

COMMUNITY
MENTAL HEALTH
CENTER HEARING
(CMHC)

March 5, 1984

Memorandum

To: Senator Vic Fischer
From: Nancy Deitrick
Re; Community Mental Health Center Information Hearing

This information hearing has been in planning for a number of months, at the request of the Program Directors of the Community Mental Health Centers in the state.

The Committee has requested the presence of Dr. Phil Shapiro, Director, Division of Mental Health and Developmental Disabilities and Susan Will, Program Administrator, Community Mental Health Services within the same Division.

The Program Directors have prepared their presentation and wish to testify in the order signed up on the witness register.

COMMUNITY MENTAL HEALTH IN ALASKA

Over 200 Alaskan cities, towns and villages are regularly served by Community Mental Health Centers.

Last year, over 5600 Alaskans received treatment services from Community Mental Health Centers.

Community Mental Health Centers are mandated to serve the Chronically Mentally Ill, crisis cases (including suicide), children and adolescents, and all others in need.

In the majority of Mental Health Districts, there are no private sector mental health providers.

Basic child abuse and parenting programs are non-existent in ten Mental Health Districts.

Each Community Mental Health Center in Alaska serves an average of 9 communities.

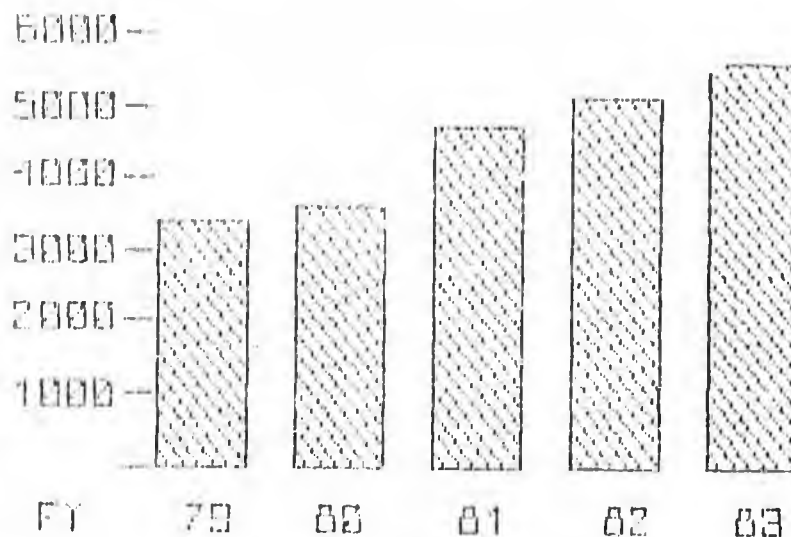
Half of Alaska's Mental Health Districts have no TASC or Court Counter-measure programs.

At least 7 Community Mental Health Centers operate without ANY of the following services in their districts:

- Drug Abuse Programs
- 24 Hour Crisis Lines
- Veteran's Centers
- Women's Centers or Shelters
- Physicians or Hospitals

COMMUNITY MENTAL HEALTH IS THE ONLY PROFESSIONALLY STAFFED GENERALIST RESOURCE SERVING ALL COMMUNITIES STATEWIDE. CMHC'S FILL THE SERVICE CAPS IN ALL THESE AREAS!

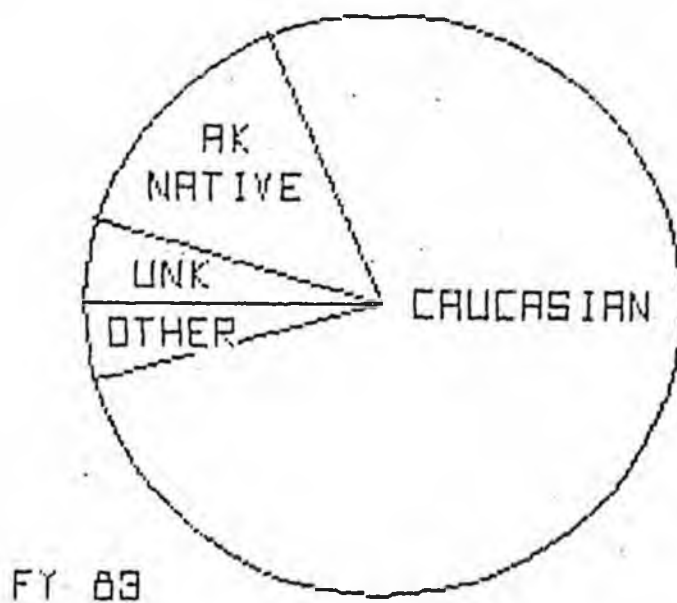
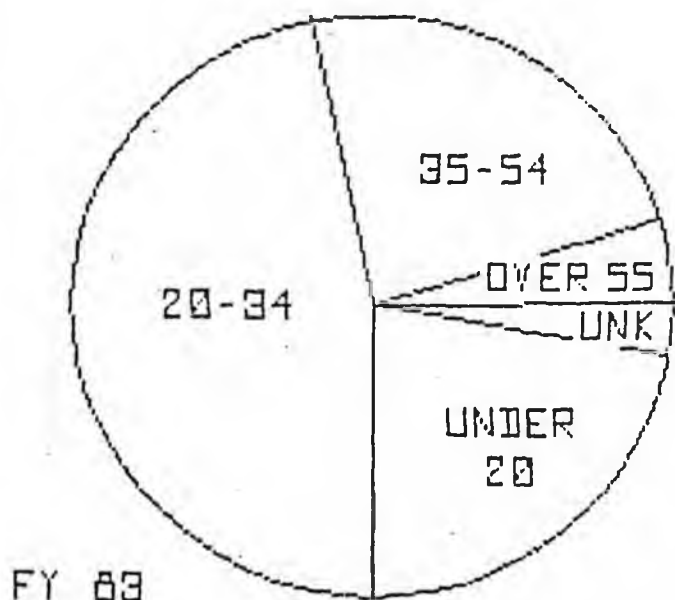
DO CITIZENS USE COMMUNITY MENTAL HEALTH CENTERS?



NUMBER OF ALASKANS SERVED BY COMMUNITY MENTAL HEALTH CENTERS

THE DEMAND FOR SERVICES CONTINUES TO INCREASE EVERY YEAR!!!

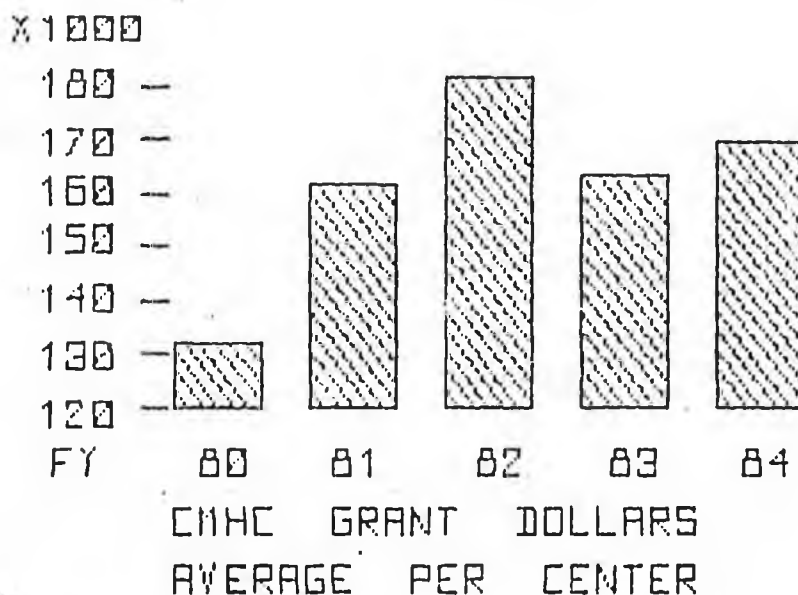
WHO USES COMMUNITY MENTAL HEALTH?:



E V E R Y O N E !

ALL AGES, ALL RACES, ALL WHO ARE IN NEED

WHAT'S THE FUNDING HISTORY BEEN?



DOLLARS HAVE NOT KEPT PACE WITH DEMAND

ALASKA MENTAL HEALTH PROGRAM DIRECTOR'S ASSOCIATION

UTILIZATION SUMMARY

VERIFIED HOURS OF SERVICE

Year	Total Hours of Mental Health Service	% Increase
1976	12,498	+ 149%
1978	17,579	+ 29%
1980	180,455	+ 926%
1982	248,945	+ 371%

STATE ANNUAL APPROPRIATIONS FOR SERVICES

Year	Appropriation for Community Mental Health Programs
1976	\$0.622 Million
1978	\$2.063 Million
1980	\$2.641 Million
1982	\$4.1 Million

STATE COST PER HOUR OF SERVICE

Year	Cost Per Hour of Total Service
1978	\$117.40
1980	\$ 14.61
1982	\$ 16.46

HOW COMMUNITY MENTAL HEALTH PROGRAMS SERVED THE CITIZENS OF ALASKA DURING FY82

Service	Hours
Client Related Hours.....	98,140
Prevention and Education Hours.....	15,522
Program Development Hours.....	26,367

ADMISSIONS

Year	Number of Admissions	% Increase
1976	2486	+ 48%
1978	3121	+ 26%
1980	3490	+ 12%
1982	5081	+ 31%

WHO WE SERVE*

1. The most frequent problem identified by admissions is "life crisis".
2. 57% of all admissions are women, 43% are men.
3. 27.9% of all admissions are children and elderly.
4. Approximately 19% of admissions are minorities.
5. 84% of all individuals pay a portion of the cost of their services.
6. 60% of all admissions have an income of less than \$20,000.
7. 55% of all clients have a third party payor for the services they receive.
8. Of all center activities, the largest number of hours is spent in serving clients directly.

* Source: FY82 Mental Health Annual Report



Reaching In Reaching Out



The Central Peninsula Mental Health Center began in April of 1976 when a group of community members recognized the need for mental health services. As a result, the Mental Health Center was initiated.

The Center is governed by a non-profit board of directors comprised of interested members of the community.

The services of the Center are available to all individuals in the Kenai, Nikiski, Soldotna, Sterling, Kasilof, Clam Gulch and Cooper Landing areas.

Approximately 60% of its revenue is received from a state grant with the remaining income generated through client fees and local community support.

Fees for services are based on a sliding scale depending upon a person's income and number of family members.

The Center is located on the second floor of the Benco Building in Kenai. Hours for the Center are each Monday 9 a.m. to 8 p.m. and Tuesday through Friday 9 a.m. to 5 p.m. Appointments can be made by calling 283-7501.

**Central Peninsula
Mental Health Center**



People have problems as a matter of living. Commonly, we deal with the problems of living within ourself and with the help of family and friends.

Solutions are often readily at hand either by reaching in or reaching out to our friends and family.

Though at times our emotional problems feel overwhelming, and no solution seems in sight, we may need to reach out even farther.

It is during these times that the professional staff at Central Peninsula Mental Health Center is able to help us solve our problems by reaching in to our own resources or reaching out to other kinds of help. In addition to solving our problems, we often will experience greater understanding of ourselves, regain self-confidence and have the ability to deal with our problems if they occur again.

Finding solutions to life's problems by reaching in or reaching out will allow us to improve the quality of our lives.

Services

The Central Peninsula Mental Health Center provides a wide range of services available during those times when we need to reach out.

Outpatient Treatment Services include individual, couple, family, group and play therapy.

Emergency Services provide assistance on a 24 hour basis by dialing 283-7501.

Consultation Services are provided to individuals or agencies regarding psychological problems and solutions.

Evaluation Services include psychiatric, psychological and family evaluation and testing to determine the nature and extent of problems.

Class, workshops and presentations within the community and a quarterly newsletter are provided as Education Services.

Our staff is composed of trained and experienced members of the helping professions with backgrounds in many areas of expertise.

Programs

The programs offered at the Center include the following:

Community Outreach: designed to meet the needs of the chronically mentally ill.

Community Wellness: promoting positive preventative behaviors through education.

Elderly Consultation: providing preventative mental health services to the senior citizens.

Infant Learning: a home-based program for children, ages 0-3 who are handicapped, high risk or developmentally delayed.

Respite Care: in-home temporary, short-term care of developmentally disabled persons.

Stress Management and Biofeedback: training techniques used to teach people to control anxiety, stress and stress-related problems.

Community Mental Health Services

- * Outpatient Treatment Services: individual, couple, family, group and play therapy.
- * Emergency Services: crisis intervention is provided on a 24 hour basis and is obtained by dialing 283-7501.
- * Evaluation Services: psychiatric, psychological and family evaluation and testing to determine the nature and extent of individual's problems.
- * Consultation Services: provided to agencies or individuals with respect to psychological problems.
- * Education and Prevention: classes, workshops, presentations offered in the community and a quarterly newsletter mailed out to interested community members.
- * Specialized Programs: designed to meet special needs in the community.



Central Peninsula Mental Health Center

11355 Kenai Spur Highway
Benco Building, Suite 228
Kenai, AK 99611
283-7501

Community Outreach Program

Like many people, the "mentally ill" experience everyday problems. Unlike many people, however, they often lack the basic skills necessary to deal with these problems. The Community Outreach Program through home visits and resource networking, is designed to effectively and measurably meet the needs of the chronically mentally ill in our community.

Those with chronic problems tend to be neglected. Consequently, they drop out of community life and lead a marginal lifestyle. The Community Outreach Program work to make sure that participants are provided with basic necessities such as food, shelter, clothing, and medical care. It also makes it possible for each individual to utilize all available financial resources.

Teaching participants independent living and coping skills is a high priority. Recognizing the stress and confusion that mental illness can cause others, the Program provides support and education to community members who are involved with participants.



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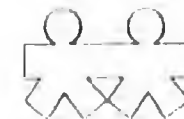
Respite Care

Respite Care is in-home temporary, short-term care for developmentally disabled individuals and is used as a means of providing support to the family of developmentally disabled individuals.

Respite workers are trained by the staff at Central Peninsula Mental Health Center in child development, basic care and special needs of the developmentally disabled individuals of all ages, and in safety and emergency procedures.

Services are scheduled through the Mental Health Center and are provided in the home of the family. Respite can be for a short time period such as the family shopping or for a longer term such as a weekend away from home.

Families in the Kenai, Soldotna, Sterling, Nikiski and Kasilof area with a member who has been determined by the Center to be developmentally disabled are eligible for services at no cost to the family.



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Elderly Consultation Program

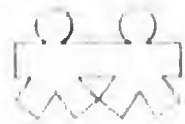
The Elderly Consultation Program provides preventative mental health care to seniors within our area.

The Program supplies information on psychological and stress-related problems frequently experienced by seniors, with emphasis placed on preventing these problems before they occur.

Direct psychological and psychiatric services are available to seniors who are already experiencing distress.

To further assist seniors, the Program provides referrals to other agencies or resources within the community as they are needed. It also provides support to families and other individuals who deal with seniors.

Maintaining seniors within our community is an important goal of the program. Taking into consideration, the strong cultural values and independence of older Alaskans, the Program seeks to sustain and enhance the best possible lifestyle for each individual senior citizen.



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Infant Learning Program

The Infant Learning Program is a free home-based program for children, ages 0-3, with any of the following conditions:

a) Handicapped - such as Blindness, Deafness, Down's Syndrome, Cerebral Palsy, Mental Retardation, or Seizure Disorder.

b) High Risk-such as premature, low birth weight, difficult birth, or serious illness after birth.

c) Developmentally Delayed-children who appear to be developing at a slower than average rate.

Evaluation is the first step in determining the infant's level of development, strength, and weaknesses. This assessment aids in setting realistic goals for both the child and parents.

The Infant Learning Instructor comes to the home on a weekly basis providing support to the family. The instructor assists the parents in structuring learning experiences for their child and in stimulating growth and development.



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283-7501

Community Wellness Program

The Community Wellness Program promotes positive, preventative health behavior by assisting individuals to evaluate and design their lifestyles to achieve their highest potential of well-being.

The program provides information and education in the areas of physical fitness, with emphasis on endurance, strength and flexibility; on nutrition, evaluating eating habits and learning to make appropriate food choices; and on stress management by learning how to identify and cope with stress; it also promotes environmental awareness.

Consultation is available on an individual basis or to groups such as student, employers/employees, community organizations and agencies.

Wellness education is offered in the community through workshops, community schools, classes and health fairs.

A Stress Management and Biofeedback Program is also available, teaching skills on how to control anxiety, stress, and stress-related problems.

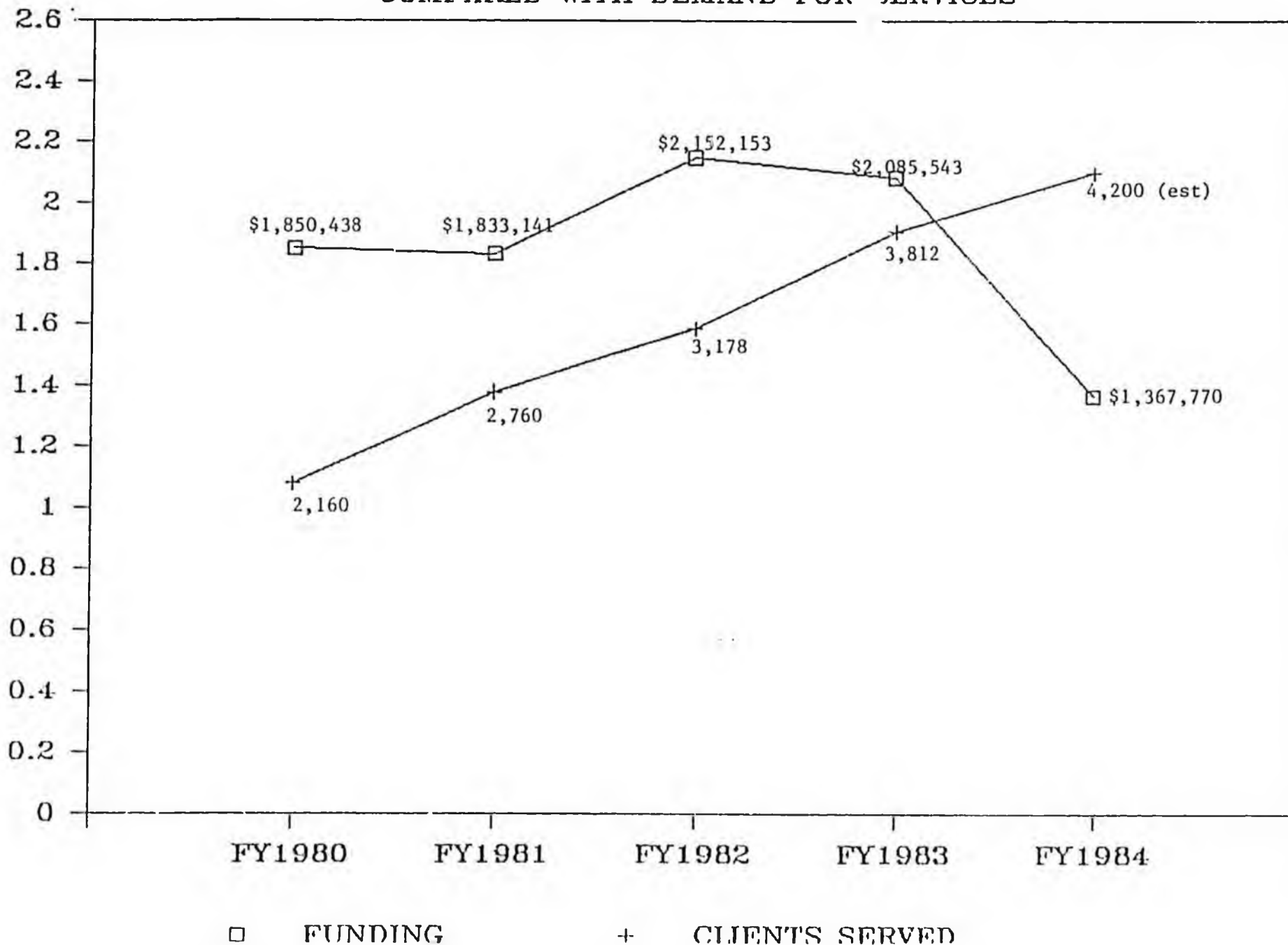


Central Peninsula Mental Health Center

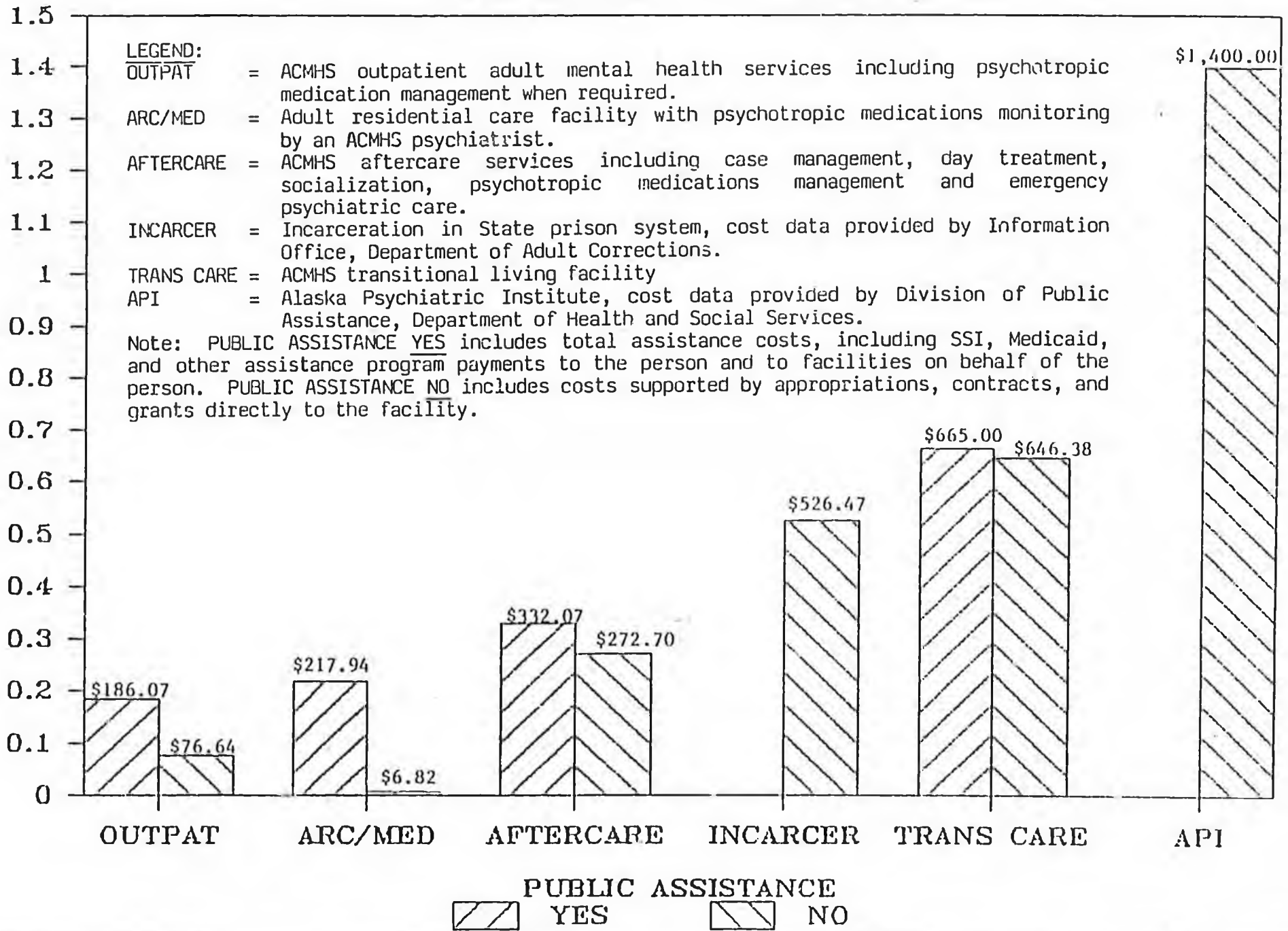
11355 Kenai Spur Highway
Benco Building, Suite 228
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PUBLIC FUNDING FOR OUTPATIENT SERVICE COMPARED WITH DEMAND FOR SERVICES

January 1, 1984 Dollars
(Millions)



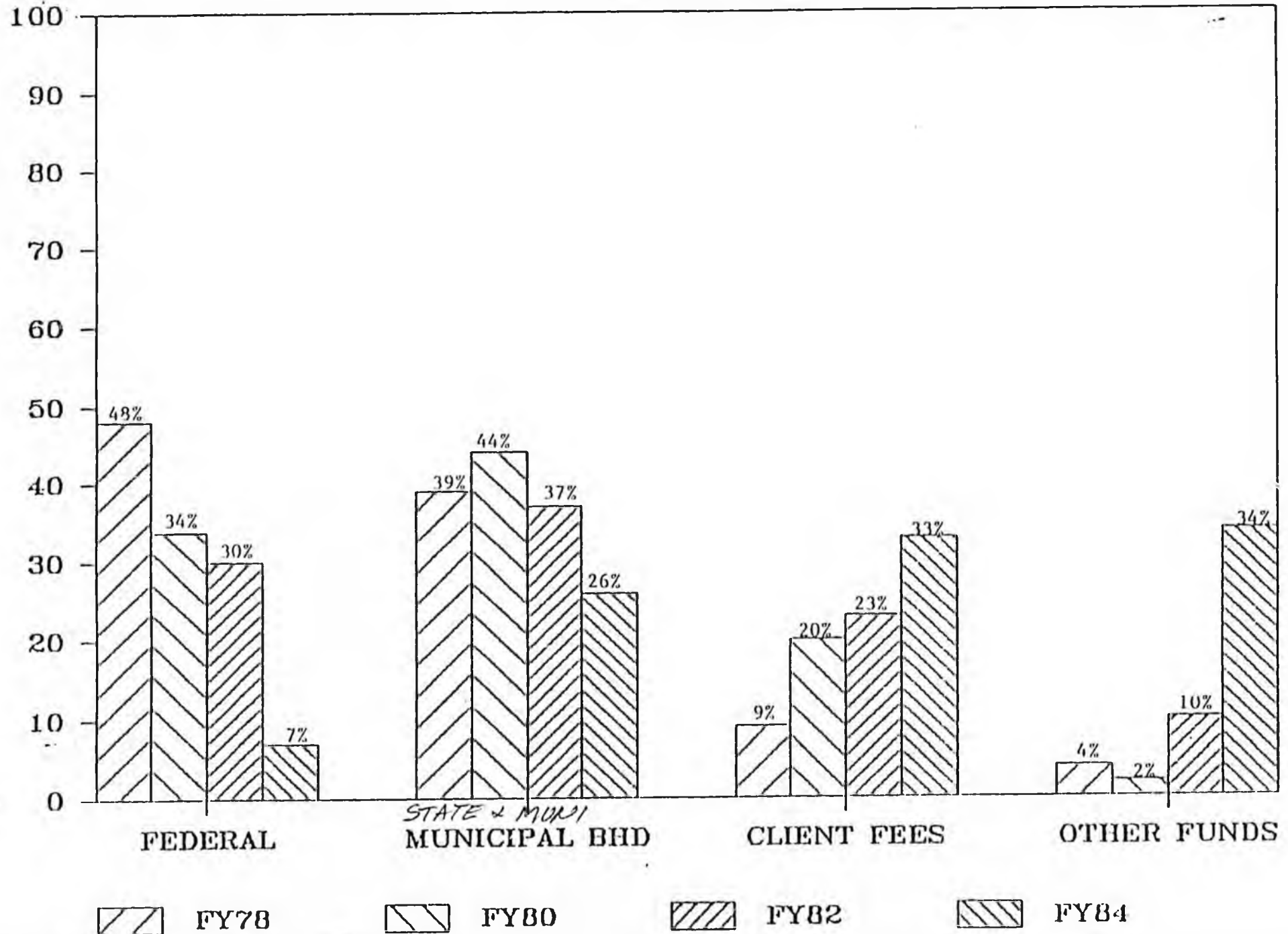
WEEKLY PUBLIC COST PER PERSON WITH NO SELF PAY - CY 1983



WEEKLY COST IN DOLLARS (Thousands)

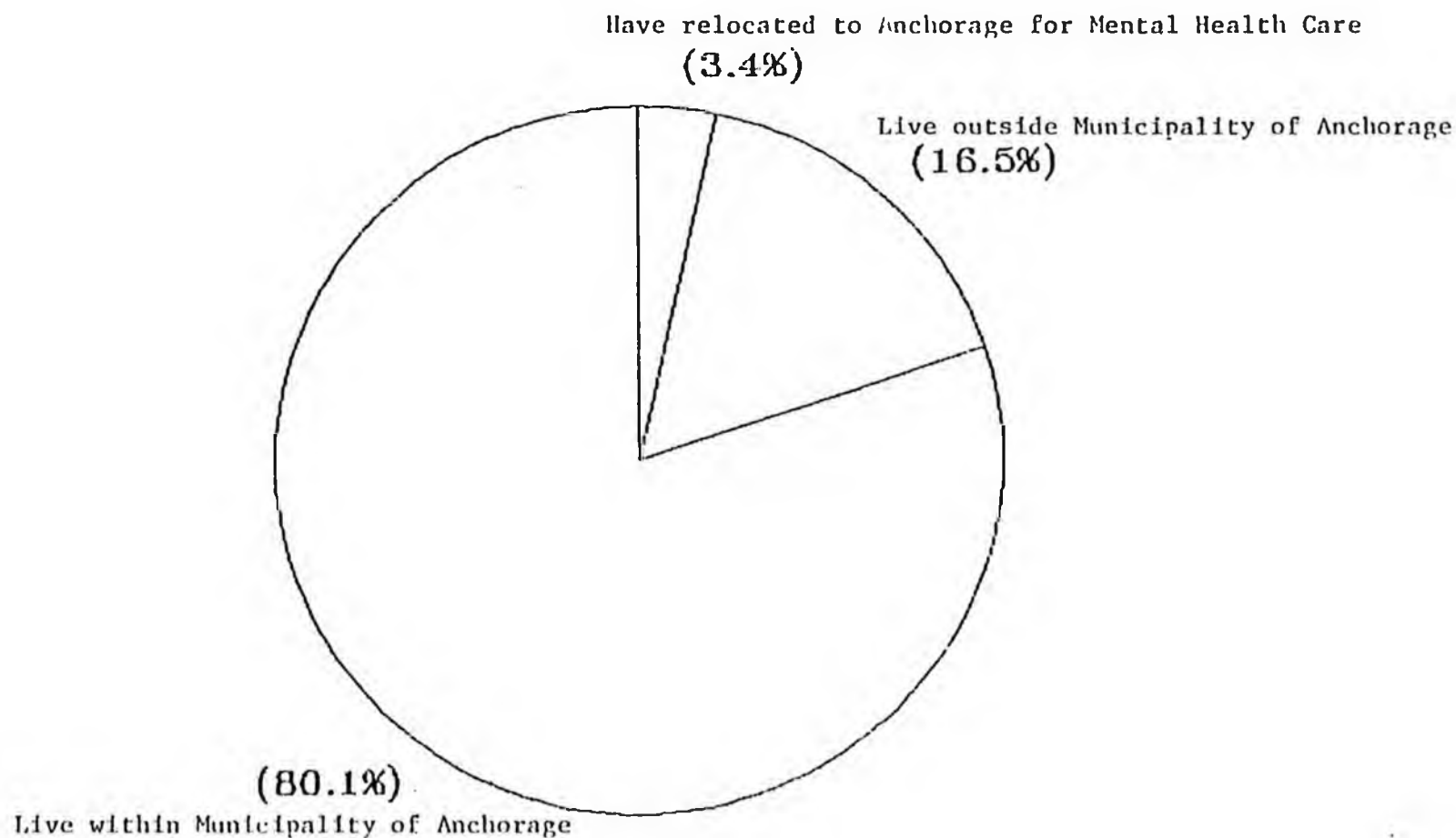
FUND SOURCES AS % OF COST OF SERVICE

ACMHS, INC.



RESIDENCE OF CLIENTS SERVED IN FY1983

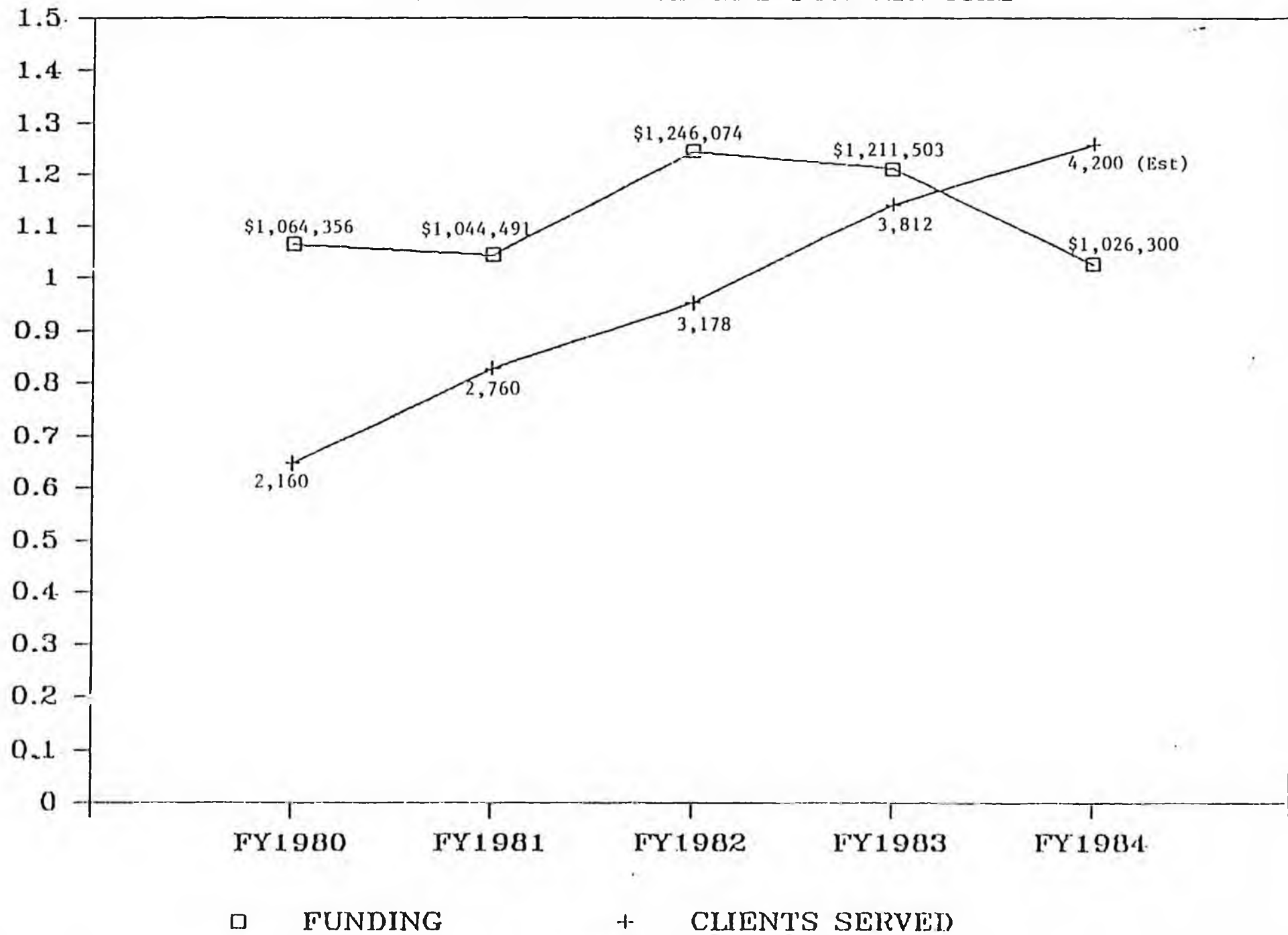
A C M H S , INC.



MUNICIPAL BHD / STATE CMH FUNDING

COMPARED WITH DEMAND FOR SERVICES

January 1, 1984 Dollars
(Millions)



**PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT**

Fairbanks Community Mental Health Center

209 Forty Mile Ave., Graehl • Fairbanks, Alaska 99701
Phone (907) 452-1575

February 29, 1984

Senator Vic Fischer, Vice-Chairman
Alaska State Senate
Standing Committee, Health, Education and Social Services
Alaska State Capitol
Pouch V
Juneau, Alaska 99811

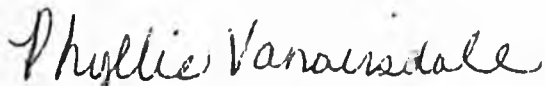
Dear Senator Fischer:

Your kind attention is invited to the attached collection of information concerning one of Alaska's vital needs in providing required adequate service to the health and social well being of our citizenry, unfortunately some of whom are impaired by mental health problems.

The purpose of this letter is to respectfully request your careful review of and support for legislation currently before the 13th Alaska Legislature for consideration. It is our additional desire to provide you with current background information on the successes to date of the work of the Fairbanks Community Mental Health Center and to outline in broad parameters our future goals and objectives.

The accomplishments thus far obtained for our needy citizens has in large measure been due to your past financial support and consideration for one of societies critical responsibilities. We wish to thank you for the funding rendered by you and your colleagues and express our advance appreciation for your willingness to help in the future.

Respectfully,



Phyllis Vanairsdale
Chairman, Board of Directors
Fairbanks Community Mental Health Center

PV:cj

INFORMATIONAL DATA BROCHURE
ON REQUEST FOR
SUPPORT OF MENTAL HEALTH ISSUES
CONFRONTING CITIZENS OF ALASKA

AND

CURRENT BILLS PENDING
BEFORE THE
13TH ALASKA LEGISLATURE, 1984

SUBMITTED BY THE
FAIRBANKS COMMUNITY MENTAL HEALTH CENTER
ADVOCACY COMMITTEE MEMBER
(ALASKA MENTAL HEALTH ASSOCIATION)

ON

MARCH 5, 1984

EXECUTIVE SUMMARY

TESTIMONY: The enclosed written testimony is being orally presented to the House and Senate Standing Committees on Health, Education and Social Services on behalf of the legislative advocate for the Fairbanks Community Mental Health Center and expresses appreciation for past financial legislative support, stresses support of five key Mental Health Bills pending before the 13th Alaska Legislature and requests continued future support as the needs of Alaskan citizens grows.

BILLS: Five bills are numbered, giving current status, sponsors and a one time descriptive title.

FCMHC PROGRAM NARRATIVE: The current FCMHC program narrative covers background information on Organization, Client and Community Services, Program Goals, and Objectives along with the FY85 activities projected.

Testimony Supporting Various Bills
Pending Before The
13th Alaska Legislature, 1984

by
Charlot Thickstun
Clear, Alaska
on behalf of the
Fairbanks Community Mental Health Center
(FCMHC, Fairbanks, Alaska)

Monday, March 5, 1984

to

13th Alaska Legislature, 1984
Senate
Standing Committee: Health, Education
and Social Services
House of Representatives
Standing Committee: Health, Education and Social Services
(in Hearings for HESS)

Mr./Madam Chairman/Chairperson and Members of the Committee:

I am Charlot Thickstun of Clear, Alaska, today representing the Fairbanks Community Mental Health Center advocating support for certain key bills currently pending before your august body for consideration in this session. I wish to say it is a privilege for me to address your Committee on such a vital issue for all Alaskans as Mental Health. I will keep my remarks brief and to the point, asking that a written copy of this testimony with supporting backup material be made a part of the official record of this hearing.

I am sure that I not only speak for myself but for all Community Mental Health Centers in Alaska when I say how appreciative we are of your past funding support, without which, we would not be able to demonstrate important successes being provided to mental health clients statewide today. The written copy of the Fairbanks Program Narrative to be provided as a part of my comments highlights background on our activities stressing the goals and objectives of our efforts as well as provides a pathway for plans of execution in the near timeframe. I would be remiss if I failed to mention that we are functioning in an environment of anticipation of continued legislative support to financially enable us to keep up with the ever expanding needs of mental health support as our communities continue to grow. Meeting this constitutional mandated requirement, we know becomes increasingly difficult as economic constraints befall us, however, we do ask for your continued support.

Our non-profit organization would like to say that we enthusiastically support Senate Bills 457, 346, 334, 303, and House Bill 355 as measures and actions vital to the safeguarding and protection of the health and welfare of our citizens. We applaud Senators Faiks, Josephson, Halford, Moss and Representative Koponen for their wisdom and foresight in drafting these legislative acts.

Passage of these five bills will go a long way toward enhancing the care of mental health related persons by:

- improving mental health insurance
- providing proper treatment to the mentally ill
- establishing a Board of Social Worker Examiners; and
- insuring that social workers are professionally educated and adhere to a code of professional ethics.

We totally commit ourselves to an enhancement and improvement in communications from the Community Mental Health Centers with the Department of Health, Education and Social Services, the Alaska Mental Health Association, the Governor's Council on Mental Health and members of the Legislature with the objective in mind of providing for comprehensive needs to all mental health needs statewide.

Finally, I thank you for the opportunity of being able to appear before you today and to say that we can be responsive to your questions now or in the future. Thank you for listening and your indulgence is appreciated.

