MENTAL HEALTH

AMHA (reply)

ALASKA MENTAL HEALTH ASSOCIATION

Affiliated with National Association of Mental Health

~~BOX 727~~ 1135 West 8th ANCHORAGE, ALASKA

March 18, 1975

Pouch V
State Capitol
Juneau, Alaska

Dear Senator Hohman,

The Alaska Mental Health Association would like to know if they have your support for the "Community Mental Health Services Act". It has been introduced as Senate Bill 24 by Genie Chance.

This is the third year for the bill. The governor has recommended the bill be passed. The Division of Mental Health and Commissioner Williamson support the bill. We have found no opposition. Some rural areas would like to see a 90/10 appropriation rather than 75/25, but basically they support the bill.

This bill is needed, we do not have services that people can afford in this state. This bill would allow communities to develop mental health services which would operate on a sliding fee scale.

In a state where more people have died of accidents than of heart trouble, stroke, or cancer, where the suicide rate is 32% above the national average (16-19 year olds), and where homicide, rape, child abuse, and alcoholism rates are all above the national average, how can we afford to continue with out help for our people.

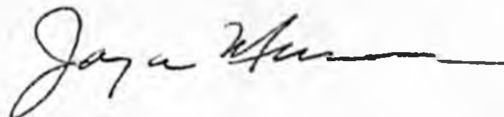
There are monies that come from Mental Health Lands thats do help to supplement the cost for services. This is true in Education and Mental Health! Most of the monies allocated support institutions and this is the most costly type of treatm t. At the present time Alaska Psychiatric Institute is used as if it had a revolving because of lack of early treatment and follow-up treatment. This could be allieviated with mental health services.

With the pipeline impact and the stresses caused by it, the problems can only mulitply.

Community Mental Health Services are needed as a supportive system for the Division of Family and Social Service, Criminal Justice Department and Corrections, Drug and Alcoholism Programs, and Developmentally Disabled, for often the individuals and/or families involved with these programs also need mental health services. Mentally Healthy people are productive menbers of society.

Please give this bill your attention and we would be interested in your position.

Sincerely,



Joyce Munson
Executive Director

ALASKA MENTAL HEALTH ASSOCIATION

Affiliated with National Association of Mental Health

XXXXXXXXX 5531 Arctic Blvd. ANCHORAGE, ALASKA

8.5

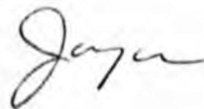
April 28, 1975

Genie Chance
Pouch V
State Capitol
Juneau, Alaska 99811

Dear Genie,

Here is a copy of a news release that Dr. Oliver wrote up. Probably very little will get in the paper and I wanted you to see where we are. This is a dedicated and very professional person as well as a good administrator and probably the best to hit Alaska in a long time. He was formerly with the clinic for a long time. He was formerly with the clinic for about 6 months before the move to API. Dr. Oliver had nothing to do with preparing the budget, that was Adriene Cook who has left the system, he remained less than one year. I did not send copies to all the legislators so if you could circulate it in the senate it would be appreciated.

Sincerely,



Joyce Munson
Executive Director

sm:JM

CRISIS AT ALASKA PSYCHI[illegible] IC INSTITUTE

After an initiation of two months as Superintendent of API, I can only conclude that we have a severe crisis on our hands in the form of totally inadequate resources to competently carry out the mission with which we are charged, the provision of quality psychiatric in-patient care.

We have such a shortage of professional and paraprofessional staff involved in patient care that we are constantly exposing patients, staff and the community at large to real and unwarranted hazhards. For example, we have no intensive treatment area in the entire institution with security enough to prevent any highly disturbed or violent patient who chooses to, from walking away from the hospital.

We have, on several occasions, had to work nursing personnel sixteen hour shifts in order to provide adequate supervision for extremely suicidal patients. For moderate suicidal risks, we simply have to take our chances.

