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COMPREHENSIVE INTEGRATED MENTAL HEALTH PLAN

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INTRODUCTION

The Comprehensive Integrated Mental Health Program (CIMHP) provides services and supports to Alaskans who are beneficiaries of the Mental Health Trust and to individuals at risk of becoming beneficiaries. The beneficiaries include people with mental illness, developmental disabilities, Alzheimer's disease and related dementia, and chronic alcoholism with psychosis. These groups were sent out of state for treatment by the federal government during territorial days. With the passage by Congress of the Alaska Mental Health Enabling Act in 1956, Alaska was granted the administrative and fiscal authority to administer its own mental health program. The Enabling Act also created the 1 million-acre Mental Health Lands Trust.

The Mental Health Trust Authority was created by the Alaska Legislature in 1994. The Alaska Mental Health Trust Authority was given the responsibility for developing the Comprehensive Integrated Mental Health Program and the budget for the program and the Department of Health and Social Services was given responsibility for the development of the Comprehensive Integrated Mental Health Plan in conjunction with the Trust. Part of the responsibility of the four beneficiary boards (Alaska Mental Health Board, Governor's Council on Disabilities and Special Education, Advisory Board on Alcohol and Drug Abuse, and the Commission on Aging) is to contribute to the CIMHP.

This document is the fourth phase in the development of the Comprehensive Integrated Mental Health Plan. Previous year's efforts resulted in:

- a status report that placed the four beneficiary boards in a historical context.
- development of a common mission and vision for the program
- determination of the availability of comparable and consistent data
- integration of mental health program planning and budgeting
- development of a common set of results and indicators that provide a framework for determining the needs of beneficiaries and measuring the effectiveness of initiatives and programs designed to address those needs

The purpose of this year's volume of the Comprehensive Integrated Mental Health Plan is to develop strategies for addressing the results and indicators developed last year and to begin to set the global direction for the future of services and supports in the comprehensive, integrated mental health program. This year's plan takes another step towards the development of a document that can be used by policy makers in determining the needs of beneficiaries and the effectiveness of services.

The plan development was a broad based effort that included input and collaboration by departments and advocacy boards involved in providing services to beneficiaries. The ongoing planning activities related to the development of the plan include the following participants:

- Department of Health and Social Services
- Alaska Mental Health Trust Authority
- Alaska Mental Health Board
- Governor's Council on Disabilities and Special Education

- Governor's Advisory Board on Alcohol and Drug Abuse
- Alaska Commission on Aging (Department of Administration)
- Department of Corrections

AN ONGOING PLANNING PROCESS

The Department of Health and Social Services and the Alaska Mental Health Trust Authority are using results based budgeting as a means of increasing efficiency and improving outcomes. This approach means that measures of how effective programs are at improving the lives of beneficiaries are more important than the number of people receiving serves or the dollars spent. Performance based budgeting is being piloted by a number of departments, as well as the Office of Management and Budget. Performance based budgeting is also being explored by the Legislature.

DHSS and the Trust have adopted results based budgeting, an approach developed by Mark Friedman of the Fiscal Policy Studies Institute, as their framework for planning for the comprehensive, integrated mental health program. This document represents the first step in the transition from using inputs (dollars or number of consumers) to measure success, to relying on outcomes or results as an indicator of program effectiveness.

The development of the Comprehensive Integrated Mental Health Plan is a collaborative effort between the Department of Health and Social Services, the Alaska Mental Health Trust Authority, the four beneficiary boards and the Department of Corrections. The results based budgeting process requires regular review and updating of information, adjustment of strategies, and data development in response to the changing needs of beneficiaries.

WORK COMPLETED THIS YEAR

The current Comprehensive Integrated Mental Health Plan work group began work in September 1997. The CIMHP work group first developed an initial list of common results or outcomes. A result is a condition of well-being for individuals, children, families and communities. Results are usually broad-based, global goals that provide a vision of an ideal state of well-being. They usually focus on the population being served.

The work group defined the common results desired for Trust beneficiaries to be:
- Health
- Safety
- Economic Security
- Productively engaged, employed, contributing
- Living with dignity, to be valued members of society

The work group then developed lists of indicators for each result. An indicator is a measure, for which data are available, which helps quantify whether the desired results are being achieved. These measurements

are sometimes dependent on more than one source of data, and usually are dependent upon more than one condition. Indicators usually focus on the population being served.

The amount of data available on beneficiaries limits the scope of the CIMHP. One of the indicators used under the common result 'Health' is the rate of low birth weight births in Alaska. While there is a well established relationship between low birth weight (especially very low birth weight) and disability, not all children born with low birth weight have or develop disabilities. A measure that is more useful for planning purposes is the percentage of children born with low birth weight who have or develop disabilities. Part of the CIMHP development process will be identifying information gaps and moving forward with a data development agenda.

Results and indicators are used to establish a baseline for the development of strategies and performance measures. The following pages include reports for each of the five common results. Also included are indicators for each result, a discussion of where the data come from and what they mean, information on programs or policies that resulted in progress towards achieving the desired results, and recommended strategies.

Much of the data included in last year's CIMHP focused on the broader statewide population and was not specific to beneficiaries. In 1998, the Alaska Mental Health Trust Authority conducted a Beneficiary Survey, which included interviews with key informants, consumer and caregiver focus groups, and a telephone survey of self-identified beneficiaries. Information gathered by the survey is used in the results sections of the CIMHP. Quotes from focus groups are used to clarify and expand upon the indicator data.

Information from the telephone survey (income, educational attainment, community integration, etc.) is included as indicators. These data should be viewed with some caution. The telephone survey sample included 821 self-selected beneficiaries. Adults living in urban communities were over represented in the sample. While these issues bring into question the statistical reliability of the data, much of the information gathered by the telephone survey is consistent with previous national and state survey research.

