



**We Are All Alaskans 2012:  
Community Inclusion Summit**

**Alaska Mental Health Board  
Advisory Board on Alcoholism and Drug Abuse**

**July 20, 2012**

## Acknowledgements

The Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse thank the following organizations and individuals for making possible the first of what we hope is an annual We Are All Alaskans summit:

- ❖ the **Substance Abuse and Mental Health Services Administration** Olmstead Initiative Grant Project, which funded the costs of travel for summit participants and staff;
- ❖ **BP Alaska**, which provided the meeting venue at no cost;
- ❖ the private donor who provided refreshments and creative meeting materials to support “active talking;” and
- ❖ the **participants** who shared their time, stories, and insight during the summit.

### Summit Participants:

Kamaree Altaffer, Patient Advocate – Alaska Psychiatric Institute  
 Tracey Barbee, Alaska Peer Support Consortium  
 Dave Berube, Disability Law Center  
 Nancy Burke, Alaska Mental Health Trust Authority  
 Joe Cannava, Peninsula Community Health Center  
 Lara Collis, Bristol Bay Area Health Corporation  
 Elizabeth Dingman, Barrow  
 Joe Dingman, Sr., Alaska Mental Health Board  
 Joseph Dingman, Jr., Barrow  
 Donald Enoch, State Special Education Administrator  
 Dave Fleurant, Disability Law Center  
 Heidi Frost, State Independent Living Council  
 Alvin Griffin, Consumer Driven Services, Anchorage Community Mental Health Services  
 Cheris Haymond Rotter, NAMI Fairbanks  
 Donald Haymond Rotter, Fairbanks  
 Marieke Heatwole, Anchorage  
 Xio Owens, Alaska Native Tribal Health Consortium  
 Colleen Patrick-Riley, Department of Corrections  
 Brad Parfitt, Gastineau Human Services  
 Laronsia Reynolds, ARC of Anchorage  
 John Sperbeck, Anchorage Community Mental Health Services  
 Sandi Stein, Covenant House  
 Melissa Stone, Director Division of Behavioral Health  
 Kate Walters, Outdoor Recreation and Community Access – SAIL

### Staff:

Eric Morrison, Statewide Suicide Prevention Council  
 Patrick Sidmore, AMHB and ABADA  
 Tom Chard, AMHB and ABADA  
 Kate Burkhardt, AMHB and ABADA

## Introduction

The Alaska Mental Health Board (AMHB) and Advisory Board on Alcoholism and Drug Abuse (ABADA) received a FFY12 \$20,000.00 grant from the Substance Abuse and Mental Health Services Administration as part of the agency's Olmstead Initiative. These funds were used to support statewide participation in a working summit focused on community inclusion.

The We Are All Alaskans theme for the summit is based on AMHB and ABADA's anti-stigma campaign of the same name.<sup>1</sup> Participants were invited from every region of Alaska. Of the thirty-six (36) individuals invited, twenty-four (24) attended the one-day summit. Of these, over half were individuals who experience a behavioral health disorder.

The format for the summit is one that has been developed as part of AMHB and ABADA's *popular planning* model. This format ensures that consumer/public input is provided in an open and organic fashion, rather than being directed or confined by a process. Participants assembled randomly in three workgroups. To promote creative thinking and full participation, "active talking" was encouraged through use of tactile elements and play.

The summit began with a welcome from Melissa Stone, director of the Division of Behavioral Health and time for members of the workgroups to introduce themselves to each other. The first exercise was to define *community inclusion* for Alaskans experiencing serious mental illness, FASD, and/or dual and co-occurring disorders. The workgroups then identified *barriers* to community inclusion, *supports* and services that promote community inclusion, ways to *overcome barriers* and maximize supports with existing resources, and what other resources are needed for *long-term solutions*. After each exercise, workgroups reported out to the larger group with opportunity for discussion.

All of the ideas and information from the workgroups was collected contemporaneously by a member of staff who served as recorder in each group. All three staff members have been trained in our popular planning model to ensure that facilitation is offered in a way that allows the group to explore and share ideas freely and without undue direction.

---

<sup>1</sup> The We Are All Alaskans anti-stigma campaign information, along with other resources, is available at [www.hss.state.ak.us/amhb/](http://www.hss.state.ak.us/amhb/).

