

AK LEGISLATURE FINANCE COMMITTEES FILES 2007-2008 3251

System Management, Outcomes Tracking and Continuous Quality Improvement:

- The new care coordination team developed a database to track out-of-state referrals.
- The success of educational transitions will be monitored starting in fiscal year 2008
- The Alaska Automated Information Management System (AK AIMS) is being developed to track and monitor behavioral health service delivery and system outcomes.
- An independent evaluator will monitor outcomes for new Bring the Kids Home operating grants starting in fiscal year 2008 and continuing in fiscal year 2009.
- The Department of Health and Social Services and the Department of Education and Early Development developed an agreement for the committees that review children for residential care. The departments are also jointly staffing an "Education Subcommittee" to address system gaps related to education for children with severe emotional disturbances.
- The Department of Health and Social Services is revising regulations to improve in-state capacity to serve children and families with behavioral health needs. One project gave Behavioral Health regulatory authority to authorize out-of-state Residential Psychiatric Treatment Centers.
- Behavioral Health developed a new contract for review of referrals to out-of-state care.



The contract expands care coordination, use of the level of care tool and regional team review of referrals. The contract was awarded and a new contractor will begin in January 2008.

For more information, visit www.dhss.state.ak.us or call 907-451-2000.

Between fiscal year 2006 and 2007, the exponential growth in out-of-state care was reversed: the number of children admitted to out-of-state residential psychiatric treatment centers dropped by 37 percent. This meant that 176 fewer Alaska children moved into out-of-state care.

How do these activities affect outcomes?

As the numbers of youth in out-of-state care fall, expenditures have stabilized. Fiscal year 2007 expenditures for out-of-state care began to decline.



Overall Bring the Kids Home Outcomes

Between fiscal year 1998 and fiscal year 2004 the total number of youth with severe emotional disturbances served¹ in out-of-state Residential Psychiatric Treatment Centers care per year steadily increased — 46.7 percent per year on average. However between fiscal year 2006 and fiscal year 2007 there was:

- a decrease of 19.9 percent in out-of-state Residential Psychiatric Treatment Centers recipients;
- an increase of 33.8 percent in in-state Residential Psychiatric Treatment Centers recipients; and
- a decrease of 4.8 percent in total Residential Psychiatric Treatment Centers recipients.

Between fiscal year 2006 and 2007, the exponential growth in out-of-state care was reversed: the number of children admitted to out-of-state residential psychiatric treatment centers dropped by 37 percent. This meant that 176 fewer Alaska children moved into out-of-state care.

- a decrease of 36.3 percent in out-of-state non-custody Residential Psychiatric Treatment Centers admissions;
- a decrease of 37 percent in out-of-state Residential Psychiatric Treatment Centers admissions; and
- a decrease of 6.6 percent in total Residential Psychiatric Treatment Centers admissions.

There was also a change in the trend of out-of-state to in-state care:

- During fiscal year 2004, of the total children admitted to Residential Psychiatric Treatment Centers, 22 percent were in-state and 78 percent were out-of-state.

- During fiscal year 2007, of the total children admitted to Residential Psychiatric Treatment Centers, 52 percent were in-state and 48 percent were out-of-state.

Between fiscal year 1998 and fiscal year 2004, out-of-state Residential Psychiatric Treatment Centers Medicaid expenditures experienced an average annual increase of 59.2 percent and an overall increase of over 1,300 percent. Between fiscal years 2005 and 2006:

- out-of-state Residential Psychiatric Treatment Centers Medicaid expenditures increased by only 4.4 percent;
- in-state Residential Psychiatric Treatment Centers Medicaid expenditures increased by 3.5 percent; and
- total Residential Psychiatric Treatment Centers Medicaid expenditures increased by only 4.7 percent — the smallest annual increase since 1998. (Despite an 18-percent increase in the fiscal year 2006 payment rate.)

Between fiscal years 2006 and 2007, Medicaid expenditures for out-of-state residential psychiatric treatment care decreased by 8.16 percent as fewer children accessed out-of-state care. This represents the first decline in out-of-state expenditures for residential psychiatric treatment since Bring the Kids Home efforts began. In-state residential psychiatric treatment centers Medicaid expenditures increased by 46.10 percent to reflect expanded in-state capacity, while total RPTC Medicaid expenditures increased by 6.13 percent. (See the *Bring the Kids Home fiscal year 2007 yearly report* for more details.)

¹ Duplicate Total (excluding) reported to Residential Psychiatric Treatment Centers during fiscal year 2004 and during previous fiscal years.

² Duplicate Total (excluding) reported to Residential Psychiatric Treatment Centers during fiscal year 2004 and during previous fiscal years.

³ All Residential Psychiatric Treatment Centers expenditures were not available at publication. Expenditures were included in the FY07 Yearly Report. Expenditures for a number of FY06 & FY07 expenditures for out-of-state Residential Psychiatric Treatment Centers will be included in the report.

For more information, visit <http://state.alaska.commissionerofhhs/reports.html>

But will Bring the Kids Home Save Money?

The Bring the Kids Home initiative will shift expenditures from out-of-state to in-state care. Moving children from expensive out-of-state residential treatment to in-state residential treatment may decrease the length of stay and improve outcomes but increase costs per day. Even when children remain at home, it is expensive and intensive to serve children with severe emotional disturbances and their families. Thus, developing in-state capacity for children with *severe* disturbances is only a partial solution. The rest of the solution lies in providing services and supports *before* the child becomes severely disturbed. The state must invest in earlier interventions for children and families to keep problems from becoming severe.

For more information:

<http://www.state.ak.us/commissioner/btkh/reports.html>

1998-2004 Indicators

2007 Annual Report

2006 Annual Report

2005 Annual Report





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Bringing (Keeping) the Kids Home



5 Year Plan

State of Alaska • Department of Health & Social Services • Year Projected Plans: Fiscal Year 2009–2013

More information can be found on our Web site: <http://www.1-800-272-2262>

Executive Summary



During the next five years, Bring the Kids Home (BTKH) efforts will build the in-state service continuum and vastly reduce use of out-of-state residential psychiatric treatment centers for children with severe emotional disturbances. These efforts are led by the Department of Health and Social Services in partnership with the Alaska Mental Health Trust Authority and with an extensive stakeholder group.

Funding strategies include using a mix of general fund dollars with Alaska Mental Health Trust Authority funds for startup, with a shift to long-term general funding by fiscal year 2013. These strategies will reduce dependence upon Medicaid funded out-of-state residential care; increase home and community based services and natural supports; invest in earlier intervention; and seek partnerships for system support and development. By the end of fiscal year 2013, *if infrastructure is funded and developed as outlined*, BTKH as an "initiative" is expected to end: the in-state behavioral health service continuum will be in place to serve children with severe emotional disturbances and/or to continue to develop that continuum.

By fiscal year 2013 the estimated funding required to sustain a system of care that treats children experiencing severe emotional disturbances and their families in-state is outlined below. Fiscal year 2013 base funding is shown in thousands of dollars. Detailed budget information can be found in attachment number one.

1. Capacity Infrastructure Development			
General Fund	Federal	Other	TOTAL
\$17,800.0	\$1,800.0	\$136.0	\$18,865.0

2. Community Diversion, Care Coordination and Gate Keeping		
General Fund	Federal	TOTAL
\$2,905.6	\$0.0	\$2,905.6

3. System Management, Outcomes Tracking and Continuous Quality Improvement		
General Fund	Federal	TOTAL
\$2,308.4	\$0.0	\$2,308.4

4. Work Force Development	
General Fund	TOTAL
\$975.0	\$975.0



Six Primary Strategies

Bring the Kids Home strategies were developed by the stakeholder group using multiple in-state needs assessments. Over the next five years, six strategies will be the primary focus.

1. Building capacity for lower levels of non-residential care across the state. This will include residential care to stabilize children in their homes/communities or to provide safe therapeutic homes for children without an identified placement.
2. Expanding care coordination to ensure that children referred to residential treatment have access to lower levels of in-state care whenever appropriate.
3. Addressing systemic funding gaps and seeking federal funding support to leverage system development.
4. Improving reporting mechanisms to monitor system access, outcomes and service utilization.
5. Developing partnerships with communities and in-state providers to organize the resources and assistance needed to serve children experiencing severe disturbances and their families.
6. Implementing strategies to develop and maintain a skilled in-state behavioral health work force.

System Change & Reinvestment

Bring the Kids Home efforts have resulted in system change and reinvestment. This is illustrated by the BTKH performance measures:

- 37 percent decrease in out-of-state Residential Psychiatric Treatment Center (RPTC) admissions and an increase of in-state admissions of 69 percent between fiscal years 2006 and 2007.
- 6.6 percent overall decrease in RPTC admissions during the same period.
- Change in placement patterns. 22 percent of children admitted to RPTC during fiscal year 2004 were served in Alaska; during fiscal year 2007 this increased to 52 percent.
- Drop in out-of-state expenditures for RPTC care between fiscal years 2006 and 2007 of 8.16 percent (the first drop in out-of-state expenditures since BTKH began).

Performance Measures

Fiscal year 2013 BTKH Performance Measures for success include:

- decreasing out-of-state care to no more than 50 admissions per year;
- decreasing expenditures for out-of-state care to less than \$8 million per year;
- achieving client satisfaction with services of at least 75 percent;
- achieving client functional improvement of at least 75 percent, and
- an increasing percentage of the budget for children's behavioral health services invested for in state expenditures (see figure 2 on page 14).





5 Year Projected Plan: Fiscal Year 2009-2013

During the next five years, Bring the Kids Home efforts will:

- vastly reduce the use of out-of-state residential psychiatric treatment centers for children with severe emotional disturbances;
- increase the continuum of in-home, community, school and transitional services available to children with severe emotional disturbances and their families;
- invest in services to prevent children and families from becoming severely impacted by behavioral health problems;
- increase the proportion of resources supporting in-home care and decrease the resources supporting residential care both in and out-of-state; and
- continue to build management systems, regulations and policies that support a family-driven system of care that builds on the strengths of families

These efforts are led by the Department of Health and Social Services in partnership with the Alaska Mental Health Trust Authority and with an extensive stakeholder group. Stakeholders include the Alaska Planning Boards, parent and family organizations, tribal representatives, mental health and substance abuse providers, the Department of Education, the Special Education Service Agency and members of the public.

The primary funding strategy is to utilize a mix of general fund dollars with Alaska Mental Health Trust Authority funds for startup, with a shift to long-term general funding (if needed)

for sustainability) by fiscal year 2013. A second strategy is to shift Medicaid funding from out-of-state residential care to in-state residential and community-based services. A third strategy is to pool resources, develop public-private partnerships and maximize use of natural supports. A fourth strategy is to develop tribal health care service delivery funded by 100 percent federal Medicaid. The final strategy is to gradually shift funding from intensive and costly services for a small number of children with severe disturbances towards less expensive and earlier interventions for a larger number of children and families not yet experiencing severe disturbances.

By the end of fiscal year 2013, if core infrastructure is funded and developed as outlined, the goal is to end BTKH as an "initiative." At that time, the basic in-state service continuum will be in place (or resources will be in place to develop it), and mechanisms will be established for system management and to monitor outcomes and ensure that youth experiencing severe emotional disturbances are treated in-state at the lowest level of care possible.

Bring the Kids Home strategies were developed by the stakeholder group to address system development comprehensively and over the long term. Resources included:

- literature reviews;
- 2002 Children & Youth Needs Assessment;
- the 2005 Alaska Rural Behavioral Health Needs Assessment;
- the 2007 BTKH Summits (Kodiak, Fairbanks, Kotzebue, Juneau, Bethel and Kenai);
- the 2007-2011 Shared Plan from the Alaska



Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse;

- BTKH Yearly Reports for fiscal years 2005, 2006 and 2007;
- planning activities of the BTKH subgroups (Data, Care Coordination, Home and Community-based Services, Work force);
- Denali Commission/DHSS Capital Business Planning Process;
- Certificate of Need process to control expansion of the most expensive Residential Psychiatric Treatment; and
- other planning and needs assessments.

Bring the Kids Home Projects:

Bring the Kids Home projects are outlined below. Detailed budget information can be found in attachment number one, and project reports are at: <http://www.hss.state.ak.us/commissioner/btkh/>

I. Capacity (Infrastructure) Development

Over the next five years, there will be an emphasis on investing funding strategically to address significant gaps in the current system. The primary funding needs are for expanded grant services, individualized funding and implementing a foster care rate increase.

GF/SH \$17,480.0	Federal \$1,250.0	Other \$135.0	TOTAL \$18,865.0
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Fiscal year 2013 base funding in thousands of dollars

1. Build crisis respite stabilization beds to keep children safe during a crisis. Most children move out-of-state from expensive acute care settings. This happens quickly when no in-state placement is available: access to stabilization beds while an in-state service plan is developed will slow this down. The project will start in Anchorage, and then in hubs such as Bethel, Dillingham, Fairbanks, Homer (or Soldotna), Juneau, Ketchikan, Kodiak, Mat-Su, Nome (or Kotzebue), and Prince of Wales.
2. Establish sufficient grant funding to treat children in their homes or communities. Limited services and funding gaps contribute to the movement of children into residential care for treatment. Target projects to:
 - children with challenging presentations (example: self-harming);
 - a family system focus rather than just services for a specific child;
 - younger children and earlier interventions; and
 - needs identified through community/regional planning.
3. Establish grant funding through DHSS for school based behavioral health services to:
 - develop a tool kit to expand behavioral health services in school settings;
 - provide coordination between residential settings and school districts to increase the success of transitions for children moving out of residential care; and
 - provide startup grants to develop school-based behavioral health programs to serve children with emotional disturbances in their home school districts.
4. Increase the number of foster parents available for children experiencing severe emotional disturbances and retain quality foster parents by raising base rates and providing training. Base rates have not been raised for nine years.
5. Build an individualized services account to finance clinically necessary supports to keep a child out of residential care when there is no other funding source (Medicaid, grants, parental resources, community resources, etc).

For more information, visit state.ak.us/commissioner/btkh/projects.html

II. Community Diversion, Care Coordination and Gate Keeping

Over the next five years there will be an emphasis on linking families with supports and services while closely managing access to residential care resources in Alaska and out-of-state. Partnerships will be established with families, providers and communities to support children in their homes.

GF/MH \$2,361.1	Federal \$544.5	TOTAL \$2,905.6
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Fiscal year 2013 base funding in thousands of dollars

1. Expand assessment and coordination available to educate caregivers and assist them to access in-state resources and lower levels of care.
 - Expand scrutiny of residential psychiatric treatment referrals to ensure that out-of-state care is used only for children who cannot benefit from, or cannot get into, in-state services.
2. Continue Bring the Kids Home planning summits to identify gaps, develop community resources and identify additional resources needed for program planning and implementation.
3. Develop regional teams to assist in identifying community resources for children at risk of residential care and their families.
4. Evaluate criteria used for children to access acute care, establish a single point of entry into services and identify strategies to decrease use of acute care.
5. Continue to develop regulatory and policy strategies and standards for residential care as required to manage utilization and outcomes.
6. Implement regular review of residential psychiatric treatment centers both in-state and out-of-state, and actively manage providers to obtain desired outcomes.
7. Expand parent/peer navigation statewide to help families access natural supports and appropriate services, and to keep children in their homes.



For more information, call 907.465.6600 or visit <http://www.alaska.gov/healthservices/bringthekidshome/>

III. System Management, Outcomes Tracking and Continuous Quality Improvement:

Over the next five years there will be an emphasis on evaluating individual clinical outcomes, family outcomes, provider outcomes and system outcomes. An investment will be made in the tools and activities to improve these outcomes.

GF/MH \$2,202.4	Federal \$106.0	TOTAL \$2,308.4
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Fiscal year 2013 base funding in thousands of dollars

1. Expand the capacity of the Bring the Kids Home coordinator to manage projects, communications and collaboration among Department of Health & Social Services, stakeholders, providers, planning boards, and The Trust by providing a project assistant.
2. Complete implementation of new regulations developed to: integrate behavioral health services; expand access to early childhood services; incentivize in-home services; and expand the services available to families of a child with a severe disturbance.
3. Incorporate the perspectives of consumers into Department of Health & Social Services planning, policy development and system oversight activities. There must be a partnership with consumers and their families in order for services to be effective.
4. Provide Behavioral Health with resources for hands-on assistance to children's services providers for infrastructure development. Funding will assist providers to meet performance-based funding goals and to improve delivery of integrated, family-driven and recovery-oriented services. Bring the Kids Home summits and community program planning will direct these activities. Assistance may be provided by state staff or contractors, on-site or by teleconference.
5. Support tribes to expand health service delivery, including for behavioral health, as recommended by Senate Bill 61 (Medicaid Reform report). Funding may support staff within Department of Health & Social Services Tribal Health Programs or within Behavioral Health or state contractors.
6. Expand monitoring of new Bring the Kids Home projects to include independent evaluation of outcomes by a contractor funded by The Trust.
7. Apply for federal funding to enhance resources available for system development from The Trust and the department. Gradually replace federal funding for proven components of care with general funds for Bring the Kids Home where required for sustainability.

For more information, visit <http://dhs.alaska.gov/bringthekidshome>

IV. Work Force Development

Over the next five years there will be an emphasis on institutionalizing mechanisms to develop a strong behavioral health work force. Strategies have also been put in place for advanced training and mentoring for the work force already in the field.

GF/MH	TOTAL
\$975.0	\$975.0

Fiscal year 2013 base funding in thousands of dollars

1. Develop formal educational opportunities for behavioral health workers:
 - Support the University of Alaska Rural Human Services training academy
 - Expand scholarships for behavioral health care providers to obtain certification
 - Expand cross-disciplinary classes for certification and degrees.
2. Develop training for the new DHSS demonstration waiver to keep children experiencing fetal alcohol spectrum disorders out of residential psychiatric treatment centers through:
 - initial training for new provider agencies at the University of Alaska;
 - ongoing mentoring for waiver providers; and
 - online classes for new staff.
3. Establish the capacity to train, monitor, and mentor providers in planning to wrap services around children and families and develop in-state trainers skilled in this wrap-around planning model.
4. Develop the capacity to assess and treat young children with behavioral health disturbances and their families. Establish a project coordinator, learning collaborative and service grants.
5. Develop a training site at the new Eklutna residential psychiatric treatment center to provide paraprofessional training and clinical internships for university students seeking advanced degrees in behavioral health.
6. Expand telemedicine capacity and billing mechanisms. Telemedicine is a component of BTKH work force and capacity expansion projects. Behavioral Health is expanding access through the Alaska Psychiatric Institute telepsychiatry project.



