

ALASKA LEGISLATURE COMMITTEE FILES, 1989-1990 8672

5624 HOUSE HEALTH, EDUCATION & SOCIAL SERVICES



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Tom Butler

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Date

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ALASKA STATE BOARD OF EDUCATION

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DEPARTMENT OF HEALTH & SOCIAL SERVICES
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PLM
LIB.002

AK Mental Health
Brd.

HOUSE HESS COMMITTEE

- 1) CALL MEETING TO ORDER
- 2) NOTE MONTH/DAY/YEAR Tuesday, February 28, 1989
- 3) NOTE TIME:
- 4) NOTE MEMBERS PRESENT AND EXCUSED
 (For the record, note any late arrivals to the meeting)
- 5) REMIND PARTICIPANTS TO SIGN WITNESS REGISTER
- 6) COMMITTEE CALENDAR:
 Alaska Mental Health Board
 HB 65: Adult Public Assistance
- 7) INTRODUCE WITNESSES
 For the record, ask witnesses to state their name, title
 and the name of the firm or agency they represent.
 Ask witnesses with written testimony to submit it to the
 committee secretary.
- 8) UPCOMING COMMITTEE MEETING SCHEDULE: See attached
- 9) ANNOUNCE TIME OF ADJOURNMENT

Goll ? 'S

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES



P.O. BOX V, JUNEAU 99811
(907) 465-3759

HOUSE HESS COMMITTEE

Committee Schedule
February 27 - March 10, 1989

(*indicates first public hearing)

HOUSE HESS Capitol Rm. 106 8:30 a.m.
465-3759 or 60 T - W - Th - F

~~Monday, February 27, 1989~~

~~Subcommittee on Insurance for school/states aid
for school construction~~

~~Joint meeting with Senate HESS re: State Board
of Education - Butrovich Room~~

~~Tuesday, February 28, 1989~~

~~Alaska Mental Health Board~~

~~HB 65: Public assistance during institutionalization~~

Wednesday, March 1, 1989

HJR 13: Constitutional amendment: permanent endowment
for education

HB 10: Forgiveness of health care providers/student

*HB 23: Credit for part-time service in PERS and TERS
loans

Thursday, March 2, 1989

HB 66: Establish Children & Youth Commission

HB 80: Increasing excise tax on cigarettes

HB 141: License retail tobacco sales

-over-

House HESS Committee
Schedule

Friday, March 3, 1989

HB 70: Pharmaceutical medical assistance for needy
persons

HB 152: UAA Geographic Information Technology Program

HB 153: Approp: UAA Geographic Information Technology
Program

NOTE: March 7 - 10: Bills related to foster care, children
and youth

HOUSE HESS REPORT 2/28/89

1. Introduction
2. Greene
3. Progress in the Mental Health Program of Alaska
4. Progress in Statute & Regulation Review
5. Recommendations to Meet Necessary Expenses

Introduction

The Alaska Mental Health Board established by the Legislature as a critical element in negotiated settlement of the mental health lands trust Lawsuit.

Included within the Boards powers, duties and responsibilities is reporting to the Legislature and meeting with appropriate legislative committees. House HESS is one of those committees.

Introduce those present for AMHB

Mention topics to be reported on and discussed: From Outline (Board activities on behalf of a comprehensive and integrated mental health program for the state, including all beneficiaries of the mental health trust; Progress in the Mental Health Program in the areas of determination of needs, program evaluation, program planning, and program implementation; briefly touch on recommendations to meet the necessary operating and capital expenses of the mental health program of the state;

Progress on statute and regulation review.

Greene

- 2.1. DD
- 2.2. CAWP
- 2.3. SSMI
- 2.4. Mental Health Generally

DD

- 2.1.1. Case Management/Individualized Services
- 2.1.2. Program Monitoring
- 2.1.3. ARC
- 2.1.4. Dually diagnosed

CAWP

- 2.2.1. Right to Treatment
- 2.2.2. Diagnostic & Treatment Standards
- 2.2.3. Draft Additions to the MH Plan for this beneficiary Group

SSMI

2.3.1. OAC: Recommendations

2.3.2. OBRA

2.3.3. No one else budgeted or has the responsibility

Mental Health Generally

- 2.4.1. Insurance
- 2.4.2. Title 37
- 2.4.3. Consumer Input & Involvement

Progress in the Mental Health Program of Alaska

- 3.1. Progress in Determination of Need
- 3.2. Progress in Program Evaluation
- 3.3. Progress in Program Planning
- 3.4. Progress in Program Implementation

Progress in Determination of Need

3.1.1. Surveys

3.1.2. Allocation formula

Surveys

- 3.1.1.1. Municipal Officials
- 3.1.1.2. Health Association of Alaska
- 3.1.1.3. Community MH Programs

Allocation formula

3.1.2.1. Toward Measurement of MH Need on Regional Basis

Progress in Program Evaluation

3.2.1. MIS

3.2.2. API Site Visit

3.2.3. Community Program Visits

Community Program Visits

3.2.3.1. Anchorage, Juneau, Fairbanks

3.2.3.2. Kenai, Homer, Aniak, Bethel, Tok, Fort Yukon, Wasilla

Progress in Program Planning

3.3.1. Proposed Amendments

3.3.2. Capital Improvement Fund 10%

3.3.3. Human Resource Development Initiative:UofA & Native Health Groups

3.3.4. Coordination:

Proposed Amendments

- 3.3.1.1. Chronic Alcoholics who suffer from psychoses
- 3.3.1.2. Specialized Services for the Elderly (SSMI)
- 3.3.1.3. PL 99-660/ CMI/SED

Capital Improvement Fund 10%

3.3.2.1. Long Range Planning

Coordination:

3.3.4.1. Greene Group as AMHB Initiative

Greene Group as AMHB Initiative

3.3.4.1.1. OAC

3.3.4.1.2. Gov's Council

3.3.4.1.3. Advisory Board on Alcohol & Drug Abuse

3.3.4.1.4. Representatives of Plaintiffs & Interveners

Progress in Program Implementation

3.4.1. Community Based Housing

3.4.2. Rural Programs/Suicide Prevention Senate Initiative

Progress in Statute & Regulation Review

- 4.1. Mental Health Insurance: Resolution 89-1
- 4.2. AS47.30 Emergency Detention for Evaluation
- 4.3. Right to Treatment: Resolution 89-3
- 4.4. Chapter 48

AS47.30 Emergency Detention fo Evaluation

4.2.1. Resolution 89-2

Chapter 48

4.4.1. Resolution 89-4

4.4.2. Resolution 89-5

CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**

Chapter 48

4.4.1. Resolution 89-4

4.4.2. Resolution 89-5

Resolution 89-4

The Alaska Mental Health Board intends to take further public testimony and engage in additional deliberation on (the issues of the role/strength of the board, active Trust management by a Trustee, oversight of lands use and re-evaluation, AMHB coordination with other bodies, equitable distribution of trust funds, use of trust revenues for different services part of or related to the program) and may recommend to the Governor and Legislature amendments to existing statutes concerning the Alaska Mental Health Trust management and oversight of the lands and also concerning the planning, oversight and administration of the mental health program as it serves all the beneficiaries of the mental health Trust.

