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ALASKA STATE LEGISLATURE  
HOUSE OF REPRESENTATIVES  
RESEARCH AGENCY

Pouch Y, State Capitol  
Juneau, Alaska 99811  
(907) 465-3991

*Social Services  
Fund*

*SB  
484*

April 6, 1982

MEMORANDUM

TO: Representative Bob Bettisworth  
Attention: Margaret King

FROM: Christine Johnson *CSJ* and Jonathan Sherwood *JMS*  
Research Staff

RE: Cost of Delivering Social Services  
Research Request No. 82-94

Margaret King of your staff has asked this agency to provide the following information regarding the State's social service programs:

- (1) an estimate of the overall cost of delivering social services; we were asked to separate the costs of the actual services provided from the cost required to deliver that service to eligible individuals;
- (2) a detailed breakdown of administrative costs and direct benefits for the State's day care programs and the Longevity Bonus Program;
- (3) an estimate of the cost of providing public assistance to one individual.

Our findings are briefly summarized below:

- The Governor initially requested a total of \$229,875,500 for social service programs during FY 83. This includes \$1,813,000 to cover debt service for the Pioneer Homes and senior citizen housing projects. Approximately \$40,933,500 or 17% of the total FY 83 request would be used to pay costs of delivering social service benefits through programs operated by the State.
- Benefits paid under the Unemployment Insurance program are paid through an Unemployment Insurance trust fund and do not appear in the Governor's budget request. In FY 83, the State will distribute an estimated \$100,000,000 in unemployment benefits. The cost of delivering social service benefits through programs operated by the State accounts for 12% of both the total FY 83 request and Unemployment Insurance payments.

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- Slightly over 13% of the Child Assistance BRU is used to offset the cost of delivery for the day care and Head Start programs. Delivery costs account for about 1% of the Longevity Bonus program. Although we did not attempt to identify the portion of the Grants/Claims category used for program administration in our estimate of delivery costs for all social programs, this portion has been separated in our more detailed breakdown of the Child Assistance and Longevity Bonus BRUs. The Grants/Claims component of the Child Assistance BRU includes approximately \$1 million to offset administrative costs.
- According to initial FY 83 projections, it will cost the State and the federal government approximately \$4,520,200, or \$376,700 per month, to administer the Aid to Families with Dependent Children program (AFDC), the State's largest cash assistance program. This results in an average monthly administrative expenditure of \$46 per recipient family, or \$18 per individual, assuming 2.54 persons per household.

#### ALLOCATION OF SOCIAL SERVICE PROGRAM COSTS

In separating the costs associated with delivery of social services, we have used the original FY 83 Governor's Budget. We are aware that the legislature may make substantial changes in this budget. However, some programs in the FY 82 budget have been discontinued, and many of BRU's in the FY 82 budget have been consolidated into new BRU's in the FY 83 budget. Therefore, to provide information in a form comparable to the current budget format, we chose to work with the FY 83 budget.

Furthermore, we have made no effort to distinguish between federal and State funds budgeted for social service programs. Many social programs receive all or part of their funding from the federal government, some of which may be dependent on matching state funds. In addition, some programs may also receive federal funds not included in the Executive Budget; we have not included these funds in our estimates.

Given the many different types of social services provided in Alaska, it is difficult to develop a clear definition of what constitutes the cost of a benefit provided and what constitutes a cost of delivering that benefit. Many of the activities and expenses associated with the delivery of a social service are absolutely essential to the provision of that service. Delivery costs include such items as the postage required to mail out assistance payments, the workers who determine whether applicants are eligible for a program, and the workers who

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issue assistance payments or grant monies. In our conversations with representatives of the different departments involved in the delivery of social services, we were not always able to reach a consensus as to where service ends and administration begins. For instance, Jo Anne Clark, with the Department of Health and Social Services, stated that the Department was reluctant to distinguish between direct services and delivery costs in a way that separates the cost of direct services from the costs of activities which were absolutely necessary to distribute those services. Accordingly, her own estimation of delivery costs was somewhat less than ours.

We have tried to be consistent in our classification of expenditures. In our estimates of delivery costs, we included expenditures for functions which involved receiving and processing applications and claims, distribution and accounting of assistance payments and other funds, and administrative support activities. In all departments, we treated expenditures in the Grants/Claims category as direct benefit expenditures. Counselling activities are also classified as direct benefits.

Frequently, we were unable to determine the proportion of time that direct benefit providers devoted to administrative activities. Only the Department of Labor maintains time logs which provide the percentage of time employees spend providing direct services. In cases where we were not able to determine the extent to which counselling office employees performed administrative duties, we assumed that 100% of their time was spent providing direct benefits. In addition, for the purpose of our overall estimate of delivery costs, we have not attempted to distinguish that portion of grants expenditures which was used for administration of programs operated by agencies other than the State. Therefore, our estimates of overall delivery costs probably underestimate the actual figure; however, our detailed breakdown of day care program expenditures offers an example of how these grant monies are actually spent.

It should be noted that in one instance, delivery costs incurred by an agency outside of State government are included. The State of Alaska contracts with the Mauneluk Association, a nonprofit Native corporation, to provide comprehensive social services in northwest Alaska. All of the money budgeted for Mauneluk is in the contractual service component. Most of the cost of this contract is money paid out by Mauneluk to individuals eligible for one or more of the programs administered by Mauneluk. We have classified that portion of contractual services described as administration and staff development as a delivery cost and the remainder of the contractual services as a direct cost, although this may include some additional administrative costs.

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For our purposes, we consider the Pioneer Homes to be a direct benefit. For this reason, the costs of operating a Pioneer Home is included in the cost of direct benefits. However, we have included the expenditures for the central office in delivery costs.

The Employment Security BRU includes the Unemployment Insurance program. By law, unemployment benefits must be paid out of a trust fund and not out of general revenues; therefore, the benefits paid out under this program are not included in the Governor's budget request. According to Alfrieda Mullin, with the Department of Labor Research and Analysis Section, the State will distribute approximately \$100,000,000 under this program in FY 83.

Another expenditure not included in the Social Service budget is the debt service on bonds issued for the Pioneer Homes and for the Senior Citizens Housing Fund. These payments, which are costs associated with direct benefits, amount to \$1,813,000 for FY 83.

Table I shows the breakdown of FY 83 budget request expenditures for Social Services by BRU. Debt Service and Unemployment Insurance benefits, which are not included in the Social Service category, are shown separately. The percentage of each program request to be spent on direct benefits and delivery costs is shown in parentheses.

Table II provides a breakdown of delivery costs for each BRU by budget component. Table III provides the same breakdown for direct benefits. For most BRUs, direct benefit costs are contained in the Grants/Claims component of the budget request; however, for programs which offer counselling or some other form of human service, direct benefit costs include the full range of budget components. For three BRUs, WIN, Adult Services, and CETA, the breakdown of component costs for direct benefits and delivery costs was not available; however, we have provided estimates of the total direct benefit costs and delivery costs in these instances.

#### DAY CARE AND LONGEVITY BONUS PROGRAMS

We were also asked to provide a more detailed breakdown of administrative costs and direct benefits for two social service programs, the day care programs and the Longevity Bonus Program. We have included a breakdown for the State's Head Start grant program as well, as this program and the day care programs are administered by the same entity and it would be difficult to accurately allocate the administrative expenses.