## Community Inclusion

Under the Americans with Disabilities Act<sup>2</sup> and federal regulations,<sup>3</sup> individuals with disabilities must be served in the most integrated setting – a setting that enables people who experience disabilities to interact with non-disabled people to the fullest extent possible – that is appropriate to their needs. This means that public service systems have an obligation to provide people who experience disabilities services that provide opportunities to live, work, and be served in the community when they are appropriate and freely chosen by the person.



Companionship  
and  
Compassion

This legal definition was a starting point for the conversation. Summit participants were asked “What does – or could – community inclusion look like in real life for Alaskans?” The discussion of what community inclusion means in Alaska was based on a broad definition of “community.” Community is not just where everyone lives together. Not just a town or village, a community can be a school, a church, a tribe, or other groups of Alaskans.

Summit participants described community inclusion as an environment where “everyone feels like they can walk outside and be safe and accepted, not attacked or shunned.” Everyone is welcomed sincerely to join living, learning, working, social, play, and spiritual activities. Everyone “has a face and a place” in the community, and Alaskans reach outside of their own culture and community to include others.

Participants felt that community inclusion isn’t just about people being welcomed with an open door. It also means that people walk through that door to become part of the community. Asking for help is hard, but it’s essential if community inclusion is going to be more than accommodation. Community inclusion requires more than an open door: “Share the open door, and walk with people through the door” while supporting self-determination and choice.

Community inclusion isn’t just for the people who “fit in.” People who have challenging behaviors or who don’t “fit in” are welcomed, too. Thus, community inclusion looks different

---

<sup>2</sup> Americans with Disabilities Act of 1990, 42 USC §12132 et seq.

<sup>3</sup> The federal regulations related to enforcement of the Americans with Disabilities Act are found at 28 CFR Part 35.

for different people, especially if it endorses the ideas of personal choice and self-determination.

Community services, resources, and activities are designed so that everyone can access them. The services and supports needed for everyone to have equal opportunities are available (recognizing that some people need more assistance than others). A service system that promotes community inclusion is one that builds independence and not dependence. That focus on independence starts with making the service system flexible and easily understandable, to permit meaningful access and engagement. That system also provides everyone with access to wellness activities to help promote health and companionship (i.e. the service system isn't focused exclusively on illness).

Community inclusion requires that fair and equal job opportunities are available: not just supportive or sheltered work, but also “real work for real pay.” There are opportunities for people to use their talents and skills in meaningful ways.

Community inclusion means that all Alaskans are treated with dignity and respect. Everyone has the same freedoms, liberties, and access to justice. Opportunities and supports for self-advocacy are available to empower people to speak up. Every voice counts.

Summit participants ultimately distilled community inclusion to environments built on “companionship and compassion.”

## Blocks and Barriers

Alaskans who experience serious mental illness, FASD, dual or co-occurring disorders do not always have access to the same opportunities to live, work, play, and participate in our communities. Sometimes there are barriers – policies, attitudes, gaps in services, or other things – that prevent true community inclusion. Summit participants identified a host of blocks and barriers that prevent full participation in Alaska's communities. Most, if not all, of these barriers are the result of *fear*, *misunderstanding*, and *judgment*.

Stigma, discrimination, and fear were identified as universal to all the life domains explored. Participants felt that the “lack of respect” and stigma are overwhelming – “society's fear (and misunderstanding) of different behaviors is so big.” Stigma and fear is not solely from external forces. Individuals who experience serious mental illness and other disabilities often fear that, if they seek help or services, they will lose their job, home, children, and place in the community. Participants spoke of the difficulty in combatting stigma through public education: “It's hard to educate the public about people with disabilities because it's such a broad, diverse group.”



## Education

- Many students experience segregation in schools. Sometimes it is explicit segregation through diversion from mainstream classes and activities. Sometimes it is subtle, with students experiencing severe emotional disturbance, FASD, and other behavioral health disorders being directed into alternative programs.
- Current practice and policy is that school districts destroy special education records five (5) years after the student leaves school. This prevents review of individualized education plans and other special education records if a student requires accommodation later in vocational or post-secondary education. It also creates a barrier to accessing disability benefits if the person has not applied prior to age 23 (as those records are often the best evidence of disability).