For more information, visit www.alaska.gov/commissioners/BehavioralHealth



V. Capital Funding Needs:

Over the next five years there will be an emphasis on supporting small residential options using models that are sustainable in hub areas and in developing sufficient crisis-respite stabilization capacity to keep children out of residential care.

Estimated capital needs between fiscal year 2009 and fiscal year 2013 are:

- \$7.1 million in general funds
 - \$6.3 million in federal authorization through the Denali Commission
1. Provide capital and startup funding to complete current residential care projects. For more information on current projects see the quarterly report on capital projects at: <http://www.dss.state.ak.us/commissioner/btkb/>.
 2. Develop three to five residential group homes in hub communities as needs are identified through community planning (and where sustainable).
 3. Establish a small pool of ongoing capital funding for renovations to develop foster care capacity for children with severe needs (unbreakable glass, etc).
 4. Assist two agencies to purchase homes for long-term therapeutic foster care as an alternative to residential placement.
 5. Where necessary, support development of crisis respite stabilization with capital funding.

For more information see state.ak.us/commissioner/btkb/quarterly.html

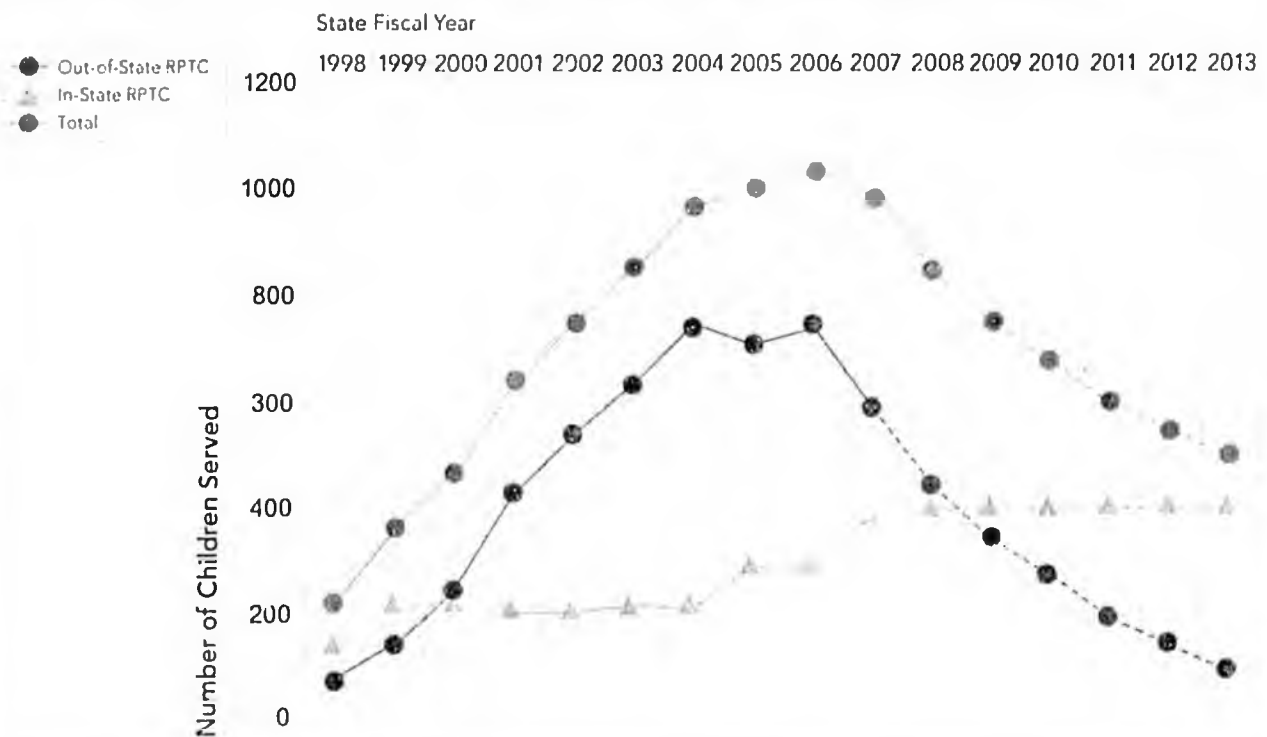
Bring the Kids Home Performance Measures: System Change and Reinvestment

Performance Measure 1: Client Shift (Bed Counts)

Fiscal Year 2013 Goals

- The number of out-of-state residential psychiatric treatment center (RPTC) admissions per year will decrease from 297 admissions in fiscal year 2007 to less than 50 admissions to out-of-state RPTC during fiscal year 2013.
- The distinct number of out-of-state RPTC recipients served per year will decrease from 596 served in fiscal year 2007 to less than 100 served in out-of-state care during fiscal year 2013.
- The distinct number of recipients served per year at in-state RPTC will stabilize at no more than 400 by fiscal year 2013.

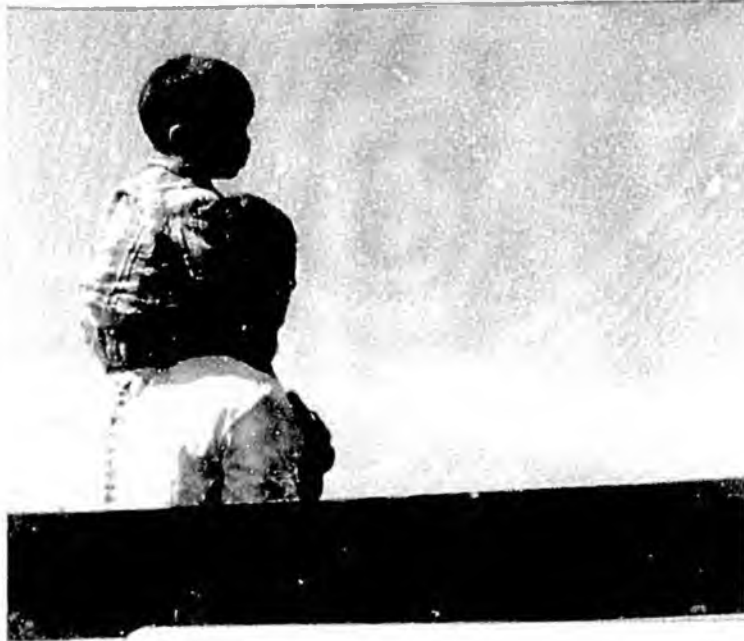
Figure 1 - Performance Measure 1
Projected Change in Residential Psychiatric Treatment Utilization Over Time



Notes on Figure 1.

- This chart shows a projection of change in children served in residential psychiatric treatment centers over each fiscal year.
- Figures for fiscal years 2000-2007 are based on the actual number of children served in RPTC care.
- Figures for fiscal years 2008-2013 are based on ETKI goals for the number of children to be served in RPTC care.
- Data are from ETKI annual Health, Disability and Planning section. Additional data are available in the ETKI annual reports at: <http://www.hhs.state.ak.us/comm/comm/etki/>

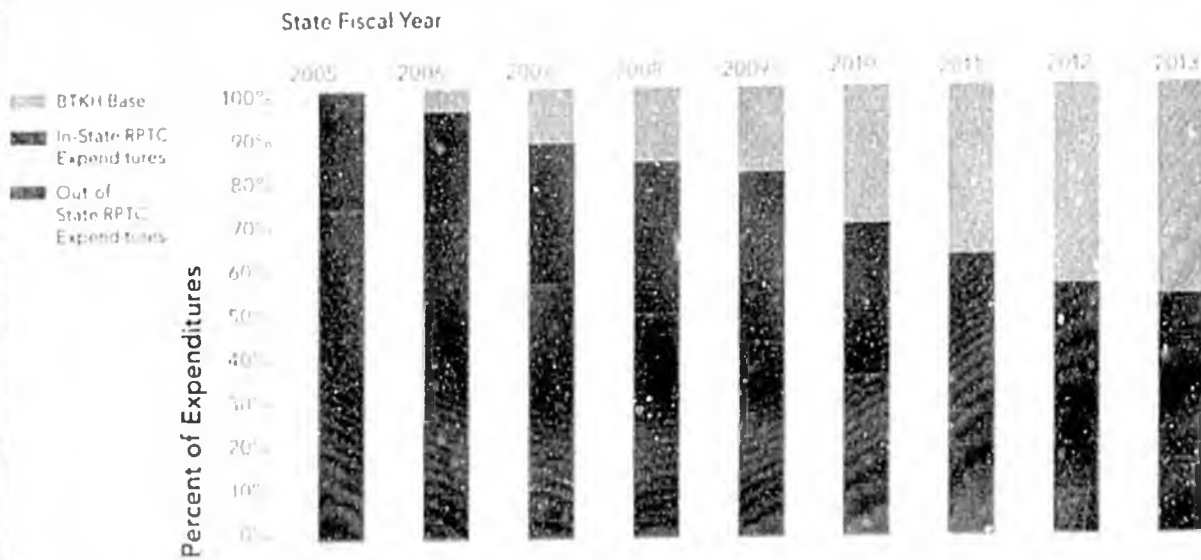
Information that is readily available to the public (RPTC annual reports) is not included in this chart. For more information, please contact the Alaska Department of Health and Social Services, including the Department of Residential Services.



Performance Measure 2: Funding Shift Fiscal Year 2013 Goals

- Medicaid expenditures for out-of-state residential psychiatric treatment center (RPTC) will decrease from \$40 million in fiscal year 2006 to less than \$8 million by fiscal year 2013
- In-state RPTC expenditures will stabilize at \$20 million or less by fiscal year 2013
- Department of Health & Social Services will strive to bring this number down as additional capacity to serve children in non-residential care is developed.

Figure 2: Performance Measures 2
Projected Bring the Kids Home Reinvestment



Additional information regarding the projected funding shift for residential psychiatric treatment center care is provided below:

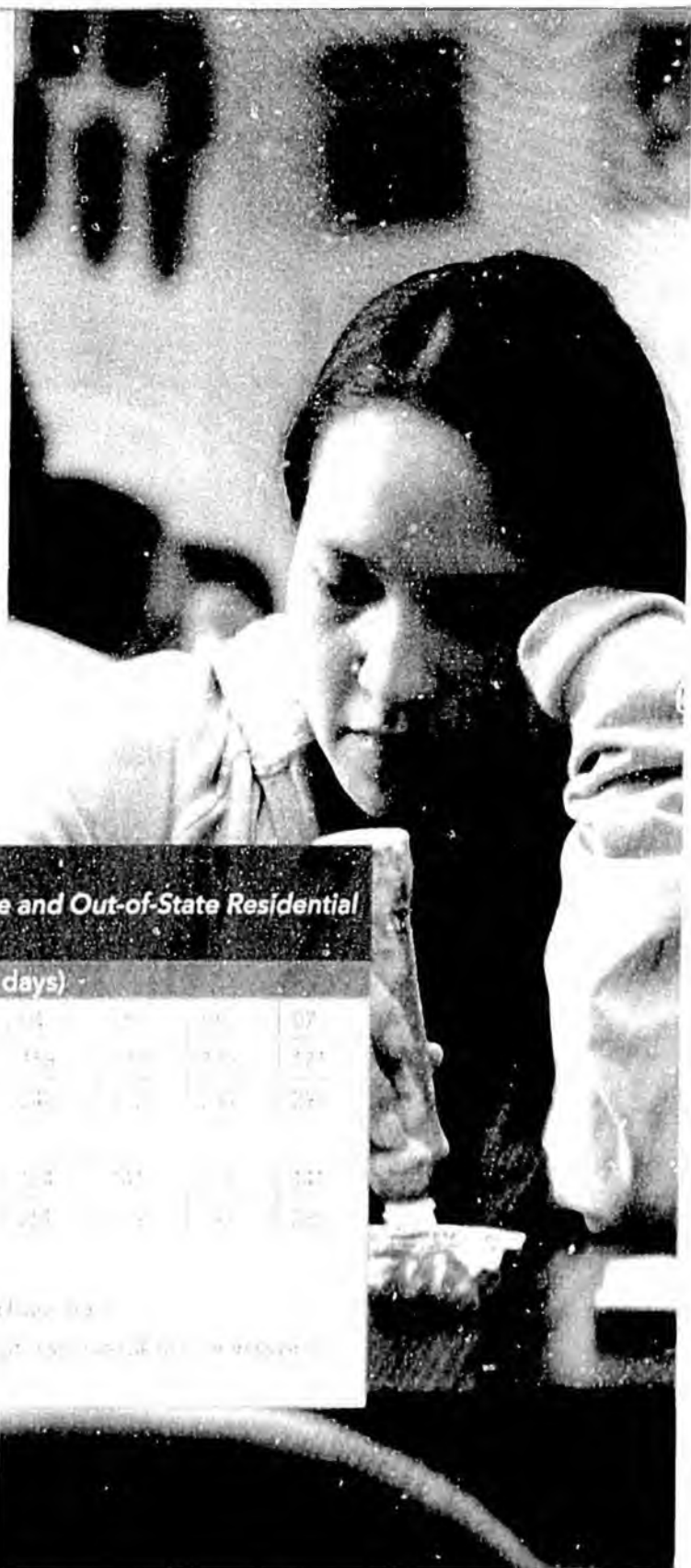
- The total projected expenditures for residential psychiatric treatment center care are projected to decrease from \$40 million in fiscal year 2006 to less than \$8 million by fiscal year 2013.
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- The total projected expenditures for residential psychiatric treatment center care are projected to decrease from \$40 million in fiscal year 2006 to less than \$8 million by fiscal year 2013.

FY05 – FY07 based on actual BTKH budget and expenditures for residential psychiatric treatment center care, FY08 – FY13 based on projected BTKH budget and expenditures for residential psychiatric treatment center care.

**Performance Measure 3: Length of Stay
Fiscal Year 2013 Goals**

- The length of stay in out-of-state residential psychiatric treatment centers (RPTC) will average 260 days or less
- The length of stay for in-state RPTC will average no more than 120 days.

As significantly fewer children are served in RPTC, they will have more intensive needs and may require longer lengths of stay. Length of stay goals may require adjustment based on the clinical needs of the children served. For fiscal year 2007, the average length of stay is illustrated below.



**Figure 3: Performance Measure 3
Average Length of Stay By Custody Status for In-State and Out-of-State Residential
Psychiatric Treatment Centers.**

		Average Length of Stay (in days)							
		2007	2008	2009	2010	2011	2012	2013	Goal
In-State	Male	112	112	112	112	112	112	112	120
	Female	112	112	112	112	112	112	112	120
Out-of-State	Male	260	260	260	260	260	260	260	260
	Female	260	260	260	260	260	260	260	260

Notes on Figure 3:

- Data is not available for 2007-2013 for Out-of-State Residential Psychiatric Treatment Centers.
- Data is not available for 2007-2013 for In-State Residential Psychiatric Treatment Centers.

Performance Measure 4: Service Capacity (In-State Bed Counts)

Fiscal Year 2013 Goals

- In-state residential beds for children will increase 29.7 percent by fiscal year 2013

**Figure 4: Performance Measure 4
Estimated Bed Capacity Change between Fiscal Year 2007 and Fiscal Year 2013**

	FY07	FY13	Anticipated bed Count	Percent Increase
In-State Bed Capacity below RPTV	135	207	185	26.7%
In-State RPTV Capacity	166	215	215	29.5%
TOTAL In-State Beds	301	422	400	29.7%

Notes on Figure 4

- These data are based on the 2007 and 2013 State of South Carolina Department of Social Services' estimated capacity increase to 422 beds. The anticipated capacity increase of 185 beds is based on the 2013 RPTV.
- Additional beds will be provided by the RPTV's temporary contracts. See page 10 for more details.

Performance Measure 5: Recidivism (In-State Bed Counts)

Fiscal Year 2013 Goals

- Overall, the goal is that in residential recidivism treatment centers (RPTCs) will cut about 75 percent recidivism defined as adults re-arrested within one year of the time of program level of residential exit.

During fiscal year 2011, the overall recidivism rate was 75 percent for a maximum stay in RPTCs within 365 days of the date of discharge.

**Performance Measure 6: Client Satisfaction
Fiscal Year 2013 Goals**

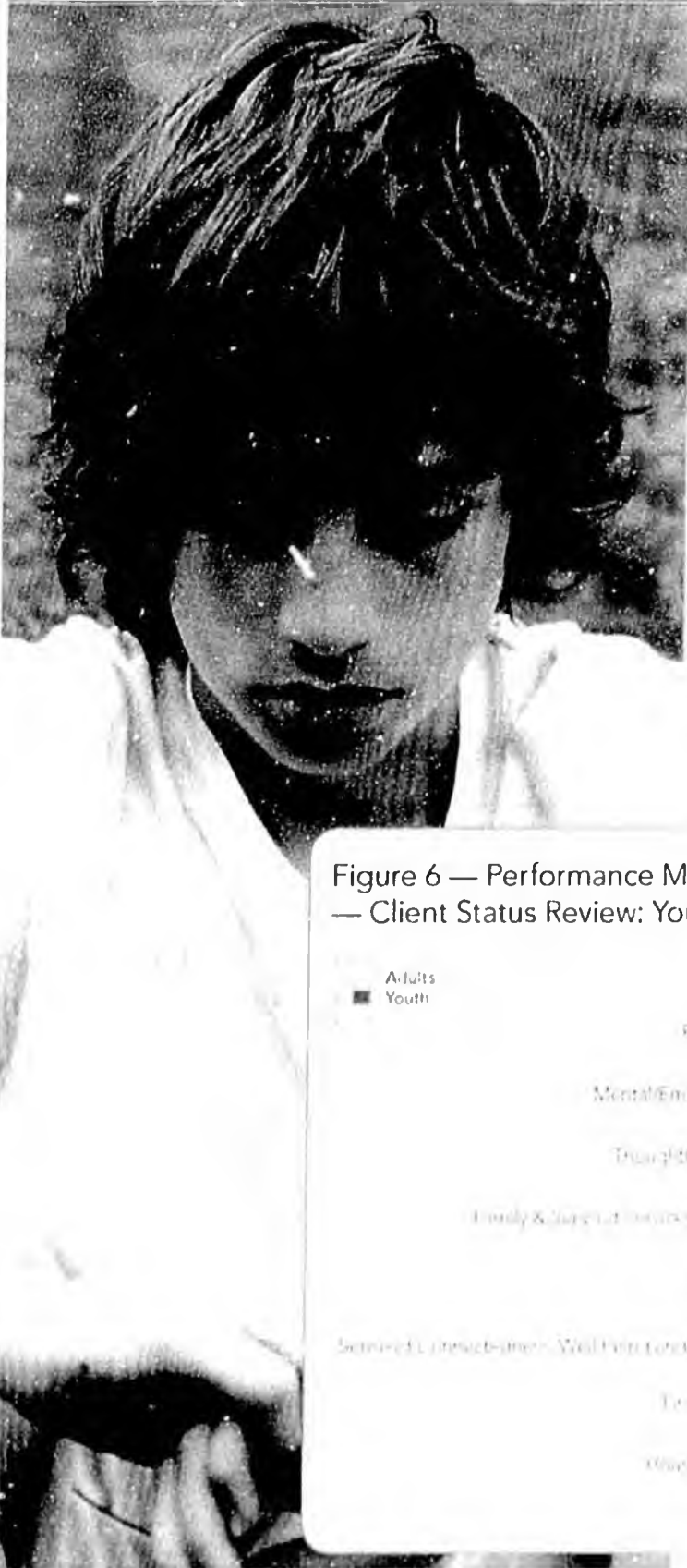
- Seventy-five percent of children and families will report satisfaction with services rendered on an annual basis.
- Client satisfaction reports will include both residential psychiatric treatment center care (in- and out-of-state) as well as community-based services.