### Day Care and Head Start

The day care and Head Start programs are funded through the Child Assistance BRU. For FY 83, the Governor has requested a total appropriation of \$10,197,800 for this BRU, \$7,581,800 for the Child Care component, which includes the day care grant programs, and \$2,616,000 for Head Start Grants. State administrative costs for all the grant programs are included in the Child Care component. The governor has requested \$259,200 for administration in FY 83. This covers four full-time positions in the Department of Community and Regional Affairs.

Child Care Component. Two day care grant programs are funded through the grants and claims portion of the Child Care component. The largest of these is the Day Care Assistance Grant Program which provides child care subsidies to low and moderate income families. Grant money from this program is allocated to local governments for disbursement to eligible households. Until FY 82, most administrative costs were assumed by the local governments. However, under legislation passed last session, local governments may receive the equivalent of 10% of their grant entitlement or \$1,000, whichever is greater, from the State to offset administrative expenditures. According to Ms. Lare, the Director of the Day Care Assistance Program for the Department of Community and Regional Affairs, this money is intended to represent 50% of local administrative costs although it is not provided on a match basis.

The Governor has requested a total appropriation of \$5,751,100 for the Day Care Assistance Program for FY 83. This includes \$5,228,300 for grants to eligible families and \$522,800 for the State's share of local administrative costs. (Owing to some confusion when the budget for this program was prepared, the appropriation for local administrative costs appears under the Child Care Grant Program.) Assuming that municipalities will contribute an additional \$522,800 for administration, total administrative costs for this program will equal \$1,045,600.

The other grant program within the Child Care component is the Child Care Grant Program, which was established during the 1981 legislative session. Under this program, day care facilities may receive a State subsidy of up to \$50 per month per average daily full-time equivalent child enrolled at the facility. (Funding for this program for FY 82 was set at a level which permitted grants of \$25 per month per child.) Day care facilities may also receive education and training grants under the Child Care Grant Program. Both these grants and the child care grants were disbursed directly by the Department of Community and Regional Affairs during FY 82. There has been some discussion of transferring administrative responsibility to local governments. However, according to Ms. Lare, municipalities have expressed some reluctance toward this proposal, and the issue is not yet settled.

The Governor has requested a total of \$1,571,500 for the Child Care Grant Program for FY 83. This includes \$1,390,900 in child care grants, \$130,600 for local administration of the Child Care Grant program, and \$50,000 in grants for education and training. Because the education and training grants are used to improve the care which children receive in day care facilities, we have counted them as direct benefits rather than as administrative costs.

Head Start Grants. The State currently contributes roughly 22% of the cost of operating Head Start programs throughout the state. This money is disbursed as grants to various non-profit associations which provide the programs. Ms. Lare of the Department of Community and Regional Affairs estimates that 15% of the total State appropriation is spent for program administration. The Governor has requested a total of \$2,616,000 for Head Start for FY 83; approximately \$392,400 of this amount would be used for administration and \$2,223,600 to provide direct services. Federal Head Start funds are not distributed through the State and are not included in this breakdown.

Summary. The FY 83 requests for the day care programs and Head Start are summarized below. As this indicates, administration of these programs would account for approximately \$1.3 million in FY 83 or 13% of the total State expenditure.

#### CHILD CARE COMPONENT

##### I. Day Care Assistance Program

Grants	\$ 5,228.3
Local Administration	522.8
Total	\$ 5,751.1

##### II. Child Care Grant Program

Child Care Grants	\$ 1,390.9
Education & Training Grants	50.0
Local Administration	130.6
Total	\$ 1,571.5

III. Central Administration \$ 259.2

TOTAL 7,581.8

#### HEAD START GRANTS

Grants	\$ 2,223.6
Administration	392.4
TOTAL	\$ 2,616.0

#### TOTAL BRU

Grants	\$ 8,892.8	( 87%)
Administration	1,305.0	( 13%)
TOTAL	\$10,197.8	(100%)

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### Longevity Bonus Program

The Governor has requested an FY 83 appropriation of \$29,214,500 for the Longevity Bonus Program. This includes \$270,500 for administration of the program and \$28,944,000 in grants and claims. The grants and claims appropriation will provide monthly longevity bonuses of \$250 to 9,648 individuals over age 65. Administrative costs represent less than 1 percent (.9%) of the total appropriation which the Governor has proposed for this program for FY 83.

### COST OF PROVIDING PUBLIC ASSISTANCE

We were also requested to estimate the cost of providing public assistance to one individual. Aid to Families with Dependent Children (AFDC) is the State's largest cash assistance program. Initial projections for FY 83 show this program disbursing approximately \$53.1 million in benefits. Costs of the AFDC program are shared equally by the State and the federal government. The State Department of Health and Social Services (DH&SS) reports that with total benefits of \$53,120,400, the federal government and the State will each contribute \$2,260,100 towards program administration. This results in a total expenditure for administration of \$4,520,200 for the fiscal year, or \$376,700 per month.

DH&SS projects that an average of 7,818 Alaskan households will receive AFDC benefits each month during FY 83. An additional 450 families will apply for benefits each month but be denied, resulting in a total monthly AFDC caseload of 8,268 households. Dividing this number by the monthly cost of administering the program results in an average monthly administrative expenditure of \$46 per family, or \$18 per individual, assuming 2.54 persons per household. Administrative costs for a household which remains on AFDC throughout the year will total \$547, or \$215 per person. Given an average monthly AFDC payment of \$566.22 per family, administrative costs equal approximately 8% of monthly benefits. Stated another way, it currently costs the State and the federal government approximately 8¢ to provide each dollar of AFDC benefits.

\* \* \*

If you have any questions, or if we can be of further assistance, please do not hesitate to contact us.

CJ&JS/bf

Table I  
 TOTAL SOCIAL SERVICE EXPENDITURES FOR FY 83  
 (thousands of dollars)

Budget Request Unit	Delivery Costs	Direct services	Total
Longevity Bonus	\$ 270.5 (1%)	\$28,944.0 (99%)	\$29,214.5
Pioneer Homes	337.6 (2%)	19,048.3 (98%)	19,385.9
Older Alaskans Commission	382.8 (100%)	-	382.8
Aging Grants	1,023.2 (12%)	7,344.0 (88%)	8,367.2
Assistance Payments	-	61,318.7 (100%)	61,318.7
Energy Assistance	489.6 (7%)	6,257.9 (93%)	6,747.5
Public Assistance Administration	10,978.8 (100%)	-	10,978.8
Program Services	44.0 (2%)	2,017.9 (98%)	2,061.9
Juvenile Custody	-	16,526.2 (100%)	16,526.2
Family Services Administration	1,503.3 (18%)	7,074.1 (82%)	8,577.4
Mauneluk	179.3 (15%)	1,048.2 (85%)	1,227.5
WIN	88.6 (11%)	750.0 (89%)	838.6
Adult Services	155.7 (4%)	4,295.4 (96%)	4,451.1
Old Age Assistance Payments	-	5,789.1 (100%)	5,789.1
Employment Security	18,307.8 (70%)	8,019.4 (30%)	26,327.2
Office of the Commissioner (DOL)	643.5 (100%)	-	643.5
Administrative Services (DOL)	4,461.8 (100%)	-	4,461.8
Senior Citizens Tax Relief	-	2,722.1 (100%)	2,722.1
Child Assistance	259.2 (3%)	9,938.6 (97%)	10,197.8
CETA	1714.1 (22%)	5,997.0 (78%)	7,711.1
Senior Citizen Housing Devl.	93.8 (100%)	-	93.8
<b>TOTAL SOCIAL SERVICE REQUEST</b>	<b>40,933.6 (17%)</b>	<b>187,090.9 (83%)</b>	<b>228,024.5</b>
Debt Service	-	1,813.0 (100%)	1,813.0
Unemployment Insurance Payments	-	100,000.0 (100%)	100,000.0
<b>TOTAL COSTS FOR SOCIAL PROGRAMS</b> (Including expenditures not in the Social Service request.)	<b>\$40,933.6 (12%)</b>	<b>\$288,903.9 (88%)</b>	<b>\$329, 837.5</b>

- # No expenditures in this category.

