

HB

340

ALASKA NATIVE COMMISSION ON ALCOHOLISM AND DRUG ABUSE

750 East Fireweed Lane
Anchorage, Alaska 99503
April 27, 1977

House HESS Committee
Representative Charles Parr, Chairman
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr and Committee:

The Alaska Native Commission on Alcoholism and Drug Abuse respectfully requests to officially go on your committee record as having endorsed and supported in good conscience, the existing House Bill 340, introduced as of March 11, 1977.

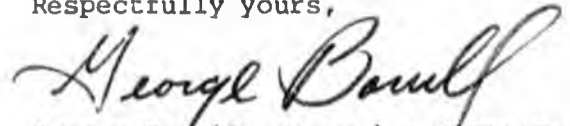
We have reviewed the bill in its entirety, section by section; and comfortably respect the professional insight of the Legislature in their objective evaluation of this bill's merits.

Optionally, this should provide for the arrangements of personnel, facilities, and technology within pre-arranged channels of communication and transportation for the effective and coordinated delivery of consistent and sequential alcoholism/drug treatment care and continuity thereof, by appropriate geographical areas, as established under recognition of Public Law 93-641, with the on-going regional development of Health Systems Agencies and Planning Groups, and Regional Native Health Organizations.

This should further organize the response capabilities of existing treatment and health services for the survival of the acutely ill alcoholism/drug dependant patient, and provide accessibility to quality recovery of patients requiring these services.

It is with this interest and the commitment of our constituents, the Native Commonwealth of Alaska, that the Alaska Native Commission be given the credibility and consideration for such on endorsement. It further would be most difficult for us to consider any novel revisions under a proposed HB-340, without the benefit of review and comment by all affected rural health entities and communities. With this we remain,

Respectfully yours,


George Barril, Executive Director

GB/aw

cc: Governor, Jay S. Hammond
Commissioner, Francis F. Williamson
Coordinator, Robert Cole, S.O.A.
Senator, Mike Colletta, Chairman, Special Committee on Alcoholism

Sec. 47.37.010. Declaration of policy. It is the policy of the state that alcoholics and intoxicated persons should not be criminally prosecuted for their consumption of alcoholic beverages and that they should be afforded a continuum of treatment so they may lead normal lives as productive members of society. (§ 1 ch 207 SLA 1972)

Purpose of the legislature in enacting this chapter. — See Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

This chapter establishes a comprehensive program for the treatment of alcoholism as a disease. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Public drunkenness should not be made the subject of criminal sanctions. — See Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

This chapter does not make drunkenness a defense to criminal liability for nonalcoholic substantive offenses committed by one under the influence of

liquor. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

This chapter repealed by implication 13 AAC 02.175(c), which prohibits a person from being upon or along a highway while under the influence of an intoxicating liquor. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

There is an irreconcilable conflict between this chapter, a principal purpose of which is to decriminalize public drunkenness, and 13 AAC 02.175(c), making it a misdemeanor to appear upon or along a highway or street in an intoxicated condition. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Sec. 47.37.020. Office of alcoholism. An office of alcoholism is established in the department. The office shall be headed by a coordinator appointed by the commissioner. The coordinator shall be a qualified professional who has training and experience in the organization and administration of treatment services for persons with medical-social problems. The coordinator is in the classified service. (§ 1 ch 207 SLA 1972)

Sec. 47.37.030. Powers of office. The office may

- (1) plan, establish, and maintain treatment programs as appropriate;
- (2) make contracts necessary or incidental to the performance of its duties and the execution of its powers, including contracts with public and private agencies, organizations, and individuals, to pay them for services rendered or furnished to alcoholics or intoxicated persons;
- (3) solicit and accept for use a gift of money or property or a grant of money, services, or property from the federal government, the state, or a political subdivision of it or a private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for a grant;
- (4) administer or supervise the administration of the provisions relating to alcoholics and intoxicated persons of any state plan submitted for federal funding under federal health, welfare, or treatment legislation;
- (5) coordinate its activities and cooperate with alcoholism programs in this and other states, and make contracts and other joint or

§ 47.3
 coope
 treat
 advan
 (6)
 statis
 (7)
 gradu
 (8)
 const
 and i
 initial
 when
 facilit
 Sec
 (1)
 and
 alcoh
 agene
 assist
 (2)
 priva
 of alc
 (3)
 cond
 persc
 (4)
 schoo
 agene
 preve
 persc
 schoo
 (5)
 deali
 (6)
 an e
 intox
 conce
 (7)
 treat
 (8)
 alcoh
 servi
 (9)
 publ
 and

§ 47.37.040 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.37.040

cooperative arrangements with state, local, or private agencies for the treatment of alcoholics and intoxicated persons and for the common advancement of alcoholism programs in this and other states;

(6) keep records and engage in research and the gathering of relevant statistics;

(7) do other acts necessary to implement the authority expressly granted to it;

(8) acquire, hold, or dispose of real property or any interest in it, and construct, lease, or otherwise provide treatment facilities for alcoholics and intoxicated persons; however, the office shall encourage local initiative, involvement and financial participation under grants-in-aid whenever possible in preference to the construction or operation of facilities directly by the office. (§ 1 ch 207 SLA 1972)

Sec. 47.37.040. Duties of office. The office shall

(1) develop, encourage, and foster statewide, regional, and local plans and programs for the prevention of alcoholism and treatment of alcoholics and intoxicated persons in cooperation with public and private agencies, organizations, and individuals, and provide technical assistance and consultation services for these purposes;

(2) coordinate the efforts and enlist the assistance of all public and private agencies, organizations, and individuals interested in prevention of alcoholism and treatment of alcoholics and intoxicated persons;

(3) cooperate with the division of corrections in establishing and conducting programs to provide treatment for alcoholics and intoxicated persons in or on parole from penal institutions;

(4) cooperate with the Department of Education, school boards, schools, police departments, courts, and other public and private agencies, organizations and individuals in establishing programs for the prevention of alcoholism and treatment of alcoholics and intoxicated persons, and preparing curriculum materials for use at all levels of school education;

(5) prepare, publish, evaluate, and disseminate educational material dealing with the nature and effects of alcohol;

(6) develop and implement, as an integral part of treatment programs, an educational program for use in the treatment of alcoholics and intoxicated persons which includes the dissemination of information concerning the nature and effects of alcohol;

(7) organize and foster training programs for all persons engaged in treatment of alcoholics and intoxicated persons;

(8) sponsor and encourage research into the causes and nature of alcoholism and treatment of alcoholics and intoxicated persons, and serve as a clearinghouse for information relating to alcoholism;

(9) specify uniform methods for keeping statistical information by public and private agencies, organizations, and individuals, and collect and make available relevant statistical information, including number

of persons treated, frequency of admission and readmission, and frequency and duration of treatment;

(10) advise the governor in the preparation of a comprehensive plan for treatment of alcoholics and intoxicated persons;

(11) review all state health, welfare, and treatment plans to be submitted for federal funding, and advise the commissioner on provisions to be included relating to alcoholism and intoxicated persons;

(12) assist in the development of, and cooperate with, alcohol education and treatment programs for employees of state and local governments and businesses and industries in the state;

(13) utilize the support and assistance of interested persons in the community, particularly recovered alcoholics, to encourage alcoholics to voluntarily undergo treatment;

(14) cooperate with the Department of Public Safety and the Department of Highways in establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while intoxicated;

(15) encourage hospitals and other appropriate health facilities to admit without discrimination alcoholics and intoxicated persons and to provide them with adequate and appropriate treatment;

(16) encourage all health and disability insurance programs to include alcoholism as a covered illness;

(17) submit to the legislature an annual report covering the activities of the office. (§ 1 ch 207 SLA 1972)

Sec. 47.37.050. Interdepartmental coordinating committee. (a) An interdepartmental coordinating committee is created, composed of the coordinator and the commissioners of health and social services, education, highways, labor and public safety. The committee shall meet at least twice annually at the call of the commissioner of health and social services who is its chairman. The committee shall provide for the coordination and exchange of information on all programs relating to alcoholism, and act as a permanent liaison among state departments engaged in activities affecting alcoholics and intoxicated persons. The committee shall assist the commissioner of health and social services and the coordinator in formulating a comprehensive plan for prevention of alcoholism and for treatment of alcoholics and intoxicated persons.

(b) In exercising its coordinating functions, the committee shall assure that the appropriate state agencies

(1) provide all necessary medical, social, treatment, and educational services for alcoholics and intoxicated persons and for the prevention of alcoholism, without unnecessary duplication of services;

(2) cooperate in the use of facilities and in the treatment of alcoholics and intoxicated persons;

(3) adopt approaches for the prevention of alcoholism and the treatment of alcoholics and intoxicated persons consistent with the policy of this chapter. (§ 1 ch 207 SLA 1972)

Sec
in the
alcoh

Edit
1972, p
this A
Alcohol

Sec
consi
1972)

Rev
1972,
desig

Se
shall
of w
Psyc
if a p

(b)
to th

(c)
the
prob

(d)
(e)
(f)
(g)
(h)

S
app

(b)
a to

(c)
a to

(c)
ser

fou

(c)
by:

ter

(
SL

foster home, group home, institution or other place for the regular reception or care of children under 16 years of age, or (2) engage in the business of receiving or caring for children under 14 years of age, with or without compensation, in a nursery in which five or more children not related by blood or marriage, or legal adoption, to the owner, operator or manager of the business are lodged. (§ 3 ch 17 SLA 1951; am § 3 ch 42 SLA 1973; am § 3 ch 253 SLA 1976)

Effect of amendment.

The 1976 amendment, effective July 1, 1976, deleted "nursery" preceding "institution or other place" in clause (1) and in clause (2), substituted "14 years of age"

for "16 years of age," "five or more children" for "a child," and "are lodged" for "is lodged or boarded" and inserted "in a nursery."

Chapter 37. Uniform Alcoholism and Intoxication Treatment Act.

Section

- 80. Qualifications of board members
- 170. Treatment and services for intoxicated persons and persons incapacitated by alcohol
- 250. Nonapplicability

Sec. 47.37.010. Declaration of policy.

Quoted in *In re S.D., Sup. Ct. Op. No. 1255* (File No. 2530), 549 P.2d 1190 (1976).

Sec. 47.37.080. Qualifications of board members. Of the nine members

(1) two shall be persons who are licensed to practice medicine in the state, one of whom shall be certified in psychiatry by the American Board of Psychiatry and Neurology or eligible for that certification, except that if a psychiatrist is not available a clinical psychologist may be appointed;

(2) one shall be a practicing attorney who has been admitted to the practice of law by the state supreme court;

(3) two shall be persons who have evidenced an interest in the problems of alcoholism and who have knowledge of the social problems encountered in the rehabilitation of alcoholics;

(4) one shall be a public health nurse;

(5) one shall be a representative of the liquor industry;

(6) one shall be from the public at large;

(7) one shall be a social worker. (§ 1 ch 207 SLA 1972; am § 1 ch 72 SLA 1976)

Effect of amendment. — The 1976 amendment rewrote this section.

Sec.
persons
volunta
treatme
to be in
a licens
refuses
employ
assiste
to his h
treatm
preced
unavai
this su
in the

(b) A
place
membe
approv
facility
medica
is avai
public
the ar
health

(i) A
may b
servic
incapa
which
may r
any ti
memb
or (b)
emeri
prote
and p
prote
a met
may t
searc
of thi
may
charg
whicl
whicl
purp

§ 47.37.060 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.37.090

Sec. 47.37.060. Advisory board on alcoholism. There is established in the Department of Health and Social Services an advisory board on alcoholism. (§ 1 ch 207 SLA 1972)

Editor's note. — Section 3, ch. 207, SLA 1972, provides: "Because the provisions in this Act relating to the Advisory Board on Alcoholism (AS 47.37.060 — 47.37.120) are identical to the provisions in AS 44.29.030 — 44.29.090 which are repealed in sec. 2 of this Act, nothing in this Act requires the appointment of a new board."

Sec. 47.37.070. Composition. The advisory board on alcoholism consists of nine members appointed by the governor. (§ 1 ch 207 SLA 1972)

Revisor's note (1972). — In ch. 207, SLA 1972, AS 47.37.070 — 47.37.270 were designated AS 47.37.062 — 47.37.310.

Sec. 47.37.080. Qualifications of board members. (a) Two members shall be persons who are licensed to practice medicine in the state, one of whom shall be certified in psychiatry by the American Board of Psychiatry and Neurology or is eligible for that certification, except that if a psychiatrist is not available, a clinical psychologist may be appointed.

(b) One member shall be a practicing attorney who has been admitted to the practice of law by the supreme court of the State of Alaska.

(c) One member shall be a person who has evidenced an interest in the problems of alcoholism and who has knowledge of the social problems encountered in the rehabilitation of alcoholics.

(d) One member shall be a public health nurse.

(e) One member shall be a representative of the liquor industry.

(f) One member shall be a member of Alcoholics Anonymous.

(g) One member shall be from the public at large.

(h) One member shall be a social worker. (§ 1 ch 207 SLA 1972)

Sec. 47.37.090. Term of office. (a) The members of the board initially appointed under § 80(a) of this chapter serve terms of four years.

(b) The member initially appointed under § 80(b) of this chapter serves a term of three years.

(c) The member initially appointed under § 80(c) of this chapter serves a term of two years.

(d) The members initially appointed under § 80(d)—(h) of this chapter serve terms of four years. Subsequent terms for all board members are four years.

(e) A vacancy occurring in the membership of the board shall be filled by appointment of the governor for the unexpired portion of the vacated term.

(f) Board members serve at the pleasure of the governor. (§ 1 ch 207 SLA 1972).

Sec. 47.37.100. Compensation, per diem, or expenses. Members of the advisory board on alcoholism are not entitled to a salary, but are entitled to per diem, reimbursement for travel and other expenses authorized by law for other boards. (§ 1 ch 207 SLA 1972)

Sec. 47.37.110. Duties. The board shall act in an advisory capacity to the commissioner in the following matters:

- (1) special problems affecting mental health which alcoholism may present;
- (2) educational and research activities conducted by the office in respect to the problems presented by alcoholism;
- (3) social problems which affect rehabilitation of alcoholics;
- (4) legal processes which affect the treatment and rehabilitation of alcoholics;
- (5) a program of public relations concerning the problem of alcoholism conducted by a department of the state government or by an organized group whose purpose is the rehabilitation of alcoholics. (§ 1 ch 207 SLA 1972)

Sec. 47.37.120. Alcoholism program coordinator. The alcoholism program coordinator shall carry out the development and implementation of a comprehensive program dealing with the treatment of, research on and education concerning alcoholic problems as they affect the state. (§ 1 ch 207 SLA 1972)

Sec. 47.37.130. Comprehensive program for treatment; regional facilities. (a) The office shall establish a comprehensive and coordinated program for the treatment of alcoholics and intoxicated persons. Subject to the approval of the commissioner, the coordinator may divide the state into appropriate regions to conduct the program and establish standards for the development of the program on the regional level. In establishing the regions, consideration shall be given to the city and borough lines and population concentrations and when feasible, programs shall be established with maximum local community involvement.

(b) The program of the office shall include

- (1) emergency treatment provided by a facility affiliated with or part of the medical service of a general hospital;
- (2) inpatient treatment;
- (3) intermediate treatment; and
- (4) outpatient and follow-up treatment.

(c) The office shall provide adequate and appropriate treatment for alcoholics and intoxicated persons admitted under §§ 160—190 of this chapter within the limits of available state and federal funds.

(d) The office shall maintain, supervise and control all facilities operated by it subject to the regulations of the department. The administrator of each facility shall make an annual report of its activities to the coordinator in the form and manner the coordinator specifies.

(e) If
with al
(f) T
list of
(g) T
public
of the
follow.

Sec.
shall es
private
require
the hea
afforde

(b) T
private
manner

(c) T
treatme

(d) E
the offi
the offi
facility
schemul

them, s
(e) T
the Ad
limit, re
for fail

(f) U
reasona
to an o
inspect
approve
inspecti
reasona
1 ch 20

Sec.
promulg
program
the pu
intoxica
be guid

(1) if
an invo

§ 47.37.140 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.37.150

(e) If possible, the office shall coordinate the activities of the program with all appropriate public and private resources.

(f) The coordinator shall prepare, publish, and distribute annually a list of all approved public and private treatment facilities.

(g) The office may contract for the use of any facility as an approved public treatment facility if the coordinator, subject to the regulations of the department, considers this an effective and economical course to follow. (§ 1 ch 207 SLA 1972)

Sec. 47.37.140. Public and private treatment facilities. (a) The office shall establish standards for facilities before their approval as public or private treatment facilities, and fix the fees to be charged for the required inspections of those facilities. The standards shall concern only the health conditions to be met and standards of treatment to be afforded patients.

(b) The office shall inspect, on a regular basis, approved public and private treatment facilities at reasonable times and in a reasonable manner.

(c) The office shall maintain a list of approved public and private treatment facilities.

(d) Each approved public and private treatment facility shall file with the office on request, data, statistics, schedules, and information which the office reasonably requires. An approved public or private treatment facility that without good cause fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent returns of them, shall be removed from the list of approved treatment facilities.

(e) The coordinator, after holding a hearing under the provisions of the Administrative Procedure Act (AS 44.62), may suspend, revoke, limit, restrict, or refuse to grant an approval for a treatment facility, for failure to meet its standards.

(f) Upon petition of the office and after a hearing held upon reasonable notice to the facility, the district court may issue a warrant to an officer or employee of the office authorizing him to enter and inspect at reasonable times, and examine the books and accounts of an approved public or private treatment facility refusing to consent to inspection or examination by the office or which the office has reasonable cause to believe is operating in violation of this chapter. (§ 1 ch 207 SLA 1972)

Sec. 47.37.150. Acceptance for treatment. The coordinator shall promulgate regulations for the admission of persons into the treatment program, considering available treatment resources and facilities, for the purpose of early and effective treatment of alcoholics and intoxicated persons. In establishing the regulations the coordinator shall be guided by the following standards:

(1) if possible a patient shall be treated on a voluntary rather than an involuntary basis;

Supplement

§ 47.37.170 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.37.170

Sec. 47.37.170. Treatment and services for intoxicated persons and persons incapacitated by alcohol. (a) An intoxicated person may come voluntarily to an approved public treatment facility for emergency treatment. A person who appears to be intoxicated in a public place and to be in need of help or a person who appears to be intoxicated in or upon a licensed premise where intoxicating liquors are sold or consumed who refuses to leave upon being requested to leave by the owner, an employee or a peace officer may be taken into protective custody and assisted by a peace officer or a member of the emergency service patrol to his home, an approved public treatment facility, an approved private treatment facility, or another appropriate health facility. If all of the preceding facilities, including the person's home, are determined to be unavailable, a person taken into protective custody and assisted under this subsection may be taken to a state or municipal detention facility in the area.

(b) A person who appears to be incapacitated by alcohol in a public place shall be taken into protective custody by a peace officer or a member of the emergency service patrol and immediately brought to an approved public treatment facility, an approved private treatment facility, or another appropriate health facility or service for emergency medical treatment. If no treatment facility or emergency medical service is available, a person who appears to be incapacitated by alcohol in a public place shall be taken to a state or municipal detention facility in the area, if that appears necessary for the protection of the person's health or safety.

(i) A person taken to a detention facility under (a) or (b) of this section may be detained only (1) until a treatment facility or emergency medical service is made available, or (2) until he is no longer intoxicated or incapacitated by alcohol, or (3) for a maximum period of 12 hours, whichever occurs first. A detaining officer or a detention facility official may release a person who is detained under (a) or (b) of this section at any time to the custody of a responsible adult. A peace officer or a member of the emergency service patrol, in detaining a person under (a) or (b) of this section and in taking him to a treatment facility, an emergency medical service or a detention facility, is taking him into protective custody and he shall make reasonable efforts to provide for and protect the health and safety of the detainee. In taking a person into protective custody under (a) and (b) of this section, a detaining officer, a member of the emergency service patrol or a detention facility official may take reasonable steps to protect himself, including a full protective search of the person of a detainee. Protective custody under (a) and (b) of this section does not constitute an arrest and no entry or other record may be made to indicate that the person detained has been arrested or charged with a crime, except that a confidential record may be made which is necessary for the administrative purposes of the facility to which the person has been taken or which is necessary for statistical purposes where the person's name may not be disclosed.

(j) For purposes of (b) of this section, "incapacitated by alcohol" means a person who, as the result of consumption of alcohol, is rendered unconscious or has his judgment or physical mobility so impaired that he cannot readily recognize or extricate himself from conditions of apparent or imminent danger to his health or safety. The definition in AS 47.37.270(8) applies to other portions of this chapter.
(am §§ 1—4 ch 101 SLA 1976)

Effect of amendment. — The 1976 amendment substituted the language beginning "or a person who appears to be intoxicated" and ending "taken into protective custody and assisted" for "if he consents, may be assisted" and inserted "a member of" preceding "the emergency service patrol" in the second sentence of subsection (a), added the third sentence of

that subsection, rewrote subsection (b), and added subsections (i) and (j).

As the rest of the section was not affected by the amendment, it is not set out.

Legislative committee report. — For report on ch. 101, SLA 1976 (CSSSSB 336 am H), see 1976 House Journal, p. 555.

Sec. 47.37.250. Nonapplicability. (a) Nothing in this chapter affects a statute, ordinance, or regulation relating to (1) drunken driving, driving under the influence of alcohol, or other similar offenses involving alcohol and the operation of a vehicle, aircraft, boat, machinery, or other equipment, (2) the sale, purchase, dispensation, possession, or use of alcoholic beverages at specified times and places or by a particular class of persons, including prohibitions against drinking intoxicating beverages in specified public places, or (3) being upon the traveled portion of a highway so as to be a hazard to the motoring public.

(b) Nothing in this chapter affects AS 11.70.030, relating to the defense of voluntary intoxication. (§ 1 ch 207 SLA 1972; am § 1 ch 186 SLA 1976)

Effect of amendment. — The 1976 amendment deleted "or" from the end of clause (1), added "including prohibitions

against drinking intoxicating beverages in specified public places, or" to the end of clause (2), and added clause (3)

Chapter 45. Alaska Longevity Bonus.

Section

10. Persons who may qualify for longevity bonus

Sec. 47.45.010. Persons who may qualify for longevity bonus. (a) A person who is 65 years of age or over, who was domiciled in the territory on or before January 3, 1959 and who has maintained a continuous domicile in the territory or state for 25 years may apply to the commissioner of administration for qualification to receive a monthly bonus of \$125.
(am § 1 ch 33 SLA 1976)

Effect
amendmen
increased
(a) from \$
As the
affected b

Chap

Section
10. Com
20. F na
30. Desi
40. Agr

Effecti
ch. 216.
takes eff

Sec.
Placem
entere
joining

INTE

It is
other

(a) F
opport
institu
necess

(b) C
may
propo
requi

(c) '
made
to evi

(d)
will b

(2) a patient shall be initially assigned or transferred to outpatient or intermediate treatment, unless he is found to require inpatient treatment;

(3) a person shall not be denied treatment solely because he has withdrawn from treatment against medical advice on a prior occasion or because he has relapsed after earlier treatment;

(4) an individualized treatment plan shall be prepared and maintained on a current basis for each patient;

(5) provision shall be made for a continuum of coordinated treatment services, so that a person who leaves a facility or a form of treatment will utilize other appropriate treatment and facilities. (§ 1 ch 207 SLA 1972)

Sec. 47.37.160. Voluntary treatment of alcoholics. (a) An alcoholic may voluntarily apply for treatment directly to an approved public treatment facility.

(b) Subject to regulations promulgated by the coordinator, the administrator in charge of an approved public treatment facility may determine who shall be admitted for treatment. If a person is refused admission to an approved public treatment facility, the administrator shall, if possible, refer the person to another approved public treatment facility.

(c) When a patient receiving inpatient care leaves an approved public treatment facility, he shall be encouraged to consent to appropriate outpatient or intermediate treatment. If it appears to the administrator in charge of the treatment facility that the patient is an alcoholic who requires help, the office shall arrange for assistance in obtaining supportive services and residential facilities. (§ 1 ch 207 SLA 1972)

Sec. 47.37.170. Treatment and services for intoxicated persons and persons incapacitated by alcohol. (a) An intoxicated person may come voluntarily to an approved public treatment facility for emergency treatment. A person who appears to be intoxicated in a public place and to be in need of help, if he consents, may be assisted by a peace officer or the emergency service patrol to his home, an approved public treatment facility, an approved private treatment facility, or another appropriate health facility.

(b) A person who appears to be incapacitated by alcohol shall be taken into protective custody by a peace officer or a member of the emergency service patrol and immediately brought to an approved public treatment facility for emergency treatment. If no approved public treatment facility is readily available he shall be taken to an emergency medical service customarily used for incapacitated persons. The peace officer or a member of the emergency service patrol, in detaining the person and in taking him to an approved public treatment facility, is taking him into protective custody and he shall make every reasonable effort to protect his health and safety. In taking the person into protective custody, the

§ 47.37.170 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.37.170

detaining officer may take reasonable steps to protect himself. Protective custody does not constitute an arrest under this section and no entry or other record shall be made to indicate that the person has been arrested or charged with a crime.

(c) A person who voluntarily appears or is brought to an approved public treatment facility shall be examined by a licensed physician as soon as possible. After the examination, he may be admitted as a patient or referred to another health facility. The approved public treatment facility which refers him shall arrange for his transportation.

(d) No person who, after medical examination, is found to be incapacitated by alcohol at the time of his admission or to have become incapacitated at any time after his admission, may be detained at a facility after he is no longer incapacitated by alcohol. No person may be detained at a facility if he remains incapacitated by alcohol for more than 48 hours after admission as a patient, unless he is committed under § 180 of this chapter. A person may consent to remain in the facility as long as the physician in charge considers it appropriate.

(e) A person who is not admitted to an approved public treatment facility, is not referred to another health facility, and has no funds, may be taken to his home, if any. If he has no home, the approved public treatment facility shall assist him in obtaining shelter.

(f) If a patient is admitted to an approved public treatment facility, his family or next of kin shall be promptly notified. If an adult patient who is not incapacitated requests that there be no notification of next of kin, his request shall be granted.

(g) Peace officers or members of the emergency service patrol who comply with this section are acting in the course of their official duty and are not criminally or civilly liable for it.

(h) If the physician in charge of the approved public treatment facility determines it is for the patient's benefit, an attempt shall be made to encourage the patient to submit to further diagnosis and appropriate voluntary treatment. (§ 1 ch 207 SLA 1972)

Section does not violate 4th amendment. — While a statute countenancing an unreasonable search would be in violation of the 4th amendment to the United States Constitution and the similar Alaska Const., art. I, § 14, the provisions of this section constitute no such violation. *Peter v. State*, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

An officer transporting a person incapacitated by drink has a valid reason to make a limited search for possible weapons which might be used to injure him. *Peter v. State*, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Items held subject of illegal search and

seizure. Where under this chapter, defendant should have been taken to a treatment facility or an emergency medical service, and where at that point the police would normally release him from custody and thus would not have direct access to items in the possession of the intoxicated person, any items that were revealed or came into the possession of the police officer solely as a result of a more detailed search performed when defendant was placed in jail were the subject of an illegal search and seizure and should be suppressed. *Peter v. State*, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Sec. 47.37.180. Emergency commitment. (a) An intoxicated person who (1) has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another unless committed, or (2) is incapacitated by alcohol, may be committed to an approved public treatment facility for emergency treatment. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment.

(b) The certifying physician, spouse, guardian, or relative of the person to be committed, or any other responsible person, may make a written application for commitment under this section, directed to the administrator of the approved public treatment facility. The application shall state facts to support the need for emergency treatment and be accompanied by a physician's certificate supporting the need for emergency treatment and stating that the physician has examined the person sought to be committed within two days before the certificate's date.

(c) Upon approval of the application by the administrator in charge of the facility, the person may be brought to the facility by a peace officer, a health officer, a member of the emergency service patrol, the applicant for commitment, the patient's spouse, the patient's guardian, or any other interested person. The person shall be retained at the facility to which he was admitted, or transferred to another appropriate public or private treatment facility, until discharged under (e) of this section. However, no person may be detained under this section for more than 48 hours unless a district or superior court judge has reviewed and approved the commitment application.

(d) The administrator in charge of an approved public treatment facility may refuse an application if in his opinion the application and certificate fail to sustain the grounds for commitment.

(e) When on the advice of his medical staff the administrator determines that the grounds for commitment no longer exist, he shall discharge a person committed under this section. No person committed under this section may be detained in a treatment facility for more than five days. If a petition for involuntary commitment under § 190 of this chapter has been filed within the five days and the administrator in charge of an approved public treatment facility finds that grounds for emergency commitment still exist, he may detain the person until the petition has been heard and determined, but no longer than 10 days after filing the petition.

(f) A copy of the written application for commitment and of the physician's certificate, and a written explanation of the persons' right to legal counsel, shall be given to the person within 24 hours after commitment by the administrator, who shall provide a reasonable opportunity for the person to consult with legal counsel. (§ 1 ch 207 SLA 1972)

Sec. 47.37.190. Involuntary commitment of alcoholics. (a) After a hearing initiated by petition of his spouse or guardian, a relative, the certifying physician, or the administrator in charge of an approved public treatment facility, a person may be committed to the custody of the office by the superior court. The petition shall allege that the person is an alcoholic who habitually lacks self-control in using alcoholic beverages and that he (1) has threatened, attempted to inflict, or inflicted physical harm on another and that unless committed is likely to inflict physical harm on another; or (2) is incapacitated by alcohol. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment. The petition shall be accompanied by a certificate of a licensed physician who has examined the person within two days before submission of the petition, unless the person whose commitment is sought has refused to submit to a medical examination, in which case the fact of refusal shall be alleged in the petition. The certificate shall set out the physician's findings in support of the allegations of the petition.

(b) After the petition is filed, the court shall fix a date for a hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of the hearing, including the date fixed by the court, shall be served on: (1) the petitioner; (2) the person whose commitment is sought; (3) the next of kin of the person whose commitment is sought; (4) the administrator in charge of the approved public treatment facility in which the committed person has been committed for emergency care, and any other person the court considers appropriate. A copy of the petition and certificate shall be delivered to each person notified.

(c) If, not less than two days before the date fixed for the hearing, the person sought to be committed or his counsel or advisor files a written request with the superior court, the court shall summon and impanel a jury of six adult residents of the judicial district in which the court officiates, preferably from the court's jury list or the last voters list, if available, to hear and consider evidence concerning the condition of the person sought to be committed. (§ 1 ch 207 SLA 1972)

Sec. 47.37.200. Hearing on petition for involuntary commitment of alcoholics. (a) At the hearing required under § 190(b) of this chapter, the court or the jury, if requested under § 190(c) of this chapter, shall hear all relevant testimony, including, if possible, the testimony of at least one licensed physician who has examined the person whose commitment is sought. The person whose commitment is sought shall be present unless the court believes that his presence is likely to be injurious to him, in which case the court shall appoint a guardian ad litem to represent him throughout the proceeding. The court may examine the person in open court, or if advisable, examine him out of court. If the person has refused to be examined by a licensed physician, he shall be given an opportunity to request examination by a court-appointed

licensed physician. If he fails to request a medical examination and there is sufficient evidence to believe that the allegations of the petition are true, or if the court believes that more medical evidence is necessary, the court may issue a temporary order committing him to the office for a period of not more than five days for purposes of a diagnostic examination.

(b) If after hearing all relevant evidence, including the results of any diagnostic examination by the office, the court or the jury finds that grounds for involuntary commitment have been clearly established, the court shall issue an order of commitment to the office. No court may order the commitment of a person unless it determines that the office is able to provide adequate and appropriate treatment for him.

(c) A person committed under §§ 190 — 200 of this chapter shall remain in the custody of the office for treatment for a period of up to 30 days. At the end of the 30-day period, he shall be discharged automatically unless the office, before the expiration of the period, obtains a court order for his recommitment upon the grounds set out in § 190(a) of this chapter for a further period of up to 90 days. If a person has been committed because he is an alcoholic likely to inflict physical harm on another, the office shall apply for recommitment if after examination it is determined that the likelihood still exists.

(d) A person recommitted under (c) of this section who has not been discharged by the office before the end of the 90-day period shall be discharged at the expiration of that period unless the office, before expiration of the period, obtains a court order on the grounds set out in § 190(a) of this chapter for recommitment for a further period not to exceed 90 days. If a person has been committed because he is an alcoholic likely to inflict physical harm on another, the office shall apply for recommitment if after examination it is determined that the likelihood still exists. No more than two recommitment orders may be permitted under (c) and (d) of this section.

(e) Upon the filing of a petition for recommitment under (c) or (d) of this section, the court shall fix a date for hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of hearing, including the date fixed by the court, shall be served on (1) the petitioner; (2) the person whose commitment is sought; (3) the next of kin of the person whose commitment is sought; (4) the original petitioner under § 190(a) of this chapter, if different from the petitioner for recommitment; (5) any other person the court considers appropriate. Section 180(c) of this chapter applies to hearings for recommitment under this section. At the hearing the court or the jury shall proceed as provided in (a) of this section.

(f) The office shall provide adequate and appropriate treatment for a person in its custody. The office may transfer a person in its custody from one approved public treatment facility to another if the transfer is medically advisable.

(g) shall
he ha

(1) inflict
alcoh
exists

(2) likelih

(A) impro

(B)

(h) recom

repre:

comm

or pro

trial,

believ

requir

object

shall

his c

reque

physi

(i) comp

accep

treat

(j) disch

(§ 1 c

Sec

The r

confi

(b) avail

into

disch

Sec

Patie

gran

coun

use

prog

§ 47.37.210 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.37.220

(g) A person committed to the custody of the office for treatment shall be discharged at any time before the end of the period for which he has been committed if either of the following conditions is met:

(1) when an alcoholic committed on the grounds of likelihood of infliction of physical harm on another is no longer considered an alcoholic or the likelihood of his infliction of physical harm no longer exists; or

(2) when, in the case of an alcoholic committed on the grounds of the likelihood of infliction of physical harm on another, either

(A) further treatment will not be likely to bring about significant improvement in the person's condition, or

(B) treatment is no longer adequate or appropriate.

(h) The court shall inform the person whose commitment or recommitment is sought of his right to contest the application, be represented by counsel at every stage of the proceedings relating to his commitment and recommitment, to have counsel appointed by the court or provided by the court, if he is unable to obtain counsel, and to a jury trial, if requested, as specified in § 190(c) of this chapter. If the court believes that the person needs the assistance of counsel, the court shall require, by appointment if necessary, counsel for him regardless of his objection. The person whose commitment or recommitment is sought shall be informed of his right to be examined by a licensed physician of his choice. If the person is unable to obtain a licensed physician and requests examination by a physician, the court shall employ a licensed physician for the examination.

(i) If a private treatment facility agrees with the request of a competent patient or his parent, sibling, adult child, or guardian to accept the patient for treatment, the administrator of the public treatment facility shall transfer him to the private treatment facility.

(j) A person committed under this chapter may at any time seek discharge from commitment by writ of habeas corpus under AS 12.75. (§ 1 ch 207 SLA 1972)

Sec. 47.37.210. Records of alcoholics and intoxicated persons. (a) The registration and other records of treatment facilities shall remain confidential and are privileged to the patient.

(b) Notwithstanding (a) of this section, the coordinator may make available information from patient's records for purposes of research into the causes and treatment of alcoholism. No information may disclose a patient's name. (§ 1 ch 207 SLA 1972)

Sec. 47.37.220. Visitation and communication of patients. (a) Patients in any approved treatment facility under this chapter shall be granted reasonable opportunities for adequate consultation with counsel, and for continuing contact with family and friends including the use of telephone facilities, consistent with an effective treatment program.

(b) No mail or other communication to or from a patient in any approved treatment facility may be intercepted, read, or censored. (§ 1 ch 207 SLA 1972)

Sec. 47.37.230. Establishment of emergency service patrol. (a) The office and cities and boroughs may establish emergency service patrols. An emergency service patrol consists of persons trained to give assistance in public places to persons who are intoxicated. Members of an emergency service patrol shall be capable of providing first aid in emergency situations and shall be capable of transporting intoxicated persons to their homes and to and from public treatment facilities.

(b) The coordinator shall promulgate regulations for the establishment, training, and conduct of emergency service patrols. (§ 1 ch 207 SLA 1972)

Sec. 47.37.240. Payment for treatment. (a) A patient in an approved treatment facility, or the person obligated to provide for the cost of treatment of a person committed under this chapter, is liable to the office for the cost of maintenance and treatment of the patient in accordance with rates established by the coordinator.

(b) The coordinator shall promulgate regulations governing financial ability that take into consideration the income, savings and other personal and real property of the person liable for the cost and maintenance of the patient. (§ 1 ch 207 SLA 1972)

Sec. 47.37.250. Nonapplicability. (a) Nothing in this chapter affects a statute, ordinance, or regulation relating to (1) drunken driving, driving under the influence of alcohol, or other similar offenses involving alcohol and the operation of a vehicle, aircraft, boat, machinery, or other equipment, or (2) the sale, purchase, dispensation, possession, or use of alcoholic beverages at specified times and places or by a particular class of persons.

(b) Nothing in this chapter affects AS 11.70.030, relating to the defense of voluntary intoxication. (§ 1 ch 207 SLA 1972)

This section refers only to the sale, purchase, dispensation or use of alcoholic beverages. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

And not to being intoxicated at "specific times and places". — See Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

A construction to expand the nonapplicability section to include anyone intoxicated on a highway would have the effect of emasculating the statute. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Sec. 47.37.260. Application of Administrative Procedure Act. Except as otherwise provided in this chapter, the Administrative Procedure Act (AS 44.62) applies to and governs all administrative action taken by the coordinator under this chapter. (§ 1 ch 207 SLA 1972)

Sec.
(1) "using a his hea econom
(2) "meeting approv
(3) "operati treatm
§ 130(g) of this
(4) "services
(5) "
(6) "Service
(7) "
of this
(8) "i has his and ma as evide or thre employ
(9) "i incompe
(10) "function
(11) "of Heal
(12) "interme alcoholi medical rehabili

Quoted 1112 (1975)

Section
10. Purr
20. Loo
30. Berr
40. Dete

Sec. 47.37.270. Definitions. In this chapter

(1) "alcoholic" means a person who habitually lacks self-control in using alcoholic beverages, or uses alcoholic beverages to the extent that his health is substantially impaired or endangered, or his social or economic function is substantially disrupted;

(2) "approved private treatment facility" means a private agency meeting the standards prescribed in § 140(a) of this chapter and approved under § 140(c) of this chapter;

(3) "approved public treatment facility" means a treatment agency operating under the direction and control of the office or providing treatment under this chapter through a contract with the office under § 130(g) of this chapter and meeting the standards prescribed in § 140(a) of this chapter and approved under § 140(c) of this chapter;

(4) "commissioner" means the commissioner of health and social services;

(5) "coordinator" means the coordinator of the office of alcoholism;

(6) "department" means the Department of Health and Social Services;

(7) "emergency service patrol" means a patrol established under § 230 of this chapter;

(8) "incapacitated by alcohol" means a person who is unconscious or has his judgment otherwise so impaired that he is incapable of realizing and making a rational decision with respect to his need for treatment, as evidenced objectively by extreme physical debilitation, physical harm or threats of harm to others or chronic inability to hold regular employment;

(9) "incompetent person" means a person who has been adjudged incompetent by the appropriate court;

(10) "intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol;

(11) "office" means the office of alcoholism within the Department of Health and Social Services;

(12) "treatment" means the broad range of emergency, outpatient, intermediate, and inpatient services and care which may be extended to alcoholics and intoxicated persons, including diagnostic evaluation, medical, psychiatric, psychological, and social service care, vocational rehabilitation and career counseling. (§ 1 ch 207 S.L.A. 1972)

Quoted in *Peter v. State*, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Chapter 40. Purchase of Services.

Section	Section
10. Purchase of services	50. Services
20. Licensing and supervision	60, 70. [Repealed]
30. Required accounting procedures	80. Definitions
40. Determination of full cost of services	

Repealed in HB 340

§ 47.30.470 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.30.475

Sec. 47.30.470. Powers and duties of department. The department shall:

(1) ascertain and keep current a list of all institutions in the state which have available facilities for the care and treatment of alcoholics;

(2) encourage the development and advancement of standards of treatment of alcoholics in institutions;

(3) promote and encourage educational activities to make the public aware of the effects of intemperate use of alcoholic beverages, and promote and encourage the education of the general public about scientific facts regarding alcoholism;

(4) utilize whatever facilities and services are available or can be made available through community organization for carrying out the purposes of this section,

(5) engage in research and educational activities that will aid in the understanding of alcoholism and in the treatment of alcoholics;

(6) administer a community grant-in-aid program for alcoholism;

(7) submit an annual report concerning alcoholism in Alaska and the grant-in-aid program within 10 days after the convening of the legislature in each regular session. (§ 2 ch 163 SLA 1966; am §§ 1, 3 ch 101 SLA 1970)

Revisor's note (1970). — In ch. 101, SLA 1970, effective July 1, 1970, paragraph (7) of AS 47.30.470 was not given an AS designation and just appeared as § 3 of that act.

City of Fairbanks, 6 Alas. L.J. No. 11, p. 321 (Oct., 1968).

Stated in *Peter v. State*, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Chronic alcoholism is no defense to a charge of public intoxication. *Johnson v.*

Sec. 47.30.475. Grant-in-aid program. (a) A nonprofit corporation, a city or borough government, or other political subdivision of the state, or a combination of these, is eligible for grant-in-aid funds under this section. Applications shall be sent to the department.

(b) The department shall award grants under this section with the advice of the Advisory Board on Alcoholism, in the interest of providing or developing a comprehensive program of alcoholic rehabilitation and prevention. Grants will be awarded on a competitive basis. The department shall consider the amount of money that is available for all applications and whether an application would contribute to the wise development of a comprehensive program.

(c) Grants shall be awarded in a ratio of 75 per cent state money to 25 per cent community money, except that in communities designated as poverty areas the ratio shall be 90 per cent state money to 10 per cent community money, for the purposes of providing staff and limited improvement, renovation or new construction of facilities for alcoholic detoxification, rehabilitation or "half-way house" care. No grant for improving, renovating or constructing may exceed \$50,000 except when there is a lack of applicants for available money and then only with the

approval of the Advisory Board on Alcoholism. The department is not required to award all money available under this program, or the full percentages specified in this subsection, when another source of money is available or could reasonably be made available to the applicant.

(d) Money used by the applicant to qualify for state money may be from any source other than the state. The cost of developing an application is not reimbursable from the grant. The value of real property to be used directly in conjunction with the grant may be used in calculating the required amount of community money, as allowed by regulations of the department. (§ 2 ch 101 SLA 1970; am § 1 ch 126 SLA 1975)

Effect of amendment. — The 1975 amendment, in subsection (c), substituted the language beginning "except that in communities" and ending "10 per cent community money" for "for the purpose of providing staff, and in the ratio of 75 per cent state money and 25 per cent community money" in the first sentence, inserted "staff and" in that sentence, and substituted "percentages" for "percentage" in the third sentence.

Sec. 47.30.477. Grant-in-aid program regulations. The department shall adopt regulations implementing § 475 of this chapter. The regulations shall provide for the method of application, the time for consideration of applications, the processing of applications, the type of record keeping, the requirements for reporting the progress and statistics regarding the program, the notification of the applicant as to the action taken on the application, and the issuance of licenses for facilities receiving grants-in-aid under § 475 of this chapter. The department shall also establish the necessary forms of application and may adopt other regulations considered necessary to meet the requirements of health and safety and the orderly administration of the grant-in-aid program. (§ 2 ch 101 SLA 1970)

Sec. 47.30.480. Judicial notice. The superior courts of this state may take judicial notice of the fact that an alcoholic is suffering from an illness and is in need of proper medical, advisory or rehabilitative treatment. (§ 2 ch 163 SLA 1966)

Sec. 47.30.490. Acceptance of funds. The department may accept on behalf of the state and deposit, apart from other public funds, grants from the federal government or gifts or contributions from other sources to assist in carrying out the purposes of § 470 of this chapter. (§ 2 ch 163 SLA 1966)

Sec. 47.30.500. Definitions. In §§ 470—490 of this chapter
(1) "department" means the Department of Health and Social Services;
(2) "alcoholism" means a condition related to alcohol and concerns a physical compulsion which exists, coupled with a mental obsession;
(3) Repealed by § 2 ch 207 SLA 1972.

§ 4
the
of
16:
E
am
He:
"Di
par
T
(3).
T
(4).
C
ple:
dru
oth
5 A
I
stat
alct
irre
Sec
520
530
540
550
560
570
E
121
eff
E
197
"U
Cod
leg
ass
cor
ad
fur
loc

§ 47.30.520 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.30.520

(4) "poverty area" means a district in which 15 per cent or more of the population, based on the 1970 census data, falls under 125 per cent of the Community Services Administration poverty guidelines. (§ 2 ch 163 SLA 1966; am § 6 ch 104 SLA 1971; am § 2 ch 126 SLA 1975)

Effect of amendments. — The 1971 amendment substituted "Department of Health and Social Services" for "Department of Health and Welfare" in paragraph (1).

The 1972 amendment repealed paragraph (3).

The 1975 amendment added paragraph (4).

Chronic alcoholism, per se, cannot be plead as a defense to the charge of being drunk in public, disorderly conduct, or any other crime. City of Fairbanks v. Johnson, 5 Alas. L.J. No. 12, p. 260 (Dec., 1967).

It cannot be concluded on the current state of medical knowledge, that chronic alcoholics in general suffer from such an irresistible compulsion to drink and to get

drunk in public that they are utterly unable to control their performance of either or both of these acts and thus cannot be deterred at all from public intoxication. Vick v. State, Sup. Ct. Op. No. 539 (File No. 987), 453 P.2d 342 (1969).

Defendant was not entitled to be relieved of accountability for the offense of public drunkenness because of his habits and drinking pattern in the use of alcoholic beverages. To impose a sentence of imprisonment upon conviction of that offense is not the imposition of cruel and unusual punishment in violation of the federal and state constitutions. Vick v. State, Sup. Ct. Op. No. 539 (File No. 987), 453 P.2d 342 (1969).

Article 5. Community Mental Health Services.

Section

- 520. Legislative purpose
- 530. Duties of department
- 540. Eligible local community entities
- 550. Cost-sharing formula; limitations
- 560. Funds for local programs
- 570. Eligible costs; maintenance of local effort

Section

- 580. Comprehensive services
- 590. Patient rights and the confidential nature of records and information
- 600. Applicability to existing programs
- 605. Mental Health Advisory Council
- 610. Functions
- 620. Short title

Effective date of article. — Section 3, ch. 121, SLA 1975, provides: "This Act takes effect July 1, 1975."

Editor's note. — Section 2, ch. 121, SLA 1975, effective July 1, 1975, provides: "Upon the creation of the Statewide Health Coordinating Council, as required by the

National Health Planning and Resource Development Act of 1974, PL 93-641, sec. 605(a), (c) and (d) of this Act are repealed and the duty specified under sec. 605(b) of this Act shall be assumed by the Statewide Health Coordinating Council."

Sec. 47.30.520. Legislative purpose. It is the purpose of the legislature in enacting the Community Mental Health Services Act to assist local communities in planning, organizing and financing community mental health services through locally developed, administered and controlled community mental health programs. It is further intended to better utilize existing resources at both state and local levels in order to:

Sec. 44.29.010. Commissioner of Health and Social Services. The principal executive officer of the Department of Health and Social Services is the commissioner of health and social services. (§ 12 ch 64 SLA 1959; am § 2 ch 104 SLA 1971)

Am. Jur. and C.J.S. references. — 25 Special or Local Assessments, § 1 et seq. Am. Jur., Health, §§ 3 to 41, 48; 42 Am. 39 C.J.S. Health, § 1 et. seq. Jur., Public Funds, § 57; 48 Am. Jur.,

Sec. 44.29.020. Duties of department. The Department of Health and Social Services shall administer the state programs of public health and social services, including: (1) maternal and child health services; (2) preventive medical services; (3) public health nursing services; (4) sanitation and engineering services; (5) nutrition services; (6) health education; (7) laboratories; (8) mental health treatment and diagnosis; (9) management of state institutions; (10) medical facilities; (11) old age assistance; (12) aid to dependent children; (13) aid to the blind; (14) child welfare services; (15) general relief; (16) licensing and supervision of child care facilities; and (17) probation and parole supervision. (§ 12 ch 64 SLA 1959; am § 3 ch 104 SLA 1971; am § 47 ch 71 SLA 1972)

Effect of amendment. — The 1972 amendment substituted "public health and social services" for "public health and welfare" near the beginning of this section. Legislative committee report. — For report on ch. 71, SLA 1972 (HCSSB 383 am H), see 1972 House Journal, p. 898.

Article 2. Advisory Board on Alcoholism.

Section 30—90. [Repealed]

Secs. 44.29.030—44.29.090. Repealed by § 2 ch 207 SLA 1972.

Editor's note. — The repealed article 6, ch. 132, SLA 1967; §§ 4, 5, ch. 104, SLA derived from § 1, ch. 163, SLA 1966; § 1 — 1971.

Article 3. Advisory Board on Drug Abuse.

Section	Section
100. Advisory board on drug abuse	140. Duties
110. Composition	150. Drug abuse program coordinato.
120. Term of office	
130. Compensation, per diem, and expenses	

Sec. 44.29.100. Advisory board on drug abuse. There is established in the Department of Health and Social Services an advisory board on drug abuse. (§ 1 ch 198 SLA 1972)

Sec. consis who a shall l

Sec. drug : (b)

terms (c) ; (d)

by app term.