Currently, Behavioral Health reports on community-based services and is developing the capacity to expand this indicator to include residential psychiatric treatment centers. For fiscal year 2007, Behavioral Health youth satisfaction with services is illustrated below:



Figure 5. Youth Behavioral Health Consumer Survey Respondents Satisfied with Services





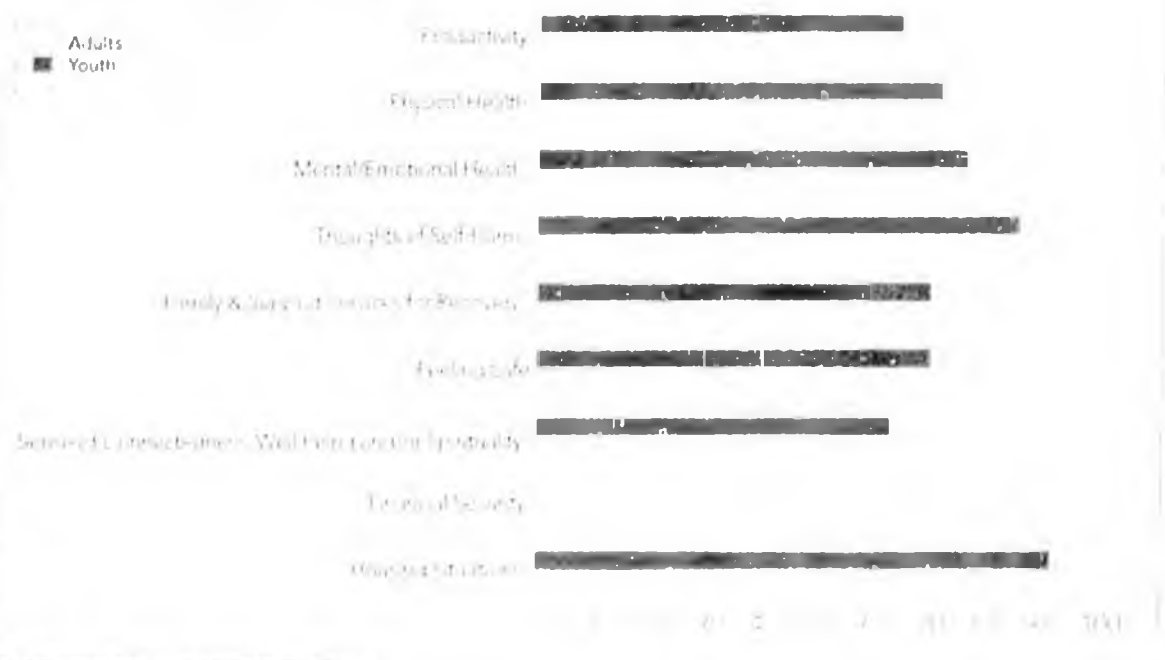
Performance Measure 7: Functional Improvement

Fiscal Year 2013 Goals

- Seventy-five percent of children and youth will show functional improvement in one or more life domain areas at discharge and one year after discharge.
- Functional improvement will be tracked for residential psychiatric treatment center care (in and out-of-state) as well as community based services.

Currently Behavioral Health reports on community-based services and is developing the capacity to expand this indicator to include residential psychiatric treatment centers. Fiscal year 2007 Behavioral Health functional improvement measures are in the chart below.

Figure 6 — Performance Measure 7: 2007 Treatment Outcomes — Client Status Review: Youth & Adult



For more information:

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Available on our Web site:

hss.state.ak.us/commissioner/btkh/

2007 Local Navigation Report (PDF) (2/07)

2007 Child Welfare Report

2007 PERI Annual Report

2006 Community Care Report

2006 HHS Annual Report

2006 HHS Annual Report Summary

Press: 2007 HHS Annual Report





State of Alaska
Department of Health and Social Services
Bring the Kids Home

Child Abuse and Neglect
Reporting and Investigation Unit
1400 E. 14th Ave., Ste. 100
Juneau, Alaska 99801-1000

Phone: (907) 586-3100
Fax: (907) 586-3101
Toll-free: (800) 455-2437
TDD: (907) 586-3100

State of Alaska, Department of Health and Social Services, Child Abuse and Neglect Reporting and Investigation Unit, 1400 E. 14th Ave., Ste. 100, Juneau, Alaska 99801-1000. Phone: (907) 586-3100. Fax: (907) 586-3101. TDD: (907) 586-3100. Toll-free: (800) 455-2437.

Attachment One

Bringing (Keeping) the Kids Home: Actual and Projected Budget
Information



3 Year Update
& 5 Year Plan

State of Alaska
Department of Health & Social Services
Fiscal Year 2005 - 2013

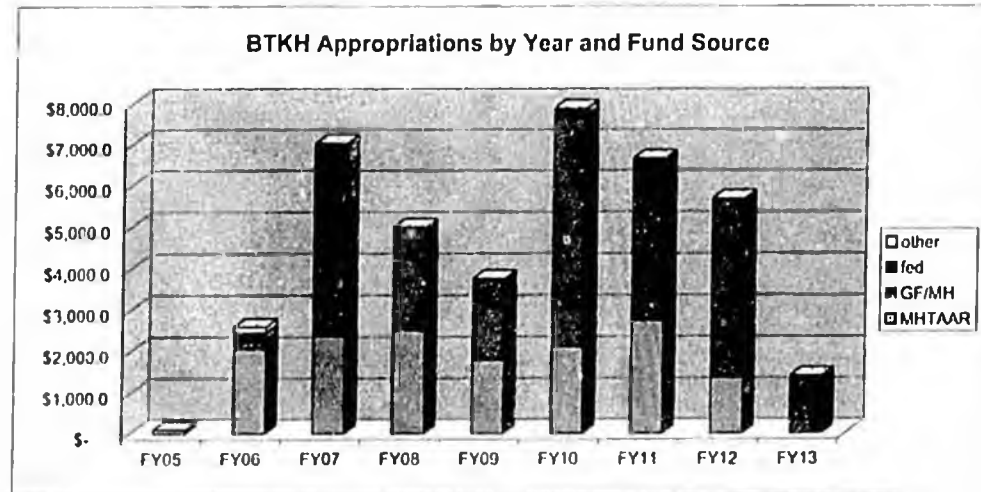
Additional information is available at
<http://www.hss.state.ak.us/communities/tkbh>

BRING THE KIDS HOME TOTAL BUDGET BY YEAR AND FUND SOURCE

All funding shown in thousands of dollars

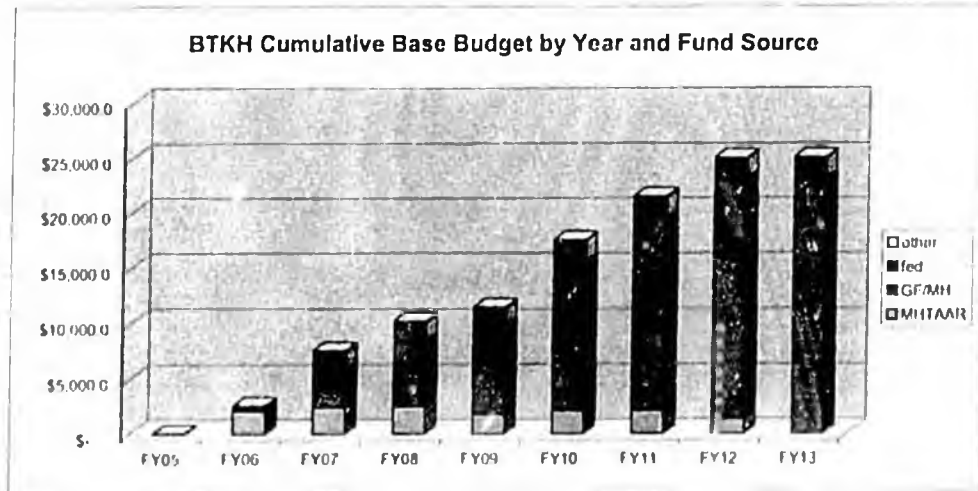
	MHTAAR	GF/MH	fed	other	TOTAL
FY05	\$ 100.0	\$ -	\$ -	\$ -	\$ 100.0
FY06	\$ 2,045.5	\$ 204.5	\$ 204.5	\$ 135.0	\$ 2,589.5
FY07	\$ 2,365.0	\$ 3,135.0	\$ 1,515.0	\$ -	\$ 7,015.0
FY08	\$ 2,500.0	\$ 2,489.0	\$ -	\$ -	\$ 4,989.0
FY09	\$ 1,775.0	\$ 1,975.0	\$ -	\$ -	\$ 3,750.0
FY10	\$ 2,100.0	\$ 5,588.2	\$ 180.0	\$ -	\$ 7,868.2
FY11	\$ 2,725.0	\$ 3,911.0	\$ -	\$ -	\$ 6,636.0
FY12	\$ 1,350.0	\$ 4,318.8	\$ -	\$ -	\$ 5,668.8
FY13	\$ -	\$ 1,400.0	\$ -	\$ -	\$ 1,400.0

*Fiscal year 2005 - 2008 = actual BTKH budget.
Fiscal year 2009 - 2013 = projected BTKH budget.*



	MHTAAR	GF/MH	fed	other	TOTAL
FY05	\$ 100.0	\$ -	\$ -	\$ -	\$ 100.0
FY06	\$ 2,045.5	\$ 204.5	\$ 204.5	\$ 135.0	\$ 2,589.5
FY07	\$ 2,365.0	\$ 3,339.5	\$ 1,719.5	\$ 135.0	\$ 7,559.0
FY08	\$ 2,500.0	\$ 5,828.5	\$ 1,719.5	\$ 135.0	\$ 10,183.0
FY09	\$ 1,775.0	\$ 7,803.5	\$ 1,719.5	\$ 135.0	\$ 11,433.0
FY10	\$ 2,100.0	\$ 13,391.7	\$ 1,899.5	\$ 135.0	\$ 17,526.2
FY11	\$ 2,125.0	\$ 17,302.7	\$ 1,899.5	\$ 135.0	\$ 21,462.2
FY12	\$ 1,350.0	\$ 21,619.5	\$ 1,899.5	\$ 135.0	\$ 25,004.0
FY13	\$ -	\$ 23,019.5	\$ 1,899.5	\$ 135.0	\$ 25,054.0

*Fiscal year 2005 - 2008 = actual BTKH budget.
Fiscal year 2009 - 2013 = projected BTKH budget.*

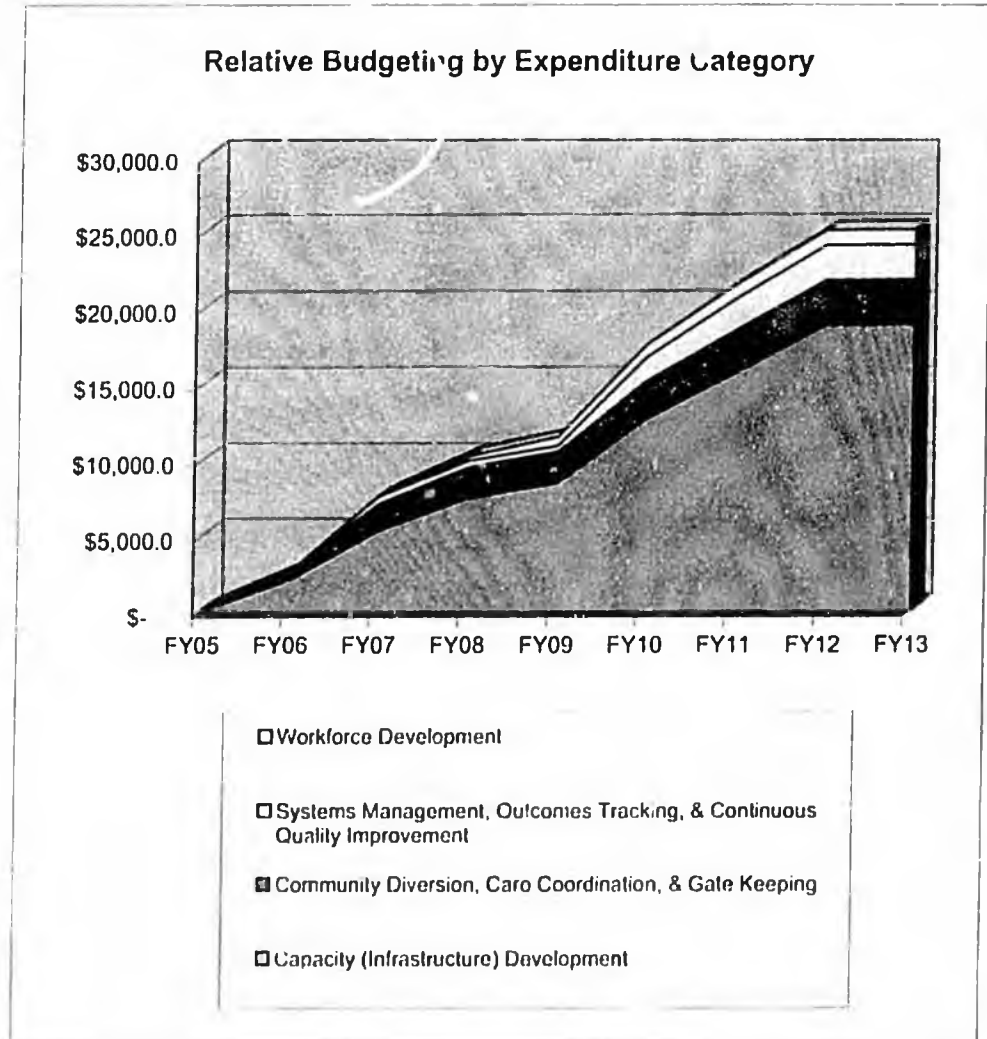


BTKH RELATIVE BUDGETING BY EXPENDITURE CATEGORY WITHIN CUMULATIVE BASE BUDGET

Funding shown in thousands of dollars.

	Capacity (Infrastructure) Development	Community Diversion, Care Coordination, & Gate Keeping	Systems Management, Outcomes Tracking, & Continuous Quality Improvement	Workforce Development	TOTAL
FY05	\$ -	\$ 100.0	\$ -	\$ -	\$ 100.0
FY06	\$ 2,078.0	\$ 471.5	\$ 40.0	\$ -	\$ 2,589.5
FY07	\$ 5,305.0	\$ 1,719.0	\$ 535.0	\$ -	\$ 7,559.0
FY08	\$ 7,424.0	\$ 2,015.6	\$ 438.4	\$ 305.0	\$ 10,183.0
FY09	\$ 8,424.0	\$ 2,015.6	\$ 438.4	\$ 555.0	\$ 11,433.0
FY10	\$ 12,682.2	\$ 2,455.6	\$ 1,583.4	\$ 805.0	\$ 17,526.2
FY11	\$ 15,698.2	\$ 2,755.6	\$ 2,108.4	\$ 900.0	\$ 21,462.2
FY12	\$ 18,815.0	\$ 2,905.6	\$ 2,308.4	\$ 975.0	\$ 25,004.0
FY13	\$ 18,865.0	\$ 2,905.6	\$ 2,308.4	\$ 975.0	\$ 25,054.0

*Fiscal year 2005 - 2008 = actual BTKH budget.
Fiscal year 2009 - 2013 = projected BTKH budget.*

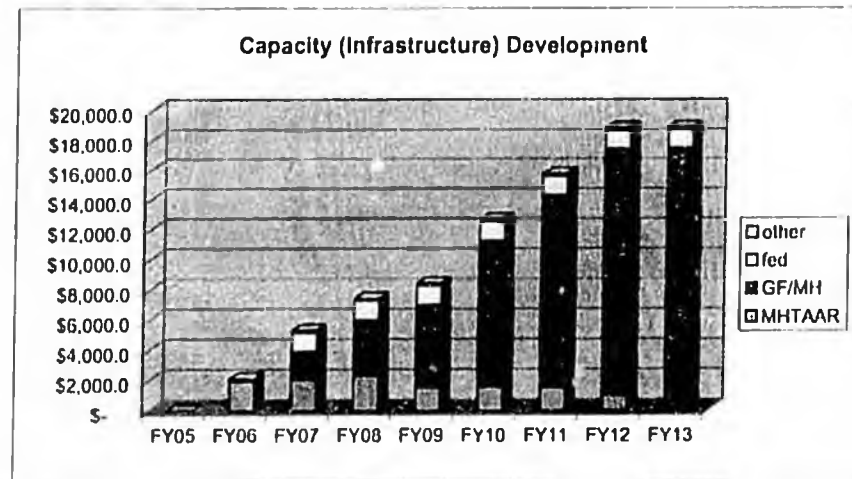


**FUND SOURCE DETAIL FOR
BRING THE KIDS HOME RELATIVE BUDGETING BY EXPENDITURE CATEGORY
WITHIN CUMULATIVE BASE BUDGET**

All funding in thousands of dollars

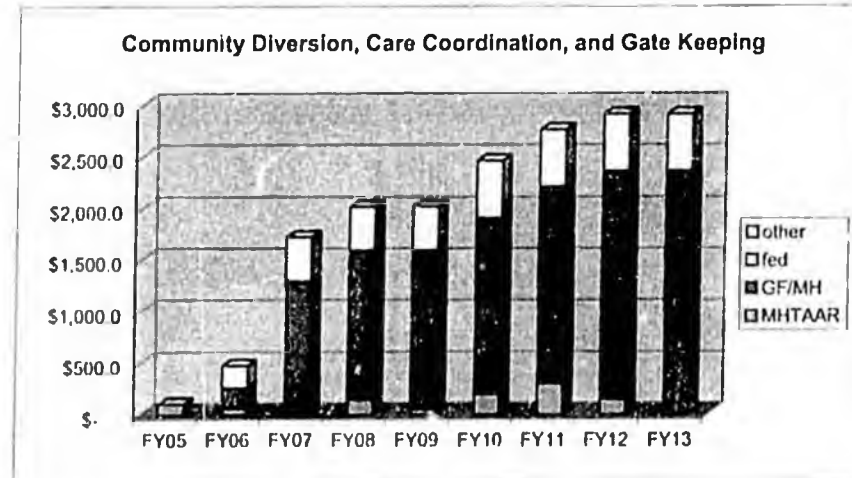
Capacity (Infrastructure) Development					
	MHTAAR	GF/MH	fed	other	TOTAL
FY05	\$ -	\$ -	\$ -	\$ -	\$ -
FY08	\$ 1,943.0	\$ -	\$ -	\$ 135.0	\$ 2,078.0
FY07	\$ 2,090.0	\$ 1,830.0	\$ 1,250.0	\$ 135.0	\$ 5,305.0
FY08	\$ 2,325.0	\$ 3,714.0	\$ 1,250.0	\$ 135.0	\$ 7,424.0
FY09	\$ 1,550.0	\$ 5,489.0	\$ 1,250.0	\$ 135.0	\$ 8,424.0
FY10	\$ 1,600.0	\$ 9,697.2	\$ 1,250.0	\$ 135.0	\$ 12,682.2
FY11	\$ 1,550.0	\$ 12,763.2	\$ 1,250.0	\$ 135.0	\$ 15,698.2
FY12	\$ 1,050.0	\$ 16,380.0	\$ 1,250.0	\$ 135.0	\$ 18,815.0
FY13	\$ -	\$ 17,480.0	\$ 1,250.0	\$ 135.0	\$ 18,865.0

