

Anchorage Community



Mental Health  
Services, Inc.

# ANNUAL REPORT

# 2012

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*The Mission of ACMHS is to provide  
consumer-driven behavioral healthcare.*

*The Vision of ACMHS is “Wellness for Everyone”*

*Editor: Jennifer Smerud*

# Board President and CEO Statement



**Thirty-eight years** in the books and counting. Fiscal Year 2012 ending 30 June 2012 found Anchorage Community Mental Health Services (ACMHS) continuing to help consumers meet the challenges in their lives.

Helping consumers with challenges requires ACMHS to have many partners across Anchorage and Alaska. Relationships relate to one of the objectives laid out by the ACMHS Board of Directors that we “weave ourselves into the fabric of the community.”

Doing so during FY 2012 found numerous and varied initiatives either continuing or getting underway. Writing about them provides a snapshot of the breadth of services provided by ACMHS and

the challenges and realities of being involved in healthcare at this time. The clinical services of ACMHS target helping Alaskans recover from mental illness or addictions. The lone exception is Daybreak, an adult daycare facility, which helps persons impacted by Alzheimer’s age with dignity-hopefully in their homes.

## **By the numbers, ACMHS served over 2,200 during FY 2012.**

FY 2012 started off at a fast pace. Clinical Associate Jim Briskey broke new ground when he began his role as the critical link between ACMHS and the Alaska Department of Corrections by opening a satellite office inside the Anchorage Jail.

Dee Foster followed having discussions with Cook Inlet Tribal Council about ACMHS providing a clinician to support Head Start programs. This resulted from the ACMHS Early Childhood Mental Health Initiative which had roots in the ACMHS Alaska Child Trauma Center.

ACMHS began ramping up contracts with ACMHS Consumer Driven Services (CDS). The contracts purchased courier, landscaping, snow removal and janitorial services from CDS Innovation Industries. This novel approach was the brainchild of Andrea Schmook and the CDS staff as a way of getting job experience for persons in recovery. Innovation Industries, a division of CDS, provided job skill training and job coaching as well.

Advisory Councils for Children, Adult and Senior services met providing critical feedback about programs.

Discussions began with the Alaska Mental Health Trust Authority about the possible purchase of the Long House Hotel during the first quarter. The goal of the acquisition is simple – expand safe, affordable and accommodating housing options for persons with mental illness in Anchorage. There is a dearth of housing options with Anchorage having less than a 2% vacancy rate. Purchasing and renovating this Spenard hotel could add 48-50 much needed housing units.

Michael Sobocinski, Ph.D., joined ACMHS as the Chief Operations Officer in August 2011 adding depth of the leadership and clinical bench.

Corporate vigilance began on the potential clinical, administrative and financial impacts of the Patient Protection and Affordable Care Act (PPACA) as full implementation looms in 2014.

Preparation for accreditation got underway with the implementation of Performance and Quality Improvements (PQI). The transition from an oral tradition to a written one began to pick up steam and speed.

Corrine O’Neill led the Anchorage 100K Homes Vulnerability Survey in September 2012. This survey further quantified the number of homeless adults living in camps around Anchorage. This survey for the first time identified the vulnerabilities of the homeless population. The data was used to select candidates for the RurALCAP Karluk Manor project.





Photo Credit: Lindsay Brown

Outreach services to the homeless continued being provided by Crossover House (seriously mentally ill adults), Pathways to Recovery (chronic public inebriates) and Transitional Aged Youth (16-24 with mental illness). These homeless engagement services provided the data highlighting the need for rapid access housing as well as housing with accommodations.

ACMHS responded to serving Transitional Aged Youth by collaborating with Alaska Division of Behavioral Health, Covenant House Alaska and Alaska Youth and Parent Foundation (now Alaska Youth Advocates). Further, ACMHS renovated one duplex to specifically serve transitional aged youth. The renovation was completed in September 2011.

September 2011 also saw ACMHS supporting the Crisis Intervention Training for law enforcement. ACMHS has been involved with CIT for over a decade.

November 2011 found the Child Trauma Center at ACMHS starting a new initiative – training Division of Behavioral Health grantees' staff across Alaska on trauma informed care. Increasing trauma informed care is a strategic tactic for ACMHS in order to promote recovery from mental illness and substance use disorders. 825 were trained during FY 2012.

November 2011 also saw the beginning of an exciting partnership with RurALCAP, ACMHS housing services and ACMHS Pathways to Recovery. As previously noted, RurALCAP received a Cooperative Agreements to Benefit Homeless Individuals (CABHI) Grant. The target population was chronic public inebriates many who had been identified in the 100k Homes Vulnerability Survey earlier in the year. Over 40 persons were successfully housed during December 2011 and January 2012 at Karluk Manor and other locations in Anchorage using the 'housing first' approach.

Revised Behavioral Health Regulations were implemented by the Alaska Division of Behavioral Health in December 2011 requiring structural and process changes.