A continuing goal for the CIMHP is to improve the quality and reliability of information on beneficiaries, including those who are outside the state funded service system, and to collect data that allow us to compare beneficiary results with those of the statewide population.

THE NEXT STEPS

Future tasks for the Comprehensive Integrated Mental Health Plan work group include:

- **Refine indicator data and add beneficiary specific data, as they become available:** The planning process will be more focused as information from other sources becomes available. Information on people using state services will be greatly improved as management information systems come on line in the Division of Mental Health and Developmental Disabilities, Division of Senior Services, and the Department of Corrections. Future data sources may also include other departments (Education, Public Safety, Community and Regional Affairs). The Department of Health and Social Services data warehouse will provide information on how, and in what combinations, beneficiaries use state-funded services, and track trends in service use.

- **Develop performance measures:** Performance measures will be developed to measure how effectively services are delivered or provided. Examples of performance measures are the number of people served by a program or the per person cost of the services.

One of the major challenges the work group will face as plan development moves forward is identifying performance measures and strategies that cross program and department lines. An example of this is the development of strategies to reduce the number of Title 47 holds in correctional facilities. Individuals who are incapacitated due to alcohol abuse or mental illness can be detained for up to 12 hours in a state correctional facility or local jail even though they have not committed a crime. While the number of holds most directly impacts the correctional system, the reason they occur is because there are insufficient mental health and alcohol treatment resources. Increasing the availability of detox beds for people incapacitated by alcohol or acute care programs for people with mental illness, will result in fewer Title 47 holds in the correctional system. Issues like this one will require interdepartmental problem solving, planning and cooperation.

The Results Based Budgeting model is closely tied to the annual budget development and funding process. Once all components of the CIMHP are completed, annual updating of indicators, strategies and performance measures will be necessary to assure its continued usefulness for policy-making and program funding.

Result #1: HEALTH

Indicator Baseline:

Annual Reports (1988 - 1995), Alaska Bureau of Vital Statistics, Alaska Department of Health and Social Services, Juneau, Alaska

Annual Reports (1988 - 1995), Alaska Bureau of Vital Statistics, Alaska Department of Health and Social Services, Juneau, Alaska

The Story Behind the Baselines: Information on birth weight is collected from birth certificates by the Vital Statistics Section of the Department of Health and Social Services. Alaska has the lowest percentage of low birth weight babies in the nation. The percentage of babies born weighing less than 2,500 grams (5.5 pounds) was under 5.0% for the past ten years, although it has been increasing slightly each year since 1992. Children who are born with very low birth weights (<1,500 grams or 3.5 pounds) are at greater risk of experiencing developmental disabilities. In 1995, the Center for the Future of Children reported that very low birth weight babies experience the following long-term effects:

School Age Intelligence:	30% - IQ score of less than 85
Neurosensory Impairments:	14% - 17% (cerebral palsy, blindness, deafness, etc.)
Behavioral Outcomes:	28% experience behavior problems
Health Outcomes:	37% will have had at least one surgery by age 8

An encouraging trend can be seen in the percentage of women reporting alcohol use during pregnancy. Between 1991 and 1996, the percentage of women reporting alcohol use dropped by more than 50%, from 9.0% to 4.4%. It is not clear whether the decrease is due to an actual decline in drinking during pregnancy or to the growing awareness that drinking can affect children prior to birth. Alcohol use is a self-reported item on the birth certificate so the decrease may also be in part due to the growing awareness of the dangers of drinking during pregnancy and the stigma this may now cause. Alaskan businesses that sell liquor were required to display signs warning about drinking during pregnancy in the early 1990s.

Drinking during pregnancy is strongly linked to Fetal Alcohol Syndrome and Fetal Alcohol Effects, which result in a range of physical and behavioral disabilities.

Current Efforts to Turn the Curve: Alaska has a number of programs that have been successful in addressing these public health problems, including the FAS Prevention Project, Supplemental Food Program for Women, Infants and Children (WIC), Healthy Families Alaska, Medicaid (EPSDT), and Public Health Nursing. Recent expansions in Medicaid eligibility have made it possible for more women to get prenatal care. Programs for women at risk of alcohol use during pregnancy include alcohol in-patient and outpatient treatment programs, specialized treatment programs for pregnant women and children, Healthy Families, and alcohol public education efforts. Public awareness efforts, including signs in bars and liquor stores and public

service advertising in the media also impact drinking behavior

Strategies:

1. Media and public education campaigns directed at young women of childbearing age emphasizing the importance of good nutrition and not drinking or abusing drugs while pregnant or while trying to become pregnant. *(Expansion of current efforts)*

2. Education programs for physicians and other health care providers emphasizing the importance of talking to pregnant women about the dangers of drinking and abusing drugs while pregnant. *(Expansion of current efforts)*

Result #1: HEALTH

Indicator Baselines:

Annual Report, State of Alaska Advisory Board on Alcoholism and Drug Abuse, 1997

Behavioral Risk Factor Survey (Annual Reports 1992 -1995), Alaska Department of Health and Social Services

The Story Behind the Baselines: Alcohol use in Alaska is higher than the national norm but the overall trend in consumption is downward. While there have been periodic upswings in total consumption, per capita consumption has dropped over the past twenty years. This decrease is surprising considering the growth of the tourism industry in Alaska (1.2 million visitors in 1996). Alcohol consumption figures are calculated using state population and in-state sales of alcoholic beverages. It is expected that this trend will continue through the year 2000.

"I tried to reach out to my family and tell them, "Look I have a problem, I need help." They blew me off. They said, "Oh well, you have a problem, deal with it."