We have no adequate physical facility to provide classroom space for the nearly fifty children at API who are unable to obtain their education from the public school system.

There is such a severe shortage of psychiatrists, psychologists and social workers, that the ones we do have spend nearly all their time dealing with crises to the marked neglect of the routine work which cries out to be done with the less distrubed patients. This prolongs the hospitalization of many patients (the majority of those on the adult admission service) and vastly increases the cost of patient care, both directly and indirectly. The indirect costs are probably by far the most expensive for the community. These include the delay in returning patients to employment, homemaking and other productive activities with the hard dollar costs to the tax payer involved in increased hospital, welfare and disability payments, plus the loss to the community of spendable income and taxes not paid during the proloned disability of the patient. The cost to the afflicted mental patient and to his or her family are incalcuable in terms of emotional and financial suffering involved in lengthy psychiatric disability. When one speculates as to how costly inadequate early treatment and inadequate discharge planning and follow-up care become when they contribute to increased chronicity of illness, the figures become mind-boggling. Inadequate and insufficient early treatment and aftercare contribute direclty to repeated, prolonged, or even permanent hospitalization. If a single patient can be prevented, by vigorous and timely treatment, from developing severe mental illness requiring lifetime hospitalization, the savings to the taxpayer might well exceed one million dollars over a twenty to thirty year period. This figure for cost of hospital care alone, excludes the huge additional costs if the patient happens to be the family breadwinner or a mother whose forced removal from her children may exact from the public the burden of providing large amounts of long range social services to her offspring.

Our staff shortage multiplies our problems directly and in many ways. The prolongation of patient hospitalization makes the bed shortage even more acute and results in a vicious cycle. Our social workers, nurses and psychiatrists spend large blocks of time screening out and turning away a large percentage of applicants for admission. In some of these cases, referral of the patient to other community resources is entirely appropriate, in others, the admission of the patient would be desirable if we had the capacity to take care of him or her. Unfortunately, we undoubtedly refuse admission to many patients who return later in a more advanced state of illness and who may then be less amenable to treatment or require a more prolonged stay and the deployment of more staff time and resources.

Our social work staff, instead of spending major blocks of time holding the line at the front door, should be much more vigorously involved in discharge planning and especially in coordinating aftercare services for patients. This would help provide followup medical and social services often needed by patients to maintain their improvement and be able to remain out of the hospital after discharge. An increased social work and psychology staff would also permit more individualized treatment of patients and more urgently needed work with their marital partners and families. This type of family therapy is grossly needed on the Childrens and Adolescent Wards as the amount being done is woefully inadequate. What data do I have to substantiate my claim that API is expected to function at a hopelessly inadequate level of funding? Consider the following: We are expected to function in this fiscal year with eight fewer staff than we had in the year ending June 30, 1968. We have sixteen less nursing positions filled than in 1968. Not all of these latter positions have been taken away from us, but because of other problems in the system (low pay in some areas, difficult working conditions, lack of job satisfaction, lack of opportunity for advancement, and because of inflexible policies in the state personnel system) we have not been able to recruit successfully. There is an 88% turnover rate per year among our paraprofessional staff for the reasons mentioned above.

The population in Alaska has increased from approximately 293,000 in 1968 to approximately 340,000 at the present time with a conservative projected figure for 1977 being 375,000. Our admission rate has increased by 265% over 1968 based on the figures for the first six months of this fiscal year. At the present rate of increase, we expect a 281% increase by the end of this fiscal year. The admissions would be far higher than this if there was any possible way we could accommodate everyone needing to be in the hospital.

This failure to keep staff and other treatment resources growing, with the marked increase in workload and the burgeoning population in Alaska, must result in a steady deterioration in the quality of care. Further evidence for the inadequacy of our resources comes from a study of API recently carried out at my request by Dr. Robert Moore of San Diego, California. Dr. Moore has devoted almost his entire professional life to administering quality psychiatric inpatient services. He is employed by an organization in California (The Vista Hills Foundation), which contracts mental health services to communities and, in one instance, to an entire county. They also operate three proprietary psychiatric hospitals of their own in San Diego and Los Angeles. Although Dr.