ACMHS also began healthcare integration discussions with Anchorage Neighborhood Health Center in December 2011.

January 2012 saw a leadership change with ACMHS Board of Directors. Retired UAA Professor Cheryl Mann, Ph.D., completed her term as President. She was followed by Alyeska Pipeline Comptroller Cathy Taylor.

January 4, 2012 will be a day of "infamy" for this was the day ACMHS was notified of a potential data breach. Business practices changed immediately as ACMHS entered a new phase of awareness and sensitivity about protecting and safeguarding all electronic information.

March 2012 was a sad month for ACMHS on a couple of fronts. First, long time Board Member Mel Henry died. Dr. Henry was a former Alaska Division of Mental Health and Substance Abuse Director in the Sheffield administration. His involvement in community mental health spanned over 30 years. Second, the Turnagain Community Council reacted negatively regarding the proposed purchase and conversion of The Long House from a hotel to 48 units for mentally ill persons needing housing. It was classic "Not In My Back Yard" – NIMBY with many ill informed comments and opinions about people impacted by mental illness and their potential to live in the Turnagain community. It was disheartening to listen to the vile comments knowing people sitting in the audience were, in fact, recovering from serious mental illness.

With the invaluable assistance of ACMHS President Elect Suzanne Fairbanks, ACMHS was recommended for and awarded a \$450k capital improvement grant from the Alaska Legislature in April 2012 for refurbishing the original parts of Daybreak.





Thanks to Representative Charisse Millett and Senator Kevin Meyer for supporting and sponsoring this request. This followed the completion of the addition which held the grand opening in June 2012.

April also saw ACMHS Board Members and staff attending the National Council for Community Behavioral Care Annual Conference where integration with primary care was emphasized. The Board subsequently held its annual strategic planning meeting following the conference and finalized crafting the ACMHS Strategic Plan.

ACMHS received some excellent media coverage in April when Anchorage TV Reporter Rhonda McBride of the local NBC affiliate interviewed Andrea Schmook and John Fugett for a feature on recovery from mental illness.

ACMHS also received funding in April to rehabilitate the Juneau Street housing facility in order to accommodate persons with special housing needs as well as funding to rehabilitate the Little Tykes area. Little Tykes services children 2-6 years of age who are not able to attend regular day care, kindergarten or first grade due to severe emotional disturbance. It is a great day when the children 'graduate' into regular day care, kindergarten or elementary school. Treatment works and recovery is possible even for young children.

ACMHS appreciates the support of the United Way of Anchorage. The United Way supported the Homeless Housing Initiative and Safe and Ready to Learn.

A major step towards becoming nationally accredited occurred in May 2012. Under the leadership and persistence of Director of Care Management Dr. Carey Edney and Accreditation Manager Pam Kennedy, ACMHS made the first formal submission of information to the Council on Accreditation.

Transitions were planned as Andrea Schmook, founding Executive Director of ACMHS Consumer Driven Services announced her retirement plans for August 2012. ACMHS Director of Adult Services John Fugett was chosen by the ACMHS CDS Board as the new Executive Director in June 2012.

Opportunities and challenges are regularly embraced at ACMHS. Advancing housing, expanding mental health services for young children, adding community based addictions treatment and adult trauma treatment plus continuing to build capacity to provide adult day care are a few of the opportunities. Challenges are primarily driven by a lack of understanding about how to finance community based behavioral health services and the impact of the increased administrative and electronic security requirements.

The preceding is a glimpse at the variety and pace at ACMHS. A dynamic and dedicated volunteer Board of Directors provides the leadership. Advisory councils provide the feedback and insights to directions to consider. A passionate staff provides the recovery focused services. And most importantly, consumers provide the evidence that people can and do recover from the impacts of serious mental illness and addictions if given the chance. That is what ACMHS is about: "We promote recovery and wellness by providing consumer driven behavioral healthcare."

Thanks to all who make it happen including donors, board members, volunteers and staff members.

We look forward to another exciting year in FY 2013.

Cathy Taylor, CPA  
Board President

Jerry Jenkins, M. Ed, MAC  
Chief Executive Officer





## ACMHS Board of Directors

Phillip Bach, Ph.D., OD

Patricia Bozzo

Susan Crosson

Deborah Fachko

Suzanne Fairbanks

Dan Meddleton

Don Rulien, CPA

Katie Schneider, PA

Brad Spees

Cynthia Strobach

Cathy Taylor, CPA

Denali Vision Clinic

Wells Fargo Commercial Real Estate

Susan K. Crosson Appraisals

Alaska Primary Care Association

Carlile Transportation

Hospital Administrator, Retired

Rulien + Associates, LLC

Southcentral Foundation, Ernie Turner Center

GCI, Network Access Services

UAA, School of Nursing

Alyeska Pipeline Service Company



# ACMHS Leadership Teams



## Leadership Team

Front Row from Left: Lindy Irwin, Liz Hunt, Holley Stogsdill, Victor Spence, Gracie Hodgkins, Cheryl Mounts, Cynthia Burrows, Jerry Jenkins, Bev Schmidt, Joanna Marshall, Pam Kennedy, Corrine O'Neill, Dee Foster, Joshua Arvidson, Dave Reeves, John Sperbeck  
Second Row from Left: Jon Watkins, Mike Sobocinski, Barry Andres, Pam Wicks, Brent Yocum, Heather Ireland, Bruce Lindquist, Darcie Shaffer, Scott Terranella, Ken Howell, Jacqueline Jacobson, Andrea Axelson