MENTAL HEALTH ISSUES

Bills currently before the 13th Alaska Legislature, 1984:

<u>BILL NUMBER</u>	<u>CURRENT STATUS</u>	<u>SPONSOR</u>
	<u>FOLLOWED BY BRIEF DESCRIPTION OF BILL</u>	
SB 457	In the Senate: Introduced: 2/10/84 Referred: HESS and Finance "An act relating to mental health insurance."	FAIKS
SB 346	In the Senate: Introduced: 1/11/84 Referred: HESS and Judiciary "An act relating to the treatment of mentally ill persons."	JOSEPHSON and HALFORD
SB 334	In the Senate: Introduced: 1/9/84 Referred: HESS and Finance. "An act relating to health resources development; and providing for an effective date."	MOSS
CS Senate Bill No. 303 (HESS)	In the Senate: Offered: 2/14/84; Referred: Finance "An act relating to the practice of social work and establishing the Board of Social Worker Examiners; and providing for an effective date."	JOSEPHSON (original)
HB 355	In the House: Introduced: 4/13/83; Referred: HESS and Finance. "An act relating to health resources development; and providing for an effective date."	KOPONEN
SB 313	In the Senate: Introduced: 6/9/83; Referred: Labor and Commerce, Judiciary and Finance. "An act revising the non-profit corporations code; and providing for an effective date."	THE RULES COMMITTEE BY REQUEST OF THE LEGISLATIVE COUNCIL

PROGRAM NARRATIVE

I. Organization

- A. The FCMHC, Inc., is a non-profit corporation governed by a 15 member community Board of Directors.

The Board of Directors is responsible for establishing policies, procedures, and program plans for all functional areas of the FCMHC. Through Board committees (Finance, Personnel and Program, Evaluation and Review) the Board of Directors monitors the administrative and programmatic affairs of the agency.

Implementation of agency policies and programs is the responsibility of the Executive Director who reports directly to the Board of Directors.

The FCMHC has been providing services to the greater Fairbanks and surrounding areas since 1978. The Center has experienced and continues to experience a tremendous amount of growth and sophistication in both its organizational structure and service delivery system.

- B. Enclosed is a list of the current Board of Directors. During FY83, the Board of Directors met twelve times. The past year was a growthful and active year. To illustrate this activity, a sampling of significant actions taken by the Board of Directors is as follows:

1. Voted to accept a grant from Division of Mental Health - Central Office to begin the Supervised Apartment Living program's pilot project.
2. Voted to submit a RFP and accept a contract with Fairbanks Correctional Center to deliver services to Sex Offenders.
3. Voted to accept the Sex Abuse Coordinator Contract from the Division of Family and Youth Services.
4. Sent representatives to the Statewide Planning Conferences in Anchorage to help develop a mental health plan for the State.
5. Voted to produce an annual report of FCMHC activities.
6. Voted to send staff and Board representatives to Region X Conference in Vancouver, Washington and CSP Conference in Washington, D. C. This was the first time the Center participated in any National conferences.
7. Voted to expand Day Treatment to full-time for one quarter to assess the financial and programmatic feasibility.

C. Structure

1. Enclosed is a copy of the revised organizational chart as approved by the Board of Directors.
2. Enclosed is an updated list of current agency staff members by name, degree, professional certification, position and tenure.
3. Psychiatric coverage is provided to FCMHC through the following contracts:
 - a. Fairbanks Psychiatric Clinic, Irvin Rothrock, M.D. - inpatient services are provided for clients hospitalized at Fairbanks Memorial Hospital on an as needed basis.
 - b. Langdon Clinic, Jerry Schrader, M.D. - outpatient psychiatric services; medication reviews; quality assurance and staff supervision, as related to treatment plans, are provided on a once a week basis.
 - c. Dr. Schrader - an additional day of service is contracted for directly with Dr. Schrader to provide the same services as outlined above.

The FCMHC is continuing its diligent search for a full-time Staff Psychiatrist. It is anticipated that this position will be filled prior to the end of FY84.

4. The financial records are maintained by consulting accountants. The Administrative Manager provides direct supervision on a day-to-day basis to the accountants. The Executive Director is fiscally responsible for all agency funds including mental health funds.

II. Client and Community Services

A. Enclosed is a copy of FCMHC current fee scale. Total fees collected in FY83 were \$230,813. This represents 32 percent of the total revenues generated. Approximately 97 percent of all clients pay some fee, on a sliding scale basis, for services rendered by FCMHC. Payments were made as follows in FY83:

1. 33% cash
2. 37% insurance
3. 25% medicaid
4. 5% FCC/DFYS/VA/other

B. Enclosed is Chart A documenting service delivery to communities outside Fairbanks. In the past, the criteria used to provide services to outlying communities has been to provide direct service time to each community proportional to its population as compared with Fairbanks itself. However, a sharp increase in community demand in FY83 has necessitated the increase of projected service delivery. (See enclosed letters of support).

C. Services delivered by Fairbanks Community Mental Health Center are coordinated with those delivered by other social service agencies through the following mechanisms:

1. Meetings between the FCMHC Executive Director and the Directors of other programs.
2. Consultation between FCMHC clinical staff and direct service staff of other programs as they relate to the needs of particular clients.
3. Maintenance at FCMHC of a regularly updated list of referral sources and the criteria for referral.
4. Attendance by the FCMHC Executive Director at meetings of the Arctic Alliance for People Program, an organization composed of human service agencies in the Fairbanks area. The Executive Director also participates in NARA meetings.
5. FCMHC maintains memoranda of agreement regarding mutual client referral, consultation, information and referral, joint programming of services, and evaluation of services with Women in Crisis-Counseling and Assistance, The Resource Center for Parents and Children, and Fairbanks Counseling and Adoption. We anticipate including the following agencies in similar agreements:

Tanana Chiefs Conference
Hospitality House
Division of Family and Youth Services
Division of Vocational Rehabilitation
Fairbanks Native Association

Fairbanks Rehabilitation Assn.
Family Focus
Euphrated Islanders
Workshop Center for Alcohol &
Other Addiction
BIA

D. Services

1. Outpatient Services

a. Except in emergency situations, persons desiring or requiring services from the FCMHC are screened, usually by telephone, by a clinician for appropriateness. If it is determined that the individual is appropriate for treatment at the Center, an appointment is made with a therapist at that time. If it is determined that the individual would be better served by another community agency, a referral is made.

Fairbanks Community Mental Health Center clinical staff provides initial screening for petitions for involuntary commitment. The local Probate Master calls upon receipt of a petition and usually reviews the situation with a clinical staff person. If there is no reason to disqualify the petition (e.g. as, for example, if it were based on alcohol use rather than mental illness), an appointment is immediately scheduled for the Petitioner to review with a clinician the facts substantiating need for involuntary hospitalization. The clinician sees the Petitioner, and contacts by telephone or in person others providing information relevant to the petition. The Respondent would also be seen if appropriate. The resulting decision concerning the appropriateness of the petition for three-day commitment at Fairbanks Memorial Hospital for further evaluation is made, and a written recommendation forwarded to the Court the same day. The FCMHC currently employs five mental health professionals who are eligible to perform these screening evaluations for involuntary commitment.

The FCMHC does not rely heavily on outside agencies or individuals to provide evaluation services. However, we do work with School Psychologists, API and Fairbanks Memorial Hospital. We also occasionally utilize the services of any one of the eleven individual mental health professionals in the area.

b. Therapy. The following therapeutic modalities are available at FCMHC: crisis intervention; behavior modification; cognitive therapy; rational-emotive therapy; reality therapy; biofeedback and stress management; family and couples therapy; play therapy and chemotherapy. Additionally, group therapy is provided for a variety of special needs.

c. Referral. During the initial screening of a potential client, it is determined whether additional services are required, and referrals are made accordingly. There are numerous agencies in the Fairbanks community to which we refer clients for specialized services, including the Resource Center for Parents and Children, Salvation Army, Rescue Mission, Division of Family and Youth Services, Women in Crisis-Counseling and Assistance, the Counseling Center at the University of Alaska, Fairbanks Rehabilitation Association, Division of Vocational Rehabilitation, Fairbanks Counseling and Adoption, KHA, CAP, Tanana Chiefs, and various private psychiatrists and psychologists.

2. Inpatient Services

Fairbanks Memorial Hospital has the capacity to meet the emergency mental health hospitalization needs for clients, both voluntary and involuntary to the extent of initial screening and evaluation for commitment. Please refer to (D. 1a) for the procedures used by the FQHC in handling involuntary commitment.

3. Services are provided to the chronically mentally ill through individual outpatient therapy and through the Day Treatment Program. Under separate funding, the FQHC also provides a Supervised Apartment Living Program. (See attached Goals and Objectives, Goals II and III, for more details on the above programs).

The following information describes patient statistics for individuals hospitalized for psychiatric care at Fairbanks Memorial Hospital:

1. Number of Psych admits by month:
- | | | | |
|--------|--------|--------|---|
| Jan-35 | May-43 | Sep-25 | |
| Feb-31 | Jun-26 | Oct-44 | |
| Mar-38 | Jul-37 | Nov-32 | |
| Apr-37 | Aug-35 | Dec-30 | *Average monthly admits: 34.4 per month |

2. Total psych admits for 1983: 413 psch admits

3. Patient Information:

a. SEX	NUMBER OF PATIENTS
Male	205 (49.6% of total)
Female	208 (50.4% of total)

b. AGE's

	<u>10-19</u>	<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>	<u>60-69</u>	<u>70-79</u>	<u>80-89</u>	<u>90-99Y/O</u>
Males	10	83	62	24	18	5	3	1	0
Females	18	74	50	34	19	9	2	1	1
TOTAL	28	157	112	58	37	14	5	2	1

c. API transfers:

16	male patients
7	female patients
<u>23</u>	Total patients transferred to API (5.5% of total sum)

4. Twenty-four Hour Emergency Services

The clinical staff at FCMHC maintains 24 hour on-call telephone availability for emergency services through a pager system. After-hour calls are referred through Crisis Line. Twenty-four hour face-to-face services are available, but infrequently used. From January 1, 1983 - December 30, 1983, the FCMHC provided 461 hours of face-to-face crisis intervention during office hours and made 91 after-hours phone contacts.

5. Consultation Services

The FCMHC is currently providing the following consultation services:
Division of Family and Youth Services - twice monthly
Fairbanks Memorial Hospital, 4-East Wing - once weekly

Informal consultations occur on a regular basis with a number of community agencies and individuals.

6. Education/Prevention Services

In 1983, the FCMHC Board of Directors voted to allocate 5% of staff time to the area of education/prevention. However, because of staffing and financial constraints, it has been extremely difficult to fulfill this internal commitment. As noted in Goal X. of our Goals and Objectives, we intend to dramatically increase our education/prevention efforts in FY85.

7. Other Services

As noted in Goal IV of our Goals and Objectives, the FCMHC has a program for victims, perpetrators and families involved in Sexual Abuse (See Goal IV for justification of need.)

E. In 1982, the FCMHC Board of Directors conducted a full-scale community needs assessment (a copy of the results is on file at the Center). In addition, the Center continues to routinely survey client satisfaction with services through a questionnaire. (sample copy enclosed) In an attempt to conduct program evaluations more efficiently, the Center is now developing programmatic objectives and hopes to implement program component and staff work plans in FY85.

F. Service Statistics

	<u>IMH&DD Statistics</u>	<u>Center Statistics</u>
1. Direct Service	63%	69%
2. Client Centered	4%	4%
3. Program/Staff Development	7%	9%
4. Administration	18%	13%
5. Travel	2%	5%
6. Consultation/Education/Planning	6%	N/A

F. Service Statistics (continued)

The Division of Mental Health and Developmental Disabilities Annual Report only reflected the time of 8 out of 11 of our active clinicians. Additionally, information reported to DMH&DD through staff logs was reported back to us in an untimely manner and contrary to the actual hours per clinician per category than was originally reported.

III. Client and Community Services, FY85

A. Enclosed please find Chart B summarizing our community mental health activities projected for FY85. Also enclosed is a copy of our internal Goals and Objectives for FY85.

B. In FY84, the Board of Directors assigned the responsibility of developing a five year program plan to its Program Evaluation and Review Committee.

Some program considerations for the future include:

1. Spinning off the Sexual Abuse Program
2. Developing a 24 hour Crisis Intervention team
3. Developing a comprehensive Outreach Program
4. Acquiring funds and constructing a Residential Facility
5. Developing a comprehensive Prevention/Education Program including education in the schools.
6. Developing a Day Treatment Program for emotionally disturbed children.

C. Need for services offered by the FCMHC are identified by program staff, the Board of Directors, and the community at large. Through our participation in organizations like NAKRA, we receive and provide input on community needs. (See State of Alaska Memorandum dated December 20, 1983 from Daniel J. Meddleton, Department of Health and Social Services for an example of this community effort.)

I. 20%

To provide on-call 24 hour crisis intervention services to individuals experiencing acute emotional disturbances and/or displaying psychotic behavior.

Local FCMHC statistics for calendar year 1983 reflect the following client contacts: 461 hrs of face-to-face client contacts and 91 phone contacts. Estimated needs as provided by other community agencies and professionals indicate the need for service to be as high as 3 calls per day.

FCMHC staff maintains 24 hour on call crisis intervention services through a pager system. After-hour calls are referred through Crisis Line. During the hours the Center is open, a clinician is available to respond on a face-to-face basis at all times.

I. 15%

To provide CMI individuals with Day treatment services.

National statistics provided by NIMH state that one percent of the population suffers from Chronic Mental Illness. Locally between FCMHC, TCC and FAMI, 136 CMI individuals have been identified.

This program will be expanded to full-time in FY85. See attached objectives for specific activities that will be conducted to achieve this goal. It is anticipated that a Volunteer Program will begin in FY85 and the volunteers will be utilized in this program.

II. 5%

To provide supervised residential care to CMI individuals requiring these services.

All existing community shelters are either time-limited or unequipped to provide for the special needs of this population. From December 1982 - September 1983, eleven persons received services through FCMHC Supervised Apartment Living Program, while 15 persons were turned away due to a lack of space.

FCMHC staff and volunteers will act as a liaison for and between clients and other community agencies.

Emergency food and clothing provisions are provided to residents as needed. Psychiatric services and emergency needs are provided by FCMHC staff as deemed appropriate.

EVALUATION: HOW ACHIEVEMENT OF THIS
WILL BE MEASURED

TIMEFRAME: SCHEDULE FOR IMPLEMENTATION

I. Staff logs will be used to document staff time, client population and program activities. Additionally, reports of contact will be used to document after-hours calls. Program data will be entered into our internal computer system and analyzed accordingly on a quarterly basis.

The 24 hour on call service is a continuation service. The availability of clinical staff to respond face-to-face at all times during office hours will be implemented July 1, 1984.

II. Staff logs will be used to document staff time, client population, and program activities. Program data will be entered into our internal computer system and analyzed accordingly on a quarterly basis.

The decision to expand services was made in December, 1983. Implementation will begin July 1, 1984.

III. Staff logs will be used to document staff time, client population, and program activities. Additionally, the Global Assessment Scale and the Life Skills Assessment is utilized on a quarterly basis to determine the level of client functioning. (copies are enclosed for review). Program data will be entered into our internal computer system and analyzed accordingly on a quarterly basis.

This is a continuation of an existing service.

*2

IV. 15%

To provide direct services to victims, perpetrators, and families involved with sexual abuse.

National statistics estimate that 1-4 girls and 1-6 boys will be sexually abused by age 18. Locally, the rate of reporting has increased three-fold since 1981. FCMHC is the major referral source for providing treatment to the identified population.

See attached objectives for specific activities that will be conducted to achieve this goal.

V. 5%

To provide direct services to emotionally disturbed children and adolescents requiring these services.

The FCMHC currently receives 12 referrals per month for evaluation and/or therapy involving children and adolescents.

See attached objectives for specific activities to be conducted to achieve this goal.

VI. 5%

To provide psychological assessments, evaluations and diagnostic services for individuals when requested by other agencies, and/or professionals.

The FCMHC currently provides evaluative services to the courts and five other community agencies. The need for service far exceeds our current ability to meet the demand. The current demand requires approximately 40 hours per month of staff time.

This goal will be achieved through the addition of qualified staff to conduct evaluative services.

VII. 10%

To provide general mental health services to outlying communities to include Delta Junction, Healy, Anderson/Clear, and Benana.

To better fulfill the FCMHC mandate to serve outlying communities, further services are proposed in an effort to meet significantly increased community demand. (See attached Letters of Support)

See attached objectives for specific activities to be conducted to achieve this goal.

EVALUATION: HOW ACHIEVEMENT OF THIS
WILL BE MEASURED

TIMEFRAME: SCHEDULE FOR IMPLEMENTATION

IV. Staff logs will be used to document staff time, client population, and program activities. Additionally, through the Sex Abuse Services grant from the Division of Family and Youth Services, statistics will be compiled on all sexual abuse services provided by the Multi-Agency Service Delivery System. Program data will be entered into our internal computer system and analyzed accordingly on a quarterly basis.

This is a continuation of an existing service.

V. Staff logs will be used to document staff time, client population, and program activities. Program data will be entered into our internal computer system and analyzed accordingly on a quarterly basis.

This is a continuation of an existing service.

VI. Staff logs will be used to document staff time, client population, and program activities. Program data will be entered into our internal computer system and analyzed accordingly on a quarterly basis.

This is a continuation of an existing service. Effective July 1, 1984, we expect to provide an additional 20 hour per month of staff time.

VII. Staff logs will be used to document staff time, client population, and program activities. Satellite service reports are prepared after each visit to the satellite center. Program data for the satellite services will be analyzed separately. Program data will be entered into our internal computer system and analyzed accordingly on a quarterly basis.

This is a continuation of an existing service. Increased services to the satellite centers will begin January 1, 1985.

VIII. 10%

To provide general therapeutic services to individuals requiring services other than crisis intervention.

These services are only available and provided to persons unable to afford treatment in the private sector, or when services are unavailable from the private sector.

See attached objectives for specific activities to be conducted to achieve this goal.

IX. 5%

To provide case consultation to community agencies and other professionals on behalf of FCMHC clients as requested.

This service is primarily required to ensure continuity of care for the Center clients.

Coordinating staff time to insure prompt response to requests for consultation.

X. 10%

To provide community education, training, and technical assistance to other community agencies and individuals as requested.

Community education is the key to prevention. Through community education, we hope to reduce the need for mental health services in the greater Fairbanks area.

See attached objectives for specific activities to be conducted to achieve this goal. Expansion will be accomplished through an additional staff person.

- *1. This program is currently being funded by Community Support Systems Program, Division of Mental Health and Developmental Disabilities. However, should funds not be available for this program in FY85, FCMHC intend to continue to provide services through excess generated revenues if they so allow. This grant does however include a request for staff positions which will be directly associated with the continuation of this program.
- *2. As noted in the attached objectives, this program is partially funded by the Division of Family and Youth Services. The Division of Family and Youth Services grant funds a coordinator position only. All treatment is provided by FCMHC clinical staff.

EVALUATION: HOW ACHIEVEMENT OF THIS
WILL BE MEASURED

TIMEFRAME: SCHEDULE FOR IMPLEMENTATION

VIII. Staff logs will be used to document staff time, client population, and program activities. Program data will be entered into our internal computer system and analyzed accordingly on a quarterly basis.

This is a continuation of an existing service.

IX. Report of Contact forms will be utilized for reporting staff time, client population, and activity conducted. Program data will be entered into our internal computer system and analyzed accordingly on a quarterly basis.

This is a continuation of an existing service.

X. Report of Contact forms will be utilized for reporting staff time, client population, and activity conducted. Program data will be entered into our internal computer system and analyzed accordingly on a quarterly basis.

This is a continuation of an existing service. An additional staff person will be added July 1, 1984.

GOALS AND OBJECTIVES

GOAL 1: Crisis Intervention Services

To provide on call 24-hour crisis intervention services to individuals experiencing acute emotional disturbances/or displaying psychotic behavior.

OBJECTIVES:

1. To establish contact with 550 individuals.

GOAL 2: Day Treatment Services

To provide Day Treatment services to chronically mentally ill individuals requiring these services.

OBJECTIVES:

1. To serve 70 individuals in Day Treatment.
2. To conduct one basic life skills training group per week.
3. To conduct two social skills building group per week.
4. To conduct one hobbies and crafts group per week.
5. To conduct three group therapy groups per week.
6. To provide five hours of individual screening and assessment per week.
7. To provide twenty hours of individual therapy per week.

GOAL 3: Supervised Apartment Living Program (funded by Division of Mental Health, Chronically Mentally Ill funds)

To provide supervised residential care to chronically mentally ill individuals requiring these services.

OBJECTIVES:

1. To serve 12 individuals in residential care.

GOAL 4: Sexual Abuse Services (Partially funded by a grant from Division of Family and Youth Services).

To provide direct services to victims, perpetrators and families involved with sexual abuse.

OBJECTIVES:

1. To conduct one group per week for adolescent victims of sexual assault.
2. To conduct one group per week for child victims and siblings.
3. To provide 80 hours per week of individual and family therapy for victims, perpetrators and non-offending parents of sexual assault.
4. To provide 8 hours per week of diagnostic assessment and evaluation for the above.

GOAL 5: Children/Adolescent Services

To provide direct services to emotionally disturbed children and adolescents requiring these services.

OBJECTIVES:

1. To provide 20 hours per week of individual and family therapy.
2. To provide 8 hours per week of diagnostic assessment and evaluations for the above.

GOALS AND OBJECTIVES

Page 2

GOAL 6: Psychological Assessment, Evaluation and Diagnosis

To provide psychological assessments, evaluations and diagnostic services for individuals when requested by other agencies and/or professionals.

OBJECTIVES:

1. To provide 15 hours per week.

GOAL 7: Satellite Services

To provide general mental health services to outlying communities.

OBJECTIVES:

1. Delta Junction - to provide 2 days of service per week
2. Healy/Anderson - to provide 1 day of service per week
3. Nenana - to provide 1 day of service per week

GOAL 8: General Therapeutic Services

To provide general therapeutic services to individuals requiring services other than crisis intervention.

OBJECTIVES:

1. To provide 50 hours per week of time-limited individual and conjoint therapy.
2. To conduct two specialized time-limited groups per week.
3. To provide 20 hours per week biofeedback/stress management therapy.

GOAL 9: Consultation Services

To provide case consultation to community agencies and other professionals on behalf of FCMHC clients.

OBJECTIVES:

1. To provide 10 hours per week as requested.

GOAL 10: Education/Prevention Services

To provide community education, training, and technical assistance to other community agencies and individuals as requested.

OBJECTIVES:

1. To provide 25 hours per week of community education regarding general mental health issues emphasizing a holistic approach to health.
2. To provide 5 hours per week of professional training and technical assistance to other community agencies.

BOARD OF DIRECTORS

EXECUTIVE DIRECTOR

PROGRAM DIRECTOR

ADMINISTRATIVE DIRECTOR

CLINICAL SUPERVISOR

DAY TREATMENT SUPERVISOR

CSAS COORDINATOR

ADMINISTRATIVE SECRETARY

STAFF PSYCHIATRIST

CLINICIAN III

CSAS CLINICAL SUPERVISOR

ACCOUNTS RECEIVABLE SPECIALIST

CLINICIAN IV

MENTAL HEALTH WORKER II

DATA PROCESSING SPECIALIST

CLINICIAN IV

MENTAL HEALTH WORKER II

RECEPTIONIST/OFFICE CLERK II

CLINICIAN III

MENTAL HEALTH WORKER I

RECEPTIONIST/CLERK TYPIST II

CLINICIAN III

MENTAL HEALTH WORKER I

CLERK TYPIST II

CLINICIAN III

RECEPTIONIST/CLERK TYPIST I

CLINICIAN III

ACCOUNTANT

CLINICIAN II

CLINICIAN II

CLINICIAN II

CLINICIAN I

**PLEASE NOTE: THE PRECEDING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.**

Senator Vic Fischer

Alaska State Legislature
Pouch V • Juneau, Alaska 99811 • (907) 465-4954



3/1/84

To: Senator Vic Fischer
From: Steven Kadish
Re: Anchorage Mental Health Services and Funding

Problem

Because of decreases in federal, state and municipal funding, core mental health programs offered in Anchorage will require major service cutbacks, unless state funding for the community mental health grant to Anchorage is increased. Without this support, the provision and quality of core mental health services for Anchorage and the State is threatened.

Anchorage serves as the State's center for the provision of mental health services. The mental health center in Anchorage is responsible for 40% of the total community mental health center admissions statewide (yet only receives 19% of the state support available). Twenty percent of the patients using these services are from outside of Anchorage. Cutbacks in funding in Anchorage provide a negative ripple effect throughout the State.

Funding Outlook

In FY 84 government funding for adult, family, aftercare, elderly, and other core mental health services provided by the community mental health center in Anchorage has been cut to two-thirds of FY 82 levels. At the same time, the number of clients treated has increased 39% from 2720 to 3793. These funding reductions have resulted in longer and longer patient waiting lists, counseling staff layoffs, and the shutting down of some services.

The good news is that over this same time period, private support from first and third party payments for these services has increased over two and half times from \$412,000 in 1982 to \$1,055,000 in 1984. Some of the shortfall from decreased federal and state support has been mitigated. However, increases in private funding have reached a maximum, and further gains are not expected.

For FY 85, State community mental health and federal-state pass through grants are expected to be supported at about FY 84 figures, well below previous years funding. In addition, due to Proposition 24, Municipal mental health matching funds are expected to decrease.

Bottom Line

The Municipality of Anchorage Health Department has estimated that \$1.5 million is needed to provide core mental health services in Anchorage for emergency, aftercare, adult, family, elderly, and other mental health programs. Community mental health grants are provided on a 75/25 state/city ratio.

At the present time, the State Department of Health and Social Services has indicated that they are planning to make about \$835,000 available for Anchorage community mental health grant. The Municipality expects to match the State grant with \$278,000.

Thus, the total available is \$1,113,000 or \$387,000 short of the amount needed to provide minimum mental health services in Anchorage.

Municipality of Anchorage
Department of Health and Environmental Protection

FY 85 Community Mental Health Grant Funding Needs

<u>Component</u>	<u>Funding Needed</u>
Emergency Services	\$360,000
Aftercare	516,436
Adult	174,200
Family	216,683
Elderly	149,751
Consultation & Education	90,000
<u>Total</u>	1,507,070

ANCHORAGE COMMUNITY MENTAL HEALTH SERVICES, INC.
PUBLIC FUNDING

	FY 82	FY 83	FY 84
1. <u>Adult</u>			
BHD	211,110	203,300	161,120
Federal	236,270	115,238	-0-
Block	-0-	96,280	47,940
Total Adult	<u>447,370</u>	<u>414,818</u>	<u>209,060</u>
2. <u>Family</u>			
BHD	118,300	113,900	82,440
Federal	211,220	48,046	-0-
Block	-0-	53,635	26,080
Total Family	<u>329,520</u>	<u>215,581</u>	<u>108,520</u>
3. <u>Aftercare</u>			
BHD	207,900	208,340	285,000
Federal	250,510	64,111	-0-
Block	-0-	106,692	175,680
Total Aftercare	<u>458,410</u>	<u>379,143</u>	<u>460,680</u>
4. <u>Elderly</u>			
BHD	231,300	222,750	175,500
Federal	-0-	15,347	-0-
Block	-0-	65,017	-0-
Total Elderly	<u>231,300</u>	<u>303,114</u>	<u>175,500</u>
5. <u>Parent Training</u>			
BHD	-0-	175,000	67,500
Federal	-0-	43,199	-0-
Block	-0-	80,072	-0-
Total PTC	<u>-0-</u>	<u>298,271</u>	<u>67,500</u>
6. <u>C&E</u>			
BHD	141,500	144,000	102,560
Federal	-0-	-0-	-0-
Block	-0-	33,304	-0-
Total C&E	<u>141,500</u>	<u>177,304</u>	<u>102,560</u>
7. <u>Emergency Services</u>			
BHD	-0-	-0-	-0-
Federal	-0-	-0-	-0-
MOA Soc. Svc.	-0-	56,860	14,220
Block	-0-	-0-	-0-
Total	<u>-0-</u>	<u>56,860</u>	<u>14,220</u>
Emergency Services	-0-	56,860	14,220
TOTAL Units	1,608,100	1,847,091	1,138,040

Core services of Adult, Family, Aftercare, C&E, Parent Training Center, and Elderly

	<u>FY 82</u>	<u>FY 83</u>	<u>FY 84</u>
Total BHD	910,100	1,067,290	874,120
Total Federal	698,000	285,941	-0-
Total Block	-0-	437,000	249,700
Total MOA S.S.	-0-	56,860	14,220
TOTAL	<u>1,608,100</u>	<u>1,847,091</u>	<u>1,138,040</u>

PUBLIC vs. PRIVATE FUNDING - ANCHORAGE COMMUNITY MENTAL HEALTH CENTER

	<u>FY 82</u>			<u>FY 83</u>			<u>FY 84</u>		
	Public	Expense	Private	Public	Expense	Private	Public	Expense	Private
Core Services									
Adult	447,370	(624,584)	177,214	414,818	(681,611)	266,793	209,060	(557,413)	348,353
Family	329,520	(349,190)	19,670	215,581	(347,771)	132,190	108,520	(305,525)	197,005
Aftercare	458,410	(720,689)	262,279	379,143	(790,318)	411,175	460,680	(793,031)	332,351
Elderly	231,300	(179,416)	(51,884)	305,114	(303,386)	(1,728)	175,500	(225,350)	49,850
Parent Training	-0-	-0-	-0-	298,271	(361,878)	63,607	67,500	(189,357)	121,857
C&E	141,500	(146,213)	4,713	177,304	(204,802)	27,498	102,560	(106,053)	3,493
Emergency Services	-0-	-0-	-0-	56,860	(58,493)	1,633	14,220	(16,556)	2,336
TOTAL	1,608,100	(2,020,092)	411,992	1,847,091	(2,748,259)	901,168	1,138,040	(2,193,285)	1,055,245

Anchorage Community Mental Health Center

	<u>FY 82</u>	<u>FY 83</u>	<u>FY 84 (Projected)</u>	<u>2 Year Change</u>
Adult and Family				
- Clients Treated	2,172	2,392	2,744	+26%
- Total Public Funding	776,890	630,399	317,580	-59%
Aftercare				
- Clients Treated	375	393	397	+6%
- Total Public Funding	458,410	379,143	460,680	+ .5%
Elderly				
- Clients Treated	173	229	269	+55%
- Total Public Funding	231,300	305,114	175,500	-24%
Parent Training				
- Clients Treated	-0-	254	383	-0-
- Total Public Funding	-0-	177,304	67,500	-6-
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total Clients Treated	2,720	3,268	3,793	+39%
TOTAL FUNDING	1,466,600	1,314,656	1,021,260	-29%

Alaska State Legislature

Senate Committee on State Affairs

Vic Fischer, Chairman • 1024 W. 6th Ave., Suite 24 C,
Anchorage, Alaska 99501
(907) 278-3654

Official Business

January 19, 1984

To: Senator Vic Fischer
From: Steven Kadish
Re: Anchorage Mental Health Funding

The following analysis is based upon conversations with representatives of the Municipality of Anchorage (MOA) and various non-profit mental health service organizations, including Dr. Rod Wilson, Director of Municipality of Anchorage Department of Health and Environmental Protection; Natalie Gottstein, Alaska Mental Health Association; Dr. Glade Birch, Anchorage Community Mental Health Center (ACMHC); Peter Scales, Family Connection; Paula Haley, STAR; and Marlene Leslie, Suicide Prevention and Crisis Center (SPCC). These discussions were held from Monday, January 16 to Wednesday, January, 18.

The following presentation describes the two major options available to MOA regarding mental health funding and the key items of concern.

OPTION A: MOA APPLIES FOR STATE
MENTAL HEALTH FUNDING

OPTION B: MOA DOES NOT APPLY FOR
STATE MENTAL HEALTH FUNDING & ACMHC
IS PRIMARY APPLICANT

Key Issue

	OPTION A	OPTION B
State Grant Receipt ¹	MOA, \$800,000	ACMHC, \$800,000
Additional Hard \$ Match	MOA, \$200,000	-0-
Probable Programs Supported	ACMHC \$850,000 SPCC 75,000 Fam. C. 75,000	ACMHC, 800,000 SPCC ²
Possible Programs Supported	STAR ³	STAR Fam. C. ⁴
Indirect Charges	Each agency handling funds has administrative/indirect charges. This means that less \$ is available for direct services.	Only one administrative/indirect charge would be required for major state mandated programs.

Key Issue	Option A	Option B
Impact on MOA Non-Depart. Funds	Unknown. It is possible that more funds that needed for state match have been leveraged by the letter of intent from non-departmental funds. ⁵ The monies secured beyond the state match could then be used to supplement programs or fund non-state supported services such as STAR. It is equally possible that mental health non-departmental monies may be deducted from overall Health Dept. programs.	Non-departmental funds may be released from state matching mental health funding requirements. It is unclear how these monies would be expended.
Impact on MOA Drug & Alcohol Programs	Little flexibility. Only most critical funding requirements met. ⁶	Some flexibility. The MOA matching monies for mental health could be used for drug and alcohol related programs, at the expense of supporting other mental health services.
Policy Impact	<ul style="list-style-type: none"> *Continued local public control and oversight. *Reasonable possibility of coordinating state and city supported "mandated" services and city-only funded mental health programs. *Mental health land monies could be dispersed and monitored by one local agency. 	<ul style="list-style-type: none"> *Established two sets of mental health programs, one supported and monitored only by the state, the other programs supported and monitored only by the MOA. *When mental health land \$ becomes available, it may be more difficult for MOA to access funds.
Summary	This option provides the greatest range of positive possibilities. Best case, assuming leveraged non-departmental funds, means that all mental health programs are funded at at least last year's level and that drug alcohol services could receive an unexpected boost. In any case, up to 200,000 of the Health Department's 454,000 would be available to support mental health services. Finally, this option provides a guarantee against the worst case, the unlikely situation that no other agency applies for the funds and the provision of mental health services are disrupted.	The role of ACMHC is expanded, and the role of MOA is limited. The economics of ACMHC versus the MOA applying for the mental health funds is basically a "wash". MOA indirect charges may be the only significant difference. Only if the ACMHC receives additional support as a recognized regional facility do the overall numbers improve and even then only slightly. At this point, increased funds for Anchorage seems a marginal possibility. Regarding policy, this funding method would be more representative of state directives and more easily administered.

NOTES

¹Please assume that State Division of Mental Health support would be equivalent to last year's funding and that this sum is available to the Anchorage state grant recipient whether the MOA or ACMHC.

²ACMHC would apply to the state as a regional facility. ACMHC believes that this status would make it eligible for more funds that are currently available to MOA. In this case, ACMHC would subcontract with SPCC for certain services.

³Because MOA functions on a calendar year and the state operates with a fiscal year, the MOA only needs to commit half the matching funds from currently available monies. The MOA Health Department can look to next year's MOA budget for the remaining matching funds. Thus, \$100,000 could be used to supplement programs and/or support STAR.

⁴MOA could elect to use the 200,000 it had designated as a state match to fund STAR, Family Connection, and SPCC. However, MOA is not under any obligation to do. These monies could be used to support any drug, alcohol or mental health program.

⁵Non-departmental funds are held by MOA in accounts separate from line agency monies. In this way, money needed for matching state or federal programs are protected from other potential expenditures and full financial support for a proposal is guaranteed. A letter of intent indicates the amount of support to be held in the non-departmental account. Since proposals to the state or federal government are rarely fully-funded, in the past, the matching sum promised by a letter of intent was designated and used not only for matching grants, but also to support other relevant programs. This mechanism has provided a flexible range of funding opportunities and built-in contingency and emergency support. It is unclear how non-departmental accounts will be treated because of Proposition 24 and other budget constraints.

⁶Here, we assume that MOA Health Department has a total sum of \$454,000 for alcohol, drug, and mental health programs for the second half of the calendar year, and that no new non-departmental monies will be leveraged. Of course, if new non-departmental funds are released, then drug and alcohol programs could be favorably effected.

**PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT**

to Nancy

**SOMETIMES
YOUR MENTAL HEALTH CENTER
IS THE ONLY GAME IN TOWN!**

SOME SIGNIFICANT FACTS:

*IN 15 MENTAL HEALTH DISTRICTS THERE ARE NO PRIVATE SECTOR MENTAL HEALTH PROVIDERS.

*14 MENTAL HEALTH CENTERS HAVE NO DEVELOPMENTAL DISABILITY PROGRAMS IN THEIR DISTRICTS.

*BASIC CHILD ABUSE AND PARENTING PROGRAMS ARE NON-EXISTENT IN TEN MENTAL HEALTH DISTRICTS.

*HALF OF ALASKA'S MENTAL HEALTH DISTRICTS HAVE NO TASC OR COURT COUNTERMEASURE PROGRAMS.

*AT LEAST 7 COMMUNITY MENTAL HEALTH CENTERS OPERATE WITHOUT ANY OF THE FOLLOWING SERVICES IN THEIR DISTRICTS:

- DRUG ABUSE PROGRAMS
- 24 HOUR CRISIS LINES
- VETERANS ORGANIZATIONS
- WOMENS' CENTERS OR SHELTERS
- PHYSICIANS OR HOSPITALS
- ADULT RECREATION PROGRAMS

*LAST YEAR OVER 5,000 ALASKANS WERE SERVED BY LOCAL COMMUNITY MENTAL HEALTH CENTERS.

*OVER 200 ALASKAN CITIES, TOWNS AND VILLAGES ARE SERVED BY COMMUNITY MENTAL HEALTH CENTERS.

*EACH COMMUNITY MENTAL HEALTH CENTER IN ALASKA SERVES AN AVERAGE OF NINE COMMUNITIES.

**COMMUNITY MENTAL HEALTH, THE ONLY
PROFESSIONALLY STAFFED GENERALIST
RESOURCE. WE FILL THE SERVICE GAPS
STATEWIDE!**

COMMUNITY MENTAL HEALTH

REAL NEED: RELEVANT SERVICES

IN THE CITY...

Fairbanks Community Mental Health is a "typical" urban mental health program. In operation four years, it serves a catchment area of 50,000 people in five communities. Satellite clinics receive services one day per week. The treatment staff consists of seven psychologists and social workers. Support staff include an office manager, two secretary/receptionists and a billing clerk. Sixty-five per cent of program time is spent in direct client services, consultation and evaluations or reports. Since the community has a large number of alternative treatment programs in other specialized areas, such as drug, alcohol, domestic violence, resources for parents and children, etc., staff time is also devoted to coordinating treatment plans for specific clients with other agency personnel. There are specialized programs in Day Treatment for chronically and/or acutely mentally ill individuals requiring more intensive intervention. A Biofeedback/Stress Management Program is available. Recently developed is a minimally supervised residential group home for clients who have problems functioning independently. The press of the client load precludes some desirable activities, primary among these being preventive and/or educational programs. The Center receives 57% of its budget from the State, with the remaining 43% being generated by fees for services on a sliding scale. We are limited in some program activity development by the fact that we are not receiving local government support.

IN THE VILLAGE...

McGrath-Anvik Community & Family Services is one of the rural/bush programs. Located in McGrath, it serves nine interior Alaskan villages thinly scattered across about 40,000 square miles between the Kuskokwim and Yukon Rivers. The population of approximately 1600 people, about seventy per cent of whom are Athabascan, live in communities that range in size from 500 to 22. The program staff consists of a social worker, a paraprofessional counselor, a school-based counselor, three part time community activities positions and a secretary/bookkeeper. The first three staff members above provide itinerant services to the region. The community activities positions are filled by local community members in outlying communities who seek to develop culturally relevant alternative activities for their particular villages. In addition to direct client services, program staff work with leaders and the limited resources of the area toward change that will enhance the wellbeing of the region and support the growth of individuals who are attempting to improve their own wellbeing, while always remaining culturally appropriate. Prevention, education and consultation have high priorities. Program staff must function in many roles and provide wide-ranging services that are at times non-traditional mental health services in the sense that the focus is on making them fit the lifestyles and cultures of the region. Unpredictable weather, poor communication, great distances and the high cost of transportation make the region difficult to serve. Funding is primarily through state grants, although local government and service contracts are increasingly being sought as state funding decreases. The program evolved out of a local grass root effort when no services were forthcoming from resources outside of the region.

CRYSTAL'S STORY...

"I was just a mess!" Crystal reported. "I had three children to care for--11, 10 and 8. I'd lost 20 pounds in three months, and was sleeping about three hours a night. If it hadn't been for the children, I might have seriously considered suicide. I sure thought about it."

Thinking back, Crystal listed factors she thought had contributed to her six month bout with depression. "It's been about three years since my husband left us. Sure, he had a drinking problem, but living here with so many of his relatives around (who were all certain the whole thing, including his drinking, was my fault)...well, I started to believe it. When my mother-in-law complained that I was never ready enough for winter; that maybe she would have to call someone to remove the children, it scared me. In my own family I had always had the same message that I wasn't good enough. Without noticing it, I gave up on things I liked to do and concentrated on those I thought that I ought to do. But things didn't get any better. My youngest began wetting the bed again. The middle child was becoming a behavior problem in school."

Finally, a concerned friend suggested Crystal contact a therapist from the local mental health center. Living in a village along a rural Alaskan highway, she could see the itinerant therapist once, every two weeks and for emergencies. Not at all sure it would help, but not knowing what else to do, Crystal made an appointment.