Beneficiary
1998 Beneficiary Survey

The percent of Alaskans who are acute or binge drinkers seems to vary from one year to the next. Using 1992-1995 data on Alaskans who are acute or binge drinkers as a base, it appears that we can expect approximately 22% of Alaskans (18 and older) to fall into this category over the next five years. The percent of adults who are chronic drinkers remained at 5% from 1992 to 1994, then dropped to 3% in 1995. Data on acute and chronic drinkers is collected as part of the Behavioral Risk Factor Surveillance System (BRFSS). The purpose of BRFSS is to measure behavioral risk factors in the general population through a random sample telephone interview survey that is conducted monthly. The sample size is approximately 1,500 annually. In the BRFSS, acute drinking is defined as five or more drinks on an occasion, one or more times in the past month. Chronic drinking is defined as an average of 60 or more alcoholic drinks a month. Trends in acute and chronic drinking will become more apparent as more data is collected by the BRFSS.

"Public attitudes have changed. When I first came out here, if you talked about drinking or sobriety, people thought you were called them something nasty and didn't want to hear about it. But now there are celebrations of sobriety and sober dances. And people are willing to talk about something that's a problem. But they talk - not just saying it's a problem and everything's bad, but this is something that can be solved."

Beneficiary

In 1997 and 1998, the Gallup Organization conducted a household telephone survey for the Alaska Division of Alcoholism and Drug Abuse. More than 8,000 interviews were conducted. The study found that 9.7% of Alaskans 18 and older were dependent on alcohol and another 4.1%

were alcohol abusers. In addition, the study found that there are differences in the level of alcohol abuse by region, as can be seen on the table below:

REGION	Alcohol Dependent	Alcohol Abusers
Urban	9.4%	4.1%
Gulf Coast	8.5%	3.9%
Southeast	10.5%	4.9%
Bush	11.9%	3.2%

The link between alcohol use and the development of chronic alcoholism is clear. Alcohol abuse is also associated with child abuse, crime, suicide, birth defects, occupational injury, accidental death, and the development of dementia. There is currently no data available on the drinking habits of beneficiaries or on the number of Alaskans who are chronic alcoholics with psychosis.

Current Efforts to Turn the Curve: Reducing the number of people in the late stages of alcohol addiction requires a multi-faceted approach. At the individual treatment level, programs providing long-term services and support are essential. Correctional system treatment programs for alcohol and drug abuse can reduce port-release criminality and alcohol/drug abuse relapse. At the policy level, alcohol sales and consumption can be regulated to lower abusive drinking within the state or community. Strategies include prevention programs for young people (peer helpers, community suicide prevention programs, school health curriculum), alcohol taxation, and reducing alcohol-related problems by limiting access or availability of alcohol through pricing, zoning laws or license requirements.

Strategies:

1. Increase state tax on alcohol sales. *(New policy initiative.)*
2. Require that tourism liquor licenses be seasonal unless it can be demonstrated that the year-round population of the community meets the population to license ratio established in Title 4. *(New policy initiative.)*
3. Buy back licenses, as they go on the market, in communities where the number of licenses exceeds the number allowable based on population. *(New policy initiative.)*

Result #1: HEALTH

Indicator Baselines:

Injury Mortality Statistics, National Center for Injury Prevention and Control, http://www.cdc.gov/ncipc/osp/

Suicide Deaths and Rates Per 100,000, National Center for Injury Prevention and Control, http://www.cdc.gov/ncipc/osp/

The Story Behind the Baselines: Information on cause of death is collected and published annually by the Department of Health and Social Services Vital Statistics Section. Accidental deaths include motor vehicle accidents and all other accidents.

In Alaska, accidents are the leading cause of death for all age groups from one year up to 45 years. Children (between one and 14 years old) most often die due to motor vehicle accidents and drowning. The cause of death for adults is most frequently motor vehicle and air transport accidents. The Alaska age adjusted rate of death due to injury is consistently higher than the U. S. rate.

Accident survivors sometimes have life-long disabilities for which they will require support and services. In 1997, there were 621 traumatic brain injuries (TBI) in Alaska. TBI is often associated with long-term physical, emotional and financial costs.

Suicide was the fifth leading cause of death in Alaska in 1995. Suicide is the second leading cause of death for teenagers between the ages of 15 and 19. Accidents and suicides combined account for 60% of the deaths in this age group. The teen suicide rate is highest among young Alaska Native men. In 1995, the suicide rate dropped to 19.5 deaths per 100,000 population, down from 26.0 per 100,000 in 1994. This is the lowest age-adjusted suicide rate for Alaska since the beginning of the 1990s.

Information on cause of death for Trust beneficiaries is not yet available.

Current Efforts to Turn the Curve: Some of the programs that are improving the safety of children are peer counselors and student assistance programs, community suicide prevention programs, mental health and substance abuse programs, and child protective services. Public health programs promoting, infant car seats, personal floatation devices, bicycle and motorcycle helmets, and other sports and outdoor safety gear, help reduce the number of children and adults who are injured or die in accidents. In communities, local Public Health Nurses, Community Health Aides and Public Safety Officers play an important role in community education and in responding to accidents, injuries or reports of harm.

Strategies:

1. Expand public education programs on the importance of bike helmets, personal floatation devices, seat belts, etc. *(Expansion of current efforts.)*
2. Develop in-state traumatic brain injury programs to provide early and appropriate rehabilitation for adults and children. *(New service initiative)*
3. Explore the feasibility of developing a Medicaid Waiver for people with traumatic brain injuries and chronic mental illness (TBI/CMI Waiver). *(New policy initiative)*
4. Provide training to public safety officers on identifying people at-risk of attempting or committing suicide. *(Expansion of current efforts.)*
5. Expand peer helper programs in middle and high schools. *(Expansion of current efforts.)*
6. Increase the number of in-school clinics in high schools. *(Expansion of current efforts.)*

Result #1: HEALTH

Indicator Baselines:

Reforming the Health Care System: State Profiles 1997, Public Policy Institute, AARP, Washington, DC, 1997.