(e) (f) ' or la

ineffe

Sec. the ad entitle author

Sec. the co

(1) : addict

(2) c by the

to the

(3) : addict

(4) l drug t

(5) c rehabi

(6) : commi

local d

(7) c (§ 1 ch

Sec. progra implen use ar compr grants

Sec. 44.29.110. Composition. The advisory board on drug abuse shall consist of 12 members, broadly representative of all drug-related fields, who are known for their experience or interest in drug abuse and who shall be appointed by the governor. (§ 1 ch 198 SLA 1972)

Sec. 44.29.120. Term of office. (a) Members of the advisory board on drug abuse shall be appointed for overlapping terms of three years.

(b) Of the 12 initial appointees four shall be appointed for one-year terms, four for two-year terms, and four for three-year terms.

(c) Subsequent terms for all board members are three years.

(d) A vacancy occurring in the membership of the board shall be filled by appointment of the governor for the unexpired portion of the vacated term.

(e) Board members serve at the pleasure of the governor.

(f) The governor shall replace any members who by poor attendance or lack of contribution to the board's work demonstrate their ineffectiveness as board members. (§ 1 ch 198 SLA 1972)

Sec. 44.29.130. Compensation, per diem, and expenses. Members of the advisory board on drug abuse are not entitled to a salary, but are entitled to per diem, reimbursement for travel and other expenses authorized by law for other boards. (§ 1 ch 198 SLA 1972)

Sec. 44.29.140. Duties. The board shall act in an advisory capacity to the commissioner of health and social services in the following matters:

(1) special problems affecting mental health which drug abuse or addiction may present;

(2) educational research and public informational activities conducted by the Department of Health and Social Services and others in respect to the problems presented by drug abuse;

(3) social problems which affect rehabilitation of drug users and addicts;

(4) legal processes which affect the treatment and rehabilitation of drug users and addicts;

(5) development of programs of prevention, treatment and rehabilitation for drug abusers and addicts;

(6) review of applications and subsequent recommendations to the commissioner of health and social services on use of funds for grants for local drug abuse projects and programs;

(7) evaluation of effectiveness of drug abuse programs in the state. (§ 1 ch 198 SLA 1972)

Sec. 44.29.150. Drug abuse program coordinator. The drug abuse program coordinator shall carry out the development and implementation of a comprehensive program to prevent and treat the use and abuse of drugs as they affect the people in Alaska. The comprehensive program may include educational activities, research, grants for treatment centers, or any other activities considered effective

for prevention or treatment. The drug abuse coordinator is appointed by the governor. (§ 1 ch 198 SLA 1972)

Chapter 31. Department of Labor.

Article

1. Organization (§§ 44.31.010 — 44.31.020)
2. Employment Advisor, Commission (Repealed)

Article 1. Organization.

Section

10. Commissioner of labor
20. Duties of department

Sec. 44.31.010. Commissioner of labor. The principal executive officer of the Department of Labor is the commissioner of labor. (§ 13 ch 64 SLA 1959; am § 1 ch 93 SLA 1960)

Am. Jur. and C.J.S. references. — 31 Am. Jur., States, Territories and Dependencies, § 52.
 49 Am. Jur., Labor, §§ 748, 749, 751 to 755; 35 C.J.S. Manufacturers § 1 et seq.; 98 Am. Jur., Master and Servant, § 136; 42 C.J.S. Work and Labor § 1 et seq.
 55 C.J.S. Manufacturers § 1 et seq.; 98 Am. Jur., Public Administrative Law, §§ 8 to 250; 42 Am. Jur., Public Officers, § 30;

Sec. 44.31.020. Duties of department. The Department of Labor shall:

- (1) enforce the laws, and adopt regulations under them concerning employer-employee relationships, including the safety, hours of work, wages, and conditions of workers, including children;
- (2) accumulate, analyze and report labor statistics;
- (3) operate systems of workmen's compensation and unemployment insurance; and
- (4) gather data reflecting the cost of living in the various election districts of the state upon request of the director of personnel under AS 39.27.030 — 39.27.040. (§ 13 ch 64 SLA 1959; am § 1 ch 93 SLA 1960, am § 2 ch 226 SLA 1970; am § 112 ch 127 SLA 1974)

Effect of amendment. — The 1974 amendment preceding "children" near the end of deleted "women and" paragraph (1).

Article 2. Employment Advisory Commission.

Section

- 100 — 200 [Repealed]

Secs. 44.31.100 — 44.31.200.
 Repealed by § 4 ch 74 SLA 1969.

To be put in the files
for the next hearing

Internal Medicine
Anaesthesia Services

Stanley Austin, M.D.

501 'F' Street
Anchorage, Alaska 99501
Tel (907) 279-8275

May 4, 1977.

The Hon. Charles Parr,
Chairman, House Health, Education & Social Services Committee,
Pouch V,
JUNEAU, Ak 99811.

Dear Representative Parr,

Further to my recent telegram on the subject of the bill in favor of the combination of the Advisory Boards on Drug Abuse and Alcoholism under the heading of one single advisory board, I have pleasure in indicating, in the following observations, my sentiments concerning the propriety of the amalgamation of these, and perhaps other, Boards. I am a private practitioner in the above specialties, and have taken a special interest in the origination and treatment of alcoholism since 1959, while working in anesthesia brings me virtually daily in contact with the application of narcotics, and requires some knowledge of the action of other pharmacological agents, especially vis-a-vis their influence on the behavior of anesthetics. Anesthesia is again, also coming more to the fore in the resuscitation of persons suffering from forms of shock, dehydration, and many types of overdose from medicinal and other agents.

At first sight, the bill is attractive for a number of reasons. It is taxonomically neat, in including in one unit, the Advisory Boards concerned with the problems caused by the use of abuse originally of substances classified as drugs (which tacitly to many implied narcotics), and currently by the utilization of any chemical which may give rise to dangerous physical, social and other consequences. Since alcohol would come into that category, it would seem superficially logical to deal with alcoholism under a combined Board identified with Drug or Chemical or Substance Abuse, by reasoning which is somewhat enhanced by claims from its proponents, of the increasing statistics of combined abuse and cross-addiction and tolerance. The momentum of the thrust toward some form of mixing of the Boards is further augmented by a philosophy that there is a basic psychiatric or psychological disturbance, with the implication that the ideal would be a trilogy of three Boards under the auspices of Mental Health, an idea very possibly fostered by the development of such Federal agencies as ADAMHA, with implied pressures at the state level toward the adoption of a standardized and similar title. Not the least influence in this direction may be the First Lady's involvement with Mental Health in the new Administration.

Internal Medicine
Anesthesia Services

Stanley Austin, M.D.

501 'E' Street
Anchorage, Alaska 99501
Tel (907) 279-8275

2

However, I believe that the constitution of a Board for Drug Abuse & Alcoholism, or for a trilogy of these Boards under the one title of Mental Health, might not turn out to be the ideal council that it would, at first sight, promise to become. To my mind there appear to be a number of factors which might obviate the smooth functioning of the combined Board which has been proposed.

I will not bore you with a repetition of the differences in development, personality, duration, prognosis and other facets of alcoholism and addiction to central nervous systems pharmaceuticals, except to note that in the treatment of opiate and alcohol dependence the goals are clearly different, one in the substitution of a less addicting for a much more harmful agent, the other being rapid withdrawal and total sobriety, and to note that sudden withdrawal of certain medical nervous system depressants may cause convulsions. My main concern is that, while personally being acquainted with the medical utilization of narcotics and barbiturates, and with the treatment of alcoholism, and therefore being personally very interested, and willing to serve on such a combined Board, it might be a difficult undertaking to establish a combined Board of officers with a complete understanding of the problems involved in alcoholism, non-alcoholic habituation and perhaps mental disease as well. I would indicate that at nearly every meeting of the Advisory Board on Alcoholism there ^{are} definite differences of opinion on a wide range of aspects of the problem, ranging from the amount of funding appropriate to a program to questions of legislation, legality and interdepartmental proprieties. One is inclined to wonder how much more tensions might rise on a combined Drug Abuse and Alcoholism Board, especially when, I gather, the finally constituted Board would be responsible for deciding the appropriations for all the Abuse and Alcoholism programs in the State.

Should the final Board be reconstituted under the final title of Drug Abuse, Alcoholism and Mental Health, or perhaps more correctly Mental Disease (or Psychiatry)? I think that doing so would imply the assumption, which consumed some odd ten years ago some millions of Federal funds for research, that all alcoholics and users of euphorants are the victims of an underlying psychiatric condition. My understanding is that this has not been shown to be so, although it is considered that most opiate abusers are suffering from some form of depression. However, some studies in Washington would indicate that an underlying psychiatric disturbance is no more common in primary alcoholics than among the remainder of the non-alcoholic public.

Again, if such a proposed Board were constructed, it would be faced with twice the load of duty and responsibility, and perhaps find it necessary to ~~often~~ assemble as frequently as the total number of Boards that it would replace, are currently meeting. One of our members, one of them more knowledgeable ones, has indicated that he would find it impos-

Internal Medicine
Anaesthesia Services

Stanley Austin, M.D.

501 'F' Street
Anchorage, Alaska 99501
Tel (907) 279-8275

-ble to maintain an attendance at all the meetings that might result from the the recombination of the Boards. I think that if the trend generated in this way from the restructuring of the Boards were to continue, it might conceivably eventuate in the withdrawal of the busier professionals, with perhaps the emergence of a "rubber stamp" type of organization, an undesirable move in the face of the increased expertise that might be a tacit prerequisite for membership on a Board of this final type.

After noting the interpersonal psychodynamics and the parliamentary maneuvering generated at the time of the introduction to each other of the Alcoholism and Drug Abuse Boards, at the time nearly two years ago when the amalgamation was first directly proposed, my feeling is that because of the underlying differences in concepts and causology, it would be an unwise step to restructure more than one of this sort of Board into one unit, and that it would engender, as I mentioned in the POM telegram, more problems and difficulties than it would solve, and I would seriously doubt that this unification would in the long run be particularly economical.

Yours sincerely,

Stanley Austin

Stanley Austin M.D.

sa

P.S. I omitted mention of my membership
in the Advisory Bd. on Alcoholism
S.A.

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
 Bill/Resolution No. NB 340
 Title An Act relating to treatment of alcoholism and drug abuse
 Requested by Office of the Governor Date 3/10/77

II. FISCAL DETAIL
 Agency Affected Health and Social Services
 Program Category Affected Social Services
 Budget Request Unit(s) Affected Alcohol Abuse and Drug Abuse

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		0	0	0		

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

This bill would combine the offices of Alcoholism and Drug Abuse, and would also combine their respective Advisory Boards. The proposed budget for a new Office of Alcoholism and Drug Abuse is attached, and in total equals the sum of the two budgets originally submitted by the Governor for the two separate offices. These original budgets were reduced by \$40.8 by the Governor's Budget Review Committee in anticipation of the proposed merger. The combined budget therefore carries forward the savings of \$40.8, but, if adopted, would not affect the total Governor's budget as originally submitted.

IV. DATE 3/10/77 PREPARED BY Rubal Eneuman
 AGENCY Alcoholism
 PHONE 586-6201
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

NB 340

March 11, 1977

The Honorable Hugh Malone
Speaker of the House
Alaska State Legislature
Juneau, Alaska 99811

Dear Mr. Speaker:

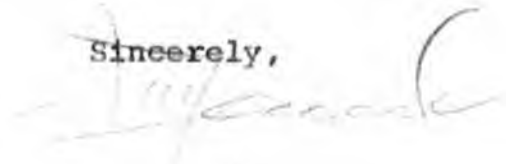
Under the authority of art. III, sec. 18 of the Alaska Constitution, and in accordance with AS 24.30.060(b) and the Uniform Rules of the Alaska State Legislature, I am transmitting a bill which would combine the Office of Alcoholism and the Office of Drug Abuse into a single agency. It would also extend the alcoholism grant-in-aid program to drug abuse treatment facilities. The bill also clarifies present ambiguities and incorporates all drug and alcohol treatment statutes into AS 47.37, the Uniform Alcoholism and Intoxification Treatment Act, which would then lose its uniformity with legislation of other states but would be better suited to the facts of Alaska life. Although AS 47.37 will no longer be the Uniform Act, since it will include drugs other than alcohol, the non-criminal approach of the Uniform Act will be retained.

Qualifications for membership on a new joint advisory board would be changed to satisfy the requirements of the federally-created State Health Coordinating Council of which the board would constitute a committee.

The bill would move non-duplicative portions of AS 47.30.470 - 47.30.500 to chapter 37 of that title, and repeal the remainder. AS 47.37.475(c) now authorizes grants to non-profit corporations and political subdivisions "in a ratio of 75 per cent state money to 25 per cent community money"; the attached bill would include profit-making corporations. A preference would be given to applications from communities which devote local government revenues generated by the sale of intoxicating liquor to the treatment of alcoholism.

It is anticipated that the changes proposed by this measure would reduce operating costs of the combined agencies, and lower the amount and number of grants-in-aid by encouraging the investment of private capital. The bill would also repeal AS 44.29.100 - 44.29.150 which contains the present brief authority for a drug treatment program.

Sincerely,



Jay S. Hammond
Governor

Budget Submission

RECEIVED

MAR 8 1977

BUDGET & MANAGEMENT

FY 78

BUDGET REQUEST UNIT Alcohol and Drug Abuse

BRU CODE (Found on top of Form 4) _____

CATEGORY: Social Services

AGENCY: Health and Social Services DIVISION: _____

Name and Position of Program Manager: Robert Cole/Mary Beth Hilburn Phone: 586-6201

Name and Position of Agency Contact: Marsha Hubbard, Budget Analyst IV Phone: 465-3094

DATE February 25, 1977

Francis St. Williamson
(Signature of Agency Head)

Commissions and/or Advisory Boards which have been contacted for input:

Advisory Boards on Alcoholism and Drug Abuse have had input into combining of Offices of Alcoholism and Drug Abuse but time did not permit review of this combined budget.

RECEIVED

MAR 8 1977

BUDGET & MANAGEMENT

REVISED _____

BUDGET SUBMISSION

Definition Statement

STATUTORY BASIS: AS 47.37.010-270
 AS 47.37.470-500
 AS 47.37.060-069
 AS 44.29 Section 1 Article 3

GOALS: The primary goals of this BRU are:
 1) The prevention, treatment and control of alcohol and drug abuse in Alaska; and
 2) the reduction of alcohol and drug related costs on units of State government, individuals, and local communities.

DESCRIPTION: The Office of Alcoholism and Drug Abuse is responsible for administration of grants to local alcoholism and drug abuse programs, encompassing outpatient counseling, detoxification, halfway houses, 15-30 day residential treatment, methadone maintenance, and education and referral services. "Administration" includes program and financial planning, coordination of programs, plus regulating and evaluating local programs. In addition, the goal of prevention of abuse and related problems is pursued through on-going analysis of alcohol and drug impacts, leading to periodic policy and legislative recommendations aimed at reducing the incidence of abuse. Finally, prevention is pursued through a public information campaign, funds for which are requested in HB 241 (SB 158).

RATIONALE FOR THIS PROGRAM:
 As of January, 1977, our best estimates on the extent and nature of alcohol impacts is contained in the Interdepartmental Coordinating Committee (ICC) report. A sample of findings is as follows:
 1) "Alcohol dependence" was judged to be a significant contributing factor in 45% of child neglect cases reported to state social workers in 1975.
 2) The Division of Public Assistance estimates that in 15% of all AFDC cases, alcohol contributes significantly to such eligibility factors as lowered income or one parent absent or incapacitated.

OBJ. NO. RELATED BUDGET YEAR OBJECTIVE(S):
 In general, the goal of the Alcohol and Drug Abuse program is to reduce the incidence of alcohol and drug related problems and costs. Specific objectives concerning reduction of problem indicators have not been developed basically for two reasons:
 1) Though there is broad consensus in State government that current drug and alcohol problems are unacceptably high, there is no consensus concerning what level of drug and alcohol problems would be "acceptable" and therefore constitute a legitimate target.
 2) We do not presently have a management information system capable of reporting most problem

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

* LISTED IN ORDER OF DESCENDING IMPORTANCE.

RATIONALE FOR THIS PROGRAM:	OBJ. NO. RELATED BUDGET YEAR OBJECTIVE(S):
<p>3) Approximately 30% of law enforcement effort in the Department of Public Safety is traceable to alcohol-related offenses, including OMVI, disorderly conduct, and a significant portion of violent crime.</p> <p>4) Further impact of alcohol on society is evident from the following figures on catastrophic accidents:</p> <p>a) According to the Fire Marshal, approximately 30% of deaths due to fire were alcohol-related in 1975. (10 of 31)</p> <p>b) According to the Coast Guard, approximately 60% of deaths by boating accident in 1975 were alcohol-related. (30 of 47)</p> <p>c) According to the Alaska Traffic Safety Bureau, 46% of traffic fatalities in 1975 were alcohol-related.</p> <p>5) A report done for the Office of Alcoholism in 1973 estimated that there were 15,610 alcoholics in Alaska at that time. The figure was derived by the Jellinek formula based on cirrhosis death rates.</p> <p>6) A recent needs assessment concluded that there are at least 700 individuals addicted to opiate derivatives in the Anchorage area. This figure is based primarily on information from municipal police. The 35 methadone maintenance slots in Anchorage were used last year to capacity, though advertising of the program is primarily word of mouth.</p> <p>7) Amphetamine use in the Fairbanks area is observed to be extremely high by people working long hours and operating dangerous machinery.</p>	<p>indicators each year such that legitimate comparisons can be made with prior years. Per capita alcohol consumption can be monitored each year with some precision, and may serve as a proxy measure for alcohol problems generally. However, even this is not available for other drugs for which sale is often illegal. Monitoring the involvement of alcohol and other drugs in the area of crime, for example, would require a routine reporting system established for the police at least, and would need to rely on police participation and judgment criteria consistent through time. Estimation formulas for, say, the number of alcoholics in a society produce order of magnitude estimates based on such data as cirrhosis death rates. Use of cirrhosis rates entails a significant lag between changes in the size of an alcoholic population and detection of change by use of the formula. We presently have no reliable way of knowing whether and to what extent Alaska's alcoholic population is changing from year to year. Until some of these data problems are overcome, we are left with one-time snapshots of alcohol and drug impacts, but little basis for setting annual targets such that marginal changes in problem indicators can be measured.</p>

BRU - Alcohol and Drug Abuse

BRU CODE

REVISED

* LISTED IN ORDER OF DESCENDING
IMPORTANCE.1a DEFINITION STATEMENT
p. 2 of 3

RATIONALE FOR THIS PROGRAM:

8) In Fairbanks there have been two armed holdups of pharmacies in the last six months. There have been six break-ins of pharmacies, and numerous forged prescriptions.

OBJ.
NO.

RELATED BUDGET YEAR OBJECTIVE(S):

BRU Alcohol and Drug Abuse

BRU CODE

REVISED

* LISTED IN ORDER OF DESCENDING IMPORTANCE.

Special Definitions:

Alcoholism means the condition of being physically and/or psychologically addicted to ethyl alcohol.

Alcohol Abuse means the condition of consuming ethyl alcohol to the extent that either physical/mental damage to the user can or does occur or that the user has ingested ethyl alcohol to such extremes that he poses a threat to himself or others.

Alcohol-related event (e.g., "crime", "child abuse", etc.) means behavior acted out by a human being under the influence of ethyl alcohol which common sense, observation, and statistical analysis has determined would probably not have occurred, had the individual not been under the influence.

Under the Influence means having one's mood and/or behavior altered to a visible degree as a result of the ingestion of ethyl alcohol. Visible may mean: 1) as determined by blood-alcohol content, urinalysis or similar clinical methods or, 2) as agreed upon as a result of direct observation by one or more persons.

Addiction: a condition caused by a substance which has the following characteristics:

- a. tolerance to the substance develops, more is needed to attain some results and avoid withdrawal.
- b. physical symptoms occur when the substance is withheld abruptly.

Drug Abuse is the use of drugs to the extent that they interfere with physical, mental or social functioning.

Multidrug Abuse is the abuse of more than one drug.

Methadone: a synthetic narcotic which prevents the onset of symptoms of withdrawal from opiates. There is no euphoria, no needle, no nodding connected with taking this drug instead of heroin.

Methadone Maintenance: a treatment for heroin addicts which replaces a low dose of methadone for heroin while the addict is being rehabilitated, gets a job, finishes his (her) education, re-establishes contact with family, then the replacement drug is gradually withdrawn.

In the absence of a functioning management information system, the key proxy measure we wish to establish this year for the extent of alcohol-related problems is per capita consumption. Due to the time lag in receiving data, the Form 3 will show the most recent three years for which data is available, in this case 1973-1975.

FY 76 client statistics from local alcoholism treatment programs were too often incomplete to be useful in the aggregate. Spot checks on FY77 client reports indicate that they are much improved. However, FY 77 data has not yet been aggregated due to a variety of delays, including coding and keypunch delays. State Office plans for FY 77 call for 3000 existing cases of alcohol addiction and abuse to be treated through the community grant-in-aid program as follows:

1. Diagnoses of the 3,000 cases of alcohol addiction and/or alcohol abuse.
2. Emergency care to 2,000 cases of public inebriance.
3. In-patient care to 1,500 cases of alcohol addiction and abuse.
4. Out-patient care to 1,000 cases of alcohol abuse and addiction.
5. Aftercare and follow-up to 3,000 cases of alcohol abuse and alcoholism.
6. Counseling to 1,000 spouses and children of abusers and addicts.
7. Rehabilitate at least 750 of the 3,000 alcohol addicts and abusers treated through the system.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

OBJ. NO.	ALTERNATE STRATEGIES WEIGHED IN PROCESS OF FORMULATING THIS BUDGET PROPOSAL.	CY AUTH	MAINT.	BY REQUEST		BY LEG. APPROP.
				AGCY	GOV.	
	<p><u>Alternative A</u></p> <p>Reduce alcohol abuse and related problems by reducing per capita alcohol consumption. There is a considerable body of research (summarized in the ICC report) indicating that the incidence of excessive drinking increases and decreases in direct proportion to per capita alcohol consumption. Per capita consumption may be reduced in several ways, including price increases and restrictions on advertising, both of which are being pursued through legislation this session.</p> <p><u>Alternative B</u></p> <p>Reduce per capita alcohol and drug consumption and/or abuse through educational efforts conducted through media and/or the schools. Alcohol and drug abuse education has been carried out primarily through workshops and the distribution of films and literature. Additional funds (\$416.0) requested in HB 241 would be used primarily to finance state involvement in media education (stressing information rather than dramatizations), and would also finance development of an alcohol education curriculum for the public schools.</p> <p><u>Alternative C</u></p> <p>Treatment and rehabilitation of alcoholics through outpatient counselling, halfway house services, and/or 30 day residential treatment may reduce the number of individuals suffering from alcohol dependence. Detoxification services are funded as a protective measure for those incapacitated by alcohol; and as a (hopefully) early screening system allowing local treatment and counseling programs to make contact with those in need of help. Most of the State's effort has traditionally been in this area. This alternative is an appropriate way to help existing alcoholics. It is not a</p>					

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____



OBJ. NO.	ALTERNATE STRATEGIES WEIGHED IN PROCESS OF FORMULATING THIS BUDGET PROPOSAL.	CY AUTH	MAINT.	BY REQUEST		BY LEG. APPROP.
				AGCY	GOV.	
	<p>prevention strategy and does not, by itself, appear to significantly affect the incidence of most alcohol-related problems in areas such as crime and personal injury accidents throughout Alaskan society.</p> <p><u>Alternative D</u></p> <p>The State's primary approach for the individual abusing drugs other than alcohol (aside from legal sanctions) has been a somewhat comparable array of treatment and rehabilitation services. These range from counseling to methadone maintenance for heroin addicts.</p> <p><u>Alternative E</u></p> <p>Provide recreational alternatives where they are presently scarce. The idea is that drug use can be diminished as other and more satisfying means of fulfilling human need, or filling leisure time, become accessible. Recreational activities such as dances, skiing parties, and trips have been provided in areas such as Petersburg (when kids help raise the money), and the local police believe that a subsequent drop in alcohol and drug related offenses occurred as a result.</p> <p>The Office Of Alcoholism and Drug Abuse plans to be involved in all of these alternative strategies in FY 78. In future years budgets, we expect to quantify State involvement in these various alternatives, and hope eventually to develop criteria for comparing the cost-effectiveness of each.</p>					

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

OBJ. NO.	MEASURE	PRIOR YEAR (PY)		CURRENT YEAR PLAN (CY)	BUDGET YEAR (BY)			
		PLAN	ACTUAL		MAINTENANCE	AGENCY REQUEST	GOVERNOR'S BUDGET	LEGISLATIVE INTENT
	Number of persons obtaining drug free status through drug abuse programs	182	236	200	236			
	Number of heroin addicts in treatment discharged as drug free, or entering drug free modalities	88	89	97	97			
			1973	1974	1975			
	Per capita consumption of absolute alcohol in Alaska in gallons. (18 years and older)		4.13	4.40	4.54			

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

3 PROGRAM ACCOMPLISHMENT PLAN

Alcohol and Drug Abuse - Administration

ROI-02J-2070 STATE OF ALASKA COMPONENT OPERATING EXPENDITURES BY OBJECT GROUP RUN DATE 09/02/76

BUDGET COMPONENT

BUDGET REQUEST UNIT

OBJECT GROUP	OBJECT GROUP DESCRIPTION	FISCAL YEAR 1976			FISCAL YR-1977		FISCAL YEAR 1978			
		LEG. APPROP.	FINAL AUTH.	ACTUAL	AUTHORIZED	REVISED	MAINTENANCE	CHANGE	REQUEST	GOV. BUDG
00	PERSONNEL SERVICES	190.1	447.9	396.7	326.5	12.1	533.8	42.4	576.2	
00	TRAVEL	73.5	117.8	62.7	90.7	1.1	79.2		17.2	
00	CONTRACTUAL SERVICES	165.1	259.3	207.5	311.1		125.8		125.8	
00	COMMODITIES	17.0	24.6	12.6	19.5		19.7		19.7	
00	EQUIPMENT	5	6.2	4.3	3		3.0		3.0	
00	LANDS, BUILDINGS, IMPROVEMENTS									
00	GRANTS, CLAIMS, SHARED REVENUE									
00	MISCELLANEOUS									
		446.2	855.8	683.4	748.3	13.2	761.5	42.4	803.9	
01	INTER-AGENCY TRANSFERS			6.3						
02	FEDERAL RECEIPTS	122.3	355.9	290.0	222.0		250.8		250.8	
03	RECEIVED GEN. FUND MATCHING	70.6	70.6	69.0						
04	OTHER GENERAL FUND	118.1	342.7	290.3	526.3	13.2	510.7	42.4	553.1	
05	INTER-AGENCY RECEIPTS		22.9	17.6						
128	OTHER- Prog. Receipts		20.7	18.5						
142	OTHER- Fed. Title III and RUI	135.2	42.0							
	OTHER-									
	OTHER-									
70	PERMANENT FULL TIME	10.0	10.0	10.0	14.0		20.0	2.0	22.0	
71	PERMANENT PART TIME						1.0		1.0	
72	TEMPORARY (FULL TIME EQUIV.)									
73	NUMBER OF MAN MONTHS	120.0	120.0	120.0	168.0		246.0	24.0	270.0	

5 Analysis of Maintenance Level

ITEM & EXPLANATION	AMOUNT	FUNDING SOURCE	100 PERSONAL SERVICES	200 TRAVEL	300 CONTR. SERVICES	400 COMM.	500 EQUIPMENT	OTHER
<u>01 - Administration Component</u>								
FY 77 Authorized	748.3	222.0 Fed. 526.3 GF	326.5	90.9	311.1	19.5	.3	
FY 77 Salary and Per Diem Increase	13.2	GF	12.1	1.1				
Subtotal	761.5	220.0 Fed. 539.5 GF	338.6	92.0	311.1	19.5	.3	
FY 77 Cash Vacancy	5.0	GF	5.0					
FY 78 Salary Adjustments	5.7	GF	5.7					
Inflation - 6%	.6	GF		.4		.2		
Less FY 78 Cash Vacancy Assessment	(5.0)	GF	(5.0)					
Subtotal	767.8	222.0 Fed. 545.8 GF	344.3	92.4	311.1	19.7	.3	
Reallocation of funds for office rent expense in Anchorage	--	GF		(12.6)	12.6			
Purchase of office furniture and equipment for Anchorage regional office	2.7	GF					2.7	
Deletion of training funds due to inclusion of training in HB 241	(12.9)	GF			(12.9)			
Deletion of funds for consultants to work on third-party reimbursement for local alcoholism programs. (Cost Accountant position in Personal Services will be performing this function.)	(14.5)	GF			(14.5)			

BRU Alcohol and Drug Abuse

BRU CODE _____

REVISED _____

5 Analysis of Maintenance Level

ITEM & EXPLANATION	AMOUNT	FUNDING SOURCE	100 PERSONAL SERVICES	200 TRAVEL	300 CONTR. SERVICES	400 COMM.	500 EQUIPMENT	OTHER
Changes resulting from combination of offices:								
Deletion of travel funds saved as a result of combining the Advisory Board on Alcoholism and the Drug Abuse Advisory Board	(10.3)	GF		(10.3)				
Miscellaneous other changes such as decreased Printing and Advertising requirements, etc.	(5.7)	GF			(5.7)			
Subtotal	727.1	222.0 Fed. 505.1 GF	344.3	69.5	290.6	19.7	3.0	
Federal Funding								
Pipeline Impact Response Project funds for FY 77 were transferred by RP 77-55 into Personal Services for two Regional Alcoholism Program Coordinators. The numbers identified here reflect the change between FY 77 Authorized and anticipated FY 78 requirements. FY 78 Salary Adjustments for these positions are included.	(35.3)	Fed.	36.3	(1.7)	(69.9)			
Alcohol Information System grant requirements for FY 78 necessitate distribution of the funds between Personal Services and Travel, indicated as the change from FY 77								

BRU Alcohol and Drug Abuse

BRU CODE _____

REVISED _____

5 Analysis of Maintenance Level

ITEM & EXPLANATION	AMOUNT	FUNDING SOURCE	100 PERSONAL SERVICES	200 TRAVEL	300 CONTR. SERVICES	400 COMM.	500 EQUIPMENT	OTHER
<p><u>Authorized.</u> This amount represents one month of the second grant period (initially authorized in FY 77) and eleven months of the final grant period.</p>	70.0	Fed.	116.6	3.4	(50.0)			
<p>Less IDARP Grant from the National Institute on Drug Abuse. This grant provided \$71.1 for the support of 1 1/2 positions and training funds. It will expire at the end of FY 77.</p>	(71.1)	Fed.			(71.1)			
<p>Receipt of additional Federal NIDA Formula Funds provides funds to continue to maintain the positions funded by the IDARP grant. These funds were added to the budget in FY 77 by RP 77-96.</p>	50.8	Fed.	36.6	8.0	6.2			
<p>Increase in training grant. The National Institute on Drug Abuse awards a training grant to the Office of Drug Abuse to develop a training system and provide training to drug abuse personnel. In FY 77 these funds were added to the budget by RP 77-96.</p>	20.0	Fed.			20.0			
<p>FY 78 Maintenance Level</p>	761.5	256.4 Fed. 505.1 GF	533.8	79.2	125.8	19.7	3.0	
<p><u>02 - Alcoholism Grant Component</u></p>								
<p>FY 77 Authorized</p>	2,657.7	801.0 Fed. 1856.7 GF						2,657.7

BRU Alcohol and Drug Abuse

BRU CODE

REVISED

5 Analysis of Maintenance Level

ITEM & EXPLANATION	AMOUNT	FUNDING SOURCE	100 PERSONAL SERVICES	200 TRAVEL	300 CONTR. SERVICES	400 COMM.	500 EQUIPMENT	OTHER
Allowance for anticipated population increases of 5% in Anchorage and 4% in Fairbanks in FY 78 to provide existing level of service.	53.5	GF						53.5
Allowance for inflationary increases of program costs	31.1	GF						31.1
Federal Funding								
Pipeline Impact Response Project Grant funds will decrease in FY 78 according to the original grant award notification.	(36.1)	Fed.						(36.1)
Alcohol Information System Grant requirements for FY 78 will not require any funds in this component. (The Grant Component funds in FY 77 were transferred to the Administration Component by RP 77-26X.)	(70.0)	Fed.						(70.0)
FY 78 Maintenance Level	2,636.2	694.9 Fed. 1941.3 GF						2,636.2
<u>03 - Drug Abuse Grant Component</u>								
FY 77 Authorized	680.0	100.0 Fed. 580.0 GF						680.0
Increase grant funds to allow for a projected 5% population increase in Anchorage and a 4% increase in Fairbanks. Because all existing community-based drug abuse programs are meeting								

BRU Alcohol and Drug Abuse

BRU CODE _____

REVISED _____

5 Analysis of Maintenance Level

ITEM & EXPLANATION	AMOUNT	FUNDING SOURCE	100 PERSONAL SERVICES	200 TRAVEL	300 CONTR. SERVICES	400 COMM.	500 EQUIPMENT	OTHER
demonstrated needs which will increase, and have received positive evaluations, no funds are available for the population increases in the urban areas.	14.1	14.1 GF						14.1
Increase grants component in order to meet rising program costs as well as to allow programs to meet the demands for client services.	74.4	64.7 Fed. 9.7 GF						74.4
FY 78 Maintenance Level	768.5	164.7 Fed. 603.8 GF						768.5

BRU Alcohol and Drug Abuse

BRU CODE _____

REVISED _____

6 Analysis of Change

ITEM & EXPLANATION	AMOUNT	FUNDING SOURCE	100 PERSONAL SERVICES	200 TRAVEL	300 CONTR. SERVICES	400 COMM.	500 EQUIPMENT	OTHER
01 - Administration Component								
The functions of one Associate Coordinator from the Office of Alcoholism will be absorbed by other individuals after reorganization. It is proposed that this existing position be reclassified to a Health Facilities Surveyor, in order to expand this office's effort in the area of on-site program evaluation. (See Position D on organization chart)	28.4	GF	28.4					
Request for new position--Clerk Typist II. (See Position F on organization chart). It is anticipated that additional clerical support will be needed for the regional coordinator and two facilities surveyors assigned to the Northern/Southeastern regions.	14.0	GF	14.0					
FY 78 Change	42.4	GF	42.4					

BRU Alcohol and Drug Abuse

BRU CODE

REVISED

6

ANALYSIS OF CHANGE FROM MAINTENANCE LEVEL

10 Personal Services Summary

ITEM	PRIOR YEAR (PY) ACTUAL	CURRENT YEAR (CY) AUTHORIZED	BUDGET YEAR (BY)				GOVERNOR'S BUDGET	LEGISLATURE
			AGENCY			Request		
			Maintenance	Change				
CURRENT PERSONAL SERVICES								
SALARIES	345,094	283,934	246,678	22,668	269,346			
OVERTIME	1,990							
BENEFITS	49,742	59,626	62,903	5,780	68,683			
VACANCY		(5,000)	(5,000)	()	(5,000)	()	()	
SUB-TOTAL	396,826	338,560	304,581	28,448	333,029			
NEW PERSONAL SERVICES								
SALARIES			182,607	11,136	193,743			
OVERTIME								
BENEFITS			46,565	2,840	49,405			
VACANCY			()	()	()	()	()	
SUB-TOTAL			229,172	13,976	243,148			
TOTAL Pers. Svcs.	396,826	338,560	533,753	42,424	576,177			
FUNDING SOURCE								
FEDERAL RECEIPTS	117,336	19,300	208,851		208,851			
REQUIRED G. F. MATCHING								
OTHER GENERAL FUND	262,182	319,300	324,902	42,424	367,326			
INTER-AGENCY TRANSFERS								
OTHER:	17,308							
POSITIONS								
PFT: POSITONS & (MONTHS)	10 (120)	14 (168)	20 (240)	2 (24)	22 (264)	()	()	
PPT/SEAS: POS. & (MONTHS)	()	()	1 (6)	()	1 (6)	()	()	
TEMP: POS. & (MONTHS)	()	()	()	()	()	()	()	
TOTAL MONTHS	120	168	246	24	270			

BRU Alcohol and Drug Abuse

BRU CODE

REVISED

10 PERSONAL SERVICES
SUMMARY



	PCN (2)	PAY RGE. (3)	MO. SAL. (4)	CURRENT YEAR (CY) AUTHORIZED			BUDGET YEAR (BY)			
				NO. POS. (5)	NO. MO. (6)	ANNUAL AMOUNT (7)	NO. POS. (8)	NO. MO. (9)	ANNUAL AMOUNT	
									Maintenance (10)	Change (11)
(1) 01 Administration										
1										
2 Supervisory										
3										
4 Alcoholism Program Coordinator	0274	22B		1	12	31,560				
5 Reclass-Coordinator		23A					1	12	32,760	
6										
7 Associate Coordinator (Alc.)	0275	18A		1	12	22,668				
8 Reclass-Admin. Off. II		19A					1	12	24,408	
9										
10 Subtotal				2	24	54,228	2	24	57,168	
11										
12 3.5% Salary Increase FY 77						1,898				
13 7.0% Salary Increase FY 78									4,602	
14										
15 Subtotal Supervisory				2	24	56,126	2	24	61,170	
16										
17 Other Bargaining Units										
18										
19 Drug Abuse Prog. Coordinator	0238	22F		1	12	36,576				
20 Reclass-Associate Coordin.		18A					1	12	22,668	
21										
22 Grant Administrator	0276	17A		1	12	21,048	1	12	21,048	
23 Administrative Assistant I	0282	12A		1	12	14,772	1	12	14,772	
24 Research Analyst I	0284	13A		1	12	15,744	1	12	15,744	
25 Clerk Typist III	0277	8A		1	12	11,484	1	12	11,484	
26 Clerk Typist II	0278	7B		1	12	11,136	1	12	11,136	
27 Clerk Typist II	0279	7B		1	12	11,136	1	12	11,136	
28 Health Facilities Surveyor	0280	18A		1	12	22,668	1	12	22,668	
29 Health Facilities Surveyor	0281	18A		1	12	22,668	1	12	22,668	
30 Associate Coordinator (Alc.)	0265	18A		1	12	22,668				
31 Reclass-Health Fac. Survey.		18A					1	12		22,668
32										

A
L
B
U
N
O
R
P
S
H
E
D

BRU Alcohol and Drug Abuse BRU CODE REVISED



(1)	PCN (2)	PAY RGE. (3)	MO. SAL. (4)	CURRENT YEAR (CY) AUTHORIZED			BUDGET YEAR (BY)			
				NO. POS. (5)	NO. MO. (6)	ANNUAL AMOUNT (7)	NO. POS. (8)	NO. MO. (9)	ANNUAL AMOUNT	
									Maintenance (10)	Change (11)
1	0233	18A		1	12	22,668				
2		17A					1	12	21,048	
3										
4	0234	12B		1	12	15,240				
5		7B					1	12	11,136	
6										
7										
8				12	144	227,808	12	144	185,508	22,668
9										
10										
11				14	168	283,934	14	168	246,678	22,668
12										
13										
14						59,626				
15									62,903	5,780
16										
17				14	168	343,560	14	168	309,581	28,448
18										
19						(5,000)			(5,000)	
20										
21				14	168	338,560	14	168	304,581	28,448
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										

M
K

BRU Alcohol and Drug Abuse BRU CODE REVISED



11 Current Position Summary

(1)	PCN (2)	PAY RGE. (3)	MO. SAL. (4)	CURRENT YEAR (CY) AUTHORIZED			BUDGET YEAR (BY)				
				NO. POS. (5)	NO. MO. (6)	ANNUAL AMOUNT (7)	NO. POS. (8)	NO. MO. (9)	ANNUAL AMOUNT		
									Maintenance (10)	Change (11)	
1				14	168	338,560					
2											
3							14	168	304,581	28,448	
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
				23	SALARY		283,934			246,678	22,568
				24	OVERTIME						
				25	BENEFITS		59,626			62,903	5,780
				26	SUB-TOTAL		343,560			309,581	28,448
				27	VACANCY		5,000			5,000	
TOTAL ANNUAL AMOUNTS				338,560					304,581	28,448	
PERMANENT FULL TIME: POSITIONS & (months)				14 (168)					13 (156)	1 (12)	
PERMANENT PART TIME/SEASONAL: POSITIONS & (months)				()					()	()	
TEMPORARY, FULL TIME EQUIVALENT: POSITIONS & (months)				()					()	()	
TOTAL MONTHS				168					156	12	

BRU Alcohol and Drug Abuse

BRU CODE

REVISED

11

PERSONAL SERVICES
CURRENT POSITION
SUMMARY

12A New Position Summary

CLASSIFICATION TITLE (1) 01 Administration	LOCATION	P R I O R I T Y (2)	P C N (3)	P A Y R A N G E (4)	M O N T H L Y S A L A R Y (5)	R E V I S E D P R O G R A M N O. (6)	T O T A L P O S I T I O N C O S T F R O M F O R M 1 3 (7)	BUDGET YEAR (BY)				
								N O. P O S. (8)	N O. M O. (9)	A N N U A L A M O U N T		G O V E R N O R (12)
										M A I N T E N A N C E (10)	C H A N G E (11)	
1												
2 Supervisory Unit												
3												
4 Regional Alcoholism Program	Anchorage		0313	21	2,356	77-55	38,965	1	12	28,272	G	
5 Coordinator												
6												
7 Regional Alcoholism Program	Juneau		0312	21	2,356	77-55	39,965	1	12	28,272	C	
8 Coordinator												
9												
10 Program Assessment and	Juneau			22	2,534		41,833	1	12	30,408	T	
11 Development Officer												
12												
13 Subtotal								3	36	86,952		
14												
15 7% Salary Increase FY 78										6,087		
16												
17 Subtotal Supervisory							120,763			93,039		
18												
19 General Government Unit												
20												
21 Cost Accountant	Juneau			20	2,187		34,436	1	12	26,244	U	
22												
23 Research Analyst III	Juneau			18	1,889		28,948	1	12	22,668	V	
24												
25 Associate Coordinator (drug A)	Anchorage											
26 Reclass-Facilities Surveyor			0302	18	1,889	77-57	31,448	1	12	22,668	J	
27												
28 Statistical Clerk III (PPT)	Juneau		0301	10	542	77-57	8,163	1/2	6	6,504	Q	
29												
30 Clerk Typist III	Juneau			8	957		14,412	1	12	11,484	W	
31												
32 Clerk Typist II	Juneau			7	928		13,976	1	12	11,136	F	

BRU: Alcohol and Drug Abuse BRU CODE: REVISED:

12 New Position Summary

CLASSIFICATION TITLE (1)	LOCATION	P R I O R I T Y (2)	P C N (3)	P A Y R G E (4)	M O N T H L Y S A L A R Y (5)	R E V I S E D P R O G R A M N O. (6)	T O T A L P O S I T I O N C O S T F R O M F O R M 1 3 (7)	BUDGET YEAR (BY)				
								N O. P O S. (8)	N O. M O. (9)	A N N U A L A M O U N T		
										A G E N C Y		G O V E R N O R (12)
										M A I N T E N A N C E (10)	C H A N G E (11)	
1 Subtotal-General Govt.							129,883	5½	66	89,568	11,136	
2												
3 Subtotal-Sup. and GG							250,646	8½	102	182,607	11,136	
4												
5 FY 78 Benefits, 25.5%										46,565	2,840	
6												
7 Component Total							250,646	8½	102	229,172	13,976	
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
							23 SALARIES			182,607	11,136	
							24 OVERTIME					
							25 BENEFITS			46,565	2,840	
							26 SUB-TOTAL					
							27 VACANCY					
TOTAL ANNUAL AMOUNT									229,172	13,976		
PERMANENT FULL TIME: POSITIONS & (months)									7 (84)	1 (12)	()	
PERMANENT PART TIME/SEASONAL: POSITIONS & (months)									1 (6)	()	()	
TEMPORARY, FULL TIME EQUIVALENT: POSITIONS & (months)									()	()	()	
TOTAL MONTHS									90	12		

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

12 PERSONAL SERVICES
 NEW POSITION SUMMARY

13 Request for New Positions

POSITION TITLE Regional Alcoholism Program Coordinator			21 RANGE	Sup. BARG. UNIT	LOCATION Anchorage	APPROV.	DISAPPROV.
TYPE OF POSITION (PFT, PPT, SEAS.) <u>PFT</u>		NEW	RP# 77-55	MAINT. X	BRU	FORM 12	
			PCN # 0313	CHARGE	PRIORITY	PAGE/LINE 1/4	LEG.
TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE			DETAIL OF RELATED EXPENSES		
		GF	OTHER	RECEIPT CODE			
PERSONAL SERVICES	37,965	28,474	9491	829			
TRAVEL	1,000				Transportation and per diem expenses		
CONTRACTUAL					for program assistance and evaluation.		
COMMODITIES							
EQUIPMENT							
OTHER							
TOTAL	38,965	29,474	9,491	829	BRU COMPONENT Administration		

JUSTIFICATION: AS 47.37.040 states that the Office of Alcoholism shall

- 1) Develop and encourage statewide, regional and local plans and programs for prevention and treatment of alcoholism and provide technical assistance and consultation services for these purposes; and
- 2) coordinate the efforts of all public and private agencies interested in prevention and treatment of alcoholism.

The National Institute of Alcohol Abuse and Alcoholism (Department of Health, Education and Welfare) required as a condition of the Pipeline Impact Response Project Grant award that two consultants be hired, subject to NIAAA approval, to assist in the implementation, development, and supervision of the Pipeline Grant program.

This position will serve a dual function as a Regional Alcoholism Program Coordinator for the southcentral region and a supervisor of the federal Pipeline Grant funds disbursed to local community programs. The personnel requirement initially was handled on a contract basis and then temporary hire status in FY 76. RP 77-55 established the permanent position in FY 77. This position is one-quarter funded by the Federal grant with an equivalent amount of Federal funding used to partially support several existing positions in the office which perform work on this grant.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

The Regional Alcoholism Program Coordinator position is essential to supervise services provided by the office to state-funded alcoholism and drug abuse programs within the assigned region. The position will be responsible for the operation of the regional office and supervision of two Health Facilities Surveyors, a Grant Administrator and a Clerk Typist II. Duties of the position will include responsibility for compliance of the programs with State and Federal requirements; training and assistance to the programs in the areas of prevention, treatment, financial management, and third party reimbursement; and extensive work with local community leaders, State employees in related fields, other public and private agencies and organizations, and various concerned citizens to work toward comprehensive treatment, education, and prevention programs in each local area.

BRU: Alcohol and Drug Abuse

BRU CODE

REVISED

13 Request for New Positions

POSITION TITLE Regional Alcoholism Program Coordinator			21 RANGE	Sup. BARG. UNIT	LOCATION Juneau	APPROV.	DISAPPROV.
TYPE OF POSITION (PFT, PPT, SEAS.) <u>PFT</u>		NEW	RP# 77-55	MAINT. X	BRU	GOV.	
			PCN # 0312	CHANGE	PRIORITY	LEG.	
					FORM 12 PAGE/LINE 1/7		
TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE			DETAIL OF RELATED EXPENSES		
		GF	OTHER	RECEIPT CODE			
PERSONAL SERVICES	37,965	28,474	9491	829			
TRAVEL	2,000				Transportation and per diem expenses for		
CONTRACTUAL					program assistance and evaluation.		
COMMODITIES							
EQUIPMENT							
OTHER							
TOTAL	39,965	30,474	9491	829	BRU COMPONENT Administration		

JUSTIFICATION: AS 47.37.040 states that the Office of Alcoholism shall

- 1) Develop and encourage statewide, regional, and local plans and programs for prevention and treatment of alcoholism and provide technical assistance and consultation services for these purposes; and
- 2) coordinate the efforts of all public and private agencies interested in prevention and treatment of alcoholism.

The National Institute of Alcohol Abuse and Alcoholism (Department of Health, Education and Welfare) required as a condition of the Pipeline Impact Response Project Grant award that two consultants be hired, subject to NIAAA approval, to assist in the implementation, development, and supervision of the Pipeline Grant programs.

This position will serve a dual function as a Regional Alcoholism Program Coordinator for the southeastern and northern regions and a supervisor of the federal Pipeline Grant funds disbursed to local community programs. The personnel requirement initially was handled on a contract basis and then temporary hire status in FY 76. RP 77-55 established the permanent position in FY 77. This position is one-quarter funded by the Federal grant with an equivalent amount of Federal funding used to partially support several positions in the office which performs work on this grant.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____



This Regional Alcoholism Program Coordinator position is essential to supervise services provided by the office to state-funded alcoholism and drug abuse programs within the assigned regions. The position is responsible for the operation of the regional office and supervision of two Health Facilities Surveyors and a Clerk Typist. Duties of the position will include responsibility for compliance of programs with State and Federal requirements; training and assistance to the programs in the areas of prevention, treatment, financial management, and third party reimbursement; and extensive work with local community leaders, State employees in related fields, other public and private agencies and organizations, and various concerned citizens to work toward comprehensive treatment, education, and prevention programs in each local area.