Resolution 89-5

An independent trustee should be designated for the mental health trust for the purpose of protecting the trust and to insure that proceeds and income of the trust shall first be applied to meet the necessary expenses of the mental health program of Alaska.

Recommendations to Meet Necessary Expenses

- 5.1. Operating: Increment over Adjusted Base of \$15,791,800
- 5.2. Capital: 10%, estimated at \$6,940,000

AMHB Resolution 89-1

Whereas, the Alaska Mental Health Board is charged with reviewing statutes applicable to the mental health program of Alaska and with recommending appropriate changes, and,

Whereas, the Board has the duty to discourage duplication of services and promote efficient and coordinated use of federal, state, and private resources in the provision of mental health services, and,

Whereas payment for services through mental health insurance coverage is a major private resource for funding state wide comprehensive mental health services, and,

Whereas, present state law fails to provide for mental health insurance coverage in a manner treating mental illnesses and conditions equitably compared to other categories of illness or condition, and,

Whereas, persons with mental and emotional conditions can benefit from mental health services, whether or not paid for by the mental health trust, and,

Whereas, the provision of mental health services for persons with less severe conditions is in the public good, and,

Whereas, if these services are to be obtained from either the private or public sector they must be paid for, and,

Whereas, the reasonable source for funding these services is through the benefits of appropriate mental health insurance coverage, and,

Whereas, universally available mental health coverage comparable to health coverage for other conditions is in the best interest of the citizens of the state as well as essential to the provision of a comprehensive and integrated mental health program,

Now therefore be it resolved that,

The Alaska Mental Health Board supports development of legislation regarding mental health insurance coverage that:

1. mandates that all health insurance policies offered in the state include mental health coverage;

2. that the mandated coverage must be comparable to that coverage offered for other ailments in particular comparable with regard to deductibles and percentage of reasonable and allowable charges born by the policy as opposed to the beneficiary;

3. that ensures consideration of the nature, severity, typical course and prognosis of the mental illness or condition being covered and also considers the reasonable and allowable charges for the necessary and/or beneficial mental health services for such conditions;

4. that ensures mental health services can be directly compensated to service providers licensed and/or certified in the state when practicing within their area of competency;

5. that considers appropriate utilization of proceeds of the mental health lands trust for reinsurance provisions, and,

6. that recognizes the appropriate role of private health insurance in the funding of mental health services within a comprehensive and integrated mental health program for the state.

The Resolution passed unanimously.

Dated the 26th of February, 1989

Thelma Langdon, Chairperson
Alaska Mental Health Board

Attest: _____
Patricia Ryan-Clasby, Secretary/Treasurer
Alaska Mental Health Board

AMHB RESOLUTION 89-2

WHEREAS AS 47.30 Section 705, Emergency Detention for Evaluation, authorizes physicians and licensed psychologists who have probable cause to believe that a person is gravely disabled or is suffering from mental illness and is likely to cause serious harm to self or others of such immediate nature that considerations of safety do not allow initiation of involuntary commitment procedures set out in AS 47.30.700 to "cause the person to be taken into custody and delivered to the nearest evaluation facility"; and

WHEREAS no provision exists in statute or in regulation which specifies how physicians or mental health professionals may safely cause mentally ill persons to be taken into custody; and

WHEREAS the safety and welfare of mentally ill persons and of the public would be served by fully implementing the intent of AS 47.30.705 cited above; and

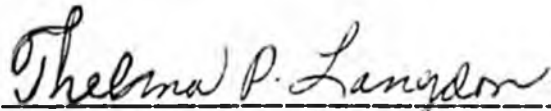
WHEREAS the purposes of AS 47.30.705 and the public welfare and safety would be furthered by extending the powers granted to licensed clinical psychologists and physicians under this section to other mental health professionals as defined in AS 47.30.915(11).

Now therefore be it resolved,

That the AMHB urges the Alaska Legislature to amend AS 47.30 Section 705 in such a manner as to authorize peace officers to take mentally ill persons into custody upon receipt of a properly executed Peace Officer/Mental Health Professional Application for Examination from a mental health professional as defined in AS 47.30.915(11).


The Resolution passed with one abstention.

Dated the 26th of February, 1989



Thelma Langdon, Chairperson
Alaska Mental Health Board

Attest:



Patricia Ryan-Clasby, Secretary/Treasurer
Alaska Mental Health Board

AMHB RESOLUTION 89-3

WHEREAS there are in Alaska mentally ill persons who also suffer from alcoholism, drug addiction, or other forms of substance abuse; and

WHEREAS the state through its Department of Health and Social Services provides funding for a variety of substance abuse programs which offer treatment and rehabilitation for alcoholism, drug abuse, and other substance abuse disorders; and

WHEREAS some publicly-funded substance abuse treatment and rehabilitation programs require as a condition of admission and treatment that persons in treatment refrain from the use of psychotropic drugs, including those prescribed by a physician; and

WHEREAS persons who suffer from mental illness often are required as a result of their condition to regularly take psychotropic medications as prescribed by their physicians; and

WHEREAS refusal of substance abuse treatment to persons who take psychotropic medications as prescribed by their physicians represents discrimination against these mentally ill persons; and

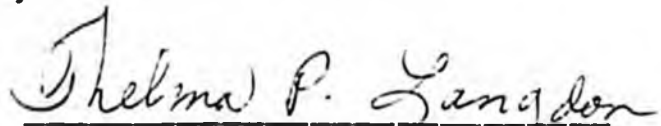
WHEREAS mentally ill persons, including those who are taking medications prescribed by a physician, are entitled to equal access to publicly funded substance abuse treatment programs;

Now therefore be it resolved that,

The Alaska Mental Health Board urges the Department of Health and Social Services to include as a condition of grant award of all substance abuse treatment program grants, a prohibition against discrimination in services based on the use of any medications which have been properly prescribed by a physician.

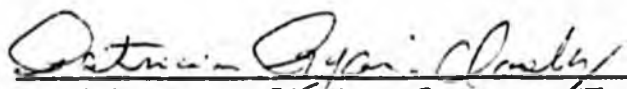
The Resolution passed unanimously.

Dated the 26th of February, 1989



Thelma Langdon, Chairperson
Alaska Mental Health Board

Attest:



Patricia Ryan-Crasby, Secretary/Treasurer
Alaska Mental Health Board

AMHB Resolution 89-4

Whereas, the Alaska Mental Health Board has made the following findings:

Persons representing the plaintiffs in the Weiss litigation and the State believed a strong board was essential. While many of the provisions in Chapter 48 are interpreted by the AMHB members as setting forth the Board's responsibility and authority, the Executive Branch's interpretation is that the Board is "Advisory". This differing perception of the Board's role has created problems in accomplishing the Board's work and has resulted in extensive duplication of effort, and strained relationships in the areas of budgeting, needs assessment, evaluation, and planning.