1998 Beneficiary Survey
(Self-selected Sample of 821 Alaska Mental Health Trust Beneficiaries)
Postponed or Gone Without Medical Care

The Story Behind the Baselines: Access to health care in Alaska is a complicated issue. In 1992, the Health Resources and Access Task Force reported to the Alaska Legislature that there were 90,000 uninsured Alaskans and that many of those with insurance had inadequate coverage. In 1995, 13.1% of the state's workers and their dependents did not have health insurance. Even with health insurance or Medicaid, access to health can be limited by other factors. Physicians often limit the number of Medicaid or Medicare patients they treat because the reimbursement for services does not meet the actual cost of providing the health care. Access is also sometimes limited by geographic factors. People living in remote areas of the state often have to fly to an urban area to get medical or dental care.

"Before, the argument was, if you got to see the doctor for free, everyone was going to see the doctor every other day. But now the argument is the opposite. A lot of people who need to see the doctor run out of money so they don't see the doctor when they need to, because they don't have any money to pay."
Consumer
1998 Beneficiary Survey

Medicaid is an important health care payment source for many Mental Health Trust beneficiaries. Even with medical coverage, beneficiaries often can not find physicians willing to treat them. Medicaid only pays for acute dental service for adults.

Information on access to health care for Trust beneficiaries is not yet available. However, the Beneficiary Survey asked beneficiaries if they had postponed or gone without medical care in the previous 12 months. Mental health (46%) and alcoholics with psychosis (46%) beneficiaries were the most likely to have postponed or gone without care. Survey respondents with Alzheimer's or related dementia (23%) were the least likely to postpone medical services, probably because most of these beneficiaries are over 65 and eligible for Medicare.

"We have no decent dental care. You can go get a tooth pulled if you are in pain. But to maintain, you can't get a teeth cleaning, you can't get caps."
Consumer
1998 Beneficiary Survey

Current Efforts to Turn the Curve: Medicaid income eligibility for children was recently expanded in Alaska. Other efforts that provide access to health care for beneficiaries are pro bono dental programs (Anchorage and Fairbanks), and sliding fee medical services through Section 330 Community Health Centers (Fairbanks and Anchorage).

"My health insurance pays for about 10% of my medical bills, and then they wonder why mental health people are not getting their medical care. They wonder why we don't get better. I never did have Medicaid."
Consumer
1998 Beneficiary Survey

Strategies:

1. Monitor the expansion of Medicaid income eligibility for children's health services. *(Monitoring of new program)*
2. Include screening for mental health disorders in EPSDT screenings. *(Expansion of current services.)*
3. Expand Medicaid coverage of dental services for adults to include preventive care. *(Expansion of current services.)*

4. Develop affordable health plans for young adults who may not be in school or working. *(New service initiative)*

5. Implement the recommendations of the Parity Task Force. *(New policy initiative.)*

Result #2: SAFETY

Indicator Baselines:

Alaska Department of Health and Social Services, Division of Family and Youth Services, Juneau, AK

The Story Behind the Baselines: The Division of Family and Youth Services collects information on reports of harm to children. Reports of harm doubled between FY89 and FY97, increasing from 7,876 to 15,547. In 1997, there were 8,990 reports of neglected children, 4,123 reports of physical harm, 2,094 reports of sexual abuse and 340 'other' reports (abandonment and mental injury). These numbers represent the number of reports of harm received by the Division of Family and Youth Services. A child may be the subject of more than one report of harm. Reports of neglect are continuing to increase while physical and sexual abuse reports began to level off in FY95. Abuse and neglect are major risk factors for emotional disorders, substance abuse, suicide and involvement with the correctional system. Many children who experience abuse and neglect as children repeat the pattern as adults by abusing and neglecting their own children. A recent study by the University of Alaska Justice Center (1998) shows that 82% of Alaska's long-term prisoner population reported that they experienced some form of sexual or physical abuse prior to their thirteenth birthday. Two-thirds (66%) reported being neglected as children. Another 1998 Department of Corrections study of the needs of female offenders found that 84% of women inmates experienced physical, sexual or emotional abuse at sometime in their lives. Information on reports of harm for Trust beneficiaries is not yet available.

"We need counseling services for the whole family, because anger comes into this a lot, because your whole life is gone, and now you're this other person. But counseling, because it's not only affecting you but it affects your kids, your significant other or husband, or your grandparents, or your aunts."

Consumer
1998 Beneficiary Survey

Current Efforts to Turn the Curve: The Healthy Families Program, supported parenting programs for people with developmental disabilities, and other early intervention programs are aimed at intervening with families at risk of child abuse and neglect. Other programs that can impact abuse and neglect of children are domestic violence programs, emergency medical services, Public Health Nurses, Community Health Aides and Public Safety Officers, and homemaker and chore services.

Strategies:

1. Increase the availability of in-home early intervention programs for at-risk families. *(Expansion of current efforts)*
2. Increase the availability of parent training and support services. *(Expansion of current efforts)*
3. Increase the availability of emergency respite care for children and adults. *(Expansion of current efforts)*
4. Increase the availability of before and after school programs for children. *(Expansion of current efforts)*

Result #2: SAFETY

Indicator Baselines:

Alaska Department of Administration, Division of Senior Services, Anchorage, AK

The Alaska Guardianship System, The McDowell Group, September 1998.

The Story Behind the Baselines: The Division of Senior Services in the Department of Administration receives and tracks reports of harm to seniors and other dependent adults. The rate of reports increased from 14.3 reports for every 1,000 Alaskans 65 and older in 1994 to 25.3/1,000 in 1997. The increase can be attributed, to some extent, to the reorganization of Adult Protection Services in the Division of Senior Services in July 1994. The Division developed a public information campaign about elder abuse and was able to focus greater staff resources at responding and following up on reports.