BRU Alcohol and Drug Abuse

BRU CODE

REVISED

13 Request for New Positions

POSITION TITLE		Program Assessment & Development		Officer	22	Sup.	LOCATION	Juneau	APPROV.	DISAPPROV.
TYPE OF POSITION (PFT, PPT, SEAS.)		NEW	RP#	MAINT.	X	BRU	FORM 12	GOV.		
PFT		X	PCN #	CHANGE		PRIORITY	PAGE/LINE	LEG.		
							1/10			
TYPE OF EXPENDITURE		AMOUNT	FUNDING SOURCE			DETAIL OF RELATED EXPENSES				
			CF	OTHER	RECEIPT CODE					
PERSONAL SERVICES		40,833		40,833	829	Transportation/per diem for informational requirements as they arise.				
TRAVEL		1,000	[Hatched Area]							
CONTRACTUAL										
COMMODITIES										
EQUIPMENT										
OTHER										
TOTAL		41,833		41,833		BRU COMPONENT Administration				

JUSTIFICATION:

This position would supervise a federally funded management unit, comprised of this and three other positions: Cost Accountant, Research Analyst III, and Clerk Typist III. The federal "Alcohol Information System" grant is available to states adopting The Uniform Alcoholism and Intoxication Act. In Alaska, the grant amounts to \$120,000 and has been used during the past two years to fund a major research effort concerning economic, human, and social impacts of alcohol in Alaska, legal provisions on all levels of government relating to alcohol sales and use, and an attempt to set up traceable indicators of alcohol impacts through time. The project was accomplished by hiring on contract and temporary assignments. It is requested that the federally funded management unit be established with permanent positions for the duration of the federal grant. FY 78 grant should equal \$120.0. FY 79 funding is unknown.

FY 78 projects anticipated for this unit include: 1) Implementation of a system to routinely monitor alcohol impacts through time. 2) Determine the potential for third-party reimbursement for local treatment programs and determine what local programs must do in order to qualify and collect payments. Assist programs in meeting these requirements. 3) Preparation of required reports and State Plan. 4) Plans developed for both federal and state authorities (e.g. the budget) have not been successful in identifying management objectives concerning alcohol impacts in such a way that State office activities can be properly evaluated. The management unit will attempt to incorporate research results

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____



from the past two years into State office plans such that plans may relate directly to alcohol problem impacts rather than deal exclusively with planned inputs or activities of the office.

BRU Alcohol and Drug Abuse

BRU CODE

REVISED

13 Request for New Positions

POSITION TITLE Cost Accountant		'20 RANGE	GG BARG. UNIT	LOCATION Juneau		APPROV.	DISAPPROV.
TYPE OF POSITION (PFT, PPT, SEAS.) PFT		NEW X	RP#	MAINT. X	BRU	FORM 12	GOV.
		PCN #	CHARGE	PRIORITY	PAGE/LINE	1/21	LEG.
TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE			DETAIL OF RELATED EXPENSES		
		GF	OTHER	RECEIPT CODE			
PERSONAL SERVICES	32,936		32,936	829			
TRAVEL	1,500				Travel for meetings with potential third party contributors and examination of cost information.		
CONTRACTUAL							
COMMODITIES							
EQUIPMENT							
OTHER							
TOTAL	34,436		34,436		BRU COMPONENT Administration		

JUSTIFICATION:

One of four positions requested for federally funded management unit. Primary responsibility for the cost accountant in FY 78 would be to determine the potential for third party reimbursement for local treatment programs, and determine what local programs must do in order to qualify and collect. This position also would assist the programs in meeting these requirements.

BRU: Alcohol and Drug Abuse _____ BRU CODE _____ REVISED _____

13 PERSONAL SERVICES
REQUEST FOR NEW POSITION



13 Request for New Positions

POSITION TITLE Research Analyst III			18 RANGE	GG BARG. UNIT	LOCATION Juneau	APPROV.	DISAPPROV.
TYPE OF POSITION (PFT, PPT, SEAS.) PFT		NEW X	RP #	MAINT. X	BRU	FORM 12	GOV.
		PCN #	CHARGE	PRIORITY	PAGE/LINE 1/24	LEG.	
TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE			DETAIL OF RELATED EXPENSES		
		GF	OTHER	RECEIPT CODE			
PERSONAL SERVICES	28,448		28,448	829			
TRAVEL	500						
CONTRACTUAL							
COMMODITIES							
EQUIPMENT							
OTHER							
TOTAL	28,948		28,948		BRU COMPONENT Administration		

JUSTIFICATION:

One of four positions requested for federally funded management unit. It is anticipated that this position would work closely with the Program Assessment and Development Officer in the implementation of the alcohol information system, preparation of the State Plan, and incorporation of the system into annual plans developed by the State office for state and federal authorities.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

13 PERSONAL SERVICES
 REQUEST FOR NEW POSITION



13 Request for New Positions

POSITION TITLE Health Facilities Surveyor		18 RANGE	GG BARG. UNIT	LOCATION Anchorage		APPROV.	DISAPPROV.
TYPE OF POSITION (PFT, PPT, SEAS.) <u>PFT</u>		NEW	RP# 77-57	MAINT. X	BRU	FORM 12	
			PCN # 0302	CHARGE	PRIORITY	PAGE/LINE 1/26	LEG.
TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE			DETAIL OF RELATED EXPENSES		
		GF	OTHER	RECEIPT CODE			
PERSONAL SERVICES	28,448		28,448	829			
TRAVEL	3,000	[Hatched Area]					
CONTRACTUAL							
COMMODITIES							
EQUIPMENT							
OTHER							
TOTAL	31,448		31,448		BRU COMPONENT Administration		

JUSTIFICATION:

RP 77-57 provided interim approval for establishment of an Associate Coordinator position in Anchorage for the Office of Drug Abuse, funded on a federal grant from The National Institute of Drug Abuse (NIDA). The Associate Coordinator position was primarily involved in program evaluation in FY 77. For FY 78 we request that the position be reclassified as a Health Facilities Surveyor, which is the same range, and continue to perform program evaluations in the field. Federal funds from NIDA will be available in FY 78 to fund this position.

BRU: Alcohol and Drug Abuse BRU CODE _____ REVISED _____

13 PERSONAL SERVICES
REQUEST FOR NEW POSITION



13 Request for New Positions

POSITION TITLE Statistical Clerk III		10 RANGE	GG BARG. UNIT	LOCATION Juneau	APPROV.	DISAPPROV.
TYPE OF POSITION (PFT, PPT, SEAS.) <u>PPT</u>		NEW	RP# 77-57	MAINT. X	BRU	FORM 12
		PCN # 0301	CHARGE	PRIORITY	PAGE/LINE 1/28	LEG.
TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE			DETAIL OF RELATED EXPENSES	
		GF	OTHER	RECEIPT CODE		
PERSONAL SERVICES	8,163		8,163	829		
TRAVEL						
CONTRACTUAL						
COMMODITIES						
EQUIPMENT						
OTHER						
TOTAL	8,163		8,163		BRU COMPONENT	Administration

JUSTIFICATION:

RP 77-57 provided interim approval for establishment of a Statistical Clerk III position in The Office of Drug Abuse funded by NIDA. The position is responsible for compiling, editing, tabulating, cross tabulating and analyzing data associated with the data system for alcoholism and drug abuse programs. She/he then prepares tables, graphs, charts and texts explaining the data.

Federal funds from NIDA will be available to fund this half-time position in FY 78.

BRU Alcohol and Drug Abuse _____ BRU CODE _____ REVISED _____

13 PERSONAL SERVICES
REQUEST FOR NEW POSITION



13 Request for New Positions

POSITION TITLE Clerk Typist III		8 RANGE	GG BARG. UNIT	LOCATION Juneau		APPROV.	DISAPPROV.
TYPE OF POSITION (PFT, PPT, SEAS.) <u>PFT</u>		NEW X	RP#	MAINT. X	BRU	FORM 12	
		PCN #	CHANGE	PRIORITY	PAGE/LINE	1/30	LEG.
TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE			DETAIL OF RELATED EXPENSES		
PERSONAL SERVICES	14,412	GF	OTHER	RECEIPT CODE			
TRAVEL		[Hatched Area]					
CONTRACTUAL							
COMMODITIES							
EQUIPMENT							
OTHER							
TOTAL	14,412		14,412		BRU COMPONENT Administration		

JUSTIFICATION:

One of four positions requested for federally funded management unit. Clerical support for the other three positions.

BRU Alcohol and Drug Abuse _____ BRU CODE _____ REVISED _____

13 PERSONAL SERVICES
REQUEST FOR NEW POSITION



13 Request for New Positions

POSITION TITLE Clerk Typist II			7 RANGE	GG BARG. UNIT	LOCATION Juneau	APPROV.	ISAPPROV.
TYPE OF POSITION (PFT, PPT, SEAS.) PFT		NEW X	RP#	MAINT.	BRU	FORM 12	
		PCN #	CHARGE	PRIORITY	PAGE/LINE 1/32	LEG.	
TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE			RECEIPT CODE	DETAIL OF RELATED EXPENSES	
		GF	OTHER				
PERSONAL SERVICES	13,976	13,976					
TRAVEL		[Hatched Area]					
CONTRACTUAL							
COMMODITIES							
EQUIPMENT							
OTHER							
TOTAL	13,976	13,976			BRU COMPONENT	Administration	

JUSTIFICATION:

This position would provide clerical support to the Regional Alcoholism Program Coordinator and two Health Facilities Surveyors serving the northern and southeastern regions.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

13 PERSONAL SERVICES
REQUEST FOR NEW POSITION



CODE	TRAVEL CLASSIFICATION	PRIOR YEAR (PY) ACTUAL	CURRENT YEAR (CY) AUTHORIZED	BUDGET YEAR (BY)			GOVERNOR'S BUDGET
				AGENCY			
				Maintenance	Change	Request	
000	TOTAL TRAVEL	62.3	92.0	79.2		79.2	
210/220	FIELD/ADMINISTRATIVE TRAVEL	57.8					
	IN-STATE TRANSPORTATION		43.3	34.5		34.5	
	IN-STATE PER DIEM		33.4	28.1		28.1	
	OUT-OF-STATE TRANSPORTATION		3.0	3.3		3.3	
	OUT-OF-STATE PER DIEM		1.8	2.1		2.1	
230	CONVENTIONS AND MEETINGS	4.5					
	IN-STATE TRANSPORTATION		4.2	4.5		4.5	
	IN-STATE PER DIEM		3.6	3.9		3.9	
	OUT-OF-STATE TRANSPORTATION		1.5	1.6		1.6	
	OUT-OF-STATE PER DIEM		1.2	1.2		1.2	
920	INTER-AGENCY TRANSFERS (Non-Add)						

EXPLANATION: FY 77 Authorized included approximately 216 days of supervisors per diem @ \$5/day increase = \$1,100 (entered in revision column of Form 4A)

FY 78 Maintenance - 01 Component

Field/Administrative Travel

Travel is required for office personnel to conduct site visits of all State funded local programs for inspection, evaluation, monitoring, and technical assistance. This function is essential to ensure compliance with State and Federal standards, guidelines, and regulations as well as to assist the local programs in providing quality alcoholism services. In addition the Office must maintain a careful knowledge of each program so that decisions on funding are based on the effectiveness and efficiency of the program.

Legislation submitted this year would combine The Governor's Advisory Board on Alcoholism with The Advisory Board on Drug Abuse. Travel funds are budgeted for quarterly meetings of the combined Board. Travel savings of \$10.3 are realized due to the combination of boards.

BRU Alcohol & Drug Abuse BRU CODE _____ REVISED _____

Out-of-state travel is required to send Coordinator, Associate Coordinator, or other staff members as appropriate, to meet with Federal officials regarding grant applications, State Plan, and Federal regulations to ensure compliance.

In-State Transportation	\$34,500
In-State Per Diem	28,100
Out-of-State Transportation	3,300
Out-of-State Per Diem	2,100

Conventions and Meetings

Travel is required to attend meetings and training sessions not sponsored by the State and provide consultation with organizations such as:

1. Joint Commission on Accreditation of Hospitals - Alcohol Program Division
2. Alcohol and Drug Problems Association of America
3. National Council on Alcoholism
4. Council of State and Territorial Alcoholism Authorities
5. The annual meetings of the Alcohol, Drug Abuse, and Mental Health Authority

In-State Transportation	\$ 4,500
In-State Per Diem	3,900
Out-of-State Transportation	1,600
Out-of-State Per Diem	1,200

BRU- Alcohol Abuse BRU CODE 06 24-5-01-00-00 REVISED

15 Contractual Services

CODE	CONTRACTUAL SERVICES CLASSIFICATION	PRIOR YEAR (PY) ACTUAL	CURRENT YEAR (CY) AUTHORIZED	BUDGET YEAR (BY)			GOVERNOR'S BUDGET
				AGENCY			
				Maintenance	Change	Request	
300	TOTAL CONTRACTUAL	207.4	311.1	125.8		125.8	
310	COMMUNICATION SERVICES	23.9	16.6	22.0		22.0	
320	PRINTING AND ADVERTISING	6.5	4.8	3.7		3.7	
330	RENTS AND UTILITIES	21.5	23.6	55.3		55.3	
340	REPAIRS, SERVICES AND ALTERATIONS	1.1	2.1	1.5		1.5	
350	TRANSPORTATION OF THINGS	.5	2.8	1.2		1.2	
360A	EQUIPMENT RENTAL - HIGHWAY WORKING CAPITAL FUND						
360B	EQUIPMENT RENTAL - WORD PROCESSING	2.4	2.7	1.8		1.8	
360C	EQUIPMENT RENTAL - OTHER	8.5	9.2	10.3		10.3	
370	INSURANCE AND BONDING						
380	PROFESSIONAL FEES AND SERVICES	112.7	236.4	30.0		30.0	
390	OTHER	30.3	12.9				
930	INTER-AGENCY TRANSFERS (Non-Add)	1.6	1.4	1.4		1.4	

EXPLANATION: FY 78 MAINTENANCE - 01 COMPONENT

- 310 Communication Services
Telephone, postage and telegraph. An additional \$2,000 is required for the Anchorage office; this additional cost is federally funded. \$22,000

- 320 Printing and Advertising
Printing of State Plan, reports, data forms, and newspaper notices of Advisory Board Meetings as required by law. 3,700

- 330 Rents and Utilities
2,543 square feet at \$2,980 per month is required for office space in the Anderson-Wilson Building in Juneau. This includes a 15% inflation figure anticipated for FY 78 since there has not been an increase in the lease rate since September 1975 - \$35,760 55,260

Additionally, \$19,500 is required for lease costs of the Anchorage office. This includes 1,300 net square feet of space at \$1.25 per square foot per month.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

340	<u>Repairs, Services and Alterations</u> Audio-visual and office machine repairs and service maintenance.	\$ 1,500
350	<u>Transportation of Things</u> Transportation of equipment and materials to Advisory Board meetings and to local programs.	1,200
360B	<u>Equipment Rental - Word Processing</u> IBM Mag Card rental--\$150/month X 12 months.	1,800
360C	<u>Equipment Rental - Other</u> Xerox machine rental for Juneau and Anchorage offices. \$800 of this cost is federally funded.	10,300
380	<u>Professional Fees and Services</u> Continue to contract to develop and maintain a drug abuse training system and actually provide training for drug abuse program personnel and ancillary service personnel. These funds are to be provided through a continuing grant from the National Institute of Drug Abuse.	30,000
930	<u>Inter-agency charges</u> Printing performed by Central Duplicating, Dept. of Administration.	1,400
	Total 01 Component	\$125,800

BRU Alcohol and Drug Abuse

BRU CODE

REVISED

16 Commodities

CODE	COMMODITIES CLASSIFICATION	PRIOR YEAR	CURRENT YEAR	BUDGET YEAR (BY)			GOVERNOR'S BUDGET
		(PY)	(CY)	Maintenance	Change	Request	
		ACTUAL	AUTHORIZED				
100	TOTAL COMMODITIES	12.5	19.5	19.7		19.7	
410	CLOTHING						
430	FOOD FOR HUMAN CONSUMPTION						
440	FUEL (OTHER THAN FOR MOTOR VEHICLES)						
450	MAINTENANCE & CONSTRUCTION MATERIALS						
450	MOTOR VEHICLE, PARTS, SUPPLIES & ACCESSORIES	.1					
470	PROFESSIONAL & SCIENTIFIC SUPPLIES	6.7	6.8	7.0		7.0	
480	STATIONERY AND OFFICE SUPPLIES	5.7	6.8	7.6		7.6	
490	OTHER SUPPLIES, MATERIALS AND PARTS		5.9	5.1		5.1	
940	INTER-AGENCY TRANSFERS (Non-Add)						

EXPLANATION: FY 78 MAINTENANCE - 01 COMPONENT

470 Professional and Scientific Supplies \$7,000

The Office of Alcoholism and Drug Abuse is responsible for coordinating alcoholism and drug abuse educational and preventive efforts. Reference books, journals, pamphlets and other relevant literature is made available to State Office staff and program personnel throughout the state on a request basis. In the absence of physician training funds, films on crisis intervention and handling drug overdoses are rented and made available to physicians.

480 Stationery and Office Supplies \$7,600

General office materials and supplies, including tapes for Advisory Board meetings and public hearings, and newspaper subscriptions.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

490 Other Supplies, Materials, and Parts

\$5,100

Instructional kits such as developing Understanding of Self and Others have been supplied to teachers on request, the "Coping With Series" have also been made available as funds allowed. Films and tapes have been purchased for school and community organizations as educational materials are needed.

BRU: Alcohol and Drug Abuse BRU CODE _____ REVISED _____

18 Lands Grants Miscellaneous

CODE	EXPENDITURE CLASSIFICATION	PRIOR YEAR (PY) ACTUAL	CURRENT YEAR (CY) AUTHORIZED	BUDGET YEAR (BY)			GOVERNOR'S BUDGET
				AGENCY			
				Maintenance	Change	Request	
600	LAND, BUILDING, NON STRUCTURAL IMPROVEMENTS						
690	ASHA PAYMENT						
900	INTER-AGENCY TRANSFERS (Non-Add)						
700	TOTAL GRANTS, CLAIMS SHARED REVENUE	2,222.5	2,657.7	2,636.2		2,636.2	
970	INTER-AGENCY TRANSFERS (Non-Add)						
800	MISCELLANEOUS						

EXPLANATION: FY 78 Maintenance - 02 Component

AS 47.30.470 provides for the department to award grants to communities for providing or developing a comprehensive program of alcoholism treatment and prevention.

Pipeline Impact Response Project grant funds will decrease in FY 78 to \$494,854.

NIAAA Formula Grant funds will remain at the current level of \$200,000.

State General Funds are increased by \$53,500 to allow for projected population increase and subsequent alcoholism services requirements in Anchorage and Fairbanks. These funds are required to maintain current service levels for the increased population. The Anchorage Municipality Planning Department anticipates a 5%

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____



population increase for FY 78 and Fairbanks is projecting a 4% increase, despite a Statewide projection of 0% population increase. An additional SGF increase of \$31,100 is required for inflationary increases for program costs, bringing the total of State General Funds to \$1,941,300.

FY 77 Grants:

<u>Program</u>	<u>Grant Awards</u>
Alaska Labor & Management Employee Affairs	\$ 200,000
Municipality of Anchorage	790,580*
Barrow Council on Alcoholism	74,780
City of Bethel	138,456
Copper River Native Association	67,108
City of Dillingham	27,435
Fairbanks Native Association	318,239
City/Borough of Juneau	60,746
City of Ketchikan	103,474 -
Kodiak Council on Alcoholism	123,771
Mauneluk Association (Kotzebue)	49,205
National Council on Alcoholism/Alaska Region	107,182
Norton Sound Health Corporation (Nome)	114,393
Petersburg Council on Alcoholism	39,375
Seward Council on Community Services	51,736
Sitka Council on Alcoholism	78,388
City of Unalaska	38,645
Upper Tanana Regional Council (Tok)	15,070
Valdez Alcoholism Commission	60,576
Wrangell Council on Alcoholism	35,293
City of Yakutat	17,327
Total	\$2,511,779**

*Of the \$790,580 initially recommended for Anchorage, \$750,581 has been obligated to date. An additional \$39,999 will be awarded to Anchorage for the month of September.

**\$70,000 was transferred to the Administration Component by RP 77-26X. Letters have been sent to the local

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

alcoholism programs informing them that there are unobligated funds available and requesting that they submit applications. These funds will enable them to regain operating funds requested on their initial FY 77 applications that were justified but for which there were not sufficient funds. It is anticipated that these funds will be granted by 3/31/77.

BRU: Alcohol and Drug Abuse

BRU CODE

REVISED

18 Lands Grants Miscellaneous

CODE	EXPENDITURE CLASSIFICATION	PRIOR YEAR (PY) ACTUAL	CURRENT YEAR (CY) AUTHORIZED	BUDGET YEAR (BY)			GOVERNOR'S BUDGET
				AGENCY			
				Maintenance	Change	Request	
600	LAND BUILDING NON-STRUCTURAL IMPROVEMENTS						
690	ASHA PAYMENT						
960	INTER-AGENCY TRANSFERS (Non-Add)						
700	TOTAL GRANTS, CLAIMS SHARED REVENUE						
	Grants to Communities	638.4	680.0	768.5		768.5	
970	INTER-AGENCY TRANSFERS (Non-Add)						
800	MISCELLANEOUS						

EXPLANATION: FY 78 Maintenance - 03 Component

MAINTENANCE:

DIRECT AID TO LOCAL PROGRAMS: On recommendation of the State Advisory Board on Drug Abuse 10 drug abuse programs were funded on the basis of criteria outlined in the Alaska State Plan for Drug Abuse Prevention (the Grant to the Municipality is treated as 1 grant although five drug abuse programs are funded through the grant). Because no additional funds were available, all programs funded were on-going programs which had demonstrated a capability to provide care to persons affected by drug dependencies.

Following are drug abuse programs funded in FY 76 and the funds requested:

BRU Alcohol and Drug Abuse _____ BRU CODE _____ REVISED _____

<u>Program Title</u>	<u>FY 77-Amount Received</u>	<u>FY 77-Requested*</u>
Nome Walk-In Center	66,000	78,174
Dillingham District Drug Abuse Program	22,704	31,032
Gateway Borough, Schcenbar Junior High	21,483	22,648
Ketchikan Youth Advocate Program	13,738	15,900
Petersburg Youth Program	18,700	21,177
Municipality of Anchorage funded as a block grant		
Includes funding for the following programs:	381,149	405,183
Future House		
Narcotic Drug Treatment Center		
Open Door Clinic		
Family House		
Fairbanks Drug Treatment Center	66,000	118,921
Fairbanks Native Association	21,000	31,022
Division of Drug Abuse, Fairbanks	70,000	72,210

*These figures reflect the request for funds from those programs which were funded in FY 77. In some instances, the level requested could not be funded because of lack of funds. The amounts requested do not necessarily reflect program needs as programs had been warned previously that no additional funds were available and therefore reduced requests accordingly. This list does not reflect requests from programs not funded.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

It is anticipated that there will be a 5% increase in the population in Anchorage and a 4% increase in Fairbanks. Because of these projected increases and because all funded programs are meeting demonstrated needs and have received positive evaluations, additional funds are required to meet the expected population increases.

\$14,100

Additional maintenance funds for programs are to be used to allow for inflationary increases for program costs and to allow programs to serve clients in need of services. These additional funds include \$64,700 in federal funds received through an increase in the Formula Grant provided by the National Instituted on Drug Abuse.

\$74,400

BRU Alcohol and Drug Abuse BRU CODE REVISED

Revenue Allocating Form

Restricted Revenue

IND: 100 RECEIPT CODE: 829 RECEIPT TITLE: Info. System COLLOCATION CODE: 06-24-5-120 BRU CODE: 06-24-5-01-00-00

76 ACTUAL REVENUE: \$50.6 FY 76 ACCOUNTS RECEIVABLE BILLED: \$36.1 UNBILLED: \$33.3

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: NIAAA ALCOHOL INFORMATION SYSTEM

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): 0 BILLING METHOD, RECEIPT DATE: Reimbursement quarter

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: NIAAA Uniform Act Grant, the amount of which is determined as \$100,000 plus 10% of the amount of the Formula Grant for states adopting key provisions of Uniform Act.

OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Stamp additional sheet if necessary) Laws of state must be in concurrence with provisions of Federal Uniform Act.

FY 77	FY 78	FY 79																								
ORIGINAL ESTIMATED REVENUE PLACED ON BOOKS 7/1: \$120.0																										
ESTIMATED FEDERAL ALLOCATION FOR FY-77: \$120.0	A. ESTIMATED FEDERAL ALLOCATION FOR FY 78: \$120.0	A. ESTIMATED FEDERAL ALLOCATION FOR FY 79: 0																								
ESTIMATED REVENUE TO COME IN DURING FY 77 FROM FY 77 FEDERAL ALLOCATION: \$90.0	B. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM FY 78 FEDERAL ALLOCATION: \$90.0	B. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM FY 79 FEDERAL ALLOCATION: 0																								
ESTIMATED REVENUE TO COME IN DURING FY 77 FROM PRIOR YEAR ALLOCATIONS:	C. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM PRIOR YEARS FEDERAL ALLOCATIONS:	C. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM PRIOR YEARS FEDERAL ALLOCATIONS:																								
<table border="0"> <tr><td>\$33.3</td><td>FY 76</td></tr> <tr><td>_____</td><td>FY _____</td></tr> <tr><td>_____</td><td>FY _____</td></tr> <tr><td>TOTAL</td><td>\$33.3</td></tr> </table>	\$33.3	FY 76	_____	FY _____	_____	FY _____	TOTAL	\$33.3	<table border="0"> <tr><td>\$30.0</td><td>FY 77</td></tr> <tr><td>_____</td><td>FY _____</td></tr> <tr><td>_____</td><td>FY _____</td></tr> <tr><td>TOTAL</td><td>\$30.0</td></tr> </table>	\$30.0	FY 77	_____	FY _____	_____	FY _____	TOTAL	\$30.0	<table border="0"> <tr><td>\$30.0</td><td>FY 78</td></tr> <tr><td>_____</td><td>FY _____</td></tr> <tr><td>_____</td><td>FY _____</td></tr> <tr><td>TOTAL</td><td>\$30.0</td></tr> </table>	\$30.0	FY 78	_____	FY _____	_____	FY _____	TOTAL	\$30.0
\$33.3	FY 76																									
_____	FY _____																									
_____	FY _____																									
TOTAL	\$33.3																									
\$30.0	FY 77																									
_____	FY _____																									
_____	FY _____																									
TOTAL	\$30.0																									
\$30.0	FY 78																									
_____	FY _____																									
_____	FY _____																									
TOTAL	\$30.0																									
REVISED FY 77 REVENUE ESTIMATE (LINES C+D) \$123.3	D. FY 78 REVENUE ESTIMATE: (LINES B+C) \$120.0	D. FY 79 REVENUE ESTIMATE: (LINES B+C) \$30.0																								

CERTIFICATION: I CERTIFY THAT THE FACTS HEREIN AND ON SUPPORTING DOCUMENTS ARE CORRECT.

Penny Lockwood
CERTIFYING OFFICER

586-6201
PHONE

September 23, 1976
DATE

45-7/76

Revenue Reporting Form

Restricted Revenue

NIAAA

D: 100 RECEIPT CODE: 829 RECEIPT TITLE: FORMULA GRANT COLLOCATION CODE: 06-24-5-226 BRU CODE: 06-24-5-01-00-00

76 ACTUAL REVENUE: \$113.0 FY 76 ACCOUNTS RECEIVABLE BILLED: \$87.0 UNBILLED: 0

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: NIAAA FORMULA GRANT

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): 0 BILLING METHOD, RECEIPT DATE: Reimbursement quarterly

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: Funds allocated among states based on relative population, financial need, and need for more effective prevention, treatment, and rehabilitation of alcohol abuse and alcoholism.

OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Stay on additional sheet if necessary)

Federal approval of State Plan

Designation of single state agency as sole agency for supervising the administration of plan

Funds must be used to supplement existing level of non-federal funding and not supplant these funds

FY 77

ORIGINAL ESTIMATED REVENUE

PLACED ON BOOKS 7/1: \$200.0

ESTIMATED FEDERAL ALLOCATION
FOR FY 77: -\$200.0ESTIMATED REVENUE TO COME IN
DURING FY 77 FROM FY 77 FEDERAL
ALLOCATION:

\$150.0

ESTIMATED REVENUE TO COME IN
DURING FY 77 FROM PRIOR YEAR ALLO-
CATIONS:

\$87.0 FY 76

FY

FY

TOTAL \$87.0

REVISED FY 77 REVENUE ESTIMATE
(LINES C+D) \$237.0

FY 78

A. ESTIMATED FEDERAL ALLOCATION
FOR FY 78: \$200.0B. ESTIMATED REVENUE TO COME IN
DURING FY 78 FROM FY 78 FEDERAL
ALLOCATION:

\$150.0

C. ESTIMATED REVENUE TO COME IN
DURING FY 78 FROM PRIOR YEARS
FEDERAL ALLOCATIONS:

\$50.0 FY 77

FY

FY

TOTAL \$50.0

D. FY 78 REVENUE ESTIMATE:
(LINES B+C) \$200.0

FY 79

A. ESTIMATED FEDERAL ALLOCATION
FOR FY 79: \$200.0B. ESTIMATED REVENUE TO COME IN
DURING FY 79 FROM FY 79 FEDERAL
ALLOCATION:

\$150.0

C. ESTIMATED REVENUE TO COME IN
DURING FY 79 FROM PRIOR YEARS
FEDERAL ALLOCATIONS:

\$50.0 FY 78

FY

FY

TOTAL \$ 50.0

D. FY 79 REVENUE ESTIMATE:
(LINES B+C) \$200.0CERTIFICATION: I CERTIFY THAT THE FACTS
HEREIN AND ON SUPPORTING DOCUMENTS
ARE CORRECT.Penny Lockwood
CERTIFYING OFFICER

586-6201

PHONE

September 23, 1976

DATE

896

Restricted Revenue
NIAAA

06-24-5-112

UND: 100 RECEIPT CODE: 829 RECEIPT TITLE: P/L DIRECT COLLOCATION CODE: 06-24-5-212 BRU CODE: 06-24-5-01-00-00

: 76 ACTUAL REVENUE: \$365.2 FY 76 ACCOUNTS RECEIVABLE BILLED: 0 UNBILLED: \$28.8

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: NIAAA PIPELINE GRANT

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): 0 BILLING METHOD, RECEIPT DATE: Reimbursement quart

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: _____

OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Specify additional sheet if necessary)

FY 77

FY 78

FY 79

ORIGINAL ESTIMATED REVENUE
PLACED ON BOOKS 7/1: \$621.9

ESTIMATED FEDERAL ALLOCATION
FOR FY 77: \$621.9

ESTIMATED REVENUE TO COME IN
DURING FY 77 FROM FY 77 FEDERAL
ALLOCATION: \$466.5

ESTIMATED REVENUE TO COME IN
DURING FY 77 FROM PRIOR YEAR ALLO-
CATIONS:

<u>\$284.8</u>	<u>FY 76</u>
_____	<u>FY</u>
_____	<u>FY</u>
<u>TOTAL \$284.8</u>	

REVISED FY 77 REVENUE ESTIMATE
(LINES C+D) \$751.3

A. ESTIMATED FEDERAL ALLOCATION
FOR FY 78: \$550.5

B. ESTIMATED REVENUE TO COME IN
DURING FY 78 FROM FY 78 FEDERAL
ALLOCATION: \$412.9

C. ESTIMATED REVENUE TO COME IN
DURING FY 78 FROM PRIOR YEARS
FEDERAL ALLOCATIONS:

<u>\$155.4</u>	<u>FY 77</u>
_____	<u>FY</u>
_____	<u>FY</u>
<u>TOTAL \$155.4</u>	

D. FY 78 REVENUE ESTIMATE:
(LINES B+C) \$568.3

A. ESTIMATED FEDERAL ALLOCATION
FOR FY 79: 0

B. ESTIMATED REVENUE TO COME IN
DURING FY 79 FROM FY 79 FEDERAL
ALLOCATION: 0

C. ESTIMATED REVENUE TO COME IN
DURING FY 79 FROM PRIOR YEARS
FEDERAL ALLOCATIONS:

<u>\$137.6</u>	<u>FY 78</u>
_____	<u>FY</u>
_____	<u>FY</u>
<u>TOTAL \$137.6</u>	

D. FY 79 REVENUE ESTIMATE:
(LINES B+C) \$137.6

CERTIFICATION: I CERTIFY THAT THE FACTS
HEREIN AND ON SUPPORTING DOCUMENTS
ARE CORRECT.

Penny Lockwood
CERTIFYING OFFICER

586-6201
PHONE

September 23, 1976
DATE

Revenue Estimating Form

Restricted Revenue

06-24-5-

FUND: 100 RECEIPT CODE: 829 RECEIPT TITLE: IDARP Grant COLLOCATION CODE: 604 BRU CODE: 02-24-02-01-00-

FY 76 ACTUAL REVENUE: 87.8 FY 76 ACCOUNTS RECEIVABLE BILLED: 27.4 UNBILLED:

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: National Institute on Drug Abuse contract for - Imple an Integrated Drug Abuse Reporting Process ADM-45-74-

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): BILLING METHOD, RECEIPT DATE: Billings made up expenditures in

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: All states received the same an

OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Step 1c additional sheet if necessary)

Must develop and maintain a data system which meets the National Institute on Drug Abuses specifications.

<u>FY 77</u>	<u>FY 78</u>	<u>FY 79</u>
A. ORIGINAL ESTIMATED REVENUE PLACED ON BOOKS 7/1: 71.1	A. ESTIMATED FEDERAL ALLOCATION FOR FY 78: 0	A. ESTIMATED FEDERAL ALLOCATION FOR FY 79:
B. ESTIMATED FEDERAL ALLOCATION FOR FY 77:	B. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM FY 78 FEDERAL ALLOCATION:	B. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM FY 79 FEDE ALLOCATION:
C. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM FY 77 FEDERAL ALLOCATION:	C. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM PRIOR YEARS FEDERAL ALLOCATIONS: FY _____ FY _____ FY _____ TOTAL _____	C. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM PRIOR YEAR FEDERAL ALLOCATIONS: FY _____ FY _____ FY _____ TOTAL _____
D. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM PRIOR YEAR ALLO- CATIONS: 71.1 FY 76 _____ FY _____ FY _____ TOTAL _____	D. FY 78 REVENUE ESTIMATE: (LINES B+C) _____	D. FY 79 REVENUE ESTIMATE: (LINES B+C) _____
E. REVISED FY 77 REVENUE ESTIMATE (LINES C+D) 71.1		

CERTIFICATION: I CERTIFY THAT THE FACTS
HEREIN AND ON SUPPORTING DOCUMENTS
ARE CORRECT.

CERTIFYING OFFICER

PHONE

DATE

948

Revenue Estimating Form

Restricted Revenue
Training

06-24-5-

FUND: 100 RECEIPT CODE: R29 RECEIPT TITLE: PROGRAM COLLOCATION CODE: 515 BRU CODE: 02-24-02-01-00-00

FY 76 ACTUAL REVENUE: 10.3 FY 76 ACCOUNTS RECEIVABLE BILLED: 5.9 UNBILLED: 18.0

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: National Institute on Drug Abuse Training RFP-271-75-4070

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): N/A BILLING METHOD, RECEIPT DATE: Billings made upon expenditure incurred

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: All states were given the same amount in FY 76. The FY 77 amount was based upon performance and expenditure of funds awarded in FY 76.

OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Staple additional sheet if necessary)
State must develop and implement a drug abuse training plan according to the National Institute on Drug Abuse's specifications.

FY 77	FY 78	FY 79
A. ORIGINAL ESTIMATED REVENUE PLACED ON BOOKS 7/1: 10.0	A. ESTIMATED FEDERAL ALLOCATION FOR FY 78: 30.0	A. ESTIMATED FEDERAL ALLOCATION FOR FY 79: ?
B. ESTIMATED FEDERAL ALLOCATION FOR FY 77: 34.6	B. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM FY 78 FEDERAL ALLOCATION:	B. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM FY 79 FEDERAL ALLOCATION:
C. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM FY 77 FEDERAL ALLOCATION: 34.6	C. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM PRIOR YEARS FEDERAL ALLOCATIONS: FY _____ FY _____ FY _____ TOTAL 30.0	C. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM PRIOR YEARS FEDERAL ALLOCATIONS: FY _____ FY _____ FY _____ TOTAL _____
D. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM PRIOR YEAR ALLO- CATIONS: 10.0 FY 76 FY _____ FY _____ TOTAL 10.0	D. FY 78 REVENUE ESTIMATE: (LINES B+C) 30.0	D. FY 79 REVENUE ESTIMATE: (LINES B+C) ?
E. REVISED FY 77 REVENUE ESTIMATE (LINES C+D) 44.6		

CERTIFICATION: I CERTIFY THAT THE FACTS
HEREIN AND ON SUPPORTING DOCUMENTS
ARE CORRECT.

CERTIFYING OFFICER

PHONE

DATE

949

Revenue Estimating Form

Restricted Revenue
SOADAP

FUND: 100 RECEIPT CODE: 829 RECEIPT TITLE: Planning COLLOCATION CODE: 06-24-5-530 BRU CODE: 02-24-02-01-00-00

FY 76 ACTUAL REVENUE: 74.7 FY 76 ACCOUNTS RECEIVABLE BILLED: 21.8 UNBILLED: 2.3

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: National Institute on Drug Abuse
Drug Abuse Prevention Formula Grant Funds

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): N/A BILLING METHOD, RECEIPT DATE: projected expenditure
Billing bases upon

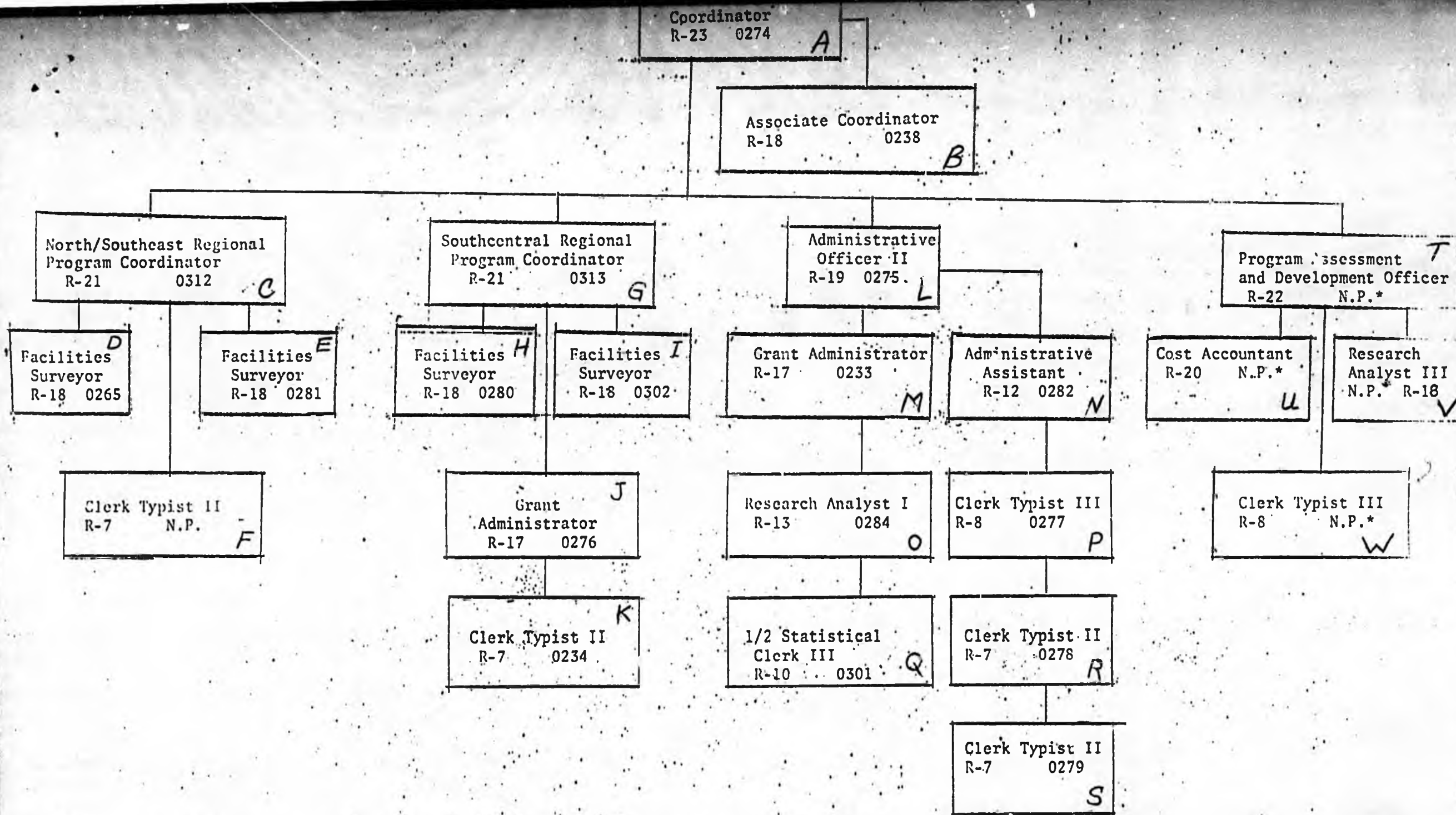
METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: Based upon the following formula:
1/3 relative gross population; 1/3 per capita income; 1/9 relative incidence of non-infectious serum hepatitis,

1/9 relative state appropriations per capita, and 1/9 relative.
OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Staple additional sheet if necessary)
Alaska must spend the funds for administration or direct services of drug abuse treatment/rehabilitation and/or prevention/education programs. A state plan must be written yearly and maintenance of effort in terms of state appropriations must be maintained.

<u>FY 77</u>	<u>FY 78</u>	<u>FY 79</u>
A. ORIGINAL ESTIMATED REVENUE PLACED ON BOOKS 7/1: <u>100.00</u>		
B. ESTIMATED FEDERAL ALLOCATION FOR FY 77: <u>215.5</u>	A. ESTIMATED FEDERAL ALLOCATION FOR FY 78: <u>245.5</u>	A. ESTIMATED FEDERAL ALLOCATION FOR FY 79: <u>215.5</u>
C. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM FY 77 FEDERAL ALLOCATION:	B. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM FY 78 FEDERAL ALLOCATION:	B. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM FY 79 FEDERAL ALLOCATION:
	<u>215.5</u>	<u>215.5</u>
D. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM PRIOR YEAR ALLOCATIONS:	C. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM PRIOR YEARS FEDERAL ALLOCATIONS:	C. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM PRIOR YEARS FEDERAL ALLOCATIONS:
<u>FY</u>	<u>30.0</u> <u>FY 77</u>	<u>FY</u>
<u>FY</u>	<u>FY</u>	<u>FY</u>
<u>FY</u>	<u>FY</u>	<u>FY</u>
TOTAL	TOTAL	TOTAL
E. REVISED FY 77 REVENUE ESTIMATE (LINES C+D) <u>215.5</u>	D. FY 78 REVENUE ESTIMATE: (LINES B+C) <u>245.5</u>	D. FY 79 REVENUE ESTIMATE: (LINES B+C) <u>215.5</u>

CERTIFICATION: I CERTIFY THAT THE FACTS HEREIN AND ON SUPPORTING DOCUMENTS ARE CORRECT.

CERTIFYING OFFICER _____ PHONE _____ DATE _____



* Fully funded by Federal A.I.S. grant monies; reflects realignment of these funds within the budget but no increase.

ALASKA STATE LEGISLATURE

TENTH Legislature **FIRST** Session

HOUSE **BILL** NO. **340**

By **THE RULES COMMITTEE** BY
REQUEST OF THE GOVERNOR

"An Act relating to treatment of alcoholism and drug abuse; and providing for an effective date."

Treatment of alcoholism & drug abuse

Introduced in the House **3-11-77**, 19**77**

HISTORY IN THE HOUSE

19 77
Mar. 11 Read first time and referred to Committee on **HESS and Judiciary**

Reported back with recommendation that

Read second time and

Read third time and

PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused

Reconsideration

PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused

Reported correctly engrossed
Signed by Speaker
Sent to Senate

CHIEF CLERK OF THE HOUSE

HISTORY IN THE SENATE

19
Read first time and referred to Committee on

Reported back with recommendation that

Read second time and

Read third time and

PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused

Reconsideration

PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused

Reported correctly engrossed
Signed by President
Returned to House

SECRETARY OF THE SENATE

HISTORY IN THE HOUSE

19
Received from Senate

Concurred in Senate amendment thus adopting:

Failed to concur in Senate amendment; asked Sen. to recede

Senate receded from amendment

Senate failed to recede from amendment

FCC appointed by House

FCC appointed by Senate

FCC adopted

To enrolling

Reported correctly enrolled

Sent to Governor

..... by Governor

Filed with Lt. Governor

Chapter No.

Ricky look this call at 5:50 pm.
Thursday, April 28 -

John ~~of~~ Egeland - Petersburg Youth Prog.
Petersburg

1) generally against merger

a. training -

○ need it ~~for~~ for
prevention people

b. no provision for a balance
of efforts with treatment &
prevention

c. no firm guidelines for distribution
of resources between alcohol &
drugs -

d. 25% cash match too high
in-kind services should be
in ~~in~~ combination w/
cash donations.

TELEGRAM

FROM ALASKA COMMUNICATIONS, INC.

PHONE: 886-6440

JUNEAU, ALASKA 99801

12055 N. FAIRBANKS ALASKA 100 04-21 415P AST

PMS REP CHARLES H PARR

JUN

DEAR MR PARR

I HAVE BEEN INFORMALLY NOTIFIED THAT A PUBLIC HEARING
ON HOUSE BILL 340 WILL BE HELD TONIGHT APRIL 21 1977
IN JUNEAU ALASKA IN VIEW OF THE LATE HOUR OF NOTIFICATION
AND THE DISTINCT POSSIBILITY THAT THE PASSAGE OF HB340
MAY EFFECT THE FAIRBANKS NATIVE ASSOCIATION, INC (FNA)
I AM HEREWITH REQUESTING FOR A SPECIFIC TIME AT A LATER
DATE, CONVENIENT TO ALL INVOLVED, TO GIVE TESTIMONY
REGARDING THE SAID BILL. YOUR INCLUSION OF THIS TELEGRAM
IN THE MINUTES OF THE ABOVE MEETING TO FORMALLY DOCUMENT
MY REQUEST WILL BE GREATLY APPRECIATED VERY TRULY YOURS
PAUL A GOODWIN PRES FAIRBANKS NATIVE ASSOCIATION INC

JUN 21 PM 7 39

479-2125

Rep Parr

LA21 3749 13.33 04/21/77 JA01 0002 07.27 04/22/77

TO: CINDY, JMW.
FROM: SUSAN, FBX.

OUR CRT WAS DOWN FOR ABOUT TWO-THREE HOURS IN THE MIDDLE OF THE DAY...BUT, ALTHO HE WEREN'T ABLE TO GET ANY OF OUR MESSAGES THRU, I DO BELIEVE HE DID RECEIVE ALL INFO. FROM YOUR END. IT REALLY DOES SOUND LIKE THINGS ARE APOPPIN'!!!

2. TO: REP. CHARLES PARR, CHAIRMAN, HOUSE HESS COMMITTEE;
FROM: MR. PAUL A. GOODWIN, PRESIDENT, FAIRBANKS NATIVE ASSOCIATION/
102 LACEY, FAIRBANKS, ALASKA 99701.

DEAR MR. PARR,

I HAVE BEEN INFORMALLY NOTIFIED THAT A PUBLIC HEARING ON HB 340 WILL BE HELD TONIGHT, APRIL 21, 1977, IN JUNEAU, ALASKA. IN VIEW OF THE LATE HOURS OF NOTIFICATION, AND THE DISTINCT POSSIBILITY THAT PASSAGE OF HB 340 MAY AFFECT THE FAIRBANKS NATIVE ASSOCIATION, INC. (FNIA), I AM HEREBY REQUESTING FOR A SPECIFIC TIME AT A LATER DATE, CONVENIENT TO ALL INVOLVED, TO GIVE TESTIMONY REGARDING THE SAID BILL. YOUR INCLUSION OF THIS TELEGRAM IN THE MINUTES OF THE ABOVE MEETING TO FORMALLY DOCUMENT MY REQUEST WILL BE GREATLY APPRECIATED.

VERY TRULY YOURS, PAUL A. GOODWIN, PRESIDENT, FAIRBANKS NATIVE ASSOCIATION.

THANKS, CINDY! 757 203

TELEGRAM

ALASKA COMMUNICATIONS, INC.

PHONE: 886-6440

UNEAU, ALASKA 99801

177 APR 20 11 9 34

02088 NL ANCHORAGE ALASKA 324 04-20 0552P AST

PMS REP CHARLIE PARR

HESS COMMITTEE

JUN

PLEASE ACCEPT THE FOLLOWING STATEMENT AS TESTIMONY CONCERNING SB242/
HB340 (ALCOHOLISM AND DRUG ABUSE ACT). THE NATIONAL COUNCIL
ON ALCOHOLISM-ALASKA REGION SUPPORT THIS BILL IF THE FOLLOWING
CHANGES ARE MADE:

1. WHEREVER REFERENCE IS MADE TO THE TERMS ALCOHOLICS, DRUG
ADDICTS, ALCOHOL ABUSERS, AND DRUG ABUSERS, ALL MUST BE
MENTIONED FOR PURPOSES OF CONTINUITY. THEY ARE FOUR
DISTINCT GROUPS OF INDIVIDUALS.
2. THE STATE OFFICE OF ALCOHOLISM AND DRUG ABUSE SHOULD
PROVIDE NO DIRECT SERVICES TO CLIENTS OR THE GENERAL
PUBLIC. ALL TREATMENT, EDUCATIONAL MATERIAL, EDUCATIONAL
PROGRAMS AND TRAINING PROGRAMS SHOULD BE CONTRACTED FOR
(47.37.040 SEC. 5, 6, 7, 8).
3. 47.37.030 SEC 3 SHOULD ESTABLISH EQUAL REPRESENTATION
FROM PERSONS WITH INTERESTS IN THE PROBLEMS OF DRUG
AND ALCOHOL ABUSE (TWO FROM DRUG ABUSE AND TWO FROM ALCOHOL
ABUSE).

