Anchorage Community Mental Health Services

Chuck Albrecht Softball Complex, home of the ACMHS Race for Recovery

2013 Annual Report

The mission of ACMHS is to promote recovery and wellness by providing consumer driven behavioral healthcare.

Table of Contents

Board and Community Advisory Lists	Page 2
Letter from Chief Executive Officer	Page 3
ACMHS Programs and Services	Page 5
Institutional Discharge Program	Page 6
Financial Information	Page 7
Dr. Phillip Bach Profile	Page 8
Client Profile	Page 9

Our vision is wellness for everyone.

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Fiscal Year 2013 was definitely an up tempo year for Anchorage Community Mental Health Services!

The company had many accomplishments while hitting challenges head on with a resourceful

Board of Directors and a resilient staff. It is an honor to work with both. Words fall short of adequately describing and capturing the quality and quantity of work by ACMHS.

ACMHS Senior Services had a noteworthy year finishing the Daybreak expansion and completing a re-model of the original facility. (Special thanks to Representative Charisse Millett, Senator Kevin Meyer and the Municipality of Anchorage for assisting with funding.) Noteworthy for Daybreak and its provision of specialized adult day care for persons with Alzheimer's and related dementia (ADRD) was being approved by the US Veteran's Administration (VA) to serve veterans.

<u>Child and Family Services</u> continued to hone their skills base in three areas: trauma informed practice; early childhood mental health interventions and treatment; and, interventions and treatment of transitional aged youth (TAY) (ages 18-24).

<u>ACMHS Adult Services</u> continued to provide recovery focused services and develop housing options.

While the company steadily increased clinical services, it also became accreditation-centric. This was in pursuit of a State of Alaska requirement for grantees. Staff and Board members spent literally thousands of hours in preparation writing or re-writing policies, procedures and protocols to align ACMHS with the requirements of the Council on Accreditation (COA).

COA evaluators did the site visit during the second week in January 2013. ACMHS received official notice of accreditation 22 March 2013. The Herculean effort was led by Carey Edney, Ph.D. in her role as Director of Care Management and Accreditation Manager Pam Kennedy.

The ACMHS Board of Directors continued its support with numerous hours of volunteer commitment in the areas of advocacy, governance and strategic planning. Leadership shifted during the year with Cathy Taylor turning oover the reins to Suzanne Fairbanks. New Board members added during the year were Todd Allen and Sonda Tepton.

The Board established the direction of financially stabilizing while providing results based services. Succession planning was updated to insure business continuity. The business continuity plan was tested during the 4-5 September 2012 wind event which disrupted operations due to loss of electricity and internet (and thus telephones due to the voice over internet protocol – VOIP telephone system.)

Fundraising and with emphasis on 'fun' entered a new era under the direction of Jennifer Smerud. She organized the First Annual ACMHS Mud Run. Yes, mud. Wet, sticky mud of various types, tints, textures and smells. . . The First Annual Mud Run was held on 4 August 2012. It far exceeded expectations. As a result, the Second Annual ACMHS Mud Run was held on 29 June 2013. Again, the turn out and support was phenomenal. Yes, fundraising that genuinely is fun.

ACMHS concluded its 38th year clinically sophisticated providing community based services to severely emotionally disturbed children, adults with serious mental illness and/or substance use disorders and seniors with Alzheimer's disease and related dementia (ADRD). The organization is financially astute and collaborative promoting trauma informed care, integrating with primary care and providing administrative support services such as to Fairbanks.

With a lot of moving parts, ACMHS is truly a vibrant organization focused on helping those impacted by mental illness and/or substance use disorders recover through consumer driven behavioral health care. Thanks to all who contribute to making it happen.

-Jerry Jenkins

FY13 ACMHS BY the Numbers

84,000 services in FY13 (a 12% increase over FY12)

During FY 2013 Child and Family served 342 children and youth. Over 80% had experienced complex trauma. Positive outcomes were reported in home, community and school. Child and Family continued influencing service delivery in Alaska through the Early Childhood Mental Health Learning Network and Trauma Informed Training Program. Joshua Arvidson is the ACMHS Lead for these Division of Behavioral Health supported initiatives. One example of impactfulness is that 2,390 have completed Trauma Informed Training.

ACMHS Adult Services served 1,707 during FY 2013. A total of 354 were admitted to services. This population had a 72% reduction in days of acute psychiatric care and incarceration when compared to the year immediately preceding admission to services. One of the keys to recovery from mental illness and/or (co-occurring) substance use disorders is having safe, affordable and accommodating housing along with staff that are co-occurring treatment capable.