In a 1998 study of the relationship between guardianship and safety by the McDowell Group, it is estimated that 95% of adults who have guardians are beneficiaries of the Mental Health Trust. The Alaska guardianship system serves an estimated 2,700 protected persons. Approximately 2,000 of these individuals have private guardians, usually family members. The study estimates that the major reasons for guardianship care for adults are:

Alzheimer's' and related dementia	40 - 50%
Mental illness	25 - 35%
Developmental disabilities	20 - 25%
Chronic substance abuse with psychosis	5 - 15%
Other	5 - 10%

Information on reports of harm for Trust beneficiaries is not yet available.

Current Efforts to Turn the Curve: Programs that can impact abuse and neglect of seniors are domestic violence programs, emergency medical services, Public Health Nurses, Community Health

"Legal Services and Disability Center is good, but there's not enough money to have them help us for all of the problems. There either needs to be more money for those agencies or ways that private attorneys would benefit, because they can only do so much pro bono."

Consumer
1998 Beneficiary Survey

"I don't want to be by myself, but I want to take care of my own money."

Consumer
1998 Beneficiary Survey

"I was so involved and so worn out by the time I went to get help that I think that I wasn't thinking things through very well. But it seemed like I would hear about one thing and would go to that agency and somehow they never made it clear what groups did

Aides and Public Safety Officers, homemaker and chore services, care coordination, substance abuse services, and outreach services to seniors with mental illness.

what things."

Consumer
1998 Beneficiary Survey

Strategies:

1. Increasing respite care for caretakers of vulnerable adults. *(Expansion of current efforts)*
2. Increase PCA and assisted living rates, including augmented rates for people with mental illness or substance abuse problems. *(New policy initiative)*
3. Improve the quality of personal care and home health services through direct care provider training. *(Expansion of current efforts)*
4. Provide family support and counseling services to families supporting vulnerable adults. *(Expansion of current efforts)*
5. Provide treatment opportunities for those who abuse and neglect dependent adults. *(New service initiative)*
6. Increase the number of public guardians. *(Expansion of current efforts)*

Result #2: SAFETY

Indicator Baselines:

Average Annual Populations and Incarceration Rates (1971-1996), Alaska Department of Corrections, Anchorage, AK

Referral Summary (FY93 - FY97), Alaska Department of Health and Social Service, Division of Family and Youth Services

The Story Behind the Baselines: Alaska has one of the highest incarceration rates in the nation. In 1971, 1.5 of every 1,000 Alaskans was in prison. By 1996, the rate had more than tripled to 5.5 per 1,000. Between 1971 and 1996, the total incarcerated population increased from 482 to 3,648, or by 657%. Over this same period, the state population increased by only 104%. Some of the factors affecting the increase in the incarceration rate are:

- rise in the violent crime rate
- increases in police forces
- 1980 revision of the Criminal Code, including establishment of presumptive sentencing
- 1982 and 1983 Criminal Code revisions expanding presumptive sentencing
- mandatory minimum sentences for DWI offenders
- rise in serious juvenile crime and the 1994 juvenile waiver law requiring juveniles convicted of certain felonies be automatically waived to the adult system
- lack of emergency psychiatric services in the community to deal with violent mentally ill clients
- lack of transitional/supported housing in the community for displaced or discharged de-institutionalized mentally ill patients
- reduction in support services for ex-offenders

"A few times my symptoms have been really bad, and I've called for help and the Juneau Police Department showed up at my door to take me in, and that's not what I needed. I just needed the support and help through. I didn't need the police there."

Consumer
1998 Beneficiary Survey

Alcohol abuse has a significant impact on incarceration rates in Alaska and nationally. The National Center for Addiction and Substance Abuse reported that 80% of the men and women behind bars in the nation's prisons are seriously involved in alcohol and drugs. In Alaska, the Criminal Justice Work Group reported in 1994 that alcohol, is the primary or contributing factor in 80% to 95% of all criminal offenses committed.

In March through July 1997, the Division of Alcohol and Drug Abuse conducted interviews and collected urine samples from inmates at the Fairbanks, Bethel, Cook Inlet Pre-Trail Facility (CIPT), and 6th Avenue correctional facilities. The prisoners participating in the study were volunteers and had been arrested within 48 hours of their interview. The study found that 48% were abusing or dependent on alcohol, 18.5 on cocaine and 13.1% on marijuana.

In FY97, there were 8,163 juveniles (or 96.9 referrals per 1,000 youth aged 10 to 17) referred to the youth corrections program in the Alaska Department of Health and Social Services. A 1996 survey at the McLaughlin Youth Center in Anchorage indicated that 65% of residents had a DSMIII/IV diagnosis and 9% had severe emotional disorders. The New York Times recently reported that nationally up to 20% of incarcerated juveniles are seriously emotionally disturbed and that

often, going to jail is the only way for many to get treatment.

Current Efforts to Turn the Curve: Some of the programs that are working to reduce adult and youth incarceration and recidivism are alternative sentencing, Community Residential Centers and electronic monitoring. Programs developed for Trust beneficiaries in the correctional system include treatment programs for prisoners with mental illness or alcoholism, diversion and the Institutional Discharge Program. Programs and activities aimed at preventing incarceration are Youth Court, Smart Start, alcohol and substance abuse treatment programs and child abuse and neglect programs.