4. 47.37.200 (B) SEC (B) WE QUESTION THE ADVISABILITY OF THE STATEMENT, "...TREATMENT FACILITY WHICH IS ABLE TO PROVIDE ADEQUATE AND APPROPRIATE TREATMENT..." THE IMPLICATION APPEARS TO BE THAT TREATMENT IS INADEQUATE AND/OR INAPPROPRIATE IF A PERSON DOES NOT RECOVER. THIS IS A DANGEROUS IMPLICATION AS LITTLE OR NO HARD DATA IS KNOWN CONCERNING CAUSES/CURES/EFFECTIVE TREATMENT MODALITIES FOR ALCOHOL OR DRUG ABUSE.
5. 47.37.310 (A) IT IS APPROPRIATE TO GIVE STATE (TAXPAYERS') FUNDS TO PROFIT-MAKING CORPORATIONS? WE DO NOT SUPPORT THAT CONCEPT.
6. 47.37.310 (D) WE GREATLY OBJECT TO ALL COMMUNITY MATCH CONTRIBUTIONS MANDATED TO IN CASH. AS A FORMER CITY MANAGER, I KNOW THIS IS NOT POSSIBLE. A PORTION OF THE MATCH COULD BE MANDATED AS CASH, BUT NOT THE ENTIRE AMOUNT.

WE HAVE BEEN UNABLE TO REVIEW ANY OTHER LEGISLATION CONCERNING ANY DRUG/ALCOHOL REORGANIZATION EFFORT AND URGE YOU DO NOT ACT ON ANY UNTIL APPROPRIATE AGENCIES HAVE HAD OPPORTUNITY FOR REVIEW.

THANK YOU FOR YOUR CONSIDERATION OF THIS MATTER.

SINCERELY YOURS,

SUZANNE W. PERRY, EXECUTIVE DIRECTOR
NATIONAL COUNCIL ON ALCOHOLISM-ALASKA REGION

Municipality of Anchorage

MEMORANDUM

THURSDAY APR 21 1977

DATE: April 20, 1977

TO: Robert (Bert) Hall, Director
Health & Environmental Protection

FROM: Behavioral Health Manager

SUBJECT: House Bill No. 340.

House Bill No. 340. An act relating to treatment of alcoholism and drug abuse for all purposes establishes a uniform drug abuses act which includes alcohol as a major addictive drug. This legislation has great merit. Section 2 - AS 47.37.010, Declaration of Policy is inclusive and needed. There should be a semantic consistency in the policy and throughout the bill and terminology which should be used is "alcoholics, alcohol abusers, drug addicts, and drug abusers."

Section 4, AS 47.37.030. The powers of the office is broadened and strengthened by spelling out that treatment programs include prevention, training and rehabilitation.

Section 5, AS 47.37.040. The expanded duties of the office addresses in (7), (10), and (15) will facilitate a much stronger approach to early intervention and ultimate treatment of both the licit and illicit drug users.

Page 2, Line 24, and all subsequent notations with a reference to alcoholism and drug abuses should be changed to alcohol[ism] and drug abuses.

Section 6, AS 47.37.050. Amended to mandate that all departments become involved in the drug abuse problem and the quarterly meetings rather than twice per year should create a continuance of interest and promote more effective programing.

Section 7, AS 47.37.360. It would be desirable that intent be written that the new advisory board retain at least two of the more knowledgeable members of each of the present advisory boards for alcoholism and drug abuse to maintain a continuity of past and present activities and to assure equal attention is given to the programing for both areas.

There should also be some of the present staff members of the office of drug abuse retained for continuity of programing during the transition period.

Section 9, AS 47.37.080. (1) Reinstate all deleted material on lines 22 to "except" on line 24. It is believed that one physician with a greater emphasis in the field of psychiatry is necessary on the board.

Section 15, AS 47.37.140. Establishment for Standards of licensing as addressed in this section and licensing rather than approval is essential for adequate programs to be developed and maintained. The present difficulty in obtaining approval of facilities dilute the efforts on the part of effective programs in providing quality service.

Section 17, AS 47.37.160 (d). Line 7 - 9 delete (except for diagnosis and referral, alcoholism treatment programs shall be separate and distinct from treatment programs for drug addicts.) This statement is too dictatorial and possibly destructive to effective programming.

Section 25, AS 47.37.170 (h). This section dealing with involuntary commitment is considered to be essential in cases where reason is so impaired by drug abuse that the individual cannot make a knowledgeable decision concerning his well being or may be inadvertently harmful to others.

Helen Beirne
Helen D. Beirne, Ph.D.
Behavioral Health Manager

HOB:epw

KIINUK, INC.

1221 Coppet
Fairbanks, Alaska 99701
(907) 456-4409

April 7, 1977

Representative Fred Brown
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Fred,

Attached is a suggested revision of HB 340 (SB 242), a bill relating to the treatment of substance abusers.

The primary focus of the proposed legislation is the combining of the offices of drug abuse and alcoholism--a concept that we support wholeheartedly. Additionally, it is a concept that has gained national support and is currently being implemented by many states.

Unfortunately, we cannot support the bills as they presently stand. While the combination of offices does have the potential for better resource allocation and improved service delivery, such benefits are not apparent within the existing proposed legislation.

Using the recently passed community mental health center legislation as a model (a model we believe to be exemplary), we have attempted to re-draft HB 340 so it too will assure local participation and control. Additionally, as communities implement the integration of human service delivery components (as appropriately required by the Community Mental Health Centers Act), the present HB 340's focus on centralization would prevent consolidation and eliminate any meaningful local authority and flexibility.

We respectfully request that you consider the attached proposal, hold hearings as appropriate, and contact us as required.

Sincerely,



Paul Pesika, Coordinator



Frank J. Gold, EdD

Alaska Family House

A THERAPEUTIC COMMUNITY

2825 WEST 42nd PL. ANCHORAGE, ALASKA 99503
(907) 279-5502 OR 279-5503

March 30, 1977

Rep. Charles H. Parr
Pouch V
Juneau, Alaska 99811

Dear Rep. Parr:

RE: House Bill 340

I have recently obtained a copy of House Bill 340 which I understand is identical to Senate Bill 242 that I would appreciate the opportunity of testifying in regards to.

I, the other staff members, and members of Alaska Family House basically support the idea of consolidating the drug abuse and alcoholism programs. Our particular program has not faired well in terms of support by the past State Office of Drug Abuse. Consequently, we feel that any change for us and our addict population would be better than the existing situation.

On Page 1, Section 47.37.020 wherein it states that the coordinator shall be a qualified professional, I ask the question why not consider a paraprofessional? There are many individuals who have actually been there themselves that have the necessary educational background to fill such a position.

On Page 7, Section 47.37.080 qualification of Board members and following that it lists where the nine members should come from and what kind of people they should be. Herein I strongly recommend that you have at least one or two exaddicts that have successfully completed treatment on that Board. They could add invaluable input to the other seven Board members. A recovered alcoholic should also be on that Board. I think that it behooves the legislature to finally put somebody on the Board that can give the other Board members the kinds of information that they need to adequately address the decision making processes that are necessary if this Board is in fact going to rehabilitate addicts and/or alcoholics.

ADVISORY BOARD

Virginia Beirne, *MSW, ACSW*
Bill Bittner, *Atty.*
Charlotte Bowers
Harry Branson, *Atty.*
Rudy Ehenbeck
Mike Ellis, *Field Underwriter*

BOARD OF DIRECTORS

Steve Agbaba, *Broadcaster*
Brian Byrd, *Dr. of English*
Teresa Stahlman, *Exec. Dir. F.H.*
Herb Shaindlin, *Chief, News KIMO*
Tom Miklautsch, *Businessman*
Corlotta Robinson, *Prog. Dir. F.H.*
Will Robinson, *Prog. Dir. F.H.*
Terry Stahlman, *Exec. Dir. F.H.*
Rev. Don Lindsay, *DDS, MS*
Vera Slaymaker

ADVISORY BOARD

Frank Garfield, *Chief, Security
Alaska Court System*
William Gibson, *Pres. A.G.I.*
E. O. Hansen, *Pres. S&S Furniture*
Mrs. Robinson
Dave Rogers, *Insurance*
Capt. George Weaver, *APD*

My next question is, I have never seen the "appropriate standards" established under Section 140A of this chapter. I do not have those standards and wonder if I could get a copy of them.

On Page 11, Section F, there is the following statement: "No treatment facility may be operated in the State without a license and no facility may receive State funds under a contract or grant made unless it is licensed as a public treatment facility". In regards to the first half of that sentence, "no treatment facility may be operated in the State without a license", I do not know who wrote this section of the Bill, but that language does preclude Alcoholics Anonymous, and it would preclude the Alaska Family House structure. We are not licensed now and we do not want to be licensed. Our whole concept is "the family" structure. We are an anti-program that stresses such things as self-help, the work ethic, and making the best out of bad situations as done in everyday life. The day that the Alaska Family House program is licensed, there will be psychiatrists here, nutritionists here, volumes of paperwork that must be done, never ending reams of forms to be filled out, a fantastic increase in the cost per day of our clients, the need for more staff, and we will see the end of the addict helping addict concept. My next statement in regards to the last half of that sentence which reads "and no facility may receive State funds under contract or grant made unless it is licensed as a public treatment center", I am very glad that this was not law in 1973 when Alaska Family House was first founded or it wouldn't be here. My next question in regards to this statement is, what constitutes a treatment facility? What do you do about the situation where three or four or five individuals rent an apartment or a house and "treat" themselves with the AA type concept or the addict helping addict concept? Is that classified as a treatment facility?

On Page 13, Section B wherein it states, subject to regulations adopted by the Department "if a person is refused admission to a licensed or public treatment facility, the administrator shall if possible refer the person to another licensed approved public or private facility". My question in regards to that is simply, why? Why couldn't this individual be referred to an unlicensed treatment facility such as an AA group or Alaska Family House or to that apartment where the four people decided to band together to do something about their alcoholic and/or drug addiction problem?

On Page 14, Section D, there is a sentence that reads "except for diagnosis and referral, alcoholism treatment programs shall be separate and distinct from treatment programs for drug addicts". Again, I wonder why? I have had alcoholics in Alaska Family House that have gotten a lot of good out of the program working right along with the addicts. I have also seen many addicts that participate in AA and get something out of it. Why, by law and legislation must these two people with basically the same problem, i.e., chemical dependency, be separated through the legislative process? It is my opinion that if it works, do it. Again, I have seen drug addicts use alcohol programs, a multitude of treatment centers, religion, and all kinds of things to change and simply ask the question why exclude anything that might work. In that same paragraph there is a sentence of "no person addicted to an opium derivative may be treated except at a licensed

drug addiction center". Again a person addicted to an opium derivative should be allowed to seek treatment anywhere he or she feels that there is some help.

On Page 22, Section 47.37.220, wherein it states visitations and communication of patients. "Patients in any licensed treatment facility under this chapter shall be granted reasonable opportunities for adequate consultation with counsel." We can agree with that wholeheartedly as the right to counsel is imperative and means that the individual must have some problems or there would be no question of counsel. That sentence does, however, continue with the words, "and for the continuing contact with family and friends including the use of telephone facilities consistent with an effective treatment program". I have seen many addicts who have members of their immediate family using drugs. Most addicts that I have seen come into this program have nothing but addict friends. It is imperative that the addict in treatment be separated from the addict still using. No matter if they are related or "friends". If that is not done you will invariably have two addicts using and not one in treatment.

In regards to Section B of that same Section, wherein it states that "no mail or other communication to or from a patient in a licensed treatment facility may be intercepted, read or censored", again you have problems in that area. We do in fact open mail here at Alaska Family House. Each resident who comes in signs a waiver allowing us to do that and you would not believe the drugs we have intercepted, plans to bring drugs into the program, pornography, and other seriously upsetting information. At Family House and most other major therapeutic communities such as Delancey Street in California and Habilitat in Hawaii, there is an initial black out period that is important. Most therapeutic communities are and must be drug free at all times. All avenues of its coming into the facility must be constantly explored investigated and halted wherever possible. These particular sections would totally tie our hands at Alaska Family House.

In regards to again on Page 22, this time Section 37AS47.37.24A, most clients, which we prefer over the word patient, have no funds and we are concerned that some people with funds might decide to delay treatment until they have expended their revenues (probably by the purchase of more drugs and possibly O.D.) and also pass the time when the urge for treatment has passed.

On Page 24, numbers 13 and 14, wherein drug addict and drug abuser are being defined, I have known many barbituate addicts but very few barbituate drug abusers. Another point is, what of methadone and other synthetics that are even more addictive than opium derivatives? They too should be classified as drug addicts.

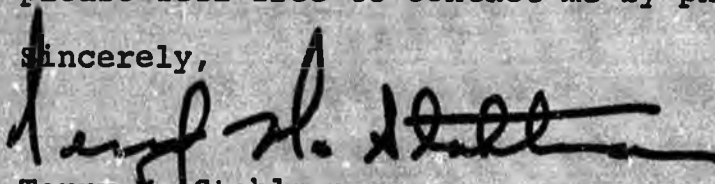
On Page 24, Section D, last sentence wherein it says all community match contributions to grants shall be in the form of cash and I wonder why not goods and services? If we get a \$100 worth of canned vegetables from BiLo, isn't that the same as \$100 cash in so far as the program is concerned?

In closing this correspondence, I again would appreciate an opportunity to verbally testify in front of your committee and again we wish to state that we can support the concept of joining the drug and alcohol Boards. I would, however, not like to see legislation passed that would make treatment less accessible and that would make our jobs here at Alaska Family House more difficult than they are presently.

For the past three years, we have been involved in an almost constant fight with a very small group of bureaucrats that are constantly thinking in terms of new forms, new requirements, new criteria that in fact takes away from the treatment process. Most of these ideas are gleaned from Federal guidelines and recommendations through the National Institute of Drug Abuse, etc. Most of those programs are no longer even in existence. One of the things that attracted me personally to the State of Alaska was the possibility of working directly with people without the tons of bureaucratic redtape, licensing requirements, etc., etc., that is the trend in the lower 48. I would hope that Alaska would not get sucked into that kind of mentality.

If I can be of any further assistance in regards to this matter, please feel free to contact me by phone (907-279-5502) or by mail.

Sincerely,



Terry K. Stahlman
Executive Director
Alaska Family House

HOUSE BILL NO. 340

***** (suggested revision) *****

For an Act entitled: "An Act relating to treatment of
alcoholism and drug abuse; pro-
viding for an effective
date."

CS HB 340

p 9, line 3: delete "Comp Health Adv Council,"
insert "State Health Coordinating Council"

p 9, line 21: delete "mental health," insert
"substance abuse"

p 10, line 2: delete "and the legislature"

p 10, line 22: delete: "PUBLICALLY," insert "PUBLICLY"

page 17, line 7 - insert appropriate section

page 19, line 15 ft - retype double spaced

page 21, line 20 - delete "appropriated", insert
"submitted"

page 6, line 3: delete: "Included too are"

" " " 2: " " and" (last one)

" " " 21: " " all"

Ann —

cut & paste



Alaska State Legislature ~ House

HEALTH, EDUCATION & SOCIAL SERVICES COMMITTEE

Pouch V, State Capitol
Juneau, Alaska 99811
(907) 465-3797

TO: HOUSE HESS MEMBERS

FROM: ROCKY MACKINNON

RE: HB 340

We will have a meeting regarding HB 340 Thursday night. It will begin at 7:30p.m. and we will be able to receive long distance intercom calls. The phone number is Zenith 7000. Please try to hang on to your bills for the meeting.

POSITION PAPER ON HOUSE BILL 340

"An Act relating to the treatment of alcoholism and drug abuse; and providing for an effective date."

This bill is recommended by the Department of Health and Social Services. The bill proposes to accomplish several things, among them the following:

1. Adds both "drug addicts" and "drug abusers" to the types of persons to be afforded treatment under the provisions of AS 47.37. (Throughout the Act.)
2. Creates a combined "Office of Alcoholism and Drug Abuse." (020)
3. Empowers the combined office to review and comment on all state plans involving provisions for alcoholics and drug abusers. (030)
4. Empowers the combined office to have access to alcohol and drug related records systems of other agencies of state government except when expressly prohibited by law. (030-6)
5. Instructs the office to reorganize and implement a coordinated Manpower Training Program for all persons involved in the provision of treatment services to alcoholics and/or drug abusers. (040-7)
6. Adds the Regional Health Systems Agencies and the State Health Coordinating Council to the list of agencies to whom the Office and the Board is advisory for the purposes of the preparation of an annual combined State Plan for the provision of services to drug abusers and alcoholics. (040-11)
7. Requires the Office to monitor the admission of alcoholics to hospitals in conformance with existing federal law. (040-15)
8. Adds the following agencies to the Interdepartmental Coordinating Committee: "The Commissioner of Revenue," "The Commissioner of Community and Regional Affairs," "The Director of Traffic Safety," "The Director of Criminal Justice Planning," "The Department of Law," "The Division of Planning and Policy Development," "The Division of Budget and Management," and "The Alaska Court System." Requires the committee to meet quarterly for the purpose of supervising the implementation of an annual Interdepartmental Plan for the amelioration of alcohol and drug abuse problems. Ties the plan to the existing plan requirements of other affected agencies. (050-A)

9. Collapses the existing separate advisory boards for alcoholism and drug abuse into one combined advisory board for the combined office, and specifies the membership categories. (080.1-5)
10. Redefines the position of the Coordinator to include responsibility for drug abuse as well as alcoholism. (120)
11. Adds to the requirements for the preparation of an annual plan for the prevention, treatment, and control of alcoholism and drug abuse. (130.A-E)
12. Redefines the responsibility of the office to include "licensure" of facilities and programs, instead of the existing "approval." (Brings the statute into conformance with other similar statutes.) (140)
13. Defines situations under which the state may allow the creation of combined treatment programs for the treatment of certain alcoholics and drug abusers. (160-D)
14. Compels the administrator of a licensed facility to initiate emergency or involuntary commitment proceedings on certain clients, under certain conditions. (170.H)
15. Mandates that persons who attempt to commit, commit, or threaten physical harm to another under the influence of alcohol, be charged under an appropriate criminal statute and taken into criminal custody. (180)
16. Insists that the courts commit persons only to licensed public or private treatment facilities (190)
17. Defines both "licensed public," and licensed private" treatment facilities/programs. (270. 2&3)
18. Adds definitions of "drug addicts" and drug abusers" for the purposes of the Act. (270. 13&14)
19. Adds definitions of "cross addicted persons" and troubled employees" for the purposes of the Act. (270. 15&16)
20. Adds a new "grant-in-aid statute" which includes "profit making corporations" in the list of agencies eligible for state grants-in-aid. (Article 2-300 & 310)
21. Keeps the appropriations for grant-in-aid for alcoholism and drug abuse separate. (310-B)

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH H 01 - JUNEAU 99811

April 28, 1977

Document# House HESS #5

Honorable Charlie Parr
H. & S.S. Committee Chairman
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

Mr. Cole, in the State Office of Alcoholism; Mike Waltne and Rae Ann Hickling, from Anchorage; and Ms. Hilburn, in the State Office of Drug Abuse have discussed proposed changes in this bill. The proposed changes are:

...Page 1, Line 26 ... Add the word "abuse" after the word "drug"

...Page 4, Section 10 ... Should read: "Coordinates with Local Communities, the Regional Health Systems agencies, and the State Health Coordinating Council on the Preparation of an Annual Comprehensive Plan for the Prevention, Treatment and Control of Alcohol and Drug Abuse; to be Submitted to the Commissioner and the Citizens of the State of Alaska for Review and to the Governor for Approval."

...Page 5, Line 20 ... Delete the word "intoxicated", add the word "drug abusing."

...Page 7, Section 9 ...(47.37.080) Should be amended to read: "Of the nine members, no person having a monetary interest in the outcome of the recommendations of the Board shall serve as a Board Member." (All other language should be deleted.)

...Page 9, Section 47.37.110 ... The following changes are proposed:

110... Duties.. add "The State Health Coordinating Council" after the word "Commissioner"

110 (1) Add the words "and physical" between "Mental" and "Health"

110 (3) Should read: "Social factors which affect the causation, treatment and rehabilitation of alcoholism and drug abuse"

110 (4) Should read: "Legal processes and legislation which affect the rehabilitation and treatment of alcoholics and drug abusers"

110 (5) Should read: "Programs of public relations, prevention and education concerning the problem of alcoholism and drug abuse conducted by a department of state government or by any organized group"

...Page 10, Section 130; Lines 13-15 ... Delete the words "and when feasible"; include an amended sentence to read: "Programs shall be established with maximum local community and native health corporation involvement."

Section 130 (D)... Delete

...Page 14... Delete (D) ... Replace (D) with the following:

"Based upon local determination of need, there may be alcoholism treatment programs, drug abuse treatment programs, or integrated treatment programs for both alcoholism and drug abuse. There may be integrated prevention programs for all forms of substance abuse. All State and Federal laws and regulations relating to requirements for methadone maintenance for persons addicted to an opiate derivative shall be strictly adhered to by all affected treatment facilities licensed or funded by the office. There shall be state regulations which establish standards for licensure for all classes of treatment programs."

...Page 25, Lines 3 & 4 ... Should read: "Grants will be awarded on the basis of demonstrated need and the merit of the application. In considering applications for alcoholism programs, the department shall, if all other factors are equal, give preference to applications in political sub-divisions which devote local government revenues generated by the sale of intoxicating liquor to the treatment of alcoholism."

...Page 25, Section "D".. Should be amended to read: "All community match contributions to grants shall be in the form of cash, except grants to "poverty" communities for the first three years of state grant support may meet the match requirements through the provision of in-kind contributions."

...Page 24, Section 310, Line 21: Delete (A) "Profit making corporation" from the list of eligible entities for grants in aid support.

...Page 27, Section 43, Line 29: Should have included the following definitions:

..."Drug Abuser"... means a person who misuses a drug or drugs to the detriment of his/her health and social well-being.

..."Cross Addicted Person"... means a person who is addicted to more than one class of drugs.

(Note: Existing AS 47.37 definitions of "Alcoholic", should be retained. All references to "Drug Addicts" should be stricken from the language of the bill.)

All of the above changes have been found acceptable by the Southeast Alaska Alcoholism Program Managers, the Petersburg Youth Council and the Petersburg Alcoholism Board, as well as the persons mentioned from the drug field in the first paragraph in this memo.

The Department would like to suggest one more addition to the bill which might facilitate the plan to reorganize the offices. That provision would read as follows:

"There shall be created a "Technical Advisory Panel" to advise the

April 28, 1977

Coordinator and the Advisory Board on all matters having to do with the impact of office policy on the administration of local programs. The Advisory Panel shall be composed of two alcoholism program managers, two drug abuse program managers, and one representative each from the "Alaska Native Commission on Alcoholism and Drug Abuse" and "The National Council on Alcoholism - Alaska Region."

This Panel shall meet quarterly with the Governor's Advisory Board on Alcoholism and Drug Abuse and the Coordinator for the purpose of discussing issues which impact on the administration of local programs.

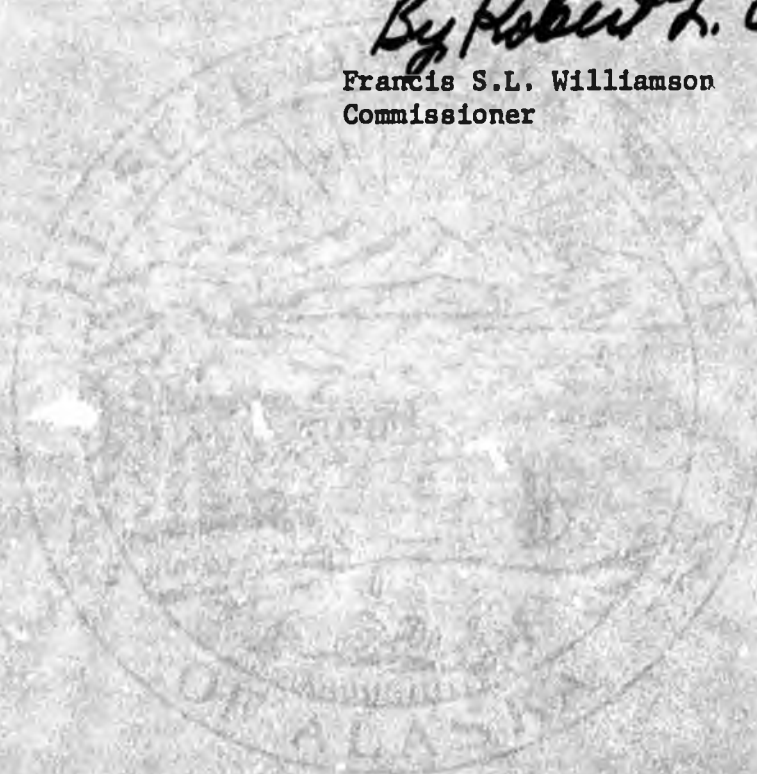
Travel and Per Diem: Should read the same as the "Travel and Per Diem" provisions for the Governor's Advisory Board.

Your consideration of the proposed charges will be greatly appreciated.

Sincerely yours,

By Robert L. Cole

Francis S.L. Williamson
Commissioner



MINUTES OF HOUSE HESS COMMITTEE

April 28, 1977

(EVENING)

The meeting was called to order by Chairman Parr at 7:35 p.m. Present: Mr. Parr, Dr. Beirne, Mr. Nakak, Mr. Chatterton, & Mr. Ose. Mr. Phillips, Mrs. Buchholdt and Mr. Bennett came in later.

Absent: Mr. Cotten.

HB 340
Kleinfelter

Mary Kleinfelter called in first on the conference telephone that was sat up regarding HB 340 which was the agenda for the evening. She called to object to HB 340 as she felt the alcoholic and drug addict are 2 entirely different and separate problems. She said she was familiar with both problems and doesn't think they should be combined. She also said she objected to the State giving monies to any private profit making organizations. She stated she is presently working for a treatment center but also had been on heroine herself.

Walti

First to testify in person was Mike Walti who operates the narcotic drug treatment center in Anchorage. Said he had come down here to testify on the bill thinking it was definitely sure to pass and then in the Senate HESS meeting the day before he was surprised to find out that it was not a definite thing. He said he did not want the merger. He felt at some point in the "great beyond" there will be a combination of the two but didn't think they were ready for it yet. He said the differences in the clientele he found were the generational differences. He said a lot of people are middle aged or older. He said the only way it could be changed is when the people in the fields share some of their experiences which they don't do now. Said he hoped this bill did not pass out of committee at this time. Mr. Walti said he had problems with parts of the treatment provision in the bill and also problems with the term "drug-addict". When asked if the combination did go through what characteristics he would like to see he said he would like to see someone in the drug field included in the office somehow.

Vollin

Next to call in on the conference telephone was Danny Vollin who was representing himself from Anchorage. He too objected to the bill in that he felt the alcoholic and drug abuser were 2 completely different problems.

Walti

Mr. Walti went on to say that he would support the licensing section of the bill. Said this means consumer protection for the people that come to the program. Said it would also be necessary for the collection of 3rd-party payments when and if they became available.

Mr. Walti said the section on the Advisory Board in the bill bothered him also. Felt all it should say was "that the Advisory Board consist of 9 members appointed by the Governor". Thought perhaps should specify that 3 members of the board should have an income of \$12,000 or less. With regard to the portion on the civil commitment which he had spoken on the telephone last week to, he said he had changed his mind on that section.

Goodwin

Next to testify was Mr. Paul Goodwin, President of the Fairbanks Native Association and runs the largest alcoholic program in the State of Alaska. Said he had no major or substantial objections to the package other than the objection that he would not like to see both programs under one Board. Said he would disagree to putting drug abuse and alcoholism under the Mental Health services. He said he really had not had time to study this bill and as far as he was aware of neither had anyone else he had talked to.

Forest

Sister Forest from Anchorage called in on the conference telephone at this time. She too objected to the bill in that the people involved have 2 different types of problems. Said she was speaking for herself as a counsellor and as a worker in an Anchorage Center., Studio Club.

Gold

Next to testify was Dr. Frank Gold, registered psychologist and director of Fairbanks Drug Treatment Center and who was responsible for the proposed committee substitute. He too felt that nothing should be done with the bill at this time if possible--just let it lie. He said the reason for rushing with the committee substitute was that all indications during the last year or so was that there was no way to stop the bill. He said he knew Paul ^{Peika} ~~Beeka~~ in Fairbanks felt the same way. He said in preparing the committee substitute he had followed the bill that the administration had put out as well as the existing Community Health Center Act. He said when they sat down and drew up the committee substitute it was done with a great deal of emotion. He said there are problems when talking about both alcoholics and drug abusers in a single agencies. Once they are stabilized, then you are talking about basically very similar types of problems. He did state that Fairbanks had very professional counsellors but didn't feel this was true in the rest of the state.

Peika

Mondale

At this point George Mondale, Coordinator of the Ketchikan Alcoholic Program called in on the conference phone. Said he spoke in favor of HB 340 but was opposed to the Committee Substitute in that it is the feeling that the proposed CS would undermine the intention of most of the people. Said he thinks it is unthinkable to have a substance abuse problem. Said he thought the citizens of our State have an increasingly

difficult time relating with what the State is trying to do. Said putting it under the title of Substance Abuse would really confuse them.

Gold Mr. Gold continued with his testimony. Said he thought more focus should be brought in putting more authority in the hands of the communities. He felt a good pattern to draw up a bill from was the Mental Health bill that was passed 2 years ago by the legislature. Mr. Gold said he did not think any of the drug abuse facilities had received this bill and therefore had not had a chance to look it over.

Stoner Next to testify was Mr. Tom Stoner, presently acting as Field Deputy for the Alaska Native Commission and handles both alcoholics and drug abusers. He said his organization was very comfortable with the potential merits in HB 340 and agreed with Mr. Cole's proposed amendments. Said they have been comfortable with the existing statute. Said if a merger did take place he felt there would be discreet program management in the separate areas. Said one recommendation he would make would be that drug abuse and alcoholism would be represented by a technical panel which could provide expertise to a combined board that would be responsible to the Commissioner with recommendations.

Nugen Next to testify was Mr. Leonard Nugen, Director of the Studio Club, Alcohol Rehabilitation Center. Said he has looked over HB 340 and there are some things he agrees with and some that he doesn't. Said he did not want to see the combining of the 2 advisory boards. Said they did need standards to license by. Said another thing that concerned him was the profit making section. He also said the part in the bill that refers to where a patient is brought to a treatment center and the center cannot help the person, it is up to the center to find another place to put the person, didn't think that was right. Felt there should be a way to hold people, alcoholics especially. Also felt that a lot of good counsellors could be people without a degree. Mr. Nugen said he had no problems with the existing statute but thought it could be better and especially liked the idea of being licensed.

Hickling Next to testify was Rae Ann Hickling, Executive Director of the Anchorage Council on Drug Aid. Said the people she represents are opposed to the combination of the 2 offices. She said she was party to the Committee that made changes to HB 340 from Mr. Cole's office. Said she was in favor of licensing.

The meeting adjourned at 9:30 p.m.

MINUTES OF HOUSE HESS COMMITTEE

April 21, 1977

(EVENING)

The meeting was called to order by Chairman Parr at 7:40 p.m. Present: Mr. Parr, Mr. Bennett, Mr. Chatterton, Mr. Phillips, Mrs. Buchholdt with Mr. Cotten coming in a few minutes later.

Absent: Mr. Nakak, Mr. Ose, & Dr. Beirne.

HB 340 Chairman Parr said HB 340 was on the agenda and asked Lois Jund, Deputy Commissioner of Program Management of the Department of Health & Social Services to testify first.

Jund Ms. Jund said the bill is a bill requested by the Governor in response to recommendation made by both the former legislature as well as the Governor's Efficiency Review Team to combine the offices of Alcoholism and Drug Abuse which at the present time are contained in separate statutes which calls for an Office of Alcoholism, an Office of Drug Abuse, a coordinator for each of these offices and 2 advisory boards. She said in their opinion it was essential that they have some legislation combining the 2 offices since the fiscal year '78 budget is predicated on a combined office. She said at the present time they have an advisory board for Drug Abuse consisting of 12 members and an Alcoholism Board of 9 members and this bill calls for a combined Board of 9. She said she was charged by the Commissioner of Health & Social Services to work with the 2 offices to prepare a bill that would be satisfactory to both offices. Said there has been some input but not extensive input from the Advisory Boards not on the specific bill but on the issues of combining the offices.

At this point Ms. Jund gave a brief overview of the sections of the bill and said Mary Beth Hilburn of the Office of Drug Abuse and Mr. Robert Cole of the Office of Alcoholism were present to answer any question.

Ms. Jund said in the case of Alcoholism, they have just recently surveyed many of the programs because the regulations will go into effect July 1. Said this is important from the standpoint of third-party payments. Said Mr. Cole has had some discussions with Blue Cross and if a treatment center is licensed under this statute, then they would be eligible for reimbursement for Blue Cross. This would pertain to Va, BIA and other third party payers. Said it keeps the appropriations for grant in aid for alcoholism separate and this is by federal mandate. Said they have written to the NIAAA and NIDA and have received their approval for the combining of these 2 offices which she said is a State option.

Ms. Jund said they had sat down with one of the providers and Mr. Cole had worked out some proposed alternative language that had caused problems with some of the individuals.

Mr. Chatterton asked about lines 15 and 16 on page 1. He wondered if it was the intent to remove from criminal prosecution any drug addict or any drug abuser. Ms. Jund said not from the consumption of alcoholic beverages or drugs. Mr. Chatterton asked if under present statutes the use of drugs is illegal in this state. Mr. Peters asked to address the statement and said that was something they were concerned about in the Attorney General's office but said on closer examination of the statutes, they found that the statutes could not prohibit either the consumption or addiction to drugs and cited a Supreme Court case relative to this. Said it was very difficult though to take the step from addiction, to consumption, to possession.

Mr. Parr questioned line 20, page 1 --alcoholism-drug problems. Ms. Jund said she thought this was used in the broad sense.

Mr. Parr asked Ms. Jund if she had other changes besides the combination of the agencies. Ms. Jund stated the position paper pointed out the major things the bill proposes to accomplish. She stated she would ask Mr. Cole and Mrs. Hilburn to walk them through the bill.

Mr. Parr asked if there was a substantive difference in saying "approval of licensure". Ms. Jund said this makes it formalized and brings it in line with what they are doing in all other programs. Mr. Cole addressed this question.

Mr. Parr then asked about page 2, line 25, if something had been added which had no direct relationship to the merger of the 2 offices. Mr. Cole explained they had attempted to do a state-wide research and planning effort during the past year and in one instance it took them 3 1/2 months to get information which should have been available in 3 1/2 minutes. He said they were concerned that it would make a stronger case for having access to the information if it wasn't prohibited.

Mr. Chatterton asked about lines 1 and 2 on page 2 wherein he felt a sizeable expansion of the Department's powers had been made. Mr. Cole said there has always been made indirect mention to training programs. Mrs. Hilburn said prevention has always been one of the activities, particularly in the Office of Drug Abuse.

Cole

Mr. Cole then spoke to the differences in the law instructing the office to organize and implement a coordinated manpower training program for all persons involved in the provision of treatment services to alcoholics and drug abusers. Said that is a stronger statement than they have ever had in their law before. (No. 7, page 4, line 10.) He stated the reason for putting this in was that there is a real shortage of persons trained to provide treatment services in these areas and in spite of the fact they have had a number of attempts to construct training programs in the past, they have had difficulty in getting them coordinated.

Gold

At this time, Frank Gold called in on the conference telephone from Fairbanks. Said he was one of the two authors of the substitute or suggested revision to HB 340. Said the problems they found with the bill were simple. Said last year the Legislature passed a Community Mental Health Services Act which included comments about drugs and alcoholism to be included under the Community Health Centers. Said the way HB 340 was originally written it created a conflict. He said programs are most accountable when they are held accountable to an immediate public, not the centralized antagonists in Juneau. Said the bureaucracy is responsible to the Commissioner and to the Governor--not to who they deal directly with the way people involved in providing services are. Said they were concerned about the cost of administration. Said it would tend to be rather high in centralized organization. He said he had gathered from testimony last night at Senator Hackney's meeting that there was a concern about a provider on the Board and said they recognized that when they wrote the suggested revision. Felt a decision maker on the Board by a lay-board in particular obviously takes education. Felt they needed people that should be educated to the field they are sitting in review of. Said their general concern was that they saw the Community Mental Health Center's Act from last year as an exemplary piece of legislation and sees this bill being opposed to it and actually creating a bureaucratic structure that is more complex and more tightly bound to Juneau than the present State Office of Drug Abuse and the State Office of Alcoholism. He then requested, if possible, that additional hearings be held a week from this date when many member providers from various parts of the state will be in Juneau and could be available for public testimony at this time.

Mr. Cole asked Mr. Gold to elaborate on the specific manner in which he felt the current legislation, as proposed, is so opposed with the Community Mental Health Center's Act.

Mr. Bennett asked Mr. Gold for his feelings in reference to alcohol which an alcoholic gets via a total legal transition which the government taxes as opposed to an addict who gets a totally illegal status. Do you find there is so much of a difference that it would have an effect in treating the patient in lumping them together?

Mr. Gold said not all people involved in drug abuse get there illegally, said some of them get it very legally with prescriptions. Said they had included most of the drug abusers in the revised HB 340 they wrote.

Mr. Bennett asked if the treatment of the 2 various types of patients is so much alike that it is a common bond that they should be in the same situation. Gold said with competent counsellors, once the individual is stabilized they would confront the same trend of problems.

Mr. Chatterton asked Mr. Gold what his definition of drug was. Also if he would include glue sniffing and gasoline sniffing, which Mr. Gold said he would not.

Walti

Next to call in was Mr. Michael Walti, has a graduate degree of social work and for the last 3 years has operated a narcotic drug treatment center which is the largest center in the State of Alaska. Said at the present time they are serving 15 addicts in Anchorage. Said he was calling to testify on the bill. Said he was disappointed that program input wasn't sought by the drafters of the bill during the initial stages. Felt they could have ironed out a lot of problems. Said it seems a good 50-60 percent of the bill could have been done by Department regulations. Said he had a hand in providing information for the substitute bill. Said problems with the original bill he had were many fold and said he would go into the basic differences between the 2 bills as they see them. Said he supports the second bill where they had substituted the concept of substance of the use. Said it seemed there were a couple of reasons for combining the two offices, only one of which was to save some money. He said in the bill there is a provision for a service provider. Said this is something they, in the field have talked about for some time. Said he would like to see a provider on the Advisory Board. He said the second version provides for civil commitment of any intoxicated person. Under the original bill it was only for people intoxicated by alcohol. Said in the first bill there is no provision for out-patient treatment of cross-addicts meaning someone with drug and alcohol problems. Said in the second revision of the bill which they support they do provide for being able to treat this type of individual. Felt there has been misconception about the kind of people that seek treatment from a Methadone treatment facility and said the one they run in Anchorage is very different from the ones that are run "outside". Said they are dealing, for the most part, with a working class group of people and at any point of time, depending on the season, between 70 and 80 percent of their people are employed full time and employed at fairly skilled jobs. Said they do not have a heavily criminalized group of people for treatment. Said a lot have been criminals when they come for treatment but after stabilized do cease their criminal activity. Said this is about 90 percent of the people on their program. Said combining people with alcoholism problems with hard core addicts the same treatment does not apply at least with their treatment in Anchorage.

Mr. Walti thought it was a mistake if you are going to have a civil commitment process for intoxicated persons to limit it to alcohol only, felt it could be expanded to include people who are intoxicated with any substance.

Mr. Cole said he didn't have any trouble with at least 2 of the points Mr. Walti raised. He said the provision of out-patient care for cross-addictions he felt they had taken care of. Mr. Peters said this was originally a Uniform State Act, drafted under the model of a uniform commission's act for several states, it was heavy, entirely alcohol and heavy on state-operated institutions. Said we have no state operated institutions but was trying to do the least damage to it as possible.

Hilburn

Mrs. Hilburn spoke to the service providers on the Boards. She said they have had service providers on their advisory board and she said programs feel if there is a provider or doctor connected on the advisory board that they are getting special treatment.. Said there is always the conflict--is my program being treated as credibly as the one that has the doctor on the Board. Said she thinks this causes a real problem. Said the Board works very hard to make good judgments.

Mr. Chatterton asked if Mrs. Hilburn would be opposed to putting this in. She said she would.

Coyne

Next to call in was Mr. Tom Coyne, in Ketchikan, Director of the Halfway House there. Said the only thing he was concerned with was changing the name to something like Office of Substance. Said he would like to see HB 340 go through but doesn't want amendments like he has heard of like to change the Office of Alcoholism to the Office of Substance. Said he always drank liquor or took a drug, never took any "substance". Said there was enough problem with getting people to get to these offices without confusing them to what office they are going to.

Mr. Cotten asked about the Alcoholism Advisory Board, the qualifications for the board members and how it breaks down. Mr. Cole explained the current qualifications.

Mrs. Buchholdt asked about page 4, asked if the people are not trained to do these programs would the state send them out to school? Mr. Cole said this could be done but what he always wanted to do was get the existing staff training capabilities that do exist together for the purpose of drafting a long-term manpower development plan for people working in these areas in Alaska.

There was discussion as to some problems that have come about in trying to treat alcoholics and drug abusers in the same facilities.

Mr. Chatterton asked about the expansion of manpower. Mr. Cole said it would not necessarily be the expansion of manpower in their office and wasn't their intent-what they were looking for, and might be guilty of, was trying to see that there is a training program somewhere in the state that addresses this.

There was discussion about the admission of people to the hospitals and some of the problems that have arose for not admitting ones that did need help.

Mr. Chatterton asked if they would have objection of leaving the word "encourage" in. Mr. Cole said he would have no trouble with this.

Mr. Chatterton then asked what a "troubled employee" was. Mr. Cole spoke to this.

The next section to be taken up was the Interdepartmental Coordinating Committee and Mr. Cole spoke to the changes that have been made. Said most of the persons were added to the committee at the request of the Governor, informally, and it seemed a reasonable thing to do.

The next section was the Advisory Board. Mrs. Buchholdt asked if this board was just for drug and alcoholism or for all of the different areas of Social Services Programs. Mr. Cole said not this particular one.

Rookes Mr. John Rookes from Petersburg called in on the conference phone. He said he was Director of the Petersburg Council on Alcoholism. Said he had been the director since the program began, a little over 4 years ago. He said he would like to voice objections to the bill. No. 1, had had the experience of working under the offices as set up in Washington where it didn't work out well. Said he found from experience of 14 years to alcoholics and drug abusers, that you can't even treat them together for therapy reasons because they look down on one another, one says "I'm not as bad as you" and the other says "you haven't been anywhere." Said another thing is they are trying to make drug abuse an illness the same as alcoholism and there seems to me some question how you legislate an illness. Thinks the American Medical Association should have the jurisdiction of describing an illness and not the legislator. He said he had written evidence prior to this to the National Council on Alcoholism to the Office of Drug abuse, to the Office of Alcoholism and to the Commissioner's office. Said he did not want to see this bill go through. Mr. Parr said the committee would like to have copies of the written statements. Mr. Rookes did say that Mr. Cole had this information also.

Next to be discussed with the Committee was the Qualifications of the Board. Mr. Cotten said he seemed to be going toward having no dedication at all on memberships of the Boards. Said he thought this was how the Drug Abuse Board worked right now and asked how Mrs. Hilburn liked it. She said it worked fine. There was much discussion as to who should be on the Board.

Gallagher

Next to testify on the bill was Jean Gallagher who is working as the Regional Technical Assistant for Alcoholism Programs for the Tlingit & Haida Central Council. Said the purpose of her position with the Central Council is to assist local communities in developing local alcoholism programs. Said her main reason was that she was concerned that HB 340 was going to get passed through and she wanted to alert the committee that there were several people that she knows in the region that do want to testify on this bill. Said some of the people would include the program people in the region, also asked the committee to get some input from both of the Advisory Boards. Said there is another State group called the Alaska Native Commission on Alcohol and Drug Abuse would also like to provide some input to the discussions. Said there will be a meeting on Saturday, in Sitka that will include all of the regional alcoholism program directors and assumed that this bill will be discussed at length there so she wanted to alert the committee that it was her personal feelings she wanted them to have as much input as possible on the bill before they made any decisions on it. Mr. Parr informed her there was another meeting on this bill next Thursday.

Mr. Phillips spoke up and said he had received a phone call this afternoon asking that the bill be held over until they had a chance to take a better look at the bill.

Hickling

Next to testify was Rae Ann Hickling, Executive Director of the Anchorage Council on Drug Aid. She said they treat a wide variety of people from about 5 years of age on up into their 60's. Said she had come down specifically to work on the bill for a variety of reasons, one being that she has never been sold on the merging of the 2 programs. Said she felt there were some things in the bill that would make it hard for her to treat her drug abusing client population. Said she fully supported the stand the bill has taken on licensing. Said she felt this was very needed in the state at this time. She said on page 14 where it speaks to the idea you can't treat a drug abuser or drug addict and alcoholism in the same facility. Said she found this very odd since most opiate users start on alcohol. She said 95% of all opium addicts use a lot of alcohol. She said if she can't treat both problems she is not helping that individual. She said she had sat down and worked out a compromise with Mr. Cole and the compromise means they could treat opiate addicts and alcoholics in the same facility should it be so licensed. Said she hoped the committee would take a look at this and make some changes in it.

Next Ms. Hickling spoke about her concern with the composition of the Board. Said she doesn't like boards to be composed of "have tos". Said she agreed that the Board should not be slanted toward all providers or all consumers, has to be some sort of equilibrium but made more towards health care providers and health care consumers. Said she didn't believe program people should serve on any boards. She said she would like to see the Board members compensated for child care assistance while at the board meetings.

Ms. Hickling then spoke about where the bill talks about grants ~~and aides~~. Said one of the biggest problems the communities have is coming up with a "cash match". Thought when talking about starting programs in communities could talk about "in kind match" and give them 2 or 3 years to start the program and show the community what they can do before you ask them for actual cash. She said Mr. Cole had changed some wording in the law which she thought he would be happy to share with the committee which talked to giving them 3 years to build up a cash match in a community and after that time they would have to start demonstrating some kind monetary interest in the program.

Section on

Next to be taken up was the/Comprehensive Program for Treatment. Mr. Cole said in Section 130, page 10, line 7, 8 and 9, said this has already been done and are in conformance with the Health services areas and with the native health corporation districts . He said with regard to line 28, they don't have any facilities that are currently operated by the Department although the law does provide there can be those they don't have any plans for doing this.

Mr. Cole talked about Centralization. Said 2 years ago there were frequent abuses of the state's money at the local level in some communities. Said there were numerous instances in the past where the program managers got themselves in the situations where the programs weren't being operated in basic state law rule and regulations with regard to even grant and aide regulations which was a problem. Said instances where patient's rights and help have been jeopardized. Said he feels they can demonstrate they have saved the public money by having some measure of investment of administration within the office in the last couple of years as well as protecting the public's health safety and welfare and patients safety and welfare. Said he would really be uncomfortable with the notion of simply passing out the money.

Mr. Cole said on page 14, line 7 they do have proposed changes for this section that would meet the objections Ms. Hickling spoke to.

Mr. Chatterton said starting on this page he would need an "enlightening program" and thought it a good place to stop.

The meeting adjourned at 10:00 p.m.

Municipality of Anchorage

MEMORANDUM

DATE: April 27, 1977
TO: Charles Parr, Chairman
Health, Education & Social Services
FROM: Behavioral Health Division, Department of Health & Environmental Protection
SUBJECT: House Bill No. 340

House Bill No. 340. An act relating to treatment of alcoholism and drug abuse for all purposes establishes a uniform drug abuses act which includes alcohol as a major addictive drug. This legislation has great merit. Section 2 - AS 47.37.010, Declaration of Policy is inclusive and needed. However, there should be a semantic consistency in the policy and throughout the bill and terminology which should be used is "alcoholics, alcohol abusers, drug addicts, and drug abusers."

Section 4, AS 47.37.030. The expansion of the powers of the office broadens and strengthens the law by spelling out that treatment programs include prevention, training and rehabilitation.

Section 5, AS 47.37.040. The expanded duties of the office addresses in (7), (10), and (15), will facilitate a much stronger approach to early intervention and ultimate treatment of both the licit and illicit drug users.

Page 2, Line 24, and all subsequent notations with a reference to alcoholism and drug abuses should be changed to alcohol[ism] and drug abuses.

Section 6, AS 47.37.050. This amendment to mandate that all departments become involved in the drug abuse problem and the quarterly meetings rather than twice per year should create a continuance of interest and promote more effective programming.

Section 7, AS 47.37.360. It would be desirable that intent be written that the new advisory board retain at least two of the more knowledgeable lay members of each of the present advisory boards for alcoholism and drug abuse to maintain a continuity of past and present activities and to assure that equal attention is given to the programming for both areas.

There should also be some of the present staff members of the office of drug abuse retained for continuity of programming during the transition period.

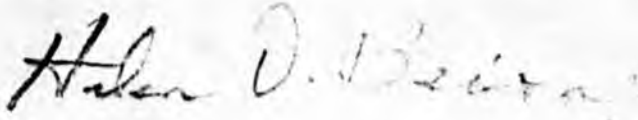
Section 9, AS 47.37.080. (1) It would seem that one M.D. would be sufficient. (3) Four should be lay persons who have interested a knowledge in either one or both fields. (This may be the category to assure that at least two of each of the present boards are incorporated into the new one. (4) Three [one] shall represent persons chosen from the following categories of professionals.

- (a) Protective Services - i.e. criminal justice, police probation, etc:
- (b) Primary health providers, i. e. Emergency medical services, Health Aids, Providers, etc..
- (c) Secondary Health Providers, i.e. Social worker, nursery, counselors, etc.