## Housing

- Many communities in Alaska are plagued with NIMBY-ism (“not in my back yard”), which prevents individuals with serious mental illness from living independently or in a group setting in the larger community. This lack of acceptance can range from subtle forms of discrimination by landlords to express executive agency decisions to segregate disabled housing options from other public housing. It also makes it difficult to develop supportive housing programs.
- A criminal history is a barrier to finding housing. Both public and private landlords can (and do) screen out applicants with criminal records. While often a reasonable position for a landlord to take, this has a disproportionate impact on Alaskans experiencing serious mental illness, FASD, and other disabilities because they are more likely to have been convicted of a crime.<sup>4</sup>
- There is a lack of safe, affordable, appropriate housing in most Alaskan communities. Low vacancy rates and high rents make it difficult for everyone to find housing, especially low-income households. This is especially true for individuals with disabilities living solely on public benefits.

## Employment

- The public benefits system is so complicated that individuals and families need specialists to figure out how to navigate it while seeking employment. This creates a serious fear of losing public health care coverage if individuals attempt to join the workforce.

---

<sup>4</sup> According to a 2007 [study of Alaska's corrections system](#), 42% of inmates experience at least one disability that would qualify them as beneficiaries of the Alaska Mental Health Trust Authority. (Available at [www.mhtrust.org](http://www.mhtrust.org).)

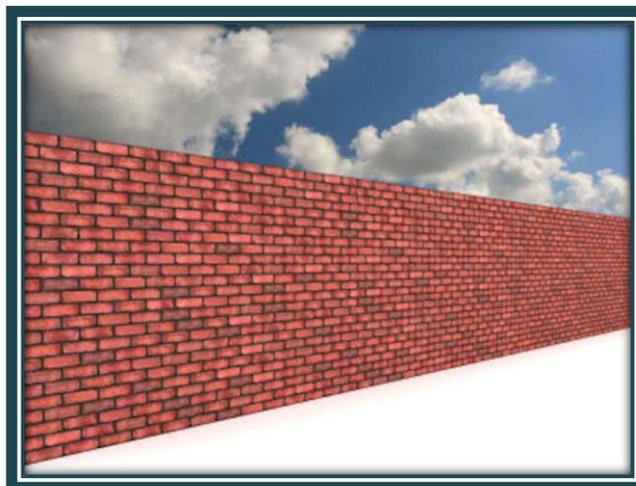
- Services from state and tribal vocational rehabilitation may or may not be responsive to the needs of individuals with serious mental illness, FASD, and other behavioral health disorders. While some vocational rehabilitation programs and/or employees are trained and experienced in serving this population, access to these is not available statewide.
- Some communities have job training programs like Mature Alaskans Seeking Skills Training (MASST) and Job-X (for youth) that support individuals experiencing serious mental illness, FASD, and other behavioral health disorders seeking to enter the workforce – but these programs are limited and not available everywhere.

### Arts and Culture

- Many people who experience serious mental illness and other behavioral health disorders are isolated, without family or friends to encourage them to participate in arts and cultural activities. Many agencies and schools try to support inclusion in arts and culture activities, but institutional supports are not the same.
- Services and supports necessary for participation in music, dance, subsistence, and other cultural activities are not reimbursed by Medicaid (which means there usually isn't a way to pay for these services). Friends and family members do not have access to training for them to serve effectively as these supports.

### Recreation

- Personal isolation and an absence of friends and family to encourage participation in recreation are barriers. In some communities, there are supported recreation programs, like Southeast Alaska Independent Living's ORCA program. However, agency-based supports often result in segregated recreation activities rather than those that allow individuals with disabilities to participate with non-disabled community members.