Moore's organization runs good hospitals, they do not squander their profits by overstaffing them. In his consultation report to me, Dr. Moore, by his criteria and knowledge of other programs, felt that we were seriously deficient as far as our professional staff is concerned. He felt that the shortages are particularly severe in the numbers of psychiatrists, psychologists, social workers, occupational and recreational therapists, and in the paraprofessional nursing personnel. To give one example involving our busiest service, our Adult Admission and Acute Treatment Ward, Dr. Moore was of the opinion that this type of service requires, for around-the-clock coverage, five to six nursing hours per patient per day, whereas we have 2.59 hours, approximately one-half of the number required to operate the service safely and effectively.

Although I have been authorized to recruit two more psychiatrists, Dr. Moore does not think two more is enough and these new positions are available only by using funds currently being spent to pay a few part-time psychiatrists who help with part of our night and weekend coverage. In spite of this arrangement, our full-time medical staff finds their workloads so crushingly heavy and the amount of unpaid overtime they have to work so onerous that they are looking eagerly at other employment opportunities in other states. I have no authorization to increase staff in any of the other professional disciplines even after the beginning of the next fiscal year except for staff for a new unit for the mentally ill offender. Unfortunately, the number of positions budgeted for are not enough to operate this unit either safely or effectively.

In a landmark legal case in Alabama in 1971, "Wyatt vs Dr. Stickney, et al", a Federal Court ruled that involuntary psychiatric patients have a constitutional right to adequate treatment and ruled that the Bryce and Searcy State Hospitals must provide same. After a few months probationary period when the defendant hospitals and superintendents still failed to satisfy the court that they were providing adequate care, the court imposed on these hospitals, after consultation with the foremost authorities in the United States, minimal staffing patterns. The court made it quite clear that the imposed numbers of staff were minimal and <u>not optimal</u>. The court further ruled that the state had no choice but to provide this level of care regardless of the availabilty of budgeted funds. IN SEVERAL RESPECTS, API FAILS TO MEET THE STAFFING STANDARDS REQUIRED TO BE PROVIDED TO THE ALABAMA STATE HOSPITALS BY THE FEDERAL COURT. Wherein does the responsibility lie for this dismal state of affairs in Alaska's Mental Health System?

In my opinion, no one person or group can be scapegoated and held totally responsible, although many of us are culpable. Assessing blame is usually an exercise in futility, but in this case the problems need to be identified if we hope to correct them -- so here goes: There has not been adequate administrative and professional leadership from the top in Juneau. My predecessor, Dr. Cook, believed in "de-institutionalization" and the closing of public mental hospitals. He also believed in "open door" hospitals, so he eliminated our only locked ward and used the staff of that unit to start an adolescent ward. These are lofty and noble ideals, but they have <u>never worked</u>

in any other community unless there were very highly developed alternatives to in-patient hospital care. This experiment was doomed to failure before it began in Alaska which has a particular paucity of alternatives to in-patient care. There is only one psychiatric day treatment center in Alaska, in Ketchikan, and there is not even a halfway house in Anchorage for adult psychiatric patients, except for The Lodge which does an excellent job of maintaining a few chronically ill patients in the community with no full-time professional staff whatsoever. Within days of closing API's locked ward, Dr. Cook found that he had to lock the entire fifty bed admission ward for the sake of a very small number of patients who do need to be locked in. We now have the very unfortunate situation of having some forty-five patients who should be on an open ward, locked up for the sake of the half dozen who need to be protected from themselves or from whom we need to protect the community. Equally unfortunate, is the fact that the admission ward was never designed to be a security unit and no one stronger than an eight year old child can be held there if they are really determined to escape.