(5) Delete (These people will be able to repr3sent their views adequately : through public and private testimony and will carry significant w4ight without being on the voting membership of the board.

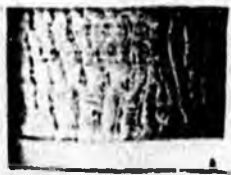
Section 17, AS 47.37.160 (d) Line 7-9 delete [except for diagnosis and refrerral, alcoholism treatment programs shall be separate and distinct from treatment programs for drug addicts.] This statement is too dictatorial and possibly destructive to effective programing. Many of these activities can be coordinated effectively wiht proper planning and education.

Section 25, AS 47.37.170 (h). This section dealing with involuntary commitment is considered to be essential in cas4s where reason is so impaired by drug abuse that the individual cannot make a knowledgeable decision concerning his well being or may be inadvertently harmful to others.



Helen D. Beirne, Ph.D.
Behavioral Health Manager

HDB:epw



proposed CS HB 340

1 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

2 *Section 1. AS 47.37 is amended to read: CHAPTER 37.

3 ALCOHOLISM AND DRUG ABUSE

4
5 *Sec. 2. AS 47.37.010 is amended to read:

6 Sec. 47. 37. 010. DECLARATION OF POLICY. It is
7 the policy of the state that individuals physically addicted
8 to and/or abusing chemical substances should not be criminally
9 prosecuted for their consumption of these substances but
10 should be afforded a continuum of treatment so they may lead
11 normal lives as productive members of society.

12
13 *Sec. 3. AS 47.37.020 is amended to read:

14 Sec. 47.37.020. OFFICE OF SUBSTANCE ABUSE. An
15 office of substance abuse is established in the department.
16 The office shall be headed by a coordinator appointed by the
17 commissioner. The coordinator shall be a qualified professional
18 who has training and has completed two years of direct-
19 service experience in the organiza-tion and administration
20 of treatment services for persons with problems resulting
21 from the abuse of alcohol and other drugs. The coor-dinator
22 is in the classified service.
23

1 *Sec. 4. AS 47.37.030 is amended to read:

2 Sec. 47.37.030. PURPOSE OF THE OFFICE. It is the purpose
3 of the legislature in amending CHAPTER 37 (ALCOHOLISM AND DRUG ABUSE)
4 to assist local communities in planning, organizing, and financing
5 locally developed, administered, and controlled substance abuse pro-
6 grams. It is further intended to better utilize existing resources
7 at both state and local levels in order to:

- 8 (1) develop and implement plans for initiating maximum sub-
9 stance abuse services based on demonstrated need for services
10 in each geographical planning area, as well as regionalized
11 comprehensive substance abuse services;
- 12 (2) improve the effectiveness of existing substance abuse
13 services;
- 14 (3) integrate the substance abuse programs within a unified
15 human service delivery system;
- 16 (4) provide a means for participation by local communities
17 in the determination of the need for and the allocation of
18 substance abuse resources;
- 19 (5) establish a uniform ratio of local and state government
20 responsibility for financing substance abuse services;
- 21 (6) provide a means of allocating state substance abuse service
22 funds according to community needs;
- 23 (7) encourage the full use of existing public or private
24 agencies, facilities, personnel, and funds to accomplish these
25 objectives; and
- 26 (8) prevent unnecessary duplication and fragmentation of ser-
27 vices and expenditures.

28
29 *Sec. 5. AS 47.37.040 is amended to read:

1 Sec. 47.37.040. DUTIES OF THE OFFICE. The office shall

- 2 (1) define and develop standards for various levels and
3 qualities of substance abuse service;
- 4 (2) provide fiscal and professional technical assistance in
5 planning, organizing, developing, implementing, and admin-
6 istering local substance abuse services;
- 7 (3) develop budgets, receive and distribute state appropria-
8 tions and funds in accordance with the provisions of sections
9 610 through 340 of this chapter;
- 10 (4) establish standards of education and experience for pro-
11 fessional, technical and administrative personnel employed
12 in substance abuse services;
- 13 (5) assist the community in establishing the organization
14 and operation of substance abuse services;
- 15 (6) develop a standardized system for measuring and report-
16 ing to the department the types, quantities, and quality of
17 services; and a cost accounting system which will demonstrate
18 the cost of various levels and qualities of care;
- 19 (7) provide each local community planning and services delivery
20 entity with statistics, reports, and other data relevant to
21 development of indices indicating the need for substance abuse
22 services, or relevant to evaluating the effectiveness of exist-
23 ing services;
- 24 (8) review each local community plan and require each plan to
25 include
- 26 (A) an affirmative showing that the most effective and econ-
27 omic use will be made of all available public and private
28 resources in the community including careful consideration of
29

1 the most effective and economic alternative forms and patterns
2 of services;

3 (B) a five-year projection of needs, services and resources;
4 and

5 (C) adequate provisions for review and evaluation of services
6 provided in the local community;

7 (3) prepare an annual comprehensive, state-wide plan that
8 utilizes the locally-developed community plans for the pre-
9 vention, treatment, and control of substance abuse;

10 (10) adopt regulations and establish priorities, after con-
11 sultation with local communities affected and in conjunction
12 with a state substance abuse advisory board, which are nec-
13 essary to carry out the purposes of sections 010 through 340
14 of this chapter;

15 (11) facilitate the planning, establishment, and maintenance
16 of locally developed, administered, and controlled prevention,
17 training, treatment, and rehabilitation programs;

18 (12) solicit and accept for use a gift of money or property
19 or a grant of money, services, or property from the federal
20 government or private sources, and do all things necessary
21 to cooperate with the federal government or any of its
22 agencies in making an application for a grant;

23 (13) make contracts and other joint or cooperative arrange-
24 ments with state, regional, and local entities or organiza-
25 tions to improve the substance abuse services in this and
26 other states;

27 (14) provide substance abuse service programs with profes-
28 sional, competent, technical assistance and consultation;
29

1 (15) cooperate with the division of corrections in establish-
2 ing programs to provide treatment for substance dependent in-
3 dividuals in or on parole from penal institutions;

4 (16) support the Department of Education in the, its prepara-
5 tion of curriculum materials at all levels of education;

6 (17) encourage the development and maintenance of 'troubled
7 employees' programs in Alaska;

8 (18) cooperate with the Department of Public Safety and the
9 Division of Highways in their establishing and conducting
10 programs designed to deal with the problem of persons operat-
11 ing motor vehicles while under the influence of alcohol or
12 other drugs;

13 (19) monitor the admissions of hospitals and other appropri-
14 ate health facilities in compliance with federal law which
15 requires that the office ensure they they admit without dis-
16 crimination alcoholics and intoxicated persons and provide
17 them with adequate and appropriate treatment;

18 (20) encourage all health and disability insurance programs
19 to include alcohol and other forms of drug dependence as
20 covered illnesses;

21 (21) submit to the legislature an annual report summarizing
22 the activities of the office.
23

24 *Sec. 6. AS 47.37.050 is amended to read:

25 Sec. 47.37.050. INTERDEPARTMENTAL COORDINATING COMMITTEE.

26 (a) An interdepartmental coordinating committee is created,
27 composed of the coordinator, the director of the division
28 of mental health, the commissioner of the department of
29

1 health and social services, and the commissioners of education,
2 revenue, public safety, community and regional affairs, the
3 attorney general, and representatives from the
4 Criminal Justice Planning Agency, the Division of Budget and
5 Management, the Alaska Court System, and the Division of Plan-
6 ning and Policy Development. The committee shall meet at
7 least quarterly at the call of the commissioner of health and
8 social services who is its chairman. The committee shall act
9 as a permanent liaison among state departments engaged in ac-
10 tivities affecting substance abuse as a component of human
11 services. They shall be responsible for insuring the linkage
12 required for the successful and cost-effective implementation
13 of the related departmental state plans, with particular
14 emphasis given to coordination among the division of social
15 services, the division of mental health, the division of voca-
16 tional rehabilitation, and the division of corrections, and
17 this office of substance abuse.

18 (b) In exercising its coordinating functions, the committee
19 shall assure that the appropriate state agencies shall pro-
20 vide at the local level

21 (1) necessary medical, social, treatment, and education-
22 al services for substance abusers and for the prevention and
23 control of substance abuse without unnecessary duplication
24 of services;

25 (2) cooperate in the planning and implementation of effective
26 systems of enforcement, adjudication, treatment, and rehabili-
27 tation appropriate to the local conditions as well as to the
28 humane and professional provision of services to substance
29 abusers;

1 (3) recommend mechanisms for the integrated and coordinated
2 prevention, treatment, and control of substance abuse con-
3 sistent with the policy of this chapter.

4 *Sec. 7. AS 47.37.060 is amended to read:

5 Sec. 47.37.060. ADVISORY BOARD ON SUBSTANCE ABUSE. There
6 is established in the Department of Health and Social Services an
7 advisory board on substance abuse. This advisory board shall func-
8 tion as a committee of the state health coordinating council, and
9 three representatives of it shall serve as ex-officio members of the
10 interdepartmental coordinating committee.

11 *Sec. 8. AS 47.37.070 is amended to read:

12 Sec. 47.37.070. COMPOSITION. The advisory board on substance
13 abuse consists of nine members appointed by the governor.

14 * Sec 9. Sec. 47.37.080 is amended to read:

15 Sec. 47.37.080. QUALIFICATIONS OF BOARD MEMBERS. Of the nine
16 members, no more than three of which shall be providers of substance
17 abuse services,

18 (1) one shall be a person who is licensed to practice medi-
19 cine in the state;

20 (2) one shall be a person who is licensed to practice psy-
21 chology in the state;

22 (3) one shall be a practicing attorney who has been admitted
23 to the practice of law by the state supreme court;

24 (4) six shall be persons who have evidenced an interest in
25 the problems of substance abuse, one of which shall be a current
26 provider of substance abuse services;

27 (5) three of the above nine members shall also represent
28 local/regional human service advisory boards.
29

1 *Sec. 10. AS 47.37.090 is amended to read:

2 Sec. 47.37.090. TERM OF OFFICE. (a) The member of the board
3 initially appointed under sec. 80(1) of this chapter serves a
4 term of three years.

5 (b) The member initially appointed under sec. 80(2) of this
6 chapter serves a term of three years.

7 (c) The member initially appointed under sec. 80(3) of this
8 chapter serves a term of three years.

9 (d) Two members initially appointed under sec. 80(4) of this
10 chapter serve terms of one year; two members appointed under
11 sec. 80(4) of this chapter serve terms of two years; two mem-
12 bers initially appointed under sec. 80(4) of this chapter
13 serve terms of three years. Subsequent terms for all board
14 members are three years.

15 (e) A vacancy occurring in the membership of the board shall
16 be filled by an appointment by the governor for the unexpired
17 portion of the vacated term.

18 (f) Board members serve at the pleasure of the governor.

19 *Sec. 11. AS 47.37.100 is amended to read:

20 Sec. 47.37.100. COMPENSATION, PER DIEM, OR EXPENSES. Members
21 of the advisory board on substance abuse are not entitled to a
22 salary, but are entitled to per diem, reimbursement for travel
23 and other expenses authorized by law for other boards.

24 *Sec. 12. AS 47.37.110 is amended to read:

25 Sec. 47.37.110. DUTIES. The board shall advise and assist the
26 commissioner in the initiating and implementing of community
27 substance abuse services. They shall also review and approve
28 the Alaska State plan for substance abuse prevention, treat-
29

1 ment and control on a yearly basis--reports of which shall be
2 submitted to the governor, the legislature, the department
3 and the State Health Coordinating Council. Grants and
4 contracts shall be reviewed and recommended ^{for funding} by this board to
5 and from state, local, and private agencies.

6 *Sec. 13. AS 47.37.120 is amended to read:

7 Sec. 47.37.120. SUBSTANCE ABUSE COORDINATOR. The substance
8 abuse coordinator shall work with communities to develop and
9 implement local, comprehensive programs dealing with the pre-
10 vention, treatment and control of, research on, and education
11 concerning substance abuse problems, as they affect the people
12 of Alaska.

13 *Sec. 14. AS 47.37.130 is amended to read:

14 Sec. 47.37.130. COMPREHENSIVE PROGRAMS FOR TREATMENT; REGIONAL
15 PROGRAMS. (a) The office shall assist in the establishment of compre-
16 hensive and coordinated locally-developed substance abuse programs.
17 The commissioner shall divide the state into planning regions congruent
18 with each local community mental health center's area of jurisdiction.
19 (b) Plans and regulations adopted under sections 010 through 340 of
20 this chapter shall allow local programs sufficient administrative and
21 program flexibility so that local community substance/ ^{abuse} programs may
22 be joined with other programs such as community mental health centers,
23 and other human service operations.

24 *Sec. 15. AS 47.37.140 is amended to read:

25 Sec. 47.37.140. PUBLIC AND PRIVATE TREATMENT FACILITIES. (a)
26 The department shall establish standards in regulations for facilities
27 before their licensure as public or private treatment facilities.
28 These standards shall be adopted following the review and recommenda-
29

1 tion of the proposed standards by local advisory boards, the state
 2 advisory board, ---following statutorily required
 3 public hearings.

4 (L) Regulations may be developed by the department following the
 5 adoption of licensure standards.

6 *Sec. 16. AS 47.37.150 is amended to read:

7 Sec. 47.37.150. ACCEPTANCE FOR TREATMENT. The department
 8 shall establish standards for the admission of persons into treat-
 9 ment programs, considering available treatment resources and facil-
 10 ities, for the early and effective treatment of substance abusers.

11 *Sec. 17. AS 47.37.160 is amended to read:

12 Sec. 47.37.160. VOLUNTARY TREATMENT OF SUBSTANCE ABUSERS.

13 (a) A substance abuser may voluntarily apply for treatment directly
 14 to a licensed public or private treatment facility.

15 (b) Subject to regulations adopted by the department, the adminis-
 16 trator in charge of a licensed public or private treatment facility
 17 may determine who shall be admitted for treatment.

18 (c) All federal and state laws and regulations relating to the provi-
 19 sion of substance abuse services shall be strictly adhered to by all sub-
 20 stance abuse programs funded by the office.

21 *Sec. 18. AS 47.37.170 is amended to read:

22 Sec. 47.37.170. TREATMENT AND SERVICES FOR PUBLICLY INTOX-
 23 ICATED PERSONS. (a) An intoxicated person may come voluntarily to
 24 a licensed public or private treatment facility for emergency treat-
 25 ment. A person who appears to be intoxicated in a public place and
 26 to be in need of help or a person who appears to be intoxicated in
 27 or upon a licensed premise where intoxicating liquors are sold or
 28 consumed who refuses to leave upon being requested to leave by the
 29

1 owner, an employee or a peace officer may be taken into protective
2 custody and assisted by a peace officer or a member of the emergency
3 service patrol to his home . licensed public treatment facility, a
4 licensed private treatment facility, or another appropriate health
5 facility. If all of the preceding facilities including the person's
6 home are determined to be unavailable, a person taken into protective
7 custody and assisted under this subsection may be taken to a state or
8 municipal detention facility in the area.

9 (b) A person who appears to be ^{physically} incapacitated by any substance in a
10 public place shall be taken into protective custody by a peace of-
11 ficer or a member of the emergency service patrol and immediately
12 brought to a licensed public treatment facility, a licensed private
13 treatment facility, or another appropriate health facility or service
14 for emergency medical treatment. If no treatment facility or emer-
15 gency medical service is available, ^{physically} person who appears to be in-
16 incapacitated by any substance in a public place shall be taken to a
17 state or municipal detention facility in the area, if that appears
18 necessary for the protection of the person's health or safety.

19 (c) A person who voluntarily appears or is brought to a licensed
20 public or private inpatient treatment facility shall be examined by
21 a licensed physician within 24 hours. After the examination, he
22 may be admitted as a patient or referred to another health facility.
23 The licensed public or private inpatient facility which refers him
24 shall arrange for his transportation.

25 (d) No person who, after medical examination, is found to be ^{physically} in-
26 incapacitated by any substance at the time of his admission or to have
27 ^{physically} become incapacitated at any time after his admission, may be detain-
28 ed at a facility after he is no longer ^{physically} incapacitated by that sub-
29

1 stance. No person may be detained at a facility if he remains ^{phys} ~~is~~
2 incapacitated by any substance for more than 72 hours after admission
3 a patient, unless he is committed under sections 180 or 190 of this
4 chapter. A person may consent to remain in the facility as long as
5 the physician or administrator in charge considers it appropriate.

6 (e) A person who is not admitted to a licensed public or private
7 treatment facility, is not referred to another health facility, and
8 has no funds, may be taken to his home, if any. If he has no home,
9 the licensed public or private treatment facility shall assist him
10 in obtaining shelter.

11 (f) If a patient is admitted to a licensed public or private treat-
12 ment facility, his family or next of kin shall be promptly notified.
13 If an adult patient who is not physically incapacitated requests
14 that there be no notification of next of kin, his request shall be
15 granted.

16 (g) Peace officers or members of the emergency service patrol who
17 comply with this section are acting in the course of their official
18 duty and are not criminally or civilly liable for that compliance.

19 (h) If the examining physician or the administrator in charge of the
20 licensed public or private treatment facility determines it is for
21 the patient's benefit, he shall initiate either an emergency commit-
22 ment procedure under sec. 180 of this chapter or an involuntary com-
23 mitment proceeding under sec. 190 of this chapter, whichever is ap-
24 propriate in his professional judgment.

25 *sec. 19. AS 47.37.180 is amended to read:

26 Sec. 47.37.180. EMERGENCY DETENTION AND COMMITMENT. (a) An
27 intoxicated person who has threatened, attempted to inflict, or in-
28 flicted physical harm on another may be charged under an appropriate
29 criminal statute, taken into custody, and transported to a state or

1 municipal detention facility. A person who is physically incapacitated
2 by any substance may be committed to a licensed public or private sub-
3 stance abuse treatment facility for emergency treatment. A refusal to
4 undergo treatment does not constitute evidence of lack of judgment as
5 to the need for treatment.

6 (b) The certifying physician, spouse, guardian, or relative of the
7 person to be committed, or any other responsible person, may make a
8 written application for commitment under this section, directed to
9 the administrator of the licensed public or private substance abuse
10 treatment facility. The application shall state facts to support the
11 need for emergency treatment and be accompanied by a physician's cer-
12 tificate supporting the need for emergency treatment and stating that
13 the physician has examined the person sought to be committed within
14 two days before the certificate's date.

15 (c) Upon approval of the application by the administrator in charge
16 of the facility, the person may be brought to the facility by a peace
17 officer, a health officer, a member of the emergency service patrol,
18 the applicant for commitment, the patient's spouse, the patient's
19 guardian, or any other interested person. The person shall be ret-
20 ained at the facility to which he was admitted, or transferred to
21 another appropriate public or private treatment facility, until dis-
22 charged under (e) of this section.

23 (d) The administrator in charge of a licensed public or private treat-
24 ment facility may refuse an application if in his opinion the appli-
25 cation and certificate fail to sustain the grounds for commitment.

26 (e) When, on the advice of his medical staff, the administrator de-
27 termines that the grounds for commitment no longer exist, he shall
28 discharge a person committed under this section. No person committed
29 under this section may be detained in a treatment facility for more

1 than five days. If a petition for involuntary commitment under
2 190 of this chapter has been filed within the five days and the admin-
3 istrator in charge of a licensed public or private treatment facility
4 finds that grounds for emergency commitment still exist, he may de-
5 tain the person until the petition has been heard and determined, but
6 no longer than 10 days after filing the petition.

7 (f) A copy of the written application for commitment and of the
8 physician's certificate, and a written explanation of the person's
9 right to legal counsel, shall be given to the person within 24 hours
10 after commitment by the administrator, who shall provide a reasonable
11 opportunity for the person to consult with legal counsel.

12 *Sec. 20. AS 47.37.190 is amended to read:

13 Sec. AS 47.37.190. INVOLUNTARY DETENTION AND COMMITMENT. (a)
14 After a hearing initiated by petition of his spouse or guardian,
15 a relative, the certifying physician, or the administrator in charge
16 of a licensed public or private treatment facility, a person may be
17 committed to the custody of an appropriate licensed private or public
18 substance abuse treatment agency by the superior court. The petition
19 shall allege that the person is a substance abuser who habitually
20 lacks self-control in using a particular substance or combination of
21 substances, that unless committed is likely to inflict physical harm
22 on himself or another or is physically incapacitated by a substance
23 or combination of substances. A refusal to undergo treatment does
24 not constitute evidence of lack of judgment as to need for treatment.
25 The petition shall be accompanied by a certificate of a licensed phy-
26 sician who has examined the person within two days before submission
27 of the petition, unless the person whose commitment is sought has re-
28 fused to submit to a medical examination, in which case the fact of
29 refusal shall be alleged in the petition. The certificate shall

1 set out the physician's findings in support of the allegations of
2 the petition.

3 (b) After the petition is filed, the court shall fix a date for a
4 hearing no later than 10 days after the date the petition was filed.
5 A copy of the petition and of the notice of the hearing, including
6 the date fixed by the court, shall be served on (1) the petitioner;
7 (2) the person whose commitment is sought; (3) the next of kin of the
8 person whose commitment is sought; (4) the administrator in charge of
9 the licensed public or private treatment facility in which the com-
10 mitted person has been committed for emergency care, and any other
11 person the court deems appropriate. A copy of the petition and cer-
12 tificate shall be delivered to each person notified.

13 *Sec. 21. AS 47.37.200 is amended to read:
14

15 Sec. AS 47.37.200. DEPORTION AND COMMITMENT PROCEDURE

16 (a) At the hearing required under sec. 190(b) of this chapter, the
17 court or the jury, if requested under sec. 190(c) of this chapter,
18 shall hear all relevant testimony, including, if possible, the testi-
19 mony of at least one licensed physician who has examined the person
20 whose commitment is sought. The person whose commitment is sought
21 shall be present unless the court believes that his presence is li-
22 kely to be injurious to him, in which case the court shall appoint
23 a guardian ad litem to represent him throughout the proceeding. The
24 court may examine the person in open court, or if advisable, examine
25 him out of court. If the person has refused to be examined by a lic-
26 enced physician, he shall be given the opportunity to request ex-
27 amination by a court-appointed licensed physician. If he fails to
28 request a medical examination and there is sufficient evidence to
29 believe that the allegations of the petition are true, or if the court

1 believes that more medical evidence is necessary, the court may
2 a temporary order committing him to a licensed public or private
3 treatment facility in which he is being held under sec. 170 of this
4 chapter for a period of not more than five days for purposes of a
5 diagnostic examination.

6 (b) If after hearing all relevant evidence, including the results of
7 any diagnostic examination by the licensed public or private treat-
8 ment facility, the court or the jury finds that grounds for involun-
9 tary commitment have been clearly established, the court shall issue
10 an order of commitment to the licensed facility. No court may order
11 the commitment of a person except to a licensed public or private
12 treatment facility which is able to provide adequate and appropriate
13 treatment for him.

14 (c) A person committed under secs. 190 - 200 of this chapter shall re-
15 main in the custody of the licensed facility for treatment for a
16 period of up to 30 days. At the end of the 30-day period, he shall be
17 discharged automatically unless the facility administrator or phys-
18 ician, before the expiration of the period, obtains a court order for
19 his recommitment upon the grounds set out in sec. 190(a) of this chap-
20 ter for a further period of up to 90 days. If a person has been com-
21 mitted because he is a substance abuser likely to inflict physical
22 harm on himself or another, the facility administrator or physician
23 shall apply for recommitment if after examination it is determined
24 that the likelihood still exists.

25 (d) A person recommitted under (c) of this section who has not been
26 discharged by the facility before the end of the 90-day period shall
27 be discharged at the expiration of that period unless the facility
28 administrator or physician, before expiration of the period, obtains
29 a court order on the grounds set out in sec. 190(a) of this chapter

1 for recommitment for a further period not to exceed 90 days. If
2 a person has been committed because he is a substance abuser likely
3 to inflict physical harm on himself or another, the facility admin-
4 istrator or physician shall apply for recommitment if after examination
5 it is determined that the likelihood still exists. No more than two
6 recommitment orders may be permitted under (c) and (d) of this section.
7

8 (e) Upon the filing of a petition for recommitment under
9 (c) or (d) of this section, the court shall fix a date for hearing
10 no later than 10 days after the date the petition was filed. A copy
11 of the petition and of the notice of hearing, including the date fixed
12 by the court, shall be served on (1) the petitioner; (2) the person
13 whose commitment is sought; (3) the next of kin of the person whose
14 commitment is sought; (4) the original petitioner under Sec. 190(a)
15 of this chapter, if different from the petitioner for recommitment;
16 (5) any other person the court considers appropriate. Section 180(c)
17 of this chapter applies to hearings for recommitment under this
18 section. At the hearing the court or the jury shall proceed
19 as provided in (a) of this section.

20 (f) The licensed public or private treatment facility shall provide
21 adequate and appropriate treatment for a person in its custody. The
22 licensed facility may transfer a person in its custody to another
23 licensed facility if the transfer is medically advisable.
24
25
26
27
28
29

1 (g) A person committed to the custody of a licensed public or pri-
2 vate treatment facility for treatment shall, if he is a substance
3 abuser committed on the grounds that he is likely to inflict phy-
4 sical harm on himself or another, be discharged at any time before
5 the end of the period for which he has been committed if either of
6 the following conditions is met:

7 (1) he no longer demonstrates the likelihood that he will
8 inflict physical harm on himself or another; or

9 (2) treatment is no longer adequate or appropriate.

10 *Sec. 22 AS 47.37.210 is amended to read:

11 Sec. 47.37.210. RECORDS OF SUBSTANCE ABUSERS

12 (a) The registration and other records of treatment facilities shall
13 remain confidential and are privileged to the patient as per existing
14 federal and state regulations regarding confidentiality of client
15 records.

16 (b) Notwithstanding (a) of this section, the coordinator may make
17 available information from patient's records for purposes of research
18 into the cause and treatment of substance abuse. No unique client
19 identifying information shall be disclosed.

20 *Sec. 23 AS 47.37.220 is amended to read:

21 Sec. 47.37.220. VISITATION AND COMMUNICATION OF PATIENTS

22 (a) Patients in any licensed treatment facility under this chapter
23 shall be granted reasonable opportunities for adequate consultation
24 with counsel, and for continuing contact with family and friends
25 including the use of telephone facilities, consistent with an ef-
26 fective treatment program.

27 (b) No mail or other communication to or from a patient in a licensed
28 treatment facility may be intercepted, read, or censored.

29 *Sec. 24 AS 47.37.230 is amended to read:

1 Sec. 47.37.230. ESTABLISHMENT OF EMERGENCY SERVICE PATROL

2 (a) The office shall facilitate and cities and boroughs may establish
3 emergency service patrols. An emergency service patrol consists of
4 persons trained to give assistance in public places to persons who
5 are intoxicated. Members of an emergency service patrol shall be
6 capable of providing first aid in emergency situations and shall be
7 capable of transporting intoxicated persons to their homes and to
8 and from public and private treatment facilities.

9 (b) The department, with the review and recommendation of the inter-
10 departmental coordinating committee, shall promulgate regulations
11 for the establishment, training, and conduct of emergency service
12 patrols.

13 *Sec. 25 AS 47.37.240 is amended to read:

14 Sec. 47.37.240. PATIENT FOR TREATMENT. (a) A patient in a
15 licensed treatment facility, or the person obligated to provide for
16 the cost of treatment of a person committed under this chapter, is
17 liable to the licensed treatment facility which provided the treat-
18 ment for the cost of maintenance and treatment of the patient in ac-
19 cordance with rates established by the treatment facility.

20 (b) The office shall promulgate regulations governing financial ab-
21 ility that take into consideration the income, savings and other
22 personal and real property of the person liable for the cost and
23 maintenance of the patient.
24

25 *Sec. 26 AS 47.37.250 is amended to read:

26 Sec. 47.37.250. NONAPPLICABILITY. (a) Nothing in the chap-
27 ter affects a statute, ordinance, or regulation relating to (1)
28 driving under the influence of any intoxicating substance, or other
29

1 similar offenses involving any substance and the operation of a
 2 . vehicle, aircraft, boat, machinery, or other equipment, (2) the
 3 . sale, purchase, dispensation, possession, or use of alcoholic bev-
 4 erages at specified times and places or by a particular class of
 5 persons, including prohibitions against drinking intoxicating
 6 beverages in specified public places, or (3) being on the traveled
 7 portion of a highway so as to be a hazard to the motoring public.

8 (b) Nothing in this chapter affects AS 11.70.030 relating to the
 9 defense of voluntary intoxication.

10 *Sec. 27 AS 47.37.270 is amended to read:

11 Sec. 47.37.270. DEFINITIONS. In this chapter

12 (1) "licensed private treatment facility" means a private agency
 13 which does not receive grants-in-aid from this office, but meets
 14 the limited standards prescribed in sec. 140(a) of this chapter
 15 for private facilities licensed under sec. 130(f) of this chapter;

16 (2) "licensed public treatment facility" means a treatment agency
 17 providing treatment under this chapter through a grant from or
 18 contract with the office, meeting all of the standards prescribed
 19 in sec. 140(a) of this chapter, and licensed under sec. 130(f) of
 20 this chapter;

21 (3) "commissioner" means the commissioner of health and social
 22

1 services.

2 (4) "coordinator" means the coordinator of the office of substance
3 abuse;

4 (5) "department" means the Department of Health and Social Services;

5 (6) "emergency service patrol" means a patrol established under sec.
6 230 of this chapter;

7 (7) "physically incapacitated" means a person who is unconscious or
8 has his judgment otherwise so impaired that he is incapable of real-
9 izing and making a rational decision with respect to his need for
10 treatment, as evidenced objectively by extreme physical debilitation, or
11 physical harm or threats of harm to others;

12 (8) "incompetent person" means a person who has been adjudged incom-
13 petent by the appropriate court;

14 (9) "intoxicated person" means a person whose mental or physical func-
15 tioning is substantially impaired as a result of the use of any sub-
16 stance;

17 (10) "office" means the office of substance abuse within the Depart-
18 ment of Health and Social Services;

19 (11) "treatment" means the broad range of emergency, outpatient, in-
20 termediate, and inpatient services and care which may be extended to
21 substance abusers and intoxicated persons, including diagnostic eval-
22 uation, medical, psychiatric, psychological, and social service care,
23 vocational rehabilitation, and career counseling;

24 (12) "substance abuser" means a person addicted to or misusing any
25licit or illicit drug(s), such as central nervous system depressants,
26 sedative hypnotics, anti-depressants, tranquilizers, stimulants, hal-
27 lucinogens, etc.

28 (13) "troubled employees" means workers whose performance has been
29

1 affected by the use of any substance.

2 *Sec. 26 AS 47.37 is amended by adding new sections to read:

3 ARTICLE 2. GRANTS-IN-AID

4 Sec. 47.37.300. POWERS AND DUTIES OF DEPARTMENT. The depart-
5 ment shall:

6 (1) administer a community grant-in-aid program for substance
7 abuse;

8 (2) submit an annual report concerning the grant-in-aid pro-
9 gram within 10 days after the convening of the legislature in each
10 regular session.

11 Sec. 47.37.310. GRANT-IN-AID PROGRAM. (a) A profit-making
12 corporation, a non-profit corporation, a city or borough government,
13 or other political subdivision of the state, or combination of
14 these, is eligible to receive funds and administer local pro-
15 gram under sections 010 through 270 of this chapter.

16 (1) The department shall award funds under this chapter with the
17 advice of the advisory board on substance abuse, in the interest of
18 facilitating the development of local, comprehensive programs for
19 the prevention, treatment, and rehabilitation of substance abusers.
20 Separate budgets shall be submitted for alcohol services and
21 other substance abuse services. Funds will be awarded on a compet-
22 itive basis. In considering applications for grants/contracts the
23 department shall, if all other factors are equal, give preference to
24 applicants who have integrated substance abuse programs within a
25 unified human service delivery system. Priority shall be given to
26 those applicants who demonstrate the existence of a comprehensive
27 local program unifying the components of alcohol and other drug ser-
28 vices and community mental health services.
29

1 (c) The department shall purchase the services by participating
2 75% of the eligible costs of the services to be furnished under the
3 plan subject to the availability of state funds to the department
4 for implementing sections 010 through 270 of this chapter. In dis-
5 tricts designated by the department as poverty areas, the department
6 shall purchase the services by participating in 90% of the eligible
7 costs.

8 (d) The contracts/grants for services provided for in sections 010
9 through 270 of this chapter shall be reviewed, revised if necessary,
10 and approved at the expiration of each contract year. A contract
11 shall be approved if the department finds that the community entity
12 has complied with its plan, section 010 through 270 of this chapter,
13 and any applicable regulations adopted by the department. Expendi-
14 tures for the purchase of services shall be made in accordance with
15 the approved contract, budgets and program projections.

16 (e) The department shall adopt regulations specifying the types of
17 services and program costs eligible for state participation. These
18 regulations shall include (1) a provision including 50% of the cost
19 of capital expenditures as eligible costs where state funding will
20 allow; and (2) a requirement that the community entity contractor
21 or applicant agree as a condition of contract approval that it will
22 not supplant existing local fund support of substance abuse services,
23 in any year in which it contracts with the department, at a level
24 that is at least equal to the local funding support in the previous
25 year.

26 (f) No program is eligible for funding under this section unless it
27 conforms to the standards adopted under the provisions of sec. 140
28 of this chapter, or in the case of a new program, the department de-
29

1 determines that the program will be able to conform to those standards
2 within a period of time to be specified in the initial grant appli-
3 cation.

4 (g) Eligible local community entities shall conform to a state cost
5 accounting system showing the true cost of services rendered, col-
6 lect fees for services according to a schedule based on an analysis
7 of reasonable ability to pay, and provide that no person shall be
8 refused services because of inability to pay for those services.

9 Sec. 47.37.320. GRANT-IN-AID PROGRAM REGULATIONS. The de-
10 partment shall adopt regulations and establish priorities, after
11 consultation with local communities affected and in conjunction with
12 the state substance abuse advisory board, which are necessary to
13 carry out the purposes of sections 010 through 310 of this chapter.
14 The regulations shall provide for the method of application, the
15 time for consideration of the applications, the processing of ap-
16 plications, the type of record keeping, the requirements for report-
17 ing the program and statistics regarding the program, the notifica-
18 tion of the applicant as to the action taken on the application, and
19 the issuance of licenses for facilities receiving grant-in-aid
20 under section 310 of this chapter. The department shall also estab-
21 lish the necessary form of application and may adopt other regula-
22 tions considered necessary to meet the requirements of health and
23 safety and the orderly administration of the grant-in-aid program.

24 Sec. 47.37.330. JUDICIAL NOTICE. The superior courts of this
25 state may take judicial notice of the fact that a substance abuser
26 who is physically dependent on alcohol or other drugs is suffering
27 from an illness and is in need of proper treatment as defined in sec.
28 47.37.270(11).

29 Sec. 47.37.340. DEFINITIONS. In sections 300 - 350 of this

1 chapter, "poverty area" means an area in which 15% or more of the
2 population, based on the most recent US Bureau of the Census figures,
3 is under 125 percent of the Community Services Administration poverty
4 guidelines.

5 *Sec. 28. AS 44.29.100 - 44.29.150 and AS 47.30.470 - 47.30.500 are
6 repealed.

7 *Sec. 29. This Act takes effect July 1, 1977.
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29

KIINUK, INC.

1221 Coppet
Fairbanks, Alaska 99701
(907) 456-4409

April 7, 1977

Representative Charles Parr
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Charlie,

Attached is a suggested revision of HB 340 (SB 242), a bill relating to the treatment of substance abusers.

The primary focus of the proposed legislation is the combining of the offices of drug abuse and alcoholism--a concept that we support wholeheartedly. Additionally, it is a concept that has gained national support and is currently being implemented by many states.

Unfortunately, we cannot support the bills as they presently stand. While the combination of offices does have the potential for better resource allocation and improved service delivery, such benefits are not apparent within the existing proposed legislation.

Using the recently passed community mental health center legislation as a model (a model we believe to be exemplary), we have attempted to re-draft HB 340 so it too will assure local participation and control. Additionally, as communities implement the integration of human service delivery components (as appropriately required by the Community Mental Health Centers Act), the present HB 340's focus on centralization would prevent consolidation and eliminate any meaningful local authority and flexibility.

We respectfully request that you consider the attached proposal, hold hearings as appropriate, and contact us as required.

Sincerely,



Paul Pesika, Coordinator



Frank J. Gold, EdD

HOUSE BILL NO. 340

***** (suggested revision) *****

For an Act entitled: "An Act relating to treatment of
alcoholism and drug abuse; pro-
viding for an effective
date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

*Section 1. AS 47.37 is amended to read: CHAPTER 37.

ALCOHOLISM AND DRUG ABUSE

*Sec. 2. AS 47.37.010 is amended to read:

Sec. 47. 37. 010. DECLARATION OF POLICY. It is the policy of the state that individuals physically addicted to and/or abusing chemical substances should not be criminally prosecuted for their consumption of these substances but should be afforded a continuum of treatment so they may lead normal lives as productive members of society.

*Sec. 3. AS 47.37.020 is amended to read:

Sec. 47.37.020. OFFICE OF SUBSTANCE ABUSE. An office of substance abuse is established in the department. The office shall be headed by a coordinator appointed by the commissioner. The coordinator shall be a qualified professional who has training and has completed two years of direct-service experience in the organization and administration of treatment services for persons with problems resulting from the abuse of alcohol and other drugs. The coordinator is in the classified service.

*Sec. 4. AS 47.37.030 is amended to read:

Sec. 47.37.030. PURPOSE OF THE OFFICE. It is the purpose of the legislature in amending CHAPTER 37 (ALCOHOLISM AND DRUG ABUSE) to assist local communities in planning, organizing, and financing locally developed, administered, and controlled substance abuse programs. It is further intended to better utilize existing resources at both state and local levels in order to:

- (1) develop and implement plans for initiating maximum substance abuse services based on demonstrated need for services in each geographical planning area, as well as regionalized comprehensive substance abuse services;
- (2) improve the effectiveness of existing substance abuse services;
- (3) integrate the substance abuse programs within a unified human service delivery system;
- (4) provide a means for participation by local communities in the determination of the need for and the allocation of substance abuse resources;
- (5) establish a uniform ratio of local and state government responsibility for financing substance abuse services;
- (6) provide a means of allocating state substance abuse service funds according to community needs;
- (7) encourage the full use of existing public or private agencies, facilities, personnel, and funds to accomplish these objectives; and
- (8) prevent unnecessary duplication and fragmentation of services and expenditures.

*Sec. 5. AS 47.37.040 is amended to read:

Sec. 47.37.040. DUTIES OF THE OFFICE. The office shall

- (1) define and develop standards for various levels and qualities of substance abuse service;
- (2) provide fiscal and professional technical assistance in planning, organizing, developing, implementing, and administering local substance abuse services;
- (3) develop budgets, receive and distribute state appropriations and funds in accordance with the provisions of sections 010 through 340 of this chapter;
- (4) establish standards of education and experience for professional, technical and administrative personnel employed in substance abuse services;
- (5) assist the community in establishing the organization and operation of substance abuse services;
- (6) develop a standardized system for measuring and reporting to the department the types, quantities, and quality of services; and a cost accounting system which will demonstrate the cost of various levels and qualities of care;
- (7) provide each local community planning and services delivery entity with statistics, reports, and other data relevant to development of indices indicating the need for substance abuse services, or relevant to evaluating the effectiveness of existing services;
- (8) review each local community plan and require each plan to include
 - (A) an affirmative showing that the most effective and economic use will be made of all available public and private resources in the community including careful consideration of

the most effective and economic alternative forms and patterns of services;

(B) a five-year projection of needs, services and resources; and

(C) adequate provisions for review and evaluation of services provided in the local community;

(9) prepare an annual comprehensive, state-wide plan that utilizes the locally-developed community plans for the prevention, treatment, and control of substance abuse;

(10) adopt regulations and establish priorities, after consultation with local communities affected and in conjunction with a state substance abuse advisory board, which are necessary to carry out the purposes of sections 010 through 340 of this chapter;

(11) facilitate the planning, establishment, and maintenance of locally developed, administered, and controlled prevention, training, treatment, and rehabilitation programs;

(12) solicit and accept for use a gift of money or property or a grant of money, services, or property from the federal government or private sources, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for a grant;

(13) make contracts and other joint or cooperative arrangements with state, regional, and local entities or organizations to improve the substance abuse services in this and other states;

(14) provide substance abuse service programs with professional, competent, technical assistance and consultation;

✓ (15) cooperate with the division of corrections in establishing programs to provide treatment for substance dependent individuals in or on parole from penal institutions;

(16) support the Department of Education in the, its preparation of curriculum materials at all levels of education;

✓ (17) encourage the development and maintenance of 'troubled employees' programs in Alaska;

✓ (18) cooperate with the Department of Public Safety and the ~~Department of Transportation~~ ^{Department of Transportation} ~~Division of Highways~~ in their establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while under the influence of alcohol or other drugs;

✓ (19) monitor the admissions of hospitals and other appropriate health facilities in compliance with federal law which requires that the office ensure they they admit without discrimination alcoholics and intoxicated persons and provide them with adequate and appropriate treatment;

✓ (20) encourage all health and disability insurance programs to include alcohol and other forms of drug dependence as covered illnesses;

✓ (21) submit to the legislature an annual report summarizing the activities of the office.

*Sec. 6. AS 47.37.050 is amended to read:

Sec. 47.37.050. INTERDEPARTMENTAL COORDINATING COMMITTEE.

(a) An interdepartmental coordinating committee is created, composed of the coordinator, the director of the division of mental health, the commissioner of the department of

health and social services, and the commissioners of education, revenue, public safety, community and regional affairs, and the attorney general. Included too are representatives from the Criminal Justice Planning Agency, the Division of Budget and Management, the Alaska Court System, and the Division of Planning and Policy Development. The committee shall meet at least quarterly at the call of the commissioner of health and social services who is its chairman. The committee shall act as a permanent liaison among state departments engaged in activities affecting substance abuse as a component of human services. They shall be responsible for insuring the linkage required for the successful and cost-effective implementation of the related departmental state plans, with particular emphasis given to coordination among the division of social services, the division of mental health, the division of vocational rehabilitation, and the division of corrections, and this office of substance abuse.

(b) In exercising its coordinating functions, the committee shall assure that the appropriate state agencies shall provide at the local level

(1) all necessary medical, social, treatment, and educational services for substance abusers and for the prevention and control of substance abuse without unnecessary duplication of services;

(2) cooperate in the planning and implementation of effective systems of enforcement, adjudication, treatment, and rehabilitation appropriate to the local conditions as well as to the humane and professional provision of services to substance abusers;

(3) recommend mechanisms for the integrated and coordinated prevention, treatment, and control of substance abuse consistent with the policy of this chapter.

*Sec. 7. AS 47.37.060 is amended to read:

Sec. 47.37.060. ADVISORY BOARD ON SUBSTANCE ABUSE. There is established in the Department of Health and Social Services an advisory board on substance abuse. This advisory board shall function as a committee of the state health coordinating council, and three representatives of it shall serve as ex-officio members of the interdepartmental coordinating committee.

*Sec. 8. AS 47.37.070 is amended to read:

Sec. 47.37.070. COMPOSITION. The advisory board on substance abuse consists of nine members appointed by the governor.

*Sec. 9. Sec. 47.37.080 is amended to read:

Sec. 47.37.080. QUALIFICATIONS OF BOARD MEMBERS. Of the nine members, no more than three of which shall be providers of substance abuse services,

(1) one shall be a person who is licensed to practice medicine in the state;

(2) one shall be a person who is licensed to practice psychology in the state;

(3) one shall be a practicing attorney who has been admitted to the practice of law by the state supreme court;

(4) six shall be persons who have evidenced an interest in the problems of substance abuse, one of ^{whom} ~~which~~ shall be a current provider of substance abuse services;

(5) three of the above nine members shall also represent local/regional human service advisory boards.

*Sec. 10. AS 47.37.090 is amended to read:

Sec. 47.37.090. TERM OF OFFICE. (a) The member of the board initially appointed under sec. 80(1) of this chapter serves a term of three years.

(b) The member initially appointed under sec. 80(2) of this chapter serves a term of three years.

(c) The member initially appointed under sec. 80(3) of this chapter serves a term of three years.

(d) Two members initially appointed under sec. 80(4) of this chapter serve terms of one year; two members appointed under sec. 80(4) of this chapter serve terms of two years; two members initially appointed under sec. 80(4) of this chapter serve terms of three years. Subsequent terms for all board members are three years.

(e) A vacancy occurring in the membership of the board shall be filled by an appointment by the governor for the unexpired portion of the vacated term.

(f) Board members serve at the pleasure of the governor.

*Sec. 11. AS 47.37.100 is amended to read:

Sec. 47.37.100. COMPENSATION, PER DIEM, OR EXPENSES. Members of the advisory board on substance abuse are not entitled to a salary, but are entitled to per diem, reimbursement for travel and other expenses authorized by law for other boards.

*Sec. 12. AS 47.37.110 is amended to read:

Sec. 47.37.110. DUTIES. The board shall advise and assist the commissioner in the initiating and implementing of community substance abuse services. They shall also review and approve the Alaska State plan for substance abuse prevention, treat-

ment and control on a yearly basis--reports of which shall be submitted to the governor, the legislature, the department and the Comprehensive Health Advisory Council. Grants and contracts shall be reviewed and recommended ^{for funding} by this board to and from state, local, and private agencies.

*Sec. 13. AS 47.37.120 is amended to read:

Sec. 47.37.120. SUBSTANCE ABUSE COORDINATOR. The substance abuse coordinator shall work with communities to develop and implement local, comprehensive programs dealing with the prevention, treatment and control of, research on, and education concerning substance abuse problems, as they affect the people of Alaska.

*Sec. 14. AS 47.37.130 is amended to read:

Sec. 47.37.130. COMPREHENSIVE PROGRAMS FOR TREATMENT; REGIONAL PROGRAMS. (a) The office shall assist in the establishment of comprehensive and coordinated locally-developed substance abuse programs. The commissioner shall divide the state into planning regions congruent with each local community mental health center's area of jurisdiction. (b) Plans and regulations adopted under sections 010 through 340 of this chapter shall allow local programs sufficient administrative and program flexibility so that local community mental health programs may be joined with other programs such as community mental health centers, and other human service operations.

*Sec. 15. AS 47.37.140 is amended to read:

Sec. 47.37.140. PUBLIC AND PRIVATE TREATMENT FACILITIES. (a) The department shall establish standards in regulations for facilities before their licensure as public or private treatment facilities. These standards shall be adopted following the review and recommenda-

tion of the proposed standards by local advisory boards, the state advisory board, and the legislature--following statutorily required public hearings.

(b) Regulations may be developed by the department following the adoption of licensure standards.

*Sec. 16. AS 47.37.150 is amended to read:

Sec. 47.37.150. ACCEPTANCE FOR TREATMENT. The department shall establish standards for the admission of persons into treatment programs, considering available treatment resources and facilities, for the early and effective treatment of substance abusers.

*Sec. 17. AS 47.37.160 is amended to read:

Sec. 47.37.160. VOLUNTARY TREATMENT OF SUBSTANCE ABUSERS.

(a) A substance abuser may voluntarily apply for treatment directly to a licensed public or private treatment facility.

(b) Subject to regulations adopted by the department, the administrator in charge of a licensed public or private treatment facility may determine who shall be admitted for treatment.

(c) All federal and state laws and regulations relating to the provision of services to substance abusers shall be strictly adhered to by all substance abuse programs funded by the office.

*Sec. 18. AS 47.37.170 is amended to read:

Sec. 47.37.170. TREATMENT AND SERVICES FOR PUBLICALLY INTOXICATED PERSONS. (a) An intoxicated person may come voluntarily to a licensed public or private treatment facility for emergency treatment. A person who appears to be intoxicated in a public place and to be in need of help or a person who appears to be intoxicated in or upon a licensed premise where intoxicating liquors are sold or consumed who refuses to leave upon being requested to leave by the

owner, an employee or a peace officer may be taken into protective custody and assisted by a peace officer or a member of the emergency service patrol to his home, a licensed public treatment facility, a licensed private treatment facility, or another appropriate health facility. If all of the preceding facilities including the person's home are determined to be unavailable, a person taken into protective custody and assisted under this subsection may be taken to a state or municipal detention facility in the area.

(b) A person who appears to be ^{physically} incapacitated by any substance in a public place shall be taken into protective custody by a peace officer or a member of the emergency service patrol and immediately brought to a licensed public treatment facility, a licensed private treatment facility, or another appropriate health facility or service for emergency medical treatment. If no treatment facility or emergency medical service is available, a person who appears to be ^{physically} incapacitated by any substance in a public place shall be taken to a state or municipal detention facility in the area, if that appears necessary for the protection of the person's health or safety.

(c) A person who voluntarily appears or is brought to a licensed public or private inpatient treatment facility shall be examined by a licensed physician within 24 hours. After the examination, he may be admitted as a patient or referred to another health facility. The licensed public or private inpatient facility which refers him shall arrange for his transportation.

(d) No person who, after medical examination, is found to be ^{physically} incapacitated by any substance at the time of his admission or to have become ^{physically} incapacitated at any time after his admission, may be detained at a facility after he is no longer ^{physically} incapacitated by that sub-

stance. No person may be detained at a facility if he remains^{physically} incapacitated by any substance for more than 72 hours after admission as a patient, unless he is committed under sections 180 or 190 of this chapter. A person may consent to remain in the facility as long as the physician or administrator in charge considers it appropriate.

(e) A person who is not admitted to a licensed public or private treatment facility, is not referred to another health facility, and has no funds, may be taken to his home, if any. If he has no home, the licensed public or private treatment facility shall assist him in obtaining shelter.