The Interim Mental Health Trust Commission recommendations of February 1988 called for active management of the trust with a designated trustee. "This requires that the Trustee (a division in an existing department, a special board, a corporation, etc.) be clearly designated and empowered for that purpose and capable of operating as an active managing Trustee."

The lack of a Trustee has resulted in many executive branch departments, which have their own programs and procedures, being unable to attend to the fiduciary responsibility of trustee because of competing State needs and priorities. One issue in particular is the lack of oversight on the lands evaluation, trades, re-evaluation and management.

The composition of the Mental Health Board needs to be re-examined in light of the "Greene" decision. Because statutorily created bodies exist in many areas which might seem overlapping such as: Governor's Council for Handicapped and Gifted, Advisory Board on Alcoholism and Drug Abuse, and Older Alaskans Commission, we believe the Alaska Mental Health Board needs to continue its' focus on the needs of the mentally ill including all the persons who have serious mental health needs who are aging, developmentally disabled, or because of alcohol abuse, dementia, or childhood onset mental disability.

There is a need for equitable distribution of trust resources and for a method of ensuring that those beneficiaries who are the "core" beneficiaries receive the benefits of the mental health trust before

using Trust funds for other public purposes. The grant process now used is time consuming, cumbersome and inequitable.

Until members of the class are clearly identified through a screening process (especially for chronic alcoholics who suffer from psychosis) it is very difficult to determine how much of each "program" should be charged to trust revenues. A great deal of work still needs to be done in this area. Funding through designated Budget Request Units adds another level of complexity.

Now therefore be it resolved that,

The Alaska Mental Health Board intends to take further public testimony and engage in additional deliberation on these issues and may recommend to the Governor and Legislature amendments to existing statutes concerning the Alaska Mental Health Trust management and oversight of the lands and also concerning the planning, oversight and administration of the mental health program as it serves all the beneficiaries of the mental health Trust.

Resolution Passed with one opposed and one abstention.

Dated the 26th of February, 1989

Thelma Langdon, Chairperson
Alaska Mental Health Board

Attest:

Patricia Ryan-Clasby, Secretary/Treasurer
Alaska Mental Health Board

AMHB RESOLUTION 89-5

An independent trustee should be designated for the mental health trust for the purpose of protecting the trust and to insure that proceeds and income of the trust shall first be applied to meet the necessary expenses of the mental health program of Alaska.

The Resolution Passed with two abstentions.

Dated the 26th of February, 1989

Thelma Langdon, Chairperson
Alaska Mental Health Board

Attest:

Patricia Ryan-Clasby, Secretary/Treasurer
Alaska Mental Health Board

ALASKA MENTAL HEALTH BOARD

Human Resource Development Issues -- DRAFT

Alaska's size, geography, and cultural diversity have created unique problems in all areas of human service delivery. There are parallel, reoccurring, thorny problems associated with delivery of health care, education, social services, law enforcement, and most kinds of technical assistance in Alaska. Although these problems are most apparent in rural areas, they are not confined to the bush. They affect services in all areas of the state.

Alaska has historically relied on out of state institutions to supply the state with mental health professionals. While the population was small and the needs were few, this was acceptable. Alaska's population has grown to the point that there is now a need and a demand for locally developed human services programs. In addition over the last several years, there has been a growing awareness of Alaska's unique problems and a recognition of the need for programs that address these problems.

Alaska has many of the same mental health human resource needs seen in other areas of the nation. Alaska needs people trained to work with the chronically mentally ill, including the special needs of children, youth, and those in forensic institutions, the dually diagnosed (i.e. mentally ill and alcoholic), the elderly, the developmentally disabled, etc.

Overlaid over this are significant cultural differences between Alaska's Native and non-Native populations and lifestyle differences between Alaska's rural and urban areas. These differences create unusual circumstances for most service providers who move to Alaska from out of state.

Mental health professionals who move here to live and work in Alaska's urban areas must make some adjustments and learn varying amounts about Alaska's cultural diversity depending on their situation. Mental health professionals who relocate from the "lower 48" to rural Alaska virtually step off the plane into another country. Not only must they make significant adjustments to their physical surroundings, they must also attempt to provide mental health services to people whose cultures and languages are foreign. They receive varying degrees of orientation, but no significant or on-going training.

The fact that Alaska's Native communities are highly stressed further complicates the situation. Since contact with western culture, there has been a virtual tidal wave of change in rural Alaska which has accelerated in recent decades. As a result, Alaska's rural communities have some of the highest rates in the world for accidental death, suicide, and alcohol and drug abuse. The few mental health professionals working in rural Alaska attempt to sort out a set of seemingly inter-related risk factors that all but defy overall comprehension.

Because they work in isolated circumstances facing a variety of mental health problems, they frequently find themselves practicing beyond the limits of their training and expertise. The resulting problems exacerbate the stress level of a community and undermine the credibility of the profession.

All of these factors contribute to a high turnover rate for mental health workers in rural Alaska. Mental health professionals tend to stay in rural communities anywhere from a few months to a few years. Many leave at about the time

they are beginning to be known, trusted, and functioning in their communities.

The professionals who do stay in Alaska find it difficult to keep up with current developments in their field without leaving the state. Because there are few educational programs and no on-going research in mental health, there is little growth in professional understanding of Alaska's problems. The net result of all of these factors is a mental health system that is under-staffed, under-trained, and unable to significantly affect the problems of rural Alaska.

Alaska needs both professional and paraprofessional human service training programs. Ideally these programs should be integrated so that paraprofessionals who chose to pursue their education can eventually achieve professional standing. Programs directed toward the needs of rural Alaska must be culturally sensitive and delivered in a manner that is acceptable to rural communities. This may mean a combination of short courses, workshops, distance delivered programs, and traditional on-campus programs.

Professionals working in rural Alaska need support and oversight. Alaska needs to protect and enhance the human service providers working in difficult and challenging circumstances.

The immediate, short term goals should be the development of paraprofessional programs that meet immediate, pressing needs and support systems for existing human service providers. The long term goal should be an integrated, comprehensive curriculum using a career ladder approach that will provide for Alaska's human service training needs.

Alaska has long recognized the efficacy of training Alaskans to meet the work force needs in education, mining, fishing, agriculture, engineering, and law enforcement. It is now time to develop the same capacity in human services, particularly mental health. The Alaska Mental Health Board seeks cooperation with the University of Alaska and the Native community leadership to develop an Alaska based pool of professionals and paraprofessionals to address the people problems of our state.