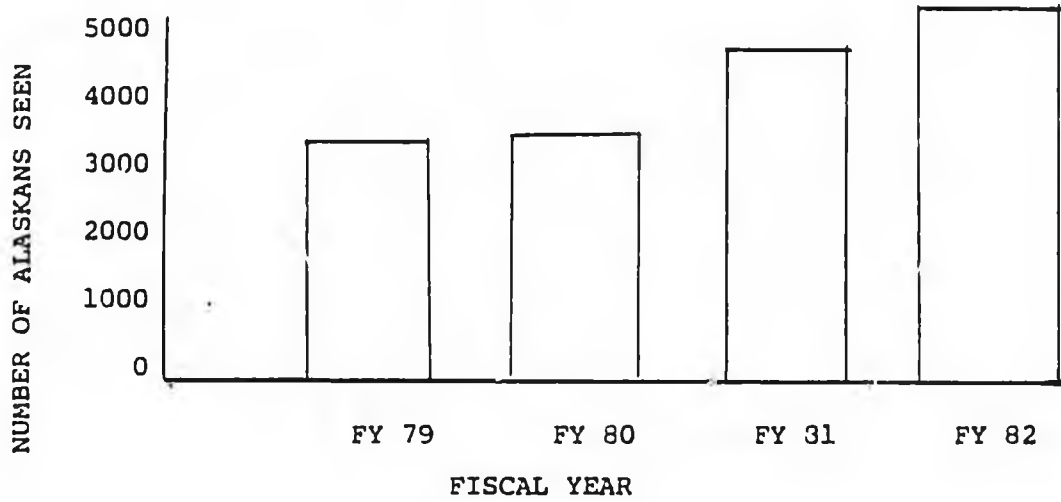
A number of things have happened since. Crystal and the therapist worked out a plan for treatment services, including several critical modalities--cognitive, emotional, and behavioral. She began to keep a journal. One of the entries she now makes is a page with two lists, one of the things she wants to do to keep the family and household running, and another of things she might find rewarding for herself. This lists include such things as sewing presents for her children and taking a college math course as a step toward starting the business she has always wanted. These were the kinds of things that had disappeared from her life over the past couple of years.

Crystal kept an appointment with the mental health program's psychiatrist, who prescribed an anti-depressant. He also encouraged her to stay with treatment so as to learn how to avoid a repetition of the trap in which she had found herself: a major depressive episode.

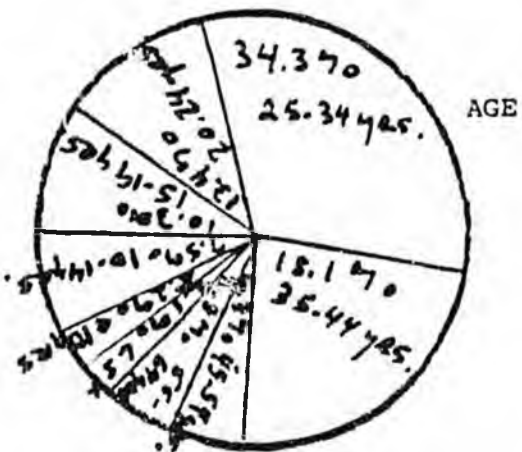
"Over time, I began to feel changes in myself. In my sessions with the therapist, I learned to respect myself for the successes I had already achieved. I realized starting my own business would remain a dream until I began to take some concrete steps, even if for now they may be small. I learned some new ways to handle the kids, and besides, I was happier; for whatever reason, the children also seem happier. I still have some pretty rough days, but I've learned some ways to avoid letting those times drag on. I feel that I have some control now."

Based on an actual case, details were changed.

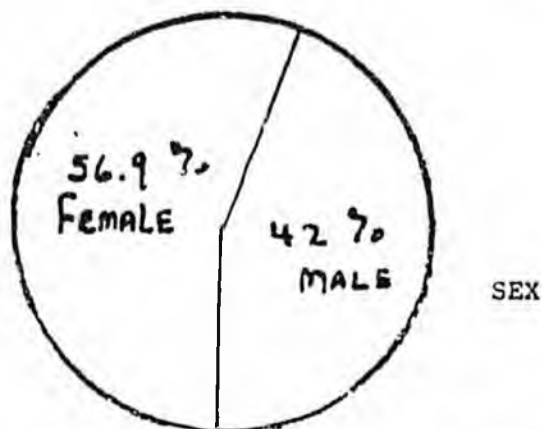
NUMBER OF ALASKANS
SERVED BY COMMUNITY MENTAL HEALTH CENTERS



ALASKANS SERVED BY COMMUNITY MENTAL CENTERS
IN FISCAL YEAR 1982



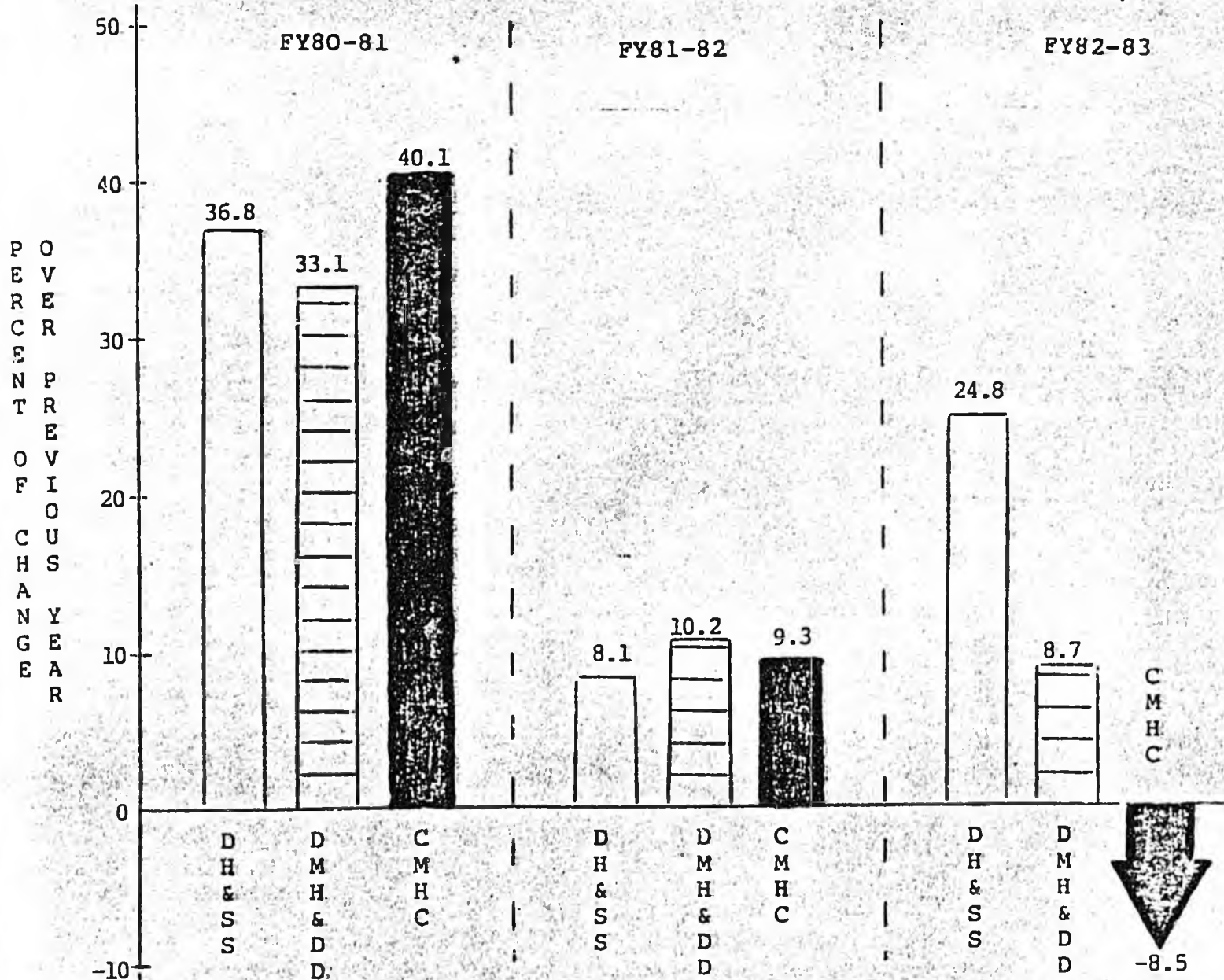
ETHNIC GROUP



COMMUNITY MENTAL HEALTH CENTERS WANT THEIR FAIR SHARE

BUDGET EXPENDITURES

	FY 80	FY 81	FY 82	FY 83*
Dept. of Health & Social Services	179,818.7	245,996.0	265,842.8	331,808.4
Division of Mental Health and Developmental Disabilities**	17,824.9	23,722.4	26,151.9	28,418.0
Community Mental Health Center Grants	2,660.8	3,727.6	4,075.6	3,730.9



FY 80-82 budget figures are actual cost expenditures

*FY 83 budget figures are authorized dollar amounts

**DMH&DD funds include CMHC

The graph clearly indicates that Community Mental Health Centers suffered an unfair disproportionate funding loss during FY83. We will need your help to prevent further financial erosion of Alaska's Community Mental Health Centers.

COMMUNITY MENTAL HEALTH PROGRAMS
FISCAL YEAR 1983

- * Denotes joint Mental Health/Alcohol program
- ** Denotes contract, rather than grant recipient

SOUTHEAST REGIONAL PROGRAMS

<u>Program/Project</u>	<u>Grantee</u>
Lynn Canal Mental Health Program P.O. Box 13 HAINES, AK 99827 ROBERT ROWLAND, Ph.D., Director (907) 766-2521	City of Haines Box 576 Haines, AK 99827
* Cordova Community Hospital Mental Health Program Box 160 CORDOVA, AK 99574 JUDY RINGENSON-KNUTSSON, Director (907) 424-7551	City of Cordova Box 1210 Cordova, AK 99574
* Copper River Mental Health Center Drawer "H" COPPER CENTER, AK 99573 ROY WHITE, M.D., Director (907) 822-5241	Copper River Native Association Drawer "H" Copper Center, AK 99573
Kodiak Island Mental Health Center Box 712 KODIAK, AK 99615 PAMELA DELYS-BAGLIEN, Ph.D., Director (907) 486-5742	Kodiak Island Borough Box 1246 Kodiak, AK 99615
* Gateway Community Mental Health Center 3134 Tongass Avenue KETCHIKAN, AK 99901 TERRY WOLF, MSW, Director (907) 225-4135	City of Ketchikan 334 Front Street Ketchikan, AK 99901
Juneau Mental Health Clinic 529 Gold Street JUNEAU, AK 99801 PIERRE VEUTHEY, M.D., Clinical Director (907) 586-3580	State Operated Clinic Division of Mental Health and Developmental Disabilities Pouch H-04 (907) 465-3370
Baranof Mental Health Clinic Box 118G SITKA, AK 99835 STANLEY LAUGHRIDGE, Ph.D., Director (907) 747-8994	Alaska Crippled Children and Adult Association Box 1589 Sitka, AK 99835
* Valdez Counseling Center Box 1050 VALDEZ, AK 99686 DAVID HOXWORTH, MSW, Director (907) 835-2838	City of Valdez Box 1050 Valdez, AK 99686

SOUTHCENTRAL REGIONAL PROGRAMS

Program/Project

Grantee

* Anchorage Community Mental Health Center
3944 Spenard Road
ANCHORAGE, AK 99503
GARY VREEMAN, Ph.D., Director
Administrative number (907) 278-4558
Program number (907) 243-5411

Municipality of Anchorage
Behavioral Health Division
Department of Health and
Environmental Protection
825 "L" Street
Anchorage, AK 99501

Mat-Su Community Counseling Center
Box 656
WASILLA, AK 99687
JIM ARNOLD, Project Director
Administrative number (907) 278-4558
Program number (907) 376-2411

Anchorage Community Mental
Health Services, Inc.
3944 Spenard Road
Anchorage, AK 99503

Central Peninsula Mental Health Center
Box 247
KENAI, AK 99611
PAUL TURNER, Ph.D., Director,
(907) 283-7501

Central Peninsula Mental
Health Association, Inc.
Box 247
Kenai, AK 99611

Unalaska Service Center
1689 "C" Street
ANCHORAGE, AK 99501
DOROTHY JONES, Director
(907) 276-2700

Aleutian Pribilof Islands
Association, Inc.
1689 "C" Street
Anchorage, AK 99501

* KNA Community Counseling Program
Box 155
ANIAK, Alaska 99557
SUSAN SOULE, Director
(907) 675-4445

Kuskokwim Native Association
Box 106
Aniak, AK 99557

South Peninsula Mental Health Center
Box 2274
HOMER, AK 99603
PAUL CRAIG, Ph.D., Director
(907) 235-7701

South Peninsula Mental Health
Association, Inc.
Box 2274
Homer, AK 99603

* Yukon-Kuskokwim Health Corporation
Box 528
BETHEL, AK 99559
CARL BERGER, Director
(907) 543-3321

Yukon-Kuskokwim Health
Corporation
Box 528
Bethel, AK 99559

* Mental Health Program
Box 1045
SEWARD, AK 99664
RON REDING, Director
(907) 224-5257

Seward Life Action Council
Box 1045
Seward, AK 99664

* Bristol Bay Mental Health Center
P.O. Box 10235
DILLINGHAM, AK 99576
CECILIE MARTIN, MA, Program Administrator
(907) 842-5266

Bristol Bay Area Health
Box 10235
Dillingham, AK 99576

NORTHERN REGIONAL PROGRAMS

<u>Program/Project</u>	<u>Grantee</u>
Yukon-Tanana Mental Health Program Box 149 TANANA, AK 99777 MARK MATTAINI, ACSW, Director (907) 366-7269	Tanana Chiefs Conference, Inc. Tanana Chiefs Mental Health Program 201 21st Ave. Fairbanks, AK 99701
* Fort Yukon Behavioral Health Center Box 21 FORT YUKON, AK 99740 EVELYN WISZINCKAS, Ph.D., Director (907) 662-2526	Tanana Chiefs Conference, Inc. Tanana Chiefs Mental Health Program 201 21st Ave. Fairbanks, AK 99701
* Norton Sound Family Services Box 966 NOME, AK 99762 SHARON WALLUK, MSW, Director (907) 443-5206	Norton Sound Health Corporation Box 966 Nome, AK 99762
* North Slope Borough Mental Health Program Box 669 BARROW, AK 99723 DAVID BRISTER, Ph.D, Director (907) 852-5600	North Slope Borough Health and Social Services Agency Box 69 Barrow, AK 99723
* McGrath-Anvik Community and Family Services Box 44 MCGRATH, AK 99627 NETTIE SCOTT, MSW, Director (907) 524-3867	McGrath-Anvik Educational and Mental Health Assoc., Inc. Box 167 McGrath, AK 99627
* Yukon-Koyukuk Mental Health Center Box 17 GALENA, AK 99741 JAMES MCDONALD, Director (907) 656-1617	City of Galena Box 149 Galena, AK 99741
** Maniilaq Mental Health Box 256 KOTZEBUE, AK 99752 LINDA LINSON, Director (907) 442-3311	Maniilaq Association Box 256 Kotzebue, AK 99752
Fairbanks Community Mental Health Center 209 Forty Mile Ave., Graehl FAIRBANKS, AK 99701 JIL BOTTRELL, Ph.D., Director (907) 452-1575	Fairbanks Mental Health Center, Inc. 109 Forty Mile Ave., Graehl Fairbanks, AK 99701
Tok Area Mental Health Program P.O. Box 398 TOK, AK 99780 BOY COLLIER, Ph.D., Director (907) 883-1851	Tok Area Mental Health Council P.O. Box 398 Tok, AK 99780

ALASKA MENTAL HEALTH PROGRAM
DIRECTOR'S ASSOCIATION

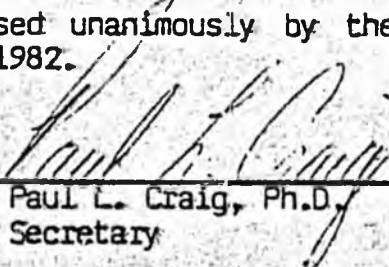
RESOLUTION 82-116

WHEREAS, The Alaska Mental Health Program Director's Association has supported the Board of Psychologists and Psychological Associate Examiners through two (2) prior sunset reviews in 1980 and 1982; and

WHEREAS, The Governor vetoed the most recent legislation continuing this Board of Examiners;

NOW THEREFORE BE IT RESOLVED, That the Alaska Mental Health Program Director's Association supports the introduction of legislation to continue the Board of Psychologists and Psychological Associate Examiners.

Passed unanimously by the Alaska Program Director's Association -
December 2, 1982.



Paul L. Craig, Ph.D.
Secretary

ALASKA MENTAL HEALTH PROGRAM DIRECTORS ASSOCIATION

RESOLUTION 83-01

Whereas the director of the Division of Mental Health and Developmental Disabilities asserts a substantial degree of influence in the planning and operation of community developmental disability and mental health programs as well as institutional programs for the mentally ill and developmentally disabled; and

Whereas this position requires an individual with broad-based experience in mental health service delivery combined with organizational and administrative skills; and

Whereas the Division provides a wide range of community services for the mentally ill and developmentally disabled throughout the state;

Now Therefore Be It Resolved that the Alaska Mental Health Program Directors Association strongly encourages the appointment of a Division Director with professional training and Alaskan experience in social work, psychology, psychiatry or other mental health discipline and with a broad-based administrative background; and

Be It Further Resolved that the Alaska Mental Health Program Directors Association requests formal solicitation of applicants for the position from the qualified public with a goal of filling the position by February 20, 1983.

Paul L. Craig, PhD by Paul R. [Signature]
Secretary

Resolution passed January 6, 1983 in Juneau, Alaska

ALASKA MENTAL HEALTH PROGRAM DIRECTORS ASSOCIATION

RESOLUTION 83-02

Whereas the Division of Mental Health and Developmental Disabilities has spent a number of years developing a decentralized administrative structure with Regional Supervisors who have been able to provide locally available program oversight, consultation, technical assistance, and program development services; and

Whereas these positions have been seriously underutilized due to central office management failures, an absence of regulations and program standards, fragmentation within the Department of Health and Social Services, and a bias towards centralization in state government; and

Whereas if the state of Alaska supports a philosophy of mental health treatment and prevention that is based on community involvement, community planning, and local determination and control of treatment programs, support of these activities through readily available technical, managerial, evaluative and fiscal assistance and supervision is of primary and obvious importance; and

Whereas community mental health programs provide professional cost-effective treatment of the mentally ill which greatly reduces the necessity of expensive institutional care; and

Whereas designation of local general hospitals as required by Title 47 will require additional DMH&DD involvement on a local level with these services best provided by regionally-based personnel; and

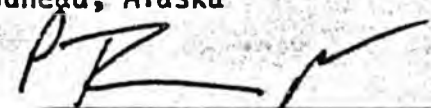
Whereas Regional Supervisors have provided consistency, continuity and support to Alaskan communities while effectively representing the Department of Health and Social Services; and

Whereas the Governor's request budget contains no funds for DMH&DD Regional Offices;

Now Therefore Be It Resolved that the Alaska Mental Health Program Directors Association urges Commissioner Smith, Governor Sheffield, and the Alaska Legislature to work together cooperatively to insure that DMH&DD Regional Offices are maintained without imperiling the continued development and maintenance of Alaskan community mental health centers; and

Be It Further Resolved that effective utilization of these offices could include using DMH&DD supervisors as health facility surveyors to provide oversight and program consultation for other DHSS community grant programs such as those serving alcohol abusers, the developmentally disabled, and substance abusers.

Resolution passed January 6, 1983 in Juneau, Alaska

Paul L. Coarig, Ph.D., Secretary by 

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.

Alaska Mental Health Program Director's
Association, Inc.
P.O. Box 2274
Homer AK 99603
March 26, 1984

Sen. Vic Fischer, Vice-Chairman
Senate HESS Committee
Pouch "V"
Juneau AK 99811

Dear Senator Fischer:

Thank you for participating in the recent HESS Committee hearing regarding community mental health services. Your questions were very helpful in the process of communicating statewide needs relative to community mental health services. On behalf of the Association and other concerned individuals, I would like to let you know that the hearings were viewed as a very positive step forward in terms of developing a meaningful dialogue with the Legislature concerning Alaskan mental health needs at a community level.

As mentioned during the hearing, a comprehensive community mental health system for FY'85 will require approximately \$8,000,000.00 to support all 26 community mental health centers adequately. This amount is in contrast to the Governor's funding recommendation of \$5,120,000.00 representing a shortfall of \$2,880,000.00. In order to assure that adequate mental health services are provided in all Legislative districts, the Association would encourage you to review the line item for community mental health services on page 238 of the D.H.S.S. operating budget (orange budget book). Your support in this regard is appreciated.

Respectfully,

Paul L. Craig, Ph.D., Chairperson
Alaska Mental Health Program Director's
Association, Inc.

PLC:cjs

Alaska Mental Health Program Director's
Association, Inc.
P.O. Box 2274
Homer AK 99603
March 26, 1984

Nancy Deitrick, Committee Aide
Office of Senator Joe P. Josephson
Pouch "V"
Juneau AK 99811

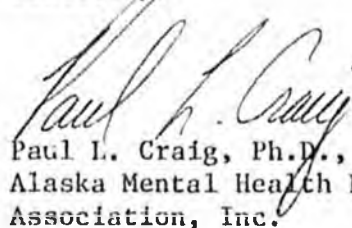
Dear Nancy:

Thank you for your helpful assistance with regard to setting up the recent hearings on community mental health services with the Senate and House HESS Committees. You were pleasant to work with, informative, and most helpful.

Enclosed is a letter of thanks that was sent to each of the participating legislators. I am including it for your reference with regard to the funding recommendations in the second paragraph.

If at any point, the Alaska Mental Health Program Director's Association, Inc. could be of assistance to you in your endeavor as a Legislative Aide to better understand the community mental health system throughout Alaska, please advise. In any case, your continued support for community mental health services is truly appreciated by many throughout the state. Thanks again.

Sincerely,


Paul L. Craig, Ph.D., Chairperson,
Alaska Mental Health Program Director's
Association, Inc.

PLC:cjs
Encl

March 5, 1984

Via Rick, Pappy.

CMHC - Info hearing.

Vic - chair mty in Jues absence.

~~David H. ...~~

Dr. Paul Craig -

CMHC started in 70's —

Dorothea Dix, from Mass, in 1800's observed the condition of the chronically mentally ill. Got funding for state hosp. in Mass. and went on to get nationwide mental hosp.

WOT and WOTs - Shellstock; discovered that people did better close to home

In 60's CMHC's got nationwide. In early 70's same got in Ak. 1975, Ak passed CMH services act; 1 mill acres MH land trust.

1-2% of any pop. to 10% suffering from mental disorders. CMH services very cost effective.

Pappy what % MH disabled in Ak?

behavioral / MH problems → higher base rate in Alaska. Suicide 7 times as high as Nat'l avg, more severe among native population.

Pappy youth per pressure in suicide?

frequently on suicide cases on case - seems an acceptable way to deal w/ stress?

prevention, school programs?

All CMHC have service priorities;
children are first.

Dr Phil Shapiro - dir, Riv MH/DD

RPI good hospital; trying to keep staff.
CMHC current budget (\$5.1) with est.
need around \$8 million. Also need
an opticon system for chemically
mentally ill. No auto assessment.

Children/adults severely
underfunded. Need 40 bed facility
planned for RPI for kids.

CMHC grant site defense for crisis

Supply \$2.9 mil?

primarily personnel; in small centers,
overwhelmed by crisis - not enough staff
to villages. Grant requests \$9 million

Dr. Turner (Paul) - Rivier MHC

hours of service, admissions cost increase.
life crisis more frequent - suicide,
domestic crisis etc. 1/2 admics. are women
1/3 children/elderly/women.
1/5 minorities. 84% clients pay some
cost of service (sliding scale)

Rivier CMHC - generates 35% cost of program;
receives \$0.05 in revenue sharing. Concerning Fed.

of centers set up sliding scale.

hours of service variability, due to money available. \$800 much is spent up cost of centers

Mark Mitrovy - FCC, dir MH

MH in lush areas - in some ways, they are similar (priorities). Chemically identical in top priority.

Other Considerations:

- 1) Unreasonable to have full time person in the village. Potential for self-sufficiency, support groups, natural helpers. Build a strength in the community;
- 2) need for professional services

Dave Applegate - Valdez Counseling Center - MH/ale.

more illness problems - 1/2 platoon, occupy 35-40% hospital beds.

immediate intervention, contact w/ family

Puppy % also related?

40% in Valdez center are related. In a majority of domestic violence. Suicide rate higher for alcoholics.

need greater integration of ale/MH

Barbara Hill-Holberg - concerner.

RN (pub. health) CMHC advisory Bd. and on MH Council.

difficult to get concerner to come

and speak because it is not acceptable.
worked in 5,000 bed MH hospital; problems
w/ depression in family (yours).

Charlotte Fisher - FERS C.H. Board.

213 546 - great bill. Try to get such legislation
passed.

Glenn Brock - Arch CRHC.

funding going down, while population
increases.

too often people over in crisis, at 1155 -
so much more cost effective in aftercare,
or community care.

fed funds decreased 48% → 7%

state funds decreased 39% → 26%

client fees increased 9% → 33%

other funds (united way, military contracts) up 4% → 28%

proper funding has a drastic effect
on increasing pop

Maintenance has to be provided for 50,000 sq mi.

20% of people not from Arch. 40%
in aftercare not from Arch.

urban centers have a broader scope
of services Arch CRHC just lost 17 staff.
due to drastic reduction in funds.

End of 80's had paid up 75 funds
(until July). Could still allow program.

full scope - geriatrics, after care,
prevention maintenance

5

Dr. Pam Baglieri - Kodiak
services - cost effect.

Natalie Gattsoen Exec Dir of MA Assoc
services we have are excellent, but that
meeting total need. Cost services hide true need.
funding shortages (disparity in amt requested
and the budget request - \$3 million)

Via DHS preparing state plan?

We are involved in plan - MA Assoc, program
directors. Plan spells out desperate needs

Comm Michael Carot - Uredoy

Uredoy CMHC makes great contribution to the
Coast Guard. 120 active duty & dependents in
Uredoy. Many don't want to be there -- are stressed
not making much money; many are young and
away from home for the first time.

Military responsible for employees 24 hrs
a day. Community facility more informal, less
anxiety -- saves time from sending folks to Anch.

Norb Brethoff - Gov. MHA Advisory Council, Chair
Council 1/2 consumer/providers. Meet 4x year.
Stigma attached to MHA persons. Excellent
mechanism for input (Gov's Council).

Skeletal budget for CMHC is actually
the \$8 million needed

Council reviews grant requests, advises
Gov. on issues, recommends funding, participating

in mental health plan.

Will Mayo - Chair, Tan.-Yukon MH Advisory Bd.
lives in Tanana.

⊗ in past year, community has had a better situation than last 12 yrs → no suicides or violent deaths. Believe in good community participation influence.

⊗ WORKLOAD - prog. dir. resp. for 7 villages - time consuming & difficult in air travel (no roads) Advisory Bd. would like a monthly visit to each locality; but not very possible. OTHER RESPONSIBILITIES - reports, BUDGET PREPARATION, EMERGENCIES, PROFESSIONAL MEET, BOARD MEETINGS, LOCAL UNDELOAD OF OPEN CASES.

⊗ BUDGET - DOES NOT PROVIDE EVEN MINIMAL SERVICES.

Vic close hearing; Rick advises that HESS should advise Senate Finance to increase funding.

DRUG, ALCOHOL, MENTAL HEALTH TREATMENT

	STATE			
	Alcohol	Drug	Mental Health	Local
Primary Prevention (Education, Information, Alternatives)	-0-	-0-	1,740	201,960
Early Intervention; Consultation/Education (Anchorage Community Mental Health Center) (Alaska Council on Prevention of Alcohol and Drug Abuse)	36,430	-0-	78,170	36,610
Youth Residential Services (Volunteers of America - ARCH)	211,390	214,300	-0-	102,500
Youth Outpatient Services (Akeela House)	24,530	32,960	-0-	14,590
Women's Residential Services (Salvation Army - Reflections)	255,770	-0-	-0-	27,150
Women's Outpatient Services (Akeela House)	33,210	36,540	-0-	16,820
Women's Long Term Care Services (Alaska Women's Resource Center)	29,570	-0-	-0-	64,930
Native Residential Services (Cook Inlet Native Association - Amouak)	306,450	-0-	-0-	32,520
Native Outpatient Services (Cook Inlet Native Association)	138,120	-0-	-0-	14,660
Methadone Maintenance/Drug Free Outpatient (Narcotic Drug Treatment Center)	-0-	239,570	-0-	87,130
Suicide Prevention/Emergency Treatment (Suicide Prevention and Crisis Center)	-0-	-0-	312,680	47,320
Community Service Patrol (Salvation Army Clitheroe Center)	277,000	-0-	-0-	29,400
Interface Domestic Violence-Substance Abuse	27,000	-0-	-0-	3,000
Halfway House (Salvation Army Clitheroe Center)	90,240	-0-	-0-	9,580
Detoxification Services (Salvation Army Clitheroe Center)	598,930	-0-	-0-	63,560
Residential Treatment (Akeela House - Drug Therapeutic Community) (Salvation Army Clitheroe Center - Alcohol)	215,830 867,020	183,220 -0-	-0- -0-	89,550 92,010
Outpatient Services				
Family (in-home) (Family Connection)	-0-	-0-	106,020	16,040
Family (Akeela/Suicide Prevention and Crisis Center/ Anchorage Community Mental Health Center/ Salvation Army)	300,390	68,800	82,190	69,320
Chronically Mentally Ill (Anchorage Community Mental Health Center)	-0-	-0-	448,560	28,770
Adult (Anchorage Community Mental Health Center)	-0-	-0-	151,310	22,890
Elderly (Anchorage Community Mental Health Center)	-0-	-0-	130,070	19,690
Evaluation & Intake (Akeela House)	34,800	29,610	-0-	14,470
Total	3,466,760	\$805,000	1,310,740	1,104,470

3,466,760 + 500,000 + 200,000 + 600,000

It is important to note that the Division continues to support the provision of prevention efforts, which have been sanctioned by the Municipal Health Commission. However, there has

ALASKA MENTAL HEALTH PROGRAM DIRECTOR'S ASSOCIATION

UTILIZATION SUMMARY

VERIFIED HOURS OF SERVICE

Year	Total Hours of Mental Health Service	% Increase
1976	12,498	+ 149%
1978	17,579	+ 29%
1980	180,455	+ 926%
1982	248,945	+ 371%

STATE ANNUAL APPROPRIATIONS FOR SERVICES

Year	Appropriation for Community Mental Health Programs
1976	\$0.622 Million
1978	\$2.063 Million
1980	\$2.641 Million
1982	\$4.1 Million

STATE COST PER HOUR OF SERVICE

Year	Cost Per Hour of Total Service
1978	\$117.40
1980	\$ 14.61
1982	\$ 16.46

HOW COMMUNITY MENTAL HEALTH PROGRAMS SERVED THE CITIZENS OF ALASKA DURING FY82

Service	Hours
Client Related Hours.....	98,140
Prevention and Education Hours.....	15,522
Program Development Hours.....	26,367

ADMISSIONS

Year	Number of Admissions	% Increase
1976	2486	+ 48%
1978	3121	+ 26%
1980	3490	+ 12%
1982	5081	+ 31%

WHO WE SERVE*

1. The most frequent problem identified by admissions is "life crisis".
2. 57% of all admissions are women, 43% are men.
3. 27.9% of all admissions are children and elderly.
4. Approximately 19% of admissions are minorities.
5. 84% of all individuals pay a portion of the cost of their services.
6. 60% of all admissions have an income of less than \$20,000.
7. 55% of all clients have a third party payor for the services they receive.
8. Of all center activities, the largest number of hours is spent in serving clients directly.

* Source: FY82 Mental Health Annual Report

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT

COMMUNITY MENTAL HEALTH CENTER
BUILDING PROPOSAL

Priority Funding Request

South Peninsula Mental Health Association, Inc.
P.O. Box 2274
Homer, Alaska 99603

BILL SHEFFIELD
GOVERNOR



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

September 28, 1983

Ms. Jeanne K. Calkins
Board President
Community Mental Health Center
P. O. Box 2274
Homer, AK 99603

Dear Ms. Calkins:

I enjoyed discussing the Mental Health Center with you while I was in Homer this month. The citizens of Homer can be proud to have such support for this facility in their community.

Best regards,

Sincerely,

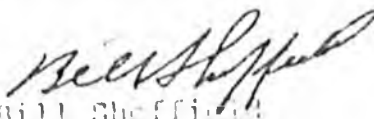

Bill Sheffield
Governor

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 City of Homer

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CITY OF HOMER

1984 CAPITAL IMPROVEMENTS LEGISLATIVE REQUEST SUMMARY

THE FOLLOWING SUMMARY IS COMPOSED OF THREE CATEGORIES; LOCAL PROJECTS, REGIONAL PROJECTS, AND STATE PROJECTS WHICH THE CITY OF HOMER SUPPORTS. THE LOCAL AND REGIONAL PROJECTS ARE PRIORITIZED.

LOCAL PROJECTS	COST
1. UPGRADE AND TRANSFER STATE ROADS TO CITY MAINTENANCE	
a. Pioneer Avenue	\$ 2,300,000
b. Bartlett Steet/Fairview/Hohe	\$ 1,230,000
c. Lower Main Street - South of Pioneer Avenue	\$ 700,000
2. PAVE UPPER MAIN STREET	\$ 320,000
3. PAVE KACHEMAK WAY	\$ 530,000
4. HOMER COMMUNITY CENTER	\$ 2,500,000
5. UPGRADE UPPER LAKE STREET	\$ 1,200,000

REGIONAL PROJECTS

1. HILLSIDE PARK COMPLETION	\$ 100,000
2. PRATT MUSEUM	\$ 1,085,700
3. MENTAL HEALTH BUILDING	\$ 306,500
4. PARKS AND RECREATION FACILITIES	\$ 1,100,000
5. HOMER SPIT CAMPGROUND	\$ 6,000,000

STATE PROJECTS WHICH THE CITY OF HOMER SUPPORTS

HOMER SPIT ROAD IMPROVEMENT

BRADLEY LAKE HYDROELECTRIC PROJECT

EAST HILL ROAD RECONSTRUCTION

KACHEMAK BAY DRIVE

STERLING HIGHWAY - HOMER/ANCHOR POINT

KACHEMAK BAY FERRY SHUTTLE

ADEC GRANT PROGRAM

TOTAL \$17,372,200

3. MENTAL HEALTH CENTER

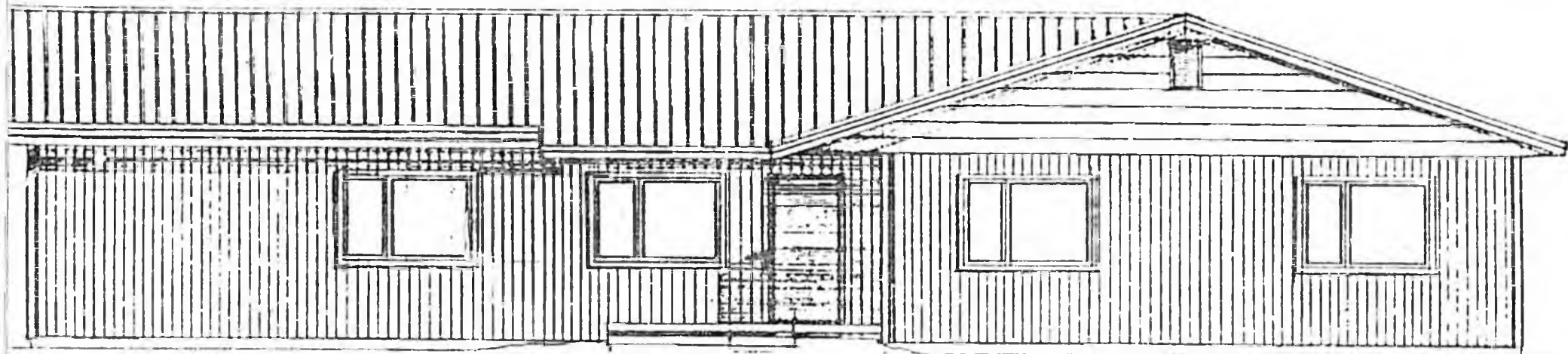
The City of Homer supports the Community Mental Health Center's efforts to expand its facilities and programs. The Mental Health Center has been operating for seven years offering a wide variety of counseling, education and referral services to the entire lower Peninsula area.

The participation in these programs has risen at an increasing rate over the last several years. For example, in a report filed in February 1983, the Center had a caseload history of 800 cases. In November 1983, that load had increased to 960 cases. An increase of 20% in less than a year. In fact, over 50% of the existing caseload has been admitted in the last two years. This is a phenomenal growth rate that will continue as the Homer and outlying area populations continue to grow.

The Mental Health Center currently spends \$24,000 per year for their existing rented facilities. They estimated that the new proposed facility will be paid for in rent savings alone. This is a significant point because of the gradually declining State revenues and ability to fund these programs. The Center, like all non-profit organizations dependent on State aid, has felt the burden of decreasing budgets. This new building will allow the Center to make more effective use of the money available.

In addition to the Mental Health Center, the Cook Inlet Council on Alcoholism plans to use this new facility. This will reduce their operating costs for rent and allow more effective use of this agency's money too.

The Center has already, using existing State aid, City funds, and its own revenues, purchased property, conducted soils tests and designed the facility. They now request assistance to bring the project to fruition with construction.



COMMUNITY MENTAL HEALTH CENTER

FACILITY PROPOSAL

South Peninsula Mental Health Association, Inc.

The Community Mental Health Center serving Homer and the surrounding region is sponsored by the South Peninsula Mental Health Association, Inc. The Center has provided comprehensive outpatient community mental health services to the residents of Homer, Ninilchik, Anchor Point, Nikolaevsk, Kachemak City, Seldovia, Halibut Cove, Port Graham, and English Bay during the past seven years. Recently, the Community Mental Health Center has gained a remarkable increase in community acceptance as reflected by the increased use of services provided. As of November 3, 1983 the Community Mental Health Center has provided direct services to 955 individuals since it open its doors seven years ago. Of these 955 clients, 400 have begun receiving services during the past two years. In addition to these direct service recipients, numerous residents of Homer and the surrounding communities have benefited from community mental health services through participation in workshops and classes provided by professional staff of the Community Mental Health Center.

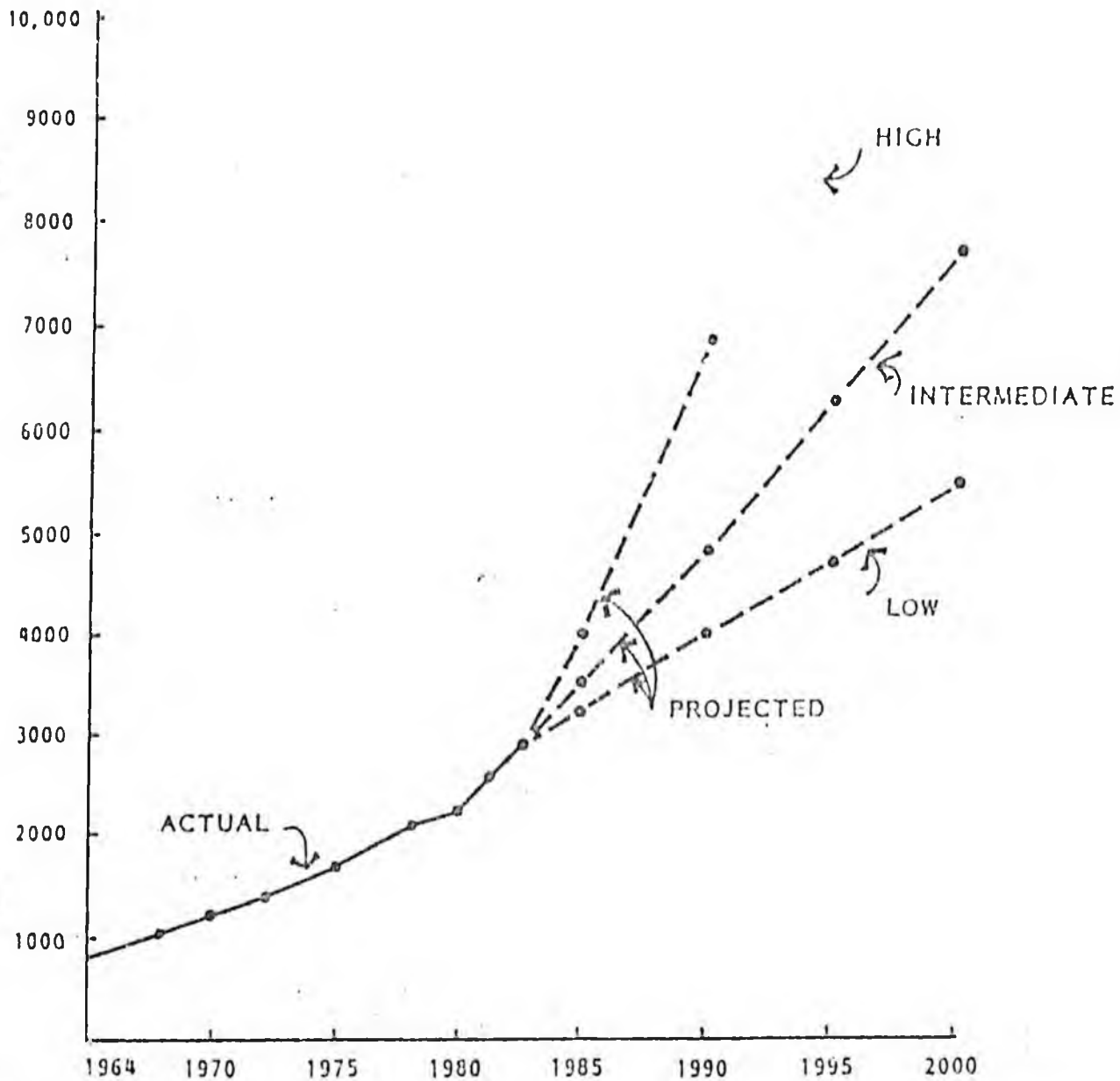
During the past two years, the Community Mental Health Center has expanded with regard to the programs which are offered to the residents of the area. This expansion is contributing to our goal of better meeting human service needs of the residents of the South Kenai Peninsula based upon needs assessments conducted by the South Peninsula Mental Health Association, Inc. In addition to a LICENSED CLINICAL PSYCHOLOGIST functioning as a direct service provider and program administrator, the Community Mental Health Center has developed a VOCATIONAL COUNSELING PROGRAM (funded in part by the Alaska Division of Vocational Rehabilitation), an INFANT LEARNING PROGRAM (funded by the Alaska Division of Family and Youth Services), a FAMILY SERVICES PROGRAM serving Port Graham and English Bay twice monthly (funded by the North Pacific Rim Native Corporation), and a CHILD ABUSE/CHILD NEGLECT PREVENTION PROGRAM (funded by the Alaska Division of Family and Youth Services). The Community Mental Health Center has upgraded its PSYCHIATRIC SERVICES through a contract for weekly consultation provided by a local psychiatrist, Hal Sexton, M.D. The Association is also proud to have established a collaborative training relationship with the University of Washington School of Medicine, Division of Community Psychiatry. Specifically, a POST-DOCTORAL PSYCHOLOGY FELLOWSHIP in rural community mental health was cooperatively arranged whereby the fellow would spend three months in Seattle at the University of Washington and nine months on location in the South Kenai Peninsula area. The first post-doctoral fellow, Mark Soelling, Ph.D., began this program this year and has proven to be an outstanding and stimulating addition to the professional staff. All of these services have been extremely well received as evidenced by our current caseload and the percentage of time spent by staff delivering direct clinical services (average of 70 to 75 percent direct service time). In addition to the grant support for the services offered through the Community Mental Health Center, a significant amount of program funding is derived from local contributions and fees for services. During the past fiscal year, the Center successfully raised \$59,122.00 to fund the services

offered through the program. In addition, the City of Homer allocated \$35,000.00 during the past fiscal year toward a capital improvement fund for the Center in support of the Association's effort to secure appropriate office accommodations to meet the service delivery needs of the residents of the community.