Source: FY 83 Executive Budget; House Research Agency.

Budget Request Unit	Pers. Serv.	Travel	Cont.	Comm.	Equip.	Total
Longevity Bonus	156.5	4.4	106.0	3.5	-	270.5
Pioneer Homes	136.6	20.0	5.3	117.4	58.3	337.6
Older Alaskans Commission	136.8	49.9	193.1	3.0	-	382.8
Aging Grants	737.9	136.0	130.2	8.6	2.5	1,023.2
Assistance Payments	-	-	-	-	-	-
Energy Assistance	327.3	24.6	133.7	4.0	-	489.6
Public Assistance Administration	8,243.1	339.6	2,303.2	86.5	6.4	10,978.8
Program Services	26.4	10.9	6.3	.4	-	44.0
Juvenile Custody	-	-	-	-	-	-
Family Services Administration	970.2	278.0	238.8	15.2	1.1	1,503.3
Mauneluk	-	-	179.3	-	-	179.3
WIN	*	*	*	*	*	88.6
Adult Services	*	*	*	*	*	155.7
Old Age Assistance Payments	-	-	-	-	-	-
Employment Security	12,787.2	364.9	4,659.7	406.3	89.7	18,307.8
Office of the Commissioner	418.0	38.6	175.1	11.1	.7	643.5
Admin. Services	3,047.8	68.7	1,178.0	43.9	123.4	4,461.8
Senior Citizens Tax Relief	-	-	-	-	-	-
Child Assistance	152.9	32.8	71.0	2.5	-	259.2
CETA	*	*	*	*	*	1714.1
Senior Citizen Housing Development	76.7	13.8	3.3	-	-	93.8
<b>TOTAL**</b>	<b>27,217.5</b>	<b>1,382.2</b>	<b>9,391.0</b>	<b>693.4</b>	<b>282.1</b>	<b>40,933.6</b>

\* Data is not available for separate budget components. An estimate of total delivery costs is provided for this BRU.

\*\* The column totals for the separate budget components exclude the expenditures for WIN, Adult Services, and CETA, for which only a total delivery expenditure is provided. Therefore, the sum of the column totals do not equal the row total provided.

Source: FY-83 Executive Budget; House Research Agency; Dept. of Administration; Dept. of Community and Regional Affairs, Dept. of Health and Social Services; Dep. of Labor.

Budget Request Unit	Pers. Serv.	Travel	Cont.	Comm.	Equip.	Grants/Claims	Total
Longevity Bonus	-	-	-	-	-	28,944.0	28,944.0
Pioneer Homes	14,147.1	23.0	4,004.2	791.9	41.0	41.1	19,048.3
Older Alaskans Commission	-	-	-	-	-	-	-
Aging Grants	49.4	-	-	-	-	7,294.6	7,344.0
Assistance Payments	-	-	-	-	-	61,318.7	61,318.7
Energy Assistance	-	-	-	-	-	6,257.9	6,257.9
Public Service Administration	-	-	-	-	-	-	-
Program Services	-	-	-	-	-	2,017.9	2,017.9
Juvenile Custody	-	-	-	-	-	16,526.2	16,526.2
Family Services Administration	6,122.4	189.5	673.4	77.9	10.9	-	7,074.1
Mauneluk	-	-	1,048.2	-	-	-	1,048.2
Win	*	*	*	*	*	283.6	750.0
Adult Services	*	*	*	*	*	3,644.3	4,295.4
Old Age Assistance Payments	-	-	-	-	-	5,789.1	5,789.1
Employment Security	5,590.6	178.0	1,710.2	55.9	40.5	[100]444.2†	8,019.4
Office of the Commissioner (DOL)	-	-	-	-	-	-	-
Administrative Services (DOL)	-	-	-	-	-	-	-
Senior Citizens Tax Relief	-	-	-	-	-	2,722.1	2,722.1
Child Assistance	-	-	-	-	-	9,938.6	9,938.6
CETA	*	*	*	*	*	5,997.0	5,997.0
Senior Citizen Housing Development	-	-	-	-	-	-	-
<b>TOTAL**</b>	<b>25,909.4</b>	<b>390.5</b>	<b>7,436.0</b>	<b>925.7</b>	<b>92.4</b>	<b>149,743.6</b>	<b>187,090.9</b>

- = No delivery cost in this component

The footnotes for Table III are on the following page.

Source: FY 83 Executive Budget; House Research Agency; Dept. of Administration; Dept. of Community and Regional Affairs, Dept. of Health and Social Services, Dept. of Labor.

FOOTNOTES FOR TABLE III

- \* Estimates of direct service costs and delivery costs were provided as proportion of total expenditures excluding grants/claims. Only grants/claims and total expenditures are shown for these budget request units.
- \*\* Column totals for separate budget components do not include data for WIN, Adult Services, and CETA. Therefore, the sum of the column totals for the budget components does not equal the row total shown.
- † Approximately \$100,000,000 in unemployment benefits will be distributed in FY 83; however, because these funds are drawn from the Unemployment Trust Fund, they are not included in the Social Service Budget.



ALASKA STATE LEGISLATURE  
 HOUSE OF REPRESENTATIVES  
 RESEARCH AGENCY

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April 12, 1982

*Social Services Fund  
 SB + 84*

MEMORANDUM

TO: Representative Bob Bettisworth  
 Attention: Margaret King

FROM: Christine Johnson, Research Staff *CJ*

RE: Updated Estimate of the Cost of Delivering State Social Services  
 Research Request No. 82-110

You have asked that we revise our estimate of the cost of delivering social services based on the amended Governor's budget for FY 83. In responding to your request, we have used a version of the amended budget released on Monday, April 5; this was the most current version of the budget available at the time we were beginning work. As you know, the Governor has made some additional budget changes during the last week. Consequently, the figures we are using here may already be slightly out of date.

As of April 5th, the Governor was proposing a total social services budget of \$289.7 million. This includes \$1.8 million for debt service on the Pioneer Homes and senior citizen housing projects. It also includes \$75.6 million for five programs which were included in other budget categories in the original FY 83 Executive budget. Approximately \$44.3 million, or 15% of the new social services budget, will be spent in the delivery of various services, while \$245.4 or 85% of the total will be expended for direct client services and benefits. Table I (attached) provides a breakdown of administrative costs and direct benefits by program.

