recruit tribal foster homes to increase culturally appropriate resources for children who must come into state custody.
- We will assure the safety of children in foster care by requiring that home studies be done prior to licensing of any foster home.
- We will train our foster parents to work with birth parents.
- We will implement procedures for doing a "unified homestudy" on both adoptive and foster home applicants.

*External communications:*

- We will work with the Alaska Children's Trust to develop a community education campaign to prevent child abuse and neglect.
- Regional managers will have twice yearly meetings with the community to share local child abuse and neglect data, begin to build community solutions and to get feedback on our performance.
- We will include the community in our quality assurance process to increase understanding of what we do.
- We will develop professional materials to describe our services.
- We will hold regional stakeholder meetings to get feedback on our programs and our performance.

*Return on our investment accountability:*

- We will meet the national standards for safety and permanence by engaging our tribal partners, our grantees and our contract providers in developing solutions to Alaska's serious problems related to abuse and neglect.

*"Being a foster parent is making a difference for the moment in time that will last for a child's lifetime."*

*—Tammy Keerch*

*"The future of Alaska's families, children, and youth is in the hands of its communities and tribes. The mission of OCS can only be accomplished if all Alaskans reach out and join hands in getting the job done."*

*—Don Shirel*

*[Return on investment accountability continued]*

- We will fund performance based grants and contracts that can show results and move us toward the outcomes we want to achieve.
- We will work with other DHSS divisions and other state departments and our grantees to develop a service array that includes mental health, substance abuse and domestic violence treatment services for the families that come to our attention.
- We will join our tribal partners to focus on prevention of abuse and neglect in the Alaska Native villages by including them in the planning process and sharing training resources.
- We will reduce recurrence of maltreatment in foster care by better preparing foster parents prior to licensure and by supporting relatives who are caring for kin.
- We will reduce length of stay in foster care by increasing the use of concurrent planning, locating relatives, resolving court delays and working with others to provide treatment resources for the families we serve.
- We will report to the public annually on our progress and place this plan and Program Improvement Plan progress reports on our website ([www.hss.state.ak.us/ocs/publications](http://www.hss.state.ak.us/ocs/publications)).
- We will use data to drive our management decisions and share that data with communities so that they can monitor not only our progress, but also their own.
- Every OCS region will be required to have a Program Improvement Plan.

#### Cross Program Team Strategies

- We will build our research and analysis capacity and use data to drive our decisions.
- We will cross-train all OCS workers in the services provided by all four of our programs so that cross-referral will be a natural outcome.
- We will develop materials that are relevant to all programs.
- We will meet the national standards that have been set for all four programs by implementing our plans of improvement and monitoring our progress.
- We will move to performance based contracting.
- We will publish an annual report each year to show how we are doing.
- We will have quarterly progress meetings and biannual town hall meetings in our regions in order to engage our stakeholders and get their input.
- We will maximize federal revenue.
- We will look at quality assurance across our four programs.
- We will identify and integrate information on families that our programs have in common.

We are committed to implementing these strategies over the next three years — both for OCS as a whole and for the individual programs that now make up OCS. We are convinced that our hard work will lead to improvements and results in the future, so that the children who touch our system will be safer and the families who touch our system will be stronger.

## Conclusion

We are presenting a "living" strategic plan. We will revisit it regularly, assess our progress and make necessary changes to stay the course.

Our work is on the table. We are ready to go. We have articulated a mission and a vision for what we want our agency and our state to look like in 2007. We have objectives and strategies to help us get there. The four programs of OCS, along with our partners in the community and tribal organizations, share ownership and responsibility for this plan. We are truly more than the sum of our parts.

At the beginning of our strategic planning meeting, we asked ourselves what we hoped to get from the sessions. We wanted clarity, direction and a call for change. We wanted to build bridges and partnerships within OCS and with our stakeholders. We wanted a better understanding of the relationships among our four programs. Most of all, we wanted a better way to do our work in order to see more positive outcomes among our families.

We left with the belief that our work will translate to action that will mean safer and healthier children, youth and families in Alaska — a legacy for the future that will pay off for generations.

We left knowing that what we thought we could only imagine can really come true.



### For More Information:

Each program has a detailed plan that they will use to achieve the outcomes that are identified in this plan. Please contact the program directly or call (907) 465-3191 for more information.

Information on all Office of Children's Services Programs may be found at [www.lss.state.ak.us/ocs](http://www.lss.state.ak.us/ocs)

*"We will not  
let this plan sit  
on the shelf."*

—Marcia Kennai,  
Deputy Commissioner

## For More Information About the Office of Children's Services

### Office of Children's Services

130 Seward Street,  
Room 406

P.O. Box 110630

Juneau, AK 99811-0630

**Central Office**  
130 Seward Street, Suite 406  
P.O. Box 110630  
Juneau, AK 99801  
Phone: (907) 465-3191  
Fax: (907) 465-3397

**Juneau Family Nutrition  
Services (WIC)**  
130 Seward St., 5/FI;  
Goldstein Bldg.  
P.O. Box 110612  
Juneau, AK 99811-0612  
Phone: (907) 465-3100  
Fax: (907) 465-3416

**Anchorage Family Nutrition  
Services (WIC)**  
3601 C Street, Suite 934  
Anchorage, AK  
Phone: (907) 269-3400  
Fax: (907) 269-3497

**Infant Learning Program,  
Healthy Families, Data  
Management**  
3601 C Street, Suite 934  
Anchorage, AK  
Phone: (907) 269-3400  
Fax: (907) 269-3497

To report child abuse call:  
1-800-478-4444  
or  
907-269-3900  
(outside of Alaska)

## For Contact Information for Southeastern Region

### Southeastern Regional Office

3025 Clinton Dr.,  
Second Floor

Juneau, AK 99801

Phone: (907) 465-3235

Fax: (907) 465-1669

**Juneau Field Office**  
3025 Clinton Dr., First Floor  
Juneau, AK 99801  
Phone: (907) 465-1650  
Fax: (907) 465-1668

**Craig Field Office**  
1325 Craig Klawock Hwy.  
P.O. Box 254  
Craig, AK 99921  
Phone: (907) 826-3266  
Fax: (907) 826-3807