Strategies for Adults:

1. Provide misdemeanant diversion programs. *(New service initiative)*
2. Pilot a community based, single point of entry for behavioral health emergencies as an alternative to placement in the correctional system. *(New service initiative)*
3. Increase the availability of discharge programs, including transition planning, designed to support the transition of beneficiaries from the correctional system to the community. *(Expansion of current efforts)*
4. Provide support services and housing to youth transitioning from the juvenile correctional system. *(New service initiative)*
5. Stricter interpretation and sanctions (including youth oriented alcohol treatment services) for young people charged with minor consuming. *(Expansion of current efforts)*
6. School-based alcohol and drug support for adolescents. *(Expansion of current efforts)*
7. Allow youth treatment programs flexibility in extending services past the youths 18th birthday. *(New service initiative)*
8. Provide early intervention services to high-risk youth, i.e. sibling of youth already in jail. *(New service initiative)*
9. Increase the number of communities with Youth Courts and other diversion programs (including Mental Health and Drug Courts) for youth. *(Expansion of current efforts)*

Result #3: ECONOMIC SECURITY

Indicator Baselines:

Government Information Sharing Project, Oregon State University, http://govinfo.kerr.orst.edu/

1998 Beneficiary Survey
(Self-selected Sample of 821 Alaska Mental Health Trust Beneficiaries)
Beneficiary and General Population Income: 1998

The Story Behind the Baselines: Income and poverty levels are measured every ten years as part of the federal census and updated annually by the US Census Bureau. The current method of determining the official poverty rate is based solely on income and family size. Families with incomes low enough to qualify for cash benefits also qualify for other programs that reduce their need for cash. Such families can receive subsidized housing at reduced rents, free medical care through Medicare and Medicaid, food assistance with Food Stamps, and childcare. AS part of the planning process for the 2000 census, the US Census Bureau is considering including income and non-cash benefits in the determination of poverty.

"On the housing programs and the Dividends, our rents should not go up. They're charging us one-third of our income, and if we have a child in the house, then they count it as income and raise the rent."

Beneficiary
1998 Beneficiary Survey

According to the US Census Bureau, the Alaska poverty rate is equal to 125% of the U. S. poverty rate. The only source of Alaska poverty rate data is a special report prepared for the Division of Public Health by the Census Bureau from the 1990 Census, which included analysis of poverty by census area/borough, age group and ethnicity. Over the past 16 years, the percentage of Alaskans below 100% US poverty has varied from year to year, but averaged approximately 10% of the population. In 1990, nearly 30% of Alaska Natives were living at or below the poverty level. At the same time, nearly 1 in 5 children under 5 years old was living under the Alaska poverty level.

"They're doing a good job of keeping us at poverty level"

Beneficiary
1998 Beneficiary Survey

The US Census Bureau reported that in 1994-95, people with disabilities were at greater risk of having a low income than other Americans. They found that for people between the ages of 22 and 64, 13.3% of those who had no disability were classified as low income, compared to 19.3% of those with non-severe disabilities and 42.2% of those with severe disabilities. Consumer fraud of seniors is a national trend that is negatively impacting the limited incomes of people over 65.

"We can't afford to go bowling, or to the movies, or out to dinner. We don't have the extra money to do any of these things."

Beneficiary
1998 Beneficiary Survey

The Beneficiary Survey, conducted by the Alaska Mental Health Trust Authority in 1998, asked beneficiaries for information about their household income. Survey participants reported incomes that contrast drastically with the household income for the general population. Nearly two-thirds (64%) of the beneficiaries participating in the survey reported household incomes of less than $20,000 while on 15% of Alaskan Households fell in this income group. Conversely, 59% of all Alaskan households reported incomes of more than $40,000, while only 19% of beneficiaries reported similar household incomes.

Current Efforts to Turn the Curve: Some of the strategies that are proving effective at increasing the incomes of beneficiaries are employment training programs like those provided by the Division of Vocational Rehabilitation and the Private Industry Council.

Developmental disability and mental health employment support programs provide on-the-job employment readiness training and support for workers. Ongoing support after acquiring employment is a determining factor in job retention for many beneficiaries. Senior employment programs provide many seniors with jobs as senior volunteers and helps train seniors to acquire unsubsidized employment.

Strategies:

1. Educate seniors about consumer fraud. *(Expansion of current efforts)*
2. Establish a consumer credit union specifically for beneficiaries. . *(New service initiative)*
3. Increase respite or day care funding so that caregivers can continues working while caring for a beneficiary. *(Expansion of current efforts)*

Result #3: ECONOMIC SECURITY

Indicator Baselines:

Alaska Division of Public Assistance, Department of health and Social Services, August 1998

1998 Beneficiary Survey
(Self-selected Sample of 821 Alaska Mental Health Trust Beneficiaries)
Reported Use of Financial Assistance Programs

The Story Behind the Baselines: The Alaska Temporary Assistance Program (ATAP) was signed into law in 1996. The goal of welfare reform is to: *move Alaskans from welfare to jobs so they can support their families, while maintaining a safety net for those truly in need*.

"I used to make more money in a day than I have in allowance for one week now, and I paid more taxes than I get in benefits today."
Beneficiary
1998 Beneficiary Survey

The first year of ATAP brought significant changes to the welfare caseload, including:

- The welfare caseload declined by 15%
- Welfare savings for FY98 were more than $24 million
- The welfare caseload dropped to under 11,000 for the first time since 1992

"I'm a single parent with two kids at home. And it's hard. One of my children has a disability, and it's hard to try to go out and work without the support I need for my kids, the childcare."
Beneficiary
1998 Beneficiary Survey

The Division of Public Assistance estimates that 5% to 10% of those receiving ATAP are beneficiaries. One of the most significant changes brought about by welfare reform is the five-year lifetime limit to ATAP benefits. Most of the people who came off the welfare rolls during the first year were the most ready-to-work. There is currently no safety-net for recipients who have received ATAP for five years and who are unable or unwilling to work.

Other financial assistance programs provide support for Mental Health Trust beneficiaries. More than half of the beneficiaries who participated in the Beneficiary Survey reported that they receive SDI, SDA or Social Security (64%) and Medicaid (61%). Medicare (35%), housing assistance (24%) and tribal assistance programs (11%).

Current Efforts to Turn the Curve: Some of the strategies that are proving effective at increasing the number of people leaving public assistance are child care subsidies, job readiness programs, job training, and case management.