*Fiscal year 2005 - 2008 = actual BTKH budget.
Fiscal year 2009 - 2013 = projected BTKH budget.*



Community Diversion, Care Coordination, and Gate Keeping					
	MHTAAR	GF/MH	fed	other	TOTAL
FY05	\$ 100.0	\$ -	\$ -	\$ -	\$ 100.0
FY08	\$ 62.5	\$ 204.5	\$ 204.5	\$ -	\$ 471.5
FY07	\$ -	\$ 1,294.5	\$ 424.5	\$ -	\$ 1,719.0
FY08	\$ 150.0	\$ 1,441.1	\$ 424.5	\$ -	\$ 2,015.6
FY09	\$ 50.0	\$ 1,541.1	\$ 424.5	\$ -	\$ 2,015.6
FY10	\$ 200.0	\$ 1,711.1	\$ 544.5	\$ -	\$ 2,455.6
FY11	\$ 300.0	\$ 1,911.1	\$ 544.5	\$ -	\$ 2,755.6
FY12	\$ 150.0	\$ 2,211.1	\$ 544.5	\$ -	\$ 2,905.6
FY13	\$ -	\$ 2,361.1	\$ 544.5	\$ -	\$ 2,905.6

*Fiscal year 2005 - 2008 = actual BTKH budget.
Fiscal year 2009 - 2013 = projected BTKH budget.*



**FUND SOURCE DETAIL FOR
BRING THE KIDS HOME RELATIVE BUDGETING BY EXPENDITURE CATEGORY
WITHIN CUMULATIVE BASE BUDGET**

All funding in thousands of dollars

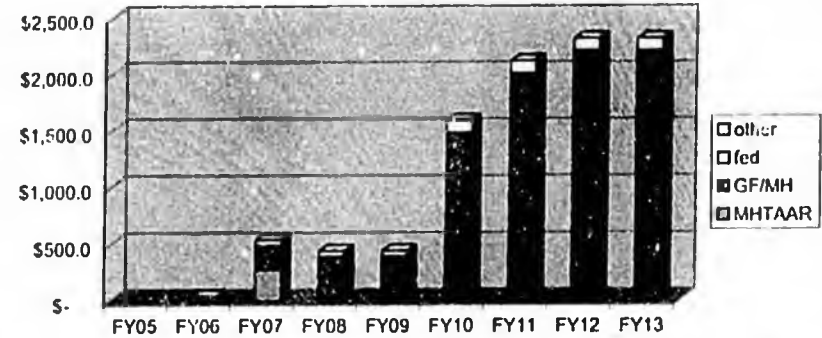
Systems Management, Outcomes Tracking, & Continuous Quality Improvement

	MHTAAR	GF/MH	fed	other	TOTAL
FY05	\$ -	\$ -	\$ -	\$ -	\$ -
FY06	\$ 40.0	\$ -	\$ -	\$ -	\$ 40.0
FY07	\$ 275.0	\$ 215.0	\$ 45.0	\$ -	\$ 535.0
FY08	\$ 25.0	\$ 368.4	\$ 45.0	\$ -	\$ 438.4
FY09	\$ 25.0	\$ 368.4	\$ 45.0	\$ -	\$ 438.4
FY10	\$ 25.0	\$ 1,453.4	\$ 105.0	\$ -	\$ 1,583.4
FY11	\$ 50.0	\$ 1,953.4	\$ 105.0	\$ -	\$ 2,108.4
FY12	\$ 25.0	\$ 2,176.4	\$ 105.0	\$ -	\$ 2,308.4
FY13	\$ -	\$ 2,203.4	\$ 105.0	\$ -	\$ 2,308.4

Fiscal year 2005 - 2008 = actual BTKH budget.

Fiscal year 2009 - 2013 = projected BTKH budget.

Systems Management, Outcomes Tracking, and Continuous Quality Improvement



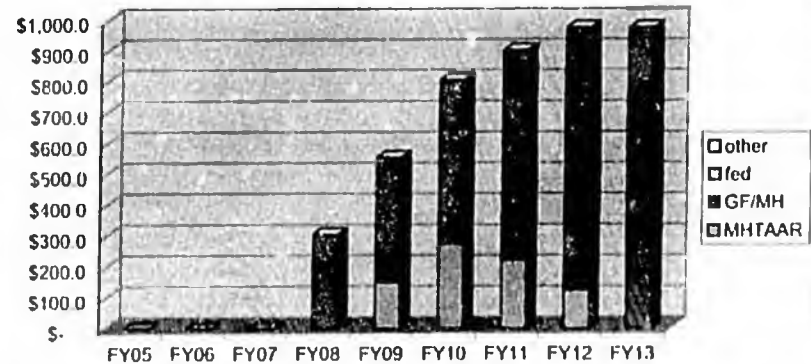
Workforce Development

	MHTAAR	GF/MH	fed	other	TOTAL
FY05	\$ -	\$ -	\$ -	\$ -	\$ -
FY06	\$ -	\$ -	\$ -	\$ -	\$ -
FY07	\$ -	\$ -	\$ -	\$ -	\$ -
FY08	\$ -	\$ 305.0	\$ -	\$ -	\$ 305.0
FY09	\$ 150.0	\$ 405.0	\$ -	\$ -	\$ 555.0
FY10	\$ 275.0	\$ 530.0	\$ -	\$ -	\$ 805.0
FY11	\$ 225.0	\$ 675.0	\$ -	\$ -	\$ 900.0
FY12	\$ 125.0	\$ 850.0	\$ -	\$ -	\$ 975.0
FY13	\$ -	\$ 975.0	\$ -	\$ -	\$ 975.0

Fiscal year 2005 - 2008 = actual BTKH budget.

Fiscal year 2009 - 2013 = projected BTKH budget.

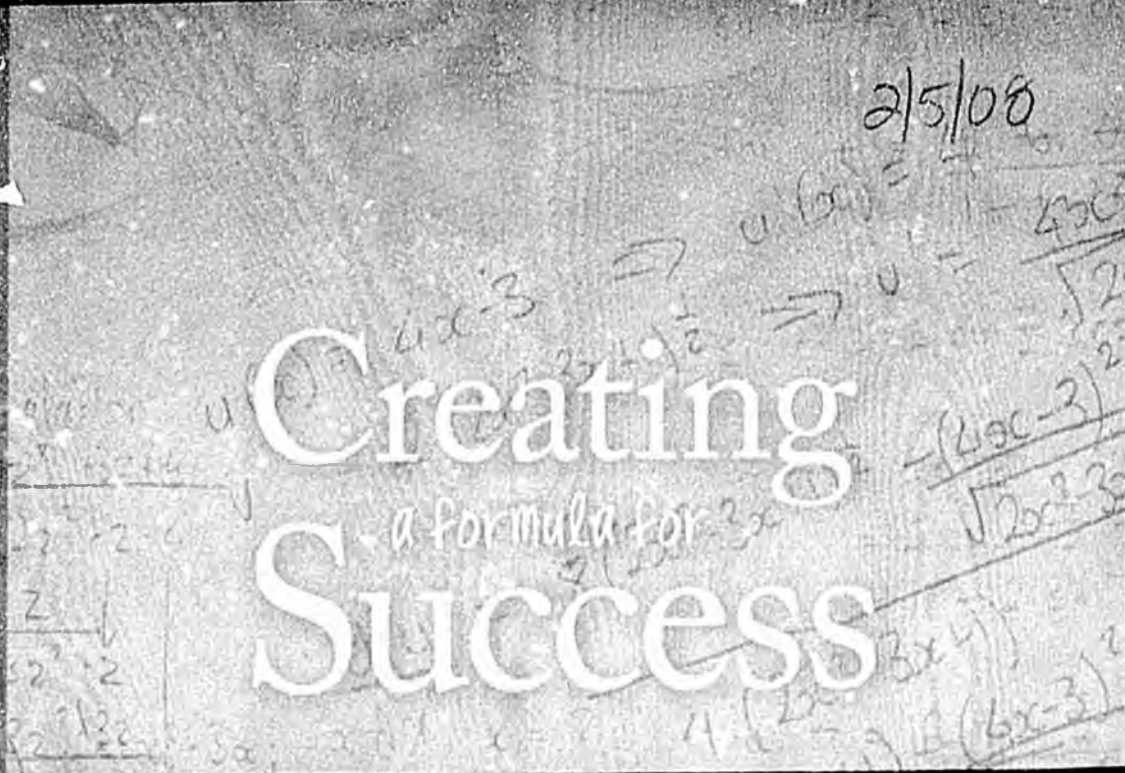
Workforce Development



2/5/08

2007
Annual
Report

Creating a formula for Success



TRUST
The Allstate Group
of Companies

ON FILE

THE ALASKA MENTAL HEALTH TRUST AUTHORITY
Board of Trustees

Dr. William Doolittle, Chair

Laraine Derr

Paula Easley

Tom Hawkins

Roy Huhndorf

Margaret Lowe

John Malone

FY07 Year in Review

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

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

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

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

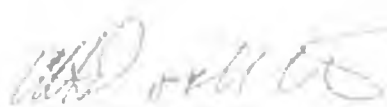
In each focus area we have partnered with agencies and organizations that can bring the most influence to the table or that are essential in helping us navigate through the current landscape of services and support available for beneficiaries. In many instances we have directly engaged beneficiaries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

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

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

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

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



William Doolittle, M.D.
Chair



Jeffrey L. Jessee
Chief Executive Officer



Bring the Kids Home Focus Area

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

THE PROBLEM OR COMMUNITY NEED:

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

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

COMMITTED PARTNERSHIPS:

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

STRATEGIC THINKING:

The initial planning and funding efforts focused on the following:

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

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

RESULTS FOR BENEFICIARIES:

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

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



Construction site for the new Denali Commission building, which will house the Bring the Kids Home Focus Area.



Construction site for the new Denali Commission building, which will house the Bring the Kids Home Focus Area.

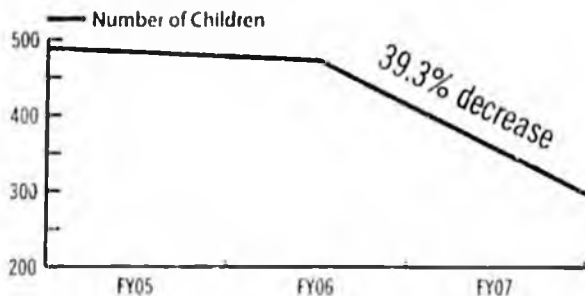


The Denali Commission building, which will house the Bring the Kids Home Focus Area.

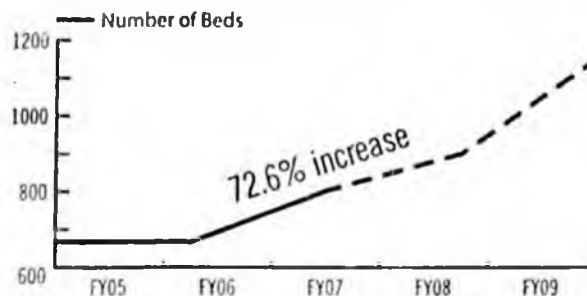


Construction site for the new Denali Commission building, which will house the Bring the Kids Home Focus Area.

CHILDREN IN OUT-OF-STATE RESIDENTIAL TREATMENT FACILITIES



RESIDENTIAL TREATMENT CAPACITY IN ALASKA



AHEAD FOR '08:

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

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

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

Affordable Appropriate Housing Focus Area

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

THE PROBLEM OR COMMUNITY NEED:

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

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

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



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



Housing advocates across the state support the Alaska Housing Trust.



Rural Peninsula Housing Initiative completed construction, supported housing in Soldotna.



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

COMMITTED PARTNERS:

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

STRATEGIC THINKING:

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

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

RESULTS FOR TRUST BENEFICIARIES:

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

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

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

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

AHEAD FOR '08:

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

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

WORK HOURS NEEDED TO PAY RENT

Area	Work hours per week at minimum wage needed to afford 1 bedroom	Work hours per week at minimum wage needed to afford 2 bedroom	Work hours per week at minimum wage needed to afford 3 bedroom	Work hours per week at minimum wage needed to afford 4 bedroom
	Alaska minimum wage = \$7.14/hour			
Anchorage	81	101	146	178
Fairbanks	72	92	134	141
Mat-Su Borough	67	86	122	148
Bethel	108	131	156	229
Juneau	94	118	159	199
Kenai Peninsula	65	79	108	138
Ketchikan	86	104	151	182
Kodiak	85	111	160	169

Disability Justice Focus Area

THE PROBLEM OR COMMUNITY NEED:

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

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

COMMITTED PARTNERS:

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

STRATEGIC THINKING:

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

RESULTS FOR BENEFICIARIES:

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

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

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

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

AHEAD FOR '08:

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

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



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



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



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



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

Beneficiary Projects Initiative Focus Area

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

THE PROBLEM OR COMMUNITY NEED:

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

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

COMMITTED PARTNERS:

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

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

STRATEGIC THINKING:

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

RESULTS FOR BENEFICIARIES:

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

AHEAD IN '08:

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



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Workforce Development Focus Area

THE PROBLEM OR COMMUNITY NEED:

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

COMMITTED PARTNERSHIPS:

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

STRATEGIC THINKING:

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

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

RESULTS FOR BENEFICIARIES:

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

AHEAD FOR '08:

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

REGIONAL VACANCY RATES

Occupational Group	Regions (Study Sample - n = 476)						
	NorthWest (n=10)	Southwest (n=17)	Interior (n=72)	Anchorage Mat-Su (n=232)	Gulf Coast (n=69)	Southeast (n=70)	Statewide Multiregional (n=6)
Physicians	26.7%	21.2%	21.6%	12.6%	10.4%	6.8%	30.3%
Professional Nurses	26.0%	21.6%	5.9%	11.1%	8.0%	5.9%	12.1%
Other Nursing Staff	18.6%	18.8%	5.8%	6.2%	4.6%	2.3%	8.8%
Dentists/Pharmacists/Therapists	32.4%	32.4%	20.7%	15.9%	16.5%	16.3%	12.4%
Behavioral Health	19.0%	22.7%	13.1%	8.3%	7.1%	11.1%	11.6%
Allied Health	17.0%	24.6%	7.3%	6.5%	8.4%	7.7%	8.6%
Public Health/Nutrition	30.0%	6.3%	0.0%	4.0%	18.9%	0.0%	10.5%
Other Primary Care (PA & CHNP)	19.7%	18.6%	24.5%	9.0%	9.1%	4.0%	0.0%
Managers	13.8%	2.4%	3.5%	3.2%	6.4%	11.7%	4.0%
Health Information/Reimbursement	15.9%	16.7%	2.0%	5.3%	6.6%	2.8%	7.2%
All Occupations	20.1%	20.3%	9.0%	8.6%	8.1%	7.7%	10.2%

Trust Fund Experiences Record Growth in FY07

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

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

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

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

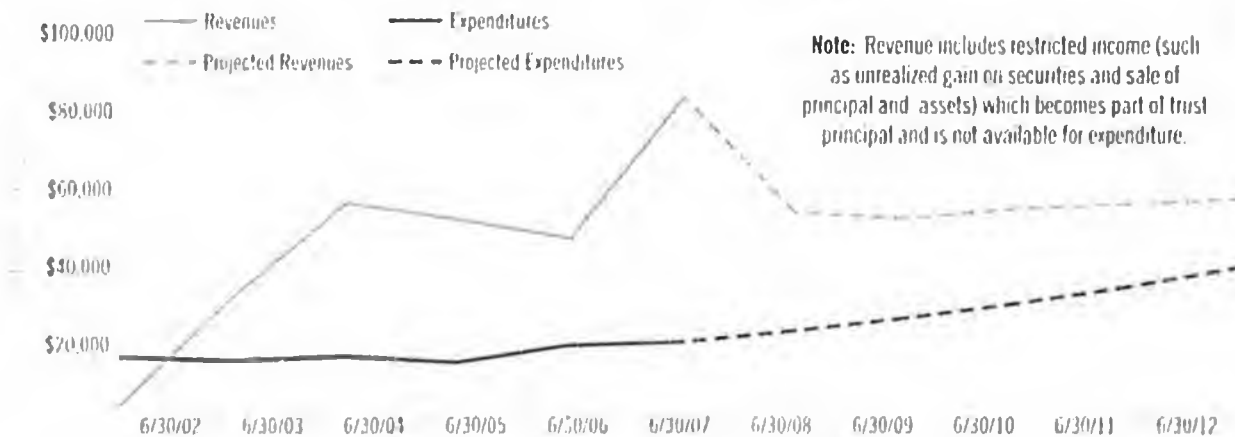
on this portion of the Budget Reserve soared tenfold from \$445,740 in FY06 to \$4,586,200 in FY07.

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

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

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

REVENUES AND EXPENDITURES



TRUST CASH ASSETS AT END OF FY07

Settlement (41.94%)
\$200,000,000

Inflation (27.32%)
\$130,261,906



Payout (4.00%)
\$19,085,054

Reserves (13.95%)
\$66,509,587

Land (12.79%)
\$60,980,594

Trust Land Office Generated \$8.1 Million

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

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

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

FY07 HIGHLIGHTS:

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

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

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

AHEAD IN '08:

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

Key projects will include:

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



Trust land along Juneau's waterfront is being redeveloped.