ACMHS Systems and Leadership Teams are comprised of the managers and directors of the company who meet biweekly as part of our commitment to transparency in all company transactions.

## Systems Team

Front Row from Left: Carey Edney, Cheryl Mounts, Liz Hunt, Heather Ireland, Jennifer Smerud  
Second Row from Left: Shannon Wilks, Jon Watkins, Bob Walker, Jerry Jenkins, Dee Foster, Mike Sobocinski, Dave Reeves







# Self-Discovery The Legacy of Recovery

There are pivotal moments in an individual's lifetime when a sudden moment will alter life's course dramatically and without warning. My personal story is no exception.

In 2002, I was hit by another vehicle while driving to a business dinner. I suffered extensive injuries; some have healed, and some remain permanent. The most significant injury was a traumatic brain injury. I had always been considered a person of above average intelligence, and struggled to accept that I now had a disability. As a child, I survived spinal meningitis and childhood epilepsy, neither of which prevented me from excelling as a student. In elementary school I "skipped" a grade and was offered the option to "skip" yet another, although my parents vetoed that. After the accident, my cognitive skills were significantly different; I had short-term memory issues, I could no longer draw a picture of a clock, or assemble a cardboard box, and I was prone to sudden outbursts of anger. It took three years to be properly diagnosed, followed by a few surgeries and years of extensive occupational and physical rehabilitation. Although I finally felt some relief to learn the problems I was experiencing were physical in nature and not psychological, I was angry at something I had no control over.

In 2008, I made a choice to go back to school after a supervisor told me that I would never go any further in my career than where I was. I wasn't sure if I would be able to handle it, but I needed to prove to myself that I was still "smart".

It was difficult! At times I became frustrated, and on occasions I had outbursts of tears and anger during class. I had to get creative with my learning process, and as a single mom holding a full-time job, I graduated Magna Cum Laude and obtained my BAS in Human Services. I am now enrolled in the Master's program pursuing my Masters of Arts in Management, specializing in HR, while managing the Client Billing and Reception departments at ACMHS. I have learned that denying I have a disability doesn't do me any favors; but I also do not have to dwell on it. As the former UCLA basketball coach, John Wooden, so wisely stated, "Don't let what you cannot do interfere with what you can do" (Meier, 2010). Returning to school allowed me to come to terms with my disability and taught me to work with my deficiencies. I feel a sense of triumph with my accomplishments. Yes, I did suffer a brain injury, but I have gained self-esteem, confidence, experience, knowledge, skills, and abilities that will assist me in achieving future goals and endeavors. It is my hope to pass this message on to others. Everyone has something that has the potential to hold them back, and I want to be an example to others to learn to accept weaknesses, but focus on strengths.

Darcie Shaffer is the Manager of the Billing Department and mother to Brooke. She is currently finishing her master's degree in Human Resources.



# Legacy of Consumer Choice



Adult Continuum Managers from Left: Lindy Irwin, Bruce Lindquist, Corrine O'Neill, Victor Spence, Jacqueline Jacobson, Andrea Axelson, Dave Reeves.



Team Intake From Left: Cynthia Burrows and Bailey Reichards.

From Intake and Reception, to Housing and Clinical Services, many ACMHS team members are responsible for assisting a new client access services. This process is almost invisible to the client but requires a lot of cooperation and teamwork from the various groups involved. The intake team reviews clients for eligibility. Team Reception arranges appointments, reminder calls and follow up appointments with the client. Not to mention, they are the face of ACMHS greeting each client as they come into the buildings. The adult managers, work with each other and the community partners to ensure that a client is receiving all the services they require. Don and the Residential Support Services program works with assisted living facilities to ensure that clients continue to have options for housing throughout the community.