Strategies:

1. Case management to assist with access to public assistance and services. *(Expansion of current efforts)*
2. Develop strategies to assure beneficiaries access to public assistance services even if they have received Alaska Temporary Assistance Programs (ATAP) services for five years. (*New policy initiative)*
3. Provide employer incentives for training and hiring hard to place

ATAP and APA recipients. *(Expansion of current efforts)*

4. Collect and analyze information collected about beneficiaries who use public assistance (disability, use of public assistance services, use over time.) *(Expansion of current efforts)*

5. Support legislation and funding for programs that provide beneficiaries with home and community based alternatives to institutional care. *(Expansion of current efforts)*

6. Increase access to guardians, conservators, representative payees and provide assistance with paperwork. *(Expansion of current efforts)*

RESULT #4: PRODUCTIVELY ENGAGED, EMPLOYED,CONTRIBUTING

Indicator Baselines:

Government Information Sharing Project, Oregon State University, http://govinfo.kerr.orst.edu/

1998 Beneficiary Survey
(Self-selected Sample of 821 Alaska Mental Health Trust Beneficiaries)
Unemployment by Beneficiary Group

The Story Behind the Baselines: Data on employment, unemployment, hours and wages are collected and published monthly by the Alaska Department of Labor.

"That's the only reason why I haven't gone out to look for work--to keep my medical coverage."
Mental Health Consumer
1998 Beneficiary Survey

Unemployment in Alaska varies greatly with the season. In 1996, the statewide rate of unemployment ranged from 9.7% in January to 5.5% in August. Unemployed rates also vary according to region or community. Traditional methodologies for determining unemployment do not work well in Alaska's smaller, more remote villages, where few jobs are available. Many people in these communities rely on a traditional subsistence lifestyle. Hunting, fishing and gathering wild foods form the basis of a non-cash economy. Often, people living in these communities have given up on actively seeking employment and are not counted in local or state statistics. In many of these communities, it is estimated that more than 75% of the adults are not working at cash jobs.

"I refuse to quit (job). My four hour day is all I get, and that is the most wonderful thing in my whole life, besides my children."
DD Consumer
1998 Beneficiary Survey

National sources estimate that up to 65% of adults with a variety of disabilities are unemployed. The Mental Health Trust Beneficiary Survey found similar rates of unemployment in Alaska. Of those who took part in the telephone survey, 69% of those with mental illness and 68% of those with developmental disabilities reported that they were unemployed. Fifty-five percent (55%) of alcoholics with psychosis and 97% of those with Alzheimers or other dementia, most of whom are 60 or older, said that they were not employed.

Even when Trust beneficiaries are employed, they are often in part-time, low paying jobs. Beneficiaries may remain in these jobs because, if they worked longer hours or made more money, they would lose their eligibility for Medicaid, which is often their only source of health insurance. Loss of medical benefits was the most commonly cited reason given for not seeking work by unemployed beneficiaries. Other frequently cited reasons were discrimination, inability to find a job, and lack of training.

"Vocational Rehabilitation has helped me find a job."
Mental Health Consumer
1998 Beneficiary Survey

Current Efforts to Turn the Curve: Some of the strategies that are proving effective at increasing employment opportunities for beneficiaries are employment training programs like those provided by the Division of Vocational Rehabilitation and the Private Industry Council. Developmental disability and mental health employment support programs provide on-the-job employment readiness training and support for workers. The Governor's Council on Disabilities and Special Education recently received federal funding for a five-year employment initiative (Alaska Works). Senior employment programs provide many seniors with jobs as senior volunteers and helps train seniors to acquire unsubsidized employment. During their 1998

session, the Alaska Legislature passed a bill that would allow people with disabilities to retain Medicaid coverage while working. Programs like elder care and respite make it possible for caregivers of people with Alzheimer's Disease to continue working.

"Job coaching takes people out and helps people get a job; they are helpful. They give you good information. They help you out."

DD Consumer
1998 Beneficiary Survey

Strategies:

1. Increase DVR transition services to beneficiaries 18 to 21 years old, including those in alternative schools. *(Expansion of current services.)*
2. Provide cross-beneficiary job support services. *(New Service Initiative)*
3. Create work opportunities for beneficiaries in the adult correctional system. *(New Service Initiative)*
4. Monitor implementation of new employment initiatives, including Alaska Works and changes to Medicaid, to determine whether they provide expanded employment opportunities for beneficiaries. *(New Service Initiative)*
5. Increase the number of school districts that support beneficiaries in inclusive settings. *(Expansion of current services.)*
6. Increase the number of beneficiaries, including those in the juvenile justice system, who complete school and pass high school qualifying exams or complete a GED. *(Expansion of current services.)*
7. Provide access to educational resources to juveniles in the adult correctional system. *(Expansion of current services.)*
8. Develop a strategic plan for the education of Trust beneficiaries. *(New policy initiative)*

Result #4: PRODUCTIVELY ENGAGED, EMPLOYED, CONTRIBUTING

Indicator Baseline:

Government Information Sharing Project, Oregon State University, http://govinfo.kerr.orst.edu/

1998 Beneficiary Survey
(Self-selected Sample of 821 Alaska Mental Health Trust Beneficiaries)
High School Graduation/GED Completion

The Story Behind the Baselines: Each October, the US Census Bureau conducts the Current Population Survey. Among the information collected is "high school completion rates for 18 through 24-year-olds not currently enrolled in high school". This information is collected for each state and is computed based on data spanning three years. In the years 1993-95, the Alaska high school completion rate was 90.5%, compared to a national rate of 85.5%.

The Mental Health Trust Beneficiary Survey found similar rates for high school graduation or GED completion for two beneficiary groups, alcoholics with psychosis (85.6%) and those with mental illness (85.4%). Approximately two-thirds (68.3%) of the survey participants with developmental disabilities had graduated from high school or completed a GED. Beneficiaries who have Alzheimers or related dementia had the lowest high school completion rate (64.6%), which is probably a function of growing up at a time when many young people left high school to work or join the military.