The expansion of services and the increased usage of services at the Community Mental Health Center serving Homer and the surrounding area is in response to existing human needs as well as the dramatic increase in population currently impacting the South Peninsula Region. In Homer alone, a recent Borough census indicated that the population has grown by at least 30 percent during the past 24 months with projections that this rate of increase may accelerate. The birth rate has nearly doubled at the South Peninsula Hospital during the past two years and the public schools are overflowing with students. In response, two new schools are being built in Homer not to mention the school expansion projects in other communities served by the Center. In addition, the South Peninsula Community Hospital is currently being expanded in order to double its bed capacity. According to a recent Homer News article, more than \$100 million worth of construction projects have been undertaken during 1983 in Homer alone. If work at the Bradley Lake hydroelectric dam begins in 1985 as projected by the Homer Electric Association, yet another dramatic influx of workers and associated support personnel will impact the region. In addition to the economic incentive to move to the Homer area, many individuals are choosing to relocate to Homer in order to benefit from the awesome beauty of the surroundings and the high quality of life offered by this pictorial community. Clearly, the South Kenai Peninsula is being severely impacted by a dramatic increase in population. Concomitant with this influx of people is an increasing demand for human services which the Community Mental Health Center is attempting to meet in a comprehensive and cost-effective manner such that the services are available to one and all independent of ability to pay or other individual differences.

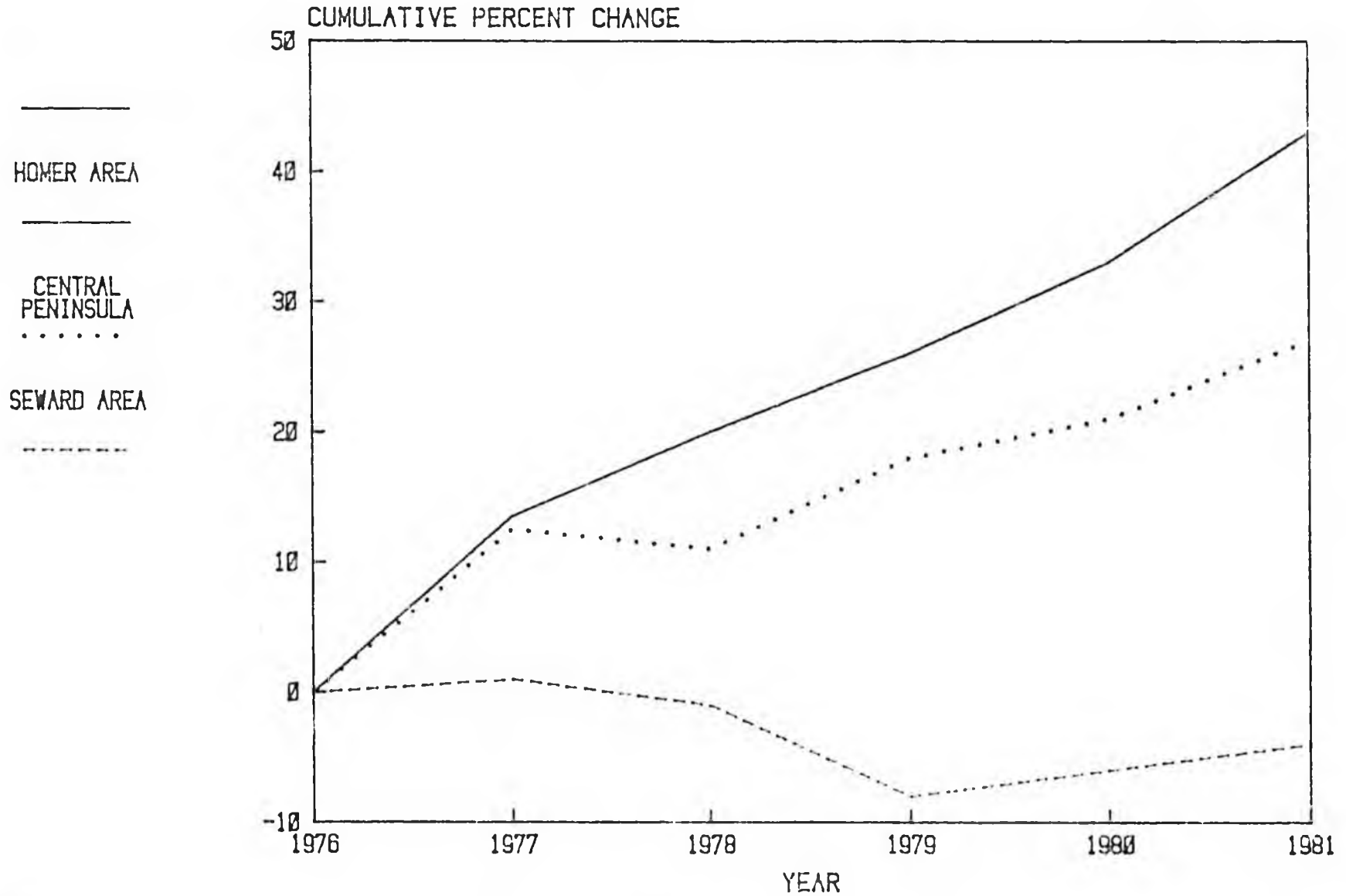
The following 13 pages include graphic and pictorial representations of the current boom being experienced in Homer and the surrounding area. Clearly, the residents of the South Kenai Peninsula live in a boom town atmosphere.

HOMER AREA POPULATION GROWTH ACTUAL AND PROJECTED



ELEMENTARY SCHOOL ENROLLMENT

KENAI PENINSULA BOROUGH AREAS



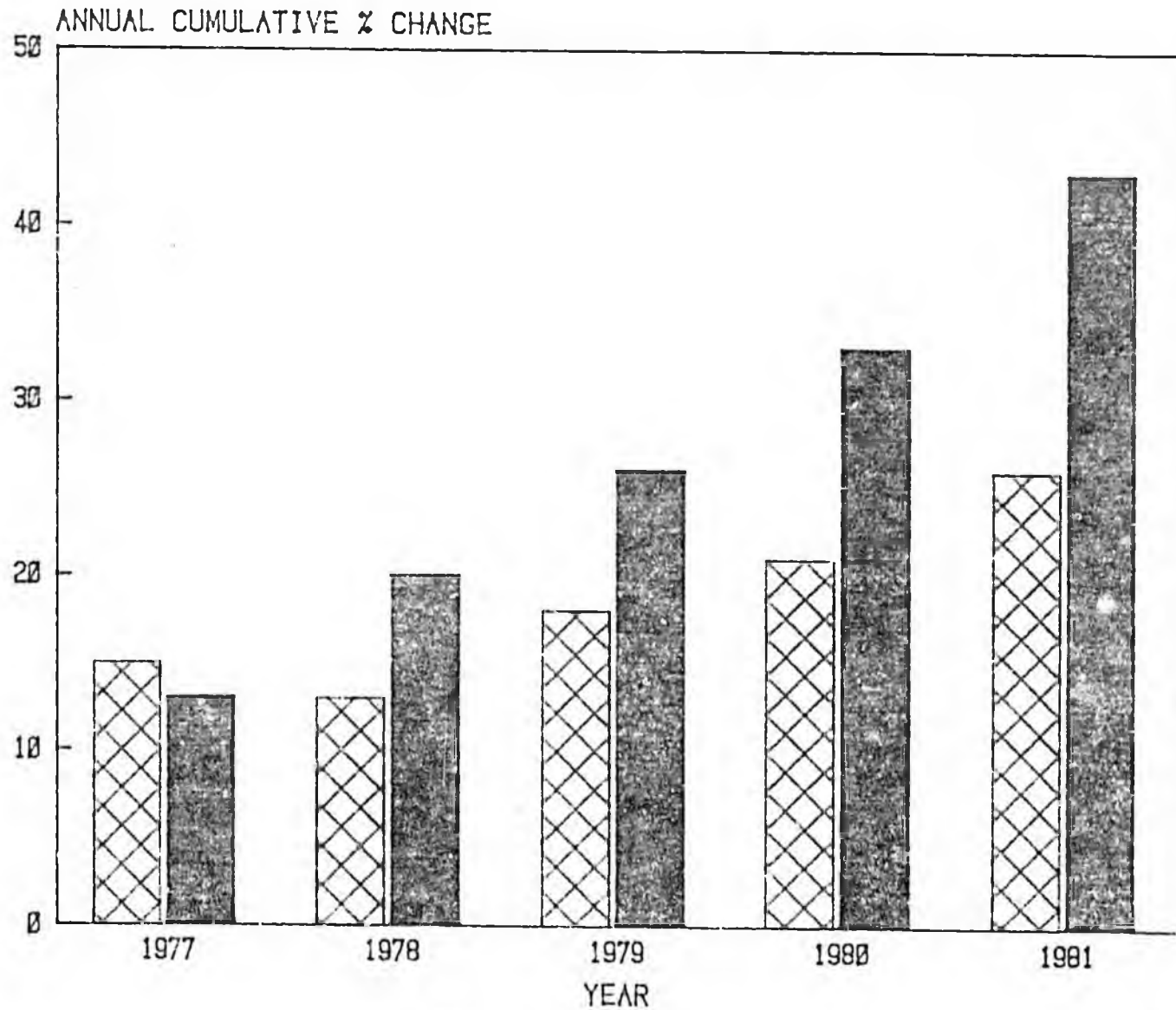
ELEMENTARY SCHOOL ENROLLMENT

HOMER AREA VS. REST OF KPB

KENAI PEN
BOROUGH

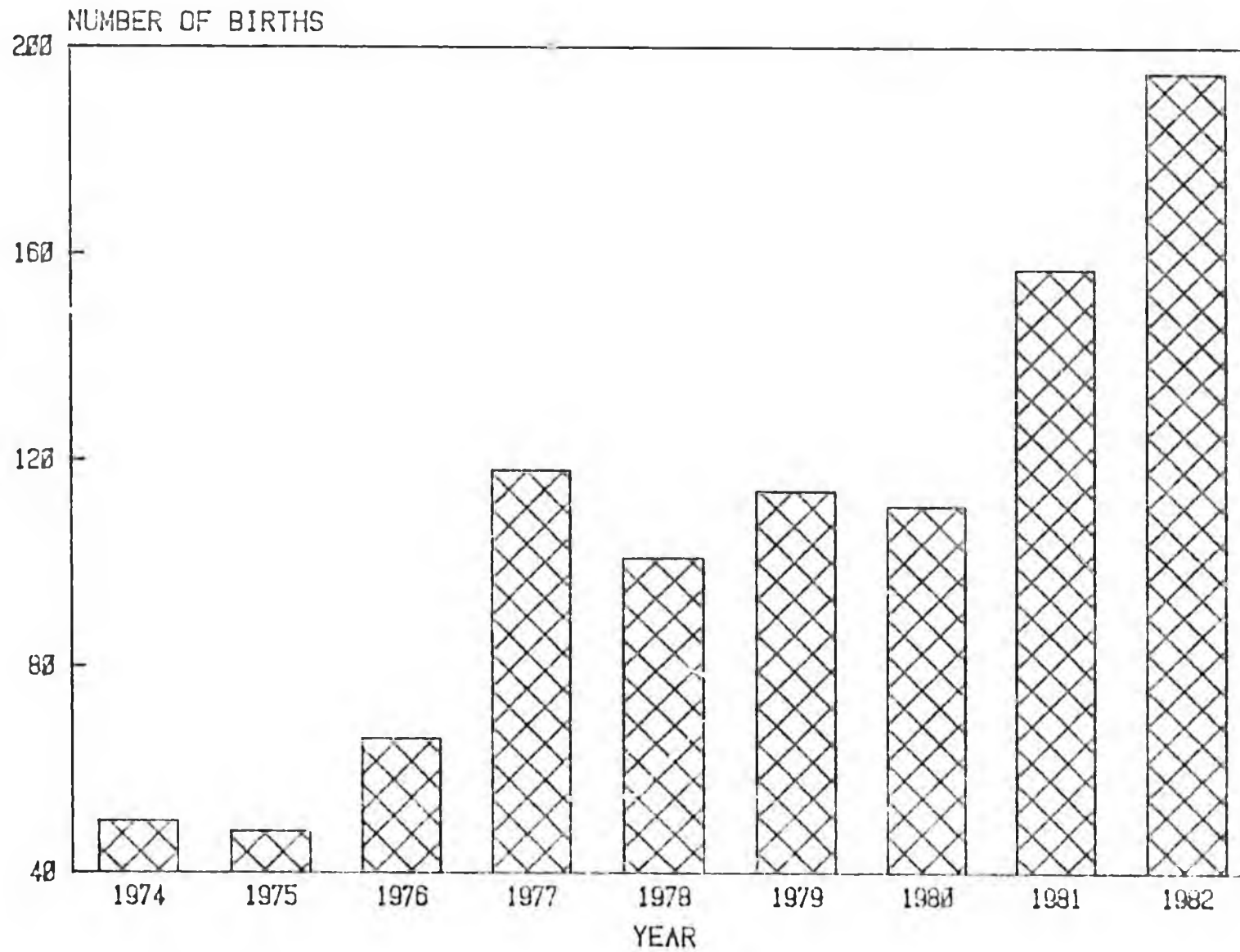


HOMER AREA

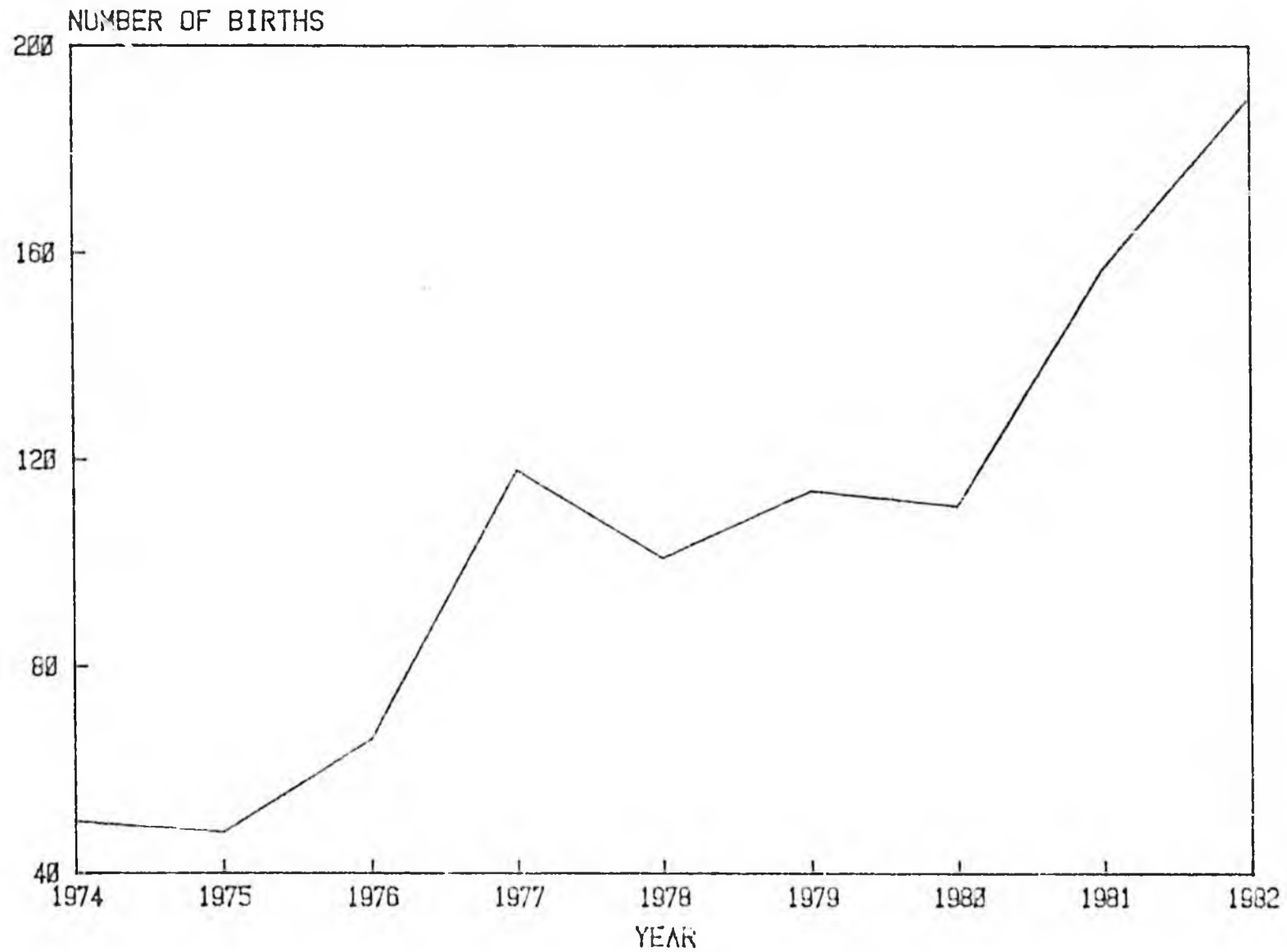


SOUTH PENINSULA HOSPITAL

BIRTHS 1974 - 1982

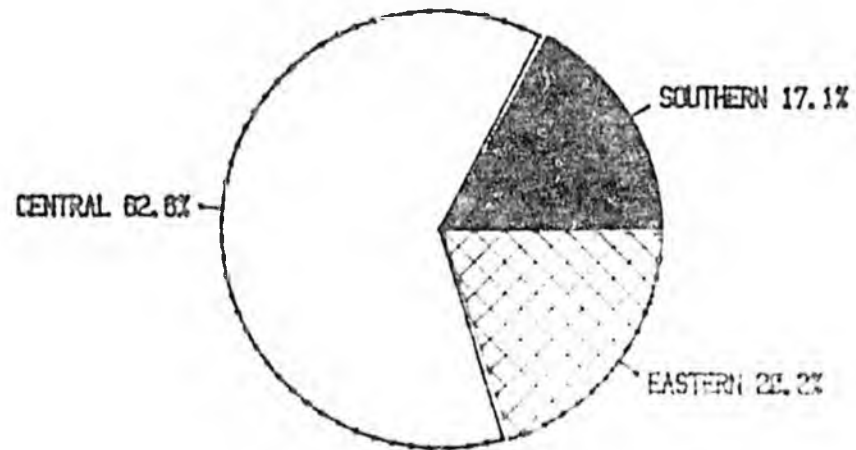


SOUTH PENINSULA HOSPITAL BIRTHS 1974 - 1982

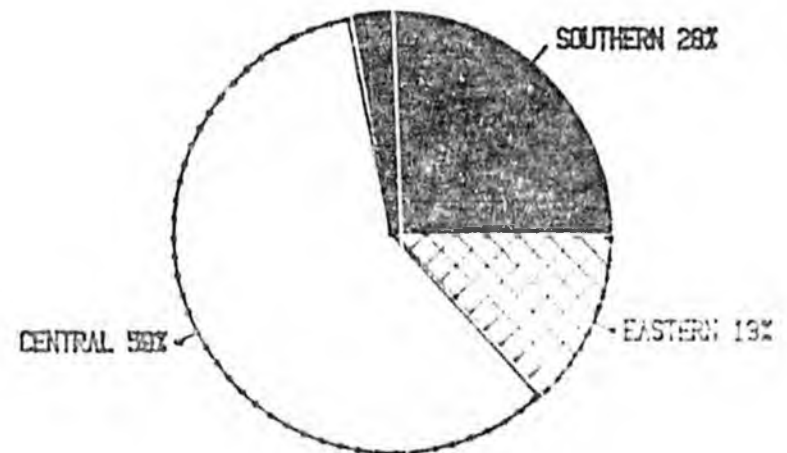


KPB REGISTERED VOTERS

PERCENT BY AREA 1978

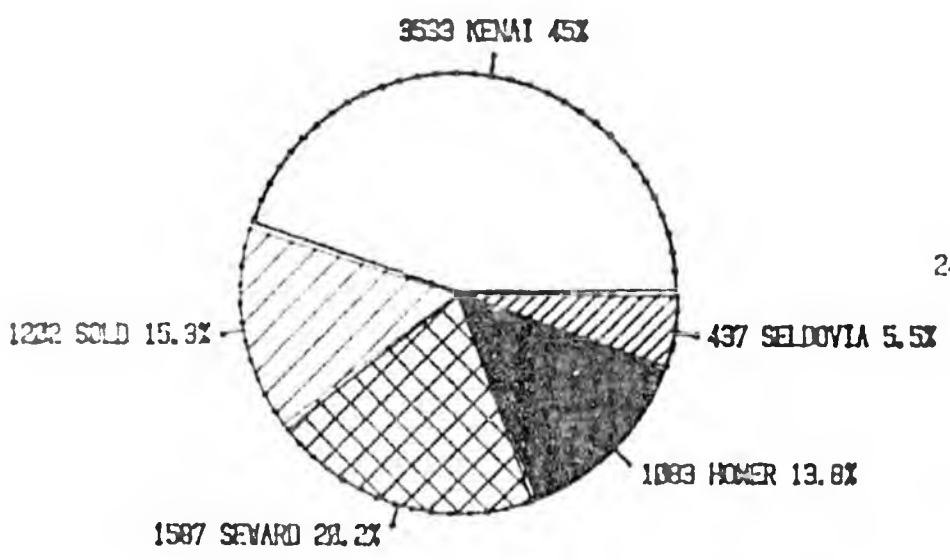


PERCENT BY AREA 1981

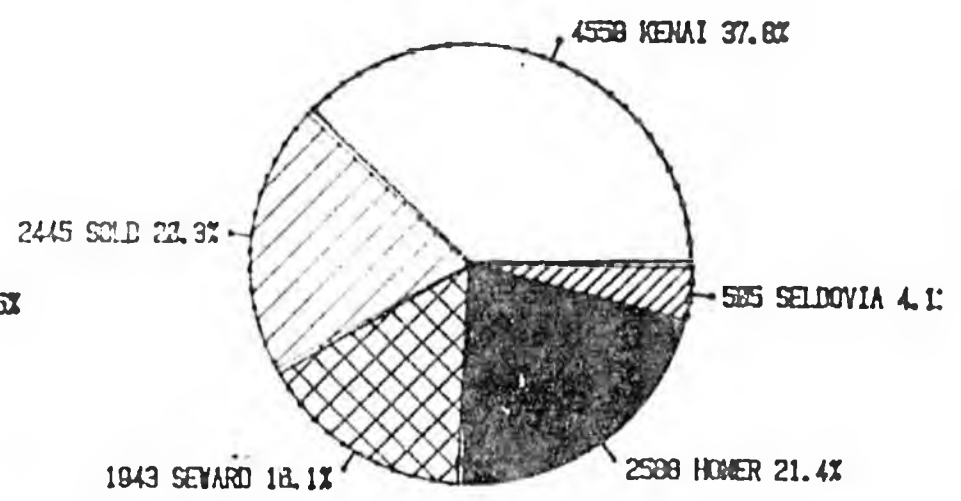


RELATIVE GROWTH OF KPB CITIES

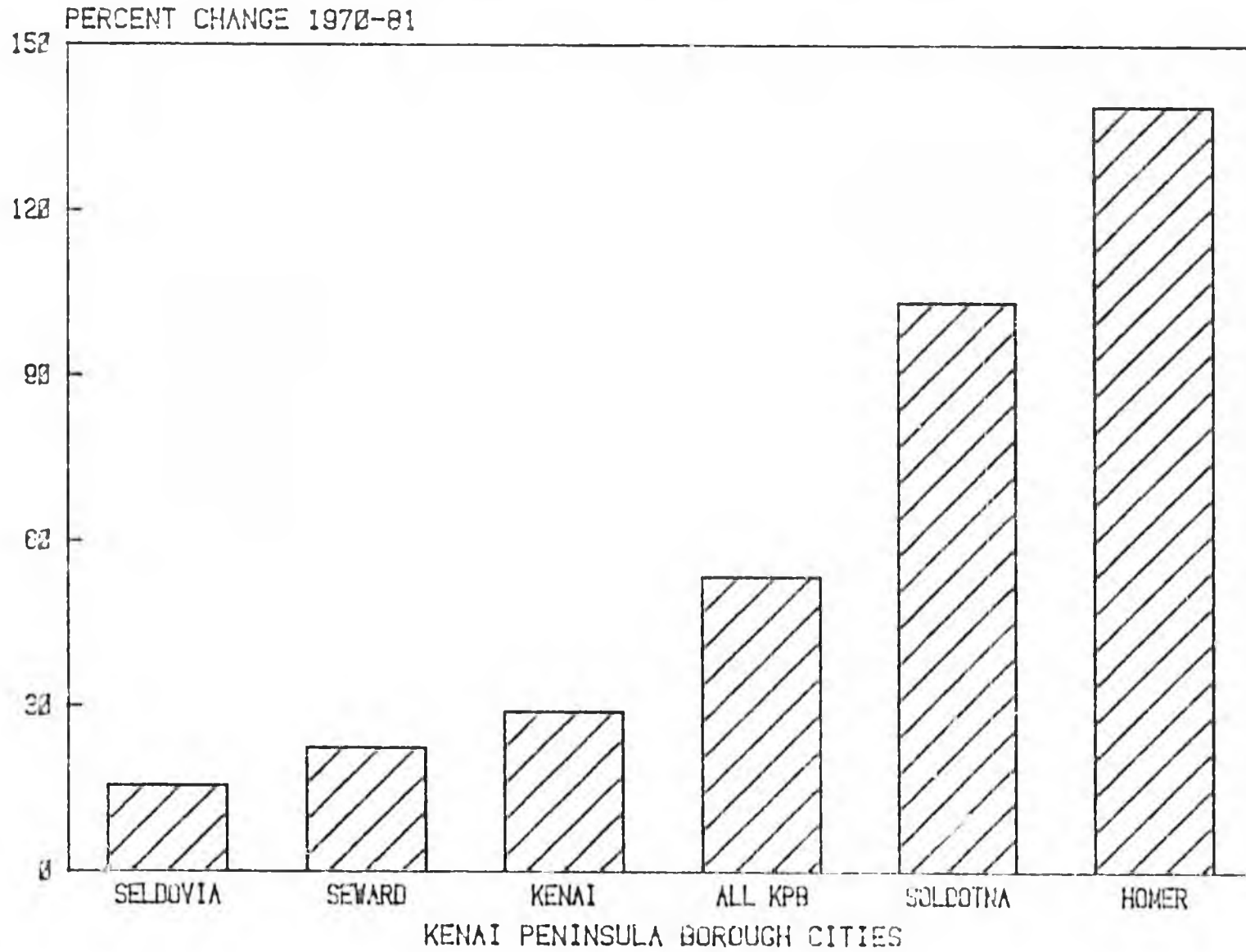
POPULATION 1970



POPULATION 1981



KPB POPULATION GROWTH RATE CITIES 1970 - 1981



PAST POPULATION TRENDS IN THE CITY OF HOMER
AND KENAI PENINSULA BOROUGH
1960 to 1982

	<u>City of Homer</u>		<u>Kenai Peninsula Borough</u>	
	<u>Number</u>	<u>Annual Growth Rate</u>	<u>Number</u>	<u>Annual Growth Rate</u>
1960	NA	--	9,053	--
1964	800	--	10,582	4.0%
1968	975	5.1%	14,160	7.6%
1970	1,083	5.4%	16,586	8.3%
1972	1,243	7.1%	16,200	-1.2%
1975	1,538	7.4%	18,770	5.0%
1978	2,054	10.1%	25,335	10.5%
1980	2,209	3.7%	25,282	-0.1%
1981	2,588	17.2%	26,520	4.9%
1982	2,897	11.9%	32,303	21.8%

Source: Kenai Peninsula Borough, 1981, 1982a and 1982b, U.S. Bureau of the Census, and Alaska Department of Labor.

CURRENT AND PROJECTED POPULATION
HOMER AREA
1978 to 2010

	<u>City of Homer</u>	<u>Other Homer Areas*</u>	<u>Total Homer Area</u>
<u>Actual</u>			
1978	2,054	1,577	3,631
1980	2,209	NA	NA
1981	2,588	NA	NA
1982	2,897	2,069	4,966
<u>Low Projection</u>			
1985	3,100	2,300	5,400
1990	3,900	3,000	6,900
1995	4,500	3,500	8,000
2000	5,200	4,200	9,400
2005	5,800	4,600	10,400
2010	6,400	5,100	11,500
<u>Intermediate Projection</u>			
1985	3,400	2,800	6,200
1990	4,700	4,000	8,700
1995	6,200	5,600	11,800
2000	8,100	7,500	15,600
2005	9,400	8,800	18,200
2010	10,900	10,400	21,300
<u>High Projection</u>			
1985	3,800	3,100	6,900
1990	6,500	5,600	12,100
1995	10,400	9,600	20,000
2000	13,300	12,600	25,900
2005	16,200	15,700	31,900
2010	19,700	19,600	39,300

* Fritz Creek and Diamond Ridge election precincts.

NA - Data not available.

Source: Kenai Peninsula Borough 1979, 1982a and 1982b, and
Pacific Rim Planners & Engineers, Olympic Associates Company

ORGANIZATIONAL STRUCTURE

The Community Mental Health Center is sponsored by the South Peninsula Mental Health Association, Inc., a private non-profit corporation registered in the State of Alaska. The Association is comprised of members from the communities served by the Community Mental Health Center who are concerned about human service needs in the region. The membership elects a group of seven members to comprise the Board of Directors which governs the day-to-day functioning of the Center and provides oversight to the Center's program administrator. Current members of the Board serving three-year terms each include:

President: Jeanne K. Calkins
 P.O. Box 2020
 Homer AK 99603
 907-235-7248

Vice-President: Bill Bell, M.D.
 P.O. Box 194
 Homer AK 99603
 907-235-8586

Secretary/Treasurer: Darlene Crawford
 Drawer M
 Seldovia AK 99663
 907-234-7625

 Bob Moore
 P.O. Box 84
 Anchor Point AK 99556
 907-235-8972

 Mike Hopson
 P.O. Box 2181
 Homer AK 99603
 907-235-8671

 Eleanor McMullen
 Port Graham
 VIA Homer AK 99603
 907-433-8001

 Rev. Joe Aprill
 P.O. Box 127
 Anchor Point AK 99556
 907-235-7178

ORGANIZATIONAL CHART

SOUTH PENINSULA MENTAL HEALTH ASSOCIATION, INC.

BOARD OF DIRECTORS

HUMAN SERVICES NETWORK - - - - - PROGRAM DIRECTOR,
COMMUNITY MENTAL HEALTH CENTER (HOMER)

↓
VOCATIONAL
COUNSELOR
(full-time)

↓
INFANT LEARNING
INSTRUCTOR
(full-time)

↓
PARENT-CHILD
EDUCATOR & TRAINER
(full-time)

↓
PSYCHIATRIC
CONSULTANT
(4 hrs/week)

↓
POST-DOCTORAL
PSYCHOLOGY FELLOW
(full-time, 9 mo/yr)

↓
ADMINISTRATIVE
ASSOCIATE
(full-time)

↓
SECRETARY/
RECEPTIONIST
(part-time)

OFFICE SPACE PROBLEM

Since the community mental health program was established in the South Kenai Peninsula region, adequate office space has been a perennial problem. The first offices used for the program were located within a residential four-plex building directly east of the hospital in Homer. These offices were grossly inadequate with regard to size and soundproofing therefore being in violation of the regulations for community mental health programs in Alaska. In 1980, the Center relocated to a 1100 square foot space in the Katamar Building on the Sterling Highway entering Homer. The space appeared pleasant and clean but again proved to be grossly inadequate for the services which the Center delivered. In particular, the five offices used for counseling services were seven and one-half feet by nine feet with no ventilation, no windows, and again, inadequate soundproofing. Individuals in the waiting area were able to listen to clients speaking with the professional staff in the therapy rooms. Additionally, when a family was squeezed into one of these cubicles with a therapist, the experience was similar to a sauna with little oxygen left in the air at the end of each session. However, no other office space was available to house the Community Mental Health Center programs until August, 1983. At that time, the Community Mental Health Center moved to the basement of the Alaska Commercial Fishing and Agriculture Bank building located on Ocean Drive in Homer. The facility is quite adequate for the present needs of the program with the exception of limited and somewhat inaccessible parking during the winter months. However, the office space is extremely expensive resulting in a significant amount of program resources dedicated toward maintenance of an appropriate facility rather than supporting client services directly. The current office space includes 2,183 square feet rented at the rate of \$1.00 per square foot per month for a total expense of \$26,196.00 annually for rent alone. Through a \$10,000.00 payment from locally generated revenues to pay some of the building renovation which was necessary to convert the basement to office space, the Association was able to negotiate a proportionally lower rental fee for 24 months. On August 1, 1985, the lease agreement can be renewed at a rate of \$1.00 per square foot per month plus an annual increase equal to the rise in the consumer price index during the prior 24 months. Given the limited financial resources available to support public sector human services, it appears that the Community Mental Health Center will be priced out of this office space at that time.

FACILITY PROPOSAL

In light of the perennial problem described above, the South Peninsula Mental Health Association, Inc. solicited funds from the City of Homer to initiate a building program to construct adequate office accommodations. Following extensive public hearings, the City of Homer allocated \$35,000.00 toward this effort in November, 1982, and supported the Association in their endeavor to secure additional funding for the project (see attached resolution from the City of Homer). With the generous contribution from the City of Homer as well as some funds raised by the South Peninsula Mental Health Association, Inc. within the community, the Board of Directors solicited available land centrally located in Homer having access to city water and sewer. This land (Lots 12 and 13, Block 3, Lakeside Village Subdivision, Homer, Alaska) was purchased in full from the National Bank of Alaska on November 2, 1983. In addition, architectural drawings, soils tests, and building specifications have been accomplished. Hence, the Association is prepared to go to bid at such time that sufficient funding became available to construct the facility.

As displayed in the attached architectural drawings, a facility that would be adequate for at least the next two decades would include 3,420 square feet. The building is designed to meet the need for confidentiality and other service requirements. The building is designed according to standard construction techniques utilizing cost-effective residential type design with the interior arranged to accommodate outpatient services. This approach was selected in order to blend with the neighborhood selected for the building and to be as cost-efficient as possible. As can be noted from the plot plan, adequate parking space has been designed. Additionally, the building has been designed to accommodate expansion if this becomes a necessity at some point in the future.

FACILITY BENEFITS

Construction of an office building to house the programs offered through the Community Mental Health Center would benefit the local community by helping to guarantee that these essential human services will have adequate housing in order to continue to meet community needs in perpetuity. From an economic perspective, the building would be a benefit to the local community insofar as limited financial resources could be dedicated entirely to client services rather than spending an ever-increasing portion of program revenues for facility rental. Assuming the State of Alaska intends to continue to support community mental health services in the South Kenai Peninsula region, this building program will prove to be cost-effective. At the current rate of rental an equivalent amount of money will be expended from out State grant award toward rent at the end of 7.47 years as the State will spend to construct a building now. (\$1.00 per square foot for 3,420 square feet would equal \$41,040 per year, or a total cost of \$306,500 at the end of 7.47 years.) These calculations are based upon 1983 dollars and do not take into consideration the ever-increasing cost associated with rental due to inflation. Another immediate benefit of this building would be that the South Peninsula Mental Health Association intends to share the office space with the Cook Inlet Council on Alcohol and Drug Abuse upon completion of construction. Negotiations to this effect have already been established with support from the Cook Inlet Council on Alcohol and Drug Abuse. (See CICADA Resolution.) This would provide the State of Alaska with further cost savings of approximately \$7,200.00 per year in rental payments currently being made by the Cook Inlet Council. Including the building expense figures from CICADA, the pay off on the proposed building will be only 6.35 years. This space sharing agreement would make effective use of all of the office space immediately and will be viable for several years to come insofar as there is no projected growth in the staffing pattern at the Community Mental Health Center during the next several years.

BUILDING BUDGET

SITE PREPARATION \$ 25,000.00

CONSTRUCTION COST

(3,420 Sq. Ft.x \$75.00 per sq. ft). . . . \$256,500.00

DEEP PILINGS

To prevent settling \$ 25,000.00

=====

TOTAL REQUESTED: \$306,500.00

BUILDING MAINTENANCE COSTS

TAXES (Private, non-profit organization) . . \$	0.00
CITY WATER & SEWER \$	900.00
ELECTRICITY \$	3,300.00
JANITORIAL FEES \$	2,700.00
INSURANCE \$	1,500.00
PARKING MAINTENANCE \$	500.00
ROUTINE BUILDING MAINTENANCE \$	1,000.00
TOTAL ANNUAL MAINTENANCE COST:	\$9,900.00

These maintenance expenses will be shared by the building tenants and would be within the Association's financial ability to pay on an annual basis, derived from operating expenses.

EXPENSES

<u>OPERATION & MAINTENANCE</u>	<u>FY 83</u>	<u>FY 84</u> (Projected)	<u>Proposed Building</u> (Projected)
Taxes (private, non-profit)	0.00	0.00	0.00
City Water & Sewer	0.00	300.00	900.00
Electricity	1,900.00	3,000.00	3,300.00
Janitorial	1,500.00	1,970.00	2,700.00
Insurance	900.00	1,000.00	1,500.00
Routine Building Maint. . .	0.00	0.00	1,000.00
Parking Maintenance	<u>0.00</u>	<u>0.00</u>	<u>500.00</u>
Yearly Totals	\$4,300.00	\$6,270.00	\$9,900.00

REVENUES

	<u>FY 83</u>	<u>FY 84</u> (Projected)	<u>Proposed Building</u> (Projected)
State Grants	\$240,612.00	\$255,150.00	\$230,000.00 **
Local Contribution	11,644.00	12,000.00	14,000.00
Fee for Services	<u>48,000.00</u>	<u>50,000.00</u>	<u>51,000.00</u>
Yearly Totals	\$300,256.00	\$317,150.00	\$295,000.00

** Decrease in state grants expected due to proposed deletion of rental expense.

LETTERS OF SUPPORT FOR SERVICES
PROVIDED THROUGH THE
COMMUNITY MENTAL HEALTH CENTER

Box 335
Homer, Alaska 99603



REPLY TO:

- City Hall
Ph. (907) 235-8121
- Port of Homer
Ph. (907) 235-8597
- Harbor Master
Ph. (907) 235-8959
- Public Works Dept.
Ph. (907) 235-8120
- City Engineer
Ph. (907) 235-6368

February 16, 1983

Paul L. Craig, Ph.D.
Psychologist, Director
Community Mental Health Center
Box 2274
Homer, Alaska 99603


Dear Paul:

As City Manager for the City of Homer I would like to lend my support to the services of the Community Mental Health Center and to verify that I have personal knowledge of its service to this community.

The services the center provides are an essential part of the community infra-structure; and I urge the continuance of the various programs so long as the services are provided in a prompt and professional manner.

Thank you for your services and the opportunity to express my support.

Very truly yours,


Larry C. Farnen
City Manager

LCF/pb

SELDOVIA NATIVE ASSOCIATION, INC.

P.O. DRAWER L

SELDOVIA, ALASKA 99663

(907) 234-7625 • 234-7890

February 14, 1983

Dr. Paul Craig, Ph. D.
Psychologist, Director
Community Mental Health Center
P.O. Box 2274
Homer, Alaska 99603


Dear Dr. Craig:

This letter will confirm the support of our organization for your grant request for this year.

The increased level of service to the Seldovia area has been noted and is appreciated. The Parent-Child Education program, as well as the Infant Learning Program have also been beneficial to our area.

Your support of our local alcoholism program is appreciated too. We would urge the State of Alaska to give total funding to the Community Mental Health Center's grant application.

Sincerely,


Fred H. Elvsaas, President
Seldovia Native Association, Inc.

FHE/dc



Homer Community Schools

Box 500 Homer, Alaska 99603

February 23, 1983

To Whom It May Concern:

Please accept this letter of appreciation and support for the services of the Community Mental Health Center in Homer. Through my involvement with the Homer Community Schools Program I have had an opportunity to work with the staff of the Mental Health Center in several areas of community need or benefit.