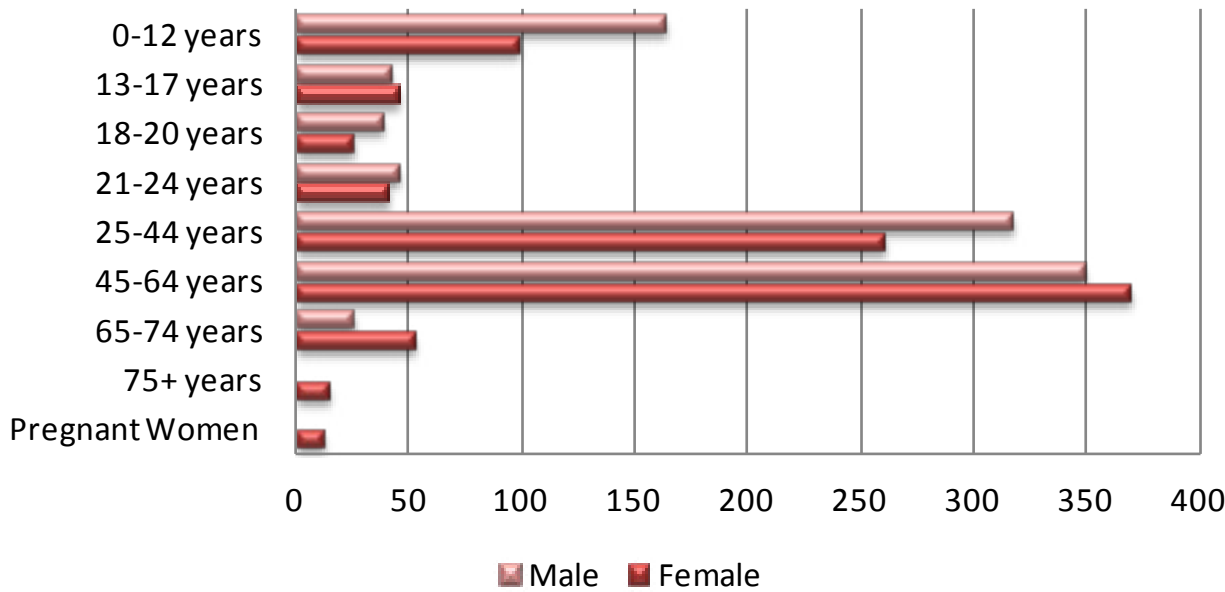
Team Reception from Left: Holley Stogsdill, Arelle Harrison, Sarah Shelley, Estela Pouli, Darby Sullivan



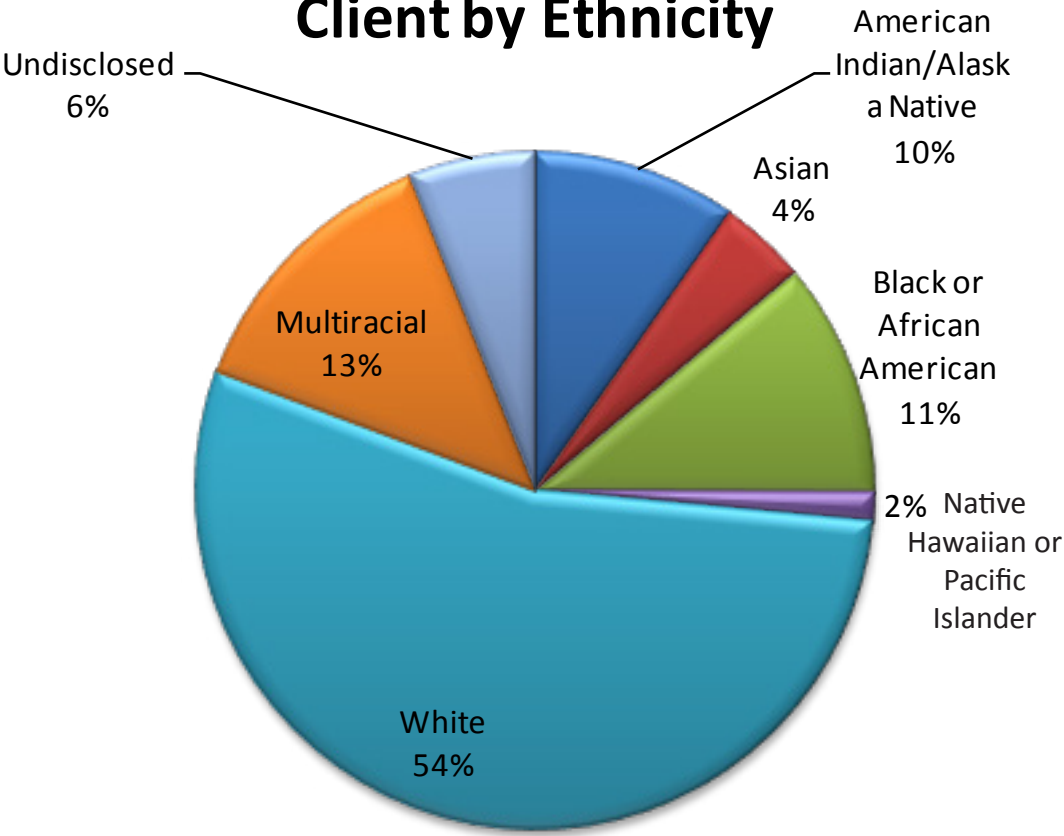
Team RSS From Left: Don Nelson and Dave Reeves