33,913 hours of adult daycare provided by Day Break (12% increase over FY12)

FY 2013 found ACMHS providing \$6m worth of charity care. This was provided trying to assist as many children and youth with severe emotional disturbance, adults with serious mental illness (many with co-occurring substance use disorders) and seniors with Alzheimer's and related dementia as possible. This was accomplished by stretching resources, including staff, while experiencing an ever increasing onslaught of requirements and audits. One example of challenges was having over 30% of adults with serious mental illness being admitted without a payer source. Services to uninsured consumers alone account for over \$1.6m in uncompensated care. Medicaid rates cover, on average, 70% of the actual cost of care. Medicare fares far worse covering less than 40% of the actual cost of care. The devil in the detail here is that over 40% of the adults served by ACMHS have Medicare as the primary source of payment due to long term disability. Thus Medicare becomes the payer for psychiatric services. This means services by psychiatrists are reimbursed at less than 33% of the actual cost of providing. So, financial challenges continue. As a result, the company has been aggressively streamlining and insuring efficiency along with effectiveness. Opportunities are being sought to consolidate with other providers to reduce overhead costs and consolidate talent.









ACMHS FY13 Programs and Services

Child and Family
Alaska Child Trauma Center at ACMHS
Family Services
Little Tykes Therapeutic Day Program
On-Target
Parenting With Love and Limits
Transitional-Aged Youth Program



Adult Services
Intake
Crossover House
Transitional Housing Program
Permanent Housing Program
Home-Again

Bridge Home
Institutional Discharge Program
Folker Team
Medical Team

Pathways to Recovery
Psych Emergency Services at Providence



Senior Services
Day Break













Institutional Discharge Program

What is it like to treat the "sickest of the sick? For Program Manager Andrea Axelson and her team of clinicians and case managers, the rewards outweigh the occasional frustrations.

The Institutional Discharge Program, or IDP, was created as a way to provide intensive case management to the hardest to serve individuals being released from Alaska Psychiatric Institute or Department of Corrections facilities. These are individuals with disruptive, sometimes dangerous, symptoms of severe mental illness who often found themselves on an exhausting cycle of repeat hospitalizations, failed attempts at community re-integration and a general disconnect from those around them.

Andrea's team manages caseloads of no more than 16 individuals, most of whom live in group homes or other assisted living facilities. As these individuals have a tendency to burn out relationships to family and others due to their behaviors and symptoms, they are often isolated and lonely. Without engagement, they are at a high risk for re-offence, which is costly both in terms of state resources and in the setbacks of personal goals set by the client. As such, individual IDP clients rely on the group therapy activities and the support from their clinical staff for a sense of community and ways to engage with others in healthy and respectful activities.

In addition to case management services, IDP relys on groups to teach essential coping skills and provide the clients with much needed socialization and support. These groups are essential to the recovery efforts of clients as well as an opportunity for joy, laughter and fun.

MRT: Moral Reconation Therapy is designed to increase moral reasoning in individuals who have made criminal choices in the the past. The seven tenants include confrontation of beliefs, attitudes, and behaviors; assessment of current relationships; reinforcement of positive behavior and habits; positive identity formation; enhancement of self-concept; decrease in hedonism and development of frustration tolerance; and development of higher stages of moral reasoning.

<u>Healthy Living Group:</u> Healthy eating and exercising habits leads to an increased sense of well-being, which in turn, will improve mood and behaviors. Participants in this group learn about nutrition, exercise and positive activities

<u>Arts and Crafts:</u> The purpose of this group is to provide socialization and skill building to individuals which will increase overall quality of life and reduce depression and feelings of isolation.

<u>Native Culture Group</u>: This group facilitiates opportunities for Alaskan Natives who experience severe mental illness to connect to their culture heritage.

by: Jennifer Smerud

Operational Revenues Client Fees \$9,283,081 Grants \$9,097,888 Other \$1,338,472 \$19,719,441 **Total** Charity Care \$6,000,000 Operational Expenditures Program Expenses \$14,342,377 Administrative Expenses \$4,718,871 Total \$19,061248 **Client Services By Payor Source** No Insurance Other Insurance Medicaid

Building a Future with a Strong Foundation.

In FY13, Phillip Bach, Ph. D., OD celebrated his 35th anniversary of board service to ACMHS. In that time, he has served with three future legislators, business leaders, University professors, attorneys and a social worker or two. After 35 years, Dr. Bach says that some days it still feels like, "I just got on a train and am trying to find my seat."

Dr. Bach has remained active on the board for so long because of the opportunites to learn more about the ever changing issues facing behavioral healthcare providers in Alaska. He considers the high point of his service, his advocacy work in 1984 that started the capital project of building the Folker Street offices of ACMHS. As part of the board team that travelled to Juneau and met with legislators, Dr. Bach assisted in securing the funds needed to build the two story office building that today houses a number of clinical and psychiatric services.

Dr. Bach's low point of service came just a few years later when the 1980's recession that hit Alaska resulted in significant staff layoffs.

Dr. Bach thinks that the greatest improvement over the years is the creation of the advisory councils for child, adult and senior services. They provide a two way street where the community and the staff can meet and discuss issues and solutions surrounding community behavioral health issues.