**RESOLUTION REGARDING HUMAN RESOURCE DEVELOPMENT IN
ALASKA -- DRAFT**

WHEREAS Alaska's size, geography and cultural diversity including significant minority population has created unique problems in all areas of human service delivery; and

WHEREAS Alaska has historically relied on out of state institutions to supply most of its mental health professionals; and

WHEREAS Alaska has the same mental health human resource needs as are seen in other areas of the nation; and

WHEREAS many of Alaska's rural communities are highly stressed and have some of the highest rates in the world for accidental death, suicide, alcohol and drug abuse; and

WHEREAS mental health workers in isolated circumstances frequently find themselves practicing beyond the limits of their training and expertise; and

WHEREAS professionals who do stay in Alaska find it difficult to keep up with current developments in their field without leaving the state; and

WHEREAS professionals working in rural Alaska need support; and

WHEREAS there appears to be a great need for both professional and paraprofessional human service training programs;

THEREFORE BE IT RESOLVED that the Alaska Mental Health Board seeks cooperation and coordination with the University

of Alaska and the Native Community leadership to develop an Alaskan based pool of professionals and paraprofessionals to address the people problems of our State; and

BE IT FURTHER RESOLVED that the Alaska Mental Health Board requests the Department of Health and Social Services to analyze the Human Resource Development Survey and develop with the Alaska Mental Health Board a plan for Human Resource training.

*all 5
reports*

ALASKA MENTAL HEALTH BOARD
FY90 BUDGET INCREMENT
RECOMMENDATIONS FOR THE
COMPREHENSIVE MENTAL HEALTH PROGRAM
OF ALASKA TO PROVIDE
MENTAL HEALTH SERVICES FOR
THE SENILE SERIOUSLY MENTALLY ILL

The April 1988 Decision and Order issued by Superior Court Judge Greene requires the inclusion of mental health services for "senile persons who as a result of their senility suffer major mental illness" within the state comprehensive mental health program. The AMHB has already recommended some improvements in mental health services for Alaska's elderly. For the 1989 fiscal year the Board had recommended and the Legislature had funded an expanded administrative capacity for mental health services to seniors. The additional staff will be able to manage implementation of the improvements in this service area recommended by the AMHB for FY 90. To assist FY 90 planning and budgetary activities the AMHB received written and verbal testimony regarding necessary mental health services for the senile seriously mentally ill (SSMI). Boardmembers reviewed statistical information regarding the SSMI population in Alaska and other relevant documents including reports from the Older Alaskans Commission and from the Alzheimer's Disease Family Support Group in Alaska. The information gathered added to the Boardmembers' extant knowledge in this mental health service area. The AMHB developed relevant additions and revisions to goals and objectives within the state comprehensive mental health plan. Those amendments to the plan will help improve mental health services for the senile seriously mentally ill. The applicable goals and objectives from the plan, including the revisions, follow:

GOALS AND OBJECTIVES

Goal A: Establish specialized services for the elderly as required based on local needs assessment.

Objective 1: Encourage local needs assessments regarding elderly population.

Objective 2: Establish services for seniors in community mental health centers where needed to provide individual therapy, group therapy, testing and evaluation, psychiatric evaluation and medication monitoring, and case management services. Services may include a mobile unit to travel to seniors who have difficulty utilizing transportation.

Objective 3: Expand day treatment programs for the elderly mentally ill who could benefit from a structured day program, including those with Alzheimer's or similar disorders.

Objective 4: Establish support group services, inservice training for other agencies who serve the aging, and education/prevention programming in all CMHCs.

Objective 5: Train 24 hour emergency services staff to provide preliminary diagnosis and referral services to the elderly. Provide on-call backup from CMHC staff with specialized training in services to the elderly.

Goal B: Begin a special initiative for Alzheimer's victims to provide family support and appropriate residential or in-home care.

Objective 1: Utilize local and state needs assessment data to define an array of appropriate services for Alzheimer's victims.

Objective 2: Provide necessary technical assistance for program start-up and ongoing training.

Objective 3: Support expansion of in-home respite care.

Objective 4: Assure that case management services are available for 75% of senile persons, who as a result of their senility suffer major mental illness, in all Level IV communities by 1990.

Objective 5: Assure that respite care services are available for senile persons, who as a result of their senility suffer major mental illness, in all Level IV communities by 1990.

Objective 6: Implement rural case management services for senile persons, who as a result of their senility suffer major mental illness, in portions of Northern, Southcentral, and Southeastern Alaska by 1990.

Goal C: Provide an ongoing training team to provide training to CMHC and other staff who work with the elderly mentally ill (including victims of Alzheimer's disease).

Objective 1: Establish a mobile team of trained staff who could travel to subregional areas to perform evaluations, consult on program design, and train other staff. The team would specialize in the needs of Alaskan rural elderly and Alaskan Native elderly, and would include bilingual/bicultural staff.

D. Goal: Establish a DMHDD administrative capacity to supervise statewide programs for the elderly.

Objective 1: Include an administrator trained in needs of elderly at the state level.

Objective 2: Mobilize a special interdisciplinary team to review cases in existing adult day care facilities, mental health centers, long term care and other residential facilities to diagnose and identify persons with senile dementias and Alzheimer's disease.

After developing goals and objectives for SSMI mental health services the AMHB developed FY90 budgetary recommendations. Recommended FY90 increments for necessary SSMI services total \$663,000 in operating funds. The specific increments are presented in the following spreadsheet.

	Components	BRU
	Total	Total
DEPT OF HEALTH & SOCIAL SRVCS		
Institutions & Administration		110.0
Mental Health Administration	110.0	
Community Mental Health Grants		553.0
Community Mental Health Grants	553.0	
Operating Total for SSMI	663.0	663.0

DEPARTMENT OF HEALTH & SOCIAL SERVICES

INSTITUTIONS & ADMINISTRATION (\$110,000)

MENTAL HEALTH ADMINISTRATION (\$110,000)

The AMHB recommends an FY 90 increment of 110.0 to the Mental Health Administration component of the Institutions and Administration BRU in order to address human resource development needs for delivery of SSMI mental health services and enhanced administrative capacity to implement necessary services (60.0).

Program Development

Human Resource Development

It is vitally important that those serving the senior population have the skills necessary to accurately screen and evaluate the presence of serious mental illness often suffered by members of the senior population. Such

screening and evaluation, by trained senior services and mental health service providers is a critical first step in the design of appropriate individual mental health treatment plans. The AMHB advises this project be accomplished through contractual funds (50.0 Line 21) within DMH&DD and also that the contract specifications and scope of work be approved by AMHB. The training opportunity must be offered to senior service providers state wide. To ensure this availability the training should be developed in cooperation with the Older Alaskans Commission. This Human resource development project will partially address Objectives 2, 4 and 5 of Goal A within the state plan for mental health services for the elderly.

Program Implementation

The addition of a full time position specializing in mental health services for seniors is advised (60.0). There must be an improved central office administrative capacity to implement mental health program improvements necessitated by Judge Greene's ruling regarding senile people. DHSS analysis comments upon this recommended increment include, "Within Alaska there is a need for a planned, integrated system of mental health services for older people...With a central office specialist, the Division can plan for the necessary range of services and can work with local mental health agencies to assure that appropriate programs are developed." DHSS supports this increment.