The staff of the Center have consistently offered classes and workshops in a broad variety of areas helpful to our community--most recently, career changing, parenting skills, parent-child education and suicide prevention. The Infant Learning program aids in targeting infants and toddlers who are handicapped or developmentally delayed, smoothing their way into preschool or elementary school programs. In addition the staff has demonstrated a willingness, personally and professionally, to help in identifying community, family and individual concerns and possible ways to address them. The Community Mental Health Center has also been a motivating force behind the formation of a Human Services Network, a group of human service providers in the area, and the publication of the first Human Services Guide to Homer Area Resources.

My experiences with the Community Mental Health Center in Homer have made it evident that the staff is caring, professional and responsive to the needs of our community. I urge your continued funding of the Homer Community Mental Health Center and it's programs.

Sincerely,

Bev Cronen
Coordinator

HOMER POLICE DEPARTMENT

235-8113



BOX 321

HOMER, ALASKA 99603

January 28, 1983

Community Mental Health Center
Box 2274
Homer, Alaska 99603-2274

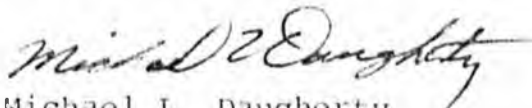
Dr. Paul Craig, Ph.D.

Dear Dr. Craig,

In reply to your letter of January 17, 1983, your services have been of benefit to our Department in many cases where domestic violence or mental illness were major factors. And, as such, have effectively assisted our department in culminating these matters.

I, therefore, recommend that funding be continued for your center to allow continued efforts in these areas.

Sincerely,


Michael L. Daugherty
Director of Public Safety

MLD/gm

cc. 83 Correspondence



COOK INLET NATIVE ASSOCIATION

670 West Elmwood Lane
Anchorage, Alaska 99503
(907) 562-1111

February 25, 1983

Community Mental Health Center
Box 2274
Homer, Alaska 99603

Attn: Dr. Paul Craig, PhD

Cook Inlet Native Association (CINA) has reviewed your proposal, which would in our opinion provide vital needed services to the Kenia Peninsula area.

We feel that many benefits would accrue to the Native population should this proposal be funded.

Please accepted this letter as support for your proposal.

Sincerely,

Maxim Tolchok
Executive Director

MD:she

February 22, 1983

To whom this may concern:

I, Pat Ervarts an elected official of
the Homer City Council do fully support
Dr Paul Craig as the Psychologist, Director
of the Community Mental Health Center
of Homer Alaska.

Furthermore I fully support increased
funding for the coming fiscal year in
order to reflect present community needs
of a growing population.

Sincerely

Pat Ervarts
Councilwoman
Homer, Alaska



Box 335
Homer, Alaska 99603

- REPLY TO:
- City Hall
Ph. (907) 235-8121
 - Port of Homer
Ph. (907) 235-8597
 - Harbor Master
Ph. (907) 235-8959
 - Public Works Dept.
Ph. (907) 235-8120
 - City Engineer
Ph. (907) 235-6368

CITY OF HOMER

January 31, 1983

Paul Craig, Ph.D., Director
Community Mental Health Center
P. O. Box 2274
Homer, AK 99603-2274

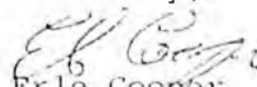
Dear Dr. Craig:

It is with pleasure that I submit this letter of support for inclusion in the grant application proposals for the Homer Community Mental Health Center.

As Mayor of Homer, and from a personal prospective, I am aware of the worth of the programs provided and administered by the organization you direct. It is clear that programs are selected on the basis of community need and are carried forth in a sincere effort to assist participants in developing comprehensive skills which are life support systems. Specifically, the Parent-Child Education and Training program, and Infant Learning program are identified as beneficial to the young people of our community. Because of the mild climate and easy road accessibility, many young, new families settle here yearly. Both of these programs assist with adjustments for these families, and provide a resource for assisting in new starts.

It is my feeling that programs such as those administered by the Community Mental Health Center are supportive of family development; therefore, a continuing asset to this community. Be confident of the support of the City of Homer in your grant application pursuits.

Sincerely,


Erle Cooper
Mayor

KFH:ler



Trial Courts

State of Alaska

POUCH "V"

KENAI, ALASKA 99611

Chambers of
CHARLES K. CRANSTON
Superior Court Judge

January 20, 1983

Community Mental Health Center
Box 2274
Homer, AK 99603

Attention: Paul L. Craig, Ph.D., Psychologist, Director

Dear Dr. Craig:

Now that a new year is upon us I wish to express to you my opinion concerning the services which have been offered by the Homer Community Mental Health Center to residents of the South Kenai Peninsula. Based upon my contact with the Community Mental Health Center through court proceedings which include both adult and children matters, I believe that the Community Mental Health Program has been a benefit to the residents of the South Kenai Peninsula and has provided an indispensable service to those residents.

I wish you the best for 1983 and urge that you indicate to all those persons responsible for your existence that without your services there would be many unfulfilled needs in the South Kenai Peninsula area.

Very truly yours,


CHARLES K. CRANSTON

CKC:nh

City of Seldovia

P.O. DRAWER B

TELEPHONE 234-7643

SELDOVIA, ALASKA 99663

February 15, 1983

Dr. Paul Craig, Ph. D.
Community Mental Health Center
P.O. Box 2274
Homer, Alaska 99603

Dear Dr. Craig:

It is with pleasure that I write this letter of support for the grant application you will be submitting this year.

The Community Mental Health Center is providing a real and beneficial service to our community. Other services such as the Parent-Child Education Program, and the Infant Learning Program have been beneficial also.

The educational services which you and your staff provide locally have been a great help to many people, and are appreciated. I know that your visits to the school have aided some students there.

We appreciate the personalized service which Seldovia has received this year, and would urge the State of Alaska to allow this service to continue, by providing the necessary funding.

Sincerely,



Darlene Crawford, Mayor
City of Seldovia

DC/ck

HHS Homer High School

Kenai Peninsula Borough School District

LEE WINT, PRINCIPAL

GARRETT WHITE, VICE PRINCIPAL

SRA BOX 196

HOMER, ALASKA 99603

PHONE (907) 235-8000

February 21, 1983

To Whom It May Concern:

This letter is in support of the Community Mental Health Center in Homer, Alaska. We have worked closely with the center for the past several years and have found them to offer a much needed support in the mental health area.

As I reflect on their program, I see one of their biggest strengths is their responsiveness. They are able to consult with us, or provide family counseling for students, or individual counseling. We use them as a local resource for classes in careers, mental health, or testing. I feel they have done a very good job of responding to our requests.

I would shudder to think of not having them as part of our community.

Sincerely,

James Ballentine
James Ballentine
Counselor

JB:mm

February 14, 1983

Paul Craig, Ph.D.
Community Mental Health Center
P.O. Box 2274
Homer AK 99603

To Whom It May Concern:

Greetings from the beautiful City of Homer. A recent survey poll indicates that the population growth on the Kenai Peninsula and specifically the Homer area is on a very high increase. And as you knew, a population increase brings many varied problems.

As for myself, I am not particularly fond of this high-powered population explosion; however I do face the reality and the fact that change in this area is taking place, and we need the excellent services that are provided here in Homer to meet these drastic changes. The Community Mental Health center under the direction of Dr. Paul Craig provides an excellent service to take care of the citizens that encounter problems on an emotional and mental level.

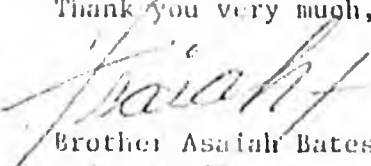
There is no question in my mind that the Homer Community Mental Health Center has one of the best Boards of Directors in the state of Alaska. They attend meetings and they give high-powered interest and attention to the needs of the Center and the community. They are definitely a group of dedicated people.

I have had the opportunity and privilege as a member of the Governor's Review Board on Alcohol and Drug Abuse to visit a number of the mental health centers throughout the State of Alaska, and I am pleased to report that the services offered by the Homer Community Mental Center are efficient, excellent, and meet the needs of the people who request assistance.

We are very fortunate to have Dr. Paul Craig and his staff and the good work that our mental health center makes available to the people. My recommendation would be to continue funding the program, and if funds are available to make an increase in the grant, so this work may expand to meet the needs of our growing community.

Thank you for giving your attention to the content of this letter, and may great joy and bliss fill your beautiful hearts to overflowing as we move on down through the corridors of time to meet the demands that the wheel of life places upon our minds and hearts.

Thank you very much,


Brother Asaiah Bates
P.O. Box 504
Homer AK 99603

PAUL L. ENEBOE, M.D., A.B.F.P.
WILLIAM H. BELL, M.D., A.B.F.P.
A PROFESSIONAL CORPORATION
P.O. BOX 194
HOMER, ALASKA 99603
TELEPHONE 235-8586

February 22, 1983

Paul L. Craig, Ph.D., Director
Community Mental Health Center
Box 2274
Homer, AK 99603

Dear Dr. Craig:

I am pleased to once again recommend the services of the Community Mental Health Center. I have been very impressed with the work the Center has done in providing services to the residents of the South Kenai Peninsula.

There have been several patients I have referred to the Mental Health Center and several that have referred themselves who have come back and told me they were extremely pleased and had benefitted greatly from their care at the Center. I am also very pleased to see the growth of the parent-child education program and the infant learning program.

Sincerely yours,

William H. Bell, M.D.

William H. Bell, M. D.

WHB:nmc

martin friedman

lawyer

—
box 337

homer, alaska

—
255-8085

January 24, 1983

Community Mental Health Center
Box 2274
Homer, Alaska 99603-2274

To Whom It May Concern:

As a practicing attorney in the Homer community for the past twelve years, I have encountered every possible type of family and personal trauma in one or more of its aspects.

The Community Mental Health Center has been providing services essential to the residents of the Homer community for many years. The individual and family counseling program and the parent child education training program both have been of great help, support and assistance to those in need.

Along with the development of services of the Community Mental Health Center has been an awareness in the people of the community that these problems, which have existed in the past no longer have to be suffered and hidden. The Community Mental Health Center provides services to resolve these problems thereby contributing to the over-all mental health of the South Kenai Peninsula residents.

In my opinion, the Community Mental Health Center has been and continues to be, in all of its programs, an essential and well functioning resource to the residents of this area.

Sincerely

MARTIN FRIEDMAN

MARK O. GULDSETH

P O BOX 1086

HOMER, ALASKA 99603

February 24, 1983

TO WHOM IT MAY CONCERN:

I would like to state my support for the Community Mental Health Center in Homer. It seems to be filling a definite need in the community in helping people to cope with life and with each other.

I recommend continued funding for this service.

Yours truly,

Mark O. Guldseth
Mark Guldseth
City Councilman, Homer

SELDOVIA POLICE DEPARTMENT

W. (ANDY) ANDERSON
CHIEF OF POLICE

JERRY L. LEWIS
ASSISTANT CHIEF

2/15/83

COMMUNITY MENTAL HEALTH CENTER
BOX 2274
HOMER, ALASKA 99603

Dear Mr. Craig:

I would like to take this opportunity to commend you and your staff on the professional handling of referred cases by our department. The feedback I am receiving is very positive. In my opinion, your service is a necessity in our area and a much needed resource.

Your Parent-Child Education and Training program could, in time, have a very positive impact in our community. The communication between parents and children would greatly reduce the number of problems involving the Police. Parents as well as the children need the training and, I'm certain, it will draw families closer together.

The Infant Learning program is also an excellent outreach and to train the children at such an early age is the answer to assuring healthy, productive persons in the years to come.

Your willingness to help and your professional attitude as well as that of your staff will insure your valuable and needed services to remain in our area. Keep up the good work.

Sincerely,

A.W. Anderson
Chief of Police

HAZEL HEATH
REAL ESTATE
Glacier View Subdivisions
BOX 676
HOMER, ALASKA 99603

March 1, 1985

Paul L. Craig, Ph.D.
Psychologist, Director
Community Mental Health Center
Box 2274
Homer, Alaska 99603

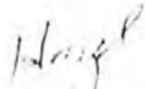
Dear Paul:

This letter is evidence of my support and belief in the work you are doing in the Lower Kenai Peninsula. You have such a large area to cover. I marvel at the work you have accomplished.

Until your organization came to Homer I was not aware of the tremendous need people in our community have for your services. I didn't realize that a small city such as Homer could harbor so many different kinds of mental disturbances and psychological needs.

I hope that my support will help you in your effort to find adequate funding.

Sincerely,


Hazel Heath
Chairman
OLDER ALASKANS COMMISSION

February 23, 1983

Dr. Paul L. Craig
Director
Community Mental Health Center
Box 2274
Homer, Ak. 99603

Dear Dr. Craig:

By vote of the Board of Directors of the Homer Chamber of Commerce, this letter is to voice our wholehearted support for the Community Mental Health Center and the programs you have initiated and offered Homer over the past year.

We hope that grant funding for the continuation of these programs will be forthcoming. The services provided to families and individuals by the Mental Health Center indirectly effect each of us in the community and we feel that they more than adequately augment and complement the programs and services offered by other medical and social organizations in the area.

Our best wishes for your continued success and please let the Chamber Board know if there's anything we can do to assist you in any of your operations.

Sincerely,

HOMER CHAMBER OF COMMERCE

Mary A. Henry
Mary A. Henry
Vice President

MAH:ap



LITTLE PEOPLE PUBLICATIONS
560 W. Soundview Ave.
Box 2181, Homer, Alaska 99603
Ph.# 907/235-7515

January 27, 1983

Dr. Paul Craig, Director
Community Mental Health Center
P. O. Box 2274
Homer, Alaska 99603

Dear Dr. Craig:

We are pleased to offer our support of the services that are being provided by the Community Mental Health Center to the residents of the South Kodiak Peninsula.

Those of us who have been involved with the Little People Can Read Research Project are acutely aware of the importance of high quality stimulation in the ear-liest years of a child's life in promoting good social, emotional, and intellectual development. We are, therefore, particularly enthusiastic about the Parent-Child Education and Training Program and the Infant Learning Program now being offered at the Mental Health Center.

Because we have observed the dedication shown by the clinic's staff and the need within the local community for these services, we urge that these programs be continued.

Cordially,

Mary + Mike

Mary & Michael Heppner



District Court
State of Alaska

THIRD JUDICIAL DISTRICT
P O BOX 136
HOMER, ALASKA
99603

CHAMBERS OF
JAMES C. HORNADAY JUDGE

25 January 1983

Paul L. Craig, Ph.D.
Psychologist, Director
Community Mental Health Center
Box 2274
Homer, Alaska 99603-2274

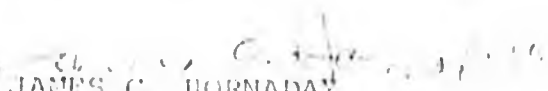
Dear Dr. Craig:

This letter is written in support of the continuing programs of the Community Mental Health Center. Programs put on by the Center include but are not necessarily limited to the overall Community Health Program, Parent Child Education and Training Program, and Infant Learning Program. It is also my understanding that your organization is providing service to several villages in the area.

We appreciate your efforts and hope that they will continue and expand.

Thank you.

Very truly yours,


JAMES C. HORNADAY
District Judge

JCH:rp



KENAI PENINSULA BOROUGH SCHOOL DISTRICT

NINILCHIK SCHOOLS

NINILCHIK, ALASKA 99639

January 27, 1983

Community Mental Health Center
Box 2274
Homer, Ak. 99603

Dear Staff,

I am personally involved with junior high (7-9) guidance and students with serious personal problems. There are many cases I cannot deal with because of my lack of expertise. For these special problems, I am both relieved and grateful to be able to turn to the Community Mental Health Service in Homer.

Mrs. Irene Littrell, from the Homer Office, has been traveling to Ninilchik to provide communication workshops for students and adults. She has also been dealing with some of these very serious cases. It is a real relief to have someone with her experience and background to provide counseling to these students and their parents.

One eighth grade boy was failing in all his classes. Mrs. Littrell began counseling with the entire family. The young man's attitude is greatly improved and he passed several of his courses for the quarter.

This kind of achievement is very important and worthwhile in an area that has so many problems. We need this service and appreciate it immensely. Please keep us on your agenda.

Sincerely,

Shawnie Holdermann
Ninilchik Guidance Counselor

SOUTH KACHEMAK, INC. ALCOHOLISM PROGRAM

BOX 197
SELDOVIA, ALASKA 99663
234-7807

February 4, 1983

Dr. Paul Craig
Community Mental Health Center
P.O.Box 2274
Homer, Alaska 99603

Dear Dr. Craig,

We would like to express our support and appreciation for the Community Mental Health Center and the opportunities you are making available.

We are hearing excellent reports on the Parent-Child Education and Training classes. They are getting good response here in Seldovia and we also got a very positive reaction from our board members in Fort Graham, toward the classes held in that village.

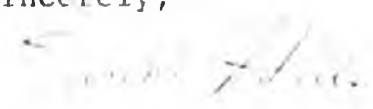
Having a "baby boom" here in town bears out the necessity for the Infant Learning program. This is an area of need in our communities and we support your effort to meet that need.

We are seeing increasing acceptance and use of the Mental Health program over here. Knowing there will be a regular and accessible care provider has created a very positive climate to recommend and ask for help in our community. In your position, Dr. Craig, you have established a level of trust and professionalism that is changing attitudes throughout our community.

Cooperation between our programs has been invaluable for SKIAP. We continually benefit from your consultations and the resources we can now suggest to our clients.

You have our whole-hearted support.

Sincerely,


Edith-Helen Hilts
Director

EHH/lis

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

PUBLIC DEFENDER AGENCY

BOX 3413
KENAI, ALAS (A 99611
PHONE: (907) 283-3129

January 27, 1983

Mr. Paul Craig, PhD
Community Mental Health Center
P.O. Box 2274
Homer, Alaska 99603-2274

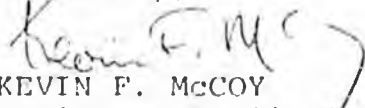
Dear Dr. Craig:

I am the supervising attorney for the Kenai Office of the Alaska Public Defender Agency. Our office is assigned to represent indigent criminal defendants in the Homer area. I understand that the Homer Community Health Center has submitted a grant proposal for the coming fiscal year and I am writing this letter in support of that grant proposal.

As you know, we frequently request the Community Mental Health Center to prepare evaluations for our clients for use in aid of sentencing. The evaluations that have been provided are frequently useful to the court in fashioning the appropriate sentence for the individual offender. In addition, it is not uncommon for the court to order mental health counseling through a Community Mental Health Center as part of an individual's sentence. I am of the opinion that this resource is a significant asset to the Homer community.

Accordingly, I am hopeful that your grant proposal will be accepted.

Sincerely,


KEVIN F. McCOY
Assistant Public Defender

bkg



KENAI PENINSULA BOROUGH SCHOOL DISTRICT

NINILCHIK SCHOOLS

NINILCHIK, ALASKA 99639

January 31, 1983

Dr. Paul L. Craig, Director
 Community Mental Health Center
 Box 2274
 Homer, Alaska 99603

Dear Dr. Craig:

One of the best supplementary services that our students can take advantage of is that offered by your Center. Not only do individual students benefit from the services offered; the school and homes are beneficiaries in many instances where students are helped.

In the last three years I have seen excellent cooperation between the individual school, the district school office, and the Community Mental Health Center. This has been of great value to students who have had the opportunity of learning skills in communication and self-awareness through the sessions that have been offered by Center staff members.

I certainly do hope that the program will be continued, with perhaps some additional sessions to work with teachers for better understanding of pupil needs.

We do appreciate the fact that we can call on you and know that you will respond.

Sincerely yours,

Wade Jacklinsky
 Counselor

ANCHOR POINT ELEMENTARY SCHOOL

A part of the
Kenai Peninsula Borough School District

Box 156

Anchor Point, Alaska 99556

Phone (907) 235-8671

February 17, 1988

Paul Craig
Community Mental Health Center
Box 2274
Homer, AK 99604-2274

Dear Paul:

The Anchor Point Community School Council and I would like to admit this letter of support for the programs at the Community Mental Health Center. We feel that the services that have been offered in Homer and Anchor Point are of great value to the community, and we gratefully appreciate the workshops that have been offered here in Anchor Point for the benefit of our local people. We have been extremely impressed by the quality of the personnel who present the services, and the Community School Council and I sincerely hope that the program can continue to offer these workshops and services for the southern Kenai Peninsula community. Thank you very much.

Sincerely,

Wanda May
Anchor Point Community School Coordinator

C. Michael Hough

ATTORNEY AT LAW
P O BOX 291
HOMER ALASKA 99603
19071 235-8184

January 26, 1983

Community Mental
Health Center
Box 2274
Homer, AK 99603

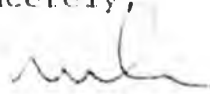
Gentlemen:

This letter is to indicate my support for continuing funding of the Community Mental Health Center which serves the residence of the South Kenai Peninsula. I would also note a significant improvement in the Mental Health Center after Dr. Paul Craig became the director.

My office has been involved in emergency placement of disturbed individuals, evaluation of persons suspected of being suicidal and in counseling on family disputes.

The local Mental Health Center is well respected by the local community including the court system. Dr. Craig and his staff have shown their involvement in the community by discussing their services with the Chamber of Commerce and other interested groups in the Homer area.

Sincerely,



C. MICHAEL HOUGH
Attorney at Law

CMB:lb

February 19, 1983

Community Mental Health Center
P.O. 2274
Homer, Alaska 99603

Dear Paul:

This letter is in support of continued funding for the Community Mental Health Program in Homer. We appreciate the working relationship between community mental health and the The North Pacific Rim and the support services provided by your agency.

Sincerely,

A. J. T.
Agnis Mogenack Community Health Representative
Fort Graham, Alaska 99603

Susan B. English School

A part of KENAI PENINSULA BOROUGH SCHOOL DISTRICT
SELDOVIA, ALASKA 99663

February 2, 1989

Paul L. Craig, Director
Community Mental Health Center
Box 2274
Homer, AK 99603

Dear Dr. Craig:

Seldovia Community Schools wishes to express support of the Homer Community Mental Health Center. Your counseling and educational services plus Eileen Littrell's counseling and parenting classes have proven beneficial. Since the size of Seldovia prohibits a counseling center of its own, we are appreciative of the cooperation between your agency and agencies here. We appreciate your compliance and concern and look forward to continued services by your agency.

Sincerely,



Ms. Annie McKenzie
Coordinator
Seldovia Community Schools



PAUL BANKS ELEMENTARY SCHOOL

BOX 1889 • HOMER, ALASKA 99603 • (907) 235-8161

February 4, 1983

Community Mental Health Center
Box 2274
Homer, Alaska 99603

To Whom It May Concern:

I have been asked to write a letter in support of the Community Mental Health Center and Paul Craig here in Homer, Alaska.

Paul has been able to provide excellent counselling and psychological help to students in severe need here at Paul Banks Elementary School. Without Paul's assistance the students here would not be able to receive any direct counselling or psychological benefits due to the logistical distances involved between our school and Central Office and the other support teams that work with the school.

In the last year and half the Community Mental Health Center has not just become a small office somewhere down in town, but has become an arm that is extending out into the community and helping not only the school, the children, the parents, but all members of the society in which we live here in Homer.

I greatly support Paul's efforts and solicit your support in funding the Mental Health Center and the programs in which Paul Craig has initiated in the community.

Sincerely yours,

Lewis McLin, Principal
Paul Banks Elementary

LM/lg

Cook Inlet Council On Alcohol And Drug Abuse

February 15, 1983

Dear Paul,

I would like to lend my support of the Community Mental Health programs and services offered to the residents of the South Kenai Peninsula.

I was especially pleased when you added the Parent-Child Education and Training program and the Infant Learning Program. There has been a need to address the issue of parenting being one of the most difficult jobs for which there is the least amount of training. You are addressing this need through your educational programs that prepare and support parents.

I am also very pleased with the "team" approach that has been developing in which Mental Health, Homer Junior and Senior High School, and Cook Inlet Council are working closely to establish appropriate programs and services for "high risk" students and their families. This agency and school "team" approach with the students and their families will increase the chances of teens receiving appropriate services which I believe will increase the chances of the students receiving an education. I believe it will also help provide support and services to the family.

I'm looking forward to our continued work together.

Sincerely,

Mildred J. ...
YOUTH OPTIONS Coordinator

John D. Kosch
Box 1163
Homer, Alaska 99603

January 21, 1983

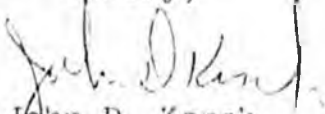
Paul L. Craig, Ph.D.
Psychologist, Director
Community Mental Health Center
Box 2274
Homer, Alaska 99603

Dear Paul;

As a councilperson and citizen of the city of Homer, I feel that you and your staff have been doing an excellent job in administering the services of the community mental health center.

I feel the whole concept and the different services the community health center offers are needed and certainly I back them. I further would hope that any grants that are available for community mental health should come your way.

Sincerely,



John D. Kosch
Homer City Councilperson

Private
JAN 20 1983
U.S. MAIL
Homer, Alaska 99603

Cook Inlet Council On Alcohol And Drug Abuse

January 20, 1983

Dr. Paul Craig
COMMUNITY MENTAL HEALTH CENTER
P. O. Box 2274
Homer, AK 99603

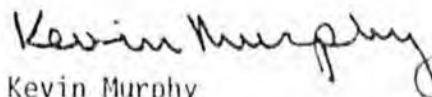
Dear Paul:

This is my letter of support for the Community Mental Health Center. It is my professional opinion that your office provides a much needed, high quality service to your community.

In working with recovering persons, the Parent-Child Education and Training Program can serve as an important adjunct to a healthy, sober family. In working with individuals and families, mental health needs must be addressed in many cases for a person to return to or begin a quality sobriety. It is important we work together. I know through your efforts with the Human Service Provider's Network working together is an important goal to your agency. This is also the goal of CICADA and will benefit the community.

If I can be of further assistance, please feel free to call me at 283-3658.

Sincerely,



Kevin Murphy
Executive Director

KH/pp

W J MARLEY, D.D.S.

BOX 155

HOMER ALASKA 99603

235-8909

February 24, 1983

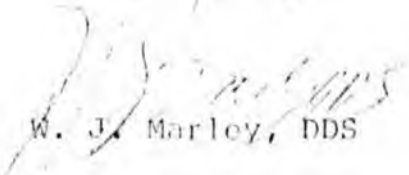
Paul L. Craig
Community Mental Health Center
Box 2274
Homer, AK 99603

Dear Sir,

I would like to express my support for our Community Mental Health Center. The services provided to our community are most important. In my opinion, there would be a terrible deficit in the health care of our community were the service not available.

While I do support the Community Mental Health Center, it is also my hope that my support would not preclude any efforts by the private practice community to provide a like service.

Sincerely,


W. J. Marley, DDS

LAURANCE A. MARSHBURN, MD

P O BOX 277

HOMER, ALASKA 99603

January 26, 1983

Re: Letter of Recommendation - Homer Community Mental Health Center

To Whom It May Concern:

It is my feeling that the Homer Community Mental Health Center continues to provide an extremely valuable resource in this community. The support that they have given to me and to my patients in the last year has been consistently of extremely high quality and entirely professional. My only area of contact with this program, however, has been in the realm of people who required counselling over a period of time, usually for a transient situational problem. As stated, the support in this area has been excellent. I have had no real contact with other areas of the program, such as the parent/child education and training program or the infant learning program.

I would certainly endorse the need for continuing support of the Community Mental Health program in Homer and recommend a favorable response on the current grant proposals.

Very truly yours,


Laurance A. Marshburn, M. D.

January 28, 1983

Community Mental Health Center
Box 2274
Homer, Alaska 99603-2274

To Whom It May Concern:

It is with great pleasure that I submit this letter of support for the services rendered by our local Community Mental Health Center. When funding for this valuable local service was threatened last year, I viewed that trend with alarm. The good to the community at large so far outweighs the dollars spent, every dollar spent represents a valuable investment.


I would like to cite my own personal experience with the Mental Health Center first. That concerns the services rendered to my mother, who through no fault of her own, has been a patient of mental institutions and clinics for the better part of her 75 years. If it were not for the existence of this clinic and the excellent service she receives here (and I rate it the best she has ever received), she would now be a ward of an institution. It is my hope that she may remain in the comfortable surroundings of her own home for as long as possible. Due to her financial situation, that can only be accomplished through this clinic.

As a school board member and parent I am also very much concerned with and about the services rendered to our schools by the Community Mental Health Center. Here in Homer Dr. Craig works with identified emotionally handicapped children, at the present serving ten such children in our Homer schools. The service area for Dr. Craig extends from Ninilchik south and includes Anchor Point, Homer, English Bay, Port Graham, and Seldovia (as well as Ninilchik). It is a very large area that obviously requires a lot of energy and time. Population wise, it is also a very fast growing area, increasing at the rate of 15 to 20 percent per year. The services that Dr. Craig provides to our schools are those that are beyond that what we, the school, can provide. We are therefore very dependent upon him.

I am particularly pleased with the Parent-Child Education and Training Program, a parent effectiveness program and one that I consider vital. Any time we can reach out to parents and assist them in their every day dealings with children, we are helping to create a healthy environment for those children. These communications skills provide a foundation and among the many benefits enable a child to perform better at school. The Parent-Child Education and Training program has been well received in the community.

Overall I find the services rendered by the Community Mental Health Center to be invaluable to the Lower Kenai Peninsula. The continuation and expansion of these services is of utmost importance. I strongly urge your financial support of the Community Mental Health Center.

Sincerely,


Mildred M. Martin, member
Kenai Peninsula Borough School Board
P.O. Box 2652
Homer, Alaska 99603

JOHN RATE
LAWYER
BOX 216R
HOMER ALASKA 99603

(907) 235-11740

To Whom It May Concern:

Re: Community Mental Health Center, Homer, Alaska

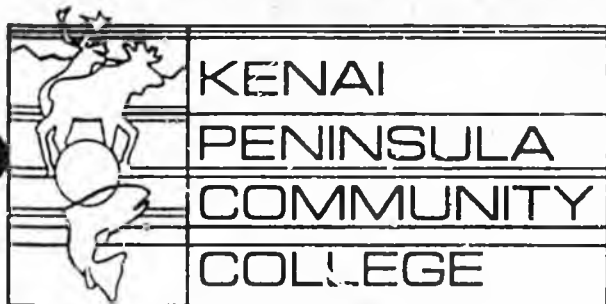
I am writing in support of the Community Mental Health Center, which I believe has served this community well. As a lawyer, I can assure you that the judicial system is definitely inadequate to deal with problems of mental health. The Center has provided a source of local counseling, which the court system has used to provide sensible dispositions directed at long-term rehabilitation of criminal offenders. It has also served to identify and resolve mental problems before they become a burden on the court system. The Center also provides an invaluable service in counseling young people who are having problems with the school administration or with their families.

I believe that the entire Homer community will appreciate your attention to the needs of the Community Mental Health Center.

Sincerely,


John Rate

JR:lag



HOMER BRANCH

P.O. BOX 2779 HOMER, ALASKA 99603 (907) 235-7743

February 14, 1983

TO Whom it May Concern:

The Community Mental Health Center in Homer, Alaska provides many necessary and unduplicated services to the Lower Kenai Peninsula.

The Center has been successful in helping people to become productive and successful citizens. I have found the staff at the Community Mental Health Center to be professional in every sense of the word and I am looking forward to continuing our work with them in the future.

Kenai Peninsula Community College Homer Campus pledges its support to Community Mental Health Center of Homer and I urge you to also support the efforts of this important and vital organization. Our community needs their services.

Sincerely yours,


Jim Riggs
Homer Campus Administrator

VALDEZ

TATITLEK

EVAK

CHENEGA

SEWARD

ENGLISH BAY

PORT GRAHAM

north pacific rim

February 22, 1983

Paul Craig, Director
Community Mental Health Center
P. P. Box 2274
Homer, AK 99503

Dear Paul:

This letter is in regards to your request for support from the North Pacific Rim Native Corporation for further funding of Community Mental Health Center programs which impact the Native villages in the South Katchemak area.

During the past 2 years, the North Pacific Rim and the community MHC have operated with a cooperative agreement to provide services to English Bay and Port Graham on a consistent basis.

We believe that timing and sensitivity to community needs are paramount to providing useful services to Alaska Native villages and we have appreciated the fact that the Community Mental Health Center has been ready and willing to provide services on an "as needed" basis as opposed to forcing programs on a community that is not ready for them.

Our Family Services Worker reports that the Community Mental Health Center has followed his lead and provided services in a timely and highly professional manner. He further states that the Infant Learning Program and the Parent Education classes are valuable components to the services provides and good mental health program serves as an excellent back-up and resource for him as a professional.

We would like to offer our continued support for your program.

Sincerely,

Richard A. Rolland
Director
Health & Social Services

803 W Northern Lights Blvd., Suite 203 / Anchorage / Alaska 99503 / Ph. (907) 276-2121

The North Pacific Rim Corporation Serves The People Of The Chugach Native Region



HOMER MIDDLE SCHOOL

Kenai Peninsula Borough School District

Lee Wiman, Principal
Larry Sauta, Vice-Principal

SRA Box 20
Homer, AK 99603
Phone: (907) 234-5200

January 26, 1983

TO: Whom It May Concern

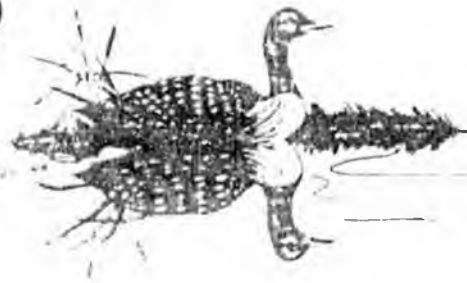
FROM: Larry Sauta, Vice Principal *L.S.*

SUBJECT: Letter of Support

The Community Mental Health Center under the direction of Dr. Paul Craig has, over the last two years, become an integral part of the public education in this community. Dr. Craig and his staff have been able to successfully fill a void that had existed in the area of community mental health.

We have found Dr. Craig and his staff to be extremely professional, effective, and supportive at all times.

LR:nd



Nikolaevsk

Николаевск



POST OFFICE BOX 100
ANCHOR POINT, ALASKA 99550

January 20, 1983

Dr. Paul L. Craig, Director
Community Mental Health Center
Box 2274
Homer, Alaska 99603

Dear Dr. Craig;

I would like to take this opportunity to commend you and the staff of the Community Mental Health Center for the positive influence you have been on the surrounding community specifically during the past year. The consistency of your excellent service as director has established the center as constantly available, highly competent, and completely professional.

Although new, the Parent/Child Education and Training Program and the Infant Learning Program show tremendous potential for far reaching service and influence for the South Peninsula. The combination of the abilities and talents of Chris Laine and Judith Rothstein into the one DVR position was innovative and by all appearances very successful. The organization and efforts of Mary Barnett are also to be complimented. Your efforts as administrator are reflected in the winning combination you have in your staff and the professionalism demonstrated there.

Personally, I want to thank you for your efforts in meeting needs identified here at Nikolaevsk School and your availability for advice when needed. I see our service opportunities increasing here as the two new programs gain greater visibility and as we continue to work with established programs such as Donna Fenske, PHN, and Ingrid Avril, Alaska Department of Health and Social Services.

If I can be of help anytime, please contact me.

Respectfully,

Bob Moore,
Head Teacher

BM/k js

KENAI PENINSULA BOROUGH SCHOOL DISTRICT

PUPIL PERSONNEL SERVICES

501 DOTNA, ALASKA 99569

Special Services

Nursing Services

Counseling

Media

February 17, 1983

Paul L. Craig, Ph.D.
Psychologist, Director
Community Mental Health Center
P.O. Box 2274
Homer, Alaska 99503

Dear Dr. Craig,

Thank you for the opportunity to express my appreciation and continuing support for the efforts of the Community Mental Health Program. For those it may concern, I might explain that through the contract between our agencies, counseling and consultative services are provided to emotionally handicapped school children, their teachers and parents. Without your activities in the south peninsula area, services to these residents would be significantly reduced, if not eliminated altogether in many cases.

Personally, I am absolutely delighted with both the responsiveness and flexibility you and your staff have displayed in meeting difficult and at times, protracted situations. That your agency functions in a responsible fashion is obvious from the measurable improvements seen in the students you have worked with.

I expect to make heavy demands on your time in the coming year with similarly positive results.

Sincerely,

Arlo Morgenweck
Arlo Morgenweck, Ph.D.
School Psychologist



South Peninsula Women's Services, Inc.

P.O. Box 2328
Homer, Alaska 99603

Phone 243-7712

February 3, 1983

Paul Craig, Ph.D.
Community Mental Health Center
P.O. Box 2274
Homer, Alaska 99603

Dear Paul:

Please accept this letter in support of the continuing services of the Community Mental Health Center, Parent Education, and Infant Learning programs provided by the Community Mental Health Center to residents of the South Kenai Peninsula.

South Peninsula Women's Services and Community Mental Health Center has a most viable, cooperative relationship that positively benefits both individual and mutual clients. S.P.W.S. has made a multitude of referrals to the Center's various program components. These referrals have been received and acted upon in a most professional manner. Moreover, we have received appropriate referrals from the Community Mental Health Center. Mutual program planning has also been very effective.

We feel the Community Mental Health Center is an integral part of the community. The services that the three program components provide are of an utmost importance. We at South Peninsula Women's Services are in full support of the effective and needed programs offered by the Community Mental Health Center and recommend their continued funding.

Sincerely,

Carol Swartz, M.S.W., A.C.S.W.
Director

CS/ja

T. H. TAYLOR, D.M.D.

BOX 3288

HOMER, ALASKA 99603

TELEPHONE (907) 235-8000 (44)

OFFICE HOURS BY APPOINTMENT

ASH WEDNESDAY
February 16, 1983

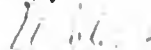
To Whom It May Concern:

As a local clergyman at St. Augustines' Episcopal Church, and a local dentist, I meet many people in the Homer and surrounding areas; some of them with problems which the Community Mental Health Center has been able to greatly assist with.

I utilize the expertise of the counselors at The Community Mental Health Center, by referring people to them from time to time. I would be disappointed, to say the least, without their valuable contribution to the well being of our community.

Please give them every consideration in their grant proposals.

Sincerely,



(The Rev.) Thomas H. Taylor D.M.D.

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF EDUCATION

DIVISION OF VOCATIONAL REHABILITATION

MICHAEL C. MORGAN, DIRECTOR

Kenai Branch Office
P.O. Box 3533
Kenai, Alaska 99611
(907) 283-3113

January 19, 1983

Community Mental Health Center
Box 2274
Homer, Alaska 99603

Dear Paul:

This is in support of the Community Mental Health Center in Homer.

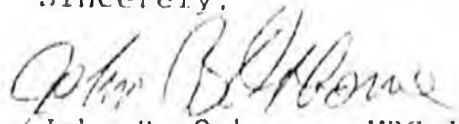
The mental health center in Homer greatly meets the needs of the local community from my perspective as well as the residents of the Homer area. They provide this office with psychological assessments on my clients, excellent guidance to my clients as well as assisting me in my contacts with employers and educational personnel. They have a broad based mental health program that works with walk ins, referrals from other agencies as well as other physicians and hospitals.

From my viewpoint they are doing an excellent job. The staff of the Community Mental Health Center appear to be highly competent, well trained, knowledgeable of problems in a rural area and very insightful of the needs of the community. Their parent/child educational program seems to be functioning quite well and appears to be meeting an obvious need. The same can be said for the Infant Learning Program which is relatively new.

I am very impressed by all of the programs that fall under this office and am highly pleased with the helpfulness of the staff.

Thank you for this opportunity to voice my opinion. I highly recommend continuation of the funding support for their current programs or any other programs they deem appropriate in the future.

Sincerely,


John B. Osborne, VRC I

JBO/PM

Ninilchik Community Clinic
February 2, 1983

Paul Craig, PhD.
Director
Community Mental Health Center
Homer, Alaska

I am happy to write this letter in support of the
Community Mental Health Center of Homer, Alaska.

Individuals in the Ninilchik area contacted the
Ninilchik Community Clinic asking for some type of help in
handling stressors. September 29 th. Paul Craig and Eileen
Cittrell from the Mental Health Center met with me to discuss
some of the needs of Ninilchik's peoples.

In October Eileen Cittrell, M.A., Counselor began
conducting a stress workshop three times a month open to the
general public at a \$2.00 registration fee. The times alternate
on Wednesdays and Fridays in the here and there for community
clinic usually over 100.

Private counseling is provided to individuals up
on intakes prior to the workshops. This service because of
its availability has been sought out by a young couple with
problems.

A communications skill class is held in the afternoon
with high school students. Just having Eileen in the school is
valuable. Students see her and can seek her out.

Numbers are hard to count in the mental health area.
The people actually seen are just the visible tip of the iceberg
that is receiving the benefits.

We live in Ninilchik for the services of the
Mental Health Center of Homer. If these services are denied our
needs go unanswered. If the program remains and is a steady
source of aid more and more people will use it.

I personally value the increased knowledge and skills
that workshops have given me. Others have voiced the same opinion.
and you Community Mental Health Center of Homer.

Pat Oskolkoff CHR.

Sincerely,
Pat Oskolkoff CHR.
Ninilchik Community Clinic
Box 39348
Ninilchik, Ak. 99539
7576-3976

February 15, 1983

Dr. Paul L. Craig
Director
Homer Community Mental Health Center
P.O. Box 2274
Homer, Alaska 99603

Dear Dr. Craig:

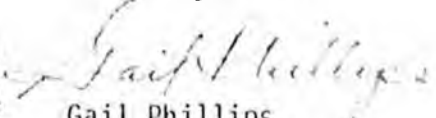
It is with a great deal of pleasure that I have been requested to submit a letter of support for the Community Mental Health Center, and am able, in good faith, to offer this support.