(f) If a patient is admitted to a licensed public or private treatment facility, his family or next of kin shall be promptly notified. If an adult patient who is not physically incapacitated requests that there be no notification of next of kin, his request shall be granted.

(g) Peace officers or members of the emergency service patrol who comply with this section are acting in the course of their official duty and are not criminally or civilly liable for that compliance.

(h) If the examining physician or the administrator in charge of the licensed public or private treatment facility determines it is for the patient's benefit, he shall initiate either an emergency commitment procedure under sec. 180 of this chapter or an involuntary commitment proceeding under sec. 190 of this chapter, whichever is appropriate in his professional judgment.

*Part. 19. AS 47.37.180 is amended to read:

Sec. 47.37.180. EMERGENCY DETENTION AND COMMITMENT. (a) An intoxicated person who has threatened, attempted to inflict, or inflicted physical harm on another may be charged under an appropriate criminal statute, taken into custody, and transported to a state or

municipal detention facility. A person who is physically incapacitated by any substance may be committed to a licensed public or private substance abuse treatment facility for emergency treatment. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment.

(b) The certifying physician, spouse, guardian, or relative of the person to be committed, or any other responsible person, may make a written application for commitment under this section, directed to the administrator of the licensed public or private substance abuse treatment facility. The application shall state facts to support the need for emergency treatment and be accompanied by a physician's certificate supporting the need for emergency treatment and stating that the physician has examined the person sought to be committed within two days before the certificate's date.

(c) Upon approval of the application by the administrator in charge of the facility, the person may be brought to the facility by a peace officer, a health officer, a member of the emergency service patrol, the applicant for commitment, the patient's spouse, the patient's guardian, or any other interested person. The person shall be retained at the facility to which he was admitted, or transferred to another appropriate public or private treatment facility, until discharged under (e) of this section.

(d) The administrator in charge of a licensed public or private treatment facility may refuse an application if in his opinion the application and certificate fail to sustain the grounds for commitment.

(e) When, on the advice of his medical staff, the administrator determines that the grounds for commitment no longer exists, he shall discharge a person committed under this section. No person committed under this section may be detained in a treatment facility for more

than five days. If a petition for involuntary commitment under sec. 190 of this chapter has been filed within the five days and the administrator in charge of a licensed public or private treatment facility finds that grounds for emergency commitment still exist, he may detain the person until the petition has been heard and determined, but no longer than 10 days after filing the petition.

(f) A copy of the written application for commitment and of the physician's certificate, and a written explanation of the person's right to legal counsel, shall be given to the person within 24 hours after commitment by the administrator, who shall provide a reasonable opportunity for the person to consult with legal counsel.

*Sec. 20. AS 47.37.190 is amended to read:

Sec. AS 47.37.190. INVOLUNTARY DETENTION AND COMMITMENT. (a) After a hearing initiated by petition of his spouse or guardian, a relative, the certifying physician, or the administrator in charge of a licensed public or private treatment facility, a person may be committed to the custody of an appropriate licensed private or public substance abuse treatment agency by the superior court. The petition shall allege that the person is a substance abuser who habitually lacks self-control in using a particular substance or combination of substances, that unless committed is likely to inflict physical harm on himself or another, or is physically incapacitated by a substance or combination of substances. A refusal to undergo treatment does not constitute evidence of lack of judgement as to need for treatment. The petition shall be accompanied by a certificate of a licensed physician who has examined the person within two days before submission of the petition, unless the person whose commitment is sought has refused to submit to a medical examination, in which case the fact of refusal shall be alleged in the petition. The certificate shall

set out the physician's findings in support of the allegations of the petition.

(b) After the petition is filed, the court shall fix a date for a hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of the hearing, including the date fixed by the court, shall be served on (1) the petitioner; (2) the person whose commitment is sought; (3) the next of kin of the person whose commitment is sought; (4) the administrator in charge of the licensed public or private treatment facility in which the committed person has been committed for emergency care, and any other person the court deems appropriate. A copy of the petition and certificate shall be delivered to each person notified.

*Sec. 21. AS 47.37.200 is amended to read:

Sec. AS 47.37.200. DETENTION AND COMMITMENT PROCEDURE

(a) At the hearing required under sec. 190(b) of this chapter, the court or the jury, if requested under sec. 190(c) of this chapter, shall hear all relevant testimony, including, if possible, the testimony of at least one licensed physician who has examined the person whose commitment is sought. The person whose commitment is sought shall be present unless the court believes that his presence is likely to be injurious to him, in which case the court shall appoint a guardian ad litem to represent him throughout the proceeding. The court may examine the person in open court, or if advisable, examine him out of court. If the person has refused to be examined by a licensed physician, he shall be given the opportunity to request examination by a court-appointed licensed physician. If he fails to request a medical examination and there is sufficient evidence to believe that the allegations of the petition are true, or if the court

believes that more medical evidence is necessary, the court may issue a temporary order committing him to a licensed public or private treatment facility in which he is being held under sec. 170 of this chapter for a period of not more than five days for purposes of a diagnostic examination.

(b) If after hearing all relevant evidence, including the results of any diagnostic examination by the licensed public or private treatment facility, the court or the jury finds that grounds for involuntary commitment have been clearly established, the court shall issue an order of commitment to the licensed facility. No court may order the commitment of a person except to a licensed public or private treatment facility which is able to provide adequate and appropriate treatment for him.

(c) A person committed under secs. 190 - 200 of this chapter shall remain in the custody of the licensed facility for treatment for a period of up to 30 days. At the end of the 30-day period, he shall be discharged automatically unless the facility administrator or physician, before the expiration of the period, obtains a court order for his recommitment upon the grounds set out in sec. 190(a) of this chapter for a further period of up to 90 days. If a person has been committed because he is a substance abuser likely to inflict physical harm on himself or another, the facility administrator or physician shall apply for recommitment if after examination it is determined that the likelihood still exists.

(d) A person recommitted under (c) of this section who has not been discharged by the facility before the end of the 90-day period shall be discharged at the expiration of that period unless the facility administrator or physician, before expiration of the period, obtains a court order on the grounds set out in sec. 190(a) of this chapter

for recommitment for a further period not to exceed 90 days. If a person has been committed because he is a substance abuser likely to inflict physical harm on himself or another, the facility administrator or physician shall apply for recommitment if after examination it is determined that the likelihood still exists. No more than two recommitment orders may be permitted under (c) and (d) of this section.

* (e) TO BE INCLUDED AS IS

(f) The licensed public or private treatment facility shall provide adequate and appropriate treatment for a person in its custody. The licensed facility may transfer a person in its custody to another licensed facility if the transfer is medically advisable.

(g) A person committed to the custody of a licensed public or private treatment facility for treatment shall, if he is a substance abuser committed on the grounds that he is likely to inflict physical harm on himself or another, be discharged at any time before the end of the period for which he has been committed if either of the following conditions is met:

(1) he no longer demonstrates the likelihood that he will inflict physical harm on himself or another; or

(2) treatment is no longer adequate or appropriate.

*Sec. 22 AS 47.37.210 is amended to read:

Sec. 47.37.210. RECORDS OF SUBSTANCE ABUSERS

(a) The registration and other records of treatment facilities shall remain confidential and are privileged to the patient as per existing federal and state regulations regarding confidentiality of client records.

(b) Notwithstanding (a) of this section, the coordinator may make available information from patient's records for purposes of research into the causes and treatment of substance abuse. No unique client

identifying information shall be disclosed.

*Sec. 23 AS 47.37.220 is amended to read:

Sec. 47.37.220. VISITATION AND COMMUNICATION OF PATIENTS

(a) Patients in any licensed treatment facility under this chapter shall be granted reasonable opportunities for adequate consultation with counsel, and for continuing contact with family and friends including the use of telephone facilities, consistent with an effective treatment program.

(b) No mail or other communication to or from a patient in a licensed treatment facility may be intercepted, read, or censored.

*Sec. 24 AS 47.37.230 is amended to read:

Sec. 47.37.230. ESTABLISHMENT OF EMERGENCY SERVICE PATROL

(a) The office of all facilitate and cities and boroughs may establish emergency service patrols. An emergency service patrol consists of persons trained to give assistance in public places to persons who are intoxicated. Members of an emergency service patrol shall be capable of providing first aid in emergency situations and shall be capable of transporting intoxicated persons to their homes and to and from public and private treatment facilities.

(b) The department, with the review and recommendation of the inter-departmental coordinating committee, shall promulgate regulations for the establishment, training, and conduct of emergency service patrols.

*Sec. 25 AS 47.37.240 is amended to read:

Sec. 47.37.240. PAYMENT FOR TREATMENT. (a) A patient in a licensed treatment facility, or the person obligated to provide for the cost of treatment of a person committed under this chapter, is liable to the licensed treatment facility which provided the treat-

ment for the cost of maintenance and treatment of the patient in accordance with rates established by the treatment facility.

(b) The office shall promulgate regulations governing financial ability that take into consideration the income, savings and other personal and real property of the person liable for the cost and maintenance of the patient.

*Sec. 26 AS 47.37.250 is amended to read:

Sec. 47.37.250. NONAPPLICABILITY. (a) Nothing in the chapter affects a statute, ordinance, or regulation relating to (1) driving under the influence of any intoxicating substance, or other similar offenses involving any substance and the operation of a vehicle, aircraft, boat, machinery, or other equipment, (2) the sale, purchase, dispensation, possession, or use of alcoholic beverages at specified times and places or by a particular class of persons, including prohibitions against drinking intoxicating beverages in specified public places, or (3) being on the traveled portion of a highway so as to be a hazard to the motoring public. (b) Nothing in this chapter affects AS 11.70.030, relating to the defense of voluntary intoxication.

*Sec. 27 AS 47.37.270 is amended to read:

Sec. 47.37.270. DEFINITIONS. In this chapter

(1) "licensed private treatment facility" means a private agency which does not receive grants-in-aid from this office, but meets the limited standards prescribed in sec. 140(a) of this chapter for private facilities licensed under sec. 130(f) of this chapter;

(2) "licensed public treatment facility" means a treatment agency providing treatment under this chapter through a grant from or contract with the office, meeting all of the standards prescribed in sec. 140(a) of this chapter, and licensed under sec. 130(f) of this chapter;

(3) "commissioner" means the commissioner of health and social

services.

(4) "coordinator" means the coordinator of the office of substance abuse;

(5) "department" means the Department of Health and Social Services;

(6) "emergency service patrol" means a patrol established under sec. 230 of this chapter;

(7) "physically incapacitated" means a person who is unconscious or has his judgment otherwise so impaired that he is incapable of realizing and making a rational decision with respect to his need for treatment, as evidenced objectively by extreme physical debilitation, or physical harm or threats of harm to others;

(8) "incompetent person" means a person who has been adjudged incompetent by the appropriate court;

(9) "intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of any substance;

(10) "office" means the office of substance abuse within the Department of Health and Social Services;

(11) "treatment" means the broad range of emergency, outpatient, intermediate, and inpatient services and care which may be extended to substance abusers and intoxicated persons, including diagnostic evaluation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, and career counseling;

(12) "substance abuser" means a person addicted to or misusing any licit or illicit drug(s), such as central nervous system depressants, sedative hypnotics, anti-depressants, tranquilizers, stimulants, hallucinogens, etc.

(13) "troubled employees" means workers whose performance has been

affected by the use of any substance.

*Sec. 28 AS 47.37 is amended by adding new sections to read:

ARTICLE 2. GRANTS-IN-AID

Sec. 47.37.300. POWERS AND DUTIES OF DEPARTMENT. The department shall:

(1) administer a community grant-in-aid program for substance abuse;

(2) submit an annual report concerning the grant-in-aid program within 10 days after the convening of the legislature in each regular session.

Sec. 47.37.310. GRANT-IN-AID PROGRAM. (a) A profit-making corporation, a non-profit corporation, a city or borough government, or other political subdivision of the state, or combination of these, is eligible to receive funds and administer local programs under sections 010 through 270 of this chapter.

(b) The department shall award funds under this chapter with the advice of the advisory board on substance abuse, in the interest of facilitating the development of local, comprehensive programs for the prevention, treatment, and rehabilitation of substance abusers. Separate budgets shall be appropriated for alcohol services and other substance abuse services. Funds will be awarded on a competitive basis. In considering applications for grants/contracts the department shall, if all other factors are equal, give preference to applicants who have integrated substance abuse programs within a unified human service delivery system. Priority shall be given to those applicants who demonstrate the existence of a comprehensive local program unifying the components of alcohol and other drug services and community mental health services.

(c) The department shall purchase the services by participating in 75% of the eligible costs of the services to be furnished under the plan subject to the availability of state funds to the department for implementing sections 010 through 270 of this chapter. In districts designated by the department as poverty areas, the department shall purchase the services by participating in 90% of the eligible costs.

(d) The contracts/grants for services provided for in sections 010 through 270 of this chapter shall be reviewed, revised if necessary, and approved at the expiration of each contract year. A contract shall be approved if the department finds that the community entity has complied with its plan, section 010 through 270 of this chapter, and any applicable regulations adopted by the department. Expenditures for the purchase of services shall be made in accordance with the approved contract, budgets and program projections.

(e) The department shall adopt regulations specifying the types of services and program costs eligible for state participation. These regulations shall include (1) a provision including 50% of the cost of capital expenditures as eligible costs where state funding will allow; and (2) a requirement that the community entity contractor or applicant agrees as a condition of contract approval that it will not supplant existing local fund support of substance abuse services, in any year in which it contracts with the department, at a level that is at least equal to the local funding support in the previous year.

(f) No program is eligible for funding under this section unless it conforms to the standards adopted under the provisions of sec. 140 of this chapter, or in the case of a new program, the department de-

termines that the program will be able to conform to those standards within a period of time to be specified in the initial grant application.

(g) Eligible local community entities shall conform to a state cost accounting system showing the true cost of services rendered, collect fees for services according to a schedule based on an analysis of reasonable ability to pay, and provide that no person shall be refused services because of inability to pay for those services.

Sec. 47.37.320. GRANT-IN-AID PROGRAM REGULATIONS. The department shall adopt regulations and establish priorities, after consultation with local communities affected and in conjunction with the state substance abuse advisory board, which are necessary to carry out the purposes of sections 010 through 310 of this chapter. The regulations shall provide for the method of application, the time for consideration of the applications, the processing of applications, the type of record keeping, the requirements for reporting the progress and statistics regarding the program, the notification of the applicant as to the action taken on the application, and the issuance of licenses for facilities receiving grant-in-aid under section 310 of this chapter. The department shall also establish the necessary form of application and may adopt other regulations considered necessary to meet the requirements of health and safety and the orderly administration of the grant-in-aid program.

Sec. 47.37.330. JUDICIAL NOTICE. The superior courts of this state may take judicial notice of the fact that a substance abuser who is physically dependent on alcohol or other drugs is suffering from an illness and is in need of proper treatment as defined in sec. 47.37.270(11).

Sec. 47.37.340. DEFINITIONS. In secs. 300 - 350 of this

chapter, "poverty area" means an area in which 15% or more of the population, based on the most recent US Bureau of the Census figures, is under 125 percent of the Community Services Administration poverty guidelines.

*Sec. 28. AS 44.29.100 - 44.29.150 and AS 47.30.470 - 47.30.500 are repealed.

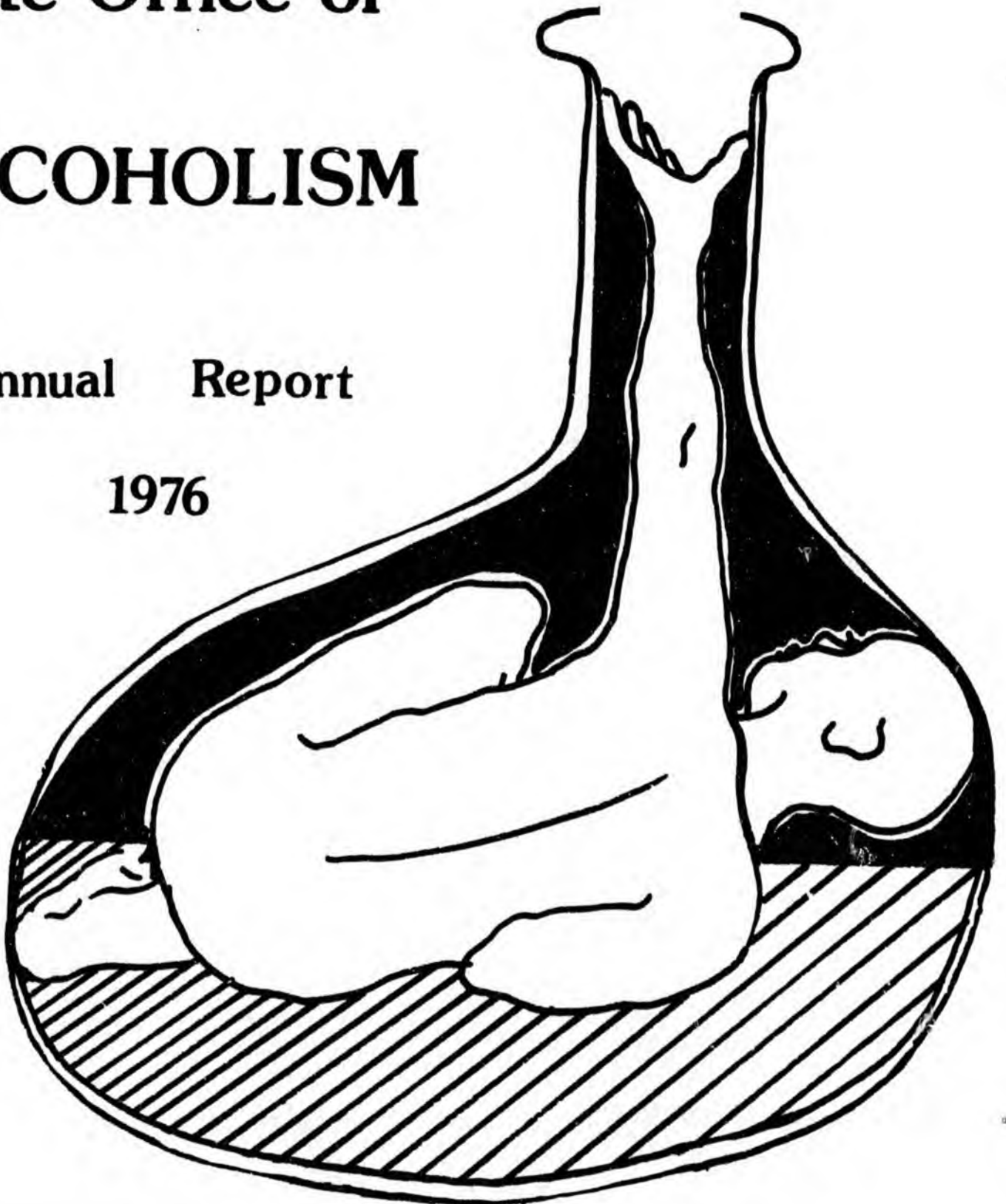
*Sec. 29. This Act takes effect July 1, 1977.

Department of Health and Social Services

State Office of
ALCOHOLISM

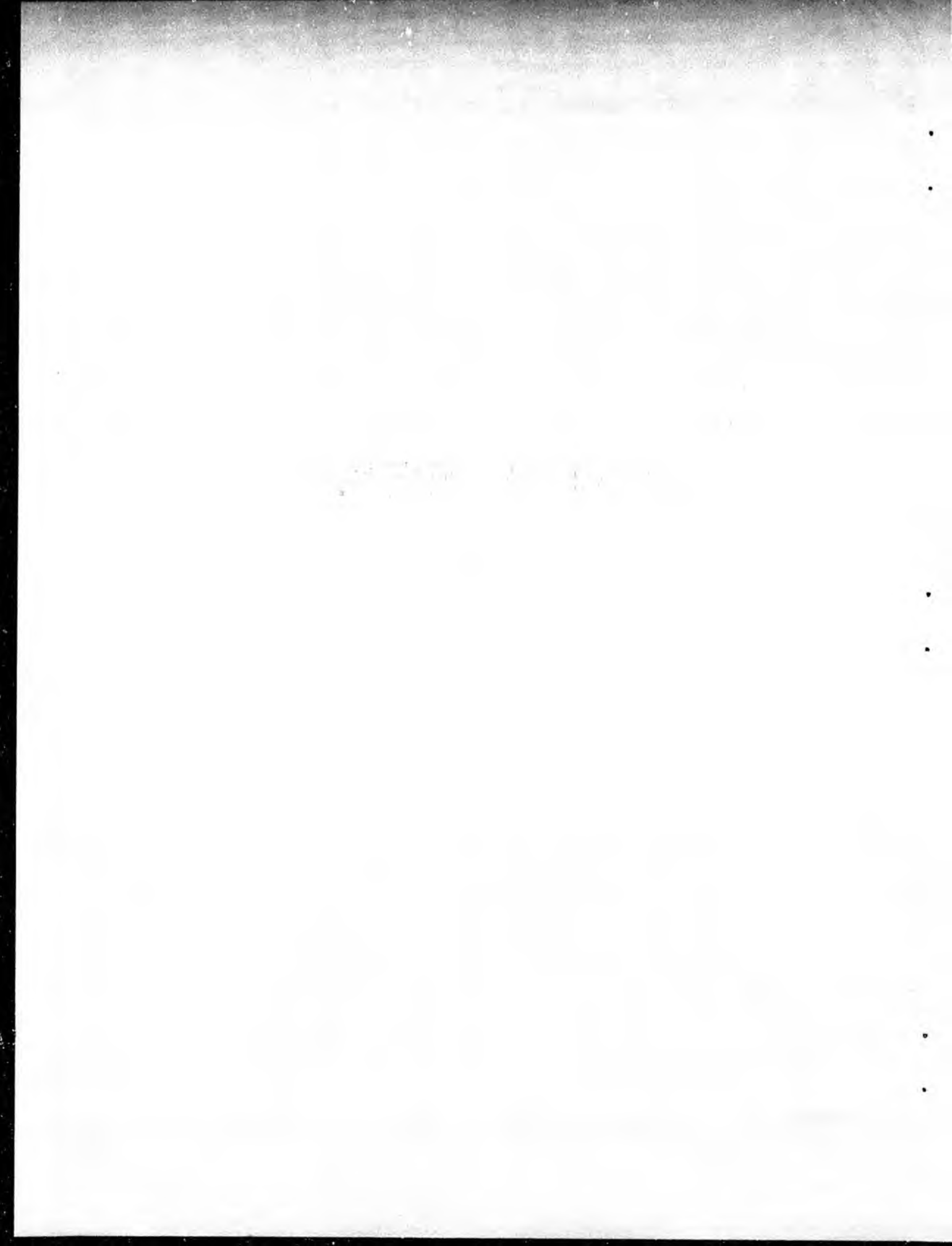
Annual Report

1976



ANNUAL REPORT

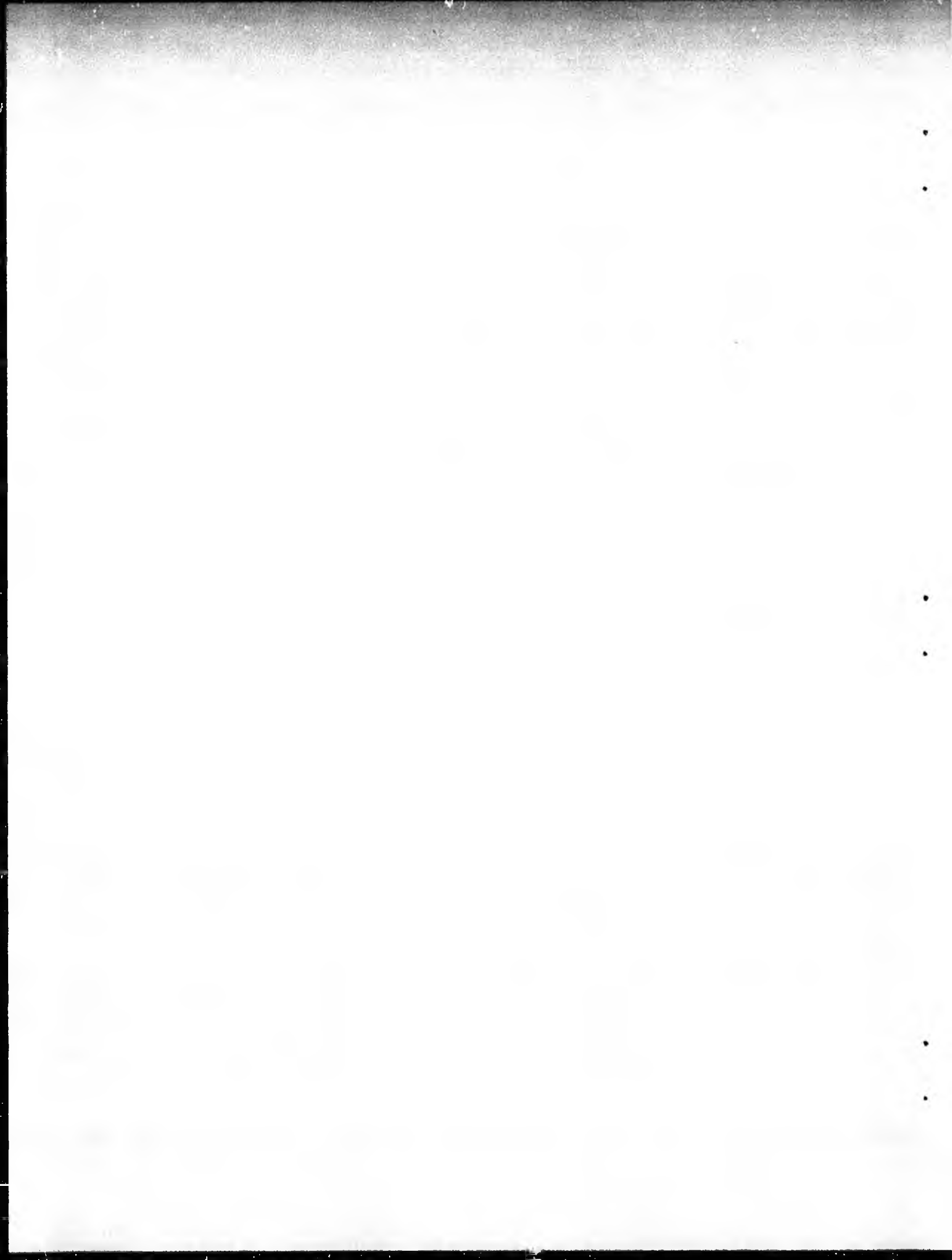
Office of Alcoholism
Department of Health & Social Services
Pouch H-05F
Juneau, Alaska 99811



This annual report for Fiscal year 1976 was prepared under the supervision of Robert Cole, Coordinator, Alaska State Office of Alcoholism.

February, 1977

Office of Alcoholism
Pouch H-05F
Juneau, Alaska 99811



STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH H 01 - JUNEAU 99011

February 1977

Speaker of the House
President of the Senate

We are pleased to present to you this Annual Report on the State Office of Alcoholism Program covering operation of the Program during FY 1976. We have attempted to provide you with a comprehensive overview of our office structure, policies and new directions. Special focus has been directed toward descriptions of individual community programs.

If more information is desired concerning the alcohol programs in Alaska or the State Office of Alcoholism, we will be pleased to honor the request.

Respectfully submitted,

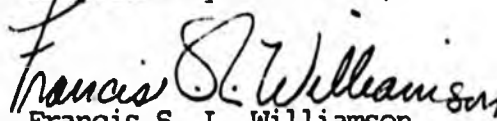
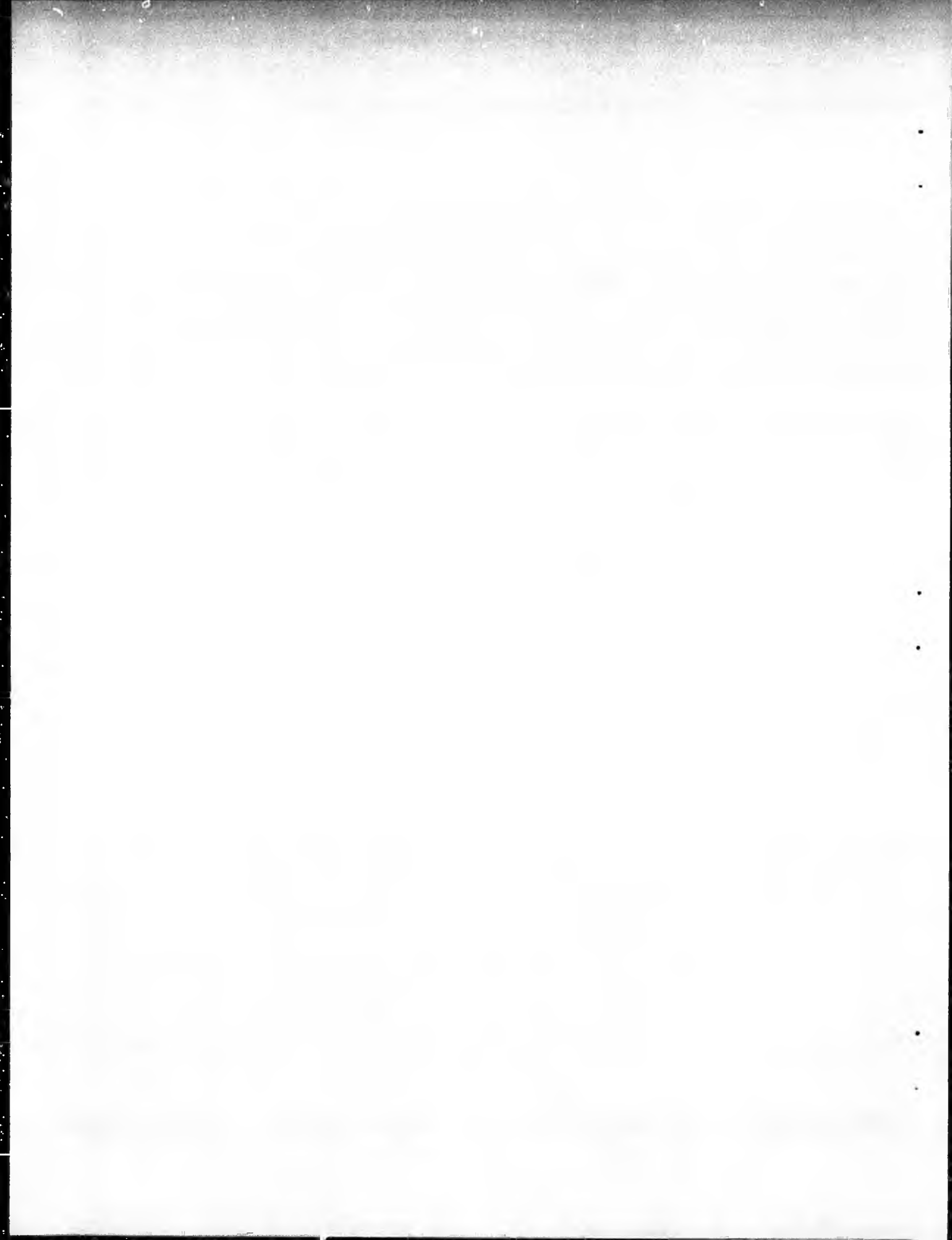
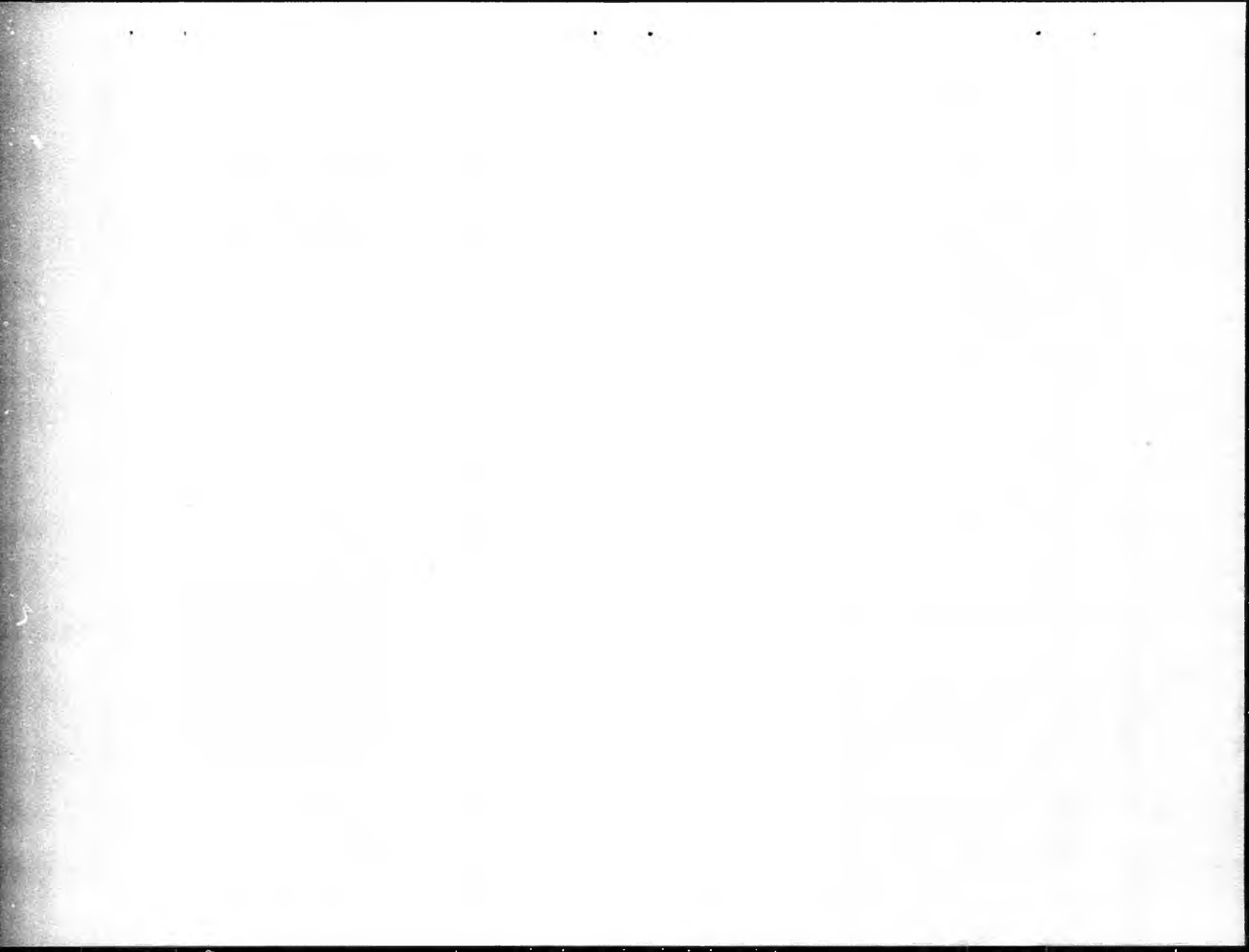

Francis S. L. Williamson
Commissioner

TABLE OF CONTENTS

The Office	3
Budget and Expenditures	17
Funding Sources	21
Statewide Services	27
Statistical Review	31
Community Programs	38
Map: Location of State Office of Alcoholism Programs	67



THE OFFICE



THE OFFICE

The State Office of Alcoholism was established in 1967, when the legislature appropriated \$25,000 for the development and implementation of an alcoholism program. The Governor designated the Department of Health and Social Services as the single state agency responsible for the administration of the State Plan for Alcoholism. The mission of the office is to implement the provisions of AS 47.37 so as to accomplish "the reduction in incidence and severity of alcoholism and alcohol abuse, and its related social consequences."

Authority establishing the State Alcoholism Program is cited as AS 47.30.460-500. Additional authority includes the Grant-in-Aid program, whereby the Office of Alcoholism gives monetary aid to local alcoholism projects (AS 47.30-474-.477); The Governor's Advisory Board on Alcoholism (AS 47.30.060-069); and the Uniform Alcoholism and Intoxication Treatment Act (AS 47.37.10-210).

The State Office does not deliver direct services to alcoholics or alcohol abusers; rather, the Office provides services to agencies throughout the State who themselves provide direct services. The State Office is the coordinating, regulatory and evaluative body for the State effort. It administers the State Grant-in-Aid program and the associated reporting and monitoring systems. The Office provides technical assistance to communities, and is the focal point for coordination statewide.

Local control over the local alcoholism programs is the intent and policy of the Department and of the State Office which exerts sufficient control over those local endeavors to establish and maintain appropriate standards and to guarantee adequate linkages and continuity of care for the benefit of the client. This control is obtained through the Grant-in-Aid process and its attendant application, reporting, monitoring and evaluation systems.

The Office provides staff services to the Governor's Advisory Board on Alcoholism and maintains a degree of liaison with statewide organizations whose objectives are similar. It is headed by a coordinator appointed by the Commissioner of the Department of Health and Social Services.

GOVERNOR'S ADVISORY BOARD ON ALCOHOLISM

AS 47.37.070 authorizes the Governor's Advisory Board on Alcoholism. This board has nine members appointed by the Governor to four-year staggered terms.

Throughout FY 76, the Board played an active role in the development of policy for the implementation of legislation and the administration of programs related to alcohol abuse problems. With the staff of the Office of Alcoholism acting in an advisory capacity to the membership, the Board reviewed, evaluated and assisted in determining the direction of activities for the Office.

Individually and collectively, the Board has been instrumental in assisting the Office to develop its program effectiveness and efficiency as it seeks to meet the needs of local communities and the entire state in the resolution of problems related to alcohol abuse.

The membership has provided an important advocate role in support of the Office's proposed budget request to both the Administration and the Legislature.

In combined meetings with the Governor's Board on Drug Abuse and a statewide conference with representatives from Drug Abuse, Mental Health and Alcoholism, the membership has provided essential input in behalf of policy problems related to alcohol abuse programs in the planning activities of the ADAMHA project known as "State Plan Development."

CURRENT MEMBERS OF GOVERNOR'S ADVISORY BOARD
OFFICE OF ALCOHOLISM

Dr. Stanley Austin, M.D.
2412 W. Marston Dr.
Anchorage, Alaska 99503
Office 279-8275
Home 279-8039

Joseph Fuller
1438 Medfra
Anchorage, Alaska 99501
Home 279-7931
Office 276-9849

Rev. Paul Jordan
Lutheran Church of Hope
Box 4-1930
Anchorage, Alaska 99509
Office 279-7714
Home 279-4833

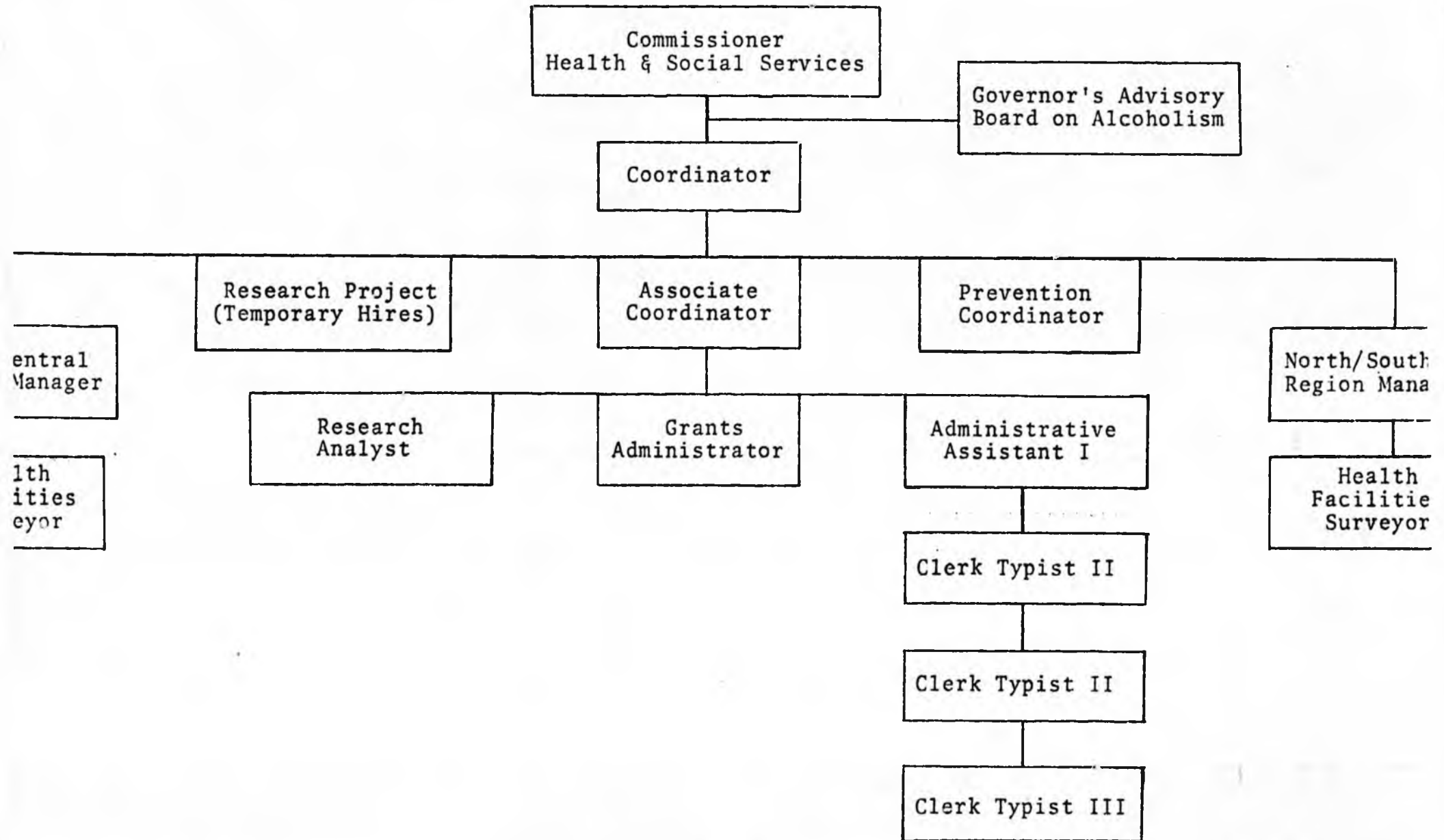
A. Fred Miller
Attorney At Law
426 Main Street
Ketchikan, Alaska 99901
Phone 225-6666

Dr. John C. Morris
P.O. Box 1330
Fairbanks, Alaska 99707
Office 452-1761
Home 479-3788

Jacqueline Pflaum
Box 188
Bethel, Alaska 99559

Herman Schroeder, Sr.
Box 216
Dillingham, Alaska 99576
Office 842-3833

ORGANIZATIONAL CHART FY 1976



STATE PLAN

In 1973, the Office of Alcoholism completed development of the Alaska State Plan for the Reduction of Alcoholism and Alcohol Abuse. The plan was published in April of that year and has been updated annually.

The objective of the Plan is to present a coordinated comprehensive program for the orderly development and provision of needed alcoholism prevention, treatment, and rehabilitation programs for the State. In order to attain this objective, the Plan:

1. Presents information about alcohol problems in Alaska;
2. Describes the resources available for implementation of the Plan;
3. Suggests a program for the concerted utilization of these resources to accomplish specific yearly objectives;
4. Serves as a base for action, coordination and communication by and among persons and organizations implementing these objectives;
5. Fulfills Federal requirements pertaining to state plans;
6. Establishes the opportunity for continuity of effort over the years as an historical document, as a work plan, and as a legitimate base for planning.

REGIONS AND DISTRICTS

As part of the State Plan, a region and district service-area concept was developed around the existing transportation net. Alaska has a vast expanse of land, limited population, and lack of roads. Therefore, the time and cost of air transportation, rather than miles, were taken as the critical factors in identifying three major regional areas for service delivery. Their corresponding centers in Fairbanks, Anchorage, and Juneau offer a range of alcoholism treatment facilities, from information and referral, to emergency services, to rehabilitation, to transitional (half-way house) living, to out-patient care.

Further examination of the contemporary transportation net identified 22 district centers which act as collecting points for the surrounding communities. Each of these satellite stations relates to one of the three regional hubs.

At the village or small community level, there should be at least one alcoholism counselor, providing out-patient diagnosis, counseling, education and referral services for one or a number of villages or communities. When a client is in need of services which the counselor is unable to provide, he is referred to the nearest center where such services are available. This might be at the district center in the case of limited treatment or at a regional center in the case of extensive rehabilitation.

SOA-SUPPORTED ALCOHOLISM PROGRAMS

<u>Location</u>	<u>Name</u>	<u>Address & Telephone</u>	<u>Program Manager</u>
Anchorage	National Council on Alcoholism	4510 Int. Airport Rd. Suite I Anchorage, Alaska 99503 279-3575	Sue Perry
Anchorage	ALMEA	503 W. Northern Lights Rm 205 Anchorage, Alaska 99503 272-5656	Don Ryder
Anchorage	Municipality of Anchorage	825 "L" Street Room 504 Anchorage, Alaska 99501	Ed Stewart
Barrow	Barrow Council on Alcoholism	Box 118 Barrow, Alaska 852-7470	Nancy Ahsogeak
Bethel	Bethel Alcohol Treatment Center	Box 388 Bethel, Alaska 99559 543-2128	Eugene Strickland
Copper Center	Copper Valley Alcoholism Program	Drawer G Copper Center, Alaska 99573 822-3333, 822-3497	Clara Peters
Dillingham	Dillingham Alcoholism Program	Box 191 Dillingham, Alaska 99576 842-3933, 842-3483	Ivan Widum
Fairbanks	Fairbanks Native Assn. Alcoholism Program	1318 Kalakaket Street Fairbanks, Alaska 99701 479-6271	Banarsi Lal

<u>Location</u>	<u>Name</u>	<u>Address & Telephone</u>	<u>Program Manager</u>
Galena	City of Galena	Box 149 Galena, Alaska 99741 656-1281	Roger Huntington
Juneau	City/Borough of Juneau	155 South Seward Street Juneau, Alaska 99801 586-3300	Mar Winegar
Ketchikan	Ketchikan Council on Alcoholism Program	3134 Tongass Avenue Ketchikan, Alaska 99901 225-4135	LaPrele Rasmussen
Kodiak	Kodiak Council on Alcoholism	Box 497 Kodiak, Alaska 99615 486-3535	Brian Kelly
Kotzebue	Mauneluk Association, Inc.	Hope Center Box 256 Kotzebue, Alaska 99615 442-3207	Loretta Eakan
Nome	Norton Sound Health Corporation	Box 966 Nome, Alaska 99762 443- 443-2261	William Dann
Petersburg	Petersburg Council on Alcoholism	Box 1066 Petersburg, Alaska 99833 772-3552	John Rooks
Seward	Seward Council on Alcoholism	Box 1045 Seward, Alaska 99664 224-5275	Gene DeGooyer
Sitka	Sitka Council on Alcoholism	Box 963 Sitka, Alaska 99835 747-3636	Bennett Stower

<u>Location</u>	<u>Name</u>	<u>Address & Telephone</u>	<u>Program Manager</u>
Tok	Upper Tanana Regional Council on Alcoholism	Box 155 Tok, Alaska 99780 883-4201	Charlie Biederman
Unalaska	Unalaska Alcoholism Program	Box 182 Unalaska, Alaska 99685 581-1208, 581-1260	Frank Poplawski
Valdez	Valdez Alcohol Commis- sion	128 Pioneer Drive Suite #5 Valdez, Alaska 99686 835-2364	Pat Ruther
Wrangell	Wrangell Council on Alcoholism	Box 1108 Wrangell, Alaska 99929 874-3149	Betty Johnston
Yakutat	Yakutat Alcoholism Program	Box 113 Yakutat, Alaska 99689 784-3323, 784-3256	Rosemary Riley

EVALUATION AND MONITORING

Alcoholism programs across the country vary in size and scope. They vary in treatment philosophy, they vary by the population they serve, and they vary by location. Nevertheless, there are certain basic principles common to all such programs. For that reason, basic standards have been established on a national basis to indicate how such programs should operate, no matter what their variation.

Through NIAAA funding, the Alcoholism Division of the Joint Commission on Accreditation of Hospitals developed a set of national standards for the accreditation of alcoholism programs. Because of their scope, national standards are not subject to fragmentation by inconsistencies in state or local laws or regulations.

Public hearings were held in five areas of the state during March, 1976 to discuss adoption of standards. In December, 1976 the standards as set forth by the Joint Commission on Accreditation of Hospitals (JCAH) were adopted by Alaska. Urban programs throughout the state have until July 1, 1977 to comply with these standards. A less stringent set of program standards will be developed for less potentially sophisticated programs in smaller communities.

In order to be accredited, alcoholism programs must meet certain minimal or basic criteria, which help to insure a high quality of care. Besides providing an objective evaluation of a program's services, some of the advantages of accreditation are that it provides a form of recognition that is respected by health professionals and consumers, it can help raise the level of professional performance, it attracts qualified professionals who wish to work in and for programs that are known to offer services of recognized quality, it provides an incentive for the continual upgrading of a program's services, and it identifies, for the public, programs and services of quality in the field of alcoholism.

Evaluators perceive their role as analysts and teachers, rather than as inspectors and judges. Their function is not to find shortcomings in order to mete out punishment, but rather to act as consultants to programs, helping them to identify both their strong and weak points, and to provide guidelines to correct their weaknesses.