## Health Care

- The mental health, substance abuse, and primary care services necessary to diagnose, treat, manage, and alleviate the symptoms experienced by people with serious behavioral health disorders are not always readily available.
- Alaska's behavioral health system relies on Medicaid reimbursement. The fee-for-service model limits attempts to shift to a model offering comprehensive services that would promote community inclusion, because many aids and supports for social, recreational, and other activities aren't available (because they aren't "medically necessary").
- Often, the time it takes to access a service or support makes them practically inaccessible. This is not simply a result of regulations; sometimes it is the result of complicated agency protocols and methods of practice.
- Lack of coordination between service providers makes it difficult to achieve recovery.
- While Alaska's advance directive laws expressly permit psychiatric advance directives, they are not widely used or understood. This means that individuals and family members have no way to direct or even inform the responses and services provided if a psychiatric crisis arises.

## Transportation

- Public transportation is available in the urban centers, but not in all of the regional hubs and rural communities. In Anchorage, the bus system is complicated and often hard to access (especially in winter).
- Some communities have para-transport, but it is often tailored to the needs of seniors and not individuals experiencing disabilities.
- Bus system policies do not always reflect understanding of the special needs of individuals with serious mental illness.

## Justice

- While voluntary training in the Critical Incident Team model is made available to law enforcement officers in Anchorage and Fairbanks, there is no mandatory training for law enforcement officers or other first responders who encounter individuals with serious mental illness.
- A criminal history is a barrier to finding housing, employment, and even to accessing some services (like Pioneer Homes). This is a major issue for both individuals who are living with serious mental illness and co-occurring disorders or dual diagnosis, as well as for individuals who have achieved a higher level of recovery. Participants characterized this as a "lack of second chances" for people with behavioral health disabilities.

## Supports and Services

There are many programs and agencies that offer supports and services to Alaskans who experience serious mental illness, FASD, dual or co-occurring disorders. These services promote meaningful participation in the community.

### Community Education

- ✓ Organizations including Anchorage United for Youth, Foster Facing Care, the Alaska Mental Health Board, and the Alaska Mental Health Trust Authority provide anti-stigma messages that focus on the strengths and talents of individuals experiencing disabilities.
- ✓ School-based resiliency and youth leadership programs (like in the Anchorage and Northwest Arctic school districts) and the statewide Spirit of Youth program help increase understanding and reduce stigma.
- ✓ Mental Health First Aid, an internationally recognized community education and awareness training, is available through the Trust Training Cooperative.
- ✓ Alaska 211 and local helplines provide easy access to information about local services.

### Peer Support and Self-Advocacy

- ✓ The urban communities and many of the regional hub communities have peer support programs that support individuals with serious mental illness and related disabilities. These programs offer social interaction, employment training and support, and peer-to-peer services.
- ✓ There are a host of online support networks for consumers and family members who choose a more confidential/anonymous option.
- ✓ Soteria House is a peer-run program for individuals who have experienced their first psychotic episode. It provides a home-like alternative to hospitalization.
- ✓ There are NAMI affiliates in Juneau, Fairbanks, and Anchorage. There are peer programs like Consumer Driven Services at Anchorage Community Mental Health, Polaris House clubhouse in Juneau, Ionia in Kasilof, and the Alaska Mental Health Consumer Web in Anchorage.<sup>5</sup>
- ✓ In 2012, peer support became a Medicaid-reimbursed service.




---

<sup>5</sup> For a more comprehensive list of Alaska's peer support programs, visit the Alaska Peer Support Consortium at <http://akpeersupport.org/>.

- ✓ Individuals with FASD and their families, along with service providers, joined together to form the Alaska FASD Partnership. This volunteer organization provides an opportunity for meaningful self-advocacy and participation in public discourse.
- ✓ Alaska Psychiatric Institute has a consumer advisory board that meets monthly to address quality assurance, patient services, and other institutional policies.

### Case Management and Rehabilitation Services

- ✓ Case managers provide invaluable services to individuals with serious mental illness and related disorders.
- ✓ The APIC and IDP+ programs ensure that individuals experiencing serious mental illness are connected with community-based services upon release from the Department of Corrections.
- ✓ Skills training (life skills, social skills, coping mechanisms, etc.) is available from community behavioral health centers, community rehabilitation providers, and peer support programs.
- ✓ Independent living centers provide a wide variety of services, programs, and event assistive technology to help individuals with disabilities – including those with serious mental illness, FASD, and other behavioral disorders – live as independently as possible in their communities.
- ✓ Mini-grants from the Alaska Mental Health Trust Authority support a wide variety of requests that promote community inclusion (housing, education, employment, recreation, art, etc.).