# 1887 Clients served in FY12

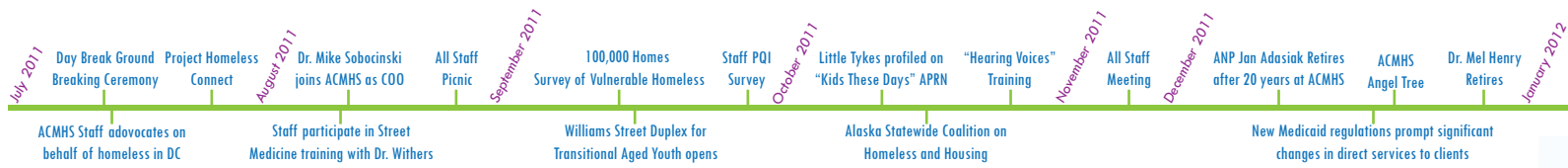
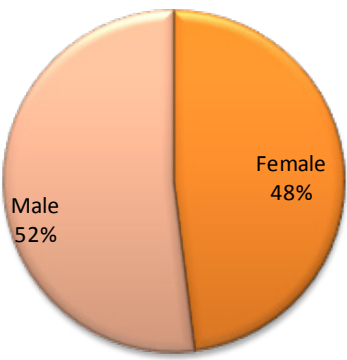
## Clients by Age



## Client by Ethnicity



## Client Gender





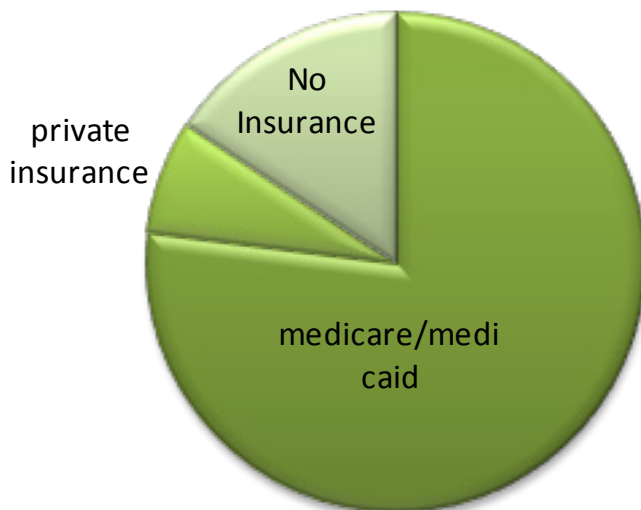
## Operational Revenues

Client Fees	\$5,640,704
Grants	\$9,277,751
Other	<u>\$1,335,664</u>
<b>TOTAL</b>	<b>\$16,254,119</b>
Charity Care	\$6,000,000

## Operational Expenditures

Personnel Expenses	\$13,046,790
Other	<u>\$4,209,633</u>
<b>TOTAL</b>	<b>\$17,256,423</b>

## Client Services by Payor Source



In Fiscal Year 2012 ACMHS provided services to over 1800 Anchorage residents. Many of those services were not covered by the client's insurance, the client was not insured or the reimbursement rate did not match the actual cost of doing business. The population that ACMHS serves are children and adults experiencing severe mental illness or emotional disturbances who can not afford to seek services from other area providers. While ACMHS budgets carefully, FY12 resulted in negative returns due to the lack of state funds to pay for all of the care provided to Anchorage residents.

# Peer to Peer Recovery

## The Legacy of Wellness

Pioneer in recovery, Andrea Schmook retired from ACMHS to pursue a career in consulting in sunny California. She leaves behind the legacy of Consumer Driven Services and the Wellness Innovation Center. Peer to Peer Supports are the key to recovery from severe mental illness and life-long wellness.

Before I was diagnosed with a mental illness, my life was a mess. I was an angry individual who blamed everyone for my problems. God. My father. My husband. I was very selfish and self-centered and I believed that I was at the center of the universe. As my life unraveled I began to hear voices, to have visual hallucinations and became very delusional. I was so unhappy. I was suicidal. During this time, my husband and I divorced. My family and friends were there for me no matter how out of touch with reality that I was. Most important, they told me the truth. They helped to bring down my defenses so I began to take responsibility for my life and the choices I was making. In the process, they gave me support by helping me advocate for myself and my children. The angry outbursts became a thing of the past and I was becoming assertive. The anger began melting away as I began to stand up for myself and my children in a positive way. I taught myself how to smile again. I taught myself how to say “please” and “thank you.” .

One of the most important things is I had to learn how to think, think, think! That meant I was no longer at the center of the universe. As a result, things really began to change for me and my children. This is how I became prepared to advocate for others. I learned that other people had differing opinions and that’s all that it was—different! There were no rights or wrongs—just different. My legacy is the message that “everyone has the potential to recover” .