**Haines Field Office**  
259 Main St., Suite 21  
P.O. Box 189  
Haines, AK 99827  
Phone: (907) 766-2608  
Fax: (907) 766-3368

**Ketchikan Field Office**  
415 Main Street, Rm. 201  
Ketchikan, AK 99901  
Phone: (907) 225-6611  
Fax: (907) 247-6611

**Petersburg Field Office**  
#16 Sing Lee Alley  
P.O. Box 1089  
Petersburg, AK 99833  
Phone: (907) 772-3565  
Fax: (907) 772-4254

**Sitka Field Office**  
208 Lake Street, Ste 201  
Sitka, AK 99835  
Phone: (907) 747-2802  
Fax: (907) 747-5542

**Wrangell Field Office**  
Front Street Kadin Building  
P.O. Box 970  
Wrangell, AK 99929  
Phone: (907) 874-3789  
Fax: (907) 874-3790

## For Contact Information for Southcentral Region

**Aniak Field Office**  
P.O. Box 149  
Aniak, AK 99557  
Phone: (907) 675-4377  
Fax: (907) 675-4290

**Bethel Field Office**  
P.O. Box 328 / State Building  
Bethel, AK 99559  
Phone: (907) 543-3141  
Fax: (907) 543-4143

**Cordova Field Office**  
P.O. Box 1688  
Cordova, AK 99574  
Phone: (907) 424-7133  
Fax: (907) 424-7132

**Dillingham Field Office**  
P.O. Box 1290  
Dillingham, AK 99576  
Phone: (907) 842-5237  
Fax: (907) 842-5924

**Homer Field Office**  
3670 Lake Street, Ste 100  
Homer, AK 99603  
Phone: (907) 235-7114  
Fax: (907) 235-2484

**Kenai Field Office**  
145 Main Street Loop, Rm. 100  
Kenai, AK 99611  
Phone: (907) 283-3136  
Fax: (907) 283-9093

**King Salmon Field Office**  
P.O. Box 537  
King Salmon, AK 99613  
Phone: (907) 246-6642  
Fax: (907) 246-3529

**Kodiak Field Office**  
316 Mission Rd., Ste. 215  
Kodiak, AK 99615  
Phone: (907) 486-6174  
Fax: (907) 486-4104

**Mat-Su Field Office**  
695 E. Parks Hwy, Unit 3  
Wasilla, AK 99687  
Phone: (907) 357-9780  
Fax: (907) 357-9797

**Seward Field Office**  
P.O. Box 148  
Seward, AK 99664  
Phone: (907) 224-5236  
Fax: (907) 224-7436

**St. Mary's Field Office**  
P.O. Box 390  
St. Mary's, AK 99658  
Phone: (907) 438-2200  
Fax: (907) 438-2202

**Unalaska Field Office**  
P.O. Box 490  
Unalaska, AK 99685  
Phone: (907) 581-1236  
Fax: (907) 581-3272

**Valdez Field Office**  
P.O. Box 2740  
Valdez, AK 99686  
Phone: (907) 835-4789  
Fax: (907) 835-2651

### **Southcentral Regional Office**

**695 E. Parks Hwy,  
Unit 3**

**Wasilla, AK 99654**

**Phone: (907) 357-9780**

**Fax: (907) 357-9763**

## For Contact Information for Northern Region

### Northern Regional Office

751 Old Richardson Hwy.,  
Suite 300

Fairbanks, AK 99701

Phone: (907) 451-2650

Fax: (907) 451-2058

Barrow Field Office  
P.O. Box 1049  
1078 Kiogak Street  
Barrow, AK 99723-1049  
Phone: (907) 852-3397  
Fax: (907) 852-3392

Delta Field Office  
P.O. Box 686  
2395 Kimball  
Delta Junction, AK 99737  
Phone: (907) 895-4452  
Fax: (907) 895-4769

Fairbanks Field Office  
751 Old Richardson Hwy.,  
Suite 300  
Fairbanks, AK 99701  
Phone: (907) 451-2650  
Fax: (907) 451-2616

Galena Field Office  
P.O. Box 239  
Front Street, Bldg. 1,  
Gana A Yoo  
Galena, AK 99741  
Phone: (907) 656-1667  
Fax: (907) 656-1707

Kawerak Field Office  
P.O. Box 948  
Nome, AK 99762  
Phone: (907) 443-4376  
Fax: (907) 443-3543

Kotzebue Field Office  
P.O. Box 370  
558 Friends Way  
Kotzebue, AK 99752  
Phone: (907) 442-3226  
Fax: (907) 442-2426

Manilaq Field Office  
P.O. Box 256  
Kotzebue, AK 99752  
Phone: (907) 442-7870  
Fax: (907) 442-7876

McGrath Field Office  
P.O. Box 81  
McGrath, AK 99627  
(907) 524-3848  
Fax: (907) 524-3610

Nome Field Office  
P.O. Box 910  
320 Front Street  
Nome, AK 99762  
Phone: (907) 443-5247  
Fax: (907) 443-2100

### Anchorage Regional Office

550 West Eight Avenue,  
Suite 304

Anchorage, AK 99501

Phone: (907) 269-3950

Fax: (907) 269-3901

## For Contact Information for Anchorage Region

Anchorage Field Office  
550 West Eight Avenue,  
Suite 304  
Anchorage, AK 99501  
Phone: (907) 269-3900  
Fax: (907) 269-3939



This publication (04-OCS-00001) was produced by the Department of Health & Social Services, Office of Children's Services (OCS) to inform the public of the new OCS Strategic Plan. It was printed in Juneau, Alaska at a cost of \$44 per copy. (AS 44.99.210)

*Child Protection & Permanency...*

*Family Nutrition Services...*

*Healthy Families Alaska...*

*Early Intervention/Infant Learning Program...*

**2004**

This is the 'New' Office of Children's Services.



2/2/05

AK. MENTAL  
HEALTH  
TRUST  
AUTHORITY

**HFIN**

**FILE**

advisory boards and state agencies develop strategic plans and funding proposals in each focus area for approval by The Trust at its annual budget meeting. The approved proposals, along with other Trust funding priorities form the basis for recommendations for funding of the Comprehensive Integrated Mental Health Program.