### Public Benefits

- ✓ Alaska offers an interim assistance program for individuals pursuing federal disability benefits (a very small monthly benefit). Alaska also offers a small supplemental benefit for adults receiving federal disability benefits.
- ✓ The SOAR project, coordinated through the Disability Law Center and its partners, helps streamline federal disability benefits applications for individuals with serious mental illness, FASD, and other behavioral health disorders.
- ✓ Veterans now have expanded access to behavioral health (and all other health care) services through additional clinics and a new agreement between the Veterans Administration and tribal health corporations.

### Education

- ✓ Students in many school districts benefit from thoughtful, finely-tuned individualized education plans.
- ✓ Some school districts employ educational advocates (similar to a court appointed special advocate/CASA) to ensure that students with disabilities receive appropriate services.

- ✓ Head Start and early learning programs help support parents who experience a behavioral health disability and help identify and serve children who may experience delays related to mental health, FASD, and other impairments.

### Vocational Supports and Employment

- ✓ Job development programs like Job-X and MASST, as well as vocational rehabilitation programs from the Department of Labor and Workforce Development and many tribal authorities, help people find and maintain employment.
- ✓ A micro-enterprise program is available through the University of Alaska Anchorage Center for Human Development for those people who want to pursue self-employment.
- ✓ There are employers throughout Alaska who hire individuals experiencing serious mental illness, FASD, and other behavioral health disorders – and who support their successful employment.

### Health Care

- ✓ Behavioral health providers have adopted person-centered treatment practices. Development of integrated care (primary and behavioral health) models includes person-centered practices.
- ✓ In communities with integrated behavioral health services, people have access to providers trained in addressing co-occurring disorders.
- ✓ Trauma informed care is more readily available in community behavioral health settings, and efforts to expand access to trained providers are ongoing.
- ✓ Advance directives for psychiatric emergencies are recognized and forms are available (though education and outreach is needed).
- ✓ Some communities have improved the quality of post-hospitalization discharge planning and aftercare, which helps smooth the transition from the hospital back to the community.
- ✓ Telemedicine can reduce the need for transport to Anchorage or a hub community for mental health services.

### Arts and Culture

- ✓ Some community behavioral health providers incorporate traditional cultural activities in treatment and service arrays.
- ✓ Some communities have (or have had) dedicated venues and/or gallery shows to promote the work of artists and artisans who experience serious mental illness, FASD, and other behavioral health disorders.

## Housing

- ✓ In Anchorage, there are supportive housing options like Housing First and the Bridge Home at Anchorage Community Mental Health Services. In Fairbanks, there is Downtown Care, an assisted living home for residents with serious mental illness.
- ✓ Supportive housing projects are funded through Special Needs Housing Grants, Homeless Assistance Programs, and other public funds.
- ✓ Local homelessness coalitions include community behavioral health providers, to ensure that the special needs of this population are represented.
- ✓ Special vouchers are available for prisoners re-entering the community and veterans needing supportive housing (in limited communities).

## Justice

- ✓ Therapeutic courts help individuals who experience serious mental illness, FASD, and co-occurring disorders or dual diagnosis receive the services needed to live safely in the community and avoid inappropriate jail sentences.

## Community Inclusion Now and In the Future

Summit participants, after identifying the strengths and weaknesses of our systems, then focused on short-term and long-term changes that could be made to achieve the sort of community inclusion they envision for Alaska. Participants were asked to find ways to better use existing supports to promote community inclusion, identifying at least one strategy that could be implemented by an individual Alaskan, by a community organization, and by the State of Alaska. Then, participants were asked to identify new policies, attitudes, services, or resources to address the barriers to community inclusion, again thinking of at least one strategy that could be implemented by an individual Alaskan, by a community organization, and by the State of Alaska.