My hope for ACMHS and CDS is that staff and clients will learn that people need support in their recoveries. People need to get a clear message that they can turn their lives around for the better with the help and assistance of people who provide professional services and people who have the lived experience of dealing with mental illness and recovery.



However, everyone must be realistic that there will be many mistakes that a recovering individual will make as they are learning. They will be hurt and they will hurt others. They will be angry and have angry outbursts. They may go back to jail. They may lose their housing. The message that needs to be loud and clear is that no one, no pill or any treatment will change their lives until they take responsibility and begin to change themselves making their lives get better. They need to decide to recover and then the medication, therapy and treatment will work.

I have two important accomplishments: First, I would say my most outstanding accomplishment was raising my children as a single mother during the time I was mentally ill, while I was recovering and now that I’m recovered. They both grew up to be outstanding young people who have a great deal of respect for individuals who have mental illness and/or addictions. They see people with mental illness or anyone with an addiction as part of humanity and who deserve respect and dignity. My second accomplishment is that when I was mentally ill the thinking was “that once mentally ill, always mentally ill.” People did not get better. Basically, their lives were over. They needed others to make their decisions. When I was a patient in API, I made up my mind that I was going to prove the experts wrong! “I am going to get better and when I do I will help others know that they can do it too!”





### The Medical Team

Front from Left: Dr. Terranella, Jackie Smallwood, Dr. Goddard, Donna Bennett, Dr. Dipreta, Ebony Twillie, Maria Orr

Back from Left: Michelle Doran, Ann Yates, Linda Carlile Hodson, Liza Smart, Teresa Wahala, Wendy Freeland, Dr. Rayess



### Consumer Driven Services

From left: John Fuggett, Billy Gibby, Joan Cullinane, Alvin Griffin



### Day Break Adult Day Care

From left: Seija Sinikki, Liz Hunt, Sara Chambers, Nancy Haley, Jessica Dubyak, Rachael Thompson

Seated: Phynlandia



### Pathways to Recovery

From left: Shari Clayton, Debbie Flowerdew

## Program Teams



# Legacy Lost and Found

Norbert T. and Pathways to Recovery



When Norbert was 16 and growing up among the Inupiat of King Island, he lost his path. Nicknamed “Big Daddy” by community elders because of his excellent hunting and fishing skills, Norbert began drinking. “I didn’t know I would get sucked in, then I was trapped.” For the next 43 years Norbert traded in his self respect, his connection to his culture, his land and finally his respect for others to feed his addictions.

One day, after waking up in an abandoned vehicle, Norbert knew he had to change his life or die. He enrolled in the treatment program at Nugen’s Ranch in Wasilla and began to reclaim his lost legacy. While he had often sold his carvings to fund his habit, in treatment Norbert found stability through creation. Now sober for over two years, Norbert credits his AA sponsor, his aunt Helen and his Pathways case manager, Shari, for helping him reclaim his heritage and sense of self.



Norbert carves an ivory pendant

While Norbert longs to return to his home in the Seward Peninsula, he finds fulfillment in his position as a mentor at the Ernie Turner Center, teaching art to others and in the art he creates himself. As a mentor, Norbert teaches others to transfer what they see in their minds to the art they create. Like the elders of King Island who were his guides,

Norbert is teaching patience, tolerance, respect for self and sobriety to his students.

In his rediscovered sobriety, Norbert is spreading the love of god and of traditional Inupiat values to others. When he was drinking, Norbert was mean, a “silent killer” using his words and actions to hurt others. Now he shares his spirituality with others to help heal and preserve his culture. “Admiring (his) creations is how I talk to God.” Norbert’s legacy from his elders is the values that he is in turn teaching to his family and students through his art and actions.

Pathways to Recovery is a street outreach, engagement and intensive case management program targeting the chronic public inebriate and those with co-occurring severe mental illness. Staff work to engage individuals into treatment and recovery from substance abuse with the goal of successful placement in long term permanent housing with supports.



One of Norbert’s wooden masks.



# Adult Services Continuum of Care



**Housing Programs**

Front: Cheryl Charic

Middle From Left: Kelley Smart, Frank Bell, Mathew Mulhern,  
Maggie Tuazon, Mike Brede, Anthony Newcomer, Dan Motz,  
Corrine O'Neill



**Institutional Discharge Program**

Left side from front: Andrea Axelson, Christine Flowers, Rhonda Pierlot, Christine Goddard, Judy Sparks

Right Side from front: Lory Burch, Samantha Fili, Ciara Nicholson, Helen O'Neill, Deana Carson, Gordon Howell

Not pictured: Kylie Hendren



**Community Connections**

Front from left: Cheryl Charic, Vanessa Perry, Lanny Momsen, Renee Thoms, Lisa Villalobos  
Second Row from left: Victor Spence, Meghan Yarmak, Cortney Hanson, Rodolfo Chavez Garcia, Josh Bablonka, Crystal Francis