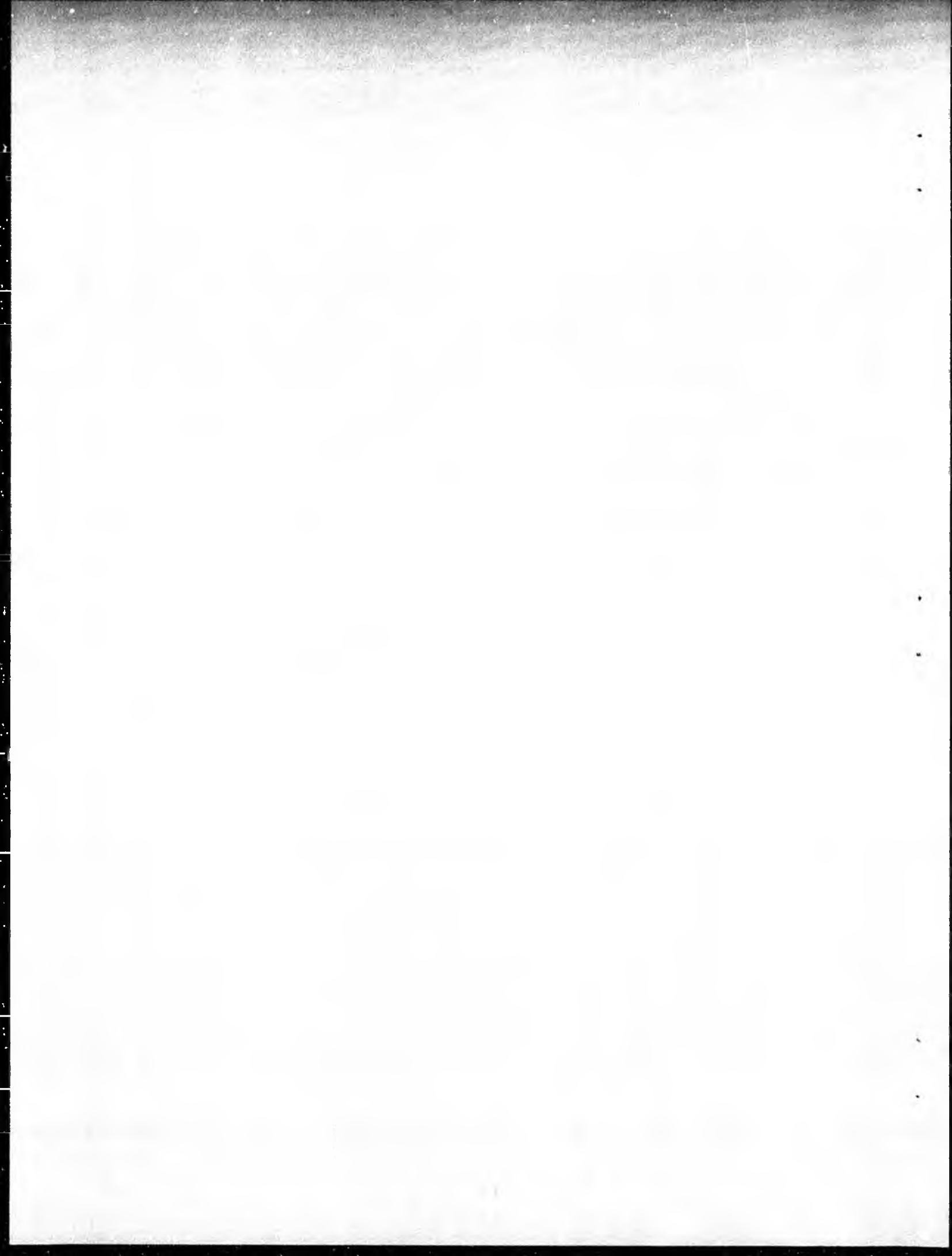
In addition to the evaluation program of the SOA there exists also a program for monitoring expenditures of programs funded through grants from the State. Payment request and expenditure reports are reviewed on a quarterly basis to ensure compliance with the Grant-in-Aid program.

INTERAGENCY COORDINATING COMMITTEE

The reduction of alcoholism, alcohol abuse and alcohol-related problems is a priority goal for Governor Hammond's administration. Alaska Statute 47.37.050 creates a state level "Interdepartmental Coordinating Committee" (ICCS). This coordinating committee is charged with assisting the Commissioner of Health and Social Services and the Coordinator of the State Office of Alcohol and Alcohol Abuse in formulating a comprehensive plan for the prevention of alcoholism and for treatment of alcoholics and intoxicated persons.

Membership on the committee includes the Commissioners of Health & Social Services (Chairman), Highways, Education, Labor and Public Safety. The Coordinator of the Office of Alcoholism serves as an ex-officio member. To complete the review of policy, the Governor included the Attorney General, Commissioner of Community and Regional Affairs, and representatives of the Criminal Justice Commission, ABC Board, and Governor's Office.

The first intensive ICC effort will be directed towards a series of management, treatment, prevention and control policy recommendations to the Governor. These will be translated into appropriate administrative, legislative, and budgetary proposals to be presented to the legislature for their consideration. To assist in the realization of this goal, the governor has attempted to use already existing tools. The ICC is such a tool.



BUDGET & EXPENDITURES

THE BUDGET

The Office of Alcoholism administered a budget totaling \$3,000,800 for FY 76. The following table divides this sum according to source and function:

	<u>SGF</u>	<u>NIAAA</u>	<u>Title IVA & XVI</u>	<u>Program Receipts</u>	<u>Total</u>
Admin - general	70,600	-0-	135,000	-0-	205,800
Projects:					
Prevention		25,000			25,000
Pipeline Impact		111,400			111,400
Special Grant		120,000			120,000
Total Admin Component	<u>70,600</u>	<u>256,400</u>	<u>135,200</u>	<u>-0-</u>	<u>462,200</u>

Projects, Grants & Contracts	329,300	200,000 <u>538,600</u> 738,600	1,192,600	278,100	2,538,600

Total Budget	399,900	995,000	1,327,800	278,100	3,000,800

FY 77

	<u>SGF</u>	<u>NIAAA</u>	<u>Total</u>
Admin - general	369,300		369,300
Projects:			
Pipeline Impact		90,900	90,900
Special Grant		120,000	120,000
Total Admin	<u>369,300</u>	<u>210,900</u>	<u>580,200</u>

Projects, Grants & Contracts	1,856,700	731,000*	2,587,700

Total Budget	2,226,000	941,900	3,167,900

Pipeline Impact Formula Grant		531,000 <u>200,000</u> 731,000*	

FUNDING SOURCES FOR STATE OFFICE OF ALCOHOLISM PROJECTS

<u>SOA Statewide and Regional Programs</u>	<u>Total Project Cost</u>	<u>State Alcoholism Award</u>	<u>State General Fund</u>	<u>NIAAA Formula Pipeline</u>	<u>Titles IVA VI,XVI</u>	<u>Total Other Federal Income</u>	<u>Misc. Funding</u>
ALMEA	\$ 200,000	\$ 200,000	\$ -0-	\$200,000 PI	\$ -0-	\$ -0-	\$ -0-
Barrow	54,730	54,730	-0-	54,730 PI	-0-	-0-	-0-
Bethel	132,214	93,500	93,500	-0-	-0-	950	37,764
Copper Center	55,000	55,000	-0-	55,000 PI	-0-	-0-	-0-
Dillingham	31,505	22,100	-0-	22,100 FG	-0-	-0-	9,405
Fairbanks	1,072,440	290,200	217,650	-0-	72,550	657,000	125,240
Galena	18,667	14,000	9,750	4,250 FG	-0-	-0-	4,667
GAAB	1,501,013	821,854	567,470	109,488 PI	144,896	333,353	345,806
Juneau	349,329	90,360	4,880	85,480 FG	-0-	132,826	126,143
Ketchikan	142,147	58,101	49,405	-0-	8,696	40,120	43,926
Kodiak	150,496	117,430	73,867	28,500 FG	15,063	-0-	33,066
Kotzebue	52,700	36,981	31,403	-0-	5,578	-0-	15,719
NCA-AR	736,158	79,478	64,576	-0-	14,902	656,680	-0-
Nome	126,121	85,430	85,430	-0-	-0-	-0-	40,691
Petersburg	36,093	27,070	-0-	27,070 FG	-0-	-0-	9,023
Seward	43,900	34,700	-0-	34,700 PI/FG	-0-	-0-	9,200
Sitka	185,451	79,380	66,536	-0-	12,844	80,000	26,071
Tok	128,600	13,700	13,700	-0-	-0-	114,900	-0-
Unalaska	141,020	26,800	26,800	5,000	-0-	86,220	23,000
Valdez	65,260	65,260	-0-	65,260 PI	-0-	-0-	-0-
Wrangell	35,813	26,860	26,860	-0-	-0-	-0-	8,953
Yakutat	18,500	13,875	13,875	-0-	-0-	-0-	4,625
TOTAL	\$5,277,157	\$2,306,809	\$1,345,702	\$691,578	\$274,529	\$2,102,049	\$863,299

FUNDING SOURCES

AIS PROJECT

In FY 75, the Alaska State Office of Alcoholism was awarded Special Incentive Grant monies through NIAAA. These funds are granted to states as a means of assisting them in implementing the Uniform Alcoholism and Intoxication Treatment Act. Funding is based on \$100,000 per qualified State, plus ten per cent of the Formula Grant monies to which they are entitled. On this basis, Alaska was granted \$120,000 for FY 75 and FY 76 each.

The goal of this project is to provide the State of Alaska with a formative, but comprehensive "Alcoholism Information System." The grant allows the State to obtain essential information on the relationship between alcohol use and abuse. The project is expected to continue through the end of FY 78 with annual funding of \$120,000.

The project has been prepared under the direction of Dr. Dennis Kelso; completion is expected in February, 1977 and will appear in five published volumes. These volumes are briefly described below:

VOLUME I: The Economic Impact of Alcoholism and Alcohol Abuse in Alaska, 1975

Volume I investigates and describes the economic impact on Alaska of alcoholism and alcohol abuse. Major goals of the volume include the identification and estimation of financial benefits deriving from the sale and consumption of beverage alcohol, and determination of the economic cost of alcoholism and alcohol abuse for the state as a whole.

VOLUME II: An Analysis of State Legislation Pertaining to Regulation and Control of Beverage Alcohol and Alcoholism and Alcohol Abuse, Alaska, 1975

Volume II identifies and analyzes all Alaska legislative statutes and administrative codes which are in any way concerned with the sale and consumption of beverage alcohol, or with alcoholism or alcohol abuse problems.

VOLUME III: Alcoholism and Alcohol Abuse Programs, Services Delivery System, Alaska, 1975

Volume III presents the findings of an analysis of the major elements of the alcohol services delivery system in Alaska. Statewide and local organizations providing direct and indirect alcoholism services are described with respect to their various administrative and programmatic dimensions.

VOLUME IV: Social Systems Indicators of Alcoholism and Alcohol Abuse in Alaska, 1975

Volume IV assembles and discusses a range of current data and information regarding the social impact on Alaska of alcoholism and alcohol abuse. The data compiled are regarded as conventional social system indicators, and are discussed accordingly.

VOLUME V: Executive Summary: Descriptive Analysis of the Impact of Alcoholism and Alcohol Abuse in Alaska, 1975

As an executive summary, Volume V synoptically treats the findings contained in the four primary volumes preceding it. Additionally, it integrates various portions of these findings to provide alternative descriptions of the impact on Alaska of alcoholism and alcohol abuse. Overall policy-level recommendations extrapolated from the study's findings are suggested for more effective implementation of Alaska's Uniform Alcoholism and Intoxication Treatment Act.

PIPELINE GRANT

The trans-Alaska oil pipeline is the largest private construction project ever undertaken. Since the beginning of construction in April, 1974, thousands of construction workers, their families, support staff, technical personnel, and entrepreneurs have been drawn to Alaska, with the total new population expanding to as high as 39,000 people.

Construction camps are situated along the 790 miles of pipeline corridor, and the major urban centers of Anchorage and Fairbanks grew at an increasing rate. As the population of impacted areas increased, the need for alcoholism services increased. The camps themselves experience a special kind of alcohol abuse and alcoholism problem - especially in the near endless dark of winter - and have their own need for services.

There are three principal types of pipeline impact on the need for alcoholism services: a) increased demand for services resulting from population increases caused by the pipeline, b) the need for services for workers on the line, and c) increased stress on existing community populations. These impacts have been adequately described in a document intitled "Pipeline Impact Project for Alcohol Abuse and Alcoholism", prepared in October 1974 by the Office of Alcoholism.

The purpose of the Pipeline Impact Grant was to provide a coordinated response to increased statewide problems of alcohol abuse and alcoholism generated by construction of the Trans-Alaska Oil Pipeline. Prevention and treatment efforts are directed towards impact-related problems in the work camps and towards those impact-related problems in pipeline corridor communities and urban centers, to which people and problems gravitate.

The goal of this special project is the amelioration of alcohol abuse and alcoholism problems attendant upon pipeline construction and, in particular, the extension of care to those individuals (pipeline personnel and corridor community residents) with impact-related alcohol problems.

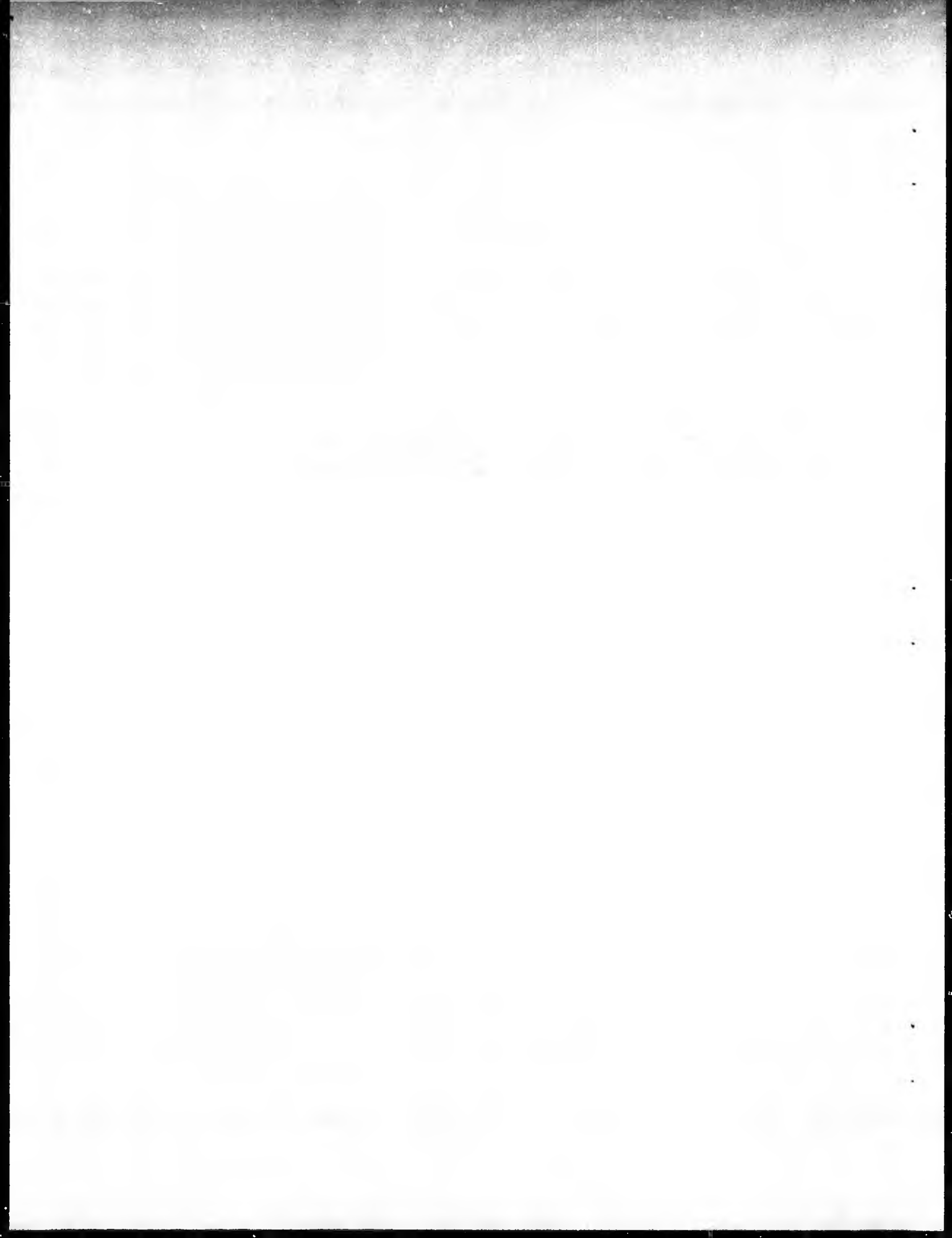
The Pipeline Grant is expected to continue until the end of FY 78. The grant for FY 76 was \$650,000. Of this total, \$538,600 was awarded as direct grants to six projects: ALMEA, Copper River, Seward, Barrow, Anchorage and Valdez. The remaining \$111,400 was for administrative costs which included the salaries and travel for two program managers.

FORMULA GRANT

The federal government awards a sum of money based on population to each state which has a State Plan. Alaska has adopted the Alaska State Plan for The Reduction of Alcoholism and Alcohol Abuse and is thereby entitled to a maximum annual grant of \$200,000. The State need not match these funds, but they must guarantee that these funds will not be used to supplant state or local funding for particular projects.

In FY 76, the total was divided and awarded as community grants; none was allocated for administrative costs. The grants were generally awarded to smaller programs which have difficulty coming up with a catch match. For example, federal regulations which allow the use of volunteer services as an "in-kind" contribution for matching purposes permit the funds to go to programs which rely on a volunteer work force and need to use that for matching purposes.

STATEWIDE SERVICES



STATEWIDE SERVICES

The office of alcoholism is the legislated lead agency for the development and provision of alcoholism services in Alaska. Other agencies within Alaska concerned with and taking action against alcohol problems include two programs which are statewide in nature, receive State funds, and are subject to SOA monitoring and evaluation. They are: The National Council on Alcoholism - Alaska Region, and Alaska Labor Management Employee Affairs, Inc.

NCA-AR

	<u>Funding Source</u>	
The National Council on Alcoholism-Alaska Region (NCA-AR) is a private non-profit corporation dedicated to the goal of the adoption by Alaskans of a positive, supportive and knowledgeable attitude toward the solution of the problems of alcoholism and alcohol abuse. The Council has its office in Anchorage.	State General Fund	\$ 64,576
	Title	14,902
	Direct Federal Grant	656,680
		<u>\$736,158</u>

The project objectives of NCA-AR fall into two categories: education and consultation.

EDUCATION

The Council serves as the public relations/alcohol information arm of alcohol programs in Alaska. To this end, they prepare and distribute news releases, photos, films and tapes. Feature items about alcohol are developed and released. Mailing lists of organizations and persons concerned with alcohol programs are developed and maintained. Assistance is given to radio and television stations in the development and presentation of programs concerning alcoholism.

The office conducts a State Alcoholism Forum as a training program for the public, for their own board, and for other related groups. They also monitor and provide information regarding pertinent legislation at local, state and federal levels.

CONSULTATION

A large function of the office is to assist other alcoholism programs in the areas of personnel management, financial management, and general administrative functions. They provide program consultation to all chartered chapters, and continue the development of Export Packages for chartered chapters.

Assistance upon request is given to all alcoholism programs on publicity and other public relations matters.

ALMEA

<u>Alaska Labor and Management Employee Affairs, Inc. (ALMEA) is a state-wide, non-profit corporation founded by the Alaska Chapter of Associated General Contractors and the major labor unions of Alaska. The program has a broad approach embracing industrial alcoholism under the concept of a "Troubled Employee Program", including drug abuse, mental illness, and other employee problems. Alcohol accounts for approximately 80% of the problems dealt with.</u>	<u>Funding Source</u>
	Pipeline Impact \$200,000

ALMEA's objective is to mobilize managers, superintendents, safety representatives, foremen, job stewards, and business agents in a cooperative effort to detect and refer personnel with early symptoms of drinking problems. If medical treatment is not indicated, an alcoholism program is recommended by the Occupational Alcoholism Specialist, with the concurrence of the employees' immediate supervisors in Labor and Management.

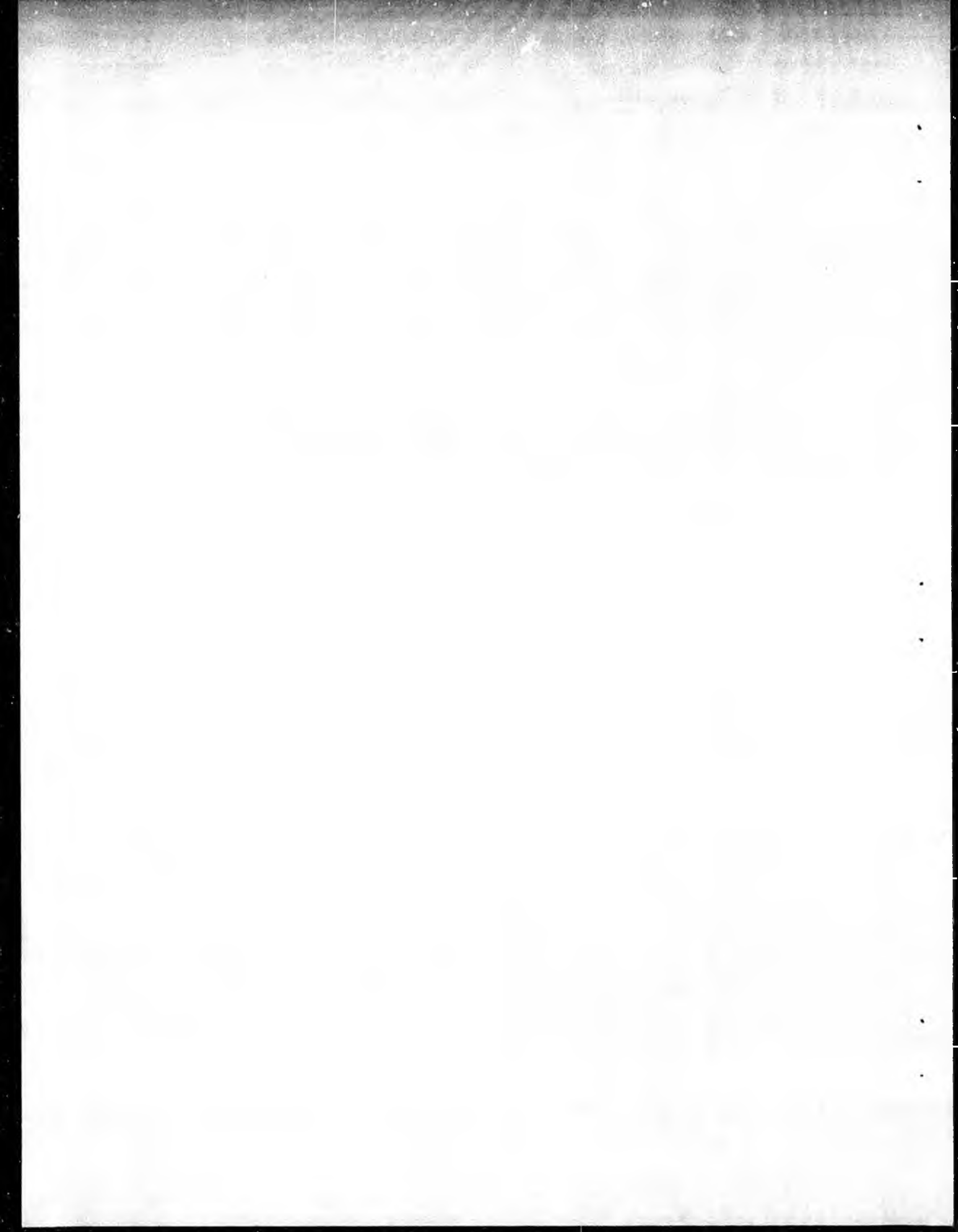
ALMEA's specific objectives are: prevention, referral, individual contact and counseling, and education and training.

Other alcohol-related programs, though statewide in nature, do not receive SOA monies. These programs are described briefly below.

THE ALASKA NATIVE COMMISSION ON ALCOHOLISM AND DRUG ABUSE

The Commission was formed to focus special attention on alcohol problems of Alaska Natives, and to provide technical input and quality control to program development relating to Alaska Natives and Native communities. The ANCADA Board of Directors is comprised of representatives of each of the 12 Native regions and six Native members-at-large. As ANCADA develops its expertise, it is strengthening its role from one of "after-the-fact" advisor to that of planner, developer, and coordinator.

STATISTICAL REVIEW



DATA COLLECTION SYSTEM

The Data Collection System of the State Office of Alcoholism, like many other data systems in Alaska, is quite young; as such, it has yet to be fully developed. During Fiscal Year 1976, the SOA began direct operation of data collections, which previously was operated by the Center for Alcohol and Addiction Studies, University of Alaska, Anchorage, under contract from the State Office. This first year of operation proved to be a valuable learning experience for the Office and for the alcoholism programs required to report their activities to the SOA.

During this year, the SOA was able to monitor and evaluate the data collections system on a much closer level than previously. The system was found to have some major deficiencies, a few of which were corrected by the addition of a Monthly Activities Report required from each program during the last half of FY 76.

During FY 76, the data collection system relied most heavily for information on the "Data Base Form for Alcoholism Problems," a client-oriented form which contains both demographic and treatment data. This form has proved to be inadequate and confusing, but neither time, money, or personnel were available to develop a new system, so it was used during all of FY 76. At the end of the year, the Data Base Form was coded, keypunched, and computerized and some simple counting of the occurrences of a number of variables was performed by the computer.

When the computerized tallies were examined, it became obvious that the alcoholism programs were under-reporting. The SOA received information on only 3,500 clients. Some programs were not computerized because they do not submit the Data Base Form: Copper Center, Valdez, ALMEA, and Barrow because they are pipeline programs and have different reporting requirements; Bethel is not included because their records were confiscated when there were some internal problems with that program. So five programs were not a part of the computer tally. This reduces the total number of clients known to have received services, but we also know that the other 15 or so programs served more than the reported 3,500 clients during the year.

Because of the obvious deficiencies in the data collection system, in terms of accuracy and completeness of reporting by the alcohol programs, and the type and format of the data collected, a number of long range and short range goals have been developed. These goals are all directed toward developing a data system that is more accurate in depicting the number and types of services given to clients by programs, and more useful in making management decisions by the SOA and the alcohol programs. The long range goals require research into the specific needs of the SOA and the programs. The goals are as follows:

1. A complete revision and simplification of the "Data Base Form for Alcohol Related Problems" is necessary for a more accurate reflection of the status and progress of a client in a program.
2. Revision of the Monthly Activities Report so as to more accurately reflect the activities of a program during a month.
3. Revision of the computer program now based on the data base form to include those programs which do not submit the data base form.
4. Computerization of the Monthly Activities Report in order to provide a comparison to the data base form.
5. Development of a process by which the computer may generate routine reports for the use of both the SOA and the programs.

The research into and planning for these goals has begun. Revision of the Monthly Activities Report is nearly ready for implementation. The projected date for implementation of the revised data base form (or some similar instrument for the gathering of client statistics) is July 1, 1977. The other goals do not have specific implementation dates, but the aim is for sometime during Fiscal Year 1978.

TABLE 1
TOTAL CLIENTS SERVED

City	Number Clients	%
Anchorage	1,644	43.6
Dillingham	12	0.3
Fairbanks	319	8.5
Juneau	452	12.0
Ketchikan	365	9.7
Kodiak	203	5.4
Kotzebue	62	1.6
Nome	10	0.3
Petersburg	169	4.5
Seward	21	0.6
Sitka	279	7.4
Tok	71	1.9
Unalaska	31	0.8
Wrangell	24	0.6
Yakutat	109	2.9
Other	2	0.1
	<u>3,773</u>	<u>100.0</u>

TABLE 2
TYPE & FREQUENCY OF SERVICE

Type of Service	Number Patients	%
Sleepoff	128	3.4
Halfway House	541	14.3
Rehabilitation	606	16.1
Detoxification	917	24.3
I & E Outpatient	1,579	41.8
	<u>3,773</u>	<u>100.0</u>

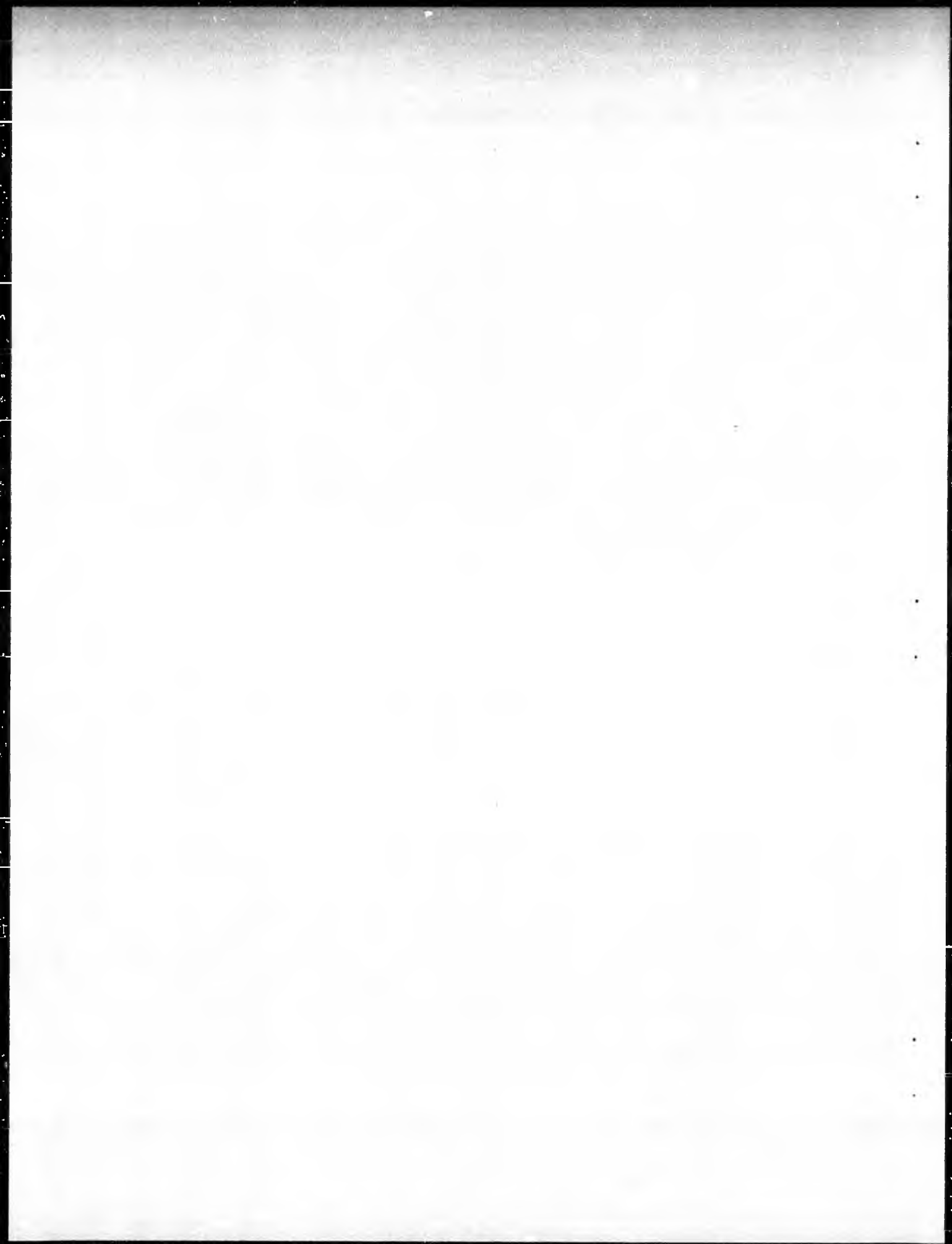
TABLE 3
TOTAL CLIENTS BY SEX

Sex	Number Clients	%
Male	2,785	73.8
Female	761	20.2
Unknown	222	5.9
Out of Range	<u>5</u>	<u>0.1</u>
	<u>3,773</u>	<u>100.0</u>

TABLE 4
CLIENTS SERVED BY RACE

Race	Number Clients	%
Aleut	252	6.7
Eskimo	623	16.5
Oriental	7	0.2
Indian	810	21.5
White	1,349	35.8
Athabascan	131	3.5
Black	44	1.2
Other	55	1.5
Unknown	502	13.3
	<u>3,773</u>	<u>100.0</u>

COMMUNITY PROGRAMS



COMMUNITY SERVICES

A total of 20 communities had alcoholism projects funded under the state grants-to-communities programs in 1976. In order to encourage a cooperative, coordinated delivery system of all services available in the community, only single grant applications were accepted from those communities. In addition to those community projects, the SOA funds two projects which are statewide in nature; one is oriented toward prevention and public education and the other toward operating an occupational alcoholism program.

Alcoholism treatment services which involve direct patient contact or care are of six general types. The Office of Alcoholism has classified them for licensing purposes according to the following definitions:

1. Information and referral service: Program which provides educational materials and general information on alcoholism and alcohol abuse, limited counseling, screening and referral to appropriate helping agency.
2. Emergency intoxication shelter or "sleep-off": Temporary non-treatment facility providing minimal or limited protection and care for intoxicated person during the time required to eliminate the alcohol from the system.
3. Detoxification service: In-patient treatment facility staffed and equipped to provide medical and social services for intoxicated persons suffering from the effect of a single extended drinking episode or the long-term debilitating effects of chronic drinking.
4. Rehabilitation center: Intermediate residential care for alcoholics who are not in an acute condition, providing treatment and research, counseling, therapy, evaluation, initial vocational and educational screening, board and room.
5. Halfway house: Transitional group living for persons returning from alcoholism rehabilitation or other parts of the health care system; largely self-administered with a minimum of paid staff, and relying on community resources for continued after-care rehabilitative programs.
6. Out-patient service: Out-patient treatment for alcoholics and related individuals by medical and social service personnel, providing diagnostic evaluation, therapy, social casework, and referral to other community services.

Some alcoholism projects are equipped and staffed to offer only one type of service, some offer several types of services within the same facility. And, of course, a number of services which involve no state funding, such as Alcoholics Anonymous, are available to the person with alcohol-related problems.

ANCHORAGE

Since the beginning of fiscal year 1973, public and private agencies operating alcoholism treatment facilities in Anchorage have been funded under a unified grant. The grantee is the Greater Anchorage Area Borough Health Department, which has responsibility for management and coordination of the total program. Each of the participating agencies retains its own administration, program and development authority, as well as its own unique characteristics and selective client appeal. They all work towards a coordinated network of services with interrelationships designed for effective prevention, early intervention, treatment, and rehabilitation. The GAAB Comprehensive Alcohol Treatment Program attempts to provide services for the entire alcoholic and problem drinker population of the Greater Metropolitan Area, as well as the itinerant alcoholic who gravitates to the Anchorage area. In addition, an intensive effort has been aimed at prevention and education among youth and young adults.

One benefit of the unified approach has been the identification of the specific resources of each facility and the ability to apply the full range of treatment modalities to the needs of the individual alcoholic. The patient is now able to enter the treatment system at whatever point seems optimal for success in his individual case.

A description follows of each individual project subcontracting for state funds under the Greater Anchorage Area Borough Health Department in 1976.

<u>FUNDING</u>	<u>TOTAL CLIENTS SERVED GROUPED BY SEX AND RACE</u>				
	<u>SEX</u>		<u>RACE</u>		
				%	
S.G.F. \$	567,470	Male	1,176	White	649 39.48
P.I.	109,488	Female	328	Native	702 42.70
Title	144,896	Unknown	138	Oriental	4 .24
Federal	333,353	Out of		Black	29 1.76
Misc.	345,806	Range	2	Other	36 2.19
Total	\$1,501,013			Unknown	224 13.63
		Total	1,644	Total	1,644 100.00

ALASKA NATIVE BROTHERHOOD HALFWAY HOUSE

The ANB Halfway House is a transitional facility within the community and, as such, provides guidance, supervision, and personal services relating to the areas of adjustment which enable the alcoholic to move into independent living conditions. After initial screening, each individual is required to attend group therapy twice weekly. Room and board is provided to the client on a seven-day week basis. There is 24-hour supervision and a program designed to assist the client in overcoming alcohol addiction within the facility. Each individual coming into the ANB Halfway House has come out of a detoxification program as well as an individual treatment program and is ready to move into an aftercare facility. Each individual client is encouraged to find employment; supportive counseling and group therapy is arranged to help him adjust to the work environment and prepare him to move into independent normal living conditions upon completion of the Halfway House program.

TOTAL CLIENTS SERVED
GROUPED BY SEX AND RACE

<u>SEX</u>			<u>RACE</u>		
		<u>%</u>			<u>%</u>
Male	64	78.0	White	3	3.6
Female	17	20.7	Native	78	95.2
Unknown	1	1.3	Unknown	1	1.2
Total	82	100.0		82	100.0

ALASKA PSYCHIATRIC INSTITUTE RE-EDUCATION UNIT

The Re-Education Unit provides an intensive inpatient rehabilitation program with the primary method of treatment being group therapy. Inpatient group therapy averages forty-seven man-hours a week. Post-discharge therapy averages six hours per week. Each patient is expected to attend the scheduled group meetings with a goal of the patient learning to share his feelings and experiences with the group and to be a motivating force in helping others share their feelings and experiences to overcome alcoholism and alcohol abuse. Each individual client being admitted to the program goes through a screening process and is provided a psychological diagnostic evaluation prior to admission. There are also subsequent staffings held on a weekly basis following the patient throughout this therapeutic program. The Re-Education Unit also provides medical services throughout the treatment program and then subsequent referral services for ongoing follow-up into the Comprehensive Alcoholism Treatment Program.

ANCHORAGE COUNCIL ON ALCOHOLISM

The Anchorage Council on Alcoholism is a charter chapter of the National Council on Alcoholism--Alaska Region. It functions as a vital referral and outreach component of the Comprehensive Alcoholism Treatment Program. It provides the public with up-to-date information on alcoholism. It is involved in referrals to appropriate alcoholism treatment facilities, education, and alcoholism prevention. It develops contacts with existing groups and organizations, high school and college personnel, professionals, retired persons, and interested citizens. It attempts to utilize all available educational aides and to develop literature specifically aimed at the needs of the Greater Anchorage Area Borough. It aims to provide information regarding the disease of alcoholism to the public with early intervention and prevention as one of its goals. The Anchorage Council's telephone is manned on a 24-hour basis to provide a referral point for individuals in need of alcoholism treatment and alcoholism information.

CHRISTIAN, METHODIST, EPISCOPAL WALK-IN CENTER

On September 10, 1973, the CME Church was awarded a contract for \$85,000.00 by the Borough Assembly to provide a 24-hour Walk-In Center for the indigent alcoholic and alcohol abuser. The original implementation of the Uniform Alcoholism and Intoxification Treatment Act in October of 1971, plus the lack of funding at the State level for the Act, dictated the implementation of detoxification to the Social Development Center, located at International Airport on Point Woronzof. Because of the long distance between the facility and the core of the area of downtown Anchorage, several technical problems were created relating to the pick-up of individuals incapacitated by alcohol. These individuals had to be held in the lobby of the police station as a holding room. The Loussac Library, the Alaska Native Medical Center waiting room and other public places had been utilized by intoxicated individuals seeking shelter and aversion from routine habitation of liquor dispensing establishments. Therefore, the alternative of CME Walk-In Center was funded to provide a drop-off point in the core of the downtown Anchorage area.

CME provides temporary shelter to the inebriate. It offers basic hygienic services, secondary nourishment, sleep-off facilities and the opportunity for entrance into appropriate local rehabilitative resources to the off-the-street indigent alcohol abuser through a motivational counseling unit. Arrangements with the Anchorage Police Department were made to receive incapacitated alcohol abusers who were under protective custody. The CME Walk-in Center is the primary pick-up station for any incapacitated inebriates. The Center also provides a temporary controlled and supervised shelter for the off-the-street indigent alcohol abuser, with a capacity for up to 200 individual clients per day. At the initial point of intake, a determination is made whereby alcohol victims may be referred to appropriate treatment facilities or benefit from other treatment resources. It provides a screening and holding station and emergency shelter. A motivational counseling unit is also made available whereby the indigent alcohol abuser can avail himself of the opportunity to find immediate remedial resources for various problems he may have or have encountered. Individual counseling is provided on an as-needed basis. The CME Walk-In Center is operated on a 24-hour day basis, seven days a week.

SALVATION ARMY GRADUATE HOUSE

For several years, the Salvation Army was the primary treatment facility of alcoholism within the State of Alaska. The Rehabilitation Program of the Salvation Army is a 52-bed facility that moves clients through work stations within the Salvation Army domain and prepares them to move into the Graduate House which is a residential treatment, community-based, peer-group oriented facility.

The Graduate House provides a capacity of 14 beds for individual treatment in the Halfway House setting. Services are related to those areas of adjustment which enable the alcoholic to move into independent normal living conditions on a short-term, one to twelve months supportive program. The Halfway House provides shelter, food service, individual counseling, group counseling and referral to other facilities as indicated. Treatment and discharge programs are planned for clients on an individual basis.

TOTAL CLIENTS SERVED GROUPED BY SEX AND RACE

<u>SEX</u>			<u>RACE</u>		
		<u>%</u>			<u>%</u>
Male	56	73.7	White	33	43.5
Female	1	1.3	Native	15	19.7
Unknown	19	25.0	Other	1	1.3
			Unknown	27	35.5
Total	76	100.0	Total	76	100.0

SOCIAL DEVELOPMENT CENTER, INC.

The initial program of the Social Development Center is detoxification. The detoxification program is administered at the Center as a limited sleep-off program. The client is given bed rest while being attended by a registered nurse and a detoxification orderly. The client also receives counseling while he is in detoxification, and plans are formulated as to his future care. Educational films on alcoholism and group sessions are available for persons in detoxification and referrals are made to other treatment facilities in the event the client does not elect to stay in the rehabilitative program at the Center.

If the client elects to become involved in the treatment program at the Center, he is screened by a panel of two staff members and two clients in the rehabilitation program to determine his sincerity to do something about his alcoholism. If accepted into treatment, the client can commit himself into the program for a period of thirty to sixty days. Ongoing weekly evaluations are made by the entire staff of all clients who are in treatment. Motivational counseling and group therapy are the prime focus aspects of the rehabilitation treatment plan. Group sessions are held daily by various group facilitators. Alcoholics Anonymous groups meet three times a week at the Center and one-to-one counseling is provided as needed. The Center also has, as an integral part of their treatment plan, the formation of a crafts shop; occupational therapy is also a vital part of the treatment plan. Referrals are made following the rehabilitation program for halfway house treatment or assistance in the community for continuing use of alcoholism treatment staff.

TOTAL CLIENTS SERVED
GROUPED BY SEX AND RACE

<u>SEX</u>			<u>RACE</u>		
		<u>%</u>			<u>%</u>
Male	802	80.4	White	340	34.1
Female	134	13.4	Native	506	50.7
Unknown	60	6.0	Black	12	1.2
Out of			Oriental	2	0.2
Range	2	0.2	Unknown	119	11.9
			Other	19	1.9
Total	998	100.0	Total	998	100.0

STUDIO CLUB

This facility is a Halfway House which provides halfway care and residential treatment for both men and women. It is a community-based, transitional residential facility (peer-group oriented.) It provides 24-hour supervision, room and ten days board in a supportive, non-drinking environment. Clientele are alcoholics moving out of other treatment facilities who have been provided detoxification and short-term intensive inpatient treatment. For the first thirty days each client is required mandatory attendance at group therapy, individual counseling and other therapy sessions outside the facility as arranged in conjunction with the Comprehensive Alcoholism Treatment Program. After the thirty-day period, the client has the option to further attend these meetings and other therapy sessions as they pertain to his individual treatment plan. He is required to financially support his own room and board after the initial ten days by finding some type of gainful employment to meet these ends, but continues to be involved in an individual treatment plan worked out in conjunction with the facility with his active participation.

TOTAL CLIENTS SERVED
GROUPED BY SEX AND RACE

<u>SEX</u>			<u>RACE</u>		
		<u>%</u>			<u>%</u>
Male	51	46.4	White	30	27.3
Female	18	16.3	Native	19	17.3
Unknown	41	37.3	Black	2	1.8
			Unknown	59	53.6
Total	110	100.0	Total	110	100.0

BARROW

The extraction of oil and other minerals from the Prudhoe Bay area has had serious social repercussions on the people of Barrow and villages in its region. Many local people have taken advantage of the expanded opportunities for employment which has increased their economic power. Because of the "one week on, one week off" scheduling, people have a great deal of free time. This time and additional purchasing power has resulted in a staggering increase in liquor sales. With that increase has come an increase in alcohol-related problems. Approximately 50% of the 3,768 persons residing in the Borough are in need of services to some extent. Virtually all arrests in the year previous to this program were somehow alcohol related.

Through State Pipeline Impact funding to the Barrow Council on Alcoholism, programs have been started which:

1. Provide counseling services for the substance abuser.
2. Survey available community resources and educational materials for the alleviation and prevention of substance abusers.
3. Train and develop a volunteer auxiliary to amplify the director's efforts and to form a care group of staff for future programs.

In FY 76 emphasis focused on educating the population to become aware of their alcohol and drug problems.

FUNDING

P.I. \$ 54,730

BETHEL

Bethel is the largest community in Southwestern Alaska with a population of 3,100. It is located on the banks of the Kuskokwim River and is accessible only by boat or by air. It is the main trade and transportation center for an area of 155,000 square miles encompassing 52 villages and a total population of 15,000 people, 90% of whom are Eskimo.

The alcohol program in Bethel offers a variety of treatment programs: Information and referral, detoxification, and rehabilitation. Early case-finding techniques are being developed to aid in the identification of persons with alcohol problems before gross symptoms present themselves. The program has attempted to foster a sense of cultural identity and self-esteem through involvement in traditional crafts and industries as a rehabilitation activity. After appropriate testing for vocational aptitude by the Kuskokwim Community College vocational training is provided. Suitable boarding facilities are found for those clients who would benefit from removal from the home atmosphere.

FUNDING

SGF	\$ 93,500
Federal	950
Misc.	<u>37,764</u>
TOTAL	\$132,214

COPPER RIVER NATIVE ASSOCIATION INC.

Copper River is one of six communities that received a special "pipeline grant" through the State Office of Alcoholism to deal with increased problems of alcohol abuse and alcoholism generated by construction of the trans-Alaska Oil Pipeline. The program received a 55,000 dollar grant in FY 76. Although there are other counseling services in the area they are mainly concerned with the pipeline workers themselves, while the Copper River Native Association Inc. is primarily aimed at the Native population and other members of the population who have been adversely affected by pipeline activities in the region.

The program delivers direct services in the form of counseling, information and referral. Counseling is performed on a one-to-one basis, and is accomplished by traveling to various villages at least once every two weeks. The stated goals of the program are as follows:

1. To continue the efforts in combating alcoholism through a preventive education program in the Copper River Area;
2. To provide counseling services in alcoholism to the communities of Chistochina, Copper Center, Gukona, Gulkana, Tanlina/Glennallen and Chitina;
3. To provide information and referral service in alcoholism to the Copper River Area.

FUNDING

P.I. \$ 55,000

DILLINGHAM

Educating the members of the Dillingham Community and twelve outlying communities as to the effects of alcohol abuse was one of the main goals of the Dillingham program in 1976. Target groups for information and referral services, and out-patient counseling were juvenile alcohol abusers, and middle-aged abusers. Efforts were also concentrated on coordinating all alcohol-related resources in the community--PHS Social Workers, Regional Technical Assistant, and Bristol Bay Health Corporation.

<u>FUNDING</u>		<u>TOTAL CLIENTS SERVED</u> <u>GROUPED by SEX and RACE</u>					
		SEX	Actual	%	RACE	Actual	%
FG	\$ 22,100						
Misc.	<u>9,405</u>	Male	12	100.0	Native	12	100.0
TOTAL	\$ 31,505						

FAIRBANKS NATIVE ASSOCIATION/COMPREHENSIVE ALCOHOLISM PROGRAM

The Fairbanks Native Association/Comprehensive Alcoholism Program is committed to providing alcoholism treatment services and public information of alcoholism and alcohol related problems to the Fairbanks North Star Borough population. The objective of the program is to provide a therapeutic environment with professional staff designed to treat all aspects of alcoholism and alcohol abuse and enable the individual to return to productive community life.

The alcoholism program consists of three service components and one medical facility. These are: a halfway house, rehabilitation center, detoxification unit and an emergency alcoholism service center.

The Rehabilitation Center is both a residential treatment center housing thirty clients and an out-patient treatment center. The Rehabilitation Center is staffed on a 24-hour basis. The residential program consists of classes, group therapy, individual counseling, Alcoholics Anonymous, and recreational activities. The outpatient treatment program is aimed at providing services to those unable to engage in a residential or day treatment program. Each program is worked out on an individual basis, but includes discussion groups, counseling, and group therapy. All rehabilitation programs take a realistic approach to therapy emphasizing the development of coping strategies to deal with life situations.

TOTAL CLIENTS SERVED
GROUPED BY SEX AND RACE

<u>FUNDING</u>		SEX	Actual	%	RACE	Actual	%
SGF	\$ 217,650	Male	238	74.6	White	80	25.1
Title	72,550	Female	63	19.7	Native	207	64.8
Federal	657,000	Unknown	17	5.3	Other	5	1.6
Misc	125,240	Out of			Unknown	27	8.5
		Range	1	0.4			
TOTAL	\$1,072,440	TOTAL	319	100.0	TOTAL	319	100.0

GALENA AAA PROJECT

Galena is an Athabascan fishing village of less than four hundred in the summer and five hundred in the winter, situated on the bank of the Yukon about two hundred miles west of Fairbanks. It is a comparatively new village, the city council having been formed less than five years ago, yet it supports a full high school, a new water plant, a new jail, a well-staffed health services clinic, a public housing development and an active community hall which is operated by the Galena Alcoholism Program and serves mainly as a prevention/alternative-to-drinking recreation program.

