

2021 Interview with Brenda Moore, Alaska Mental Health Board Secretary

(responses transcribed from conversation)



Where do you live in Alaska and what do you love best about your community?

I live in Anchorage and I've lived here since 1969. I have watched a lot of growth and changes over the years and think Anchorage has grown to be so eclectic. You can find just about any affinity group you want to be part of. If you're into the outdoors there is plenty of that but if you're into art there is a lot of that, ethnic culture; there is just about everything you can imagine doing here. If you are bored, it's your fault. I am sure there are other people wanting to do something that you would like to do with them. Lots of stuff going on all the time.

How did you get interested/involved in the topic of mental health and substance misuse?

I think I mentioned in the early 1990s I was working on staff at my church and we started this ministry called Common Care Counseling which was a faith-based model at the time. The whole idea was lived experience - if you've lived through certain experiences and you've come through it with a successful outcome, then you could share that experience with others and help them through their situation. Instead of just doing it in the church we opened it up to the community. I was the peer counselor coordinator. We had a certain amount of training we did with counselors but a lot of it was relational, we knew the folks, what they had been through and where they were now and how they were doing.

I would get these calls and folks would tell me what they were needing help with – often a divorce or help parenting their child, but I soon realized most of the identified issues were just the tip of the iceberg. There was a lot more complexity underneath and I didn't know a thing about trauma back then. A lot of them were needing help with just the essentials of life: housing, food, help with the hierarchy of needs. They had a lot more need than our ministry could offer. So, I started networking, trying to find out what was out there, where I could refer these people. I soon realized that a lot of faith-based organizations were doing things, but they were not cooperating with the community organizations and vice versa. They didn't do a lot of cross referrals or have any idea of what services the other organizations were providing. It was so fragmented and siloed it wasn't any wonder people weren't getting the help they needed. A lot of resources were being duplicated and underutilized and a lot of that had to do with folks struggling with mental health and substance use disorders.

Then I transitioned to working with one of the special assistants to the DHSS commissioner through my association with the Christian Health Associates as the community liaison. Under the Knowles administration, Representative Dyson and DHSS wanted a faith-based program replicated in Alaska to recruit and support foster families in congregations. Of course, a lot of the main reasons kids go into foster care is parents struggling with mental health and substance use disorder. So, I got involved with what back then was the Division of Family and Youth Services (DFYS). I knew hardly anything. It was a learning curve trying to get parents the help they needed and support the foster parents. I came into it naively and by default and soon I was up to my eyeballs in all kinds of stuff. I was trying to figure out how to help people navigate through these systems to get some sort of self-sufficiency and recovery. That's how I ended up involved in mental health and substance abuse.

What mental health and/or substance misuse problem in your community would you like to fix most?

The lack of a continuum of care. There have always been holes. I am talking about the assessment, prevention/early intervention, treatment, more acute levels of treatment and follow-up/aftercare. If we had a full continuum of care, a lot of the problems we see would be caught earlier, and early intervention would keep the problems from escalating. For the problems we've worked on and treated, if we had a full continuum, there would be aftercare and follow-up and ways to avoid recidivism. But we've never had it. Every new administration that comes on board has their own sets of issues that they want to tackle and bring more enhanced resources to, so then what happens, is all the enhanced resources that were focused on one thing in the previous administration now get shifted to a new issue. For example, one administration may focus on domestic violence and sexual assault, but the next time it's prison reentry, then housing. It takes a continuum to deal with all of that and we always seem to only have the supplemental resources to focus on one area at a time.

A lot of the stuff we're focusing on with the pandemic existed before the pandemic. Those folks who have been caught in long-term homelessness, long-term unemployment; all the long-term stuff has never been fully addressed and now we have new folks falling into these categories and we're putting resources there to address the pandemic impacts, but what about the long-term stuff? Those who are the hardest to serve? We always seem to be crisis driven. We are always trying to spread a finite amount of resources over an infinite amount of need. It's essentially what we do repeatedly and it's why we've never had a real continuum.

What is a "bright spot" in your community that is successfully making a difference?

The positive things that I see are a lot of coalitions have come together around a lot of issues. What I am seeing is these coalitions, while they are focused on specific issues, they are also looking at things more holistically and trying to connect the dots. Prison reentry – these folks

have specific issues as they try to get integrated back into their community but it's not just about "get the person into the community," they are coming back to families and the families need just as much attention as the returning citizen. Those families have various kinds of trauma while they had family members incarcerated. So, when you look at the housing coalition, and prison reentry coalition, and veterans and military coalitions, and the food coalition and many more - all these things intersect in various places. They are looking at things holistically and trying to break down the silos and make the services system more seamless and effective. The place they most often intersect is the need for mental health and substance use disorder treatment.

The coalitions are the place where they are working on policy issues and the grassroots services and also being an advocate for the people whose needs they are trying to meet.

What inspires you to keep trying to make a difference?

Well, the simple answer is I don't think God has given me permission to quit yet. You hope what you are doing will make a difference. I've been part of so many planning processes and you look at all these plans and the hope that you can accomplish these things. And some of it does get accomplished but what you see is the next time you start planning you are trying to figure out how to meet the constantly changing needs and we're constantly make the resources do more with less. But I've also seen over the years that when things get tight and tough that's when people really start collaborating more. That also keeps you going – even though things are tough out there, we keep coming together and trying to solve these things. That's the amazing thing about being part of the health and human services arena in Alaska – a lot of folks trying to help when things get tough.

Anything else you want to add about being an AMHB/ABADA Board member?

I've been a board member since 2004, and I've watched a lot of things come and go and a lot of emphasis on changes. But what I've noticed about the boards is we have attracted people who are very committed to adding to the board as a change agent. That is an amazing thing about being part of the board. You have others who see a lot of the same problems and issues, and they are committed to being part of the solution. A characteristic of board members is they come on wanting to see things change and work hard to make that happen.