**Bridge Home**

From Left: Kimberly Pullen, Jacqui Jacobson, Steve Strupp, William Hutchings, Michael Hannam, Kimberly Runyan



**Chugach Counseling**

Front from left: Cassandra Rense, Carolyn Phillips, Teresa Williams

Back from left: Kris Craig, Bruce Linquist, Cathryn Simon, Kate Michaud

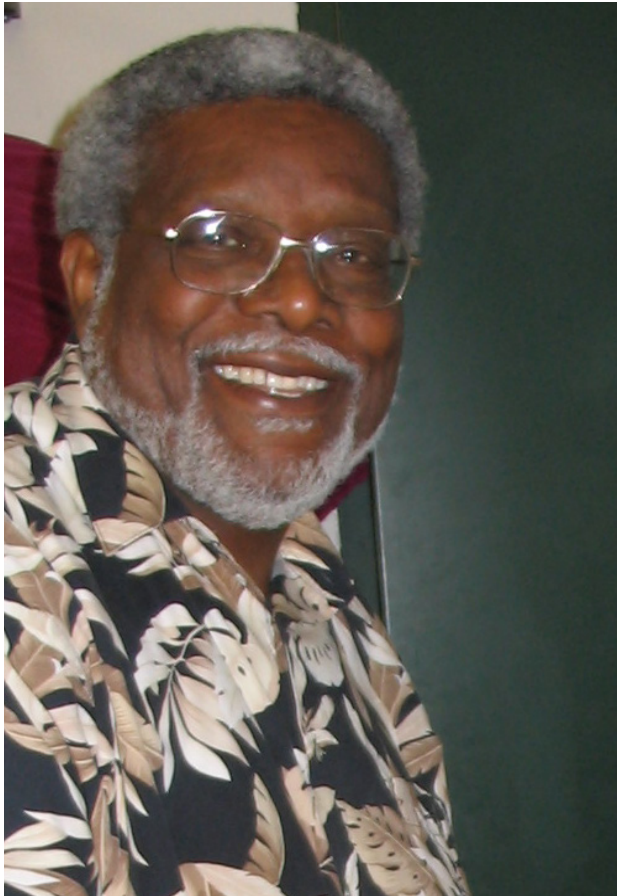
Not pictured: Brenda Fowler



**Crossover House**

From left: Dan Motz, Alfie Oyao, Clark Green





## Social Justice

### Dr. Mel Henry's Legacy

#### April 2, 1938 – March 1, 2012

Melbourne Walder "Mel" Henry, better known as "Dr. Henry" served on the ACMHS Board of Directors for over thirteen years before retiring in December 2011.

Known for his compassion, intellect, smile, hearty handshake and deep and resonating voice, Dr. Henry left a legacy of service.

In his own words, "*Born and raised on the Caribbean Island of Jamaica, my family of origin was traditional with a patriarchal father who strongly believed in the idea that his wife should be in charge of the home.*"

*And, there were 10 of us – 6 boys and 4 girls. In birth order, I was the 7th child. Both my parents had an eighth-grade education. My father worked as a psychiatric aide, in the only public/government sector mental health facility on the island. My mother did not work outside the home. How in the world they raised ten children and also had a full-time helper on my dad's salary is still a mystery to me and my siblings. In retrospect, I know they were social workers at heart, because they always found a way.*

*During my childhood, Jamaica was a British colony where educational opportunities for the indigenous population were not a priority for the British government. Fortunately, however, education was a priority with my parents. Early in life, they taught us that the key to success was excellence through the hard work and active competition and cooperation. Education was a scarce resource, and we only received an elementary education as part of the regular school system on the island. However, secondary education was available, but at a very high cost. Even then, only limited spots were open each year for competition. The competition for further education continued at the university level since there was only one university on the island at that time. A university system was not established in Jamaica until 1952. Even then, it was limited in its offering and enrollment.*

*I have always felt it unfair that so many deserving Jamaican students never had the opportunity to attend college. So, in addition to learning valuable lessons about competition and excellence, I also learned about social injustice, inequality, unfairness and structural oppression of a colonial power on its indigenous people. Consequently, even at a young age, I committed myself to social justice, equity, fairness and the development of all human potential, and I am pleased that I chose the profession of Social Work, within which I made this commitment true.*





*I should mention that I found my liberal arts education a truly liberating experience for me. It was an exciting adventure into the past to examine and understand the cultural and intellectual traditions which have shaped our present society and to ultimately define who we are. I developed a profound respect for the historical context of ideas and how these ideas influence and shape contemporary society in terms of custom, rituals, values and attitudes, as well as in our institutions of religion, education, health, family, welfare, science and technology, politics, law and ultimately democracy. My liberal arts education truly opened my eyes to a world of new ideas and perspectives. It liberated me from my ignorance and narrow mindedness, stereotypes and quick judgments which are all so inherent in this culture. I really am not sure which was more exciting for me-learning new ideas or feasting at an all you can eat buffet. By the way, the first time I went through a buffet line in the United States, I felt I had died and gone to heaven.*