No Superintendent should be given dictatorial powers and be allowed to impose misguided personal philosophies and program changes on a public mental hospital without thorough consultation with staff and approval of his superiors. The Mental Health Director, in my opinion, clearly dropped the ball in this regard and should not again be permitted to abdicate his leadership role. The administration in Juneau has totally failed to do any long-range planning for API's future. The expected, and already realized, population increases have been totally ignored in future budgetary planning. The pipeline impact is already being heavily felt by those of us on the line in Anchorage, but is only being idly speculated about in our Juneau headquarters. There is hardly a day that passes that some mentally ill person does not arrive in Alaska by ferry, plane or automobile. There appears to be a marked tendency for the problem-ridden individuals to run away from it all to Alaska where the streets are paved with gold! Many of these poor disillusioned characters wind up in our treatment facilities and just on the welfare rolls, if they are lucky. Institutionalization is a dirty word nowadays and I cannot fault a mental health administration for giving heavy priority to alternative kinds of care once they have good hospital backup. Good hospital backup is not available and alternative kinds of care are still in the pipe-dream stage. Those of us charged with delivering direct services to patients, are also far from blameless. We have not howled loudly enough for adequate tool[illegible] to do our jobs.

Some of you citizens out there are not blameless either. One out of ten of you will be hospitalized for mental illness. Do you want it to be in a third rate hospital? Do you support legislators who won't fight for good health care? You can do your part by making yourselves heard!

To our new Health Commissioner, Dr. Williamson, I ask, what can you do to influence the legislature to provide supplementary funds? While you are at it,you might take a good look around our system,see who's doing

their job competently and act accordingly. For myself, I have a certain level of professional pride and self-esteem I have to maintain. I can't maintain it running a third rate hospital. Like it or not, we do have a third rate hospital (I've worked in first rate ones and the contrast is dramatic). We could have a first rate hospital and I am completely convinced it is far less expensive in the long run to provide first class care!

We have a large nucleus of skillful, competent, caring and highly dedicated people crying for the budgetary and administrative support needed to function effectively. Give us the tools now to do our jobs or Alaskans will pay the high price of shoddy care and I and some other key people will return to systems where we can do a decent job.

M.C.H. REVISED BUDGET IF ORIGINAL CANNOT BE FUNDED

LABOR		
M.C.H. Co-ordinator		19,435
Adm Assist.		11,156
		30,591
Fringe 13%		3,977
	ST.	34,568
TRAVEL 3 village 1 Anc.		$1,160
MATERIALS SUPPLIES Films Educational		$500
OTHER		
Space Office	3,000	$3,000
Housing 2	5,586	$5,586
Malpractice insur.		200
INDIRECT		
Accounting	1,200	
Manage	1,200	
Supply	600	
	3,000	$3,000
	TOTAL	$47,710

Mental Health - 1976 BUDGET Y.K.H.C.

DIRECT LABOR

M. H. SUPERVISOR 15,000
" " ASSISTANT 14,247
" " " 10,000
CHILD CARE SPEC ½. 8,500

47,747

FRINGE - 13% 6,207

TRAVEL

ORIG/DEST/ORIG	REASON	# OF TRIPS	Cost/Day of Trip	# of Days	AMOUNT
BET./ANC./BET	STAFF	20	135		3700
" " "	PER DIEM		43	13½ days	2500
BET/VILL/BET	STAFF	20	110		2200
" " "	PER DIEM		25	3 day	1000
VILL/BET/VILL	WORK SHOP	1	80	6 days [illegible]	480
" " "	PER DIEM	1	40	[illegible]	1440
					11320

SUBCONTRACTS

JOE BLOOM 4 DAYS × 135 = 540
12 DAYS × 150 × 1800
+ 15 EXPENSES 2400

OTHER

SPACE - HOUSING 10,344

TOTAL 78,018

8.5

THE LEGISLATURE OF THE STATE OF ALASKA - FISCAL NOTE

The present matching ratio established by policy is to fund 75% of the operating budgets of Ketchikan and Kodiak. In Fiscal Year 1975, the Legislature funded Gateway Community Mental Health Center at 138.4 and Kodiak Aleutian Center at 81.7 for a total of 220.1.