**Propose the budget for the state's Comprehensive Integrated Mental Health Program.** The Trust recommends expenditures from the state's general fund to meet the operating and capital expenses of the Comprehensive Integrated Mental Health Program. The budget also includes the Trustees' recommendations about how to use funds from the Mental Health Trust Income Account for additional operating and capital expenses of the Comprehensive Integrated Mental Health Program. Finally, the budget includes expenditures The Trust intends to make as part of the state's Comprehensive Integrated Mental Health Program.

**Report to the legislature, governor, and the public.** Each year, The Trust provides a report of its activities during the previous fiscal year and informs the governor, legislature, and public about the status of the assets, earnings, and expenditures of The Trust.



Finance



Salary



Insurance  
Expenses



Loan/Growth/Debt



Retirement/Investment



Workforce  
Development

## Trustees

John Pugh — Juneau

*Chair*

*Comprehensive Integrated Mental Health Plan Chair*

Caren Robinson — Juneau

*Vice Chair*

*Legislative Action Committee Chair*

Nelson Page — Anchorage

*Secretary/Treasurer*

*Finance Committee Chair*

William Doolittle, M.D. — Fairbanks

Tom Hawkins — Anchorage

*Residential Management Center Trust Chair*

John Malone — Bethel

*Program and Planning Committee Chair*

*Public Outreach Committee Chair*

Phil Younker, Sr. — Fairbanks

## Trust Authority Staff

Jeff Jessee

*Chief Executive Officer*

Russell Webb

*Financial Officer*

Delisa Culpepper

*Chief Operating Officer*

Marilyn McMillan

*Administrative Manager*

Betty Sorensen

*Director of HR*

Lucas Lind

*Chief of Administration*

Bill Herman

*Public Affairs*

Erika Wolter

*Business Development*

Nancy Burke

*Business Affairs*

Yvette Miller

*Business Development*

The TRUST

The Alaska Mental Health  
Trust Authority

550 W 7th Avenue, Suite 1820 • Anchorage, Alaska 99501  
Tel 907.269.7960 • Fax 907.269.7966 • [www.mhitrust.org](http://www.mhitrust.org)

September 2004

The TRUST

The Alaska Mental Health  
Trust Authority

About The Trust

Assets • Income • Expenditures • Endowment  
Trustees • Staff

We analyze the Change  
and Improvement



## Vision and Mission

The Alaska Mental Health Trust Authority administers the Mental Health Trust. Trustees have a fiduciary responsibility to enhance and protect The Trust's financial assets. Trustees also ensure the planning, implementation and funding of a comprehensive integrated mental health program to improve the lives of Trust beneficiaries.

## Beneficiary Groups

Trust beneficiaries include people with mental illness, people with developmental disabilities, people with chronic alcoholism and people with Alzheimer's disease or related disorders.

## Advisors

The commissioners of Health and Social Services, Natural Resources, Revenue, and Corrections by statute are important advisors to the Trustees. Trustees also work closely with four advocacy boards that represent Trust beneficiaries. They are the Advisory Board on Alcoholism and Drug Abuse, Alaska Commission on Aging, Alaska Mental Health Board, and Governor's Council on Disabilities and Special Education.

## Background

Prior to statehood, there were no services available in the Territory of Alaska for individuals who experienced mental illness or developmental disabilities. Instead, these individuals were sent by the federal government to live in an institution in Portland, Oregon. During Alaska's transition to a state, Congress passed the Alaska Mental Health Enabling Act of 1956 to help bring these individuals home. This act transferred the responsibility for providing mental health services from the federal government to the Territory of Alaska and ultimately the State of Alaska, by creating the Alaska Mental Health Trust. To fund The Trust, the state selected one million prime acres of land that would be managed to generate income for a comprehensive integrated mental health program.

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

In 1982, Vern Weiss filed a lawsuit on behalf of his son, who required mental health services that were not available in Alaska. Other beneficiary groups joined *Weiss v. State of Alaska* in a class action suit. The case was ruled on in 1984 by the State Supreme Court, which ordered that the original trust be restored. Ten years later, in 1994, a final settlement reconstructed The Trust with 500,000 acres of original Trust land, 500,000 acres of replacement land and \$200 million. The settlement established an independent Board of Trustees appointed by the governor and confirmed by the legislature. Each year, the Trustees spend Trust income and recommend expenditures of state funds to pay for a comprehensive integrated mental health program for Trust beneficiaries.

## Duties of The Trust

**Enhance and protect The Trust.** Trustees have a fiduciary obligation to ensure that The Trust's assets are managed in a way that will ensure future funds and maximize current income for services for beneficiaries. The Trust contracts with the Mental Health Trust Land Office within the Alaska Department of Natural Resources to manage its land and land assets such as timber, minerals, and coal, oil and gas development.

**The Trust contracts with the Alaska Permanent Fund Corporation** and the Treasury Division, Alaska Department of Revenue to manage Trust cash assets. The Permanent Fund Corporation invests the principal, budget reserve and re-invests a portion of The Trust's income to offset the effects of inflation. The Treasury Division holds and manages on a medium term basis one half of the Budget Reserve and on a short term basis the revenue generated by the Trust Land Office and Trust income allocated by the Trustees to meet the spending policy as outlined in the Asset Management Policy Statement.

Income from The Trust's land and financial investments is used to pay for services described in the Comprehensive Integrated Mental Health Plan, to maintain the purchasing power of the principal of The Trust, and to pay for the cost of managing The Trust's assets and The Trust.

**Provide leadership in advocacy, planning, implementing, and funding** of a comprehensive integrated mental health program. The Trust provides leadership in many ways. Trustees consider recommendations for funding services to

beneficiaries from Trust income, and in recommending the state's annual General Fund/Mental Health budget.

**Trustees and staff work with the four advisory boards and partner state agencies** in developing a comprehensive mental health program plan and to advocate on issues related to beneficiaries. The Trust works with agencies that administer funds and with service providers to assure that funds are spent in ways that assist consumers most effectively. The Trust also partners with other funding sources to ensure the most effective and efficient use of funds on behalf of those who use the services provided by the Comprehensive Integrated Mental Health Program.

## Comprehensive Integrated Mental Health Program

The Department of Health and Social Services in conjunction with The Trust is responsible for writing a plan that describes the Comprehensive Integrated Mental Health Program. The program addresses more than traditional mental health services. It also includes public programs and services for people who have mental illnesses, community mental health services, services for people with developmental disabilities, services that address alcoholism, and services for children, youth, adults, and elders with mental disorders.