The city council applied for funds for the alcoholism program in 1973. More and more young people were attaching themselves to alcohol to fill the void left by not having to do the subsistence chores like packing water and chopping wood that had been such an important part of Athabascan adolescence. The alcohol program was tailored to reach into the heart of the Galena abusive drinking culture and focus on the primary cause of alcoholism, that is, nothing else to do. The program was awarded \$14,000 in FY 76.

Thus, the Galena program is rooted in the service of "prevention/alternatives-to-drinking/recreation", with counseling and other rehabilitation services offered as secondary services due to the traditional revulsion of formal counseling by Alaskan natives.

The program is perceived as highly successful by the village people. They report a noticeable decline in street fighting, in child neglect and abuse, in number of bottles strewn about, in young people taking up the liquor habit, in drunks suffering from accidents, and so on. There is an apparent consensus that Galena has enjoyed a remarkable turn-about due to the new way of life provided by the activities and services of the "AAA" program.

FUNDING

SGF	\$ 9,750
FG	4,250
Misc.	<u>4,667</u>
TOTAL	\$18,667

JUNEAU

ALCOHOLISM CENTRAL AGENCY

In 1976 the Juneau Alcoholism Central Agency (ACA) branched out into a multi-directional approach to the problem of alcoholism in Juneau. The services of the Agency were available to any individual seeking help, information, or education, relative to alcohol or alcohol abuse. The various components of the ACA worked together in such a way that the newly interviewed client seeking help or otherwise contacted was processed from initial point of contact through the various stages essential to a proper diagnosis, treatment and rehabilitation. The program consisted of the following services:

1. A full day treatment center for individual, group and family counseling;
2. An Alcohol Information School which provided a driver's education service for OMVI traffic offenders;
3. A Crisis Center which operated on a 24-hour basis as a walk-in and sleep-off facility;
4. A Law and Criminal Justice program which included an Alcohol Information School, Court Referral Agency, and group counseling at the Southeast Regional Correctional Institution;
5. An occupational program for the early identification of problem drinkers in the work place;
6. The provision of Halfway House services through a contractual agreement with the Gastineau Manor Halfway House.

KODIAK

The Kodiak Council on Alcoholism is the basic coordinating agency for the prevention and treatment of alcoholism on Kodiak Island. It works closely with all interested agencies and organizations in coping with alcohol abuse and alcoholism. In March 1976, the Kodiak Council received accreditation from the Joint Commission on the Accreditation of Hospitals. The Kodiak Alcohol Program operated on three levels in FY 76:

1. Information and Education Center which includes maintaining film, tape and literature libraries. The Center also serves as a "drop-in" facility for the public and clients. Referral and Consultation services are available on a scheduled basis. The Center is used on a regular basis by such other groups as Alcoholics Anonymous and T.O.D.A.Y. (Team of Drug Alcohol Youth)
2. Hope House Alcoholism Treatment Facility which is a four-week residential treatment program extending into a 60-day halfway house program and after-care.
3. Sleep-off Facility includes beds for ten individuals; free coffee, tea, and hot chocolate; shower and laundry facilities; and the continual care of trained personnel on duty.

<u>FUNDING</u>	<u>TOTAL CLIENTS SERVED</u> <u>GROUPED by SEX and RACE</u>					
	SEX	Actual	%	RACE	Actual	%
SGF	\$	73,867				
FG		28,500		Male	169	83.3
Title		15,063		Female	31	15.3
Misc.		33,066		Unknown	3	1.4
TOTAL	\$	150,496		TOTAL	203	100.0
					TOTAL	203 100.0

KOTZEBUE - MAUNELUK, INC. (HOPE CENTER)

Hope Center located on the main artery of Kotzebue, has been operational since 1970. It serves clients mainly as a "prevention/recreational alternative to drinking. The philosophy of Hope Center is to develop a program of prevention and treatment consistent with positive traditional Eskimo values that also reflect the realities of changing present-day lifestyles. Target groups include alcohol abusers and families in the community and outlying villages.

The center is serving a daily average of 25 clients who come to watch TV or play cards and other games. Kotzebue is lacking adequate recreational facilities, and the center serves as a viable alternative to drinking.

TOTAL CLIENTS SERVED
GROUPED by SEX and RACE

<u>FUNDING</u>		SEX Actual %		RACE Actual %			
SGF	\$ 31,403	Male	43	69.4	Native	57	91.9
Federal	5,578	Female	14	22.6	White	1	1.6
Misc.	<u>15,719</u>	Unknown	<u>5</u>	<u>8.0</u>	Unknown	<u>4</u>	<u>6.5</u>
TOTAL	\$ 52,700	TOTAL	62	100.0	TOTAL	62	100.0

NOME - NORTON SOUND HEALTH CORPORATION

In general, the Nome Alcoholism program is one of the most highly functioning programs in the state, largely because of its comprehensive design. The alcohol/mental health program is rooted in a network of primary case counselors based in the twelve surrounding villages who are tightly integrated into a total, overall continuum of care plan for delivery of services. The program is unique in many aspects. It is operated by a Native regional health corporation, and the alcohol program is totally integrated with the mental health program. All staff are provided eight weeks per year of highly technical in-service training by the program's director.

The overall program goal is a 20% reduction each program year in:

1. Deaths due to suicide.
2. Deaths due to excessive drinking.
3. Days spent in hospital due to mental illness, alcohol or drug abuse.

The alcoholism program had a total budget of \$126,121 in FY 76, \$85,430 of this state funds and \$40,691 of in-kind contributions.

An on-site evaluation conducted by the State Office of Alcoholism in March of 1976, found the Nome project to be extremely receptive to the need of its clients. Program people in the villages and in Nome provide twenty-four hour emergency counseling and transportation services with 100% medical back-up.

<u>FUNDING</u>	<u>TOTAL CLIENTS SERVED</u> <u>GROUPED by SEX and RACE</u>					
	SEX	Actual	%	RACE	Actual	%
State Grant \$85,430	Male	6	60.0	Native	7	70.0
	Female	2	20.0			
Misc. 40,691	Unknown	2	20.0	Unknown	3	30.0
TOTAL \$126,121	TOTAL	10	100.0	TOTAL	10	100.0

PETERSBURG COUNCIL ON ALCOHOLISM

The goal of the Petersburg Council on Alcoholism is to "initiate, foster, and operate programs designed to alleviate and prevent alcohol and other dangerous drug abuse in the Petersburg area." Adult alcoholism is the prime focus. However, there is a highly-functioning youth center directly across the alley from the alcoholism center, and both programs work toward similar objectives for the two target groups, youth and adults.

The following services are offered by the program:

1. Information, education, and referral
2. Out-patient
3. Prevention
4. Community planning development.

In 1975, a twenty-eight foot commercial trolling vessel was donated to the program. The boat was donated to be used in the rehabilitation process and the clients have painted and insulated it and equipped it with additional trolling gear. The boat has proved to be a valuable therapy tool in enabling clients to obtain recreation, as well as obtaining fish and game.

The State Office of Alcoholism conducted an on-site evaluation of the Petersburg program in December of 1975. It was found that the program was integrated into the community and no major problem existed.

<u>FUNDING</u>	<u>TOTAL CLIENTS SERVED</u> <u>GROUPED by SEX and RACE</u>					
	SEX	Actual	%	RACE	Actual	%
FG \$27,070	Male	137	81.1	Native	107	63.3
	Female	28	16.6	White	59	34.9
Misc. <u>9,023</u>	Unknown	4	2.3	Unknown	3	1.8
TOTAL \$36,093	TOTAL	169	100.0	TOTAL	169	100.0

SEWARD COUNCIL ON COMMUNITY SERVICES

The Seward Council on Community Services is located in the heart of downtown Seward, adjacent to City Hall. The Council has both an Alcoholism Unit and a Mental Health Unit. Comprehensive Alcoholism services are offered through the Council, including alcoholism education, a drop-in center, silent drinkers program, and counseling. There were no other alcoholism services offered in Seward in FY 76. The Council reports that people are augmenting their use of available services for more than just crisis situations. More and more family members are frequenting the center to receive aid in helping relatives with alcohol-related problems.

<u>FUNDING</u>	<u>TOTAL CLIENTS SERVED</u> <u>GROUPED by SEX and RACE</u>					
		SEX	Actual	%	RACE	Actual %
State Grant \$34,700	Male	16	76.2	White	5 23.8	
	Female	1	4.8	Native	4 19.0	
Misc. 9,200	Unknown	4	19.0	Oriental	1 4.8	
				Unknown	11 52.4	
<u>TOTAL \$43,900</u>	<u>TOTAL</u>	<u>21</u>	<u>100.0</u>	<u>TOTAL</u>	<u>21 100.0</u>	

SITKA COUNCIL ON ALCOHOLISM AND OTHER DRUG ABUSE, INC.

The Sitka Council on Alcoholism and Other Drug Abuse, Inc. serves the Greater Sitka Borough whose population is approximately 7,000. Its basic philosophy is that alcoholism is a complex disease affecting body, mind and spirit. Because the illness expresses itself differently in each individual, treatment must be tailored to meet individual needs.

The Council's purpose is to provide information referral, education, out-patient and in-patient services for the treatment and prevention of alcoholism and alcohol and drug abuse for the people of Sitka and outlying areas. The approaches used are 30-day in-patient treatment, one-to-one counseling, halfway house residence, Alcoholics Anonymous, or a combination of these.

There are three separate facilities:

1. Information and Referral and Out-patient Counseling Center
2. Alcoholism Therapy Services is a rehabilitation unit at the Mt. Edgecumbe Hospital funded through a federal PHS grant and administered by the Sitka Council.
3. Aurora's Watch, the halfway house.

<u>FUNDING</u>		<u>TOTAL CLIENTS SERVED GROUPED BY SEX AND RACE</u>					
		SEX			RACE		
		Actual	%	Actual	%		
SGF	\$ 66,536	Male	194	69.4	White	95	34.1
Title IV	12,844	Female	73	26.4	Black	2	0.7
Misc.	26,071	Unknown	12	4.2	Native	167	59.8
PHS	80,000				Other	3	1.1
					Unknown	12	4.3
TOTAL	\$185,451	TOTAL	279	100.0	TOTAL	279	100.0

TOK (UPPER TANANA REGIONAL COUNCIL ON ALCOHOLISM, INC.)

The Tok Alcoholism Program provided outpatient counseling treatment to about 100 clients in Tok and in surrounding villages of Northway, Mentasta, Tetlin, Dot Lake and Tanacross. By December 1976 the program began expanding into the area of recreation in the town's new community hall.

Although State Office of Alcoholism granted only \$13,700 for FY 76, the Federal Government through NIAAA has been funding and will be funding the program at about \$114,000 per year for six years from 1972.

Services provided include: Drop-in, individual and family counseling, information and referral.

Tok's program centered around outpatient counseling services, which are offered in five village counselors' homes and/or the village community hall, and in the small, new administrative building in Tok.

<u>FUNDING</u>		<u>TOTAL CLIENTS SERVED</u> <u>GROUPED by SEX and RACE</u>					
		SEX			RACE		
		Actual	%	Actual	%		
SGF	\$ 13,700	Male	47	66.2	White	2	2.8
		Female	22	31.0	Native	67	94.4
Federal	<u>114,900</u>	Unknown	2	2.8	Unknown	2	2.8
TOTAL	\$128,600	TOTAL	71	100.0	TOTAL	71	100.0

UNALASKA ALCOHOLISM PROGRAM, INC.

Unalaska is a picturesque fishing village located in the Aleutian Islands. It has a population of 750 year round, with an influx of about 24% during fishing season.

The Unalaska Alcoholism Program was incorporated in 1974 for the purpose of initiating, fostering, and operating programs to alleviate and prevent alcoholism. Aside from an alcoholism program at St. Paul, this is the only alcoholism program on the Aleutian chain. It is the focal point for both the Aleutian and Pribilof Islands, serving a population of approximately 8,000 persons located in 29 communities.

The basic goal of Unalaska Alcoholism Program, Inc. is to provide a non-judgemental setting in which clients can learn to cope with normal day to day stresses without resorting to alcoholism. The services offered are education, prevention, recreation, emergency sleep-off, non-medicated detoxification, out-patient and referral. Follow up and referral are also an integral part of the program. A three year follow up program has been instituted whereby frequent contact is maintained with the client either by phone, personal contact, or a visit to the center by the client. An emergency shelter handles detoxification and in-patient clients. A recreational center was established for the purpose of prevention and social reintegration.

Development of the alcoholism program has been successful for Unalaska. The program would like to expand its services to meet the needs of the Aleutian chain villages. Ideally, each community would establish its own alcoholism program and use Unalaska Alcoholism Program, Inc. as an information and training base for the chain.

TOTAL CLIENTS SERVED
GROUPED by SEX and RACE

<u>FUNDING</u>		SEX	Actual	%	RACE	Actual	%
State Grant	\$ 31,800	Male	24	77.4	White	4	12.9
Fed. Grant	86,220	Female	6	19.4	Black	1	3.2
Misc	23,000	Unknown	1	3.2	Native	22	70.9
					Other	3	9.7
					Unknown	1	3.2
TOTAL	\$141,020	TOTAL	31	100.0	TOTAL	31	100.0

VALDEZ ALCOHOLISM COMMISSION

The Valdez Alcoholism Commission officially began in October of 1975. Originally a small town of under one thousand persons, Valdez rapidly increased in population to over four thousand due to the influx of pipeline personnel and their families. In addition, another four thousand employees of pipeline contractors are employed and reside across the bay from Valdez at the Terminal Camp Site. These people are also being serviced by the over crowded city facilities. The town received a special "pipeline grant" of \$65,260 in FY 76 to deal with increased problems of alcoholism and alcohol abuse generated by this increase in population.

The present program is limited to an educational referral center. There has been wide-spread distribution of alcohol related materials in the community, thus creating an awareness of the services offered by the agency. The initial goal of coming into contact with the schools has been realized. A Drivers Alcohol Information School (DAIS) for driving while-intoxicated offenses and all alcohol related offenses has been started. A local AL-ANON group has been established, as well as an AL-Atteen group. FY 77 plans include increased counseling services.

FUNDING

P.I. \$65,260

WRANGELL

The Council of Alcoholism and related Drug Dependencies in Wrangell's stated purpose is to reduce the incidence of alcohol abuse and alcoholism in the community and to teach family members how to cope with the alcoholic. Their overall objective is to help people who want help with alcohol related and drug related problems.

The Wrangell program offers a variety of services. The drop-in center is available for individual and group counseling both day and evening, and also offers weekly AA meetings. There is a 24-hour crisis intervention counseling service. Educational programs, information, and referral, out-reach counseling and consulting services are also an integral part of the program.

The council offers a comprehensive program to the community. The school education program is especially well developed and effective. This program is presented to all junior and senior high school students for approximately one week. It is well accepted by the students and the community as a whole, and is a highly visible educational service.

TOTAL CLIENTS SERVED
GROUPED by SEX and RACE

<u>FUNDING</u>	SEX	Actual	%	RACE	Actual	%
SGF \$26,860	Male	17	70.8	White	11	45.8
Misc. <u>8,953</u>	Female	5	20.8	Native	5	20.9
	Unknown	2	8.4	Unknown	8	33.3
TOTAL \$35,813	TOTAL	<u>24</u>	<u>100.0</u>		<u>24</u>	<u>100.0</u>

YAKUTAT ALCOHOLISM PROJECT

Although the Yakutat Alcoholism Program is funded as an information referral out-patient program, many diversified services are offered. Clients are counseled on a one-to-one basis in the office, on the street, or whenever they call on the phone at any hour of the day or night. AA meetings are held once a week, and an arts and crafts workshop meets at least that often. There is an established teen-age level group where movies are shown, sometimes on a nightly basis. All of these various services compliment each other well.

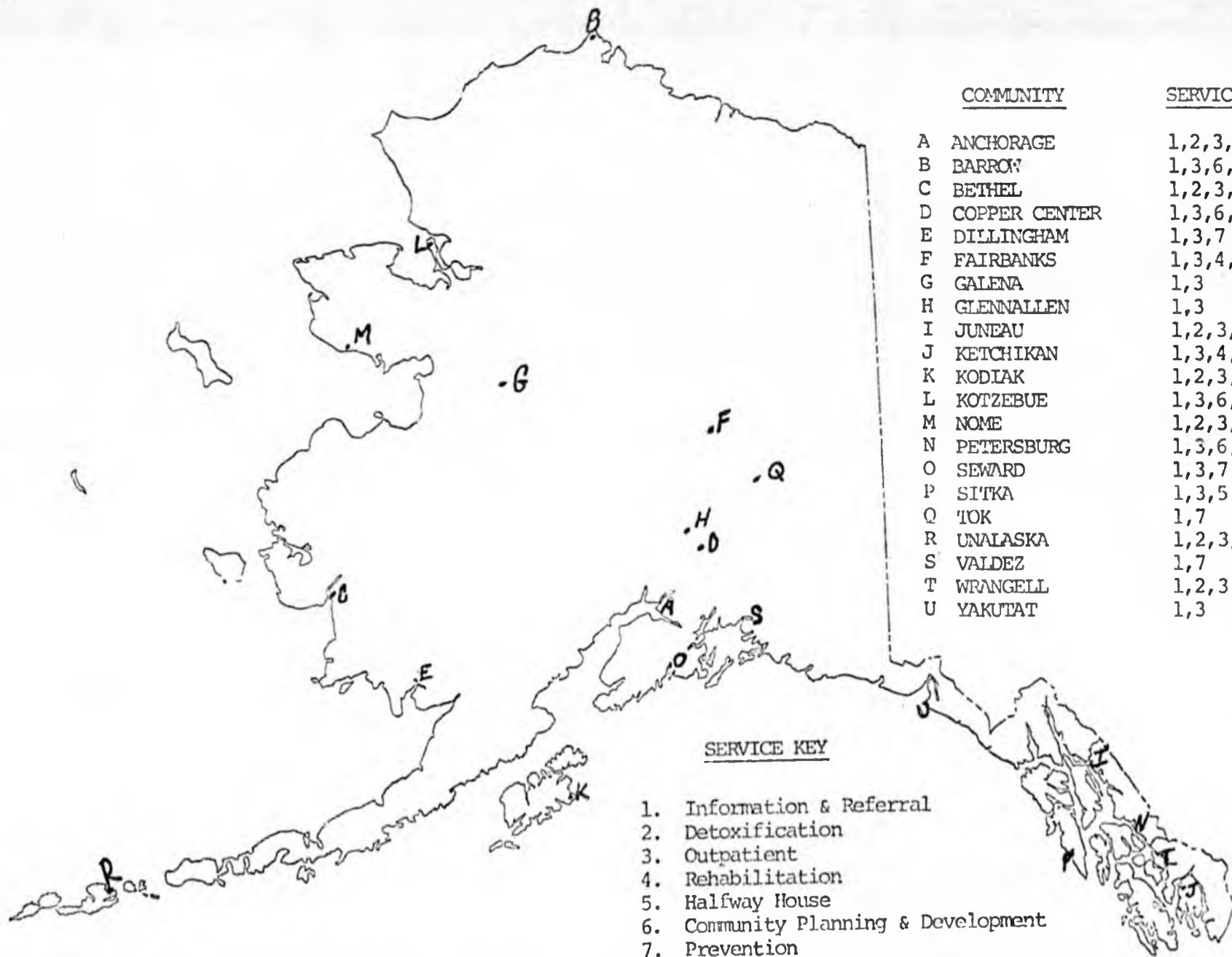
Because the Alcoholism program is an integral part of community activities, the program is involved in almost all aspects of community life. The Native Health Corporation recognizes the Alcoholism program as a valuable entity to the community. The program maintains a totally involved operating relationship with other local related agencies, such as the police, courts, school system, AA, AL-ANON, health center, Welfare, etc.

TOTAL CLIENTS SERVED
GROUPED by SEX and RACE

<u>FUNDING</u>	SEX	Actual	%	RACE	Actual	%
State Grant \$11,875	Male	87	79.8	Native	103	94.5
	Female	17	15.6	Black	1	0.9
Misc. 4,625	Unknown	5	4.6	Unknown	5	4.6
TOTAL \$18,500	TOTAL	109	100.0	TOTAL	109	100.0

LOCATION SOA PROGRAMS

67



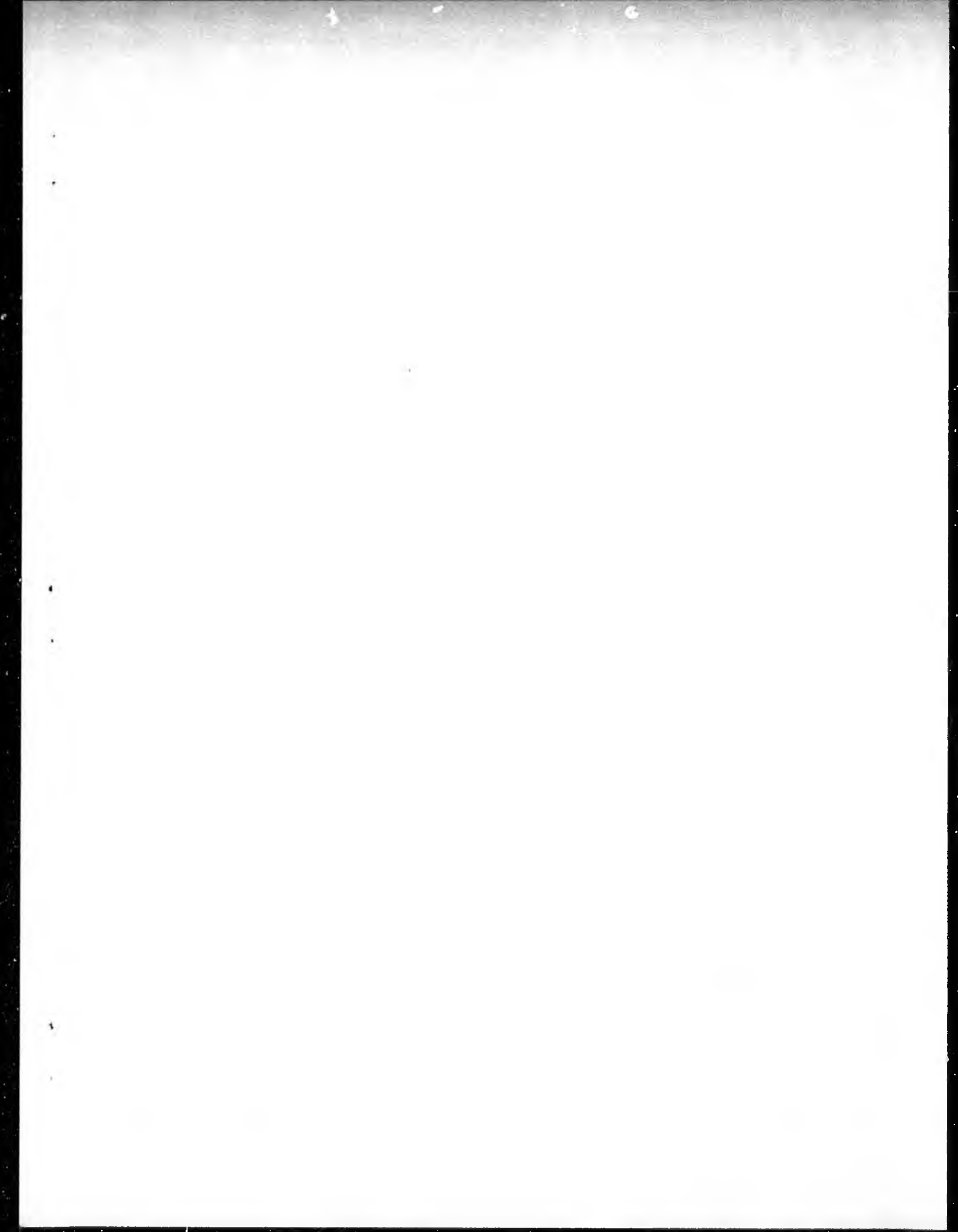
COMMUNITY

SERVICES

A	ANCHORAGE	1,2,3,4,5,6,7,9,11
B	BARROW	1,3,6,7
C	BETHEL	1,2,3,7
D	COPPER CENTER	1,3,6,7
E	DILLINGHAM	1,3,7
F	FAIRBANKS	1,3,4,6
G	GALENA	1,3
H	GLENNALLEN	1,3
I	JUNEAU	1,2,3,4,5,6,7
J	KETCHIKAN	1,3,4,5,7
K	KODIAK	1,2,3,4,5,7
L	KOTZEBUE	1,3,6,7
M	NOME	1,2,3,6,7,8
N	PETERSBURG	1,3,6,7
O	SEWARD	1,3,7
P	SITKA	1,3,5,6,7
Q	TOK	1,7
R	UNALASKA	1,2,3,4,5,7
S	VALDEZ	1,7
T	WRANGELL	1,2,3,7
U	YAKUTAT	1,3

SERVICE KEY

1. Information & Referral
2. Detoxification
3. Outpatient
4. Rehabilitation
5. Halfway House
6. Community Planning & Development
7. Prevention
8. Training of Special Personnel
9. Research
10. New Construction
11. Renovation, limited improvement



KIINUK, INC.

1221 Coppet
Fairbanks, Alaska 99701
(907) 456-4409

April 7, 1977

Representative ~~Don Bennett~~
House of Representatives
Pouch V
Juneau, Alaska 99811

Charlie Ferr

Dear ~~Don~~,

Attached is a suggested revision of HB 340 (SB 242), a bill relating to the treatment of substance abusers.

The primary focus of the proposed legislation is the combining of the offices of drug abuse and alcoholism--a concept that we support wholeheartedly. Additionally, it is a concept that has gained national support and is currently being implemented by many states.

Unfortunately, we cannot support the bills as they presently stand. While the combination of offices does have the potential for better resource allocation and improved service delivery, such benefits are not apparent within the existing proposed legislation.

Using the recently passed community mental health center legislation as a model (a model we believe to be exemplary), we have attempted to re-draft HB 340 so it too will assure local participation and control. Additionally, as communities implement the integration of human service delivery components (as appropriately required by the Community Mental Health Centers Act), the present HB 340's focus on centralization would prevent consolidation and eliminate any meaningful local authority and flexibility.

We respectfully request that you consider the attached proposal, hold hearings as appropriate, and contact us as required.

Sincerely,

Paul

Paul Pesika, Coordinator

Frank

Frank J. Gold, EdD

Alaska Family House

A THERAPEUTIC COMMUNITY

2825 WEST 42nd PL. ANCHORAGE, ALASKA 99503
(907) 279-5502 OR 279-5503

March 30, 1977

Rep. Charles H. Parr
Pouch V
Juneau, Alaska 99811

Dear Rep. Parr:

RE: House Bill 340

I have recently obtained a copy of House Bill 340 which I understand is identical to Senate Bill 242 that I would appreciate the opportunity of testifying in regards to.

I, the other staff members, and members of Alaska Family House basically support the idea of consolidating the drug abuse and alcoholism programs. Our particular program has not faired well in terms of support by the past State Office of Drug Abuse. Consequently, we feel that any change for us and our addict population would be better than the existing situation.

On Page 1, Section 47.37.020 wherein it states that the coordinator shall be a qualified professional, I ask the question why not consider a paraprofessional? There are many individuals who have actually been there themselves that have the necessary educational background to fill such a position.

On Page 7, Section 47.37.080 qualification of Board members and following that it lists where the nine members should come from and what kind of people they should be. Herein I strongly recommend that you have at least one or two exaddicts that have successfully completed treatment on that Board. They could add invaluable input to the other seven Board members. A recovered alcoholic should also be on that Board. I think that it behooves the legislature to finally put somebody on the Board that can give the other Board members the kinds of information that they need to adequately address the decision making processes that are necessary if this Board is in fact going to rehabilitate addicts and/or alcoholics.

ADVISORY BOARD

Virginia Beirne, *MSW, ACSW*
Bill Bittner, *Atty.*
Charlotte Bowers
Harry Branson, *Atty.*
Rudy Ebenbeck
Mike Ellis, *Field Underwriter*

BOARD OF DIRECTORS

Steve Agbaba, *Broadcaster*
Brian Byrd, *Dr. of English*
Teresa Stahlman, *Exec. Dir. F.H.*
Herb Shaindlin, *Chief, News KIMO*
Tom Miklautsch, *Businessman*
Corlotta Robinson, *Prog. Dir. F.H.*
Will Robinson, *Prog. Dir. F.H.*
Terry Stahlman, *Exec. Dir. F.H.*
Rev. Don Lindsay, *DDS, MS*
Vera Slaymaker

ADVISORY BOARD

Frank Garfield, *Chief, Security
Alaska Court System*
William Gibson, *Pres. A.G.I.*
E. O. Hansen, *Pres. S&S Furniture*
Mrs. Robinson
Dave Rogers, *Insurance*
Capt. George Weaver, *APD*

My next question is, I have never seen the "appropriate standards" established under Section 140A of this chapter. I do not have those standards and wonder if I could get a copy of them.

On Page 11, Section F, there is the following statement: "No treatment facility may be operated in the State without a license and no facility may receive State funds under a contract or grant made unless it is licensed as a public treatment facility". In regards to the first half of that sentence, "no treatment facility may be operated in the State without a license", I do not know who wrote this section of the Bill, but that language does preclude Alcoholics Anonymous, and it would preclude the Alaska Family House structure. We are not licensed now and we do not want to be licensed. Our whole concept is "the family" structure. We are an anti-program that stresses such things as self-help, the work ethic, and making the best out of bad situations as done in everyday life. The day that the Alaska Family House program is licensed, there will be psychiatrists here, nutritionalists here, volumes of paperwork that must be done, never ending reams of forms to be filled out, a fantastic increase in the cost per day of our clients, the need for more staff, and we will see the end of the addict helping addict concept. My next statement in regards to the last half of that sentence which reads "and no facility may receive State funds under contract or grant made unless it is licensed as a public treatment center", I am very glad that this was not law in 1973 when Alaska Family House was first founded or it wouldn't be here. My next question in regards to this statement is, what constitutes a treatment facility? What do you do about the situation where three or four or five individuals rent an apartment or a house and "treat" themselves with the AA type concept or the addict helping addict concept? Is that classified as a treatment facility?

On Page 13, Section B wherein it states, subject to regulations adopted by the Department "if a person is refused admission to a licensed or public treatment facility, the administrator shall if possible refer the person to another licensed approved public or private facility". My question in regards to that is simply, why? Why couldn't this individual be referred to an unlicensed treatment facility such as an AA group or Alaska Family House or to that apartment where the four people decided to band together to do something about their alcoholic and/or drug addiction problem?

On Page 14, Section D, there is a sentence that reads "except for diagnosis and referral, alcoholism treatment programs shall be separate and distinct from treatment programs for drug addicts". Again, I wonder why? I have had alcoholics in Alaska Family House that have gotten a lot of good out of the program working right along with the addicts. I have also seen many addicts that participate in AA and get something out of it. Why, by law and legislation must these two people with basically the same problem, i.e., chemical dependency, be separated through the legislative process? It is my opinion that if it works, do it. Again, I have seen drug addicts use alcohol programs, a multitude of treatment centers, religion, and all kinds of things to change and simply ask the question why exclude anything that might work. In that same paragraph there is a sentence of "no person addicted to an opium derivative may be treated except at a licensed

drug addiction center". Again a person addicted to an opium derivative should be allowed to seek treatment anywhere he or she feels that there is some help.

On Page 22, Section 47.37.220, wherein it states visitations and communication of patients. "Patients in any licensed treatment facility under this chapter shall be granted reasonable opportunities for adequate consultation with counsel." We can agree with that wholeheartedly as the right to counsel is imperative and means that the individual must have some problems or there would be no question of counsel. That sentence does, however, continue with the words, "and for the continuing contact with family and friends including the use of telephone facilities consistent with an effective treatment program". I have seen many addicts who have members of their immediate family using drugs. Most addicts that I have seen come into this program have nothing but addict friends. It is imperative that the addict in treatment be separated from the addict still using. No matter if they are related or "friends". If that is not done you will invariably have two addicts using and not one in treatment.

In regards to Section B of that same Section, wherein it states that "no mail or other communication to or from a patient in a licensed treatment facility may be intercepted, read or censored", again you have problems in that area. We do in fact open mail here at Alaska Family House. Each resident who comes in signs a waiver allowing us to do that and you would not believe the drugs we have intercepted, plans to bring drugs into the program, pornography, and other seriously upsetting information. At Family House and most other major therapeutic communities such as Delancey Street in California and Habilitat in Hawaii, there is an initial black out period that is important. Most therapeutic communities are and must be drug free at all times. All avenues of its coming into the facility must be constantly explored investigated and halted wherever possible. These particular sections would totally tie our hands at Alaska Family House.

In regards to again on Page 22, this time Section 37AS47.37.24A, most clients, which we prefer over the word patient, have no funds and we are concerned that some people with funds might decide to delay treatment until they have expended their revenues (probably by the purchase of more drugs and possibly O.D.) and also pass the time when the urge for treatment has passed.

On Page 24, numbers 13 and 14, wherein drug addict and drug abuser are being defined, I have known many barbituate addicts but very few barbituate drug abusers. Another point is, what of methadone and other synthetics that are even more addictive than opium derivatives? They too should be classified as drug addicts.

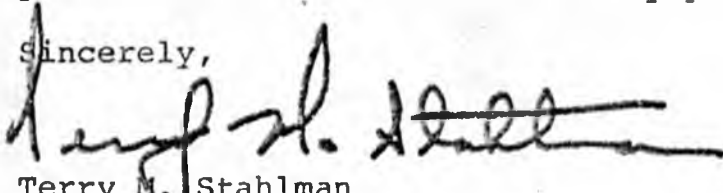
On Page 24, Section D, last sentence wherein it says all community match contributions to grants shall be in the form of cash and I wonder why not goods and services? If we get a \$100 worth of canned vegetables from BiLo, isn't that the same as \$100 cash in so far as the program is concerned?

In closing this correspondence, I again would appreciate an opportunity to verbally testify in front of your committee and again we wish to state that we can support the concept of joining the drug and alcohol Boards. I would, however, not like to see legislation passed that would make treatment less accessible and that would make our jobs here at Alaska Family House more difficult than they are presently.

For the past three years, we have been involved in an almost constant fight with a very small group of bureaucrats that are constantly thinking in terms of new forms, new requirements, new criteria that in fact takes away from the treatment process. Most of these ideas are gleaned from Federal guidelines and recommendations through the National Institute of Drug Abuse, etc. Most of those programs are no longer even in existence. One of the things that attracted me personally to the State of Alaska was the possibility of working directly with people without the tons of bureaucratic redtape, licensing requirements, etc., etc., that is the trend in the lower 48. I would hope that Alaska would not get sucked into that kind of mentality.

If I can be of any further assistance in regards to this matter, please feel free to contact me by phone (907-279-5502) or by mail.

Sincerely,

A handwritten signature in dark ink, appearing to read "Terry M. Stahlman". The signature is written in a cursive style with a long horizontal flourish at the end.

Terry M. Stahlman
Executive Director
Alaska Family House

KIINUK, INC.

1221 Copper
Fairbanks, Alaska 99701
(907) 456-4409

April 7, 1977

Representative Fred Brown
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Fred,

Attached is a suggested revision of HB 340 (SB 242), a bill relating to the treatment of substance abusers.

The primary focus of the proposed legislation is the combining of the offices of drug abuse and alcoholism--a concept that we support wholeheartedly. Additionally, it is a concept that has gained national support and is currently being implemented by many states.

Unfortunately, we cannot support the bills as they presently stand. While the combination of offices does have the potential for better resource allocation and improved service delivery, such benefits are not apparent within the existing proposed legislation.

Using the recently passed community mental health center legislation as a model (a model we believe to be exemplary), we have attempted to re-draft HB 340 so it too will assure local participation and control. Additionally, as communities implement the integration of human service delivery components (as appropriately required by the Community Mental Health Centers Act), the present HB 340's focus on centralization would prevent consolidation and eliminate any meaningful local authority and flexibility.

We respectfully request that you consider the attached proposal, hold hearings as appropriate, and contact us as required.

Sincerely,



Paul Pesika, Coordinator



Frank J. Gold, EdD

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH H 01 - JUNEAU 99811

April 28, 1977

Document# House HESS #5

Honorable Charlie Parr
H. & S.S. Committee Chairman
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

Mr. Cole, in the State Office of Alcoholism; Mike Waltnie and Rae Ann Hickling, from Anchorage; and Ms. Hilburn, in the State Office of Drug Abuse have discussed proposed changes in this bill. The proposed changes are:

...Page 1, Line 26 ... Add the word "abuse" after the word "drug"

...Page 4, Section 10 ... Should read: "Coordinates with Local Communities, the Regional Health Systems agencies, and the State Health Coordinating Council on the Preparation of an Annual Comprehensive Plan for the Prevention, Treatment and Control of Alcohol and Drug Abuse; to be Submitted to the Commissioner and the Citizens of the State of Alaska for Review and to the Governor for Approval."

...Page 5, Line 20 ... Delete the word "intoxicated", add the word "drug abusing."

...Page 7, Section 9 ... (47.37.080) Should be amended to read: "Of the nine members, no person having a monetary interest in the outcome of the recommendations of the Board shall serve as a Board Member." (All other language should be deleted.)

...Page 9, Section 47.37.110 ... The following changes are proposed:

110... Duties.. add "The State Health Coordinating Council" after the word "Commissioner"

110 (1) Add the words "and physical" between "Mental" and "Health"

110 (3) Should read: "Social factors which affect the causation, treatment and rehabilitation of alcoholism and drug abuse"

110 (4) Should read: "Legal processes and legislation which affect the rehabilitation and treatment of alcoholics and drug abusers"

110 (5) Should read: "Programs of public relations, prevention and education concerning the problem of alcoholism and drug abuse conducted by a department of state government or by any organized group"

...Page 10, Section 130; Lines 13-15 ... Delete the words "and when feasible"; include an amended sentence to read: "Programs shall be established with maximum local community and native health corporation involvement."

Section 130 (D)... Delete

...Page 14... Delete (D) ... Replace (D) with the following:
"Based upon local determination of need, there may be alcoholism treatment programs, drug abuse treatment programs, or integrated treatment programs for both alcoholism and drug abuse. There may be integrated prevention programs for all forms of substance abuse. All State and Federal laws and regulations relating to requirements for methadone maintenance for persons addicted to an opiate derivative shall be strictly adhered to by all affected treatment facilities licensed or funded by the office. There shall be state regulations which establish standards for licensure for all classes of treatment programs."

...Page 25, Lines 3 & 4 ... Should read: "Grants will be awarded on the basis of demonstrated need and the merit of the application. In considering applications for alcoholism programs, the department shall, if all other factors are equal, give preference to applications in political sub-divisions which devote local government revenues generated by the sale of intoxicating liquor to the treatment of alcoholism."

...Page 25, Section "D".. Should be amended to read: "All community match contributions to grants shall be in the form of cash, except grants to "poverty" communities for the first three years of state grant support may meet the match requirements through the provision of in-kind contributions."

...Page 24, Section 310, Line 21: Delete (A) "Profit making corporation" from the list of eligible entities for grants in aid support.

...Page 27, Section 43, Line 29: Should have included the following definitions:

..."Drug Abuser"... means a person who misuses a drug or drugs to the detriment of his/her health and social well-being.

..."Cross Addicted Person"... means a person who is addicted to more than one class of drugs.

(Note: Existing AS 47.37 definitions of "Alcoholic", should be retained. All references to "Drug Addicts" should be stricken from the language of the bill.)

All of the above changes have been found acceptable by the Southeast Alaska Alcoholism Program Managers, the Petersburg Youth Council and the Petersburg Alcoholism Board, as well as the persons mentioned from the drug field in the first paragraph in this memo.

The Department would like to suggest one more addition to the bill which might facilitate the plan to reorganize the offices. That provision would read as follows:

"There shall be created a "Technical Advisory Panel" to advise the

April 28, 1977

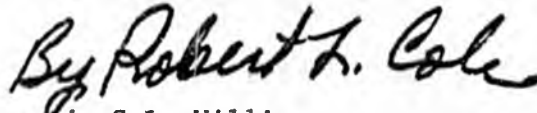
Coordinator and the Advisory Board on all matters having to do with the impact of office policy on the administration of local programs. The Advisory Panel shall be composed of two alcoholism program managers, two drug abuse program managers, and one representative each from the "Alaska Native Commission on Alcoholism and Drug Abuse" and "The National Council on Alcoholism - Alaska Region."

This Panel shall meet quarterly with the Governor's Advisory Board on Alcoholism and Drug Abuse and the Coordinator for the purpose of discussing issues which impact on the administration of local programs.

Travel and Per Diem: Should read the same as the "Travel and Per Diem" provisions for the Governor's Advisory Board.

Your consideration of the proposed charges will be greatly appreciated.

Sincerely yours,

A handwritten signature in cursive script that reads "By Robert L. Cole".

Francis S.L. Williamson
Commissioner

I. REQUEST
 Bill/Resolution No. NB 340
 Title An Act relating to treatment of alcoholism and drug abuse
 Requested by Office of the Governor Date 3/10/77

II. FISCAL DETAIL
 Agency Affected Health and Social Services
 Program Category Affected Social Services
 Budget Request Unit(s) Affected Alcohol Abuse and Drug Abuse

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		0	0	0		

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

This bill would combine the offices of Alcoholism and Drug Abuse, and would also combine their respective Advisory Boards. The proposed budget for a new Office of Alcoholism and Drug Abuse is attached, and in total equals the sum of the two budgets originally submitted by the Governor for the two separate offices. These original budgets were reduced by \$40.8 by the Governor's Budget Review Committee in anticipation of the proposed merger. The combined budget therefore carries forward the savings of \$40.8, but, if adopted, would not affect the total Governor's budget as originally submitted.

IV. DATE 3/10/77 PREPARED BY Rubal Eneuman
 AGENCY Alcoholism
 PHONE 586-6201

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

JAYS. HAMMOND, GOVERNOR

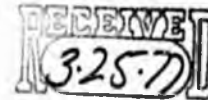
POUCH H 01 -- JUNEAU 99811

Legislature

March 24, 1977

Document # General 492

Honorable Charles H. Parr
House Representative
Capital Building - Room 110
Juneau, Alaska 99801



Dear Representative Parr:

We have reviewed both the letter and application you recently received from Henrietta Nugen, Assistant Director, of the Anchorage Alcohol and Drug Rehabilitation Center, Inc. (Studio Club). In response to that letter, we are enclosing as Attachment A the documentation provided to legislators previously contacted by the Studio Club. This material was prepared by the Municipality of Anchorage Health Department to inform all concerned of the on-going communication and negotiations between the Municipal Health Department, the Salvation Army, and the Studio Club in their effort to reach a satisfactory agreement that would include the Studio Club's Half-Way House services in the Municipality's comprehensive alcoholism program. This material should provide a clear description of what has occurred in the negotiation process; however, Staff of the Office of Alcoholism will be happy to answer any questions or clarify any issues you may have regarding this material.

Briefly, the Municipality of Anchorage is and has been the recipient of State Office of Alcoholism grant and/or contract funds since 1974. The Municipality has sub-contracted funds received from this office to the various alcoholism service providers in the Anchorage area. In 1975, the Greater Anchorage Area Borough Comprehensive Alcoholism Program received a conditional one year accreditation from the Joint Commission on the Accreditation of Hospitals. In December of 1975, evaluators from the State Office of Alcoholism conducted a comprehensive evaluation of all the sub-contractors providing services under the grant to the Municipality and noted several major deficiencies in the service delivery system. In March of 1976, the evaluators from the JCAH conducted a follow-up evaluation of these sub-contractors to determine the progress made in correcting the previously noted areas requiring up-grading. The result of that site visit was the loss of their JCAH accreditation. At that point, the Municipal Health Department began an intensive effort to review, evaluate, and reorganize the

Honorable Charles H. Parr
March 24, 1977
Page 2

provision of alcoholism services in Anchorage. The result of these efforts was the decision to sub- contract grant funds received from the SOA to a single contractor. They requested proposal bids and the proposal accepted by the Municipality was the one offered by the Salvation Army. This was accomplished by September, 1976.

Under this arrangement, the Salvation Army is responsible for providing direct services for a walk-in-center, emergency service patrol, non-medical detoxification, 30-day in-patient rehabilitation, aftercare, and long-term care services. Grant funds were also provided for the Salvation Army to sub-contract for the provision of Information and Education Services and Half-Way House services to complete the comprehensive program. They were successful in sub-contracting with the Anchorage Council on Alcoholism for educational services and, as you are aware, unsuccessful in reaching an agreement with the Studio Club for Half-Way House services.

The position of this Department has been one which supports the Municipality's right and responsibility to govern its own affairs. As a home rule municipality that has accepted the responsibility of the area's health powers, the State Office of Alcoholism has supported the Municipal Health Department's right to decide how a comprehensive system of alcoholism services can best be provided and who can best provide those services.

It is also the position of the Office and the Department that to grant funds directly to a service provider, by-passing the Municipal system, would seriously undermine and jeopardize the Municipality's rights, as well as set a dangerous precedent for other home rule governments. Funds are available for the operation of the Studio Club through a sub-contract arrangement with the Salvation Army.

In regard to Ms. Nugen's remarks regarding the funds available for supplemental awards to currently funded programs, these funds became available as a result of the de-funding of the City and Borough of Juneau's Alcoholism Central Agency in January, 1977. The total amount of State General Funds available is \$71,100. Of this amount, \$10,000 is committed to the City and Borough of Juneau for the purpose of planning and reorganizing their alcoholism services and \$10,000 is committed to fund the Cook Inlet Council on Alcoholism. The Cook Inlet Council is a new program in that it has not received financial support from this office in the past. However, at the May, 1976, funding meeting the Governor's Advisory Board on Alcoholism recommended the funding of their application "upon the availability of funds." These funds have not been available until this time. The remaining \$51,100 is to be awarded as supplemental funds to the following community programs: Bethel, Dillingham, Gastineau Manor (Juneau), Kodiak, Ketchikan, Kotzebue, Nome, Petersburg, Sitka, Tok, Unalaska, Wrangell, and Yakutat. Each program

Honorable Charles H. Parr
March 24, 1977
Page 3

was advised that the maximum available to their program would be \$3,930.

The decision to make these funds available to current grantees as a supplement to their initial award was based primarily on two factors. The first was that it did not appear reasonable to fund new programs considering that funding would only be available for April, May, and June, 1977, and that no commitment could be made to continue funding in FY 78.

The second factor in determining who should be eligible for these funds was the consideration that the initial applications from currently funded grantees were cut in the award process due to insufficient funds to meet all of their needs. In order to meet the increasing operating costs of our grantees, no funds were allowed for training of staff or for purchase of needed equipment. It is probable that training and equipment funds will again have to be viewed as "luxury" items in FY 78. Therefore, it was felt that the additional funds available at this time would enable our grantees to meet some of their needs in these areas.

In addition to the State General Funds available for Supplemental funds, we are anticipating approval from the Legislative Budget and Audit Committee for the expenditure of \$109,000 in NIAAA Pipeline Impact funds unexpended in FY 76. Of this amount, \$65,300 is already committed to the Municipality of Anchorage by Board recommendation during the May, 1976, funding meeting. The balance is considered available to the Anchorage Labor and Management Employee Affairs (ALMEA), Barrow Council on Alcoholism, Copper River Native Association, Seward Council on Community Services, Valdez Commission on Alcoholism, Municipality of Anchorage and the Fairbanks Native Association. These programs, with the exception of the Fairbanks Native Association, are current NIAAA Pipeline Impact Grant funds. Fairbanks is deemed eligible for these funds in that they do fall within the geographic boundaries stipulated in the grant. Studio Club could be included as eligible for these funds through the Municipality of Anchorage's eligibility. However, they have not been considered eligible for a direct grant from this source for the same reasons they are not being considered eligible for State General Funds: (1) Funds are available for the operation of Studio Club through the grant to the Municipality of Anchorage (2) the Office of Alcoholism is supportive of the Municipality's home rule authority in health matters and feels that a direct grant to the Studio Club, by-passing the Municipal system would be inappropriate. Therefore, supporting the Municipality's Home Rule Authority health powers, and recognizing that Anchorage had made a legitimate attempt to negotiate a sub-contract with Studio Club and concern with grantees' needs in other communities, an application for supplemental funding was not sent to the Studio Club.


Honorable Charles H. Parr
March 24, 1977
Page 4

The procedure to be followed in awarding all grants from the Office is as follows: (a) applications are received and reviewed by SOA staff and recommendations are prepared for presentation to Governor's Advisory Board members. (b) Board members receive copies of all applications for their individual review. (c) a Board meeting is scheduled to present SOA recommendations to the Board and give the applicant an opportunity to present their application to the Board and SOA staff, and answer any questions regarding their program. (d) the Board recommends approval or disapproval of the application and the level of funding for the program.

If there are differences between the recommendation of the Board and the Office, every attempt is made to resolve those differences and arrive at a unified recommendation at that meeting. At no time does the Office disregard or ignore the Board's recommendations, and no one from the Office has ever advised Ms. Nugent or any other applicant or grantee that the "Office of Alcoholism will place monies where they please." In the event a unified recommendation could not be achieved, the matter would then be brought to my attention for a further attempt to reach a resolution, however, in the end, the final decision would be made by myself as Commissioner, in line with the statute authority granted to the Department under AS 47.30.477 and Title 7, Chapter 28, Section 10.030 of the Administrative Code.

We hope this will clarify any questions you may have concerning Studio Club or the Office of Alcoholism. If you have any questions, please contact me at your convenience. Thanks very much for your interest in this matter.

Sincerely yours,


for Francis S.L. Williamson
Commissioner

Enclosures

cc: All Legislators