The State also has regional offices in Anchorage, Juneau and Fairbanks, which operated mental health clinics. In Fiscal Year 1975 the Legislature funded Anchorage at 227.1, Juneau at 175.1, and Fairbanks at 205.3 for a total of 607.5

In Fiscal Year 1975 a total of 827.6 General Funds were appropriated for community mental health programs in Alaska.

The largest community mental health center is in Ketchikan with an operating budget of 281.2 in Fiscal Year 1976. This center has the only community mental health program in Alaska which we feel has an adequate staff to serve the need of its catchment area (population approximately 20,000). This center has a staff of 5 professionals, 1 aide, 1 administrative assistant, and 2 clerical staff. Contrast this with the state-operated clinic in Anchorage of 5 professionals and 2 clerical personnel responsible for a catchment area population of approximately 158,000.

Although it is anticipated that projections of cost will be unique to each community dependent on its geographical locations, its available manpower, its present mental health and its needs, a rough estimate of the cost of a community mental health program resources for Alaska can be projected.

Assuming the Ketchikan program is adequate and by projecting the figures of 20,000 population and a budget of 281.2 to the entire State would indicate that Alaska could develop a statewide community mental health program for approximately 4,639.8. Using the matching formula in this Bill of 75%, the State's General Fund share would be 3,479.9. The State already has a 827.6 General Fund appropriation for community mental health services. Consequently, an additional 2,652.3 would be required. It has been brought to our attention that the 75% match would be inadequate in poverty areas and a 90% match would be more realistic. Below is a list of mental health planning areas and their designation as poverty or non-poverty areas. 13 of the planning areas are designated as poverty areas encompassing 44,000 persons or 13% of the total population (base 330,000).

Utilizing the 90% - 10% matching ratio in the 13 planning districts would increase the total estimated General Fund cost to 3,571.6 or an additional 92.1.

District	Poverty * Non-Poverty	District Center	July 1, 1973 Population Estimates by Dept. of Labor
1	Poverty	Barrow	2,814
2	"	Kotzebue	4,352
3	"	Bettles	461
4	"	Fort Yukon	934
5	"	Nome	5,682
6	"	Galena	1,862
7	Non-poverty	Fairbanks	52,074
8	Poverty	Tok	649
9	"	Bethel	11,784
10	"	Aniak	1,881
11	"	McGrath	585
12	Non-poverty	Anchorage	158,026
13	Poverty	Glenallen	1,204
14	"	Dillingham	4,858
15	Non-poverty	Kodiak	8,868
16	Poverty	Cold Bay	6,914
17	Non-poverty	Kenai	13,781
18	"	Seward	2,446
19	"	Valdez	3,903
20	"	Juneau	21,102
21	"	Sitka	11,095
22	"	Ketchikan	13,823

*Poverty areas are determined by 15% or more of the population falling under 125% of the O. E. O. Poverty Guidelines (Per 1970 Census Data)

I. REQUEST
Bill No. HB 311
Title: Community Mental Health Services Act
Requested by: Representative Hugh Malone Date:
Return Date Requested:
Agency. Health & Social Services Program: Division of Mental Health

II. FISCAL DETAIL
Budget Request Unit(s) Affected: Community Operated Mental Health Cente
A. EXPENDITURES: (Thousands of dollars)

	OBJECT	FY 75	FY 76	FY 77	FY 78	FY 79	FY 80
100	PERSONAL SERVICES						
200	TRAVEL						
300	CONTRACTUAL	8.4	8.4	11.2	11.2	11.2	11.2
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.	211.7	582.5	1239.2	2002.6	2782.0	3560.4
			(264.4)	(290.8)	(319.9)	(351.9)	(387.1)
	TOTAL	220.1	590.9	1250.4	2013.8	2793.2	3571.6