The service system includes an array of services, including 24-hour emergency services, screening and evaluation services for involuntary commitment, inpatient care, crisis stabilization, case management, daily structure and support, residential services, vocational services, outpatient screening, prevention and education services, and administrative costs of providing services.

**Coordinate with state agencies about programs that affect beneficiaries.** The Trust coordinates with state agencies involved with programs affecting people who need services provided through the Comprehensive Integrated Mental Health Program.

**Review funding proposals prepared during the Budget Recommendation Proposal Process.** The Trust, with the input of stakeholders, selects focus areas that will have broad and long-term impacts on the systems that serve beneficiaries. Work groups of major stakeholders that include the four Trust



**John F. Malone**

*Rural Outreach Committee Chair,  
Program & Planning Committee Chair*

John is the Land Use and Planning Administrator for the City of Bethel. He has had extensive experience in the mental health community in Alaska, having served as a member of the Alaska Mental Health Board and as State President of the Alaska Alliance for the Mentally Ill. John was chair of the Federal Region X State Presidents Council of the National Alliance for the Mentally Ill and co-chaired the Mental Health Quality Improvement Task Force. He is a former Executive Director of Bethel Community Services, Inc.

*September 2009*



**Phil A. Younker, Sr.**

Phil is a financial planner and licensed insurance and securities agent. He is vice president of Phil A. Younker & Assoc. Ltd., a fee managed investment firm and vice president of Younker Keyes & Assoc. Inc., which specializes in both employer and employee retirement plans and investments. Phil is a graduate of University of Alaska with a B.A. in education. Phil's experience includes teaching at the elementary level, commercial fishing in Western Alaska and working as a carpenter. His community service includes 11 years on the Fairbanks North Star Borough Assembly, 8 years as a member of the Alaska Municipal League Board of Directors, 1 year as a member of the City Council of the City of King Cove, Trustee of University Alaska Foundation, and a board member and chairman of the Alaska Municipal League Joint Insurance Association.

**Beneficiary Groups**

Beneficiaries of The Trust include people with mental illness, people with developmental disabilities, people with chronic alcoholism and people with Alzheimer's disease or related disorders.

**Advisors**

The commissioners of Health and Social Services, Natural Resources, Revenue, and Corrections by statute are important advisors to the Trustees. Trustees also work closely with four advocacy boards that represent Trust beneficiaries. They are the Advisory Board on Alcoholism and Drug Abuse, Alaska Commission on Aging, Alaska Mental Health Board, and Governor's Council on Disabilities and Special Education.

# The TRUST

The Alaska Mental Health Trust Authority

## About the Trustees

### Trust Authority Staff

- |  |  |
|--|--|
| <b>Jeff Jessee</b><br><i>Chief Executive Officer</i>             | <b>Russell Webb</b><br><i>Executive Officer</i>                            |
| <b>Delisa Culpepper</b><br><i>Chief Financial Officer</i>        | <b>Marilyn McMillan</b><br><i>Executive Director of Public Affairs</i>     |
| <b>Betty Sorensen</b><br><i>Executive Director of HR</i>         | <b>Lucas Lind</b><br><i>Executive Director of Administration</i>           |
| <b>Bill Herman</b><br><i>Executive Director of Legal Affairs</i> | <b>Erika Wolter</b><br><i>Executive Director of Information Technology</i> |
| <b>Nancy Burke</b><br><i>Executive Director of Compliance</i>    | <b>Yvette Miller</b><br><i>Executive Director of HR</i>                    |

# The TRUST

The Alaska Mental Health Trust Authority

550 W. 7th Avenue, Suite 1820 • Anchorage, Alaska 99501  
Tel: 907.269.7965 • Fax: 907.269.7966 • www.thetrust.org



# Alaska Mental Health Trust Board of Trustees

A seven-member Board of Trustees oversees the Alaska Mental Health Trust. Trustees have a fiduciary responsibility to Trust beneficiaries to enhance and protect the Trust's financial assets. Trustees also ensure the planning, implementation and funding of a comprehensive integrated mental health program to improve the lives of Trust beneficiaries.

Trustees are appointed by the governor and confirmed by the legislature for five-year terms.

and has served as a citizen lobbyist, Special Assistant to Gov. Steve Cowper, and Staff Assistant to State Sen. Bettye Davis. She also served on the Juneau Borough Assembly and as one of Juneau's state legislators. She owns several small family businesses and provides lobbying, reporting and consultation services regarding public policy matters to many non-profit organizations. President Reagan, Rotary International and the U.S. Department of Human Services have honored Caren. She was also chosen as a Fleming Fellow for her work as a state legislator.



**John Pugh**

Chair

*Comprehensive Integrated Mental Health Foundation*

John is Chancellor of the University of Alaska Southeast in Juneau. He is the former Commissioner of the State Department of Health and Social Services and Director of the Division of Family and Youth Services. John serves on various boards and commissions related to higher education in Alaska and the Northwest, including chairing the Northwest Regional Education Laboratory.



**Caren Robinson**

Trustee

*Juneau Area Women's Center*

Caren has been engaged in public health policy in Alaska since 1977. She was founder and director of AWARE, a Juneau women's shelter program,



**Nelson G. Page**

Secretary/Treasurer

*Finance Committee Chair*

Nelson is a shareholder in the Anchorage law firm of Burr, Pease and Kurtz. He is a member of the Alaska Bar Association Ethics Committee, a past member of the bar association's Board of Bar Examiners Area Discipline Committee and the Alaska Supreme Court's Standing Committee on Civil Rules. His past community service includes the Alaska Mental Health Board, the Anchorage Transportation Commission, and the Board of Directors of the Suicide Prevention and Crisis Intervention Center. Nelson is a graduate of Portland State University and the Georgetown University Law Center.