I feel that you and your staff are providing a vital service to the overall good health of the Homer community and surrounding area, and I will do all possible to help in your efforts to secure funding for the continuation of the Mental Health program for our area.

As a Councilperson, we are often called upon to lend support for various projects in our community, and many times I find that I have a personal conflict in giving support. Not so, however, in your case. I personally feel that your organization is not only above board, ethically and financially, but that you also are providing a desperately needed service in the community.

Please let me know if I can be of further assistance.

Sincerely,



Gail Phillips
Owner



STATE OF ALASKA

DEPARTMENT OF LAW

DISTRICT ATTORNEY OFFICE

MR. & MRS. HAMMOND, GOVERNOR
BILL SHEFFIELD
GOVERNOR

P.O. DRAWER 1180
KENAI 99611

February 22, 1983

Paul L. Craig, Ph.D.
Psychologist, Director
Community Mental Health Center
P. O. Box 2274
Homer, Alaska 99603

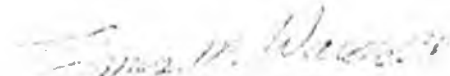
Dear Dr. Craig:

Please consider this letter as support for your continuing efforts in rendering much needed evaluation and counseling service for the people in your area.

It is clear to me from having handled a number of criminal cases on the southern end of the peninsula, that there is a definite need being met by your Center. I consider a continuation of your services as important to the treatment of a number of individuals who are involved in the criminal justice system, whose problems can best be addressed through counseling in their own community.

Please let me know if I can be of assistance in your efforts and I sincerely hope that your program will be adequately funded and supported; you certainly have my support.

Very truly yours,


Thomas H. Wardell
District Attorney
Kenai

TAW:md



KENAI PENINSULA BOROUGH

BOX 850 • SOLDOTNA ALASKA 99669
PHONE 262-4441

STATE OF ALASKA
1983

February 22, 1983

Paul L. Craig
Community Mental Health Center
Box 7774
Homer, AK 99603

Dear Dr. Craig:

While I do not at this moment have any specifics to mention regarding the mental health programs for South Kenai Peninsula, I do realize the great need for the programs in this area.

It is an absolute necessity that the Community Mental Health program, the Parent-Child Education & Training program, and the Infant Learning program continue in the community as these programs seem to be effective in filling the needs in this area.

We appreciate your work; keep it up.

Sincerely,

Stan Thompson
Kenai Peninsula Borough Mayor

State

January 26, 1983

Paul L. Craig, Ph. D.
Director
Community Mental Health Center
Box 2274
Homer, Alaska 99603

Dear Dr. Craig:

Thank you for contacting the PreSchool Program for our input regarding South Kenai Peninsula community health and child-parent related services.

Since I have only resided in Homer since September, quite frankly, I don't feel competent to assess the quality and quantity of services offered; but since I am extremely interested in pre-school parent and child education I would like to pass a few observations along to you, especially if some money might be funded in this area.

The Community School's Preschool is the only preschool of its type in Homer. There are a few other organizations that offer "preschool" education; however these fall mainly under the category of daycare and do not foster positive parent-child inter-relationships as the parent is usually working and not present.

I see a great need in this community for a type of program that involves parent and child. Many children in this area live in isolated areas, missing much early socialization, and many of the mothers, in particular are spouseless for a length of time and need contact and communication with a skilled teacher and other parents just to see that Johnny really isn't as awful as she thinks and he can cooperate without that whack on the bottom she needs to give him all the time!

Our preschool program last year served as many as 110 children. Our equipment is sub-substandard or non-existent. We only have \$20.00 per month for supplies. Community Schools picks up all the bills and many people can't or don't pay and we won't exclude any child for financial reasons.

If there would be any way PreSchool could be included in any grant requests we would be overjoyed. Please feel free to visit us as we welcome your interest and support and I will be contact you or your staff to make myself acquainted with your services especially in the area of early child education.

Thank you,

Fat Springer
Fat Springer



The Children's House

A Montessori Center

January 19, 1983

Paul Craig, Ph.D.
Director, Psychologist
Community Mental Health Center
Box 2274
Homer, Alaska 99603

Dear Paul:

Thank you for informing me of your intention to submit a grant proposal again for funding of your programs. Your center has done a remarkable job this past year with the Infant Learning Program, the Parent-Child Education and Training Program, and all aspects of the Community Mental Health Program. I certainly hope funding will be available to continue the good work in these areas.

Through my work with children and their families I see a definite need of resources for parents and children alike who have special needs, problems coping with stress, or simply wish to improve their parenting skills. Your center is helping to fill this need with your various programs. I have referred parents to you for counselling and training, feeling comfortable that you could provide the needed help. The parents I hear back from have been both grateful and enthusiastic about your programs. I in turn am very grateful for your help.

I wish you continued success for another year of strong community involvement. Thanks for providing such quality programs for the people of Homer.

Sincerely,

Jane Wingquist
Jane Wingquist
Director

Homer High School

Homer Peninsula Borough School District

LEE WINN, PRINCIPAL
HOMER PENINSULA BOROUGH SCHOOL DISTRICT

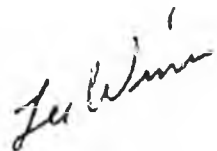
HOMER, ALASKA
HOMER, ALASKA
HOMER, ALASKA

January 20, 1983

Community Mental Health Center
P.O. Box 2274
Homer, AK 99603

TO WHOM IT MAY CONCERN:

FROM: Lee Winn, Principal



RE: LETTER OF SUPPORT

As Principal of Homer High School, I totally support the Community Mental Health Center under the direction of Paul L. Craig, Ph.D. Through his guidance, our community and school continue to be provided a very valuable resource as to their needs. At no time has Dr. Craig and his staff been unwilling to work with our problems or our schedule.

It has been my personal observation that Dr. Craig has spent additional time providing input and direction to help improve our school "effectiveness" for the student. His expertise and guidance continue to provide our teachers with new options and techniques.

The community of Homer would be drastically affected without the services of Community Mental Health Center. As a school administrator and community member, I whole heartily solicit your support.

If I can provide any additional information, please feel free to contact me.

LW:gs

● panoply

family health care

February 17, 1983

Paul Craig, Ph.D.
Psychologist, Director
Community Mental Health Center
P.O. Box 2274
Homer, AK 99603

Dear Paul:

This letter is in continued support of your program at the Community Mental Health Center. Over the past year many of my clients have received assistance and care from the Community Mental Health Center in a variety of ways by taking advantage of the well-established programs and, especially, since the introduction of the Infant Learning Program. I continue to be impressed with the service provided, with the attention to follow-up, and feel more strongly than ever that the Community Mental Health Center serves a vital function in our community. To consider referring my clients to Kenai or Anchorage for counseling and evaluation would be as limiting as not having a hospital available in which to practice.

I look forward to another year of excellent service.

Warmly,



Dan White, M.D.

DW/jlw



box ~~916~~ 331 homer alaska 99603 (907)235-7725

PROGRAM BROCHURES

Community Mental Health Center
Infant Learning Program
Vocational Counseling
Parent-Child Education & Training

Looking for professional assistance in any of the following areas?

- * Relationships
- * Behaviors that you would like to change
- * Emotions
- * Employment or educational planning
- * Stress
- * Your child's development or behavior
- * Family relations
- * Developing positive parenting skills
- * Or even Cabin Fever!



WE CAN HELP!!!
***Our professional staff
is available to
serve you.***

The Community Mental Health Center sponsors the following services:

Mental Health

Counseling, evaluation, consultation and crisis mental health services for adults and children.

Vocational Counseling

Career exploration, guidance and training services coordinated with Alaska Division of Vocational Rehabilitation.

Parenting Skills Educational Program

Workshops, classes and counseling for families and individuals regarding effective positive parenting.

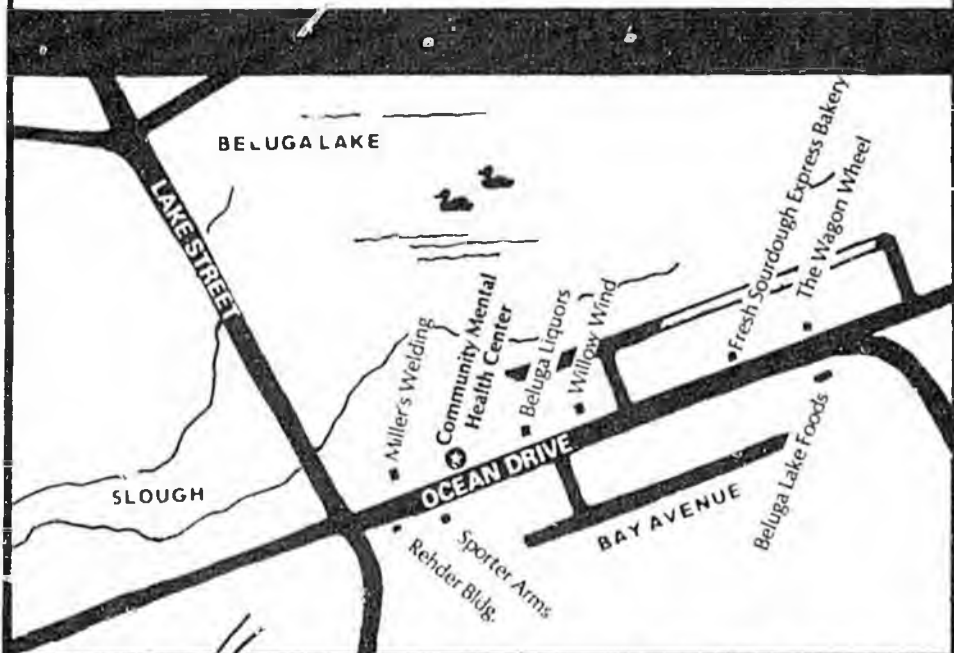
Infant Learning Program

Home-based program assisting parents of developmentally delayed infants (0-3 years) providing activities to enhance development.

Some services are free and others are on a sliding fee scale.

The center is located in the lower level of the office building on Ocean Drive between Miller's Welding and the Willow Wind. Outreach services are provided to Homer and outlying communities.

The Community Mental Health Center is sponsored by the South Peninsula Mental Health Association, a private non-profit corporation. If you are interested in becoming a member of the Association, give us a call.



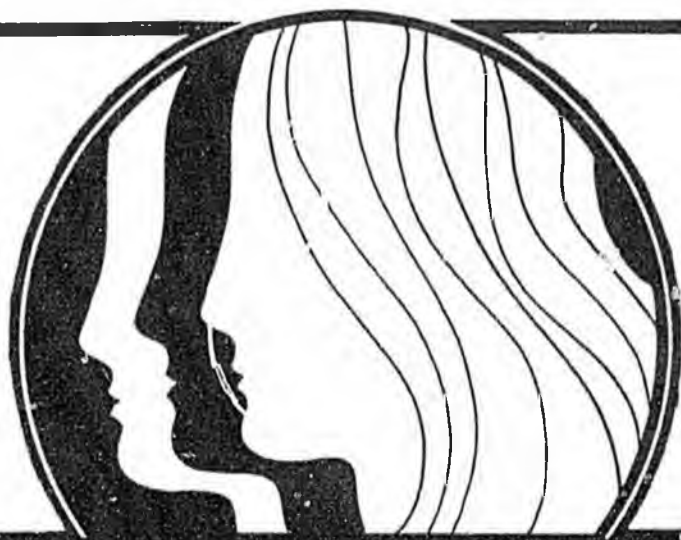
Community Mental Health Center

P.O. Box 2274

Homer, Alaska 99603

(907) 235-7701

**Community
Mental Health
Center
235-7701**



Serving:

**Homer-Anchor Point-Halibut Cove
Kachemak City-Seldovia-English Bay
Port Graham-Ninilchik-Nikolaevsk**



SOUTH PENINSULA INFANT LEARNING PROGRAM

**COMMUNITY MENTAL HEALTH CENTER
P.O. Box 2274
Homer, Alaska 99603
(907) 235-7701**

THE PROGRAM

The Infant Learning Program (ILP) is an early intervention program for infants and toddlers from birth to three years who are developmentally delayed, have a physical handicap or are at risk of developing a problem.

The Infant Learning Instructor will visit the parents and child in the home to do a formal assessment of all developmental areas. Where developmental delays are found, an Individualized Education Plan (IEP) will be established with the parents. The Instructor will visit the home on a weekly basis or as needed, for about an hour each visit, to share with parents some activities and techniques they can use daily to stimulate their child's development.

For more information, contact the INFANT LEARNING INSTRUCTOR through the Community Mental Health Center in Homer, 235-7701.

SERVICE AREAS

The Infant Learning Instructor will provide home services in the communities of Homer, Anchor Point, Ninilchik, Nikolaevsk, Seldovia, Port Graham, English Bay and outlying areas.

ELIGIBILITY

Any child under age three who has a handicap (such as Cerebral Palsy, Down's Syndrome, Mental Retardation, Blindness, Deafness) or who is suspected of having a developmental delay is eligible for the program.

COST

There is no cost to the parents. The program is funded by the Department of Health and Social Services, Family Services Section.

VOCATIONAL
COUNSELING



For information and
appointments, call:

235-7701

Office located in
Community Mental Health Center
P.O. Box 2274
Homer, Alaska 99603

INTRODUCTIONS

CHRIS LAING VOCATIONAL COUNSELOR

Jointly sponsored by

STATE OF ALASKA
DIVISION OF VOCATION
REHABILITATION

COMMUNITY MENTAL
HEALTH CENTER
P.O. BOX 2274
HOMER, ALASKA 99603
235-7701

V O C A T I O N A L C O U N S E L I N G



Most of us spend considerable time and energy at different points in our lives wondering which jobs would fit our needs and desires. Exploring the range of choices of employment is a difficult task. Often, the beginning step of knowing who to ask for specific information about a field of work is a bogging-down place. The Vocational Counseling Program in Homer is designed to assist people in clarifying career goals, barriers to successful employment, and strategies for seeking new employment.

FOR WHOM ARE THESE SERVICES DESIGNED?

- Any person in the process of rethinking his/her career, or how s/he is utilizing time;
- * The average American worker changes careers 4 times in his/her lifetime;
- Any disabled Alaskan who seeks assistance through Division of Vocational Rehabilitation and resides in the Southern Kenai Peninsula.
- * We serve people in the following communities:

COMMUNITY MENTAL HEALTH CENTER

Serving:

235-7701

Judith Rothstein, M.S.
Vocational Counselor

P.O. Box 2274
Homer, Alaska 99603



For information and
appointments, call:

235-7701

Office located in
Community Mental Health Center
P.O. Box 2274
Homer, Alaska 99603

Ninilehik
Nikolaevsk
Anchor Point
Homer
Kachemak City
Seldovia
Port Graham
English Bay



JOHN B. OSBORNE VOCATIONAL REHABILITATION COUNSELOR

STATE OF ALASKA
DEPT. OF EDUCATION
P.O. BOX 3833
KENAI, ALASKA 99611

VOCATIONAL REHABILITATION
PHONE (907) 283-3133

SERVICES AVAILABLE...

Career exploration and guidance: (in groups or individually), utilizing the Alaska Career Information System and interest inventories.

Information and referral services: from type of training required for a job to where such is offered, including employment forecasts for various job fields.

Special needs planning: such as in the case of physical, mental or emotional disabling conditions.

Assistance with sharpening job-readiness skills: resume writing, interviewing tips, etc .

Coordination with other agencies: state, federal, and private agency contacts.

Job development: working with area employers in developing on-the-job training opportunities.

Job supervision: assisting employers in monitoring employee progress and upgrading skills.

Individual counseling: available to clients wishing to work on issues of self esteem, assertiveness, and other issues affecting job production.

Community education: periodic classes and workshops are offered to the public covering various aspects of the job search.

Employee Assistance Program: a confidential information and referral service available to employees and their family members. Available as a benefit to employees whose employers have contracted for services.

...AND NOW FOR A WORD ABOUT VOCATIONAL REHABILITATION

The Homer Vocational Counseling program is an extension of the Alaska Division of Vocational Rehabilitation (DVR), whose nearest office is in Kenai.

In an effort to provide the most comprehensive outreach services possible to the Southern Kenai Peninsula, we serve as liason with the Kenai office, and work closely with the DVR counselor who visits Homer once each month. In order to be eligible for DVR services, an individual must:

- 1) Have a disability (emotional, mental, physical, or learning) that can be verified by a licensed physician and/or psychologist.
- 2) This disability must be a substantial handicap to employment.
- 3) DVR services will enable the individual to get and hold a job.

Applications for DVR services are available through the Homer Vocational Counselor.

Services are available through the Community Mental Health Center sliding fee scale until such time as the person may become a DVR client, at which time no fee would be charged. The sliding fee scale is based upon ability to pay; however, no one will be refused services due to a lack of funds.



Give Your Family a Boost!

Consult with the
Parenting Specialist
for Stimulating
Ideas!

Service Areas:

The Parent-Child Educator/Family Counselor will provide educational counseling services in a variety of settings, including but not limited to: Your home, the Community Mental Health Center, the school, or other common facilities. We serve parents in the following communities: Ninilchik, Anchor Point, Sel-dovia, Port Graham, English Bay, Nikol-avesk and Homer.

ELIGIBILITY:

All parents of children ages 0-18 in the service area are eligible for one or more of the services offered.

COST:

Fees are established based on ability to pay by using a sliding fee scale. As a result, services are available to one and all without regard to financial resources. Some of the groups and classes are provided without charge.



FOR MORE INFORMATION,
PLEASE CALL:

235-7701

Sponsored by South Peninsula
Mental Health Association, Inc.
Funded by a grant from the
State of Alaska, Division of Family
& Youth Services
P.O. Box 2274
Homer, Alaska 99603

PARENTING IS A TOUGH JOB!



“Parenting is a Tough Job, yet we can make it the choicest time in human life! Let us become inspired with brilliant motives so we can more effectively enrich and enhance the quality of our daily family living.”

—Eileen Littrell, M.A.
Parent Educator

THIS PROGRAM PROVIDES:

- ★ Parenting Skills Classes
- ★ Support Groups for Parents
- ★ Individual & Family Counseling

Common Child Problems Addressed:

- Short attention span
- Non-compliant behavior
- Temper tantrums
- Hitting others
- Verbal abuse
- Eating problems
- Disobedience
- Toilet training
- Whining



Parenting Skills

are

discussed within small group settings with a practical “How To” approach

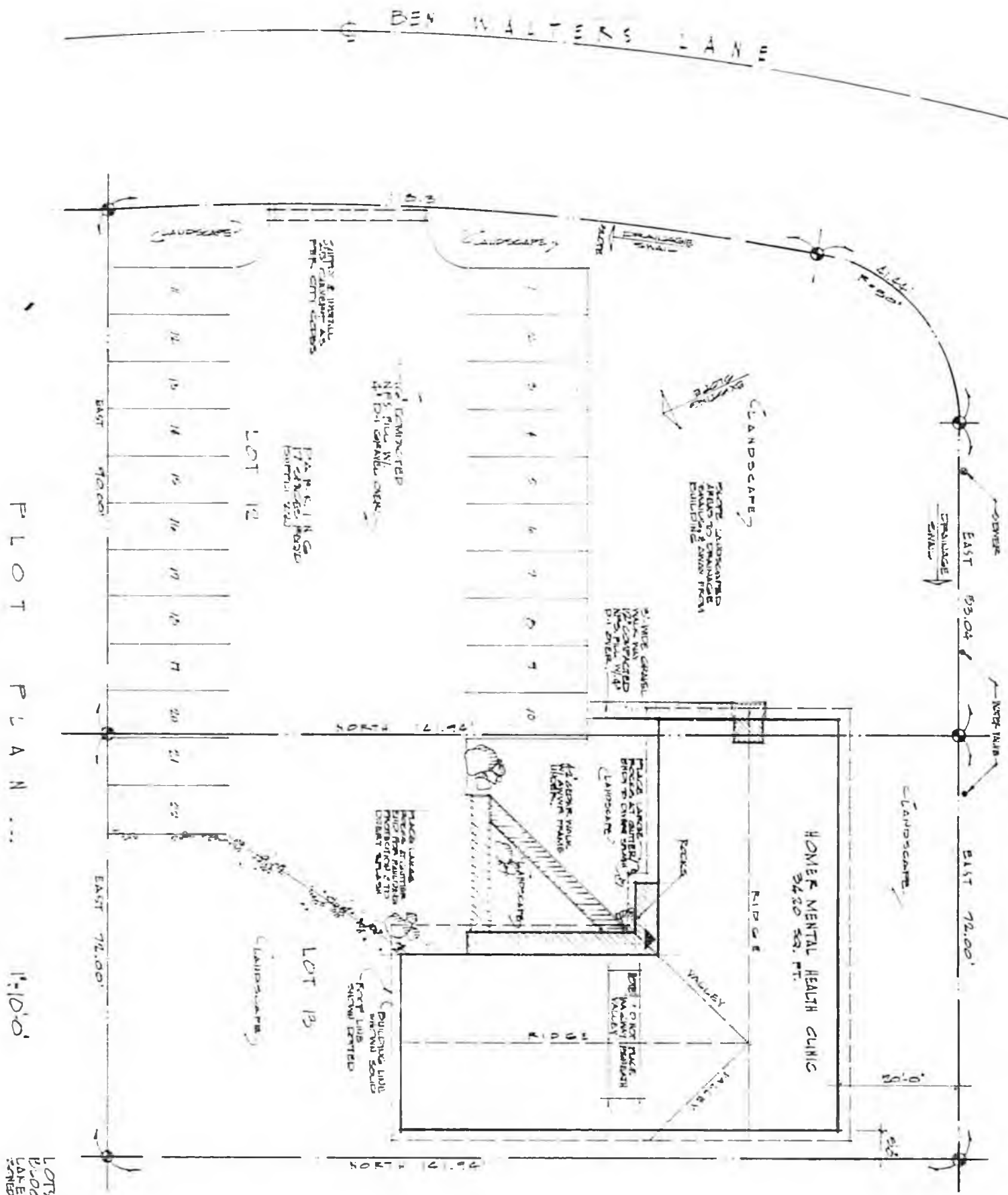
How to:

- Defuse anger
- Reduce stress
- Agree to disagree
- Be cordial yet frank in sending “I” messages
- Set training priorities
- Generate unconditional positive regard
- Detect and prevent double messages,
i.e., teach honesty
- Prevent power plays & manipulating behaviors
- Speak with moderation
- Be firm but kind
- Calm tempers
- Effectively ignore to reduce undesirable behaviors
- Extinguish undesirable behaviors -
- Set appropriate limits on your child’s behavior
- Appreciate normal stages of child development
- Enjoy your children
- Effectively encourage to shape desirable behavior
- Win your child’s respect and cooperation



ARCHITECTURAL DRAWINGS
SOILS TESTS
FACILITY SPECIFICATIONS

HILLFAIR COURT



PLOT PLAN

1:100

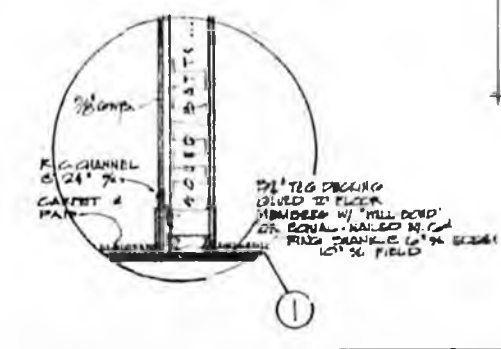
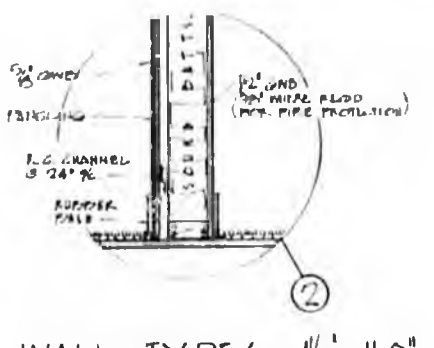
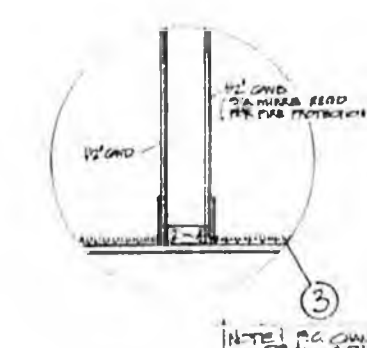
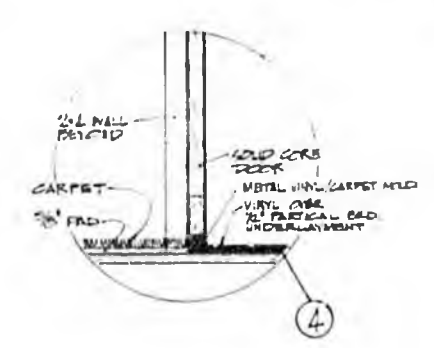
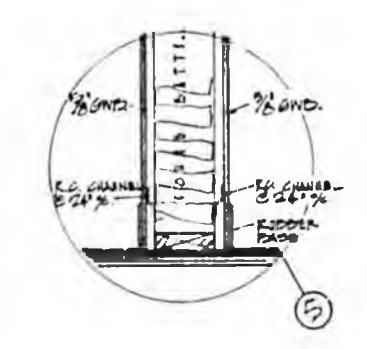
LOTS 12 & 13
 BLOCK 3
 LAKE SIDE VILLAGE SUBD
 ZONED UPGRADE RESIDENTIAL

HOMER MENTAL HEALTH CLINIC

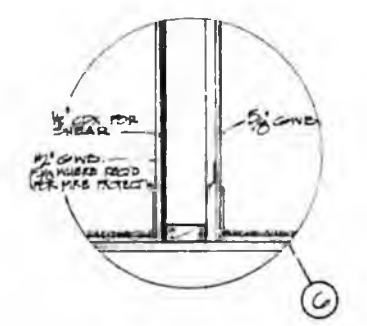
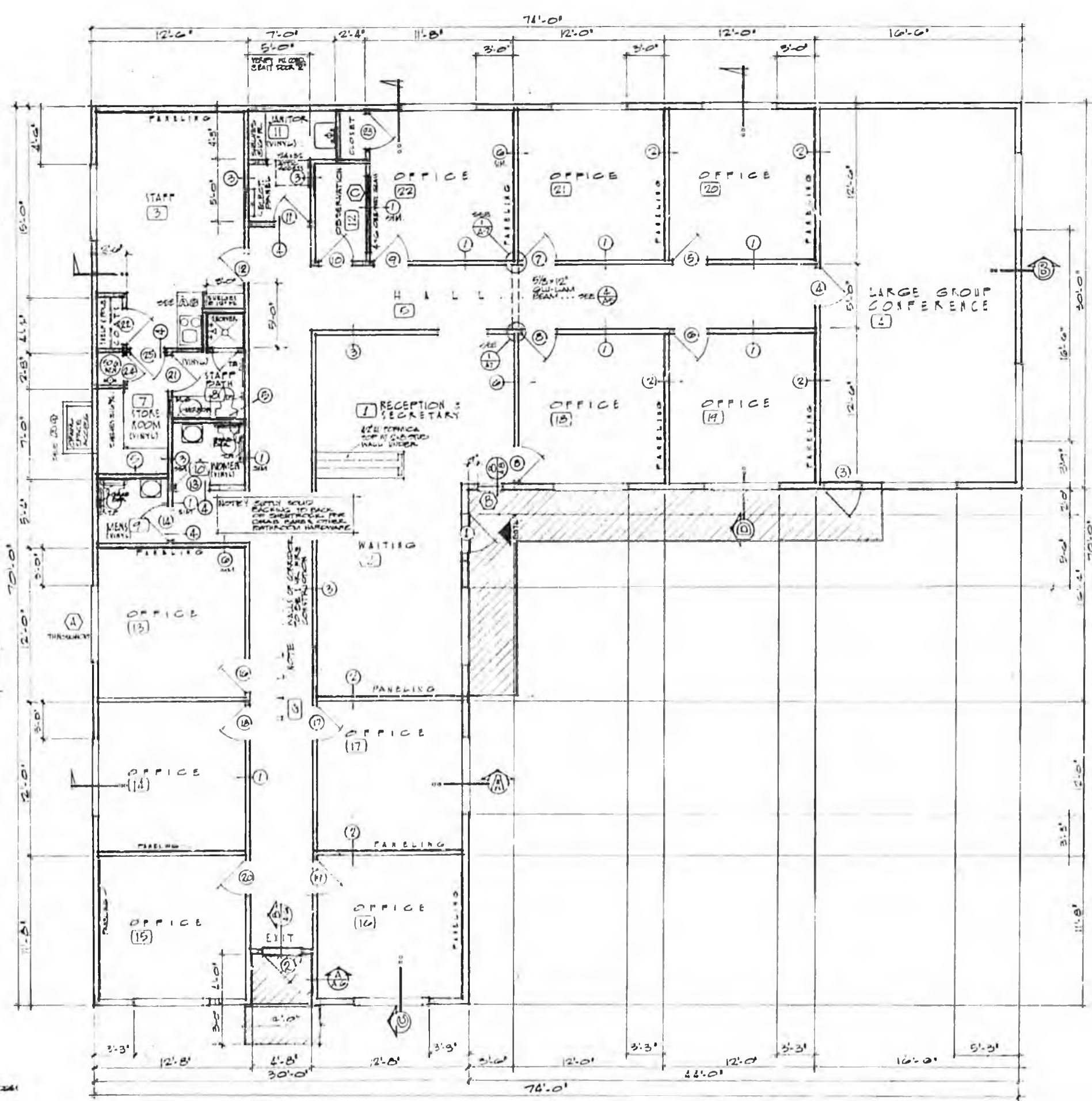
SCHEDULE OF DRAWINGS

- A-1 PLOT PLAN
- A-2 EXTERIOR ELEVATIONS
- A-3 EXTERIOR ELEVATIONS
- A-4 FOUNDATION & ROOF FRAMING & DETAILS
- A-5 SECTIONS A & B, FINISH DETAILS
- A-6 SECTIONS C, D, FINISH DETAILS
- A-7 ROOF FRAMING PLAN, FINISH DETAILS
- A-8 INTERIOR ELEVATIONS, SECT & WINDOW SCHEDULE, INTERIOR FINISH SCHEDULE
- A-9 ELECTRICAL PLAN
- B-1

HOMER MENTAL HEALTH CLINIC	
DESIGNED BY: DAVID GARCIA	DATE: 4/22/45
FOR: HILLFAIR COURT	
A-1	



WALL TYPES 1/2'-1'-0"



3420 SQ. FT.

FLOOR PLAN 1/4" = 1'-0"

HOMER MENTAL HEALTH CENTER	
DRAWN BY - DAVID GARCIA	DATE MAY 29 1969
A2	

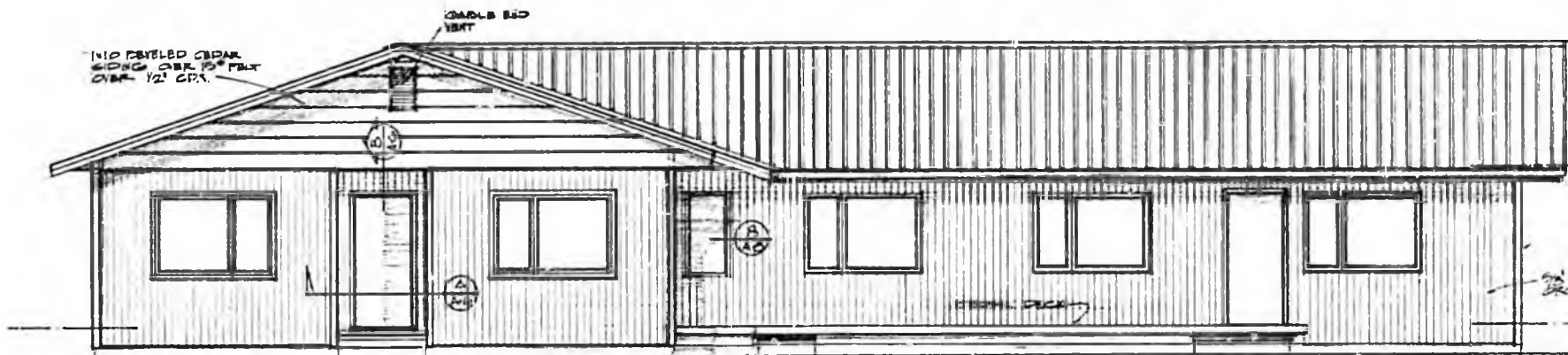
EXTERIOR FINISH

BEVELED CEDAR SIDING & CEDAR TRIM TO RECEIVE ONE COAT OF "OLYMPIC STAIN" & ONE COAT OF "OLYMPIC" CLEAR PROTECTIVE COAT

PATIO, UNDERSIDE OF GABLE END AND GABLE END VENT TO RECEIVE 2 COATS FILLER (ORSENI) EXTERIOR GLOSS FINISH. MATCH ROOF COLOR.

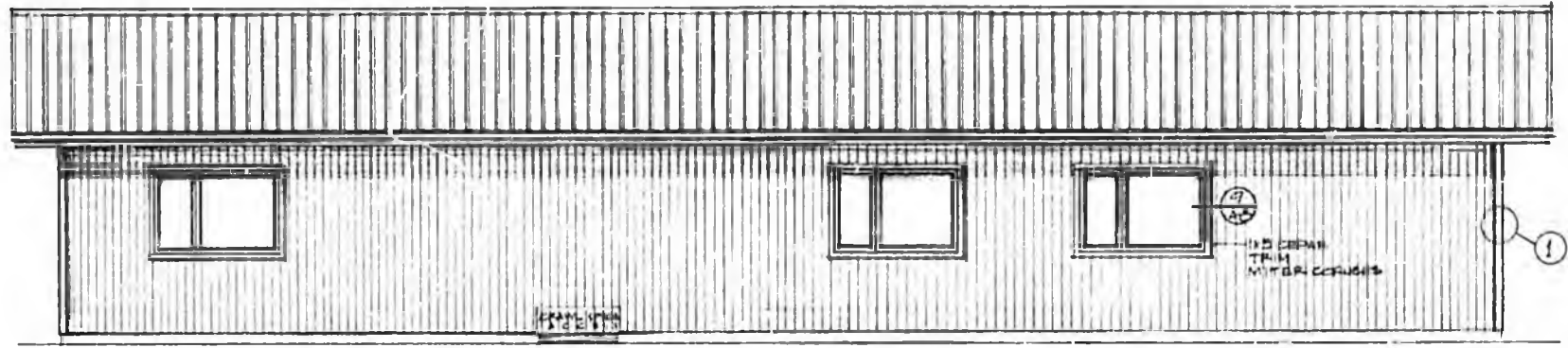
T-111 SIDING TO RECEIVE 2 COATS OLYMPIC SEMI-TRANSPARENT STAIN. STAIN APPLIED W/ BRUSH OR ROLLER. STAIN MAY BE SPRAY APPLIED IF FOLLOWED BY BRUSH OR ROLLER. APPLICATION BY SPRAYER ALONE NOT ALLOWED. OLYMPIC STAIN NO -

NOTE 1 ALL EXTERIOR NAILING TO BE W/ GALV FASTENERS. ONLY.



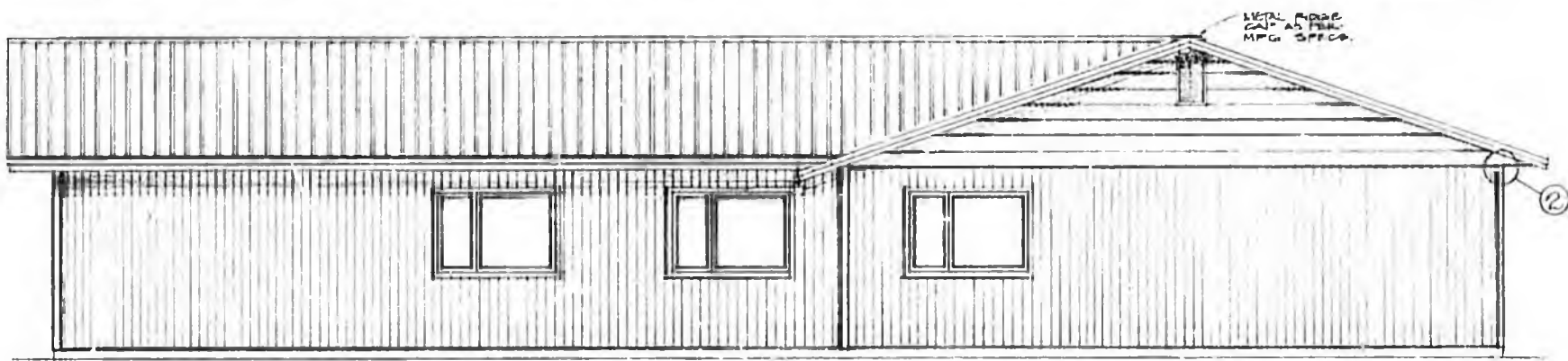
WEST ELEVATION

1/4" = 1'-0"



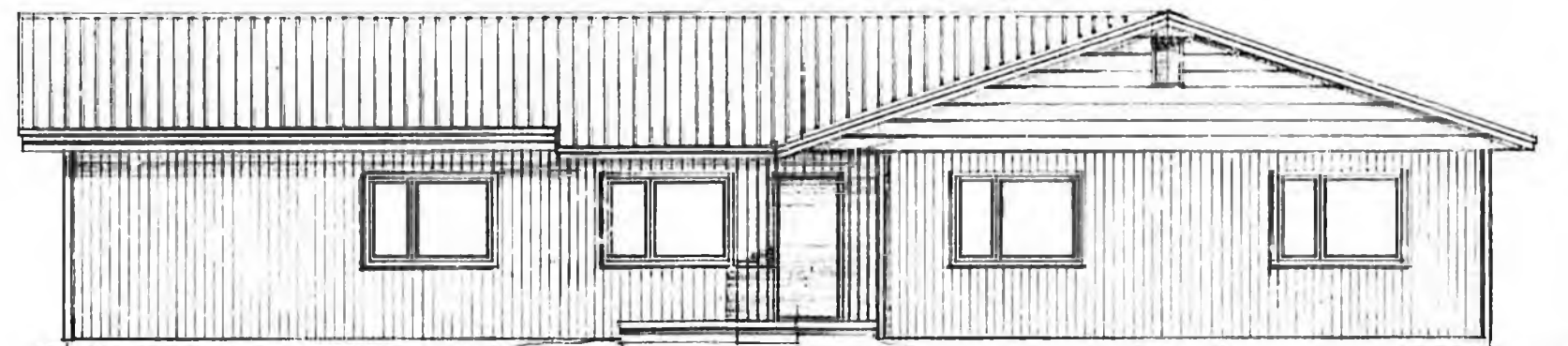
SOUTH ELEVATION

1/4" = 1'-0"



EAST ELEVATION

1/4" = 1'-0"



NORTH ELEVATION

1/4" = 1'-0"

NOTE: ROOF COVER SYSTEM BY GIFFORD WILL APPLY AS PER MFG. SPEC. COLOR - BROWN

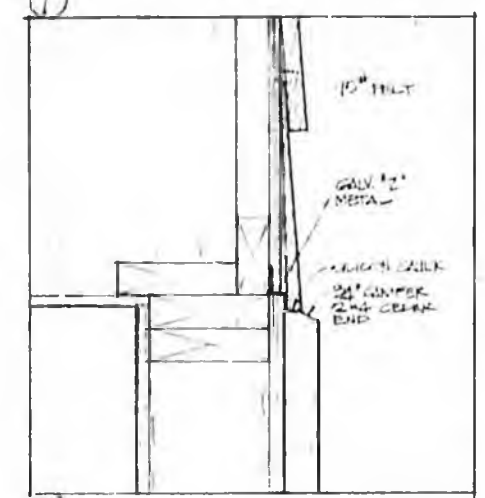
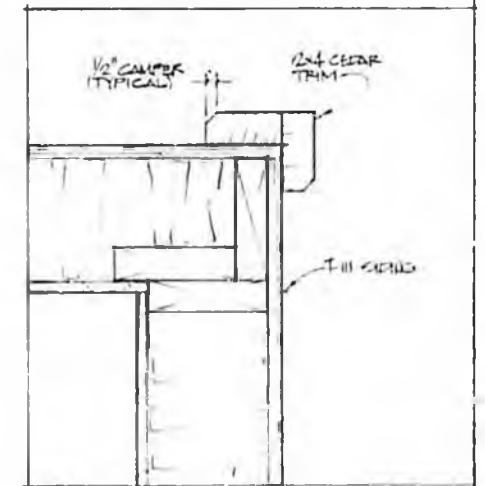
2x4 CEDAR TRIM

2x6 TILL SIDING BRACKETS 2' x 2'