Table II offers a similar breakdown, but excludes the five social service programs which were added to the amended FY 83 budget. According to this data, the Governor has proposed a reduction of \$15.6 million in the spending originally approved for social services during FY 83. This includes a \$1.4 million or 4% increase in funds for program administration and a \$17.0 million or 9% reduction in funds for direct benefits and services.

We have calculated delivery costs and direct benefits and services in the same manner that they were calculated in our earlier work for you. In estimating delivery costs, we included expenditures for functions which involve receiving and processing applications and claims, distribution and accounting of assistance payments and other funds, and

administrative support. In all instances, we treated appropriations in the Grants/Claims category as direct benefits. However, as our breakdown of the Grants/Claims expenditures for the Child Assistance BRU illustrates, this category may include funding for the administrative costs of grant recipients.

#### Day Care and Longevity Bonus Programs

Day Care. The Governor has proposed a \$250,000 reduction in funding for the Child Care component of the Child Assistance BRU. (As we noted in our earlier memo to you, both the State's day care programs and Head Start programs are funded through this BRU.) According to Ms. Lare of the Department of Community and Regional Affairs, the proposed reduction would eliminate \$130,600 in funding for local administration of the Child Care Grant program, and \$119,400 in Child Care grants.

Given the proposed funding change, administrative costs for the day care and Head Start programs would represent approximately \$1.2 million in FY 83 or 12% of the total State expenditure. This compares to \$1.3 million or 13% of the total expenditure under the Governor's original FY 83 budget. A breakdown of the appropriations in the Child Assistance BRU for both the original and amended budgets is provided in the table on the following page.

Longevity Bonus Program. The amended Governor's budget for FY 83 would reduce funding for the Longevity Bonus Program by \$1 million from the amount originally proposed. Under this reduction, funds for administration of the program would remain at the same level, while the appropriation for longevity bonuses would be decreased from \$28,944,000 to \$27,944,000. Even with the reduction, administrative costs would represent less than 1% of total program costs.

TABLE III  
 Breakdown of Expenditures Under the Child Assistance BRU  
 (thousands of dollars)

CHILD CARE COMPONENT	<u>GOVERNOR</u>	<u>AMENDED GOVERNOR</u>	
<u>I. Day Care Assistance Program</u>			
Grants	\$ 5,228.3	\$ 5,228.3	
Local Administration	522.8	522.8	10%
Total	\$ 5,751.1	\$ 5,751.1	
<u>II. Child Care Grant Program</u>			
Child Care Grants	\$ 1,390.9	\$ 1,271.5	
Education & Training Grants	50.0	50.0	
Local Administration	130.6	0.0	
Total	\$ 1,571.5	1,321.5	-250.
<u>III. Central Administration</u>			
	\$ 259.2	\$ 259.2	
TOTAL	7,581.8	\$ 7,331.8	-250.
<u>HEAD START GRANTS</u>			
Grants	\$ 2,223.6	\$ 2,223.6	
Administration	392.4	392.4	
TOTAL	\$ 2,616.0	\$ 2,616.0	
<u>TOTAL BRU</u>			
Grants	\$ 8,892.8	\$ 8,773.4	
Administration	1,305.0	1,174.4	
TOTAL	\$10,197.8	\$ 9,947.8	

Cost of Providing Public Assistance

The Governor's amended budget for FY 83 includes a total appropriation of \$41,690,400 for benefits under the Aid to Families with Dependent Children (AFDC) program; the original FY 83 budget contained an appropriation of \$53,120,400 for the year. The reduction is largely the result of changes made to the program by the federal government late last fall. These changes generally stiffened eligibility criteria, reducing the number of households which could qualify for benefits.

According to the Department of Health and Social Services, administrative costs for the AFDC program will remain at approximately the same

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level originally projected for FY 83, despite the decrease in the number of AFDC recipients anticipated over the year. This is explained by two factors. First, although fewer people now qualify for AFDC benefits, the number of people applying for assistance has not declined. Consequently, the number of cases requiring administrative action by the Department has not altered. Second, under the new federal changes, AFDC recipients must report their income each month rather than when their financial circumstances change. Although this may reduce program abuses, it has increased the administrative work needed on each case.

DH&SS currently projects that an average of 6,543 households will receive AFDC benefits, and 450 families will apply for benefits each month during FY 83. This results in a total average monthly AFDC caseload of 6,993. Given projected administrative costs of \$1,520,200 for the fiscal year, or \$376,700 per month, it will cost an average of \$54 per household per month, or \$21 per individual per month to deliver AFDC benefits. Administrative costs will equal approximately 10% of the average monthly benefit for an AFDC household (\$530.97).

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If you have any questions about this information, or if we can provide any further assistance, please don't hesitate to contact us.

CJ

TABLE I  
Social Service Expenditures Under the Governor's Amended Budget for FY 83  
(thousands of dollars)

Budget Request Unit	Governor's Original	Governor's Amended		
		Delivery Costs	Direct Benefits	Total
Longevity Bonus	\$29,214.5	\$ 270.5 ( 1%)	\$27,944.0 ( 99%)	\$28,214.5
Pioneer Homes	19,385.9	337.6 ( 2%)	18,375.3 ( 98%)	18,712.9
Older Alaskans Commission	382.8	363.8 (100%)	-	363.8
Aging Grants	3,367.2	1,023.2 ( 14%)	6,344.0 ( 86%)	7,367.2
Assistance Payments <sup>a</sup>	67,107.8	-	55,677.8 (100%)	55,677.8
Energy Assistance	6,747.5	489.6 ( 7%)	6,257.9 ( 93%)	6,747.5
Eligibility System <sup>b</sup>	1,892.6	1,892.6 (100%)	-	1,892.6
Medicaid <sup>b</sup>	50,559.4	-	50,559.4 (100%)	50,559.4
General Relief Medical <sup>b</sup>	11,603.0	-	10,920.5 (100%)	10,920.5
Public Assistance Admin.	10,978.8	11,971.7 (100%)	-	11,971.7
WIN	838.6	88.6 ( 17%)	420.9 ( 83%)	509.5
Program Services	2,061.9	44.0 ( 2%)	1,957.0 ( 98%)	2,001.0
Juvenile Custody	16,526.2	-	15,526.2 (100%)	15,526.2
Adult Services	4,451.1	155.7 ( 4%)	3,820.1 ( 96%)	3,975.8
Youth Correctional Services <sup>b</sup>	11,481.4	178.5 ( 2%)	11,064.9 ( 98%)	11,243.4
Family Services Admin.	8,577.4	1,500.5 ( 17%)	7,374.1 ( 83%)	8,874.6
Human Services - Mauneluk <sup>b</sup>	2,310.0	179.3 ( 8%)	2,006.7 ( 92%)	2,186.0
Employment Security	26,327.2	18,807.4 ( 73%)	7,114.8 ( 27%)	25,922.2
Off. of the Commissioner (DOL)	643.5	643.5 (100%)	-	643.5
Administrative Services (DOL)	4,461.8	4,421.8 (100%)	-	4,421.8
Senior Citizens Tax Relief	2,722.1	-	2,522.1 (100%)	2,522.1
Child Assistance	10,197.8	259.2 ( 3%)	9,688.6 ( 97%)	9,947.8
CETA	7,711.1	1,714.1 ( 22%)	5,997.0 ( 78%)	7,711.1
<b>TOTAL SOCIAL SERVICE REQUEST</b>	<b>\$304,549.6</b>	<b>\$44,341.6 ( 15%)</b>	<b>243,571.3 ( 85%)</b>	<b>287,912.9</b>
Debt Service	1,813.0	-	1,813.0 (100%)	1,813.0
Unemployment Insurance Payts	100,000.0	-	100,000.0 (100%)	100,000.0
<b>TOTAL COST FOR SOCIAL PROGRAMS</b> Including expenditures not requested under Social Services	<b>\$406,362.6</b>	<b>\$44,341.6 ( 11%)</b>	<b>345,384.3 ( 89%)</b>	<b>389,725.9</b>

The Assistance Payments BRU and the Old Age Assistance BRU were combined in the amended budget.