B. FUNDING: (Thousands of dollars)

	FY 75	FY 76	FY 77	FY 78	FY 79	FY 80
GENERAL FUND 90.10	220.1	590.9	1250.4	2013.8	2793.2	3571.6
FEDERAL FUNDS						
OTHER	62.2	166.9	368.7	601.5	834.3	1068.2

C. POSITIONS:

	FY 75	FY 76	FY 77	FY 78	FY 79	FY 80
PERMANENT/TEMPORARY	3/	3/	3/	4/	4/	4/
MAN MONTHS (P./T.)	36/	36/	36/	48/	48/	48/

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

IV. ATTACHMENTS

V. DATE: 3-26-75 PREPARED BY: [signature]

1 February 1975

Mr. Bob Swain
Staff Assistant for
Retarded Citizens
1625 Columbine
Anchorage, Alaska 99504

Mentally Retarded Citizens - HSS

(2)

Dear Mr. Swain:

As you review the proposed budget outline for the Ketchikan Habilitation House, you will please notice the budget outline for the Rehabilitation part of the program. This portion of the program could be in operation with a single grant from the Office of Vocational Rehabilitation for about $20,000.00. On repeated occasions, these people have indicated that their greatest need of services is from workshops. However, since my arrival on August 20, 1973, I have had only one formal contact from OVR, at which time they said they couldn't help us here because we don't offer the services they need. I have received perhaps $1,000.00 in fees, and they have, obviously, kept their word about not helping. Presently, OVR sends their clients to Tacoma for evaluation and training services, spending Alaska money in Washington.

I will propose to the OVR that with a single grant for $20,000.00, an adequate evaluation unit could be established in Ketchikan. My background includes a Masters Degree in Vocational Rehabilitation, with a specialty in work evaluation from the University of Wisconsin - Stout. Also, there is a person in our community, Dave Robinson, who has had several years' experience in evaluation at Syracuse University, and even developed his own system of evaluating manual coordination and dexterity. It is my hope that this portion of our proposed program for Ketchikan can be underway soon. Any help you may lend us in this matter will be greatly appreciated. I will send letters to OVR about this matter.

About our overall proposed program, the group home is an integral part of the entire program since it would allow us to serve all of Southeast Alaska for evaluation and training services. I am unfamiliar with the availability of monies for this project, but know this is necessary. Any information or advice on this matter would also be appreciated.

The habilitation, or activities center, program is an expensive proposition and will need continual funding. We are presently halfway through our Developmental Disabilities grant of $17,500.00 for this year's program. We have had

difficulties in setting up this program due to inadequate funding, and the first Activities Director quiting. However, an energetic and dedicated ex-social worker in our community will be assuming this responsibility as of this date. Our concern here is that the money for this program and individual will expire on July 1, 1975, and we need help to retain this part of the program. The wood product manufacturing can help out, but we will still need help. Any information would once again be appreciated.

In closing, I would like to add that I enjoyed meeting you at the recent conference in Anchorage and I only wish that I could have had more time and opportunity to explain our situation here more adequately.