COMMUNITY MENTAL HEALTH GRANTS (\$553,000)

COMMUNITY MENTAL HEALTH GRANTS (\$553,000)

Alaskan mental health services for the SSMI population lack important aspects of program development such as a cadre of trained providers. Despite programmatic shortcomings, some improvement and expansion of direct services for this population is long overdue and very important to include in the FY 90 mental health operating budget. The AMHB recommends an increment of 553.0 to the Community Mental Health

Grants component of the CMHG BRU in order to fund needed expansion of direct mental health services for the SSMI population.

Expand Program Implementation

Daycare Services

Programs that provide daycare services for the SSMI population are not sufficiently available in the state. The AMHB recommends an additional 425.5 (Line 38) to expand these essential services. This increment will address Objectives 2 and 3 of Goal A in the state plan for mental health services for the elderly.

At present, persons in the SSMI population are too often placed in settings that are more restrictive and less humane than required by their mental and physical condition. The AMHB recommends expansion of daycare services, based upon documented community need, and using the competitive grant award process. This expansion will help prevent unnecessary institutionalization and will help family care givers to maintain their own employment while continuing to be the primary care givers for their SSMI family members. It is yet to be determined whether DMH&DD or some other state administrative unit will manage and monitor state funded mental health daycare services for persons in the SSMI population. Regardless of the eventual administrative unit, the purpose and scope of work for the proposed competitive grant process should be developed conjointly with AMHB and approved by the Board prior to solicitation of proposals. The daycare expansion should be implemented in collaboration with the Older Alaskans Commission.

Respite Care Services

The AMHB recognizes that persons in the SSMI population, their families and primary care givers need and benefit from respite care services. At present there are not enough respite care services available for the SSMI population in the state. Expansion of respite services will prevent unnecessary institutionalization and will allow family members a break or

respite from the demands of constant care giving. The AMHB recommends an additional 127.5 (Line 39) to fund expanded respite care services for treatment of the SSMI population. This increment would address Objectives 3 and 5 of Goal B in the state plan for mental health services for the elderly. The funds should be used to procure services through competitive grant awards. Just as with expansion of daycare services, this grant process should be accomplished conjointly with AMHB and the scope of work approved by the Board prior to solicitation of proposals. This project should include collaboration with the Older Alaskans Commission.

ALASKA MENTAL HEALTH BOARD
FY90 BUDGET INCREMENT
RECOMMENDATIONS FOR THE
COMPREHENSIVE MENTAL HEALTH PROGRAM
OF ALASKA TO PROVIDE
MENTAL HEALTH SERVICES FOR
CHRONIC ALCOHOLICS WITH PSYCHOSES

The April 1988 Decision and Order issued by Superior court Judge Greene requires the inclusion of services for "chronic alcoholics who suffer from psychoses" within the state comprehensive mental health program. To assist planning and budgetary activities the AMHB received written and verbal testimony regarding necessary mental health services for chronic alcoholics with psychoses (CAWP). However, last year, there were over 5,000 incidents in which inebriated Alaskans were held in jail because of the non-availability of appropriate programs and facilities. This situation is clearly unacceptable. An as yet unknown proportion of those persons held in jails would be diagnosable as chronic alcoholics suffering from psychoses. Another area of obvious unmet need is for additional long term care beds for chronic alcoholics suffering from psychosis. The AMHB was able to develop goals and objectives to improve mental health services for chronic alcoholics who suffer from psychoses for the state mental health program. Those goals and objectives follow:

GOALS AND OBJECTIVES

Some necessary initial steps are readily apparent for developing a comprehensive, integrated mental health service system for chronic alcoholics with psychoses. The following goals and objectives developed by AMHB identify the population to be served, begin to

plan comprehensive treatment services, and partially address immediate service needs.

Goal A: Identify the population of chronic alcoholics with psychoses in the state who are in need of services.

Objective 1: Develop an assessment procedure and strategy to be used statewide to differentiate chronic alcoholics with psychoses from non-psychotic chronic alcoholics.

Objective 2: Develop and complete an interdisciplinary study that will identify the population of chronic alcoholics with psychoses.

Goal B: Develop a comprehensive plan for the treatment and care of chronic alcoholics with psychoses.

Objective 1: Establish an interdisciplinary advisory group to develop a plan for the treatment of chronic alcoholics with psychoses that will address appropriate emergency, treatment, rehabilitation, residential, vocational and other supportive needs such as case management.

Objective 2: Develop appropriate training plans for persons who will be serving the mental health needs of chronic alcoholics with psychoses.

Objective 3: Develop a co-funding policy for services to chronic alcoholics with psychoses.

Goal C: Assure that critical care needs of chronic alcoholics with psychoses are met during periods of assessment and study.

Objective 1: Ensure access to appropriate detoxification services for chronic alcoholics with psychoses in all Level III and IV communities.

Objective 2: Increase the number of long term treatment beds for chronic alcoholics with psychoses by 50% by the end of fiscal year 1990.

The funding proposed this year is intended as an immediate necessary response to critically important unmet needs, while

proceeding to identify the actual population of CAWPs. It should be emphasized that in future years, it is the expectation of the AMHB that funding of many services for CAWPs will be accomplished through proportional funding of SOADA program components, based on the proportion of persons using such services who meet relevant diagnostic criteria, or by reserving some funded services specifically for this priority population. The Board recognizes that in years to come, the CAWP's proportionate share of detoxification costs will doubtless be less than that recommended this year and some costs will have to be assumed for other services such as outpatient and intermediate care, respite services, and in-home care.

After developing goals and objectives for CAWP mental health services the AMHB developed FY90 budgetary recommendations. Recommended FY90 increments for necessary CAWP services total \$1,222,000 in operating funds. The specific increments for FY 90 are presented in the following spreadsheet.

	A	B	C
1		Component	BRU
2		Total	Total
3	DEPT CF HEALTH & SOCIAL SRVCS		
4			
5	Institutions & Administration		47.0
6	Mental Health Administration	47.0	
7			
8	State Office of Alcohol & Drug Abuse		
9	Alcohol & Drug Abuse Services		1,175.0
10	Alcohol Abuse Grants	1,175.0	
11			
12	Total CAWP Operating	1,222.0	1,222.0
13			
14			
15	Grand Total CAWP FY 90	1,222.0	1,222.0

DEPARTMENT OF HEALTH & SOCIAL SERVICES

INSTITUTIONS & ADMINISTRATION (\$47,000)

MENTAL HEALTH ADMINISTRATION (\$47,000)

The AMHB recommends an FY 90 increment of 47.0 to the Mental Health Administration component of the Institutions and Administration BRU in order to address critical program planning and development issues regarding CAWP mental health services.