Typical timberland owned by The Trust in Southeast Alaska.



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



Yellow cedar dimensional lumber waiting for shipment in Wrangell.

TRUST

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Trust Authority

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2/5/08

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

A Study of Trust Beneficiaries in the Alaska Department of Corrections

Funded by
The Alaska Mental Health Trust Authority

Produced for
The Alaska Department of Corrections

Produced by
Hornby Zeller Associates, Inc.

December 2007

ON FILE



A Study of Trust Beneficiaries in the Alaska Department of Corrections



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Funded by:

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Alaska Department of Corrections

**Alaska Department of Health and Social Services,
Division of Behavioral Health
Division of Health Care Services**

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Executive Summary

People with mental illness and cognitive impairments are over-represented in the correctional system compared to their prevalence in society. This has been shown in previous research. However, the impact of over-representation both on the correctional system itself and on the individuals affected remained largely unexplored.¹ Therefore, the Alaska Mental Health Trust Authority (AMHTA) in conjunction with the Alaska Department of Corrections commissioned this study to obtain a more in-depth and comprehensive understanding of the experiences of this population. They wanted answers to questions such as: Are people with mental illness and cognitive impairments more or less likely to be incarcerated than others who commit similar crimes? Are they identified and treated while incarcerated? Do they stay longer? Do they recidivate more? What kinds of mental illnesses and cognitive impairments do they have and how do these relate to the kinds of offenses committed? How long does it take for them to get services in the community once they are released? Are there particular service models that have been shown to be effective and could reduce recidivism?

Performed by Hornby Zeller Associates, Inc. (HZA), the study examines four years of data using a unique methodology which matches information from multiple agencies and information systems within Alaska. The sources include Medicaid data from the Alaska Department of Health and Social Services, Division of Health Care Services (DHSS), psychiatric history from the Alaska Psychiatric Institute (API) and correctional history from the Alaska Department of Corrections (ADOC). The methodology allows, for the first time, the identification of individuals who were known to have a history of mental health treatment but who may not have been identified as needing treatment by ADOC during their period of incarceration. It also provides the ability to track Medicaid funded and hospital services received in the community during periods of diversion or post-incarceration.

Results of the study provide the State of Alaska with a unique opportunity to explore a critical and yet largely neglected dimension in correctional research – the impact of those with mental illness¹ or cognitive impairments on the statewide correctional systems as well as the impact of state services and correctional detainment on the individual. More importantly, the report provides key baseline information from which changes in the system can be assessed.

The report reveals the consequences of not adequately treating the needs of Trust Beneficiaries² in the community. It costs the State of Alaska millions of dollars each year in added prison costs and loss of Federal entitlements to have people recycle through the corrections system. Many Trust Beneficiaries are not identified as having mental health or substance abuse problems while incarcerated; as a result, a large proportion of these individuals are not receiving the mental health and behavioral health-related services they need upon release. For others there is a delay in time to resume Medicaid-funded services upon release. Consequently, Trust Beneficiaries as a whole are far more likely to return into the custody of ADOC and stay in custody longer than other offenders in the general population.

Additional correctional resources, improved systems integration, and better linkages with community health care providers will undoubtedly assist in alleviating the burden of care for Trust Beneficiaries on Alaska's criminal justice system. Should the State of Alaska invest in more diversionary strategies and implement

¹ As defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). See Appendix C for the list of multi-axial classifications.

² Trust beneficiaries are those experiencing: 1) mental illness; 2) developmental disabilities; 3) chronic alcoholism with psychosis; and, 4) Alzheimer's disease, related dementias and other cognitive impairments. See Appendix B for a more complete definition of Beneficiaries that fall under the purview of the Alaska Mental Health Trust Authority.

more evidence-based service programs, the State should ultimately realize net institutional savings while at the same time improving public safety and generating better quality-of-life outcomes for Trust Beneficiaries in Alaska's communities.

Major findings from the study indicate that approximately 42 percent of all inmates in custody ADOC are Beneficiaries of the Alaska Mental Health Trust Authority. Among those identified, Trust Beneficiaries are more likely to recidivate, recidivate sooner and spend more time in custody of the ADOC than other inmates.

The following highlights other key findings presented in the report:

- Over a four year time frame, a total of 11,631 people within the ADOC were identified as Beneficiaries of the Alaska Mental Health Trust Authority.
- On June 30, 2006, of the 3,628 people who were in the custody of one of Alaska's thirteen correctional institutions, 1,524 people (42 percent) constituted AMHTA Beneficiaries³.
- Approximately 62 percent of Trust Beneficiaries in the Alaska Department of Corrections were identified from sources provided by the Department of Health and Social Services as opposed to databases maintained by the ADOC. Most of these had Axis I substance-related disorders and generalized mood disorders such as depression. Only a small proportion of Trust Beneficiaries with severe mental disorders such as schizophrenia or other psychotic disorders were identified as not having been known to both agencies.
- With the exception of those with more severe mental illnesses, there was an overall decline in mental health service utilization among previously Medicaid-funded Trust Beneficiaries exiting the ADOC. Medicaid-eligible Trust Beneficiaries with more severe mental illness (e.g., schizophrenia and other psychotic disorders) received more services after exiting the ADOC than they did prior to entry.
- The overall rate of recidivism for the Trust Beneficiary population is 1.6 times higher (36.2%) than for other offenders released from the ADOC (21.9%). Trust Beneficiaries are significantly more likely to re-enter the ADOC sooner than others released who did not have a mental illness. On the whole, Trust Beneficiaries with severe mental illness were less likely to recidivate than Trust Beneficiaries with mild mental illness or substance-related disorders, who had a far higher rate of recidivism.
- Trust Beneficiaries who are either Alaska Native or Black are significantly more likely to recidivate than Whites or other races.
- Trust Beneficiaries with Axis I disorder(s) and Axis II personality disorder(s) are 1.6 times more likely to recidivate than Trust Beneficiaries who do not have both disorder.
- Trust Beneficiary populations most likely to recidivate are young, Black or Alaska Native males who have Axis I disorder(s) and Axis II personality disorder(s) but not an adjustment disorder.
- Trust Beneficiary populations least likely to recidivate are older, white females presenting mild mental health disorders who do not have Axis I disorder(s) and Axis II personality disorder(s).

³ This does not include individuals in custody of the ADOC either in community residential centers or the contracted facility in Arizona.

- Sixty-one percent of Trust Beneficiaries with a psychiatric admission in the year preceding entry into the ADOC were re-admitted to a psychiatric facility in the one-year period following release from the ADOC.
- More than half of Trust Beneficiary clinical recidivists had at least two Axis I mental health disorders and nearly three-quarters had a co-occurring substance-related disorder.
- Trust Beneficiaries who receive mental health services upon release from the ADOC have a lower rate of recidivism than Trust Beneficiaries who did not receive any mental health services.

As a result of the major findings presented throughout the report, HZA encourages the Alaska Department of Corrections and key Stakeholders within the State to consider the following recommendations:

Recommendation 1:

Review and revise screening and assessment protocols for mental health to capture a higher, more accurate portion of the population.

Approximately two-thirds of all Trust Beneficiaries incarcerated within the Alaska Department of Corrections were identified by administrative data sources not maintained by the ADOC. Although the clinical characteristics of these unidentified Beneficiaries constitute mostly those with alcohol, drug and mild mental disorders such as anxiety or depression, the ADOC should consider reviewing its screening and assessment protocols because many of these Beneficiaries are continually recycling in and out of its correctional institutions. Current DOC screening provides identification of individuals with severe or obvious mental illness, but relies on self report to identify other Beneficiaries. It would be useful to develop screening tools to systemically identify moderate mental illness, brain injury, fetal alcohol spectrum disorder (FASD) and other brain disorders. Better identification will enable the ADOC to increase the number of potential Beneficiaries appropriate for referral to substance abuse or other institutional programming or for diversion into community-based services, thereby reducing recidivism and related costs while at the same time preserving public safety.

Recommendation 2:

Consider replacing the CONCON system with one that is more standardized, would allow entry of information pertaining to clinical screens and would be online so that contracted service providers in remote areas could also have access to it.

The Alaska Department of Corrections database (referred to as CONCON) used to maintain records on the Trust Beneficiary population it serves is antiquated, designed largely for qualitative purposes, and the information it contains cannot be quantified without reading narrative summaries and hand counting, a particularly onerous task for staff within the ADOC as there are thousands of records maintained in that system.

In addition, information pertaining to the Trust Beneficiary population is entered into the CONCON database only for those individuals who assessed positively for a mental illness while in custody at one of Alaska's 13 correctional facilities. If an individual received a positive *screening* for mental illness but was released from the ADOC before he or she could receive a full assessment, the information would not be captured (screening results exist on paper copy only.)

There is also missing information in the CONCON database about Trust Beneficiaries being served among the remote facilities where the ADOC uses contractors to provide clinical services. These service providers do not enter information into the CONCON database; rather, they maintain assessment and clinical information on paper copy form only.

The number of Trust Beneficiaries identified by the ADOC without an electronic version of their clinical assessment in the CONCON database is estimated to be 1,124 people.

For these reasons and others, the ADOC should consider replacing the system with one that is more standardized, would allow entry of information pertaining to clinical screens, and would be online so that contracted service providers in remote areas can also have access to the system. The new system should also include the ability to identify specific Trust Beneficiary populations particularly those with traumatic brain injury, fetal alcohol spectrum disorder, borderline intellectual functioning, and mental retardation, to name a few. This system should also identify and track individuals appropriate for or participating in diversion programs, therapeutic courts, and DOC mental health release programs.

This new system should also be designed in such a way to facilitate cross-referencing against DHSS systems to identify current or former clients of the behavioral health system. As previously noted, the cross-referencing activity in this study yielded a significant number of Trust Beneficiaries who were not identified by the Department of Corrections. Although it is recognized that this cross-referencing activity will not identify every inmate with a mental illness (e.g., an inmate who received private, grant, or other public or federally funded mental health care), it does represent a starting point from which to gather more reliable baseline data. Alaska would benefit from exploring other ways of exchanging information between DHSS divisions and DOC so as to best identify and serve the Trust Beneficiary population.

Recommendation 3:

Identify Trust Beneficiaries entering the ADOC who are Medicaid-eligible so that upon release assistance can be provided to help ensure continuity of care. Use ADOC liaisons with local Social Security and State Medicaid offices to facilitate reinstatement of Federal disability benefits (SSI, SSDI, Medicaid) for a broad diagnostic population of Trust Beneficiaries just prior to their release.

Individuals can qualify for Medicaid-funded mental health services in one of four ways, either through a qualifying mental health diagnosis that meets the Social Security definition of disability, as a side treatment for a qualifying physical disability that meets the Social Security definition of disability, as a side treatment for individuals who qualify for Medicaid because they are age 65 or older, or as a side treatment for individuals who qualify for Medicaid as the caretaker relative of a family with dependent children. While the primary reason for initial eligibility was not available, the study found that many Medicaid-eligible Trust Beneficiaries who were receiving mental health services prior to entering the ADOC, 28 percent were not receiving any Medicaid-funded mental health services after release. Among those not re-engaged in services, the State of Alaska is potentially losing the equivalent of an eight percent match in supplemental federal funds that might otherwise be used to pay for additional mental health services. As a result, there needs to be better identification of Trust Beneficiaries entering the ADOC who were receiving Medicaid or are Medicaid-eligible so that upon release assistance can be provided to help ensure continuity of care.

Since 2004, there has been a Memorandum of Understanding in place with the ADOC, the Social Security Administration and the Alaska Division of Public Assistance that allows the ADOC to facilitate Pre- and Post-Release Applications for severely mentally ill Trust Beneficiaries. ADOC mental health has a 100 percent approval rate for SSI/SSDI applications. ADOC could expand this working relationship to provide application assistance to individuals with other eligible diagnoses with additional staffing resources.

Recommendation 4: Implement more evidence-based services such as Forensic Assertive Community Treatment Teams or Forensic Intensive Case Managers (FACT/FICM) for the severely mentally ill Trust Beneficiary population exiting the ADOC.

Alaska's criminal justice system currently diverts Trust Beneficiaries from incarceration through a variety of avenues such as therapeutic mental health and addictions courts and some specialized release programs. The

ADOC should continue to sustain and expand the existing APIC Reentry and other DOC mental health release programs for misdemeanors and felons. The ADOC should also consider expanding its partnership with community agencies to divert more Trust Beneficiaries from incarceration by implementing additional evidence-based services targeted to the population most at risk.

For example, national evidence-based best practice research suggests that Forensic Assertive Community Treatment (FACT) and Forensic Intensive Case Management (FICM) are the most promising approaches to managing correctional populations with severe mental illness. The main difference between the two FACT/FICM models primarily involves organizational structure. FACT operates within the domain of a self-contained team providing direct services, whereas FICM has case managers with individual caseloads who refer out to psychiatric treatment services in the community. Both models have generated positive results for correctional populations with severe mental illness.

Improving its efforts to ensure that Medicaid eligibility is sustained upon release and implementing evidence-based services (such as Forensic Assertive Community Treatment Teams or Forensic Intensive Case Managers (FACT/FICM) for the high-risk Trust Beneficiary population, the State would ultimately realize net institutional savings while at the same time improving public safety and generating better quality-of-life outcomes for the seriously mentally ill Trust Beneficiary population.

While there is clear and convincing evidence that incorporating diversion and best practice models does promote success, it is important to carefully identify appropriate candidates for diversion. Some individuals require a period of incarceration before release to appropriate programs in the community. Others could effectively be diverted pre or post charge.

Recommendation 5:

Expand more culturally sensitive programs for Alaska Natives.

Alaska Native Trust Beneficiaries receiving mental health care services after release from the ADOC have the highest rate of criminal recidivism. When compared to the general population of Alaska, the prevalence of Alaska Native Trust Beneficiaries sentenced to the ADOC (36%) is significantly higher than their prevalence in the general population (16%). While there are a number of other factors that are associated with the disproportionate arrest and detainment of Alaska Natives, the ADOC and community health care providers should consider introducing more culturally sensitive programming into the services they provide. The State of Alaska could partner with Alaska Native Tribal organizations to improve the design and delivery of behavioral health services.

Recommendation 6:

Develop more community-based mental health, substance abuse treatment and support services for Trust Beneficiaries exiting the Alaska Department of Corrections.

There is a general lack of community-based mental health and substance abuse treatment services for the growing number of Trust Beneficiaries exiting the Alaska Department of Corrections. In addition, safe and sober housing is inadequate to meet the current needs of the Trust Beneficiary population. The State should consider allocating additional funding for community-based alternatives to incarceration and increase capacity to deliver essential services to Trust Beneficiary probationers and parolees, including co-occurring substance abuse treatment. Developing an appropriate spectrum of community housing will be critical to Beneficiary success, ranging from independent to supportive living situations to structured options all with an emphasis on sobriety and consumer and public safety. Key stakeholders within the criminal justice system should work closely with mental health consumers, families and advocacy groups to improve services, develop new initiatives and involve all relevant agencies.

To obtain a copy of the complete report, visit The Trust's web site at:

<http://www.mhtrust.org/documents/12-07%20Final%20DOC%20Trust%20Beneficiary%20Study.pdf>

For more information about the Alaska Mental Health Trust Disability Justice Focus Area, contact:

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Trust Program Officer

Alaska Mental Health Trust Authority

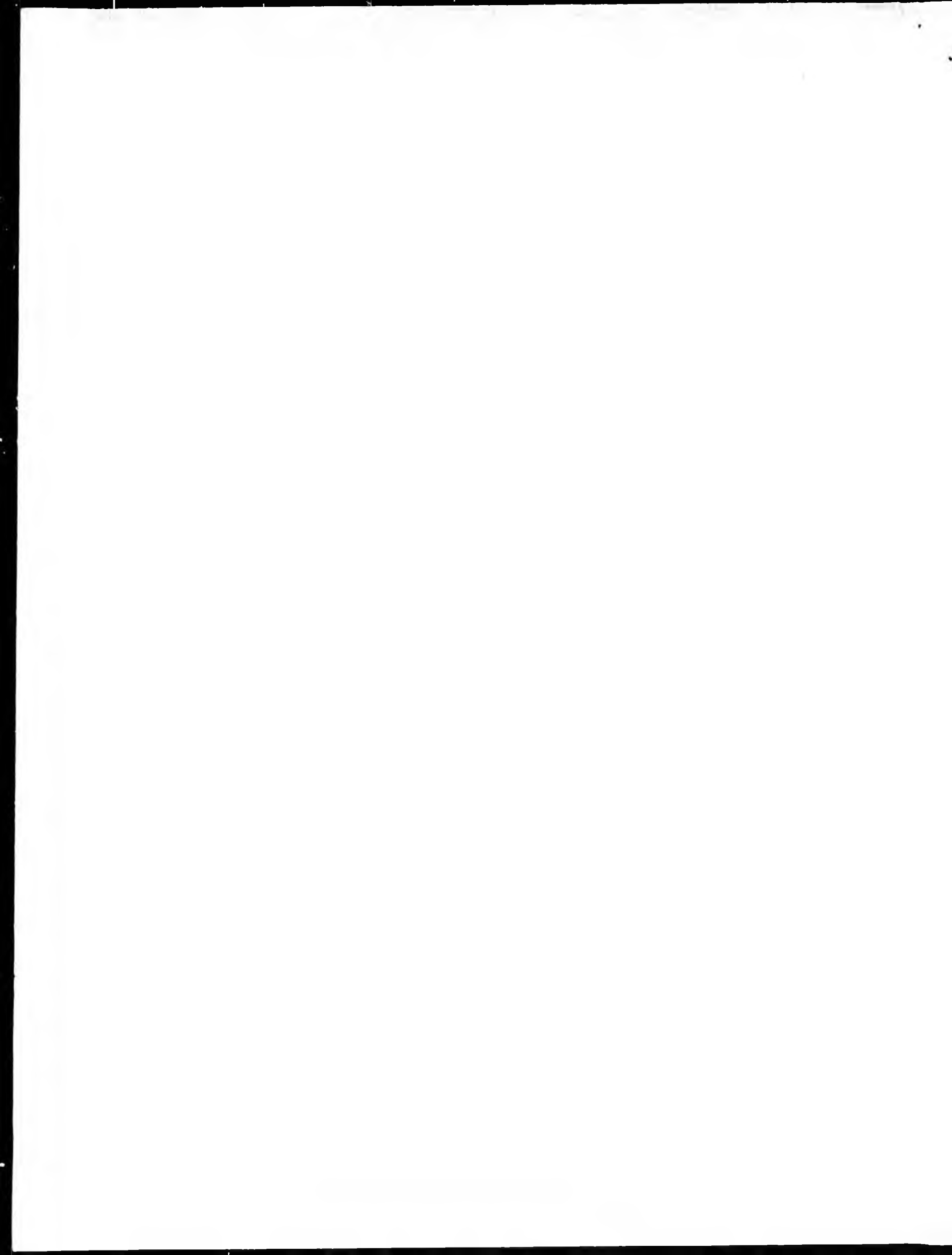
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Trust History

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 Oregon. During Alaska's transition to a state, Congress passed the Alaska Mental Health Enabling Act of 1956 to help bring these individuals home. This act transferred the responsibility for providing mental health services from the federal government to the Territory of Alaska and ultimately the State of Alaska, by creating the Alaska Mental Health Trust. To fund The Trust, the state selected one million prime acres of land that would be managed to generate income that would pay for a comprehensive integrated mental health program.