**William Doolittle, M.D.**

Bill is a retired physician who serves as a medical consultant to the Social Security Administration and the Alaska Division of Vocational Rehabilitation. He retired from the day-to-day practice of medicine in 1997, but maintains his

medical certification and is licensed in Alaska. His 43-year career included serving five terms as chief of staff at Fairbanks Memorial Hospital, medical director of the North Pole Fire Department EMS Service, director of the Arctic Medical Research Laboratory and chief of medicine for Bassett Army Hospital at Ft. Wainwright. He began his medical training and career in the Army and retired with the rank of lieutenant colonel. He graduated from the University of Vermont with degrees in science and medicine. Currently he serves on the Fairbanks Memorial Hospital Foundation Board of Trustees and the Fairbanks Chronic Inebriate Program Task Group. The task group is a community partnership with representatives from health care, law enforcement and the judicial system who are attempting to improve the lives of people dealing with chronic alcoholism.



**Tom Hawkins**

*Resource Management Committee Chair*

Tom is Chief Operating Officer for Bristol Bay Native Corporation, an ANCSA regional corporation in western Alaska with 7,500 shareholders. He previously served as Deputy Commissioner of the State Department of Natural Resources, Director of State Division of Lands, and General Manager for Chogging Limited in Dillingham. Tom is a past member of the Alaska Wilderness Recreation and Tourism Association board, the Alaska Land Managers Forum and the Bureau of Land Management's statewide Resource Advisory Council.

---

*The* TRUST

The Alaska Mental Health  
Trust Authority

Jeff Jessee

Executive Director

Telephone: 907.459.4400

Fax: 907.459.4401

907.459.4402

907.459.4403

1000 West 12th Avenue, Suite 1000

Anchorage, Alaska 99501

---

## The Alaska Mental Health Trust Authority

The Trust coordinates planning for a comprehensive mental health program, makes recommendations to fund the program and advocates for funding and policies that support the systems serving its beneficiaries. Trust beneficiaries include people with mental illness, developmental disabilities, chronic alcoholism and Alzheimer's disease and related disorders. Along with its partner advisory boards, the AMHTA works to help Alaskans understand:

### **Advisors**

Trustees work closely with four advocacy boards that represent Trust beneficiaries. They are the Advisory Board on Alcoholism and Drug Abuse, Alaska Commission on Aging, Alaska Mental Health Board, and Governor's Council on Disabilities and Special Education. The commissioners of health and social services, natural resources, revenue, and corrections are also important advisors to the Trustees.

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

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

### **Services make a difference –**

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

### **Investment produces dividends –**

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

### **Background**

Prior to statehood, there were no services available in the Territory of Alaska for individuals who experienced mental illness or developmental disabilities. Instead, these individuals were sent by the federal government to live in an institution in Portland, Oregon. During Alaska's transition to a state, Congress passed the Alaska Mental Health Enabling Act of 1956 to help bring these individuals home. This act transferred the responsibility for providing mental health services from the federal government to the Territory of Alaska and ultimately the State of Alaska, by creating the Alaska Mental Health Trust. To fund The Trust, the state selected one million prime acres of land that would be managed to generate income that would pay for a comprehensive integrated mental health program.

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

In 1982, Vern Weiss filed a lawsuit on behalf of his son, who required mental health services that were not available in Alaska. Other beneficiary groups joined *Weiss v State of Alaska* in a class action suit. The case was ruled on in 1984 by the State Supreme Court, which ordered that the original trust be restored. Ten years later, in 1994, a final settlement reconstructed The Trust with 500,000 acres of original Trust land, 500,000 acres of replacement land and \$200 million. The settlement established an independent Board of Trustees appointed by the governor and confirmed by the legislature. Each year, the Trustees spend Trust income and recommend expenditures of state funds to pay for a comprehensive integrated mental health program for Trust beneficiaries.

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

Alaska Mental Health Trust Authority  
Advisory Board on Alcoholism and Drug Abuse  
Alaska Commission on Aging  
Alaska Mental Health Board  
Governor's Council on Disabilities and Special Education

907-269-7960 -- [www.mhtrust.org](http://www.mhtrust.org)  
888-464-8920 -- [www.hss.state.ak.us/abada](http://www.hss.state.ak.us/abada)  
907-465-3250 -- [www.alaskaaging.org](http://www.alaskaaging.org)  
907-465-3071 -- [www.amhb.org](http://www.amhb.org)  
907-289-8990 -- [www.hss.state.ak.us/gcdss](http://www.hss.state.ak.us/gcdss)

### **Duties of The Trust**

**Enhance and protect The Trust.** Trustees have a fiduciary obligation to ensure that The Trust's assets are managed in a way that will ensure future funds and maximize current income for services for beneficiaries. The Trust contracts with the Mental Health Trust Land Office within the Alaska Department of Natural Resources to manage its land and land assets such as timber, minerals, and coal, oil and gas development. The Trust contracts with the Alaska Permanent Fund Corporation and the Treasury Division, Alaska Department of Revenue to manage Trust cash assets. The Permanent Fund Corporation invests the principal, principal reserve and re-invests a portion of The Trust's income to off set the effects of inflation. The Treasury Division holds and manages on a medium term basis one half of the Principal Reserve and on a short term basis the revenue generated by the Trust Land Office and Trust income allocated by the Trustees to meet the spending policy as outlined in the Asset Management Policy Statement.

Income from The Trust's land and financial investments is used to pay for services described in the Comprehensive Integrated Mental Health Plan, to adjust the principal of The Trust for inflation, and to pay for the cost of managing The Trust's assets and The Trust.

**Provide leadership in advocacy, planning, implementing, and funding of a comprehensive integrated mental health program.** The Trust provides leadership in many ways. Trustees consider recommendations for funding services to beneficiaries from Trust income, and in recommending the state's annual General Fund Mental Health budget.

Trustees and staff work with the four advisory boards and partner state agencies in developing a comprehensive mental health program plan and to advocate on issues related to beneficiaries. The Trust works with agencies that administer funds and with service providers to assure that funds are spent in ways that assist consumers most effectively. The Trust also partners with other funding sources to ensure the most effective and efficient use of funds on behalf of those who use the services provided by the Comprehensive Integrated Mental Health Program.

### **Comprehensive Integrated Mental Health Program**

The Department of Health and Social Services in conjunction with The Trust is responsible for writing a plan that describes the Comprehensive Integrated Mental Health Program. The program addresses

more than traditional mental health services. It also includes public programs and services for people who have mental illnesses, community mental health services, services for people with developmental disabilities, services that address alcoholism, and services for children, youth, adults, and seniors with mental disorders.