Sincerely,

KETCHIKAN HABILITATION HOUSE

By

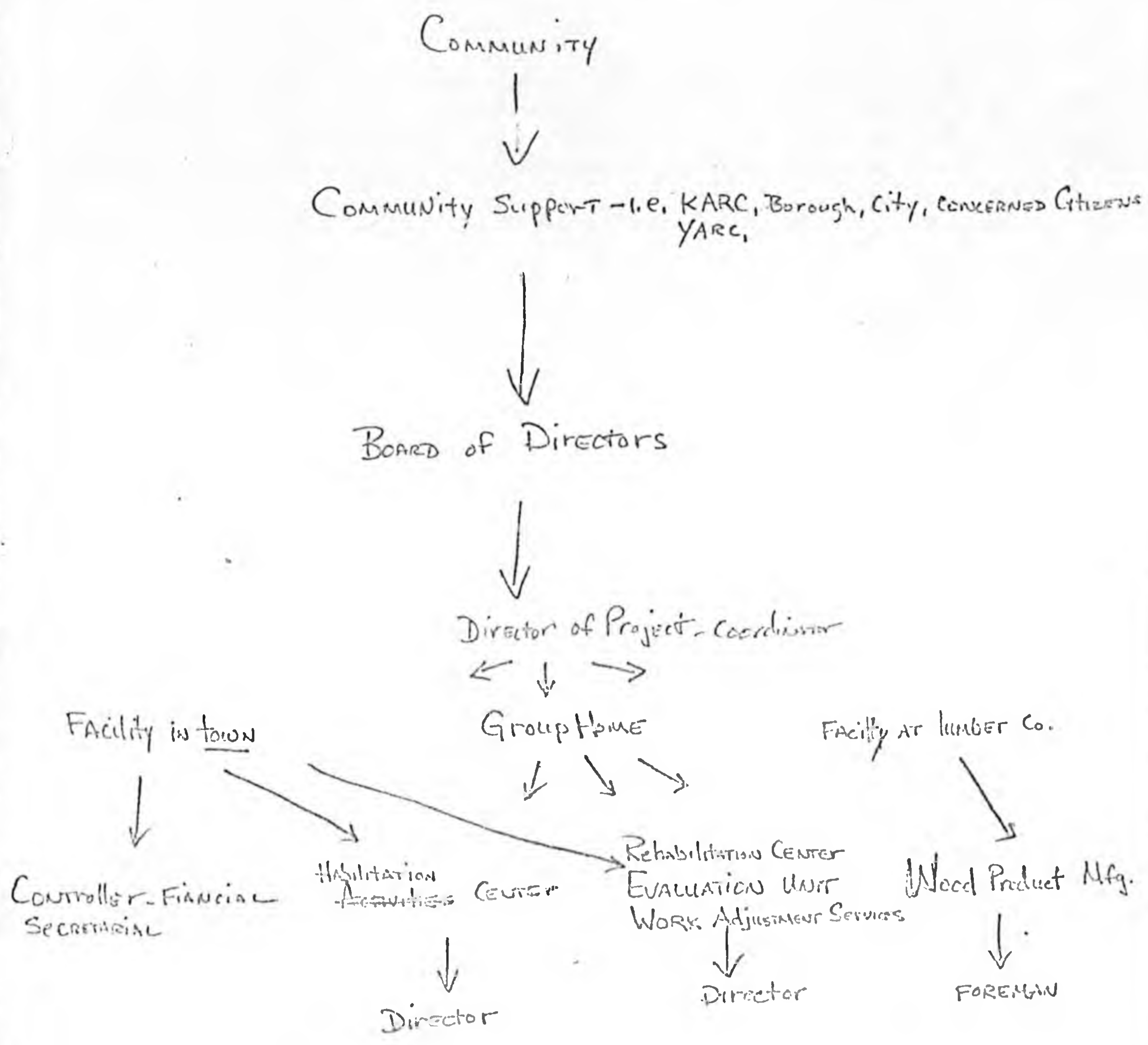
Douglas J. Saltzman, Director

DJS:jz

cc: Omar Carey
ASARC
Drawer 8-1
Anchorage, Alaska 99508

KARC
P. O. Box 1216
Ketchikan, Alaska 99901

Title of Project: Ketchikan Habilitation House, Inc.