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

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

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.

Trust Beneficiaries

Trust beneficiaries include:

- people with mental illness,
- people with developmental disabilities,
- people with chronic alcoholism,
- people with Alzheimer's disease and related disorders,
- people with traumatic head injury resulting in permanent brain injury.

Trust Governance

The Trust is overseen by a seven-member Board of Trustees. The appointments are for five-year, staggered terms. As of January 2007, one seat is vacant, pending appointment by the Governor. Current Trustees are:

- | | |
|--------------------------------|-----------------|
| • Dr. William Doolittle, Chair | • Tom Hawkins |
| • Laraine Derr | • Margaret Lowe |
| • Paula Easley | • John Malone |

Trust Advisors

The Trust works closely with the following advocacy boards that represent Trust beneficiaries:

- Advisory Board on Alcoholism and Drug Abuse,
- Alaska Commission on Aging,
- Alaska Mental Health Board,
- Governor's Council on Disabilities and Special Education,
- Alaska Statewide Suicide Prevention Council, and
- Alaska Brain Injury Network

(over)

Alaska's Comprehensive Integrated Mental Health Program

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

Trust Focus Areas

Currently The Trust is working on five focus areas that address issues with significant impact on Trust beneficiaries:

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

2008 Legislative Priorities and Advocacy Agenda

The Trust and its advisory groups have established the following five issues as priorities for this legislative session (in order of priority):

1. **Alaska Housing Trust** - The Alaska Housing Trust will reduce homelessness through the creation and retention of an adequate supply of affordable housing with supportive services. Two areas for advocacy include support for the enabling legislation to create the housing trust and passage of a FY09 \$10 million Governor's budget increment.
2. **Long-term care** - The goal of long-term care is to help seniors and individuals with disabilities maximize their independence and functioning when they cannot be fully independent, whether the need is temporary or ongoing. Long-term care includes supportive housing, assisted living and skilled nursing facilities, and home- and community-based services such as meals, transportation, care coordination, respite care and adult day services. Advocacy for FY09 will highlight the FACES Campaign (Family and Community Elder Supports), which seeks a \$1.5 million GF/MH budget increment to Senior and Disability Services Grants and \$2 million in GF/MH capital funds.
3. **Grant funding for behavioral health prevention and treatment** - Since FY04, GF/MH funded grants to private providers have dropped by 22 percent. As a result, access to prevention and early intervention services, general mental health services and substance abuse treatment have been severely restricted. Advocacy will focus on securing a budget increment of \$4.8 million GF/MH for Behavioral Health Grants.
4. **Medicaid rate adjustments** - The Medicaid rates at which providers are reimbursed for providing services have been frozen, in some areas, for more than a decade. The result is reduced services for Trust beneficiaries. A budget increment of \$24.4 million GF and \$25.4 million federal match will allow for rates to "catch-up" to the true cost of doing business.
5. **Workforce development** - The pool of qualified health and behavioral health professionals has not kept pace with the need in Alaska. The health services industry is the fastest growing sector of Alaska's economy, yet research has revealed critical shortages in key occupations such as registered nurses and human services workers. The Trust's Workforce Development Focus Area is working on strategies to increase the number of workers employed in beneficiary-related services, and has requested a Governor's budget increment of \$1,769,000 MITAAR and \$45,000 GF/MH for employee recruitment, training and retention activities.

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**Advisory Board on Alcoholism
and Drug Abuse**



Alaska Mental Health Board

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

Alaska's Advisory Board on Alcoholism and Drug Abuse

Prevention & Treatment work! Recovery happens!

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

We welcome all Alaskans to visit this site and learn how to participate and allow your voice and concerns to be recognized in support of our vision.

Facts on substance abuse in Alaska

The National Survey on Drug Use & Health clearly shows alcohol as the drug of choice in Alaska; 50% of all Alaskans reported that they had used alcohol in the past month. Research on Alaska's newly incarcerated prisoner population reveals the strong relationship between substance abuse and criminality; 91% of the prisoners assessed had abused substances some time in their lives; 79% in the last year reported abuse severe enough to require treatment.

The 2006 National Survey on Drug Use & Health show 18-25 year olds are more likely to use alcohol, cocaine, pain relievers, illegal drugs and marijuana than any other age group. This age group is most in need of, but not receiving, treatment for substance use; they generally don't have access to Medicaid, are too old to be eligible for treatment available to children and adolescents and are not old enough to receive Medicare. Treatment costs are high and often this target group lacks insurance and/or work that offers effective health benefits.

Advocacy issues for 2008-09

Funding for prevention and treatment of behavioral health programs has not kept pace with community need. Alaska's increasing reliance on Medicaid funds for treatment excludes all but the very needy. Advocating for a comprehensive and effective behavioral health service system is a legislative priority for ABADA.

A person living with addiction has the right to live with dignity and respect as a valued member of his or her family and community. Addiction is a disease, and, like any other, such as leukemia, recovery does happen. Reducing stigma about substance use disorders is a focus area of ABADA.

Alaskans who are incarcerated and have substance use disorders would be better

served if they were able to transition from prison back into their community with effective support services. Evidence-based programs are proven to decrease recidivism when an individual is treated closer to

his/her family and community. Partnering with the Department of Corrections to implement programs for supportive housing, employment, and social/emotional skill development is another priority for ABADA

The Alaska Mental Health Trust Authority

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The settlement established an independent Board of Trustees appointed by the governor and confirmed by the legislature. Annually, the Trustees, with direction from the beneficiary boards such as ABADA, spend Trust income and recommend expenditures of state funds to pay for a comprehensive integrated mental health program for Trust beneficiaries.

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alaska brain injury network

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

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

Every year the Alaska Department of Health & Social Services reports about 800 traumatic brain injury (TBI) cases resulting in hospitalization or fatality. The Alaska TBI rate is 28% higher than the national average. The TBI rate in rural Alaska is one of the highest in the nation.

It is estimated that at least 10,000 Alaskans are living with brain injury today.

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

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

ABIN works with their Alaska Mental Health Trust Authority partner boards to advocate for policy changes, programs, and facilities to better serve the brain injury population.

ABIN's staff focuses on early identification, connecting brain injury survivors with services, providing support and education for families, and bringing professional training to Alaska.

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

- Prevention
- Early identification and intervention
- Access to skilled specialists
- Community-based post injury services
- Continuing rehabilitation
- Brain injury support groups and in-state resources

What you can do...

- **Be aware of the burden of brain injury nationally and to the state of Alaska**
- **Support a TBI Resolution for Brain Injury Awareness Month.**
- **Become familiar with 2008 ABIN Priorities in the GF/MH Budget; Prevention, Training, and Resource Navigation**

Upcoming ABIN Priorities

In-state rehab facility – for neurobehavioral beneficiaries.

Brain Injury Waiver - recommendations for the current Medicaid waiver system to accommodate the services needed by brain injury survivors: neuropsychological assessment, cognitive and functional therapy, case management, counseling, home modifications, transportation, respite care, and more.

TBI Screening and early intervention – promotes better recovery and saves money.



www.alaskabraininjury.net
3745 Community Park Loop, Ste 240
Anchorage, AK 99508
(907) 274-2824

Alaska Brain Injury Network, Inc. helps identify, develop, implement, and sustain needed programs and resources that promote prevention and expand treatment and service delivery to Alaskans who experience TBI and their families.

You KNOW us ...



The Public Health Burden of Brain Injury (prevalence)

5.3 million Brain Injuries

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

Brain injury accounts for more years of lost productivity than any other injury.

The Financial Burden of Brain Injury

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

Prevention is the only cure for Brain Injury

- The three leading causes of brain injury nationally and in Alaska are:
1) motor vehicle crashes 2) falls and 3) assaults.
- One-third of all TBIs recorded in the Alaska Trauma Registry were alcohol related.
- The use of safety belts is the single most effective measure to prevent traumatic brain injuries.
- Helmets are estimated to be 37% effective in preventing fatal injuries to motorcyclists. (*National Highway Traffic Safety Administration*)
- Bicycle helmets are 85-88 percent effective in mitigating head and brain injuries. Every dollar spent on a bike helmet saves \$40 in direct medical costs and other costs to society. (*National Highway Traffic Safety Administration*)
- 60-67% of injured U.S. soldiers sent from Iraq to Walter Reed Army Medical Center have a TBI from blasts, severe falls and motor vehicle accidents. (*United Press International, July 2004*). These soldiers are now returning home to Alaska for continuing treatment and rehabilitation.

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

The Alaska Commission on Aging

Alaska's Seniors – a Resource and a Responsibility

Alaska's senior population is the second most rapidly growing senior population in the nation. We experienced more than a 100% increase in the 60 and older population from 1990 to 2006, with the number of older Alaskans now growing by over 5% per year. By 2030, seniors age 60 and older will comprise 17% of Alaska's population – the same proportion as Florida's age 65+ population today.

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

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

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

Alaska Commission on Aging

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

What are the major challenges?

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

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

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

State- and municipally-funded programs (for example, the Senior Benefits program, the senior municipal property tax exemption, and senior grant services) are an important part of the economic and supportive resources of many senior households. However, they by no means constitute an adequate safety net for seniors. Only about one in five older Alaskans receives Medicaid services. The remaining 80%, often of very modest income, can have great difficulty obtaining the supportive services they may need. Even those with the requisite low income are deemed ineligible for Medicaid waiver services if their primary diagnosis is ADRD. Available funds for senior grant services have increased only marginally over the past decade, while the number of seniors has grown by over 5% per year.

How has the Commission addressed these challenges?

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

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

guide their work for the next four years, leveraged by the synergy of annual implementation meetings in which partners share ideas and report on their plan-related activities.

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

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

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

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

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

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

The Alaska Mental Health Trust Authority

The Alaska Commission on Aging is one of several boards/commissions that represent beneficiaries of the Alaska Mental Health Trust Authority (The Trust). Trust beneficiaries include people with

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

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

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

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

**Advisory Board on Alcoholism
and Drug Abuse**



Alaska Mental Health Board

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

Alaska Mental Health Board

The Alaska Mental Health Board (AMHB) is statutorily charged with assisting in planning and offering oversight and evaluation of Alaska's behavioral health system. AMHB also provides advocacy for Alaskans, most importantly for beneficiaries of the Alaska Mental Health Trust who experience a mental illness.

Facts on mental health in Alaska

- Alaska's Juvenile Justice office has determined that in a one-day count, 40% of the youth in their custody or care have a mental health diagnosis.
- According to a one-day snapshot study conducted for the Department of Corrections (DOC) in 2007, 42% of those in the system experience a mental disorder.
- The DOC study also states, "Among those identified, findings indicate that Trust beneficiaries spend more time in custody than other inmates, are more likely to recidivate post-release, and more than ¼ do not get reconnected with community-based mental health service providers upon release."
- The Journal of the American Medical Association estimates a 20% loss of productivity for people suffering from depression. Alaska prevalence data estimates 30,000 working Alaskans suffer from depression, which results in decreased productivity equivalent to 1,500,000 days of work each year.
- 17% of Alaska's adults are veterans, the highest percentage of any state. The Veterans Administration reports that one in three veterans returning from Afghanistan and Iraq face behavioral health problems. Post traumatic stress disorders (PTSD), depression, substance

abuse, and traumatic brain injuries are very real problems for Alaska's vets. There are four Vet Centers in Alaska, all on the road system. Vets in Alaska with severe problems are sent to the Lower 48 for mental health treatment.

Advocacy issues for 2008-09

In addition to contesting the stigma of mental illness, the AMHB has identified the following issues where improved services are a priority:

- Too many Alaskans with serious mental illnesses are sent to a correction facility as a result of their illness. We need to support efforts to expand effective community-based programs to better serve these individuals when released into the community in order to reduce them returning back to prison.
- Alaska must achieve "no wrong door" access to effective behavioral health services. Our primary health providers are a great source of collaboration for better access and early identification of serious and moderate mental health problems.
- The AMHB, state agencies, and other partners are working together to expand community-based care for Alaska's children who experience severe emotional disorders to decrease the chances of them needing residential care. Effective community-based services save costs and increase family reunification.
- Partnering with Behavioral Health, Alaska Housing Finance Corporation, the Alaska Mental Health Trust, and others, AMHB is advocating for specialized state resources to develop innovative housing for individuals with a mental illness, including consumer-run programs. The AMHB supports inventive and evidence-based services such as

tele-psychiatry and on-call emergency service teams to support rural community service needs. Our rural communities are very receptive to these services so far and we want to expand these efforts.

- The older Alaskans population is growing with baby boomers coming to this

stage of life. AMHB works closely with Alaska's Commission on Aging and other partners to better define the behavioral health needs and resources for this group. Nationally, other states are also facing this challenge and are finding that depression and substance abuse are very serious problems and require specialized services.

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You KNOW me...



U.S. Navy Retired, still working and involved in my community.

I'm an alcoholic, who's been sober for 24 years.

I'm proof that treatment works and recovery is real.

We can do better, Alaska. Treat health of the mind with the same urgency we treat health of the body. Early intervention and services make a difference. For help, visit your doctor, clinic or local alcohol treatment center. (And if you are in Craig, call us at COHO—Communities Organized for Health Option at 826-3662.)

Advisory Board on Alcoholism
and Drug Abuse

www.hss.state.ak.us/abada

The TRUST

The Alaska Mental Health Trust Authority

www.mhtrust.org

You KNOW me...



I enjoy meeting people and making new friends.

I like to go out to dinner and the movies. Just like many other kids, I want to graduate from high school and find a job.

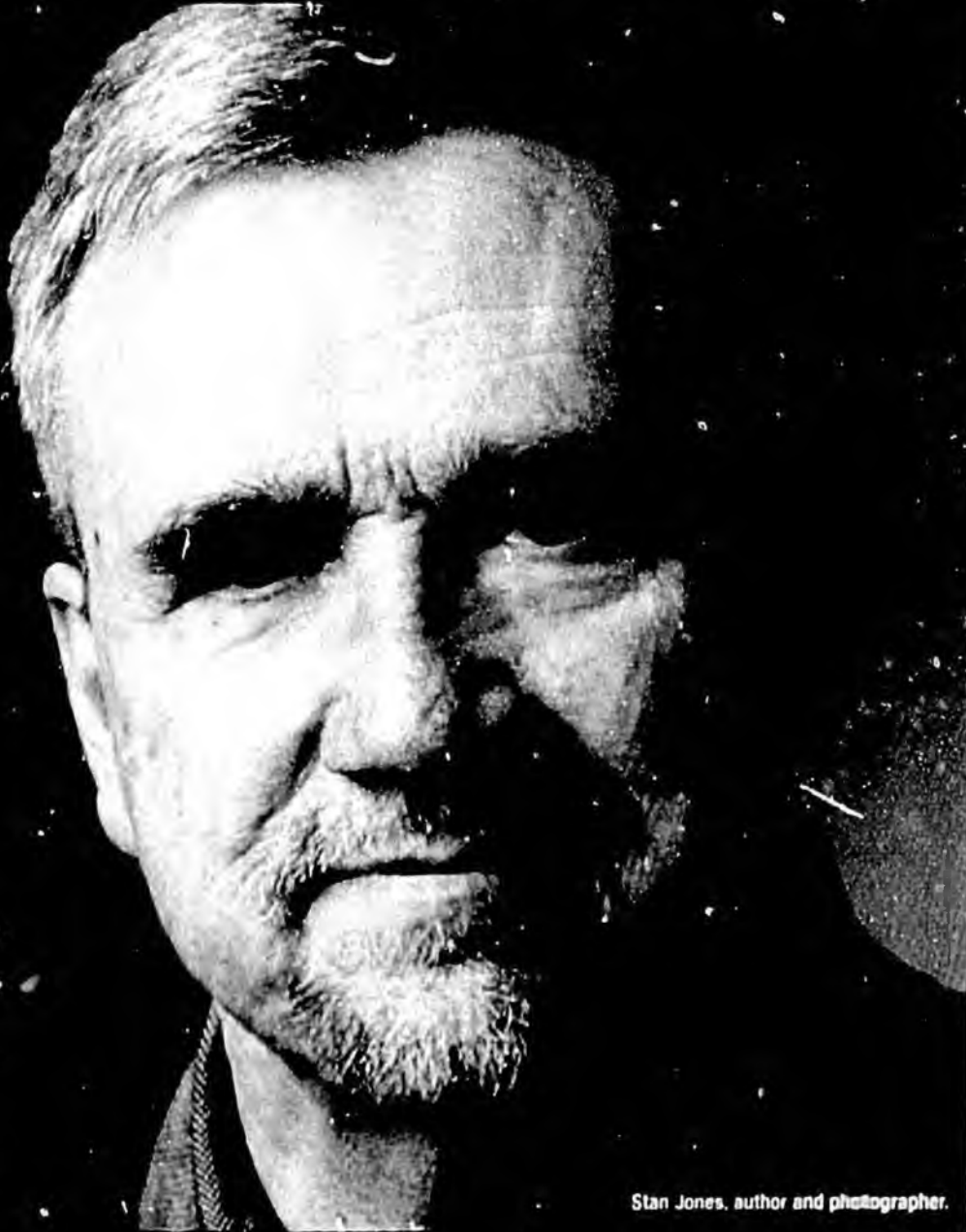
You can help increase the number of youth with disabilities who reach their potential. Get to know them. Offer them a job. Be their friend.

Youth with disabilities are part of tomorrow's workforce. Being part of the community and included in recreational and civic activities are great ways to build job skills.

For more information visit
www.hss.state.ak.us/gcdse

The **TRUST**
The Alaska Mental Health Trust Authority
www.mhtrust.org

You KNOW me...



Stan Jones, author and photographer.

I am your neighbor and, like many others my age, have a dear mother who no longer knows who I am.

Fifty percent of Americans aged 85 and older will experience Alzheimer's Disease or related disorders. In a state with the country's second fastest growing senior population, that's a challenge.

The Alaska Commission on Aging is working to ensure that when services are needed for age-related mental health issues such as Alzheimer's Disease, they will be available for all Alaskans.