The service system includes an array of services, including 24-hour emergency services, screening and evaluation services for involuntary commitment, inpatient care, crisis stabilization, case management, daily structure and support, residential services, vocational services, outpatient screening, prevention and education services, and administrative costs of providing services.

**Coordinate with state agencies about programs that affect beneficiaries.** The Trust coordinates with state agencies involved with programs affecting people who need services provided through the Comprehensive Integrated Mental Health Program.

### **Review funding proposals prepared during the Budget Recommendation Proposal Process.**

The Trust, with the input of stakeholders, selects focus areas that will have broad and long-term impacts on the systems that serve beneficiaries. Workgroups of major stakeholders that include the four Trust advisory boards and state agencies develop strategic plans and funding proposals in each focus area for approval by The Trust at its annual budget meeting. The approved proposals, along with other Trust funding priorities form the basis for recommendations for funding of the comprehensive mental health program.

### **Propose the budget for the state's**

**Comprehensive Mental Health Program.** The Trust recommends expenditures from the state's general fund to meet the operating and capital expenses of the Comprehensive Integrated Mental Health Program. The budget also includes the Trustees' recommendations about how to use funds from the Mental Health Trust Income Account for additional operating and capital expenses of the Comprehensive Integrated Mental Health Program. Finally, the budget includes expenditures The Trust intends to make as part of the state's Comprehensive Integrated Mental Health Program.

### **Report to the legislature, governor, and the**

**public.** Each year, The Trust provides a written report of its activities during the previous fiscal year and informs the governor, legislature, and public about the status of the assets, earnings, and expenditures of The Trust.

## Alaska Commission on Aging

### *Alaska's Seniors – a resource and a responsibility.*

Alaska is home to 40,155 people age 65 and older, and a total of 61,974 Alaskans are currently age 60 and older. Alaska's senior population is, proportionately, the second most rapidly growing senior population compared to the rest of the nation. We experienced more than a 50% increase in the 60 and older population from 1990 to 2000.

Alaska's rapidly growing senior population brings with it both challenges and benefits. The network of services for seniors will need to be strengthened and its capacity significantly expanded. Many of these services will need to be publicly funded, at least in part.

However, the new senior population will also create a wide range of economic and business opportunities. An influx of additional retirement and other income, along with medical payments, will create billions of dollars in economic impacts statewide.

### **Alaska Commission on Aging**

The mission of the Alaska Commission on Aging is to ensure dignity and independence for Alaska's seniors and to assist them, through planning, advocacy and interagency coordination, to lead useful and meaningful lives. In 2004 the Legislature and Governor approved legislation that extends the Commission on Aging until June 30, 2008.

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

Alaska's population, aged 65 and older, is expected to triple in just two decades, along with the number of persons affected by Alzheimer's Disease and Related disorders (ADRD). While 80% of caregiving is provided at home by family members, it is essential that community networks include government, churches, nonprofit agencies, business and volunteer groups to create effective systems

In addition, Alaska seniors are faced with challenging economic circumstances:

- Half of senior households live below HUD low-income levels for Alaska
- Seniors 85 and over are the poorest group, with approximately 40% living below HUD very-low-income guidelines
- Alaskans are twice as likely as seniors nationally to receive public assistance.

State and municipally-funded programs are an important part of the current economic resources of many senior households. However, they by no means constitute a "safety net" for seniors.

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

Increased support and education are essential to reduce caregiver stress and delay placement in long-term care facilities. Support is provided through services such as respite, adult day, ADRD support and education. Providing education to family caregivers and in-home providers can help improve the quality of life for people with ADRD and assist them to remain at home longer.

The Commission also is advocating for:

- Assessment of the impact of changing eligibility criteria for Medicaid waiver services to include cognitive and functional impairment.
- Amending the Older Alaskans Waiver, add a category for companion services; add alternative Level of Care definitions to include not only skilled nursing but intermediate care facility levels of care.
- Expanding the Alzheimer's Demonstration Project model statewide.

The Alaska Commission on Aging is an official advisor to the  
Alaska Mental Health Trust Authority on Trust beneficiary issues.  
For help in your community go to [www.alaskaging.org](http://www.alaskaging.org) or call 907-465-3250

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

The Trust coordinates planning for a comprehensive mental health program, makes recommendations to fund the program and advocates for funding and policies that support the systems serving its beneficiaries. Trust beneficiaries include people with mental illness, developmental disabilities, chronic alcoholism and Alzheimer's Disease and related disorders. Along with its partner advisory boards, the AMHTA works to help Alaskans understand:

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

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

#### **Services make a difference –**

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

#### **Investment produces dividends –**

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

### ***Commission Legislative Issues – how you can help us serve our beneficiaries***

The Commission will be advocating for:

- Increased funding for the Senior Grant Program for direct services that includes Alzheimer's Disease and related disorders (ADRD) support services.
- Extending and or expanding the SeniorCare Program.
- Expanding the Adult Protective Services program by hiring more employees to meet current demand for services, conduct more outreach, and provide services in rural Alaska.
- The development of a long-range financial plan, and revenue solutions that consider several options, including Permanent Fund earnings and or a broad-based tax. We do not believe the fiscal gap should continue to be addressed entirely by budget reductions that would eliminate or severely reduce services and endanger the health and well-being of Alaskans.

#### ***For more information on AMHTA or its advisory boards, call or check these websites***

Alaska Mental Health Trust Authority  
Advisory Board on Alcoholism and Drug Abuse  
Alaska Commission on Aging  
Alaska Mental Health Board  
Governor's Council on Disabilities and Special Education

907-269-7960 -- [www.mhttrust.org](http://www.mhttrust.org)  
888-464-8920 -- [www.abada.com](http://www.abada.com)  
907-465-3250 -- [www.alaskaaging.org](http://www.alaskaaging.org)  
907-465-3071 -- [www.amhb.org](http://www.amhb.org)  
907-269-8990 -- [www.hcs.state.ak.us/gcda/](http://www.hcs.state.ak.us/gcda/)

## Advisory Board on Alcoholism and Drug Abuse

### *Alcohol and Drug Abuse Take a Toll – But Can Be Treated*

Alaska leads the nation in alcohol abuse. Our rate of dependence and abuse is nearly 14%, compared to about 7% nationally. Most crime in Alaska is alcohol related. But our children are the real victims of alcohol abuse. More than 80% of all reports of mistreatment against Alaska children involve substance abuse. Children in alcohol-abusing families are ten times more likely to be neglected than children in families with no alcohol problems.