Secretary - Bookkeeper

Personal Adjustment Specialist

Occupational Therapy
Living Skills Program
Kitchen Facilities
Laundry " "

Lead Supervisor

Supervisors

Individuals Participating in Program (up to 12)

Rehabilitation Center

Products:
Ceramic Mold items
Wood handcrafted items
Candles

Proposed Budget Outline of Habilitation Center

Expenses

Director	14,500
Sec.-Bk.	7,000*
Adj. Specialist	9,500*
Lead Supervisor	8,400*
Supervisors (2)	12,000*
Client Wages	3,000
Rent + Utilities	6,000
	65,400

*CETA Monies or Partial

Income

Product Sales	10,000
Staffing Monies – CETA through Borough or City Management	30,000
	40,000.00

– 25,400.00

Work Evaluation Unit → Sec. Bk. ← Work Adjustment Training
capicity up to 5

Chief ~~Head~~ Evaluator

Evaluator Aide

Head - Carpenter
capcity up to 3

Contracting Services to Community
~~At~~ Offering All Phases From Framing to Finishing work

Wood product Mfg. Div.
Herring Bay Lumber Co.
(Capcity up to 5)

Proposed Budget Outline for Rehabilitation Center

Expenses

Chief Evaluator	14,500
Evaluator Aids	6,000 *
Carpenter	14,500
Sec. Bk.	7,000 *
Rent + Utilities	4,000
	46,000.00

Income:

OVR, BIA fees for Evaluation services	15,000
OVR, BIA fees for Work Adj. Services	10,000
Contracting Carpentry Services	7,500
CETA Monies for Staff	12,000.
	44,500.00

– 1,500.00

Proposed Cost of Setting Up Program:

Evaluation Unit 10,000.00

Includes cost of either Tower or Jevs Evaluation systems. — 5.000.00

Purchase Development of Work Samples — 2,500.00

Purchase of necessary tools + Equipment — 2,500.00

10,000.00

Work Adjustment Training

Truck	5,000.00
Completing Wood shop Tools, Equipment	2,500.00
	7,500.00

Total: $ 17,500

LEAD Supervisor

Truck Driver

INDIVIDUALS OR CLIENTS PARTICIPATING IN program

Products — for K.P.C. – pallets, spacer boxes, riser blocks
— Others Available

Proposed Budget Outline of Cut-off Shop Facility

Expenses

Foreman	12,000.
Lead Sup.	9,600 +
Truck Driver	8,400 +
Client Wages	12,000
Sec. ½ time	3,500. +
2 Trucks	5,000.00
	48,500.00

Income

KPC Wood product contract....	60,000.00
Others, as survey stakes, pallets, + Cut-off-Trim Service for lumber Co. Customers easily developed estimated gain with investment of 5,000.00 – ...	20,000.00
	80,000.00

+ 32,500.00

Cost to Set-up Wood Mfg. Shop

Addition of lean-too with setup of 2 large radial Arm Saws	2,000.00
Industrial quality compressor	1,000.00
Enclosure of office, lunch area	2,000.00
	– 5,000.00

+ 27,500

File - Div. of Mental Health

BACKGROUND ON REQUEST FOR FUNDS FOR WORK ACTIVITIES AND REHABILITATION INDUSTRIES IN SUPPLEMENTAL BUDGET

The Association for Retarded Citizens of Anchorage has been providing a work training program for physically or mentally handicapped individuals in their Work Activities Center and Sheltered Workshop programs for the last three years.

Before July 1, 1974, the programs were funded by Title 4A of the Social Security Act.

This funding discontinued at that date and negotiations began with the Department of Health and Social Services, Division of Mental Health and the Office of Developmental Disabilities to continue the program by finding alternate sources of funding. The Department of Health and Social Services secured $58,000 in funding for the 1974-75 fiscal year. The Association for Retarded Citizens of Anchorage, Inc., in projecting the minimum cost necessary to operate the program, needed $40,500 to continue the program after March 1, 1975 and until June 30, 1975. This will continue the program for 22 individuals at minimum levels until June 30, 1975.