These programs were included in other budget categories in the original FY 83 Executive Budget. The Human Services - Mauneluk BRU was included in Social Services in the original budget; however, it contains an additional category of grants for health care in the amended budget.

TABLE II  
 Appropriations Under the Governor's Amended FY 83 Budget  
 for Programs Included in the Social Services Budget Category  
 in the Original FY 83 Executive Budget  
 (thousands of dollars)

Budget Request Unit	Governor's Original	Governor's Amended		
		Delivery Costs	Direct Benefits	Total
Longevity Bonus	\$29,214.5	275.5 ( 1%)	27,944.0 ( 99%)	\$28,214.5
Pioneer Homes	19,385.9	377.6 ( 2%)	18,375.3 ( 98%)	18,712.9
Older Alaskans Commission	382.8	383.8 (100%)	-	363.8
Aging Grants	8,367.2	1,023.2 ( 14%)	6,344.0 ( 86%)	7,367.2
Assistance Payments	61,318.7	-	49,888.7 (100%)	49,888.7
Energy Assistance	6,747.5	489.6 ( 7%)	6,257.9 ( 93%)	6,747.5
Public Assistance Admin.	10,978.8	11,971.7 (100%)	-	11,971.7
Program Services	2,061.9	44.0 ( 2%)	1,957.0 ( 98%)	2,001.0
Juvenile Custody	16,526.2	-	15,526.2 (100%)	15,526.2
Family Services Admin.	8,577.4	1,500.5 ( 17%)	7,374.1 ( 83%)	8,874.6
Human Services - Mauneluk	1,227.5	179.3 ( 15%)	1,048.2 ( 85%)	1,227.5
WIN	838.6	88.6 ( 17%)	420.9 ( 83%)	509.5
Adult Services	4,451.1	155.7 ( 4%)	3,820.1 ( 96%)	3,975.8
Old Age Assistance Payments	5,789.1	-	5,789.1 (100%)	5,789.1
Employment Security	26,327.2	18,807.4 ( 73%)	7,114.8 ( 27%)	25,922.2
Off. of the Commissioner (DOL)	643.5	643.5 (100%)	-	643.5
Administrative Services (DOL)	4,461.8	4,421.8 (100%)	-	4,421.8
Senior Citizens Tax Relief	2,722.1	-	2,522.1 (100%)	2,522.1
Child Assistance	10,197.8	259.2 ( 3%)	9,688.6 ( 97%)	9,947.8
CETA	7,711.1	1,714.1 ( 22%)	5,997.0 ( 78%)	7,711.1
Senior Citizen Housing Devel. <sup>a</sup>	93.8	93.8 (100%)	-	93.8
<b>TOTAL SOCIAL SERVICE REQUEST</b>	<b>\$228,024.5</b>	<b>\$42,364.3 ( 20%)</b>	<b>170,068.0 ( 80%)</b>	<b>212,432.3</b>
Debt Service	1,813.0	-	1,813.0 (100%)	1,813.0
Unemployment Insurance Payts	100,000.0	-	100,000.0 (100%)	100,000.0
<b>TOTAL COST FOR SOCIAL PROGRAMS</b> (Including expenditures now re- quested under Social Services)	<b>\$329,837.5</b>	<b>\$42,364.3 ( 13%)</b>	<b>271,881.0 ( 87%)</b>	<b>314,245.3</b>

<sup>a</sup>This BRU was included in the Development budget category in the amended Governor's budget.

HOUSE RESEARCH AGENCY  
Pouch Y - State Capitol  
Juneau, Alaska 99811  
465-3991

D R A F T

MEMORANDUM

January 4, 1980

TO: The Honorable Bill Farker  
The Honorable Arliss Sturgulewski

FROM: Jack Kreinheder *JK*  
Issues Analyst

SUBJ: Foundation Approach for the Delivery of Basic  
Services (Work Order No. 8)

You have asked that we explore alternative methods and formulas for the distribution of State revenue sharing funds, including the use of a School Foundation-like approach. This memorandum is intended to provide you with an outline of our suggested research approach to this issue, and to give you an idea of the time necessary to complete the research.

I will be the primary researcher on this work order, but I plan to make use of other House Research staff members and Legal Services staff (particularly Jack Chenowith), as well. As presently envisioned, this project will have three steps or phases. The first step will center on the development of detailed criteria suitable for evaluating alternative methods and formulas for revenue redistribution. We will also attempt to identify reliable indicators of factors (such as local need or wealth) which might be employed in allocating funds in a redistribution system. This first phase should be completed by January 14, with a memo suggesting possible criteria and allocation factors to be provided for your consideration and response.

The second step will involve the exploration of the Foundation approach to revenue sharing and other methods of redistribution which might meet the criteria developed in Phase I, but we first need a clearer definition of basic service levels. This is a subjective question, and we would appreciate hearing your views on the matter. Rather than conducting an analysis of the fiscal impacts of each of the redistribution options, we would prefer

*Henny -  
See paperclipped section  
BJ*

to send you a memo outlining the alternatives, and then proceed with a fiscal analysis for the alternative(s) which you find worthy of further research.

The third and final phase will consist of the fiscal analysis of the preferred alternatives and an assessment of any difficulties which could be encountered in implementing such a proposal. The time necessary to complete this research cannot be readily determined in advance, and will depend to a large extent on the number and complexity of the revenue redistribution options which you would like to pursue.

Please contact us if you have any questions, comments or suggestions regarding your request or the proposed research design. A research project of this nature requires that we be kept informed of your preferences and objectives, and we look forward to working with you and your staff members on this issue.

JK/bf

HOUSE RESEARCH AGENCY  
Pouch Y - State Capitol  
Juneau, Alaska 99811  
465-3991

January 14, 1980

MEMORANDUM

TO: Representative Bill Parker  
Senator Arliss Sturgulewski

FROM: Jack Kreinheder *JK*  
Issues Analyst

SUBJECT: A Foundation Approach to the Revenue Sharing  
Program (Work Order No. 8)

INTRODUCTION

In this memorandum, I would like to present the following information:

1. Proposed criteria for use in formulating and evaluating alternative methods of revenue sharing
2. A summary of our initial findings regarding the application of a foundation approach to revenue sharing
3. A revised research design for the project

I had indicated in my draft research design of January 4 that I would attempt in this memorandum to identify or develop measurable indicators of factors, such as local need, which could be used in allocating funds for various programs. However, it now appears that the development of such indicators will be one of the major tasks involved in the project and must be deferred to the next phase of my research.