But this isn't a hopeless situation. We can do better. With effective intervention and proper treatment, people suffering from alcohol or drug abuse can live productive lives. Their families can become stronger and their children can be safer.

#### **Advisory Board on Alcoholism and Drug Abuse**

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

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

We need to help the public and policy makers understand that alcoholism is a disease that can be treated, given adequate resources. A recent study on Alaska treatment shows that 56% of outpatients and 42% of inpatients abstained from alcohol for a year after treatment. People

who are unable to avoid relapse are showing progress with a combination of the drug naltrexone and treatment.

Nearly 80% of Alaska's newly incarcerated inmates were actively abusing or dependent on a substance in the year before their incarceration. The Alaska Department of Corrections estimates that incarcerating an individual for one year costs the state \$40,840. By comparison, the Anchorage Felony Drug Court which requires treatment for offenders is estimated to cost just under \$17,000 per year per participant.

An ADABA study shows that substance abuse, the vast majority from alcohol, cost our economy \$614 million in 1999. Not only does treatment work, it saves money.

#### **Investing for Results**

- **Treatment** – focusing on parents at risk of abusing or neglecting children, criminals who have served time and are ready to re-enter the community, and improved services in Rural Alaska
- **Intervention** – including enhanced detox facilities and therapeutic courts to strongly and effectively address substance abuse problems
- **Prevention** – focusing on tougher enforcement of underage drinking laws and programs to discourage youth substance abuse

ABADA is an official advisor to the Alaska Mental Health Trust Authority on Trust beneficiary issues.  
For help in your community, go to <http://www.hss.state.ak.us/abada> or call 888-464-8920

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

The Trust coordinates planning for a comprehensive mental health program, makes recommendations to fund the program and advocates for funding and policies that support the systems serving its beneficiaries. Trust beneficiaries include people with mental illness, developmental disabilities, chronic alcoholism and Alzheimer's disease and related disorders. Along with its partner advisory boards, the AMHTA works to help Alaskans understand:

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

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

#### **Services make a difference –**

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

#### **Investment produces dividends –**

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

### ***Advisory Board on Alcohol and Drug Abuse legislative issues – how you can help us serve our beneficiaries***

- *No Wrong Door* – We support a system in which individuals will be identified, assessed and treated no matter how they enter the realm of services.
- *Invest for Results* – We support revenue development and allocation that ensures adequate service delivery to support healthy families and communities.
- *Commit to Quality* – We support accountability in service delivery, including a reliance on positive outcomes as a measurement of success.
- *Regulatory Policies and Access* – We support public policies and regulations that reduce overall consumption of alcohol, tobacco and other drugs, thereby helping to eliminate the negative consequences of abuse in our communities.
- *Prevention and Intervention* – We work to foster community norms and standards that promote healthy lifestyles for all Alaskans

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

Alaska Mental Health Trust Authority  
Advisory Board on Alcoholism and Drug Abuse  
Alaska Commission on Aging  
Alaska Mental Health Board  
Governor's Council on Disabilities and Special Education

907-269-7960 -- [www.mhtrust.org](http://www.mhtrust.org)  
888-464-8920 -- [www.hss.state.ak.us/abada](http://www.hss.state.ak.us/abada)  
907-465-3250 -- [www.alaskaaging.org](http://www.alaskaaging.org)  
907-465-3071 -- [www.amhb.org](http://www.amhb.org)  
907-269-8990 -- [www.hss.state.ak.us/gcdso](http://www.hss.state.ak.us/gcdso)



## Alaska Mental Health Board

### *Mental Illness is Real – Common – So is Recovery.*

Mental or emotional disorders affect one in five Alaskans in a given year. Serious disorders that significantly affect ability to function in school, at work, as a family member, or in the community affect over 45,000 Alaskans each year. Chances are you or someone you know will be affected. Unfortunately, only about half of adults and about one-third of the children with serious mental illnesses receive help.

One of the major reasons so many do not get help is the stigma of mental illness. Many people don't know that if properly treated mental illness can be cured or managed. The Alaska Mental Health Board is dedicated to reducing stigma and encouraging people to seek help. *Recovery is a realistic goal and common outcome.*

### **Alaska Mental Health Board**

The AMHB was a key element of the Alaska Mental Health Trust litigation settlement. The board is charged with developing strategic plans and evaluating mental health services. It also provides advocacy for clients of the state mental health program and for beneficiaries of the Alaska Mental Health Trust who experience mental illness.

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

In addition to fighting the stigma of mental illness, the AMHB has identified the following issues where improved service is a priority:

- Alaska has inadequate community programs for young people, many are sent to costly out of state facilities.

- Too many Alaskans with serious mental illnesses are sent to jail as a result of their illness rather than to appropriate community treatment programs.
- Alaska must achieve "no wrong door" access to effective behavioral health services.
- Housing options for Alaskans with mental illnesses are limited.
- Alaskans in small or isolated communities have limited access to mental health services.

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

- The AMHB, state agencies, and other partners are developing the in-state care continuum for Alaska's children.
- The AMHB and partners have developed programs to divert non-violent misdemeanor offenders from jail into more appropriate community treatment alternatives.
- The AMHB and partners initiated development of dual diagnosis capacity for all behavioral health care providers.
- The AMHB spearheaded development of system performance measures and quality assurance processes.
- Specialized state resources to develop innovative housing programs have been launched.
- The AMHB supports innovations as tele-psychiatry and on call emergency service teams to support rural services.

AMHB is an official advisor to the Alaska Mental Health Trust Authority on Trust beneficiary issues.  
For help in your community go to [www.amhb.org](http://www.amhb.org) or call 907-465-3071.