For assistance and referrals, call the Senior Information Hot Line:
1-800-478-6065

The TRUST

The Alaska Mental Health Trust Authority

www.mhtrust.org

Opportunity
begins with a home

was established by the Governor in 2004, will be expanded to:

- Develop an annual housing trust plan
- Advise on the allocation of fund resources
- Report results annually to the governor and legislature

Q: Where will the money come from for the Alaska Housing Trust?

A: A legislative appropriation of state general funds will be used to create the Alaska Housing Trust and leverage existing resources.

Q: How will the Alaska Housing Trust work with existing low-income housing programs?

A: The Alaska Housing Trust will seek to maximize the capacity of existing programs by pulling together available resources and

addressing the gaps in which the poorest Alaskans fall. The Alaska Housing Trust will not—and cannot—replace the existing service providers who are already stretched to their limits. The federal government has historically provided the lion's share of housing assistance in Alaska, and will likely continue to do so. But for a number of reasons the federal programs are not adequately addressing the homeless problem:

- Federal funds fall far short of needs. HUD estimates that nationally only about 25% of households that qualify for housing assistance are receiving it.¹⁴ In Alaska, 4,000 families are on the waiting list for affordable housing.¹⁵
- Federal funds are poorly connected to homeless prevention and housing retention services.
- Federal programs do not effectively reach people with extremely low incomes.

Opportunity
begins with a home

The Alaska Housing Trust: Preventing and ending homelessness in Alaska

Q: How many Alaskans are homeless?

A: Estimates vary; a recent AHFC survey indicated nearly 3,500 Alaskans are homeless on any given night.¹ The Alaska Department of Education and Early Development, which counts children only, reported that more than 4,000 children were homeless or inadequately housed at some time during the 2005-06 school year.² Over the last six years, an average of 88 discharges a year from Alaska Psychiatric Institute have led to homeless status.³ A 2005 Department of Corrections Homeless Offender survey found that 35% of offenders did not know where they would live upon release or planned to live in a shelter or on the street.⁴

Q: How many Alaskans are at risk of homelessness?

A: 20,000 low-income Alaskan households spend more than 50% of their income on housing costs, placing them at risk of homelessness.⁵

Q: Why are so many Alaskans homeless?

A: Homelessness results from a complex set of circumstances that require people to

choose between food, shelter, and other basic needs. Contributing factors include:

- **Inadequate income.** A 2001 study found 57% of Alaska households could not afford a median priced home and 46% could not afford the average rent.⁶ Today in Alaska, a person needs to earn \$17.90 per hour to afford a modest two-bedroom apartment at the average fair market rent of \$931.⁷
- **Inadequate supply of affordable housing.** The private housing market alone cannot supply enough affordable housing because of high land prices and other costs. The waiting list in Alaska for publicly financed housing is nearly 4,000 households.⁸
- **Catastrophic events and destabilizing forces.** A sudden economic downturn caused by illness, injury, divorce or job loss may push people into homelessness. Mental illness and addiction disorders are also destabilizing forces that can cause homelessness.
- **Insufficient supportive services.** In Alaska, homeless prevention and housing retention services are not generally available.

Footnotes

1. AHFC, *Statewide Homeless Survey, Winter 2006*. This survey is the HUD approved methodology for counting homeless people in Alaska. For a general overview, see <http://www.alaska.gov/ahfc>.

2. *Alaska Department of Education and Early Development, "Multiple Indicator Study of Student Achievement: 2005-06 School Year,"* p. 10. <http://www.alaska.gov/adeed>.

3. *Alaska Department of Corrections, "Homeless Offender Survey,"* p. 10. <http://www.alaska.gov/doc>.

4. *Alaska Department of Corrections, "Homeless Offender Survey,"* p. 10. <http://www.alaska.gov/doc>.

5. *Alaska Department of Community Development, "Alaska Housing Survey,"* p. 10. <http://www.alaska.gov/ahfc>.

6. *Alaska Department of Community Development, "Alaska Housing Survey,"* p. 10. <http://www.alaska.gov/ahfc>.

7. *Alaska Department of Community Development, "Alaska Housing Survey,"* p. 10. <http://www.alaska.gov/ahfc>.

8. *Alaska Department of Community Development, "Alaska Housing Survey,"* p. 10. <http://www.alaska.gov/ahfc>.

9. *Alaska Department of Community Development, "Alaska Housing Survey,"* p. 10. <http://www.alaska.gov/ahfc>.

10. *Alaska Department of Community Development, "Alaska Housing Survey,"* p. 10. <http://www.alaska.gov/ahfc>.

11. *Alaska Department of Community Development, "Alaska Housing Survey,"* p. 10. <http://www.alaska.gov/ahfc>.

12. *Alaska Department of Community Development, "Alaska Housing Survey,"* p. 10. <http://www.alaska.gov/ahfc>.

13. *Alaska Department of Community Development, "Alaska Housing Survey,"* p. 10. <http://www.alaska.gov/ahfc>.

14. *Alaska Department of Community Development, "Alaska Housing Survey,"* p. 10. <http://www.alaska.gov/ahfc>.

15. *Alaska Department of Community Development, "Alaska Housing Survey,"* p. 10. <http://www.alaska.gov/ahfc>.

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Q: Who is homeless?

A: In Alaska, families with children are the largest sector.⁹ Of all homeless Alaskans:

- 45% are persons in families with children
 - 15% are victims of domestic violence
 - 9% are veterans
 - 14% are severely mentally ill
 - 24% suffer from chronic substance abuse problems
- (Some homeless individuals are counted in more than one category.)

Q: What does homelessness cost Alaska?

A: Data is not available to precisely answer this question. However, the University of California San Diego Medical Center found that, over 18 months, 15 chronically homeless inebriates were treated at the hospital's emergency room 417 times, running up bills that averaged \$100,000 each.¹¹ In Asheville, North Carolina, it was discovered that just 37 homeless men and women generated \$278,000 in jail costs over a three-year period.¹²

Q: What is a Housing Trust?

A: A housing trust is a pool of funds earmarked to provide for the housing needs of low-income families and individuals. More than 30 states have housing trusts. Experience

shows that state housing trust funds are more innovative and move quicker than federal programs to address local issues. On average, each dollar spent by a state housing trust leverages \$9.25 in additional funding for housing.¹³

Q: What will be the mission of Alaska's Housing Trust?

A: To reduce homelessness through the creation and retention of an adequate supply of affordable, long-term housing.

Q: What will be the benefits?

A: Safe, stable and affordable housing promotes strong families:

- Children are more successful in school
- Families have a foundation on which to build their dreams
- Seniors and persons with disabilities can live with independence and dignity

Home ownership promotes community stability—families are more invested in their neighborhoods and increase their civic participation. Moving people from homelessness to permanent housing reduces the amount of public funding they would otherwise use. And investing in housing creates economic opportunity in the private sector, including construction and other housing related industries.

ALASKA HOUSING TRUST



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Q: What type of projects and activities will the Alaska Housing Trust fund?

A: All projects and activities must reduce homelessness and include (but are not limited to) the following:

- Construct new housing (single-family, multi-family, cooperative)
- Buy existing housing (single-family, multi-family, cooperative)
- Rehabilitate/repair existing housing (single-family, multi-family, cooperative)
- Fund affordable housing component only of mixed-income and mixed-use developments
- Buy land
- Perform accessibility modifications
- Provide down-payment assistance
- Provide rental assistance
- Fund homeless prevention services (e.g. prevent foreclosures and evictions)
- Fund housing retention services or facilitate transition from dependency on subsidized housing
- Support Community Land Trusts
- Fund capacity building in the development and operation of affordable housing and provide support services (operations and technical assistance)

- Fund predevelopment activities for affordable housing

Q: How will the Alaska Housing Trust differ from other housing programs?

A: The Alaska Housing Trust will support and complement existing efforts by working as a catalyst to pull together other funding sources in order to move families out of homelessness and help those at risk of homelessness. The Alaska Housing Trust will:

- Give a priority to those who have the greatest housing affordability gap—people with extremely low income.
- Target those in danger of becoming homeless with homeless prevention and housing retention services.
- Support those transitioning from homelessness who are confronting multiple barriers to becoming self-sufficient.
- Create and retain permanently affordable housing by reinvesting the initial public investment.

Q: Who will administer the Alaska Housing Trust?

A: The Alaska Housing Trust will be a separate capital budget fund within Alaska Housing Finance Corporation (AHFC). The duties of the Alaska Council on the Homeless, which

ALASKA HOUSING TRUST



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annually to review work and make recommendations regarding budget requests, changes to state programs, and allocations of funding that may become available during the next fiscal year.

The Council will also be responsible for making recommendations on how state resources, in addition to the fund, may be used to reduce homelessness.

Q: Who will have administrative responsibility for the housing trust?

A: AHFC will have administrative responsibility of carrying out

recommendations from the Alaska Council on the Homeless. These duties will include, but are not limited to, obtaining public input, developing procedures and policies, implementing monitoring and evaluation processes, administering grants, distributing funds and enforcing state regulations.

In addition, AHFC will be responsible for preparing an annual report on the activities of the fund, the impact of the fund on homelessness, and recommendations of the Alaska Council on the Homeless on how other state resources may be used to reduce homelessness.



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Administration of the Alaska Housing Trust Fund

Q: Where will the Alaska Housing Trust reside within state government?

A: The Alaska Housing Trust Fund will be a program created within the Alaska Housing Finance Corporation (AHFC). It will be funded through AHFC's capital budget and administered by AHFC with guidance from the governor's Alaska Council on the Homeless. Through the appropriation process, AHFC can receive funds from many different sources, both public and private, to allocate through the program. The fund will be specifically targeted to projects that reduce homelessness, either directly or indirectly.

Q: What would the enabling legislation do?

A: The legislation statutorily creates the Alaska Housing Trust Fund as a program within AHFC as well as more flexibility within AHFC's statutory powers to address and prevent homelessness. It also codifies the governor's Alaska Council on the Homeless as an advisory body to AHFC regarding allocation of housing trust funding and to the governor regarding state policy and program changes needed to more effectively address homelessness.

Q: What is the role of the governor's Alaska Council on the Homeless?

A: The responsibilities of the Council are to make recommendations to AHFC on:

1. Housing needs and priorities, and an action plan for expenditures from the housing trust fund to address those needs and priorities
2. The budget for expenditures from the housing trust fund
3. Policies and procedures for expenditures from the fund
4. Methods to evaluate and monitor activities financed by the fund
5. Methods for reporting to the public and elected or other officials regarding the activities financed by the fund
6. Methods to coordinate the expenditure of money from the fund with other available sources of financing for housing
7. The availability of additional sources of money to support housing activities financed from the fund

It is anticipated that the Council will meet as necessary during the start-up phase, and then (at a minimum)



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other creative approaches can be used to assist Alaska families.

- A statewide public opinion survey found that 90% of Alaskans agree that "it is only fair that everyone has access to a decent place to live," and 89% agree that "we have a responsibility to help people who need a place to live."
- The Alaska constitution requires the state to protect the public's safety, including ensuring that all Alaskans have a safe and decent place to live.
- A housing trust is a proven model.
 - There are 600 housing trust funds operating nationwide.
 - Housing trusts generate more than \$1.6 billion a year to support critical housing needs and affordable housing across the U.S.
 - On average, each \$1 spent by a housing trust fund leverages \$7 in other funds.
- By moving people from homelessness to permanent housing, Alaska can reduce the amount of public funding it would otherwise use.
- Placing the housing trust within AHFC grows the services of the state without expanding the government's size.
- Housing trust funding would create permanently affordable housing. Community Land Trust models and other creative approaches can be used to assist Alaska families.
- Housing trust supported projects would help keep Alaska's housing construction industry strong.
- The housing trust would encourage innovative housing ideas and entrepreneurial partnerships between Alaska's social service and business sectors.

Benefits: Families, Communities and All Alaskans

- A stable home promotes community stability. When families are more invested in their neighborhoods, they increase their civic participation.
- Safe, stable and affordable housing promotes strong families.
 - Children become more successful in school.
 - Families have a foundation to grow their dreams.
 - Seniors and persons with disabilities can live with independence and dignity.

Implementation: Accountability and Results

Alaska Council on the Homeless will develop an annual housing trust fund plan, advise on allocation of fund resources, evaluate program results and report results annually.

AHFC will have administrative responsibility of carrying out recommendations from the Alaska Council on the Homeless. Duties will include obtaining public input, developing procedures and policies, implementing monitoring and evaluation processes, administering grants, distributing funding and enforcing state regulations.

ALASKA HOUSING TRUST



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Thousands of Alaskans are Homeless.

Homelessness is one of the most important social issues facing Alaska.

- 3,500 Alaskans are homeless on any given night, including 1,600 people in families with children.
- 4,000 Alaskan households are on the waiting list for public housing programs – most are families with children.
- 20,000 low-income Alaska households spend more than half their income on housing, placing them at risk of homelessness.
- Families with children are the fastest growing segment of Alaska's homeless population.

Problem: Lack of Focus

- There are high personal and public costs associated with being homeless or living on the edge of homelessness.
 - Personal costs to individuals and families include greater family stress, lower student achievement, a higher risk of becoming a victim of crime, and increased medical and behavioral health needs.
 - Costs to local governments and the state include increased use of emergency services, medical and behavioral health services, public safety, and the courts.
 - Housing alone is not enough. People who are homeless, or at risk of being homeless, frequently need supportive services to become self-reliant, such as:
 - case management
 - financial literacy
 - treatment
 - job counseling
 - crisis intervention
 - life skills training
 - tenant education
- Current housing programs are not well connected to these supportive services.
 - Federal programs are not adequately focused on housing for the poorest Alaskans, yet these programs are the primary source of current housing assistance.
 - Alaska Housing Finance Corporation (AHFC) is the state's housing authority. Providing supportive housing is not part of its mandate. The housing trust legislation will give AHFC and its partners the flexibility they need to address homelessness in Alaska.

Solution: Alaska Housing Trust

- Create a fund at the AHFC using an appropriation of state general funds, plus other public/private money.
- Invest in permanently affordable housing, Community Land Trust models and



ALASKA HOUSING TRUST

In Anchorage, housing prices have moved out of reach for ordinary people.

Anchorage: Price of Homes vs. Median Family Income



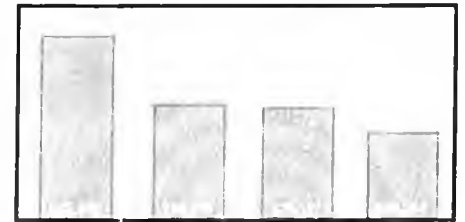
● Median Price ■ Median Family Income

Working Alaskans in Anchorage cannot afford to buy a house.

In the past ten years, the cost of a single family home in Anchorage has increased by over 100%, while median family income has increased by 38%.

Working Alaskans in Anchorage cannot afford rent.

A person living in Anchorage must earn \$17.71 per hour to afford the average full market rent for a two-bedroom apartment of \$972.00 monthly. A person earning minimum wage must work 29 hours to afford this rent.



Annual income required to afford rent of a 2-BR apartment in Anchorage



Annual income required to afford rent of a 1-BR apartment in Anchorage

Seniors, veterans, and disabled Alaskans are at risk of homelessness.

People living on fixed incomes, like seniors, people with disabilities, and veterans, cannot afford to rent a fair market rate, one-bedroom apartment in Anchorage.

1,702

The number of (K-12) school-age children in Anchorage who were homeless at one time in the 2005-2006 school year.

633

The number of children in preschool in Anchorage who were homeless at one time in the 2005-2006 school year.

20,000

The number of low-income Alaskans spending over 50% of their income on housing.

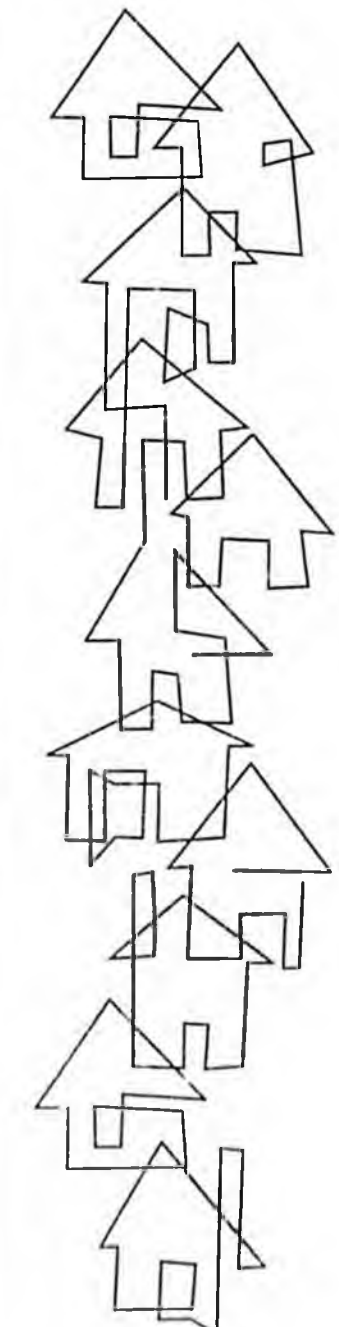
16%

The percentage of homeless people in Alaska who are victims of domestic violence.

9%

The percentage of homeless people in Alaska who are veterans.

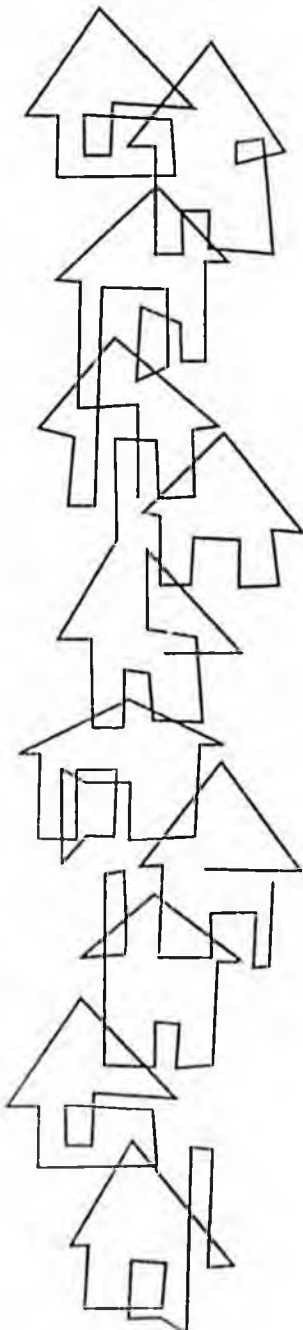
Housing: U.S. Census Bureau, "Work and Income in the 21st Century: Trends in the Labor Force," Housing, Community, and Economic Statistics Administration, U.S. Department of Commerce, Bureau of Economic Analysis, Washington, DC, 2004. <http://www.bea.gov/paperspublications/workingpaper.cfm?id=100>.
 Alaska Housing Trust, "Community Development - Anchorage: 2005-2006 School Year."
 Alaska Housing Trust, "Homeless Children - Winter 2006."
 Alaska Housing Trust, "Homeless Children - Winter 2005."
 The Alaska Housing Trust, "Homeless Children - Winter 2005."
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 Alaska Housing Trust, "Homeless Children - Winter 2006."