Program Planning

Diagnostic Standards

It is vitally important that a standardized assessment procedure be developed for state wide use within programs serving the CAWP population. No such state standard exists at present. The diagnostic and assessment procedure must allow differential diagnosis of psychotic chronic alcoholics from others less severely impaired by alcohol abuse. Such diagnosis, by competent providers, is a critical first step in the design of appropriate individual mental health treatment plans. The AMHB advises this planning project be accomplished through contractual funds (10.0 Line 14) within DMH&DD and also that the contract specifications and scope of work be approved by AMHB. These funds address Objective 1 of Goal A within the proposed AMHB CAWP amendments to the State Mental Health Plan.

Treatment Standards

The AMHB advises the formation of an internal working group consisting of representatives from SOADA, DMH&DD, AMHB and the Governor's Advisory Board on Alcohol and Drug Abuse. The purpose of the group would be to establish an interagency plan for developing an integrated system of treatment standards, services, and procedures for chronic alcoholics with psychoses. The work product of this group would be presented to the AMHB. The Board, in turn, would examine the product and appropriately incorporate it into the state

comprehensive mental health plan. An increment of 12.0 (Line 15) is recommended for the purpose of convening such a group. These funds address Objective 2 of Goal A and Objective 1 of Goal B within the proposed AMHB CAWP amendments to the State Mental Health Plan.

Human Resource Development

Finally, AMHB recognizes the need for specialized training in diagnostic procedures for providers of CAWP services. The AMHB recommends 25.0 (Line 13) of incremental funds within mental health administration for training the various personnel providing care for the CAWP population. The training should address the standardized diagnostic services developed through the previously described program planning project. These funds address Objective 2 of Goal B within the proposed AMHB CAWP amendments to the State Mental Health Plan.

ALCOHOL AND DRUG ABUSE SERVICES (\$1,175,000)

Alaskan mental health services for the CAWP population lack important aspects of program development such as diagnostic and treatment standards and a cadre of trained providers. Despite these programmatic shortcomings, some improvement and expansion of direct services for this population is long overdue and very important to include in the FY 90 mental health operating budget. The AMHB recommends an increment of 1,175.0 to the Alcohol & Drug Abuse Services BRU in order to expand implementation of direct mental health services delivery.

ALCOHOL ABUSE GRANTS (\$1,175,000)

Program Implementation

Long Term Treatment

The AMHB recognizes that some persons in the CAWP population need and benefit from long term treatment services within a supportive environment. At present there are not enough long term treatment (in excess of 6 months) opportunities in the state. The AMHB recommends an additional 175.0 (Line 81) to fund long term treatment of the CAWP population. This increment would address Objective 2 of Goal C within the AMHB CAWP amendments to the State Mental Health Plan, namely, to increase by 50% the number of long term treatment beds for chronic alcoholics with psychoses by the end of FY 90. The funds should be used to procure services through competitive grant awards. This grant process should be accomplished conjointly with AMHB and the scope of work approved by the Board prior to solicitation of proposals.

Expand Program Implementation

Assessment Emergency & Detoxification Services

Services that provide safe effective and humane detoxification of chronic alcoholics with psychoses are not adequately available in the state. The AMHB recommends an additional 1,000.0 (Line 82) to expand these essential services. This increment should partially address Objective 1 of Goal C within the proposed AMHB CAWP amendments to the State Mental Health Plan, namely to ensure access to appropriate detoxification services in all Level III and IV Alaskan communities.

At present, persons in the CAWP population are too often deprived of appropriate services when they are incapacitated by alcohol.

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Protective custody detention in jail is neither a safe nor humane method of caring for these mentally ill persons. Such individuals deserve accurate detoxification, competent mental health and physical health care in approved programs and facilities whether those be inebriate reception centers, detoxification facilities or local hospitals. Standards for such care will be developed through a previously described planning process. The AMHB recommends expansion of diagnostic and detoxification services, based upon documented community need, and using the competitive grant award process through SOADA. The purpose and scope of work for the proposed competitive grant process should be developed conjointly with AMHB.

ALASKA MENTAL HEALTH BOARD
FY90 BUDGET INCREMENT
RECOMMENDATIONS FOR THE
COMPREHENSIVE MENTAL HEALTH PROGRAM
OF ALASKA TO PROVIDE
SERVICES FOR THE MENTALLY DEFECTIVE
AND RETARDED

The April 1988 Decision and Order issued by Superior Court Judge Greene requires the inclusion of services for the "mentally defective and retarded" within the state comprehensive mental health program. Since the conception and creation of the mental health trust 30 years ago, the terms mentally defective and retarded have largely been abandoned in favor of terms which are either far more restrictive and precise (e.g. autistic disorder), or more general and inclusive (e.g. developmentally disabled). No current term exists which is broad enough to fully describe the group of mental health trust fund beneficiaries subnamed under the title presently defective and retarded, yet narrow enough to exclusively describe this group. For the sake of convenience, the term developmentally disabled (DD) is used here to describe the much smaller group actually represented by the "mentally defective and retarded". In so doing, there is no intent or expectation that current broader definitions of DD apply. For planning and budgetary purposes the AMHB provisionally adopted the "Three Year State Plan, 1987-1989" of the Alaska Governor's Council for the Handicapped and Gifted (AGCH&G). In order to develop FY 90 budget increment recommendations, the AMHB reviewed the AGCH&G document, "FY 90 Budget Recommendations for Services to People Who Experience Developmental and Other Disabilities", dated August 29, 1988. That document included AGCH&G goals for FY 90 that implement improvements and expansion of services for the developmentally disabled. The FY 90 goals are consistent with current state DD

planning documents. After reviewing the aforementioned material on DD services the AMHB made the following FY90 budgetary recommendations that address program needs and goals of the AGCH&G.

Recommended FY 90 increments for necessary DD services total \$4,007,000 in operating funds. The specific increments are presented in the following spreadsheet. Narrative justification for the budget recommendations makes up the remainder of this report.

	Component	BRU
	Total	Total
DEPT OF HEALTH & SOCIAL SRVCS		
Institutions & Administration		181.0
Mental Health Administration	181.0	
Community DD Grants		2,850.0
Community DD Grants	2,850.0	
Administrative Services		67.0
Gov's Council Hdcpd/Ghd	67.0	
Health Grants		600.0
Infant Learning Program	600.0	
DIV OF FAMILY & YOUTH SERVICES		
Nursing Component		150.0
State Health Services	150.0	
DEPT OF COMMUNITY & REG AFRS		
Child Assistance		159.0
Child Care Grants	159.0	
Total DD Operating	4,007.0	4,007.0

DEPARTMENT OF HEALTH & SOCIAL SERVICES

INSTITUTIONS & ADMINISTRATION (\$181,000)

MENTAL HEALTH ADMINISTRATION

Within the Mental Health & DD Institutions and Administration Budget Request Unit (BRU) the AMHB recommends an increase over the FY 90 base to the Mental Health Administration Component totaling 181.0. The increase is for two additional state administrative positions as well as contractual funds for program monitoring and for training.