"When I was going to high school, I had a teacher who said I wouldn't be able to graduate from high school. He said, "You'll never make it to college." I graduated from high school with honors, and I enrolled in college for an Associates degree. I have three more credits and I'll have an Associates degree."
DD Consumer
1998 Beneficiary Survey

The National Center for Education Statistics reported that in 1995, the percentage of young adults with disabilities (16 to 24 years) who dropout was 14.6%. The percentage of non-disabled young adults who dropped out was 11.8%. Students with mental illness are the most likely to dropout (56.1%), followed by those with mental retardation (31.1%), serious emotional disturbances (23.6%), and specific learning disabilities (15.8%). Learning disabilities were the most commonly reported disability in the study, affecting 2.2% of the population or one-third of the youths with disabilities in the age group.

"We need more adult basic centers in villages for school; for GED, ABE (Adult Basic Education). They quit the ABE program in my village."
Rural Consumer
1998 Beneficiary Survey

Current Efforts to Turn the Curve: Some of the programs and initiatives proving to be effective at improving the educational outcomes for beneficiaries are education in regular classrooms, transition planning, mental health treatment services linked with special education programs, and support programs like peer counseling.

Strategies:

1. Increase the number of children in inclusive classrooms. *(Expansion of current efforts)*
2. DHSS and AMHTA develop collaborative relationship with the Department of Education. *(Expansion of current efforts)*

3. Increase the number of beneficiaries, including those in the juvenile justice system, who complete school and pass high school qualifying exams or complete a GED. *(Expansion of current efforts)*
4. Increase access to educational resources for juveniles in the adult and juvenile correctional systems. *(Expansion of current efforts)*
5. Fund periodic audits of IEPs and make recommendations based on findings. *(New policy initiative)*
6. Develop an education strategic plan for beneficiaries. *(New policy initiative)*

Result #5: LIVE WITH DIGNITY / VALUED MEMBERS OF SOCIETY

Indicator Baseline:

1998 Beneficiary Survey
(Self-selected Sample of 821 Alaska Mental Health Trust Beneficiaries)
Problems Encountered with Community Living

1998 Beneficiary Survey
(Self-selected Sample of 821 Alaska Mental Health Trust Beneficiaries)
Problems Encountered with Community Integration/Acceptance

The Story Behind the Baselines: Until recently, people with mental illness, developmental disabilities, chronic alcoholism and dementia were routinely removed from their homes and communities and placed in institutions. In Alaska, this meant that hundreds of children and adults were sent to Morningside (Oregon) and other institutions thousand of miles from their homes and families. As a result, people with disabilities were rare in communities and were often viewed with suspicion and mistrust. Part of the mission of the Trust is to assist beneficiaries in becoming valued and contributing members of their communities.

Beneficiaries who participated in the Alaska Mental Health Trust Beneficiary Survey were questioned about problem areas they encountered in community living. Some of the problem areas noted were having enough money (57%), finding satisfying work (46%), finding the right services in the community (41%), finding affordable housing (35%), and getting transportation (29%).

Beneficiaries participating in the survey were also asked about some of the issues they faced in community integration and acceptance. The most common problems were having a decent social life (43%), feeling left out of things (41%), facing prejudice (37%), being able to control their own life and make decisions (35%), and feeling unsafe when out (30%).

There is currently no comparable general population data.

Current Efforts to Turn the Curve: Some of the programs that have proven to be effective at providing beneficiaries with community living and home ownership support are HUD Section 8 and Supported Housing Programs, HUD 811 and 202 programs, the developmental disabilities and mental health housing grants, transitional housing and domicilary care, supported living, and in-home support programs. In addition, there are general relief and housing assistance programs for elders.

"Everyone should be guaranteed a place to live. Nobody should be homeless."
Consumer
1998 Beneficiary Survey

"I like having a roof over my head and money coming in. And I'm at a level that I'm feeling O.K. and can get back out in the community."
Consumer
1998 Beneficiary Survey

"I don't have things to do. I'm not a street roamer, I do not drink, and I am very isolated. I need friends."
Consumer
1998 Beneficiary Survey

"I like volunteering."
Consumer
1998 Beneficiary Survey

"I like to go drumming. One of my plans is working at a music store and being a drum teacher and beginning a band. And I'm really good. I was in the newspaper for Artist of the Week."
Consumer
1998 Beneficiary Survey

"Anything is possible, I went skydiving a year and a half ago."
Consumer
1998 Beneficiary Survey

"Maybe I'd think about getting married and finding a girlfriend someday."
Consumer
1998 Beneficiary Survey

Strategies:

1. Ensure compliance with standards of care for facilities providing home and community based services for beneficiaries. *(Expansion of current efforts)*
2. Re-capture the savings from the longevity bonus and reinvest it in senior services as a means of supporting seniors in their own homes and communities. *(New policy initiative)*
3. Provide training opportunities for community emergency services personnel (police, EMTs, hospital staff) on dealing with beneficiaries in crisis situations. *(Expansion of current efforts)*
4. Explore a "universal" Medicaid waiver for home and community based care that is based on functional assessment rather than a specific disability. *(New policy initiative)*
5. Provide Alzheimer's and related dementia diagnostic and consultation services. *(New service initiative)*
6. Support efforts to integrate beneficiaries into their communities. *(Expansion of current efforts)*
7. Promote the participation of beneficiaries on policy-making boards and commissions. *(Expansion of current efforts)*

"I'd like to be able to get out more. Our transportation system only takes us to doctor's appointments but not anyplace else."

Consumer
1998 Beneficiary Survey

"Having knowledgeable family members makes a difference in how easily services are accessed or situations are handles."

Caregiver
1998 Beneficiary Survey

"We had a program with after hours that we could go to anytime--do crafts, and I liked that program. Everybody liked it. Then they cut that program. It's confusing."

Consumer
1998 Beneficiary Survey

"When you open up the newspaper, our Anchorage paper, there is, maybe once a week, an article about Alzheimer's in there, even if it's just a short little note. It's educating the general public."

Caregiver
1998 Beneficiary Survey