*Workgroups used props to stimulate discussion and create models of “community inclusion”*



## Solutions ~ Stigma and Discrimination

### Individual

- Share your story to educate others about mental health and to help people who experience behavioral health and related disorders not feel so alone.<sup>6</sup>
- Meet with policy makers, legislators and business leaders to educate them about mental illness and the opportunities for community inclusion.
- Write a letter to the editor sharing a personal story or dispelling myths about mental illness and related disabilities.
- Make presentations to youth groups, school boards, churches, and other community groups to educate them about mental health issues and promote community inclusion practices and policies.
- Attend a NAMI Family to Family, Mental Health First Aid, or similar training, and bring a friend.
- Participate in a community mental health awareness event.

### Community

- Organize public education events and public service announcements (Mental Health Awareness Month, etc.) to inform about mental health issues and promote community inclusion messages. Recruit speakers for public events.<sup>7</sup>
- Collaborate with community organizations, peer support and advocacy groups, service providers and others in stigma-reduction activities. Host an informational booth at health fairs and at unconventional community events (sports tournaments, talent shows, etc.).
- Create a “stigma survey” for the community to help target efforts and measure progress over time.
- Community organizations work with residents of housing programs, residential programs, to host a joint activity (dinner, game night, volunteer project) – with a focus on companionship first and then connecting to services and supports later.
- Prioritize engaging youth groups at churches, tribal organizations, schools, etc. in stigma-reduction and public education, to promote understanding and acceptance in the next generation.<sup>8</sup>

---

<sup>6</sup> After the summit, some participants who had not previously told their personal story shared their experiences with mental illness through their social media outlets. These messages were powerful and reinforced that “we are all Alaskans.”

<sup>7</sup> As a result of the Summit, AMHB and ABADA have planned a mental health awareness community event (in lieu of the boards’ usual community potluck/meal) in Talkeetna, where they will hold their next quarterly meeting.

## State

- Mandate mental health awareness education for educators and school employees.<sup>9</sup>
- Expand funding for the “You Know Me” campaign coordinated by the Alaska Mental Health Trust Authority.<sup>10</sup>
- Invite consumers and peer groups to present at state-funded mental health conferences (Change Agent Training, etc.).
- Create a stigma reduction program to which Alaskans can donate through the Pick.Click.Give and other charitable campaigns.
- The State of Alaska becomes a “model employer” for employing people who experience disabilities, specifically including mental health disorders, FASD, and other cognitive impairments.
- Expand capacity so that people have timely access to needed behavioral health and FASD services in communities statewide, not just urban communities.

## Solutions ~ Housing

### Individual

- Join the local homelessness/housing coalition.
- Volunteer at Project Homeless Connect, Stand Down, or other community events serving homeless individuals – and then share your experience with friends, family, and community groups.
- Meet with policy makers, legislators and business leaders to educate them about how homelessness affects people with mental illness and related disorders – and about the opportunities for providing housing.<sup>11</sup>
- Use social media, letters to the editor, and public testimony opportunities to share the facts about homelessness and mental illness and to promote community inclusion messages.

---

<sup>8</sup> The Statewide Suicide Prevention Council will host its Fall quarterly meeting in conjunction with the Alaska Association of Student Governments meeting in October, 2012 to provide an opportunity for youth engagement and education related to mental health.

<sup>9</sup> Suicide prevention awareness training was mandated for teachers (grades 7-12) in 2012. The Statewide Suicide Prevention Council provides free access to an evidence-based suicide prevention training that addresses mental and emotional health for high school teachers and staff.

<sup>10</sup> For more information about the “You Know Me” campaign, go to [www.mhtrust.org](http://www.mhtrust.org).

<sup>11</sup> An advocacy training for mental health consumers (including homeless consumers) was held by Partners in Policymaking in September, 2012. Follow-up advocacy planning support will be offered to participants by AMHB and ABADA.

## Community

- Involve people who are homeless or who have been homeless and people who experience serious mental illness and related disorders in planning and implementation of housing solutions.
- Address discriminatory land use policies and ordinances.
- Local homeless coalitions coordinate and help establish funding and in-kind support for regular, periodic “one-stop shop events” for services and supports (health care, benefits counseling and application assistance, clothing, etc.).<sup>12</sup>
- Conduct a needs assessment and/or vulnerability index (if one has not already been done) to identify what housing is available and who is most in need.
- Reach out to other communities to learn what is working to make housing options available for people who are seriously mentally ill and/or have other disabilities. Explore whether those options will work in other communities.
- Create a local housing trust, such as that in Juneau.