Program Evaluation

Program Monitoring

Safety, security and compliance with service standards requires that DD programs be monitored. The AMHB supports improvement of current monitoring through contracts administered by DMH&DD. An FY90 increase of 75.0 (Line 11) is recommended.

Program Development

Human Resource Development

Those involved in services delivery for the developmentally disabled on behalf of the State of Alaska, must be provided training opportunities that maintain their competency. The AMHB supports an increase of 50.0 (Line 19) in contractual funds within Mental Health Administration in order to provide a conference to update skills of DD providers, training opportunities for DD service consumers, their families and primary care givers, and training in Program Analysis of Service Systems (PASS).

Program Implementation

Administrative Personnel

The AMHB advises the addition of 1 FTE DD Project Assistant (R16), at an FY90 cost for nine months of 34.0 (Line 23). An additional DD Clerk Typist III (R8) is recommended; nine month cost is 22.0 (Line 22).

COMMUNITY DD GRANTS (\$2,850,000)

The AMHB recommends an FY 90 increment to the Community DD Grants BRU totaling \$2,850,000 for necessary DD services. The increase is for necessary funding of many service options that are part of a comprehensive DD service delivery system.

Expand Program Implementation

Respite Care & Family Support

The state DD service system needs an additional 750.0 (Line 60) for respite care services. Respite care is short term care of developmentally disabled persons provided in a family setting (i.e. non-institutional) that allows primary care givers a break or respite from the demands of constant care giving. AGCH&G reports necessary expansion of respite care services for 265 individuals in the Anchorage area and also 47 known families presently unserved by the respite care system. Significant improvement is needed in respite services for high-risk, medically fragile or technology dependent developmentally disabled persons. For existing programs, it is necessary to increase the availability of services, raise the hourly compensation of respite care givers and defray increases in administrative costs such as for liability insurance.

Residential Care

AGCH&G has documented the need for increased residential service funds totaling 2,067.2. DD residential services must be individually designed to meet the needs of the persons served. Findings by GICCY and by the Residential Services Task Force of AGCH&G establish the extensive waiting list for DD residential services as well as the cost effectiveness of such services relative to the institutional care presently provided many DD persons, an increase of 1,000.0 (Line 61) is recommended. This increase in DD Grant funds would be devoted to a variety of appropriate and effective residential alternatives including shared care, foster care, group homes, independent living follow along care, and supported in-home care.

Vocational Services

An additional 850.0 (Line 62) of the Community DD Grants recommended increment is needed to expand the individualized and diversified program of supported employment for developmentally disabled persons. The increase will allow funding of vocational services for the 109 persons still expected to be on the waiting list for the program in FY 90. The program provides different categories of vocational services including enclaves, work crews, supported jobs, sheltered employment and follow along vocational placements.

Individualized Service Options:

The AMHB recommends 250.0 increase to fund service options that as a group are individualized in nature. All such services are essential to keeping developmentally disabled persons out of institutions and in community settings where they can have more productive and rewarding lives. These services include personal care, homemaker services, independent living support programs and individualized services management. Some of these services may be provided by governmental units other than DMH&DD through transfer of funds and reimbursable services agreements.

Independent Living/individualized Assistance

Individually designed programs of DD services require management by persons knowledgeable of the entire spectrum of service options. It is beyond reasonable expectation for DD service consumers or their primary care givers to have thorough knowledge of all the appropriate service options available. The AMHB recommends an increment of 250.0 (Line 65) to fund individualized assistance to manage individual DD service plans so that integrated and effective services are provided. These funds would provide for outreach and other independent living services as well.

NURSING COMPONENT

Division of Family & Youth Services

Expand Program Implementation

HOMEMAKER SERVICES (\$150,000)

A 150.0 (Line 86) increase to fund homemaker services currently being provided by the Division of Family & Youth Services for developmentally disabled persons is recommended by AGCH&G. Twenty-five persons would be provided the household assistance needed to handle the demands of day-to-day life at home. This increment will be used to strengthen the program through the Division of Family and Youth Services.

HEALTH GRANTS (\$600,000)

INFANT LEARNING PROGRAM (\$600,000)

Expand Program Implementation

The AMHB supports the AGCH&G recommendation of a 600.0 (Line 67) increase for the Infant Learning Program within the DHSS Health Grants BRU. The increase is necessary to fund evaluation services, direct services for wait listed or underserved families and unserved areas within the Tanana Chiefs/Interior region and the Aleutian Islands. This is an incremental expansion of the state's federally mandated, coordinated system of early intervention services for handicapped or "high risk" infants and toddlers under age three.

ADMINISTRATIVE SERVICES (\$67,000)

GOVERNOR'S COUNCIL FOR THE HANDICAPPED & GIFTED

The AMHB recommends an FY90 increase of 67.0 for operation of the AGCH&G.

Program Development

An increment of 45.0 (Line 75) is supported for Phase II implementation of the interdepartmental data base for disabled

children and adults. Phase II will integrate all DD community service providers into the state wide information system (SISCO).

Program Implementation

AMHB is recommending the provision of funding for nine months of one additional position, a Data Processing Clerk (R8) at a cost of 22.0 (Line 76).

DEPT OF COMMUNITY & REGIONAL AFFAIRS

CHILD ASSISTANCE

CHILD CARE (\$159.000)

Expand Program Implementation

The AGCH&G has identified underutilization of the child care program within the Department of Community and Regional Affairs by developmentally disabled children. The AGCH&G supports access to generic child care services for disabled children. The AMHB supports the AGCH&G recommended increment of 159.0 (Line 89) to strengthen the DC&RA child care program in order to meet the training, accessibility and equipment needs for serving developmentally disabled children.

ALASKA MENTAL HEALTH BOARD FY 90
BUDGET INCREMENT RECOMMENDATIONS FOR
THE COMPREHENSIVE MENTAL HEALTH
PROGRAM OF ALASKA TO PROVIDE
COMMUNITY SERVICES, INPATIENT SERVICES
AND STATE WIDE PROGRAMS

In April 1988 Superior Court Judge Greene ruled that the mental health program of Alaska must serve certain mentally, emotionally or developmentally disabled persons. Judge Greene identified four groups that must be served by the state mental health program specifically "the mentally ill", "the mentally retarded and defective", "chronic alcoholics with psychoses" and "senile people who as a result of their senility suffer major mental illness". The court also found that neither the services for these groups nor other services added to the state mental health program could be removed from the comprehensive program.

This report includes AMHB FY 90 budget increment recommendations for "the mentally ill" and for services that have been provided by the state mental health program under the Alaska Community Mental Health Services Act of 1974. This report does not include complete AMHB recommendations for the other three groups identified by Judge Greene. Separate AMHB reports are being prepared for those groups. When complete, those AMHB recommendations will be integrated with the contents of this document and a final comprehensive report prepared for the Governor, Legislature and Commissioner of DHSS.