In addition to his years of service for ACMHS, Dr. Bach has served nearly 40 years in the Civil Air Patrol. Dr. Bach has flown countless search and rescue missions and counts the relationships that he has developed with his fellow volunteers and military personnel as his greatest accomplishment. Dr. Bach acheived a childhood dream in 1982 when he purchased a Cessna 180. He lavished all his attention on maintaining his "child" until he met his wife Gloria in 2001. He recently sold his plane to spend more

time with his wife and family.

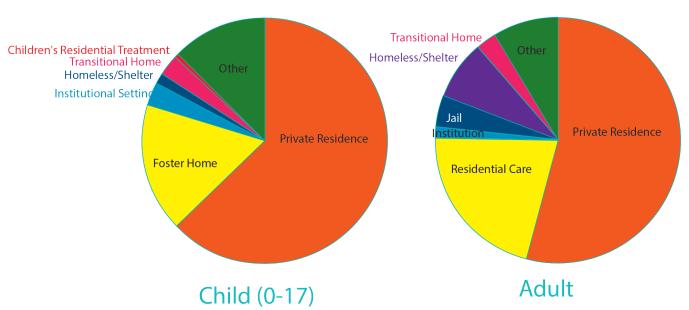
Dr. Bach, and the rest of the ACMHS Board, are actively engaging in advocacy around the benefits of community based mental health care. The fiscal and social benefits of community-based services for Alaska's vulnerable citizens needs to be part of the conversation when legislators plan for balancing the budget during a period of shrinking oil revenue.

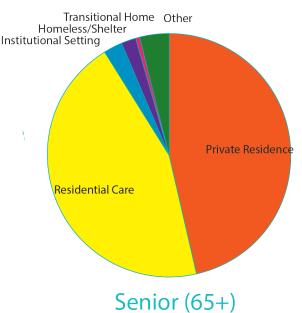
by: Jennifer Smerud

Dr Bach in front of the Folker building that exisits, in part, because of his advocacy work.

In FY13 ACMHS served 2,049 Individual Clients

Housing First-ACMHS Clients Residency by Age



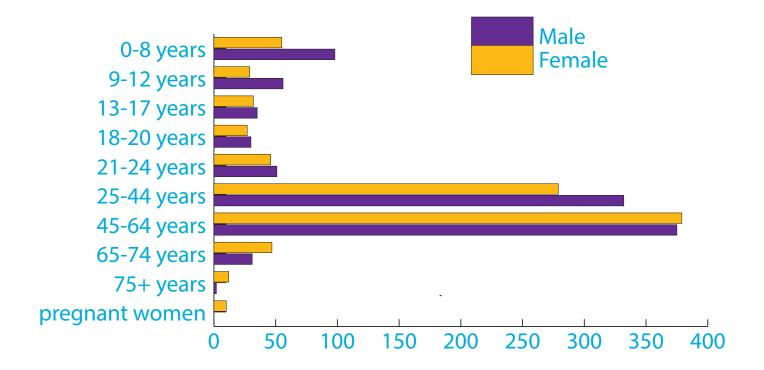


84,479 services provided in FY13

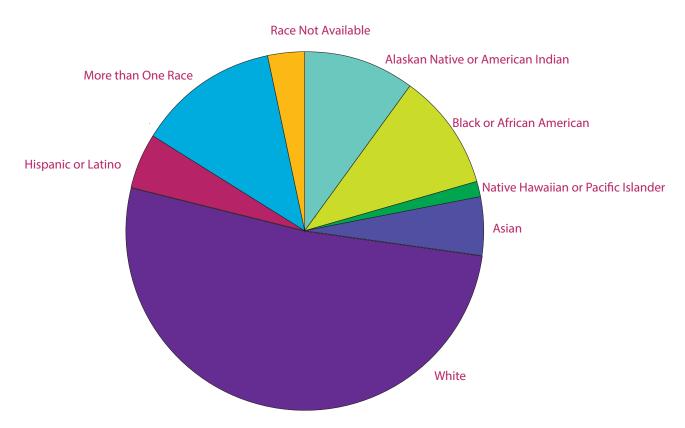
53.1% were clinical services, such as group therapy or individual therapy.

46.9% were psycho-social rehab services such as case management or skill development.

Client by Age and Gender



Client Ethnicity



FY13 Supporters of ACMHS Programs and Activities

Alaska Distillery • Alaska Executive Search • Dennis & Diane Allen • Alpine Urology • Alyeska Pipeline Service Company ◆ Anchorage Sports Association ◆ Anonymous ◆ Shawn Ansley ◆ Susan Armstrong ◆ Dani Baldwin ◆ Shing Benoit • George W. Boedecker • Patricia Bozzo • BP Fabric of America • Randall Burns • Laura Cameron ConocoPhillips Alaska
 Glenn Copeland
 Erik Crawford
 Susan Crosson
 Bradley Cruz
 Joan Cullinane Tracy Dickson • Justin Doggett • Sarah Doggett • Dokoozian Construction • Ramona Duby • Dr. Carey Edney John & Nancy Edwards
 James Elam
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 Suzanne Fairbanks
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