CRITERIA

I have compiled a list of nine proposed criteria for the evaluation of any existing or suggested program of revenue sharing. The criteria were derived from your original research request, through discussion with you and your staffs, and from the conclusions reached at the Local Government Symposium. Please contact me if you have any suggestions

Representative Bill Parker  
Senator Arliss Sturgulewski  
January 14, 1980  
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or comments concerning these criteria. It is important that I be aware of your priorities in the development of alternative programs, so that the end product will reflect your goals for the revenue sharing system. My interpretation of your preferences is that an alternative revenue sharing program should:

1. provide for equitable allocation of financial resources
2. assure a minimum level of basic services to residents of organized municipalities. These basic services are: public safety (including police, fire, justice, and search and rescue), public assistance and health and sanitation.
3. reflect local population, wealth and need
4. create incentives for transfer of service delivery responsibility from the State to municipalities
5. create incentives for local government formation in the unorganized borough
6. encourage local effort in funding basic services
7. consider tax equalization--taxpayers statewide should pay roughly the same percentage of the cost of providing a minimum level of the identified basic services
8. consolidate funding into a minimum number of channels (similar to the School Foundation Program)
9. allow for differences in delivery systems to meet local needs.

These criteria are intended to guide the development of an alternative revenue sharing system and to provide a basis for evaluating the current system, HB 192, and any alternative(s) which may be formulated. It is clear, though, that the criteria are subject to interpretation and may conflict in some cases with each other. For example, the first criterion emphasizes the equitable allocation of financial resources. Few would argue with this goal, but the definitions of "equitable" are many. The third criterion states that funding for services should depend on local population,

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Senator Arliss Sturgulewski  
January 14, 1980  
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wealth and need; while the second provides for a minimum level of services, presumably without regard to these factors.

Nevertheless, these criteria do provide a sense of direction for the project. It is difficult to refine the criteria or render an exact definition outside of a specific context, and the inconsistencies and conflicts can, to some extent, be resolved only in each specific case as the research proceeds.

#### SCHOOL FOUNDATION

Although there has been a considerable amount of discussion by various groups on the use of a foundation approach to revenue sharing, I have read nothing which explains which characteristics of this approach are most desirable. I have therefore done a brief analysis of the School Foundation Program in order to determine which features are most applicable to the use of a similar approach in revenue sharing. Conversations with your staff have indicated that the primary value of the School Foundation Program for my purpose is as a conceptual model, rather than a system in which each detail is to be adapted to a revenue sharing function. However, an assessment of its basic provisions is a necessary and useful step in my research.

We have identified four major provisions or methods of funding in the School Foundation Program which could be applied to a new revenue sharing system:

1. the Average Daily Membership factor. A similar volume or workload concept could be used in computing revenue sharing entitlements for various services.
2. special allocations for particular educational programs. Such allocations could be applied to specific services within service categories, for example, giving funding for crime prevention programs in addition to general police protection entitlements.
3. a sliding scale for determining allocations. Under this provision, more funding is granted per student in smaller schools and districts. This approach could be used for revenue sharing entitlements to account for the higher cost per unit of providing services on a small scale.

4. the equalization provision, in which the property tax base per student is considered in allocation of funds. A similar system, expanded to include all services of locally-generated revenue, has been developed for HB 192.

Average Daily Membership (ADM), or number of students, is the primary determinant of funding levels under the School Foundation Programs. An equivalent workload factor could be employed as a funding criterion for a number of services. For instance, part of the entitlement for fire or search and rescue services could be linked to the number of calls answered or searches conducted. Health entitlements could be partially based on the number of patients served. The major flaw in this approach is that it encourages expanded use of services which are funded in this manner. Some services should be preventive rather than use oriented. Police and fire protection, for example, should ideally prevent crimes and fires from occurring in the first place, so that a low level of use could mean that an active and effective level of service was being provided. Still, the idea does show some promise, particularly for public assistance and health programs, and will be given additional thought.

Special allocations are used in the School Foundation Program to fund vocational, special, and bilingual education programs. Schools can receive funds only for existing programs and entitlements are based on the ADM of each specific program.

Special allocations for specific local services are already used in the current revenue sharing program to a limited extent. For instance, a municipality may receive a per capita grant for general fire protection, and an additional grant if a volunteer fire department is maintained. This concept could be expanded to apply to other specific services.

The use of a sliding scale could be a significant addition to an alternative revenue sharing approach and would be one method of providing for a minimum level of service (similar to Jack Chenoweth's draft proposal for police protection). Further research is necessary to determine the trends in cost levels per capita in communities of various sizes to determine the proper weighting of the funding scales for different services. For example, the relative cost of providing health care in a smaller community may be much higher than that of police protection.

Representative Bill Parker  
Senator Arliss Sturgulewski  
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The School Foundation Program contains an equalization provision in which the tax base per ADM of each district relative to the state average is taken into consideration in allocating funds, but this provision applies to only three percent of the basic funding. Thus, a district receives 97 percent of its entitlement regardless of taxable wealth, and receives more or less of the remaining 3 percent depending on its relative tax base. Although the concept is sound, the equalization formula in HB 192 appears to be a more comprehensive and effective approach to the equalization question.

#### RESEARCH DESIGN

Because of the complexity and scope of this issue, I have decided, subject to your approval, to direct my efforts in the next phase of research toward the development of a foundation approach for the provision of public safety services. Public safety is the most clearly defined of the three service categories under consideration, and I feel that the problems inherent in a foundation approach to revenue sharing can be best addressed in this context. Many local governments consider public safety a priority issue and substantial research has already been done in this area. The Criminal Justice Center of the University of Alaska has been working on the idea of a foundation approach to public safety and should be of valuable assistance to us. After exploring the foundation concept in relation to public safety, we should have a sound base from which to analyze the more difficult problems associated with the provision of public assistance and health and sanitation services.

My specific approach to the public safety question will depend somewhat on the results of my contacts with the Criminal Justice Center, Commissioner Nix, and other sources, but I have identified several questions for consideration:

1. What are the current levels of public safety services throughout the state?
2. What systems of service delivery are presently used?
3. What is the consensus, if any, on public safety needs, and what are the available means of assessing need?

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4. How should minimum levels of public safety services be defined?

After these questions have been investigated, I will provide you with a memo summarizing my progress and presenting alternatives for your consideration. At that point, I will shift my efforts to the development of alternative methods of funding public safety through a foundation approach, based on the criteria discussed earlier. If a viable foundation program for the provision of public safety services can be completed, I will then address the other basic services-- public assistance and health and sanitation. During the research on public safety, consideration will be given to the development of a program which is applicable to these other services, as well. I noted in my previous memorandum, and would like to repeat, that the scope and complexity of this research project preclude a fixed completion date; however, I understand the importance of fulfilling your request as quickly as feasible.

HOUSE RESEARCH AGENCY  
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MEMORANDUM

February 15, 1980

TO: Representative Bill Parker  
Senator Arliss Sturgulewski

FROM: Jack Kreinheder, Issues Analyst *JK*

RE: Revenue Sharing Research  
Research Request #8.