In accordance with statute the AMHB developed FY 90 budget recommendations in conjunction with DHSS. The increment amounts described herein were presented to the Commissioner DHSS on August 29th, 1988 and a DHSS analysis of the AMHB recommendations was returned to the Board. That analysis was considered in the preparation of this document.

For that portion of the mental health program identified earlier in the report, the AMHB recommended increments and capital request are summarized in the following spreadsheet. The remainder of the report provides narrative justification for the AMHB recommendations.

	Component	BRU
	Total	Total
DEPT OF HEALTH & SOCIAL SRVCS		
INSTITUTIONS & ADMINISTRATION		1,181.9
Alaska Psychiatric Institute	280.0	
Mental Health Administration	625.0	
Alaska Youth Initiative	276.9	
COMMUNITY MENTAL HEALTH GRANTS		8,396.6
Community Mental Health Grants	3,921.6	
Services to CMI	4,175.0	
Designated Evaluation & Treatment	300.0	
ADMINISTRATIVE SERVICES		71.3
Alaska Mental Health Board	71.3	
UAA: Institute for Circumpolar Health	250.0	250.0
Total Operating	9,899.8	9,899.8

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

INSTITUTIONS & ADMINISTRATION (\$1,181,900)

Within the mental health Institutions and Administration BRU, the AMHB recommends an FY 90 increase of \$1,181,900 in operating funds. The increment includes additional funds for four components: Alaska Psychiatric Institute, Mental Health Administration, and Alaska Youth Initiative.

ALASKA PSYCHIATRIC INSTITUTE (\$280,000)

The AMHB recommends an increase to Alaska Psychiatric Institute of 280.0. The increased funds will allow expansion of the forensic team services provided by API. The forensic team serves mentally disordered offenders. The Board had recommended this increase last year but the legislature failed to appropriate the funds. Expansion of the forensic team is justified by the same facts presented to the legislature last March. The team has ever growing demands made upon it by Corrections and by the Court system. Forensic team services have been limited, of necessity, to the Anchorage area. DHSS concurs with the AMHB finding that the Forensic Team at API is understaffed and underfunded. DHSS explains that the increment would fund three PFT positions, a Psychiatrist, a Mental Health Clinician III and a Clerk Typist III.

MENTAL HEALTH ADMINISTRATION (\$625,000)

The AMHB recommends an increase of 625.0 to the Mental Health Administration component to fund necessary program evaluation, program planning, program development and program implementation activities.

Program Evaluation

Contracted evaluation of the effectiveness of initiatives recently begun within the mental health system is recommended. The suicide prevention projects implemented in FY 89 and delivery of forensic mental health services state wide both need objective evaluation during FY 90 (50.0). DHSS analysis supports the evaluation of suicide prevention projects by stating, "...a full, independent evaluation is justified. The interdepartmental team managing the project fully supports an independent evaluation..." Regarding evaluation of Alaska's forensic services, DHSS analysis includes, "...mental health therapy and treatment in the correctional system remains minimal and disjointed.... the evaluation should include: analysis of the prevalence of mental illness in the prison population; the extent to which the prevalence is being treated; by whom and how often treatment is delivered; current linkages with API and the CMHCs; recommended staffing levels, treatment modalities, training regimens, for both the correctional system and the CMHCs."

Program Planning

The AMHB recommends an increment of 25.0 in support of the development of a comprehensive needs assessment. AMHB and DHSS efforts toward planning and program development have been hampered by a lack of information on problems and specific populations. In order to accurately plan for the future, DHSS and the AMHB need accurate information on such diverse populations as children and youth, the dually diagnosed and chronic alcoholic suffering from psychosis, the elderly, the chronically mentally ill, including those in the forensic population. In addition the unique character of rural Alaska will require that standard assessment procedures be modified to insure accurate, valid data. DHSS has indicated that they will be developing a work plan to follow in order to complete a comprehensive needs assessment in the next few years.

Amendments to the state plan call for an assessment of the chronic alcoholic suffering from psychosis population and development of

necessary mental health services for that population in FY 90. The AMHB recommends that an assessment of dually diagnosed needs be done in conjunction with the chronic alcoholic suffering from psychosis study. There is no accurate, reliable published state study on these matters. DHSS analysis supports the continued needs assessment by noting, "...the Division puts a high priority on conducting a state wide child prevalence study...needs assessment is a critical aspect of service planning." In the analysis of the AMHB recommendation, DHSS staff note that a plan for ongoing needs assessment priorities is being done this year and could be implemented in FY 90. Regarding examination of dually diagnosed service needs DHSS staff note that the AMHB request, "...would be enough to do a small study..."

Program Development

Human Resource Development activities in Alaska for the mental health field have too long been neglected. The Board recommends an active program for improving human resources for mental health service delivery including rural providers, providers for multiply impaired persons and providers of community support services to seriously mentally ill Alaskans (150.0). In the DHSS analysis of the AMHB Human Resource Development recommendations it is noted, "*The State Mental Health Plan supports increasing the number of Alaska Native mental health service providers and supports the development of a comprehensive training and credentialing program for village based providers.*" Further DHSS analysis includes, "...human resource development is a critical issue. It is vitally important that we pay attention to training people in bush mental health service delivery, providing educational opportunities for Alaska Natives interested in human services, motivating people to stay in the Alaska mental health work force, and maintaining workers competencies..."

The prevention activities begun recently merit significant further development according to AMHB findings (200.0). In analyzing this AMHB recommendation, DHSS staff note, "*This funding reasonably can be spent in FY 90.... Prevention programs are activities designed to reduce the likelihood of mental and emotional illnesses, and to strengthen the individual's capacity to cope with*

common life crises and periods of stress...A prevention specialist was authorized for six months in the FY 89 budget and will be hired around January, 1989. This staff person will monitor FY 89 grants, revise the RFP as necessary for FY 90 and assist local agencies in adapting successful projects to meet their own needs."

The one "new" funding recommendation within this BRU is for 200.0 to meet the urgent crisis/residential needs of children. These funds would be designed to make the state mental health system responsive to the urgent residential needs of emotionally disturbed children. Flexible funds are needed to pass through to grantees to provide necessary individualized services. The DHSS analysis includes the comment, "*These funds would allow services to reach at least 150 children and adolescents who currently are unserved or inappropriately removed from their homes.*"

ALASKA YOUTH INITIATIVE (\$276.900)

The AMHB recommends an increase of 276.9 to implement further expansion of the Alaska Youth Initiative component.

Expand Program Implementation

This increase would provide for an additional state employee AYI Program Coordinator in Bethel (76.9), an area having a large proportion of the new AYI cases. DHSS notes in the Department analysis, "*Areas of the State where an AYI Coordinator is hired have increased service capability due to the presence of specialized staff. The task of coordinating services and funding to severely mentally ill and severely emotionally disturbed youth is an intensive process. However, if it is done, severely mentally ill youth can be served and rehabilitated in their home areas.*"

Incremental expansion of treatment services is recommended (200.0). The DHSS analysis notes, "*This increase would allow an additional five youth to be served...*"

Component Summary