*My graduate education in social work, social gerontology, and public administration was equally exciting, challenging, and growth producing. This education prepared me philosophically, intellectually, emotionally and spiritually for professional practice in the arena of human services as well as teaching and research in tertiary institutions of higher education. As a Professional, today, I am committed to client services and empowerment and the strengths perspective, organizational and individual change, integrity, propriety in practice, competence and professional development, scholarship and research and the general welfare of the society.” (Excerpted from Dr. Henry’s “Last Lecture: My Social Work Career” which had been prepared for delivery on 4 May 2012. It was delivered by his daughter Lisa Gunderson, Ph.D., at the 2012 University of Alaska Anchorage. (UAA) Social Work Gala Celebration.)*

Dr. Henry received his BA in Sociology with a minor in Economics from Warner Pacific College. He received his MSW from Portland State University followed by a Masters in Public Administration and Doctorate in Social Work from the University of Southern California.

He worked for West Virginia Governor (now US Senator) Jay Rockefeller before moving to Alaska and becoming the Director of Mental Health Services for Governor Bill Sheffield (1984-1988). His career included being professor and chairman of the department of behavioral sciences and director of the school of social work at Alabama A&M and associate professor at the University of Nevada-Reno. His legacy includes creating the graduate school of social work at Alabama A&M. He ended his career at the University of Alaska Anchorage as Clinical Associate Professor in the School of Social Work.

Dr. Henry’s service to ACMHS was formally recognized with a reception honoring him on 15 December 2011. Many members of staff and the community expressed appreciation to Dr. Henry for difference he had made.







**Billing Team**

Front row from left: Jenny Senoa, Abigael Alfaro, Martha Xiong  
Second row from left: Alondra Hernandez, Darcie Shaffer, JoAnn Drahosh



**Team IT**

From left: Bob Walker, Glenn Copeland



**Team Accounting**

Front row from left: Susan Shern-Holta, Sang Sing  
Back row from left: Michele Berns, Mario Morante, Shing Benoit, Marsha Pitrof

## Administrative Support Teams

### Accreditation, Privacy and Safety

Front from left: Joanna Marshall, Marcy Noren, Carey Edney.

Back from left: Pam Kennedy, Teresa Wahala, Ken Howell



**Development and Compliance Team**

From left: Jennifer Smerud, Shannon Wilks, Gracie Hodgkins





# Child and Family Therapy

The programs of the ACMHS Child and Family Continuum help children by focusing on building safe living situations and healthy coping skills. Parenting with Love and Limits (PLL) is a short term family therapy group that connects adolescents and their adult caregivers through group activities and family therapy. As part of the continuum of family services, it is a vital link for kids ages 8-18 who are losing their connection to family and facing a unstable future.

Multifamily group therapy sessions provide a time for families to come together, support one another, and learn the specific skills they need to improve family relationships and stop youth acting out. By the end of the 6-week group, most parents report feeling a powerful sense of connection to other families along with the comfort that they are “not alone.” They also acquire a great deal of knowledge and skill with respect to avoiding the button pushing game with their children, implementing consistent discipline in their homes, and practicing ways to rebuild nurturance with their children. Teens also learn how to be better negotiators and how to catch their parents “doing something good.”

One-on-one family therapy sessions with each family bring to life the skills taught in group. Family members first identify the big stressors in their lives and then work intensely with one another as they develop a behavior contract to reduce their stress and fix their problems. The behavior contract primarily consists of a rule, rewards for following the rule, and punishments for breaking the rule. It is a central intervention in the PLL program and serves as the road map for helping families correct the unhealthy dynamics that maintain the problems seen in the youth. Common unhealthy family dynamics include inconsistent discipline, caustic communication, and lack of nurturance. Family sessions are concrete, pragmatic, and provide the kind of direct coaching that goes beyond traditional insight-oriented talk therapy approaches. Many parents have expressed relief and gratitude that they are finally learning what to do to help their teens.

The PLL program provides an important treatment option for the most common and costly behavioral health issue seen in youth. Left untreated, too many acting out youth find themselves dropping out of school and turning to a life of crime. These teens can be among the most difficult to help and many programs fall short due to a lack of family engagement. PLL achieves the parent involvement that is essential to saving these kids.



Child and Family

Seated from left: Bev Schmidt, Tina Skoog, Brittany Beaujean, Maria Horn-Rollins

Standing from left: Dr. Rayess, Jo Forsyth, Laura Mergele, Gilia DeGange, Kelvin Pace, Barry Andres



Alaska Child Trauma Center at ACMHS

From left; Joshua Arvidson, Randy Ashford, Helen Strothers, Lindsay Brown, Kristen Mortenson



On-Target

From left: Ken Howell, Stephanie Blubaugh, Ryan Stattner, Cory Magro, Audra Gentz, Della Santos, Dannon Mims, Tim Martin

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