Introduction

You have asked that I prepare an analysis of the present revenue sharing program and of the revenue distribution plan incorporated in HB 192, with respect to the criteria set forth in my memo of January 14 and discussed at our meeting the next week. This memo is intended to provide you with the requested analysis and to inform you of other findings of my research to date, the most important of which is that a foundation approach to revenue sharing was introduced in 1975 as HB 539. A copy of the bill is attached, along with a brief report by Mike Miller, Chairman of the Interim Committee on Shared Revenues with Municipalities, which drafted the legislation. I have also attached as background information two memos prepared for Rep. Gardiner by John Williams of the former Research Division and Jack Chenoweth of Legal Services. One memo is a sectional analysis of HB 192 and the other is a general discussion of present law and HB 843, the predecessor to HB 192. The major changes between the two bills are that the per capita income factor was dropped from the equalization formula and eligible local revenues were expanded in HB 192.

Summary of Comparative Analysis

The revenue sharing proposal embodied in HB 192 appears to represent a marked improvement over the present program with respect to six of the ten criteria which we agreed upon as possible goals for the revenue sharing program. The comparison for the remaining four criteria yields mixed or uncertain results. The four criteria for which HB 192 offers no definite advantage over the current program are (by their original numbers): (4) Creation of incentives for transfer of service delivery responsibility from the State to municipalities; (5) Creation of incentives for local government formation in the unorganized borough; (6) Encouragement of local effort in funding basic or additional services; and (10) Encouragement of efficient delivery of services.

Representative B Parker  
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It is important to note that although HB 192 may constitute a substantial improvement over the present program in terms of six criteria, there may be alternative systems or modifications which would more completely fulfill some or all of the goals represented by these criteria, and by the four criteria with which HB 192 does not clearly comply. However, it is encouraging, given your emphasis on the use of HB 192 as a legislative vehicle, that the bill does appear at the outset to be compatible with most of your priorities for the revenue sharing program.

The ten criteria will each be evaluated below. For each criterion, the implications of the present program will first be discussed, followed by a comparative evaluation of the HB 192 proposal.

#### I. An Equitable Allocation of Financial Resources

Because equity is such a subjective term, this criterion cannot meaningfully assessed in isolation, but must be considered in the context of other criteria, primarily those relating to distribution of funds. These distribution criteria are: (2) provision of a minimum level of basic services; (3) consideration of local population, wealth and need; and (7), pertaining to tax equalization. Each of these criteria will be discussed in detail below, but their relevance for the equity question can be summarized here.

##### Present Revenue Sharing Program

Under present law, approximately 75 percent of revenue sharing funds are distributed on a per capita basis, with the entitlements dependent on the type of service provided. The remaining funds are allocated for road maintenance and health facilities and hospitals; these entitlements are based on the number of road miles maintained and the number of beds in each health facility and hospital (or on a per facility grant).

Criterion (2) is not addressed at all by the per capita portion of the entitlements in terms of funding. The Department of Community and Regional Affairs (CRA) has promulgated regulations specifying minimum levels of service for each of the categories, but the entitlements are still based solely on actual population, with no floor or minimum entitlements provided. A minimum grant is authorized for hospitals and health facilities.

Criterion (3) is met only to a limited degree by the present program. Population is, of course, the major factor used in computing current entitlements. Criterion (3) suggests however, that population alone

is not an equitable basis for the sharing of state revenues, and that local wealth and need should also be considered. Local wealth plays no part in the current program. If anything, entitlements are positively related to local wealth, because revenue sharing entitlements pay only a part of most service costs; therefore, a poor community may not be able to provide many services and will not receive the corresponding entitlements. Need is considered by the present program only as a function of population and the number of services provided. The structure of the program assumes that if a particular service is needed, it will be provided by the municipality and the level of the service will be determined by the population.

With respect to criterion (7), pertaining to tax equalization, the current program has no positive impact, and may actually contribute to a disequalization of the tax burdens borne by the residents of different municipalities.

In light of the three aspects of the equity question discussed above, the current revenue sharing approach appears to have major deficiencies in several areas. The program does not provide for an equitable allocation of financial resources, when evaluated in accordance with the agreed upon criteria. It is important to note that an entirely different finding could be reached if different criteria or priorities were employed. For example, Representative Parr's amendment last session to HB 192, which specified that no community could receive less revenue than its population percentage share, suggests a prioritization of the population factor at the expense of tax equalization and the consideration of local wealth and need. Were population to be treated as the major component of equity, the present program would fare a good deal better in an evaluation of this type.

#### HB 192

HB 192, as evaluated by three criteria stated above, is a clear improvement over the present program. Criteria (2) and (7) are addressed in the title of HB 192, which reads in part that the act provides for "minimum entitlements" and for "equalization of the tax resources of municipalities." With regard to criterion (3), HB 192 would replace the current system of per capita service entitlements with an equalization entitlement "based on the population, relative ability to generate revenue, and local tax burden of the taxing unit." Both the current program and HB 192 consider population but HB 192 also addresses the other two factors in criterion (3), local wealth and need. A more detailed discussion of this issue will be deferred to the full analysis of criterion (3).

As a final point on the equity criterion, it should be noted that greater equity is one of the two major purposes stated in HB 192. Section 1 of the act states that the purpose is to "improve the revenue raising and distribution system for the benefit of residents of home rule and general law municipalities by providing for more equitable allocation of financial resources among municipalities to improve their fiscal capacities." Of course, legislative intent and the actual results of implementation can diverge considerably, as is discussed in relation to the present program below; but this analysis suggests that the revenue distribution proposal in HB 192 should accomplish its stated goals regarding equity, where equity is again defined in terms of the component criteria discussed in this memorandum.

## II. Assurance of a Minimum Level of Basic Services to Residents of Organized Municipalities

### Present Program

As mentioned earlier, the only minimum entitlement provision in the present revenue sharing program is for hospitals and health facilities. The basic hospital entitlement is \$1,000 per bed, up to \$75,000 per hospital, but a municipality with a hospital having less than 10 beds may elect to receive a flat \$25,000 grant. Similarly, a health facility is eligible for an entitlement of \$1,000 per bed, but the local government may receive a flat \$4,000 grant for each facility if it chooses.

The intent of these minimum payments is clearly to account for the fixed costs and economies of scale which exist for the provision of hospital and health care services. The statute gives recognition to the fact that a hospital with less than 10 beds is likely to have substantially higher operating costs per bed than a larger hospital. A minimum level of physician services and treatment facilities is necessary for the operation of any hospital or health facility, and these costs are spread over a smaller number of patients and beds.

Similar economies of scale exist for many other services as well, but the current revenue sharing program does not allow for this factor in the per capita service entitlements. For example, a community of 200 persons receives the same entitlement (\$12 per capita) for police services as does the Municipality of Anchorage, even though the smaller community would receive a much smaller percentage of the costs it incurs for police services. Assuming for the moment that a minimum level of

police protection is one officer per 1,000 people or community, the 200 person community would receive only \$2,400 in revenue sharing funds towards the cost of its one policeman. Anchorage, on the other hand, would receive \$12,000 for each officer (\$12 x 1,000 people).

The Community and Regional Affairs Department does administer minimum standards regulations, under 19 AAC 30.020. As an example, a community requesting revenue sharing funds for police protection must demonstrate that one or more police officers is on duty or on call at all times, and that the officers employed meet certain age and training requirements. Similar regulations cover each of the services for which revenue sharing funds are provided.