CEILING

FLOOR

PI GABLE

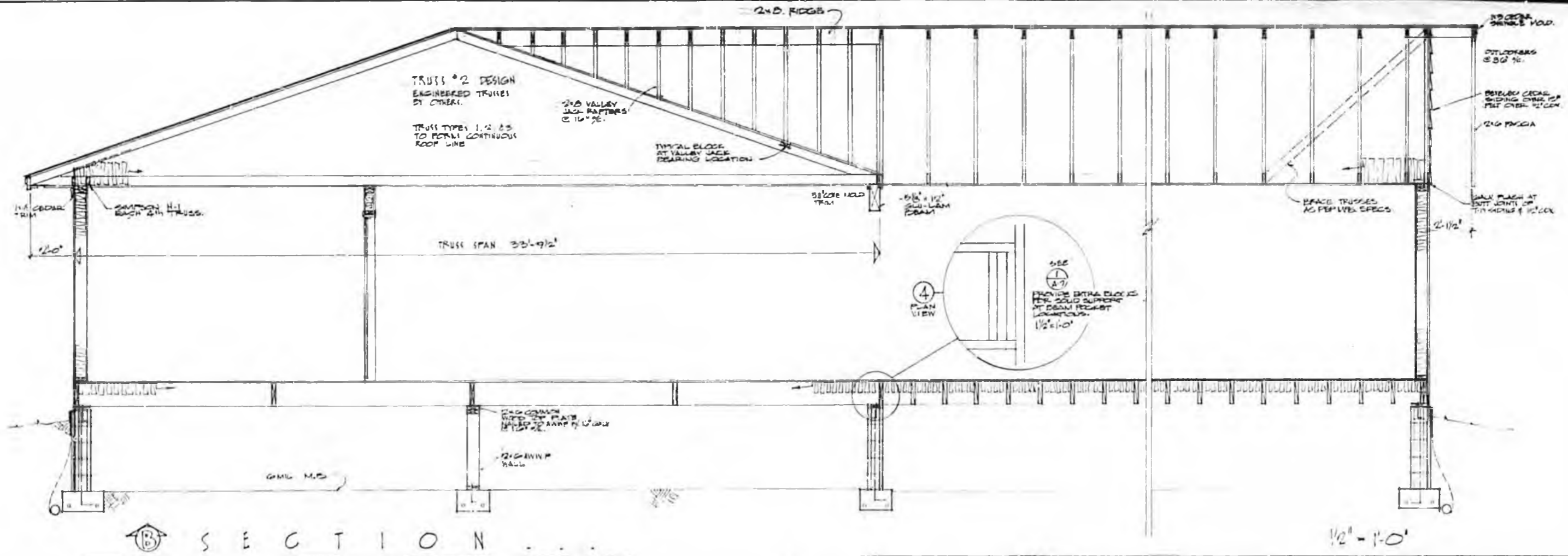


HOMER MENTAL HEALTH CLINIC

DRAWN BY DAVID GARCIA DATE 2/17/90

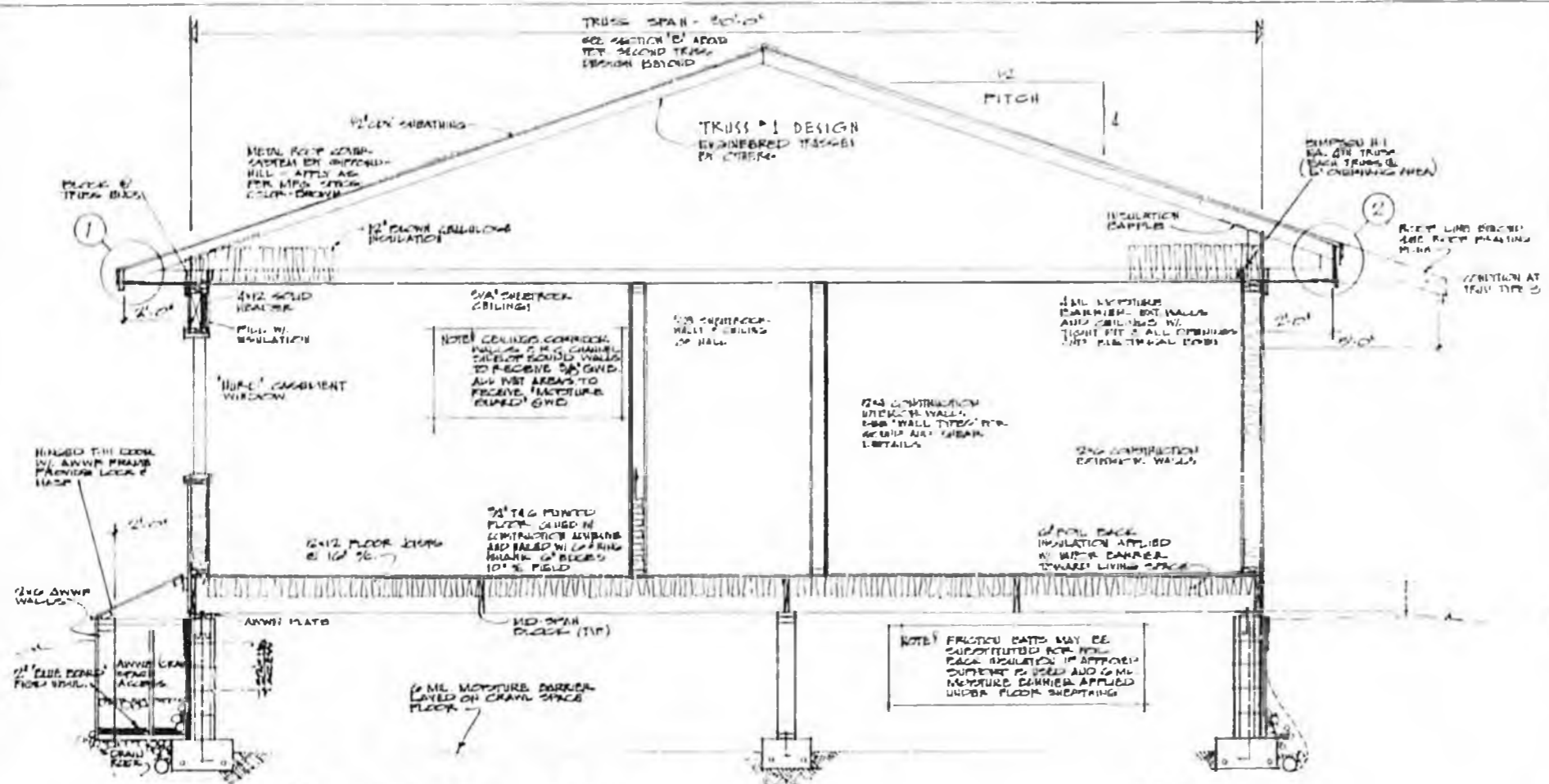
PER 1461 HOMER, AK

3/AB



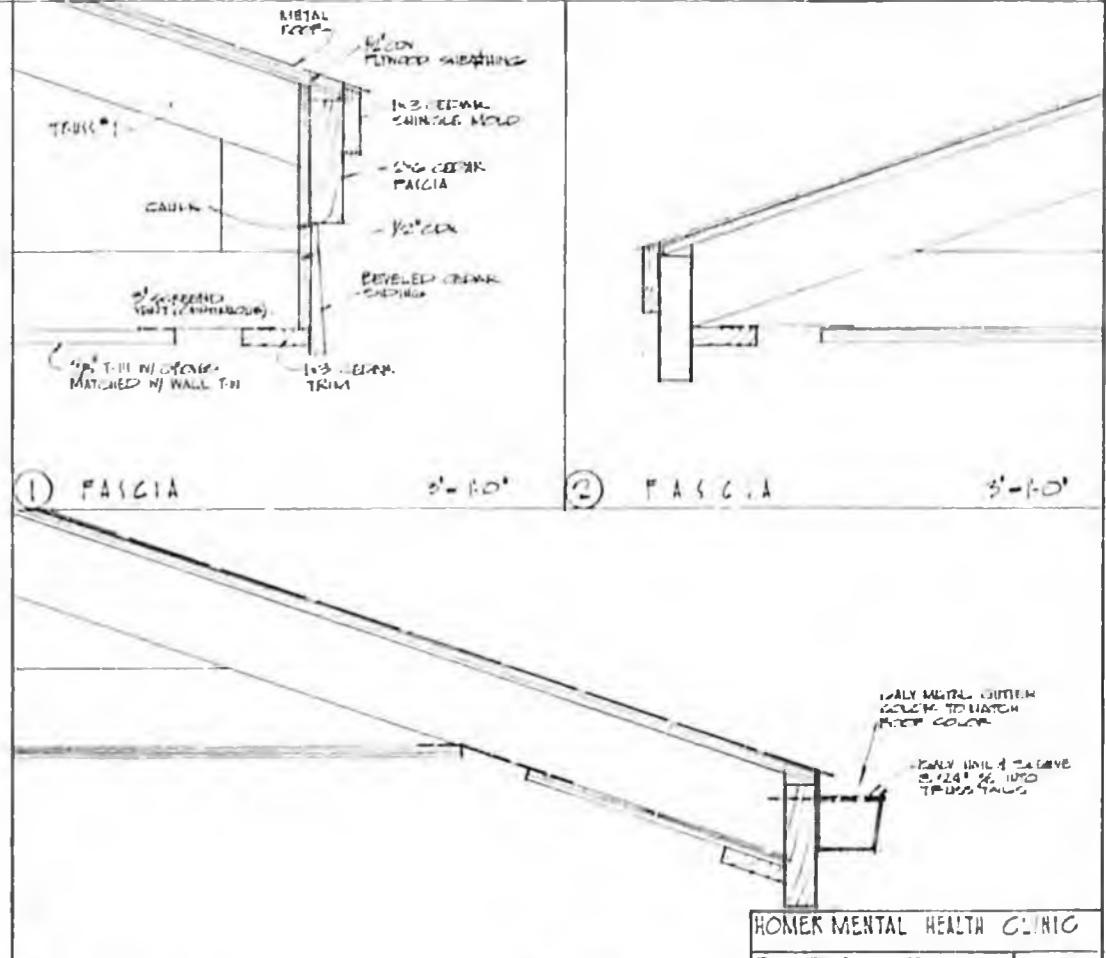
SECTION B

1/2" = 1'-0"



SECTION A

1/2" = 1'-0"

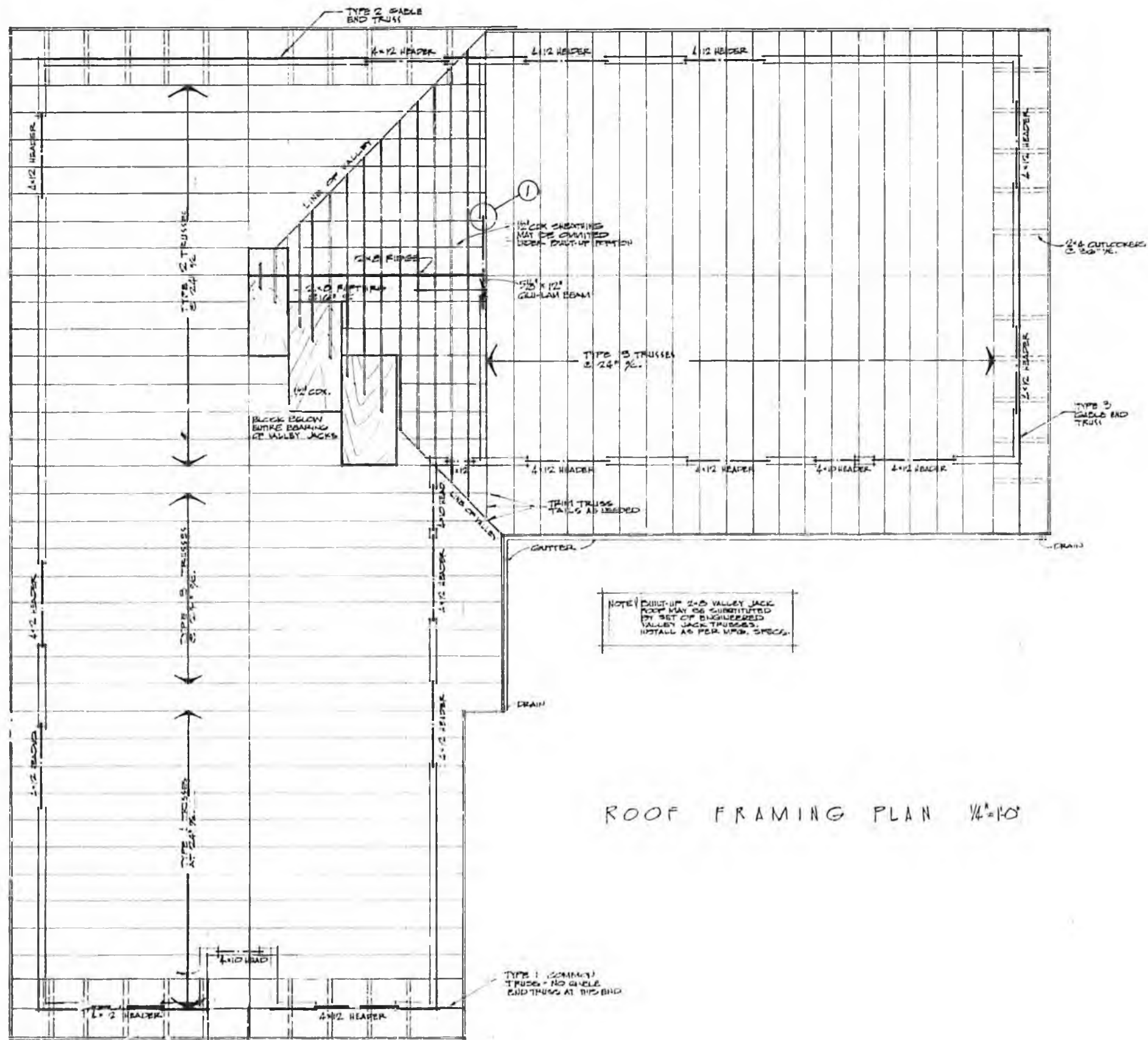


① PASCIA

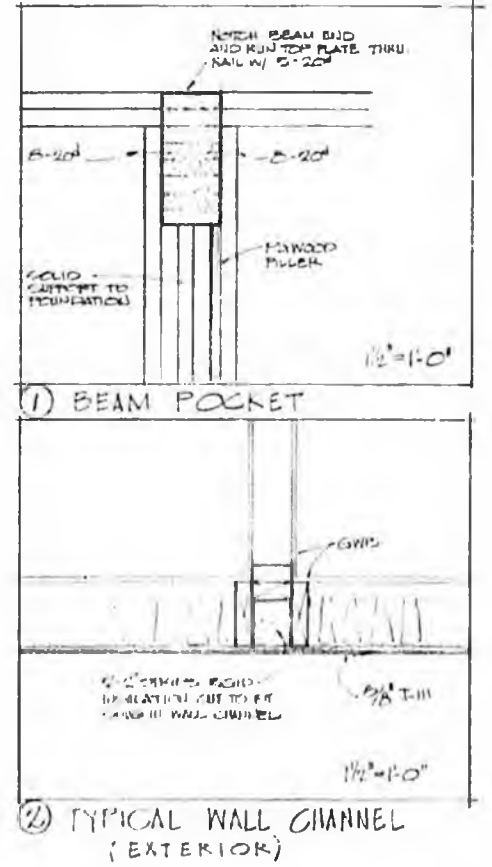
② PASCIA

③ PASCIA

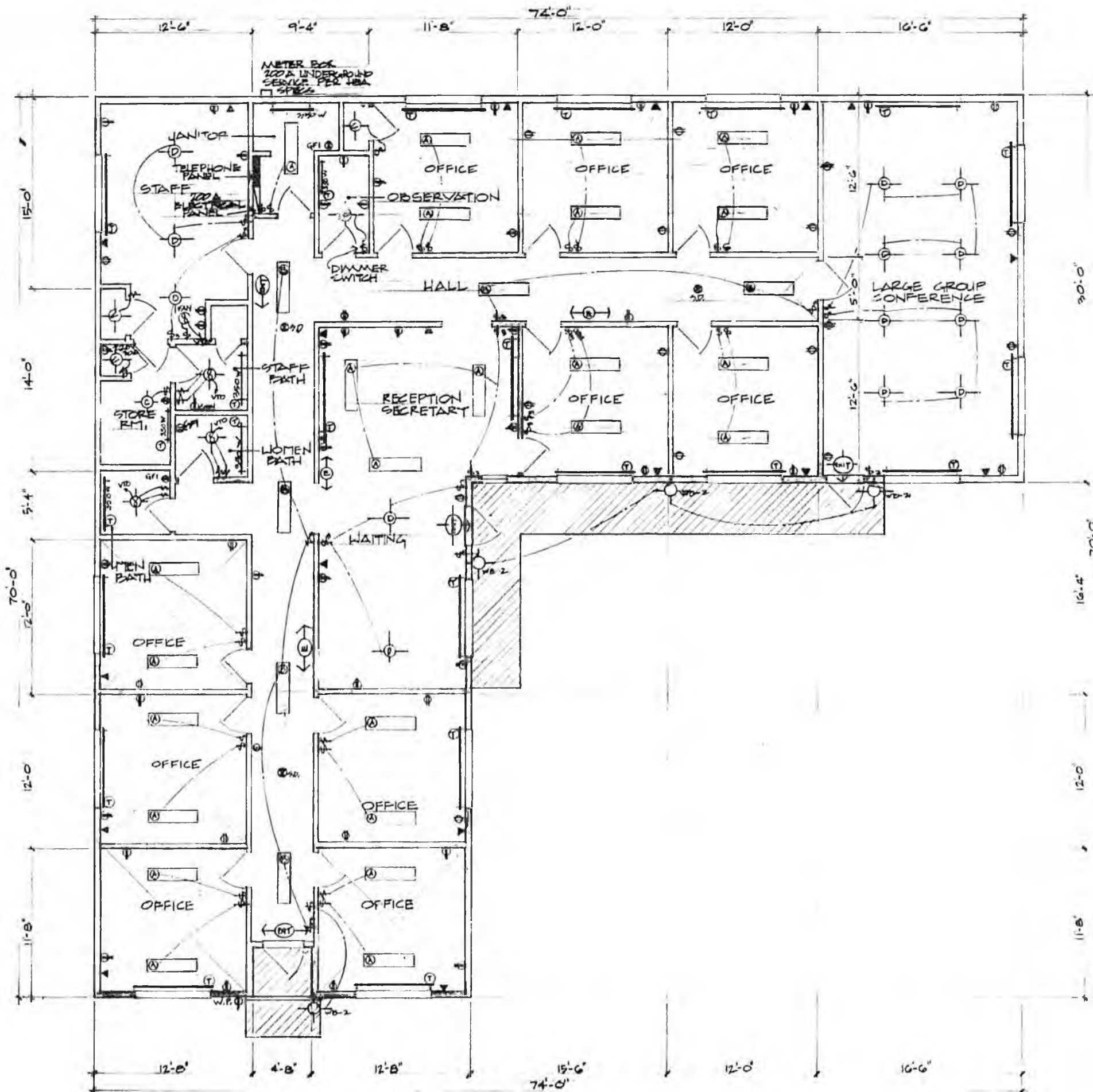
HOMER MENTAL HEALTH CLINIC
 DRAWN BY DAVID GARCIA
 BOX 1481 HOMER, AK 99603
 1/15



ROOF FRAMING PLAN 1/4"=1'-0"



NOTE: DASH-UP 2-0 VALLEY JACK POOP MAY BE SUBSTITUTED BY SET OF ENHANCED VALLEY JACK TRUSSES. INSTALL AS PER MFG. SPEC.



ELECTRICAL LEGEND

- ⊕ DUPLEX CONVENIENCE OUTLET
- ⊕ GFI GROUND FAULT CIRCUIT INTERRUPTER
- ⊕ WP WEATHER PROOF OUTLET
- ⊕ 220V 220V OUTLET
- ⊕ VFD FAN (VENTED TO OUTSIDE AIR)/LIGHT
- ⊕ S.D. 10 V SMOKE DETECTOR
- ⊕ TELEPHONE OUTLET
- ⊕ 200 A ELECTRICAL PANEL
- ⊕ 200A UNDERGROUND SERVICE AS PER IBA SPECIFICATIONS
- ⊕ TELEPHONE PANEL
- ⊕ SINGLE POLE SWITCH
- ⊕ THREE WAY SWITCH
- ⊕ OFFICE FLUORESCENT FIXTURE
- ⊕ CORRIDOR FLUORESCENT
- ⊕ FIXTURE
- ⊕ RECESSED CEILING
- ⊕ EMERGENCY LIGHTING
- ⊕ EXIT LIGHT
- ⊕ BASEBOARD HEATER (THERMOSTAT TYPICAL)
- ⊕ PRESOLITE MODEL WASH TYPE 100W THRU PHOTOCELL

NOTES:
 1. FURNISH & INSTALL SIX (6) BRYANT 522E PORCELAIN LAMP HOLDERS EQUALLY SPACED THROUGHOUT CRAWL SPACE. PLACE SWITCH NEAR ACCESS WAY.

LIGHTING FIXTURE SCHEDULE

REF	LAMPS NO TYPE	DESCRIPTION	FINISH	HT.	MANUF. NO.
A	2 P55W WM	SURFACE WRAP-AROUND FLUOR.	STD.	SURF.	LITHONIA LB-240A
B	2 P55CW WM	SURFACE WRAP-AROUND FLUOR.	STD.	SURF.	LITHONIA CB-240A
C	1 100W	KEYLESS PORCELAIN LAMPHOLDER	STD.	SURF.	BRYANT 522B
D	1 100W	RECESSED CEILING W/FRESNEL LENS	STD.	REC.	PRESOLITE 1015WF-7
E	2 6VLT	BATTERY POWERED EMERGENCY LIGHT	STD.	SURF.	DUALITE ICL
EXIT	2 156	EMERGENCY EXIT LIGHT	ALUM.	CEILING	DUALITE 1015WF-7
WB2	1 100W	CRUSHED ALUM. THRU PHOTOCELL	ALUM.	HALL	PRESOLITE WB-2



ELECTRICAL PLAN

1/4" = 1'-0"

7470 SQ. FT.

HOMER MENTAL HEALTH CENTER
 DRAWN BY: KK DATE: 9.9.83
 O.M. GIER & COMPANY HOMER, ALASKA 907-235-7284
 37 E I

D. M. GIER & COMPANY

P. O. BOX 3670
HOMER, ALASKA 99603
(907) 235-7284

October 24, 1983

Ms. Jeanne Calkins, President
Board of Directors
Homer Mental Health Center
P.O. Box 2274
Homer, Alaska 99603

Subject: Homer Mental Health Center - New Building Construction

Dear Ms. Calkins and Board Members:

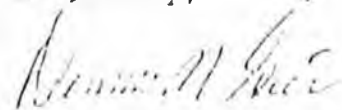
Our estimate of the additional cost involved for a deep foundation (i.e. piles under the footers) would be approximately \$25,000.00.

We submit this information to you so that provisions can be made in the budget for this type of foundation. A deep foundation may be required for this site to keep the settlement within tolerable limits.

Please call us if you have any further questions.

Thank you.

Sincerely,



Dennis M. Gier, P.E.
D.M. Gier & Company

DMG/jd

D. M. GIER & COMPANY

P. O. BOX 3670
HOMER, ALASKA 99603
(907) 235-7284

October 17, 1983

Ms. Jeanne Calkins, President
Board of Directors
Homer Mental Health Center
P.O. Box 2274
Homer, Alaska 99603

Dear Ms. Calkins and Board Members:

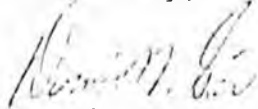
Enclosed is the Revised Soils Reconnaissance Report for the new Homer Mental Health Center.

This revision is a result of further discussion with Soils Engineers from Woodward-Clyde concerning the soft silt and peat layers found on the proposed building site. We want to emphasize that the foundation design for this site may require the use of deep foundations (i.e. piles under the footers) to keep settlement within tolerable limits.

We submit this additional information to you so that provisions can be made in the foundation design to accommodate the on-site soil conditions.

Please call us if you have any further questions. Thank you.

Sincerely,



Dennis M. Gier, P.E.
D.M. Gier & Company

DMG/jd

Encl:as

October 12, 1983

D. M. Gier Company
P. O. Box 3670
Homer, AK 99603

SUBJECT: Revised soils reconnaissance report for the proposed Homer
Mental Health Clinic located on Lot 12 & 13, Lakeside
Subdivision, Homer Recording District.

Dear Mr. Gier:

In accordance with your request, we have performed a limited soils reconnaissance on the subject property. In general we have found the site may be suitable for the proposed development provided the recommendations presented herein are incorporated into the project.

General Site Description

The site consists of two undeveloped residential lots bounded on the northerly and westerly sides by gravel surfaced roads. Vegetation consists of medium density spruce to 15-inch diameter. Undergrowth consists of tall grasses, some devils club and some alders. To the east of the properties is a small semi-defined drainage system. A utility corridor exists on the southerly boundary, where free standing water was noted during the site visit.

It is our understanding the proposed development will consist of a one story wood frame structure founded on concrete footing and block stem wall. Parking is to be provided on a gravel surface.



General Soils Conditions

Four backhoe trenches were excavated on the site on September 14, 1983 to a maximum depth of 11½ ft. Approximate locations of the trenches are shown on Figure 1. Soils encountered consisted primarily of soft clayey silts, fine sands and peat. A distinct layer of un-decomposed trees and branches was encountered in trenches 2, 3 and 4 at depths ranging from 3½ to 6 ft. Logs of the trenches are shown on Figures 2 - 5.

Water flowed into all four trenches during excavation. Flow rates were low enough to allow continued excavation and inspection of the trench walls. The highest observed flowing water is indicated for each trench on the logs. Water levels may vary considerably, depending on several factors including rainfall. Water levels on site can be expected to rise to near or on the current ground surface.

Two in-place density tests were performed on the site in representative soils near the foundation bearing level. In addition, two samples were obtained for moisture contents. Results of all the tests performed are presented in Table 1. The soils were saturated and loose.

Recommendations

Three conditions warrant special attention during the development of the site 1) high water, 2) the buried un-decomposed organic layer, and 3) the lower soft silt and peat layers. Each condition will be discussed and alternatives presented.

High water table conditions on the building site can lead to foundation troubles. Problems include water seepage into the crawl space and hydrostatic pressure on the footing stem wall. Design of

waterproofing and a perimeter drain for the foundation to eliminate water seepage should be incorporated into the plans. The stem walls for the foundation should also be designed to resist hydrostatic pressure. Because of the high water conditions footings should also be designed for buoyant conditions.

The buried un-decomposed organic layer could cause excessive settlements if footings are founded just above the layer. It appears that the organic layer extends over most of the site, but not at uniform depth. The footings should extend below the upper organic layers and the footings should be designed to accommodate the differential settlement that may result from the compression of the lower organics and soft silt layers. It may be necessary to use deep foundations, i.e. piles to keep settlements within tolerable limits.

Due to the limited nature of the reconnaissance predictions of water conditions and settlement cannot be estimated. Residential development on neighboring property was observed and noted that no special considerations were taken beyond waterproofing and the possibility that a drain system was going to be installed. This observation does not mean those residences 1) have identical soils conditions especially with the un-decomposed organic layer or 2) that they will provide trouble free conditions over the life of the structure. Free standing water was observed at about 1 foot below the ground surface.

Also due to the limited nature of our study no considerations were given to a seismic response of the site. In general wood frame structures behave well, however, loose saturated sands, of which pockets were observed may experience extreme loss of strength and large settlements. If seismic design is desired, additional site work and laboratory testing will be required. We will be glad to assist you in putting together an additional program to meet your needs, if desired or required.

If large settlements are a concern, additional work should include consolidation testing of selected samples and analyses to determine an appropriate foundation system to limit settlements.

We understand your current budget limitations and hope you understand the limitations that has placed on us. If there are any questions regarding this report, please do not hesitate to contact us at your convenience.

Sincerely,

A handwritten signature in cursive script, appearing to read "Keith Mobley".

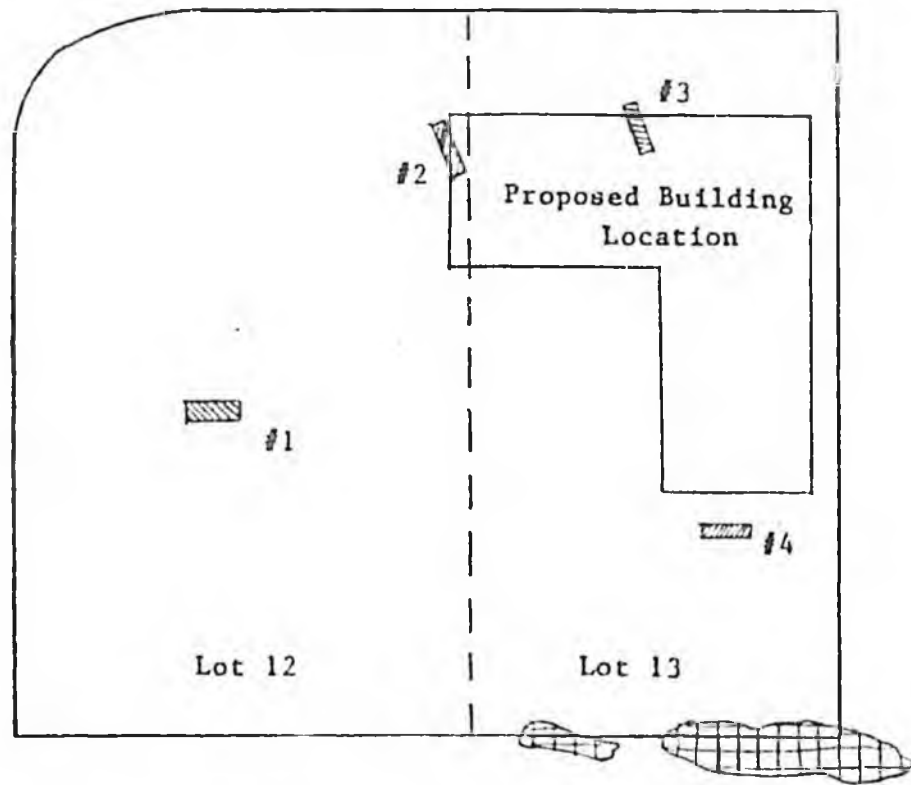
Keith Mobley
Sr. Staff Engineer



Table 1

Density Test	Dry Density	Moisture Content (%)
Hole 1 at 6 ft.	75 pcf	44
Hole 2 at 4 ft.	65 pcf	65

Moisture Contents (%)

Hole 2 at 9½ ft.	145
Hole 3 at 9 ft.	43



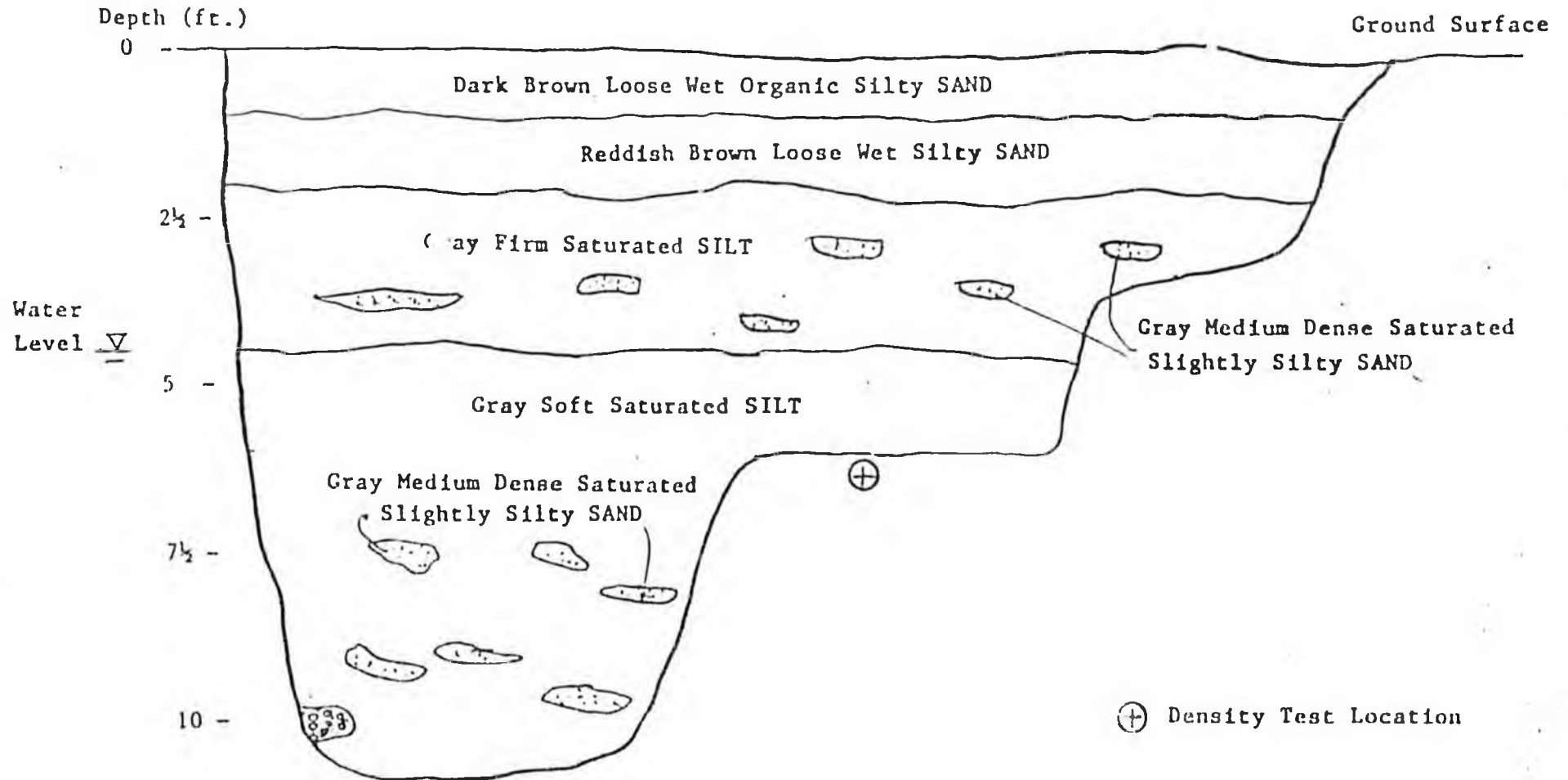
-  Approximate Area of Free Standing Water
 -  Approx. Location of Trenches
- Approx. Scale 1"=40'

Homer Mental Health Clinic
Site Plan

Woodward-Clyde Consultants

Figure 1

South Wall

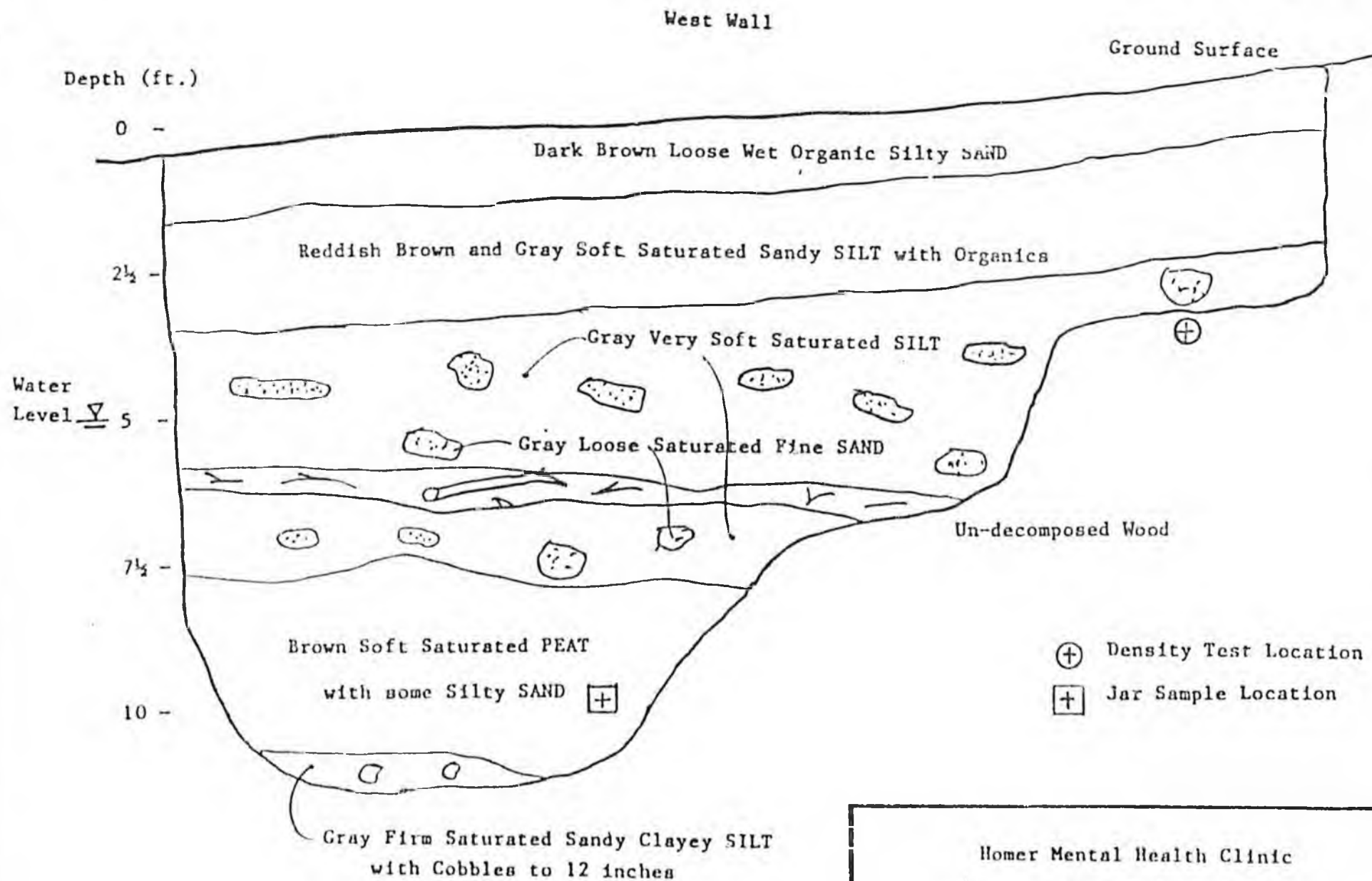


Homer Mental Health Clinic

Test Hole 1

Woodward-Clyde Consultants

Figure 2



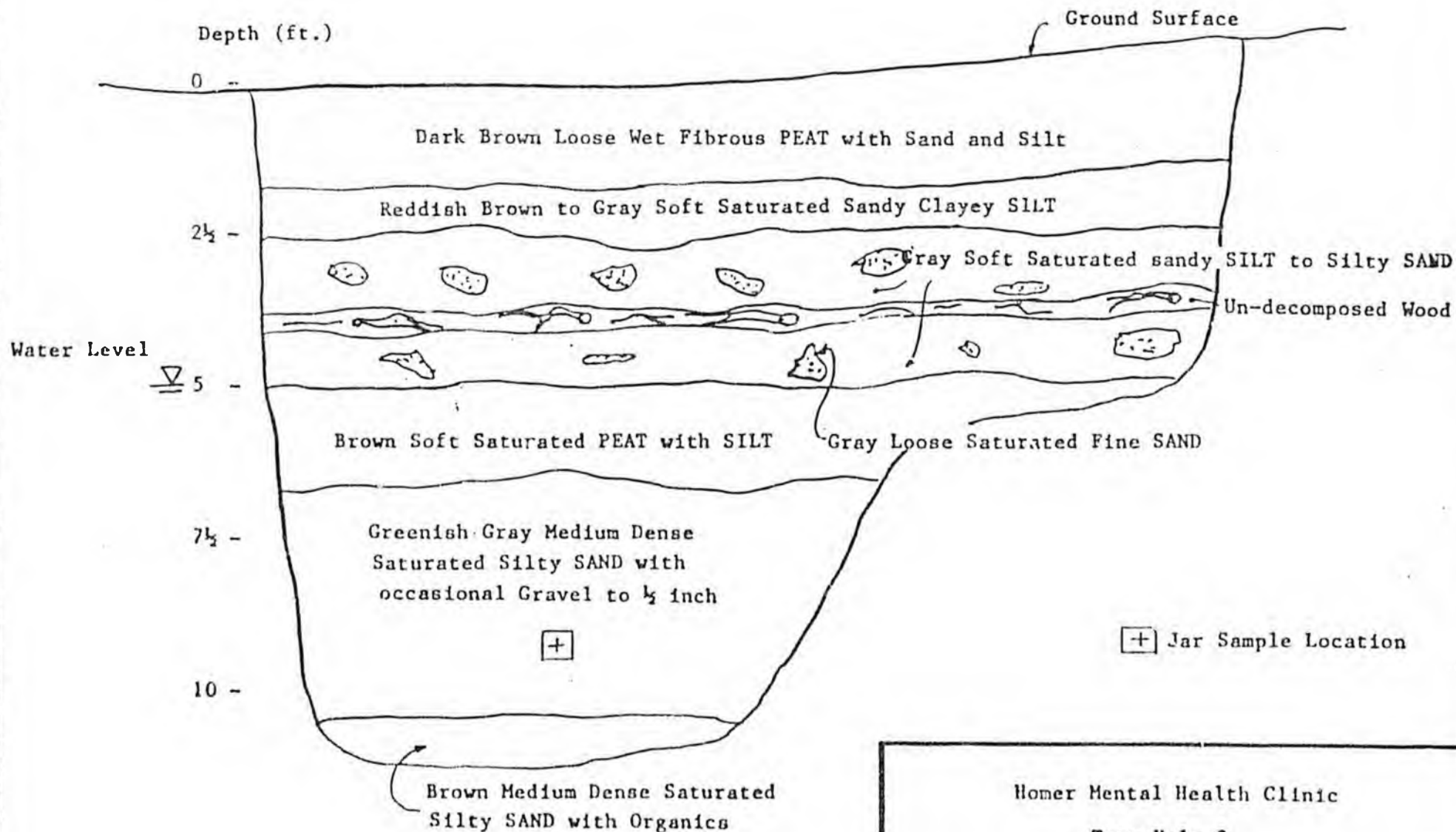
Homer Mental Health Clinic

Test Hole 2

Woodward-Clyde Consultants

Figure 3

West Wall



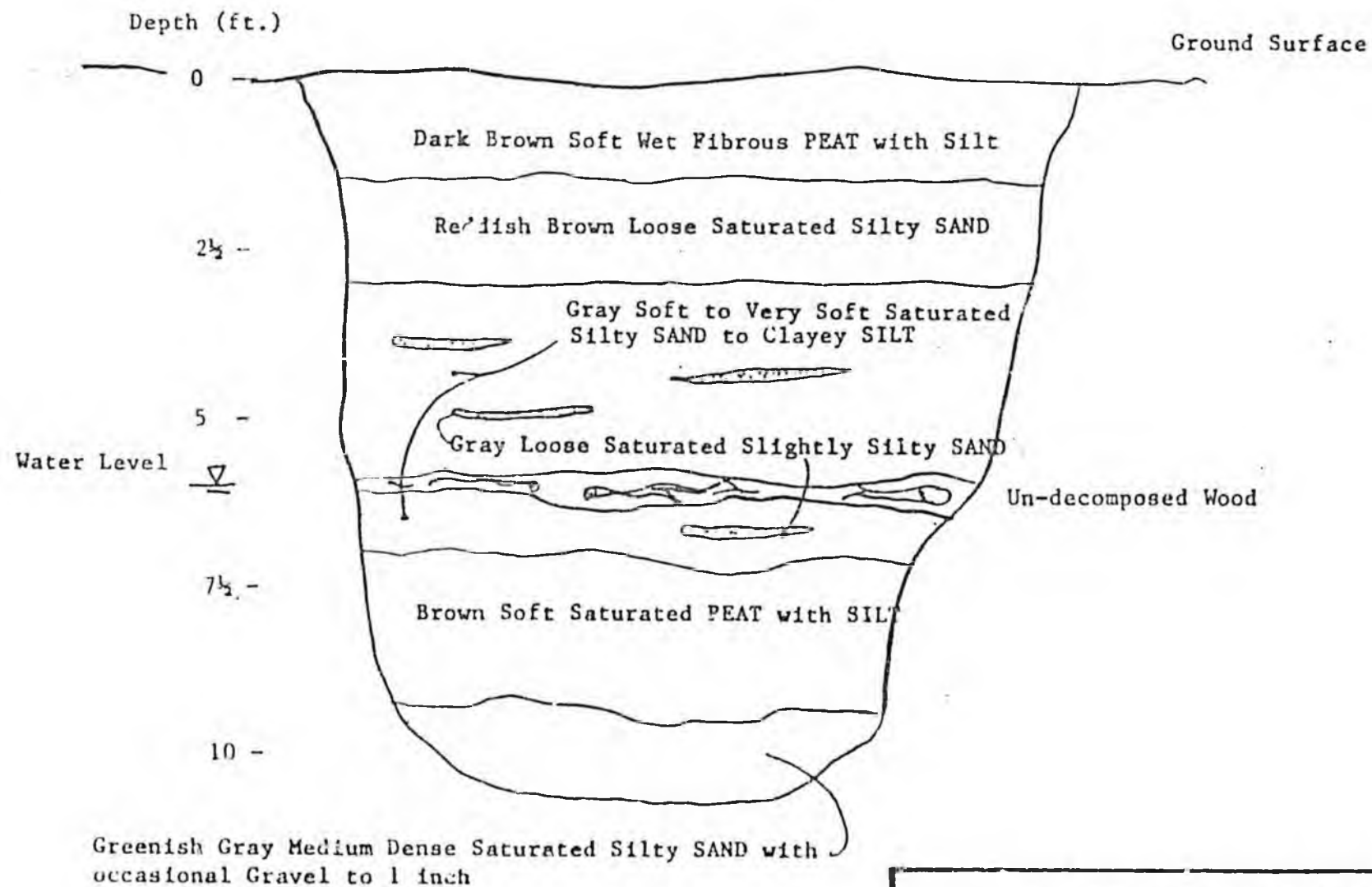
Homer Mental Health Clinic

Test Hole 3

Woodward-Clyde Consultants

Figure 4

North Wall



Homer Mental Health Clinic
Test Hole 4

Woodward-Clyde Consultants

Figure 5

HOMER MENTAL HEALTH CLINIC

SPECIFICATIONS

by: David Garcia

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I. EXCAVATION

A. GENERAL

1. The contractor is to familiarize himself with the existing site conditions and information from the soils survey.
2. The owner will provide soil inspection service during earthwork operation.