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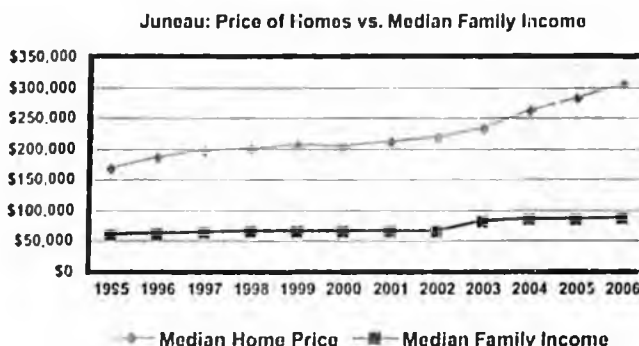


In Juneau, housing prices have moved out of reach for ordinary people.



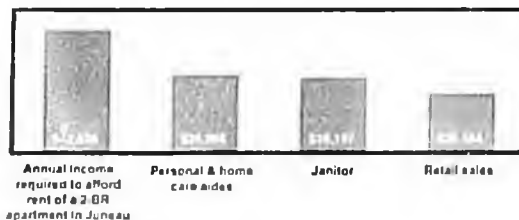
Working Alaskans in Juneau cannot afford to buy a house.

In the past ten years, the cost of a single family home in Juneau has increased by over 83%, while median family income has increased by only 43%.



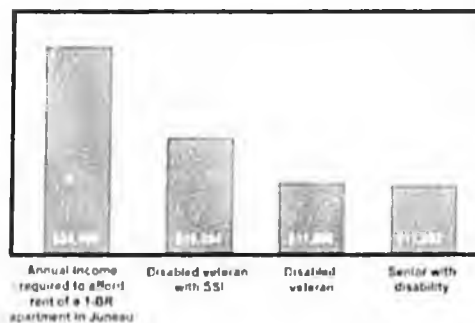
Working Alaskans in Juneau cannot afford to rent.

A person living in Juneau must earn \$20.37 per hour to afford the average fair market rent for a two-bedroom apartment of \$1096.00 monthly. A person earning minimum wage must work 114 hours to afford this rent.



Seniors, veterans, and disabled Alaskans in Juneau are at risk of homelessness.

People living on fixed incomes, like seniors, people with disabilities, and veterans, cannot afford to rent a fair market rate, one-bedroom apartment in Juneau.



167

The number of schoolchildren (K-12) in Juneau who were homeless at one time in the 2005-2006 school year.

3

The number of children in preschool in Juneau who were homeless at one time in the 2005-2006 school year.

20,000

The number of low-income Alaskans spending over 50% of their income on housing.*

16%

The percentage of homeless people in Alaska who are victims of domestic violence.*

9%

The percentage of homeless people in Alaska who are veterans.



*Homeless Community Project & Shelter Options, Alaska Department of Education and Early Development, "Homeless, County by County & School Year," Alaska Department of Education and Early Development, "Alaska Housing and Community Development - 2004 Consolidated Plan," 2004, Alaska Department of Education, 2004, and "Alaska Homeless Survey," Winter 2004; "Alaska Homeless Survey," Winter 2004; "Homeless, County by County & School Year," Alaska Department of Education and Early Development, and Alaska Department of Education and Early Development.

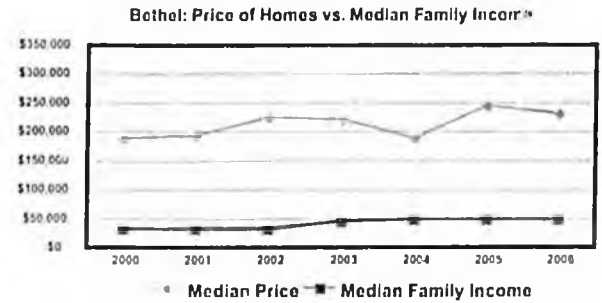
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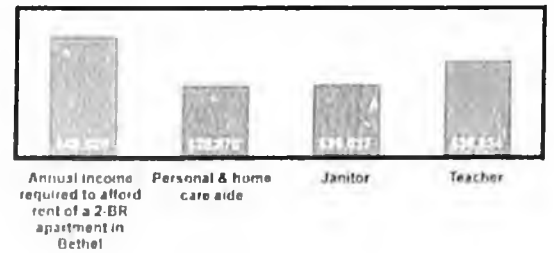
In Bethel, housing prices have moved out of reach for ordinary people.



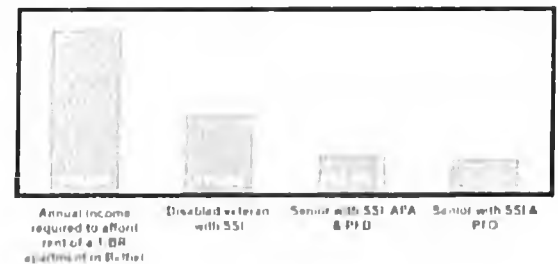
Working Alaskans in Bethel cannot afford to buy a house.
 In the past six years, the cost of a single family home in Bethel has fluctuated three times, while median family income has increased only gradually.



Working Alaskans in Bethel cannot afford to rent.
 A person living in Bethel must earn \$22.54 per hour to afford the fair market rent for a two-bedroom apartment of \$1,213.00 monthly. A person earning minimum wage must work 128 hours to afford the rent.



Seniors, veterans, and disabled Alaskans are at risk of homelessness.
 People who are frail, have no family support, people with disabilities, and low income cannot afford to rent in the market rate. Low income and frail people in Bethel.



20,000
 The number of low income Alaskans spending over 50% of their income on housing

16%
 The percentage of homeless people in Alaska who are victims of domestic violence

9%
 The percentage of homeless people in Alaska who are veterans

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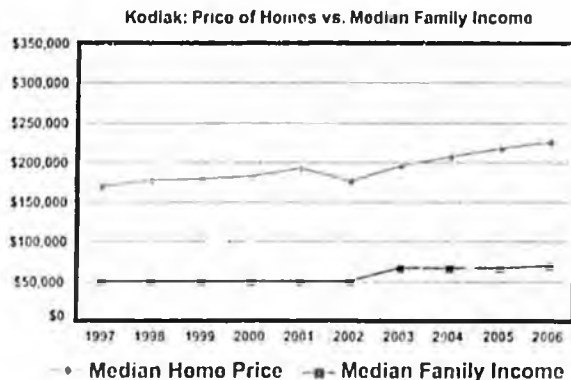


In Kodiak, housing prices have moved out of reach for ordinary people.



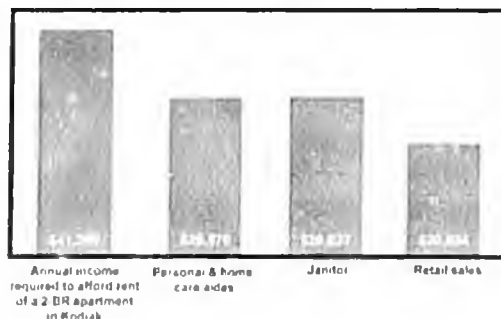
Working Alaskans in Kodiak cannot afford to buy a house.

In the past ten years, the price of a single family home in Kodiak has increased by \$55,401 while the median family income has increased by \$20,400.



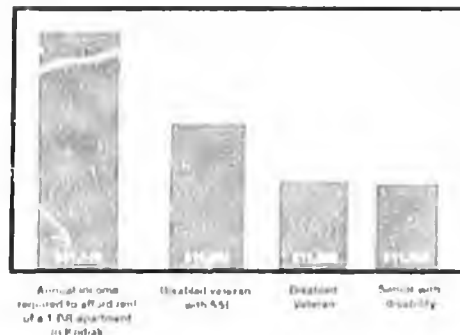
Working Alaskans in Kodiak cannot afford rent.

A person living in Kodiak must earn \$19.21 per hour to afford the average fair market rent for a two-bedroom apartment of \$1034.00 monthly. A person earning minimum wage must work 107 hours to afford this rent.



Seniors, veterans, and disabled Alaskans in Kodiak are at risk of homelessness.

People living on fixed incomes, like seniors, people with disabilities, and veterans, cannot afford to rent a fair market rate, one-bedroom apartment in Kodiak.



7

The number of schoolchildren (K-12) in Kodiak who were homeless at one time in the 2005-2006 school year.

13

The number of children in preschool in Kodiak who were homeless at one time in the 2005-2006 school year.

20,000

The number of low-income Alaskans spending over 50% of their income on housing.

16%

The percentage of homeless people in Alaska who are victims of domestic violence.

9%

The percentage of homeless people in Alaska who are veterans.

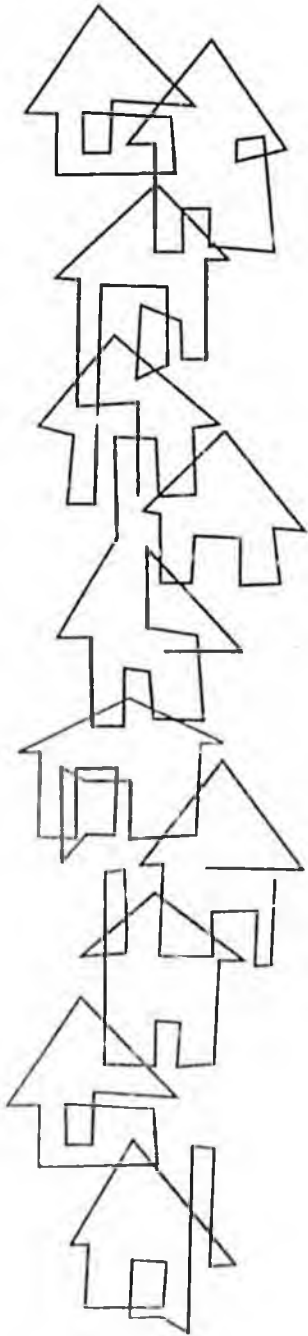


Information provided by Department of Alaska Housing, Alaska Housing Finance Corporation, Housing Finance Corporation, Kodiak, Alaska. © 2007 Alaska Housing Trust. All rights reserved. M. A. Housh, Executive Director, Housing Finance Corporation, 2000 E. 1st Avenue, Suite 100, Anchorage, AK 99501. And Chelmsford, 144 Franklin Street, Suite 219, Anchorage, AK 99501. Data on rent paid from page 10 of the report by the Alaska Housing Finance Corporation, Alaska Housing Finance Corporation, 2000 E. 1st Avenue, Suite 100, Anchorage, AK 99501.

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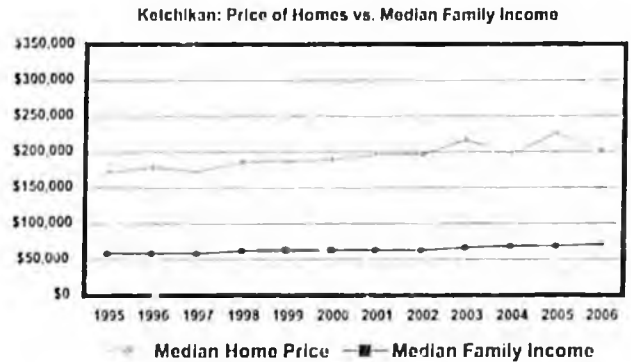


In Ketchikan, housing prices have moved out of reach for ordinary people.



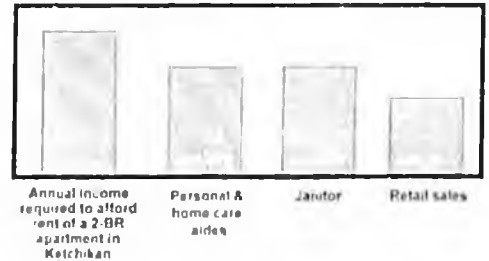
Working Alaskans in Ketchikan cannot afford to buy a house.

In the past ten years, the cost of a single family home in Ketchikan has increased by \$31,228 while median family income has increased by only \$12,800.



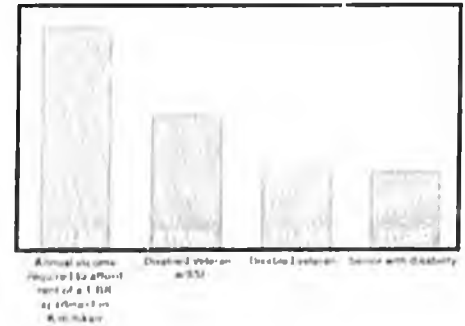
Working Alaskans in Ketchikan cannot afford to rent.

A person living in Ketchikan pays a \$2,750 per month rent for a two-bedroom apartment. \$262.00 monthly, 2 year old housing. Minimum wage is only \$7.25 an hour. \$113.00 per month.



Seniors, veterans, and disabled Alaskans in Ketchikan are at risk of homelessness.

A single room in a two-bedroom apartment costs \$262.00 per month. A person with a disability cannot afford this amount. Market value of a two-bedroom apartment in Ketchikan.



38
The number of schoolchildren (K-12) in Ketchikan who were homeless at one time in the 2005-2006 school year.

20,000
The number of low income Alaskans spending over 50% of their income on housing.

16%
The percentage of homeless people in Alaska who are victims of domestic violence.

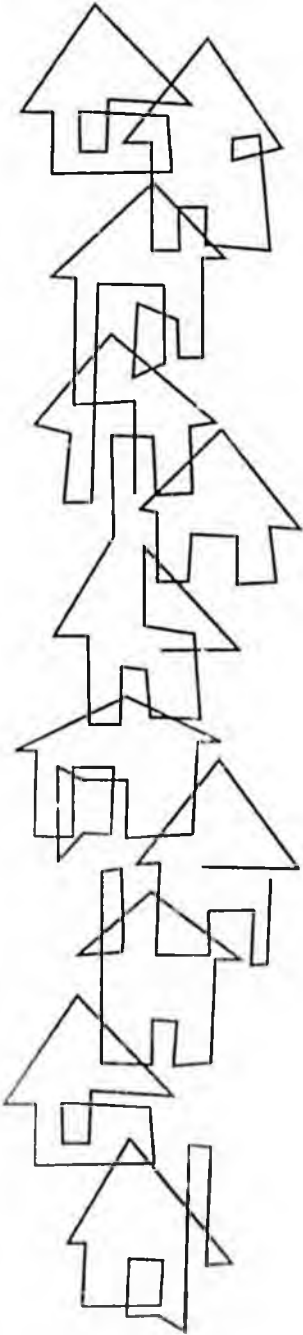
9%
The percentage of homeless people in Alaska who are veterans.



Homeless Housing Trust, P.O. Box 1000, Ketchikan, Alaska 99901. Phone: 907-235-1111. Fax: 907-235-1112. Website: www.alaskahousingtrust.org.
 Alaska Housing Trust, P.O. Box 1000, Ketchikan, Alaska 99901. Phone: 907-235-1111. Fax: 907-235-1112. Website: www.alaskahousingtrust.org.
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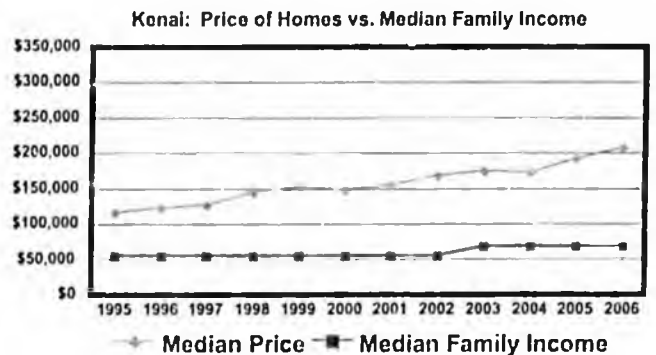


In Kenai, housing prices have moved out of reach for ordinary people.



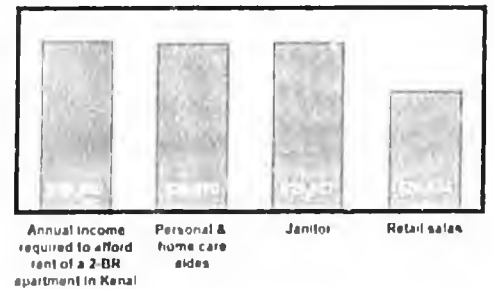
Working Alaskans in Kenai cannot afford to buy a house.

In the past ten years, the cost of a single family home in Kenai has increased by over 78%, while median family income has increased by only 25%.



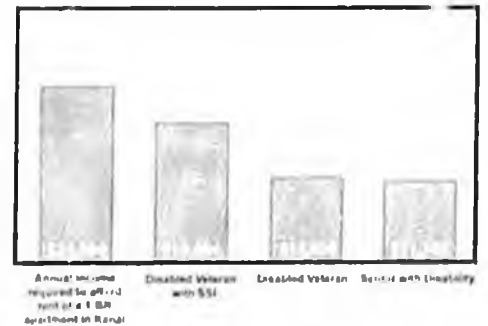
Working Alaskans in Kenai cannot afford to rent an apartment.

A person living in Kenai must earn \$13.60 per hour to afford the average fair market rent for a two-bedroom apartment of \$772.00 monthly. A person earning minimum wage must work 26 hours to afford this cost.



Seniors, veterans, and disabled Alaskans in Kenai are at risk of homelessness.

People living on fixed incomes, including seniors, youth, disabled, and veterans, cannot afford to rent a fair market rate number of an apartment in Kenai.



241

The number of schoolchildren (K-12) in Kenai who were homeless at one time in the 2005-2006 school year.

34

The number of children in preschool in Kenai who were homeless at one time in the 2005-2006 school year.

20,000

The number of low-income Alaskans spending over 50% of their income on housing.*

16%

The percentage of homeless people in Alaska who are victims of domestic violence †

9%

The percentage of homeless people in Alaska who are veterans. ‡



* "There's no one in a shelter & a shelter year." Alaska Department of Education and Early Development, Homeless Children, Youth, & Families. Alaska Department of Education and Early Development, Alaska's Homeless and Family Development Crisis-related Data, 2011-02-18 to 5-year period from 2005-10.
 † AFDC's Statewide Homeless Survey, Winter 2006.
 ‡ AFDC's Statewide Homeless Survey, Winter 2006.
 Data on rent, public program, and income collected from Alaska Housing Finance Corporation, U.S. Census Bureau, and Alaska Department of Education and Early Development.