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

The Trust coordinates planning for a comprehensive mental health program, makes recommendations to fund the program, and advocates for funding and policies that support the systems serving its beneficiaries. Trust beneficiaries include people with mental illness, developmental disabilities, chronic alcoholism and Alzheimer's disease and related disorders. Along with its partner advisory boards, the AMHTA works to help Alaskans understand:

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

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

#### **Services make a difference –**

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

#### **Investment produces dividends –**

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

### ***AMHB Legislative Issues – how you can help us serve our beneficiaries***

- Maintain service capacity and promote service quality, while working toward "no wrong door" service access for behavioral health
- Restore Fiscal Year 2005 reductions to community mental health grants and adequately fund Medicaid behavioral health services
- Support community-based care needed to complete transition to a smaller Alaska Psychiatric Institute
- Provide the resources to implement the Bring the Kids Home project
- Support for parity with other illnesses in health insurance coverage for mental health and substance use disorders
- Maintain the integrity of the Alaska Mental Health Trust framework while evaluating possible changes to serve Trust beneficiaries' best interests
- Revise statutes to permit individuals to retain their dignity, rather than submit to involuntary commitment, in cases in which transportation to another community to receive a mental health evaluation is necessary

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

Alaska Mental Health Trust Authority  
Advisory Board on Alcoholism and Drug Abuse  
Alaska Commission on Aging  
Alaska Mental Health Board  
Governor's Council on Disabilities and Special Education

907-269-7960 -- [www.mhtuat.org](http://www.mhtuat.org)  
888-464-8920 -- [www.abada.com](http://www.abada.com)  
907-465-3250 -- [www.alaskaaging.org](http://www.alaskaaging.org)  
907-465-3071 -- [www.amhb.org](http://www.amhb.org)  
907-269-8000 -- [www.hss.state.ak.us/gc/dse](http://www.hss.state.ak.us/gc/dse)

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

The more than 12,000 children and adults in Alaska with developmental disabilities are as varied as any group of people. They go to school or work...have families and friends...hopes and dreams...expectations and potential. These individuals and their families, like all of us, want to determine their own lifestyles and be valued, participating members of their communities.

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

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

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

**Governor's Council on Disabilities and Special Education**

Alaskans with developmental disabilities use a variety of services throughout their lives. Effective management of any large, complex

system requires access to data, strategic planning and continuous quality improvement. The Council provides these systems with a constructive process that links the public with policymakers to ensure the thoughtful development of efficient and effective service delivery systems.

***Our major areas of focus:***

Self-Determination – Individuals and their families want more control over their own supports and services. They want to choose which services they receive and who provides them. They want control over funding through voucher systems. They want to learn and practice skills that enhance their abilities for self-determination.

Health and Safety Quality Assurance – As more people receive services, more attention needs to be given to assuring their health and safety. Resources need to be committed to recruiting and retaining high quality staff. Wait lists need to be eliminated. And we must give more attention to people with complex needs, as well as those in remote areas of the state.

***How we address these issues:***

The Council uses planning, evaluation, capacity building, and advocacy to create change. We analyze trends and study population characteristics. To influence attitudes we conduct public awareness campaigns. We strive to coordinate services through interagency working groups. We develop coalitions to bring about change through legislation and regulation. And we provide information that assists individuals and families in accessing services and advocating on their own behalf.

The Governor's Council on Disabilities and Special Education is an official advisor to the  
Alaska Mental Health Trust Authority on Trust beneficiary issues.

For help in your community go to [www.hhs.state.ak.us/qcdse](http://www.hhs.state.ak.us/qcdse) or call 907-269-8990

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

The Trust coordinates planning for a comprehensive mental health program, makes recommendations to fund the program and advocates for funding and policies that support the systems serving its beneficiaries. Trust beneficiaries include people with mental illness, developmental disabilities, chronic alcoholism and Alzheimer's disease and related disorders. Along with its partner advisory boards, the AMHTA works to help Alaskans understand:

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

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

### **Services make a difference –**

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

### **Investment produces dividends –**

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

## ***Council Legislative Issues – how you can help us serve our beneficiaries***

- Advocate for public policies that:
  - promote consumer choice, flexibility and control
  - enable people with disabilities to go to work
  - promote health programs that meet the needs of people with disabilities
  - provide funds for educational services
  - improve statewide availability and accessibility of adequate transportation
  - increase the availability of accessible housing options
- Promote ways for people with disabilities and their families to communicate with policy makers
- Encourage policy makers to:
  - promote community participation by people with disabilities
  - increase the knowledge of people with disabilities regarding consumer rights and responsibilities, self-determination, self-advocacy and systems navigation
  - develop strategies to significantly increase career opportunities for people with disabilities
  - develop strategies to ensure the health and safety of people receiving supported living and other residential services

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

Alaska Mental Health Trust Authority  
Advisory Board on Alcoholism and Drug Abuse  
Alaska Commission on Aging  
Alaska Mental Health Board  
Governor's Council on Disabilities and Special Education

907-269-7960 -- [www.mhtrust.org](http://www.mhtrust.org)  
888-464-8920 -- [www.abada.com](http://www.abada.com)  
907-465-3250 -- [www.alaskaaging.org](http://www.alaskaaging.org)  
907-465-3071 -- [www.amhb.org](http://www.amhb.org)  
907-269-8990 -- [www.hss.state.ak.us/gcde](http://www.hss.state.ak.us/gcde)

2004

ANNUAL REPORT

*Leadership in Changing Times*

*The* TRUST

The Alaska Mental Health Trust Authority

FRANK H. MURKOWSKI  
GOVERNOR



STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
JUNEAU

February 1, 2005

Dear Alaskan,

This is an exciting time for the Alaska Mental Health Trust as we work together on our shared vision. The Fiscal Year 2004 report reflects the progress we've made on behalf of stakeholders throughout Alaska.

My Bring the Kids Home initiative will provide needed mental health services to young Alaskans in state—closer to their families and loved ones. We are also working on other focus areas, including beneficiary home ownership and improving access to support services. The Justice for Persons with Disabilities focus shows progress in improving treatment for those who are incarcerated, victims' rights, and transition periods following incarceration. We are also partnering to create more family-oriented support programs and continuing support for consumer-run programs.

As Governor, I want every Alaskan to have the best quality of life that our state can offer. I am committed to making this happen and I thank all Alaskans who have worked hard on behalf of the Trust's stakeholders.

Sincerely yours,

A handwritten signature in cursive script that reads "Frank H. Murkowski".

Frank H. Murkowski  
Governor