B. TYPES OF FILL

1. Well-graded, non-frost susceptible material consisting of sand, gravel, or broken stone containing less than four percent of grains less than 0.02 mm. Materials shall not exceed four inches on any dimensions - except in the top six inches under footings, no size greater than one and one-half inch. All materials to be free of frozen lumps, rubbish, and organic matter.
2. Material noted as D-1 to meet the gradation and fraction specifications for Alaska Highways D-1 base course.

C. EXCAVATION.

1. Finish floor elevation to be determined in the field upon examination of existing site conditions and drainage considerations. Provide drainage for footers and run drain tile to daylight.
2. All footings shall bear on compacted backfill or in-place material at minimum depths called for on drawings.
3. Keep foundation bearing areas dry and free from frost. In the event bearing surfaces are softened by water or frost, re-excavate to approved bearing material and backfill to correct elevation with compacted backfill as specified.
4. Where excavations are carried below required depths, backfill to designated elevations with compacted backfill as specified at no charge to the contract sum.
5. Shore banks of excavations sufficiently to prevent caving. Remove all shoring before backfilling. All excavation shall be done in a manner which will create a minimum hazard and in accordance with applicable safety rules.

D. DEWATERING

1. Prevent surface and subsurface water from flowing into excavations. Do not allow water to accumulate in excavations. Remove water using methods which will prevent softening of foundation bottoms.
2. Provide and maintain pumps, sumps, discharge lines, and other components to carry water away from the excavations.

E. COLD WEATHER PROTECTION

1. Protect excavation and fill material against freezing. Do not place frozen fill material.

F. BACKFILL

1. Backfilling may be done with existing material if available and in accordance with plans.
2. Place backfill in accordance with soils report.
3. Place backfill so as not to damage structure, drain tile or utilities.
4. Provide foundation drainage system as shown on drawings.

G. COMPACTION

1. Compact all backfill with an approved vibratory compactor, and as recommended in soils report.

H. GRADING

1. Uniformly grade, form to smooth transition lines.
2. Grade areas adjacent to building lines to drain away from structure.
3. Protect newly graded areas from traffic and erosion. Keep free of trash and debris.

II. FOUNDATION

A. GENERAL

1. The contractor must examine the substrata and the conditions under which the concrete reinforcement is to be placed. Do not proceed with work until unsatisfactory conditions have been corrected.
2. Comply with requirements of the Uniform Building Code and Concrete Reinforcing Steel Institute's "Manual of Standard Practice."
3. Store concrete reinforcement materials at the site to prevent damage and accumulation of dirt or excessive rust.
4. All reinforcing for concrete to be in any one day must be placed, tied, inspected and approved by owner before any concrete is cast. Notify at least 24 hours prior to concrete placement.
5. Cast no concrete when temperature is below 40 degrees F. or can be expected to fall below 40 degrees F. in the next 24 hours, unless approved special provisions have been made for maintaining heat around pour.

B. FOOTINGS

1. Place two #5 rebar as shown on drawings.

C. CEMENT

1. 3,050 psi compressive strength.
2. Five and one-half sacks cement per cubic yard, minimum.
3. Six gallons of water per sack, maximum.
4. Three inch slump, maximum.
5. Three-quarter inch maximum aggregate.

D. Place anchor bolts as indicated on drawings and as required to secure each end of plate at corners. Place vertical bond steel.

E. Use mechanical vibrating equipment for consolidating concrete.

F. CONCRETE MASONRY UNITS

1. Use 8"x8"x16" concrete block.
2. Cement - Standard brand of Portland cement.
3. Sand - Clean, sharp, fresh water.
4. Water - clean, potable.
5. Lime - "Slick" or "Miracle" brand, or equal.
6. Reinforcement, as shown on drawings.
7. Place anchor bolts as shown on drawings and as required by codes, and to catch both ends of plate at corners and within 12 inches of each end of plates at end joints.

G. MORTAR MIXING

1. Measure each batch accurately and mix with machine:
One cubic foot of Portland cement,
One-quarter to one-half cubic foot of lime,
Two and one-half cubic feet of sand.

H. LAYING UNITS

1. Lay all units with full bed of mortar, common running bond. Shove into place. All horizontal joints to be level on each course. Bond all right angle connections. Internal angles bonded.

I. Foundation wall to be smooth and free of mortar on exterior surfaces to accept moisture seal treatment.

J. Seal block with Gonklin "Wall-up" as recommended by manufacturer.

K. Protect masonry work and moisture barrier treatment from freezing during curing period.

III. ROUGH CARPENTRY

A. QUALITY CONTROL

1. Grading rules: Standard grading and dressing rules of the West Coast Lumberman's Associations latest edition. Each piece of yard and structural lumber shall bear official grade mark of appropriate bureau or association.
2. Protect lumber and plywood from damage by weather.
3. Do not allow splash from eaves to stain unfinished siding.
4. Workmanship: Plumb, level, and true to lines, close-fits with nailing as shown or minimum as specified in sections 2517 and 2518 of 1979 Uniform Building Code.

B. MATERIALS

1. Framing lumber: Douglas Fir, Coast region or Hem-Fir, Standard grade or better.
2. Plywood: Plywood sheathing shall be APA Exterior Grade "D-D" Douglas Fir Plywood of thickness and type indicated on the drawings.
3. Plates: Plates and studs anchored to masonry with one-half inch galvanized anchor bolts 48 inches on-center maximum or four power driven stud fasteners at three inch on-center maximum. Single plate at floor, double at ceiling. Plates adjoining masonry must be AWWF.
4. Joists and rafters: set crown side up. Double headers and trimmers.
5. Bridging: Solid blocking on 1"x4" cross bridging (or pre-fab metal) no more than eight feet on center.
6. Fasteners: Bolts, washers, lags, nails or other fasteners shall be hot-dip galvanized when exposed to weather or moisture. All fasteners into concrete or masonry to be galvanized. Use only galvanized nails on exterior siding. All fasteners used in preserving treated wood to be stainless steel.

C. INSTALLATION

1. Execute rough carpentry using best industry practices. All lines to be straight and true.
2. Install framing at spacing shown on drawings or as required. Block or back for plumbing fixtures and other equipment secured at walls and ceilings. Double studs at all openings, triple at corners. Provide solid backing for all door stops.
3. Headers shall bear on at least one cripple stud for space up to six feet, not less than two cripple studs for space greater than six feet. Place one full height stud adjacent to each end of header next to cripple studs.
4. Joists and beams to be laid crown up.
5. Do not notch or drill in the middle one-third of span on joists or bearing studs.
6. Tolerances:
Top of bearing plates - \pm one-quarter inch in ten feet.
Wall divisions and openings: \pm one-quarter inch.
Wall bowing or warping: \pm one-quarter inch in ten feet.
Stud alignment: $\frac{1}{8}$ th inch from two adjacent studs.

IV. WOOD TRUSSES

- A. All trusses shall be Gang Nail wood trusses, factory built using stress graded lumber bearing the proper grade mark stamp of a recognized grading association. Connectors shall be galvanized Gang Nail connectors, and shall be stamped "Gang Nails." The trusses shall be inspected by the contractor during installation to see that all connector plates are pressed fully into the wood. Trusses to be designed by manufacturer to support minimum fifteen pounds dead load plus thirty pounds live load per square foot.

B. INSTALLATION

1. Truss shall be handled and stored in a manner which they are not subject to damage. Sufficient bearing points and/or bracing shall be provided to prevent excessive lateral bending or tipping over.
2. Framing anchors shall be provided by the contractor in accordance with the plans.
3. The truss system shall be braced during erection to prevent toppling or dominoing of trusses, and permanently braced to form complete structural truss system.
4. During the entire construction period, all contractors shall adequately distribute loads so that the carrying capacity of any one truss or member is not exceeded.
5. All erections and permanent bracing shall be installed and all components permanently fastened before the application of any loads.

V. FINISH CARPENTRY

A. MATERIALS

1. Doors: Pre-hung, tan oak, solid or hollow core as indicated on drawings. Oak veneer jambs.
2. Door casing: Solid oak.
3. Window trim: Oak veneer.
4. Paneling: one-quarter inch real wood - Champion "Woodland Ash."
5. Storage shelving: three-quarter inch AC plywood, 1"x3" pine face and supports.
6. Book shelves: Solid oak frame, 1"x12" fir shelves, three-quarter inch oak veneer sides.
7. Exterior trim: Cedar.

B. INSTALLATION

1. All work to be true, plumb, level unless otherwise shown. Scribe fits, hairline joints, scarfed and mitered running joints, neat and accurate.
2. Nailing: finish nails for mill work; blind nail work if possible; set surfaces nails; paneling nails to match.
3. Glue joints with permanent synthetic glue. Moldings mitered at corners, coped at angles.
4. Exposed surfaces to be sanded to smooth, even surfaces, ready to finish. All nails set one-sixteenth inch deep. Ease all edges one-sixteenth inch radius. Fill all nail holes.
5. Set exterior trim in waterproof caulking as necessary for waterproof installation. Use silicon caulk.

VII. DOORS AND WINDOWS

A. EXTERIOR METAL DOORS

1. To be equal to Pease Ever Straight door system. Size and type as scheduled on drawings. Provide complete door system, including frame, threshold, and all hardware. Weatherstripping to be magnetic type. Provide exit sign. Front entrance: Pease crossbuck with glass. Other entrances: Pease E-1.

B. INTERIOR DOORS

1. See door schedule. See painting and wood finish schedule.
2. All interior hollow core and solid core doors shall be Tan Oak with oak veneer jambs and solid oak casing. All doors adjacent to hallway and reception area shall have smoke seal and twenty minimum U.L. label.

C. DOOR INSTALLATION

1. Install all doors and hardware as specified, provide level and free swinging operation. Doors to fit tightly without binding or excessive play.

D. WINDOWS

1. All windows to be "Hurd" aluminum clad wood windows with "Heat Mirror" film. Casement type and as shown on drawings. Provide fiberglass screens.
2. Exterior fixed glass to be seven-eighths inch double pane, three-sixteenths inch glass.
3. Interior fixed glass to be one-way type one-quarter inch plate.

E. WINDOW INSTALLATION

1. Install in rough openings, shim for alignment and tight fit, level and straight. Use standard factory nailing flanges where required. Caulk all around for weather tight installation. Stuff spaces with fiberglass insulation before application of vapor seal and sheetrock. Set exterior trim in bed of silicon caulk to insure weathertight installation.

VIII. HARDWARE

A. MATERIALS

1. Lawrence, Stanley, or McKinney butts.
Sizes: 1-3/4" exterior for 5"x4-1/2".
1-3/4" interior doors 4-1/2"x4-1/2".
To obtain maximum degree on openings, butts shall be as required to clear projecting trim or structural conditions.
2. Quantity: One and one-half pair butts each exterior door, each solid core interior door, and each hollow core door.
3. Locksets: Sargent six line. Bronze finish. Provide keyed locks at each exterior door and janitorial. Passage locks elsewhere. Provide dead bolt at rear and front doors.

4. Door Closures: Provide door closers as indicated on door schedule. Closure to be Sargent 1250 Series. Verify for type of installation. Furnish cold weather fluid.
5. Mop and kick plates to be Sargent eight inches high stainless steel. All plates shall be furnished with width as required to provide one-quarter inch of clearance at sides of door on stops or weatherstripping.
6. Door stops: provide door stops at all doors. Sargent, Johnson, Quality, Builders Brass, or Ives. Where wall stops are not applicable, furnish floor stops. Install proper backing at all stop locations.
7. Keying: System by owner. All locks to be master keyed. Furnish two keys per lock or cylinder, and four construction master keys. Return all master keys.

B. INSTALLATION

1. Provide solid blocking for all stops.
2. Fasteners: Check all conditions and use fastening devices as needed to securely anchor all hardware as per manufacturers published templates. Self tapping sheet metal screws are not acceptable. All closures on wood doors shall be through-bolted.
3. Mounting heights: Mount units at height recommended in "Recommended Locations for Builders' Hardware" by NBHA, except as otherwise indicated.
4. Install each hardware item in compliance with the manufacturers instructions. Wherever cutting and fitting are required to install hardware surfaces which will be painted or finished at a later time, install each item completely and then remove and store in a secure place. After completion of the finish, reinstall each item. Do not install surface mounted items until finishes have been completed on the substrate.
5. Adjust and check each operating item of hardware and each door to insure proper operation or function of every unit. Replace units which cannot be adjusted to operate freely and smoothly or which are warped or damaged.
6. Coordinate all boring, backset, tapping information with door suppliers or others applicable.
7. Wherever hardware installation is made more than one month prior to acceptance or occupancy, make a final check and adjustment of all hardware items during the week prior to acceptance or occupancy. Clean and lubricate operating items as necessary to restore proper function and finish of hardware and doors. Adjust door control devices to compensate for final operation of heating and ventilating equipment.
8. All hardware to be installed by experienced tradesmen using top quality techniques. All finish hardware shall be guaranteed against defects in workmanship and materials and operation for a period of one year, backed by a factory guarantee of the hardware manufacturer, except the door closures shall be so guaranteed for five years. No liability shall be assumed by the hardware supplier where faulty operation is due to improper installation or failure to exercise normal maintenance.

VIII. GYPSUM WALLBOARD

A. MATERIALS

1. Wallboard: See details and floor plan for thickness. Apply behind panelling locations. In all wet areas such as toilet, custodial, and kitchen, use moisture resistant type board throughout. All exposed gypsum wallboard to have paper face suitable for painting.
2. Trim: Provide metal beads and trim as required for finish corners and edges as shown on drawings and as follows: finish edges and edges abutting other materials, USG #200A; at outside corners, USG "Dur-A-Bead."
3. Joint system: "Dur-A-Tape" System by U.S. Gypsum Company, or equal.

B. INSTALLATION

1. When outdoor temperature requires, heat shall be maintained in the building continuously and uniformly at not less than 55 degrees F. from one week prior to installation until wallboard application and joint treatment is completed. Installation shall not be started until windows are glazed and exterior doors installed, unless openings are temporarily closed. Provide ventilation, either natural or forced to remove excess moisture during joint treatment.
2. Review work prior to sheetrocking to insure that all framing, blocking, insulating, plumbing, electrical, and plumbing & electrical protective plates have been finished and installed properly.
3. Comply with manufacturers requirements for fire resistance ratings.
4. Use wallboard of maximum practical lengths horizontally or vertically. Bring boards into contact, but do not force into place. Where ends or edges abutt, fit neatly. Ends of all wallboard shall meet over nailing members. Joints on opposite sides of wall shall meet on different studs. Attach wallboard with one inch Hi-Lo screws, USG Type S and/or one and one-quarter inch USG brand screw type W, or one and three-eighths inch annular ring nails, spaced not more than 12 inches on center for framing 24 inch on center, and 16 inches on center for framing spaced 16 inches on center.
5. Space fasteners at least three-eighths inches from edges and ends of wallboard. Fasteners on all framing members shall be spaced and driven as recommended for specified fastening method. While driving fasteners, hold wallboard in firm contact with underlying support. Attachment shall proceed from central portion of wallboard towards ends and edges.
6. Install corner beads on all exterior corners, attach with suitable fasteners at nine inches on center, on both sides. Use single lengths.
7. Install metal trim over wallboard, at all locations where board terminates with exposed edge or abutts other materials. Attach with suitable fasteners nine inches on center, in single lengths.
8. Fasten all metal using drywall screws, or nails as recommended by manufacturer.

9. Upon review, installed drywall should look clean, neat, with close cuts around boxes and windows, etc., small gaps at corners. All broken edges etc. should be peeled back and ready for repair by taper. In general, it should have a professionally applied appearance.
10. Scrap out building and clean for taping contractor.

C. JOINT TREATMENT

1. Mix joint treatment compounds according to manufacturer's directions.
2. Apply thin, uniform layer of taping compound to all joints and angles to be reinforced. Apply reinforcing tape immediately, centered over joint, seated into compound. Follow with skim coat immediately, but not as a fill or second coat. Fold tape properly and embed in all angles.
3. After taping compound has hardened, apply taping compound, filling board taper flush with surface. Fill coat shall cover tape and feather out slightly beyond taper. On joints with no taper, fill coat shall cover tape and feather out at least four inches on either side of tape. No fill coat is necessary at interior angles.
4. After taping compound is dry, spread finishing coat of taping compound evenly over and extending slightly beyond fill coat on all joints and feathered to a smooth, uniform finish. All taped angles shall receive a finish coat to cover tape and taping compound, and provide a true angle. Sand between coats and after final application of compound to provide a smooth surface ready for decoration.
5. Apply taping compound to all fastener depressions followed, when hardened, by at least two coats of taping compound leaving all depressions level with plane of surface.
6. Apply taping compound to all bead and trim feathered out from ground to plane of surface. When hardened, follow by two coats of taping compound applied separately and allowed to dry between coats. Feather finish coat from ground to plane of surface and sand to provide a flat smooth surface ready for decoration.
7. All gypsum wallboard to be taped and finished unless concealed. Concealed gypsum board to be fire taped.
8. All gypsum board to receive light orange peel knock down type texture, except restrooms, janitorial and storage which will receive smooth surface.

IX. CERAMIC TILE

- A. Provide and install ceramic tile as shown on drawings.
 1. Comply with applicable requirements of American National Standard Institute (ANSI) A108.1, A108.4 and A108.5, and recommendations of the Tile Council of America, Inc (TCA) "Handbook for Ceramic Tile Installation." Comply with the manufacturer's instructions for the installation of each material.
 2. Two inch square ceramic mosaic porcelain tile at shower.
 3. Build up shower floor with mortar bed to provide slope, include shrinkage mesh, allow for final setting bed.
 4. Provide for soap dish.
 5. Ceramic tile shower walls, ceiling, floor, returns, etc. as shown on drawings. Use trim pieces as necessary for "finished installation."

X. FLOOR COVERING

A. RESILIENT FLOORING AND CARPET

1. Vinyl: Mannington Aristocoon - color by owner.
2. Carpet: Columbia Innovation and Classic Stripe - 100 percent Oliphin.
3. Pad: Five-eighths inch FHA pad.
4. Adhesives: As per manufacturer's recommendations.
5. Rubber base: Use premolded corners and end stop units; smooth finish; four inch high, set on cove type; light brown color.

B. INSTALLATION

1. Provide reducing strips at exposed edges of resilient flooring and at change from resilient to other floor finish. Anchor strips solidly as per manufacturer's recommendations.
2. Extend resilient flooring into closets and offsets and under movable equipment scheduled to receive resilient flooring. Extend unexposed edges of flooring under set-on bases and similar trim work.
3. Thoroughly clean all floor covering not more than four days before acceptance or occupancy by the owner.
4. Protect floor coverings from damage and from normal wear and tear throughout construction period so that it will be without indications of use or damage at the time of acceptance by the owner.
5. Carpet and resilient flooring to be installed by a professional installer. Invisible, sealed, tight, hairline seams. Carpet to be stretched with power stretcher where applicable.

XI PAINTING AND FINISHING

A. GENERAL

1. It is the intent of this section to provide finish for all materials factory primed or unfinished unless specifically stated as not requiring finish. Omission of specific surfaces from "Room finish" schedule is not to be interpreted to mean that finish is not required.
2. Contractor is responsible for finished appearance and satisfactory completion of this work. Do not commence any painting until surface to be painted is in proper condition in every respect. If for any reason surface cannot be properly prepared by customary cleaning, sanding, or puttying operations, report condition to the owner. Proceeding with the work constitutes acceptance of the surface by the subcontractor.
3. Do not paint when the air is dust laden nor when weather and temperature conditions are unsuitable. Maintain temperatures within the building at a minimum of 60 degrees F. during the painting and drying periods. Do not paint exterior surfaces in damp or rainy weather, nor when the temperature is below 50 degrees F. Comply with the manufacturer's recommendations when they are more stringent with respect to application temperatures.

B. PROTECTION

1. Place paint or solvent soaked rags, waste, or other materials which might constitute a fire hazard in metal containers and remove from premises at the close of each day's work. Take every precaution to avoid damage by fire.
2. Provide suitable coverings to protect work, the work or others, and adjacent surfaces and objects.
3. Remove or protect items such as hardware, hardware accessories, lighting fixtures and similar items placed prior to painting. Reposition or remove protection upon completion of each space. Disconnect equipment adjacent to walls by workmen skilled in these trades to permit painting of wall surfaces, replace and reconnect after completion of painting.

C. MATERIALS AND APPLICATION - EXTERIOR

1. Exterior body: Olympic Transparent Stain #718 to be roller or brush applied. Stain may be spray applied if followed with wet roller or brush to work stain into wood surface. Application by airless sprayer alone will not be allowed. Apply two coats.
2. Exterior trim and cedar: Behl "Liquid Rawhide". Apply with brush. One coat tinted, two coats clear.
3. Metal doors: Two coats Fuller O'Brien Enamel - color by owner (Coco Brown).
4. Wood deck: oil preservative.

D. MATERIALS AND APPLICATION - INTERIOR

1. Gypsum wallboard surfaces: one coat acrylic latex sealer, two coats Fuller O'Brien semigloss enamel. Apply sealer after taping, before texture is applied. Let dry, apply texture, let dry, finish with paint: (P-2) one coat acrylic latex sealer, two coats Fuller O'Brien gloss enamel.
2. Transparent stain on wood surfaces:
Oak and other hardwoods - sand smooth and stain with "Daly's" penetrating stain. Brush on and wet sand with #400 wet or dry paper. Let soak at least five minutes, or as required for desired effect. Let dry, then apply two coats Daly's Den-Matt clear Danish oil. Apply each coat in liberal amounts, let soak and wipe off excess.

Fir and other softwoods - sand smooth, then apply "Daly's" clear Penelac Sealer. Let dry. Apply stain as above (no sanding). Wipe after stain has soaked for color. Apply two coats oil as above.

Storage shelving - one coat primer, two coats Fuller O'Brien high gloss enamel.

XII TOILET AND BATH ACCESSORIES

A. DESCRIPTION - ACCESSORIES

1. Cabinets and mirrors:

Men's and women's - one-quarter inch plate mirror, 24 inch x 36 inch.

Staff bath - one-quarter inch plate mirror, 24 inch x 36 inch.
Medicine cabinet - 14 inch x 24 inch recesses with mirror; model #P1510-OA-P, as manufactured by Perma Bilt.

2. Towel bar: all towel bars to meet standards of grab bar. Conform to DBC, Section 1711b. One and one-quarter inch outside diameter pipe, stainless steel type 304, #4 satin finish. Location shown on drawings. Supply solid backing.
3. Toilet paper holders: all baths, recess mounted double roll holder as manufactured by Bobrick.
4. Towel dispensers: all baths, as manufactured by Bobrick.
5. Grab bar: see floor plan and interior elevations. Two each, men's and women's, #352-24inch straight grab bars as manufactured by Bobrick.
6. Shower door: 24 inch wide aluminum =/obscure glass shower door.

B. GENERAL

1. Assumes that all required backing and/or concealed anchors are in place, that all surfaces to receive accessories are suitable for quality installation.
2. Install all accessories in exact compliance with manufacturer's printed directions, where shown on drawings and securely fastened to solid backing.

XIII CABINETS

A. KITCHEN cabinets and bath cabinets by Pacific Cabinet Corporation. Solid oak doors and rails, raised panel doors. No pulls. Nutmeg color.

B. LAMINATED plastic countertops. Preformed with factory end caps and splash as required. Formica or Wilson Art, color by owner.

C. INSTALLATION

1. Verify that interface surfaces are plumb, straight, and true; solid, rigid, and in all ways acceptable to install as a base for quality cabinet work installation. Verify field dimensions.
2. Assemble cabinets according to printed directions.
3. Secure cabinets in place, plumb, level, square and true without distortion. Level with concealed shims if required.
4. Scribe face plates, backsplash, filler strips and trim strips to adjacent walls.
5. Secure top in place.
6. Insure that doors, drawers, and other moving parts operate freely and correctly.

A. GENERAL

1. Install all plumbing in conformance with the Uniform Plumbing Code, Uniform Mechanical Code and all amendments by local authority.

B. DOMESTIC HOT WATER AND COLD WATER PIPING

1. Rigid copper tubing type "L" with copper or bronze sweat fittings, and copper to IPS adapters.
2. Provide unions adjacent to each valve, where connected to equipment. Use isolation unions between dissimilar materials.
3. Use soft drawn type "K" copper with compression fittings or silver soldered joints below grade.
4. Grade all plumbing towards a low spot in the system if possible, and provide with one-half inch hose and drain valve, with removable key.
5. Test all water piping hydrostatically at one and one-half times the pressure found at the site or 80 psi minimum, for four hours. It is the responsibility of the plumbing contractor to see that the system is tight. Any damage to the building caused by a faulty plumbing system shall be the responsibility of the plumbing contractor. Do not cover piping until test requirements are satisfied. Install metal plumbing protectors where plumbing comes within 3/4" of framing surfaces where sheetrock is to be installed.

C. SANITARY DRAIN, WASTE AND VENT PIPING

1. All underground pipe and fittings shall be cast iron "No Hub" service weight with "No Hub" fittings and joints.
2. Inside building - Pipes 2" and less shall be ABS. Over 2" shall be "No Hub" cast iron with "No Hub" fittings and joints.
3. Support all stacks at base.
4. Cleanouts - Where shown, required by code or necessary for maintenance.
5. Test in accordance to Uniform Plumbing Code. Do not cover until requirements are satisfied.
6. Horizontal Drain lines shall have a uniform slope of 1/4" per foot toward point of disposal.
7. Provide vents for all traps. Vents may be joined 6" above flood rim of fixtures they serve, and collected for the run up to the roof. Observe vent signing per UPC when collected. Vents above heated spaces must be insulated with 1" fiberglass.
8. Extend vents 24" above roof. Increase vent two pipe sizes, 24" below roof penetration. Support vent with clamp to structural member within 6" of roof penetration.
9. Cleaning of domestic water supply: All fixtures and piping using potable water shall be flushed with clean water. Fill entire system with liquid chlorine solution so that the resulting solution in the piping, etc. is at least 50 PPM chlorine. All valves in the system shall be operated three times. Leave solution in contact with systems for 24 hours. Flush thoroughly with clean water, operating valves until no more than one PPM chlorine is obtained.

10. Install all fixtures per Manufacturer's written instructions. Observe clearances required by Code and for Maintenance.
11. All fixtures with water service shall have an 18" air cushion in line and near stop or valve.

D. FIXTURES TO BE KOHLER OR AMERICAN STANDARD

1. Toilets - Flush tank, white, Kohler-Wellworth Waterguard. Seatcover - Olsanite 30 TM. 50°F tempering valve.
2. Men's and Women's wall-hung lavatory - K-2731-B Tuanton - 16 X 14" with K8040-T faucet.
3. Staff Bath - Round, countertop white lavatory - Kohler K2910. Faucet - K-8040-T.
4. Stops - Speedflex at all fixtures.
5. Drinking fountain - Kohler K5293A
6. Water heater - Electric 50 gallon.
7. Service sink - Swan-MFS 1-W - Single wall mount fiberglass laundry tub - Faucet - Bradley H6621

XV INSULATION AND MOISTURE BARRIERS

I. MATERIALS

- A. Foundation walls - 2" thick blue styrofoam S.H. Board, installed outside.
- B. Walls - 3½", 2lb. urethane foam for R25 - Foam to be sprayed in place.
- C. Floors - Owens Corning 9" Batts - support with wire insulation supports.
- D. Ceiling to be cellulose insulation blown in 12" thick - R-38.
- E. Sound insulation to be 3½" Owens Corning Fiberglass. "Noise Barrier Batts". Install in corridors, toilet rooms, and as scheduled on drawings for sound rated walls.
- F. Vapor barriers to be "Visqueen," six mill polyethylene sheet.

II. INSTALLATION

- A. Install thermal insulation at locations shown on drawings and as required. Fluff insulation as necessary, leave no voids or pockets. Chink small areas full. Provide complete thermal envelope. Support as required.
- B. Install vapor barriers on warm side of framing. Staple to studs, overlap joints 4" minimum. Cut neatly around penetrations, tape with duct-tape to maintain tight seal. Provide complete envelope of vapor barriers.

XVI. FLASHING AND SHEET METAL ROOF

- A. THE EXTENT OF FLASHING ON OTHER METAL WORK IS SHOWN ON DRAWINGS
- B. Metal Roof by Gifford Hill - Pro Pand II 29GA - brown color.
 - 1. Install as per Manufacturer's specifications, providing all necessary trim. Including - formed ridge and bottom and top closure strips.
- C. Flashing @ sill - Special order from Gifford Hill - 2c quage galvanized steel, color - brown to match roof.
- D. Gutters - Northwest Metal Products Co. Stylek Galvanized Gutters 26 gallon - brown color.
 - 1. Install as per Manufacturer's specifications.
 - 2. Ferrells and nails @ 2c O/C.
 - 3. Supply all connections, ferrells, nails, straps, caulk, etc. necessary to assure tight, durable, no leak gutter system with straight lines and quality appearance.
 - 4. Supply downspouts and splash blocks or rocks as shown drawings.

XVII. APPLIANCES

- A. KITCHENETTE - Norcold 30" wide "Patrician" MOAES/5 - Almond color.
 - 1. Install as per Manufacturer's specifications.

XVIII. BLINDS

- A. LEVELOR - Inside mounted - dimensions in field. Color by owner.

Specifications: Homer Mental Health Clinic

XIX Electrical

A. GENERAL REQUIREMENTS

Applicable provisions of the Agreement and General Requirements of the specifications govern the work of this section.

B. WORK INCLUDED

Furnish and install a complete electrical system including all labor materials, equipment, lighting fixtures with lamps, switches, dimmers, receptacles, outlet boxes, motor wiring, wiring, and everything else necessary and/or required to produce a complete, safe, legal, and properly operating electrical system as herein specified.

C. MATERIALS

1. Provide a 200A, 120/240V, single-phase, 3-wire service with main breaker in accordance with utility company's requirements.
2. Load center: Shall be 200 amp MLO with snap-in circuit-breaker-type, breaker sizes as required.
3. Single pole, three-way switches; silent action type. Color to be ivory.
4. Receptacles: duplex 15A, 125V, grounded type. Provide GFI protection where required by code. To be ivory.
5. All devices and plates to be ivory Approved manufacturers: AHSB, Hubbell, P&S or equal.

D. WIRING

Branch circuit wiring shall be type NM with ground. Min. size wiring to be #12. Lighting: A maximum of 1,600 watts per 20A circuit is permitted for lighting. Receptacles: Install on separate circuit (20A) with maximum of eight devices.

E. LIGHTING FIXTURES

Install fixtures where indicated on drawings. Generally, fixtures are either ceiling mounted two tube 40W fluorescent fixtures or recessed incandescent fixtures.

SEE FIXTURE SCHEDULE on working drawings for type and model No.

Specifications - Homer Mental Health Clinic

XX Heating

A. GENERAL REQUIREMENTS

Applicable provisions of the Agreement and General Requirements of the specifications govern the work of this section.

B. WORK INCLUDED

Furnish and install electric baseboard heating system for all spaces shown on working drawings. Each heater to be individually controlled by thermostat as shown on drawings. Equipment to be of sufficient capacity to insure 65 degree farenheit inside temperature. Provide mechanical exhaust of no more than 2 air changes per hour for toilets, showers, and kitchenette unit.

C. MATERIALS

Heating elements shall be standard 240V 1500 Watt wall mounted baseboard heaters unless smaller size is shown on working drawings. Units shall be as manufactured by Cadet Manufacturing Company, Trim Bay Models with thermostats, or equivalent.

FIRE MARSHALL REPORT

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE PREVENTION

REPLY TO:

- POUCH N
JUNEAU, ALASKA 99811
(907) 465-4331
- POUCH 6313
ANCHORAGE, ALASKA 99502
(907) 272-2404/6
- 1979 PEGER ROAD
FAIRBANKS, ALASKA 99701
(907) 456-4002

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P.O. Box 2274
Homer, Alaska 99603

Subject: Community Health Center,
Homer
Plan Review: 83A-560
Type Construction: V-N
Occupancy: B-2

Dear Doctor Craig:

Plans for the subject project have been reviewed by this office for conformity with the state fire safety regulations. However, prior to approval, the following items require clarification and/or implementation into the final documents. Following, please find our comments:

* SEE COMMENTS SHEET

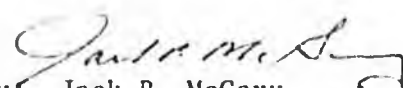
A letter certifying the above listed items will be incorporated in the plans shall constitute final approval.

Approval of submitted plans is not approval of omissions or oversights by this office; nor is it approval of noncompliance with any applicable regulations of municipal government.

If we can be of any further assistance, please feel free to contact us at the above address or call 272-2404.

Sincerely,

Sylvester (Sam) Neal
State Fire Marshal


By: Jack R. McGary
Fire Protection Engineer

JR McG/_mc

cc: Homer Vol. Fire Dept.

enclosures

(1)

① Per our phone conversation on 12-1-83 dealing with the location of your building. IF you move the building 15 FT to the west, then there will be not one hour requirement for the east wall. IF the building isn't moved, you will need to make the east wall one hour construction and remove all windows from that wall. Also, that one hour wall will need a one hour parapet as per Sec. 1709, Uniform Building Code, 1979.

② Every door opening into the corridor shall be protected by a tight-fitting smoke and draft control assembly having a fire-protection rating of 20 minutes. Doors shall be self-closing or shall be automatic closing. Per UBC Sec 3304 (h).

③ Per our phone conversation on 12-1-83 dealing with the corridor and conference. a exit corridor can not pass through the conference room. Recommend you change your floor plan to allow the corridor to exit directly to the outside. IF you are not clear on what is required please call us to help you.

④ a draft stop for the attic area is required, per U.B.C. Sec 3205.(b).

COMMENTS:

(2)

⑤ Rooms 1 & 2, Reception & waiting area will be required to be the one hour construction as required for corridors, since they are considered as part of the corridor and not as intervening rooms.

COMMUNITY MENTAL HEALTH CENTER

Box 2274
Homer, Alaska 99603-2274
(907) 235-7701



December 13, 1983

Jack B. McGary
Fire Protection Engineer
Division of Fire Prevention
Pouch 6313
Anchorage AK 99502

Dear Mr. McGary:

Thank you for your letter of December 6, 1983 regarding plan review: 83A-560.

Relative to each of the Division's recommendations, we would like to submit the following changes which are being integrated into our architectural drawings:

- 1- The plot plan will be altered to move the building 15 feet to the west in order to provide a 20 foot clearance from the property line;
- 2- All corridor doors shall have smoke and draft control assemblies with fire protection rating of 20 minutes and shall be constructed to meet IBC Section 3304(h);
- 3- The conference room will be rotated 90 degrees and placed on one side of the corridor with offices occupying the other side of the corridor so that the exit at the end of the corridor will open to the outside rather than into the conference room;
- 4- An attic draft stop will be integrated into the plans; and,
- 5- Rooms 1 and 2, the reception and waiting areas will be built to meet the one hour construction requirement for corridors.

Thank you for your review of our plans. Your comments were most helpful as we plan for the safety of the building and its occupants.

Sincerely,

Paul L. Craig, Ph.D.
Psychologist, Director
PLC:mw

RESOLUTIONS

Cook Inlet Council on Alcoholism and Drug Abuse
City of Homer

CITY OF HOMER

HOMER, ALASKA

RESOLUTION 83 - 12 A

A RESOLUTION OF THE CITY OF HOMER ENDORSING THE EFFORTS OF THE SOUTH PENINSULA MENTAL HEALTH ASSOCIATION, INC., TO SECURE MATCHING FUNDS FROM THE STATE OF ALASKA FOR A BUILDING.

WHEREAS, the City of Homer recognizes the value of the various services provided through the Community Mental Health Center including the Infant Learning Program, the Parent Training Program, Vocational Counseling, and Outpatient Mental Health Services;

WHEREAS, the City of Homer is aware of the gross inadequacies in the current facility rented by the Community Mental Health Center including inadequate office size, lack of ventilation, and inadequate provisions for confidentiality;

WHEREAS, adequate office space to house the programs offered through the Community Mental Health Center is not currently available in Homer; and

WHEREAS, the City of Homer expressed support for a building program by allocating \$35,000 during November 1982 to the Community Mental Health Center as seed money to initiate land acquisition and building planning;

NOW BE IT THEREFORE RESOLVED that the City of Homer endorses the efforts of the South Peninsula Mental Health Association, Inc., (a private, non-profit organization) to secure matching funds from the State of Alaska to complete the proposed building project.

DATED at Homer, Alaska, this 28th day of February, 1983.

Eric Cooper
Eric Cooper, Mayor

ATTEST:

Kathleen F. Herold
Kathleen Herold, City Clerk

ADDITIONAL SUPPORTING DOCUMENTS

Box 335
Homer, Alaska 99603



REPLY TO:

- City Hall
Ph. (907) 235-8121
- Port of Homer
Ph. (907) 235-8797
- Harbor Master
Ph. (907) 235-8959
- Public Works Dept.
Ph. (907) 235-8120
- City Engineer
Ph. (907) 235-6368

May 24, 1983

Jean Calkins
Box 2020
Homer, AK 99603


Dear Ms. Calkins:

Professional offices are a permitted use in the Urban Residential district, of which lots 12 and 13, Lakeside Village are so zoned (HMC Title 21, Section 21.45.020).

Professional office is defined as "An office which is maintained and operated for the conduct of professional business, including but not limited to medicine, dentistry, law, architecture, engineering, accounting, veterinary medicine and investment", HMC Title 21, Section 21.32.020.

If we can be of any further assistance, please call 235-8121.

Sincerely,


Larry C. Farnen
City Manager

LCF/EH/sn

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.