## State

- Expand access to technical assistance for communities (the Alaska Mental Health Trust Authority offers technical assistance on a wide variety of issues related to housing, but capacity is limited).
- Pass an Alaska Fair Housing Act that establishes statewide standards and prevents communities from discriminating against supportive and other housing programs.
- Develop a public website with statewide data and information so that coalitions and housing programs can collaborate, share information, and streamline development.
- Create a state housing trust.
- Create policies that promote community planning and coordination of housing programs rather than competition and the “silo” effect.

## Solutions ~ Education

### State

- Regulate or legislate protection of and continuing access to special education records for 30 years. This regulation/legislation would include a provision requiring notice to parents/guardians of the ability and process to obtain records.

---

<sup>12</sup> Summit participants and staff from AMHB and ABADA will share this idea with the State Council on the Homeless at its annual meeting in October.

## Solutions ~ Justice

### State

- Mandate Critical Incident Training and/or other mental health awareness education at the state law enforcement academy.

## Solutions ~ Transportation

### Individual

- Join the local transportation coalition, or create one if none exists.
- Present on issues related to serious mental illness and access to public transportation at statewide transportation conferences.

### Community

- Fund shared use vehicles as part of the coordinated transportation system.
- Establish a public transportation/para-transport user advocacy group to help inform policymakers and legislators about the needs of Alaskans who rely on these services.
- The Alaska Mobility Coalition develops a focus for special needs transportation.

## Solutions ~ Health Care

### Community

- Advocacy organizations partner with legal services and treatment providers to educate and train people about psychiatric advance directives.

### State

- Establish a registry for living wills and advance directives that expressly includes psychiatric advance directives and provides a way for Alaska Psychiatric Institute and mental health units to access advance directives electronically.

## Conclusion

The 2012 We Are All Alaskans Community Inclusion Summit is the first of what is hoped to be an ongoing series of conversations with consumers, family members, service providers, community members, and policymakers. With the support of this small grant from the Substance Abuse and Mental Health Services Administration, the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse were able to host two (2) events.

In addition to this summit, a listening session with Anchorage residents who experience serious mental illness and other behavioral health disorders as well as current or past homelessness was held in cooperation with community service providers. The theme of this listening session was the need for *dignity* and *respect* to be afforded – and shown by – individuals experiencing homelessness. A report of the contributions from this listening session is available at [www.hss.state.ak.us/amhb/](http://www.hss.state.ak.us/amhb/).

The information gathered through these events will be used in several ways:

1. Reports will be shared with participants; the Alaska Native Health Consortium; the Departments of Health and Social Services, Education and Early Development, and Labor and Workforce Development; and members of the Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, Governor's Council on Disabilities and Special Education, Alaska Mental Health Trust Authority, Alaska Mobility Coalition, State Coalition on the Homeless, Alaska Peer Support Consortium, State Independent Living Council, and other partners.
2. The information will be used to inform the development of the five-year state behavioral health plan being developed by the Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, and their partners.
3. The information will be used to inform advocacy planning by the Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, and their partners.

Participants and partners are encouraged to host conversations similar to the summit in their local communities. The materials created for the We Are All Alaskans Community Inclusion Summit are easy to use and are available (along with technical assistance) at no charge from the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse. The results of local events will be solicited to provide greater depth to the boards' planning, advocacy, and public education efforts.

It is hoped that this is the first in an annual series of events promoting community inclusion practices and policies in Alaska that reflect **Companionship and Compassion**.

**We Are All Alaskans 2012  
Community Inclusion Summit  
Anchorage, Alaska  
July 20, 2012**

*Made possible through a grant from the  
Substance Abuse and Mental Health Services Administration  
and other contributors.*

Alaska Mental Health Board  
Advisory Board on Alcoholism and Drug Abuse  
431 North Franklin Street, #200  
Juneau, Alaska 99801  
907.465.8920  
[www.hss.state.ak.us/amhb/](http://www.hss.state.ak.us/amhb/)  
[www.hss.state.ak.us/abada/](http://www.hss.state.ak.us/abada/)

**Advisory Board on Alcoholism  
and Drug Abuse**



**Alaska Mental Health Board**