Although these minimum service standards do provide some assurance that services provided by municipalities are adequate, the standards are not backed up with funding for minimum service levels. Because service entitlements are on a straight per capita basis, a community must have a fairly sizable population before revenue sharing funds will provide a substantial percentage of the total cost of service provision at the minimum service levels specified by regulation.

#### HB 192

The revenue sharing plan proposed in HB 192 would replace all of the per capita entitlements, except for volunteer fire departments, with an equalization entitlement, which is discussed in more detail below. The equalization entitlement provides revenue sharing funds only to municipalities which levy taxes; however, the bill also provides a minimum entitlement of \$25,000 plus an area cost-of-living differential for each fiscal year if the municipality meets certain requirements which are set forth in the bill and pertain to elections, council meetings, budget matters, and codification of ordinances. Municipalities are free to spend the \$25,000 on meeting the above requirements, provision of municipal services, or on whatever they wish. The minimum entitlement provision substantially increases the revenue sharing funding available to the smaller communities in comparison to amounts allocated under present law.

In addition to increased funding through the minimum entitlement provision, two other factors suggest that HB 192 might provide more assurance of a minimum level of services than the present program. The first is that a municipality receiving a minimum entitlement must organize its administrative affairs as specified in the bill and must hold regular council meetings. Better organization may allow more efficient administration of municipal services. Regular council meetings should provide the residents of the municipality with more control over what services, and what levels of service, are provided by the municipal government.

The second factor is that all municipalities are given greater freedom over the types of services to be provided with revenue sharing funds they receive under HB 192. The current program provides funds only for a set of statutorily specified services, while HB 192 would provide municipalities with a single sum to be used for services of the municipality's choosing (exceptions are road and hospital entitlements which would still be administered on the current basis). Municipalities are therefore able to give greater emphasis to those services most necessary or desirable for their own residents. Although minimum levels of service may not be provided for all of the basic services we discussed, each municipality is more likely to provide adequate levels of service for those services of most importance in that community.

### III. Consideration of Local Population, Wealth and Need

#### Present Program

As we noted earlier, most of the current revenue sharing funds are allocated on a per capita, service specific basis. The allocation criteria for the remaining funds are miles of road maintained, for road entitlements, and number of beds or facilities, for hospitals and health facilities. The distinction between the per capita and the other entitlements is significant in terms of the priorities stated in criterion (3), because the non per capita entitlements more closely reflect these priorities, with the notable and obvious exception of the wealth factor. The distinction between the two categories of allocations is also important because HB 192 deletes almost all of the per capita entitlements in present law, while the entitlement amounts only are modified in the road and health care sections.

The most striking deficiency of the present program with respect to criterion (3) is that local wealth is in no way considered as a factor in determining the per capita, road, or health entitlements. It appears that wealth may have an indirect effect on entitlement amounts, but the effect is directly opposite to that intended by criterion (3), which suggests that wealthier municipalities should receive a lower level of revenue sharing funds, other factors being equal. The current program, on the other hand, may tend to favor local governments with greater financial resources, as less wealthy municipalities are less likely to be able to afford to provide all services that are eligible for revenue sharing. Because revenue sharing grants cover only a part of the cost of most services, communities without a substantial tax base may not be able to fund their necessary share, and therefore would receive less

revenue sharing support than a community of equal size but greater wealth.

With respect to the population criterion, the principal drawback of the present program is that population is over-emphasized at the expense of the wealth and need criteria. However, population is not considered at all in the determination of road and health entitlements, apparently because miles of road maintained and number of beds or facilities are regarded as indicators of need. The adequacy of these indicators is another question, but it does seem desirable to employ indicators which more directly reflect need when possible, rather than using population as a proxy for local need.

It is essential to distinguish between two types of need in regard to the State revenue sharing program. The first type of need, and the one which is most commonly thought of in this context, is the degree to which the residents of a particular municipality require a particular service or set of services.

The second type of need is equally important and refers to the degree of necessity for State support of services provided on the local level. This type of need is dependent not only on wealth, but also on the level of taxation, neither of which are considered under the current revenue sharing program.

### HB 192

The principal purpose of the proposal embodied in HB 192 is to make revenue sharing entitlements more equitable by introducing local wealth and tax burden factors as allocation criteria. Local wealth is defined in terms of the full and true assessed property valuation in each municipality. HB 843 also included per capita income as an indicator of local wealth, but this provision was apparently dropped because the available data were not sufficiently accurate.

The tax burden is related to the need for State support of local services, as discussed above, but is also correlated in a more general fashion with the need for the services themselves. In theory, the tax rate in each municipality should reflect the level and number of services provided by municipal tax revenues. The weak link between the tax rate and the need for local services is that the type and level of municipal services may not correspond with the actual need for the various services. However, the emphasis of both HB 192 and the criteria discussed here appears to be on local control of service delivery, thus necessitating a reliance on the ability of local governments to identify and meet local needs.

The need criterion is the least specifically defined and understood of the population, wealth, and need group, and may be one area which should receive further attention. But although local tax effort may not be the ideal indicator of local service needs, it seems clear that the combination of population, wealth, and tax effort upon which the HB 192 formula is based represents a marked improvement over present law.

#### IV. Creation of Incentives for the Transfer of Service Delivery Responsibility from the State to Municipalities

##### Present Program

By authorizing categorical grants for the provision of municipal services, the current program does provide incentives for local governments to provide certain services. However, the strength of the incentives is limited by the statutorily specified set of services which are eligible for revenue sharing funds, and by the fact that municipalities must still pay most of the cost of locally provided services. No incentive is provided for the establishment of local services which are not on the eligible list. In addition, because no minimum level of funding is provided for the per capita services, the incentive for providing local services is diminished for these local governments with relatively few people residing in their jurisdictions.

##### HB 192

The implications of HB 192 regarding such incentives differ in several major respects from current law. The first is that the incentive for locally provided services is not limited to specific services, but applies instead to any service which a municipality may wish to provide. The bill thus broadens the scope of revenue sharing incentives.

However, this broadening of scope also diminishes State control over which services are locally provided. HB 192 may not be an improvement in this respect if incentives are intended to promote local provision of special services.

The minimum entitlement provision of HB 192 alleviates, at least to some extent, the declining incentive problem faced by small communities under present law. However, the bill does not specify that the entitlements must be spent on local services, so the strength of the minimum entitlement incentive depends substantially on the priorities of each local government.

An additional point is that the increased level of revenue sharing funding which HB 192 would provide should logically increase the incentive for local provision of services in a roughly proportional fashion, since more state funds would be available for these services.

The final consideration regarding incentives for local assumption of service delivery is that while the current program is selective in terms of the types of services for which these incentives are provided, HB 192 is selective with respect to the amount of funding, and therefore incentive, provided to communities of differing tax effort. The effect of the equalization entitlement is to provide a greater level of funding, and therefore a greater incentive for local services, to local governments with high tax rates. Two different conclusions can be drawn from this situation. One is that municipalities with high tax burdens will have more difficulty in raising tax rates than municipalities with low tax effort; therefore the former municipalities require a larger incentive i.e., more funding, than the latter to encourage the provision of local services. A contrary argument might be that a high tax rate is an indicator that a municipality already provides many local services, and that the incentives should be directed at those municipalities with low tax rates and few locally provided services.

V. Creation of Incentives for Local Government Formation  
in the Unorganized Borough

Present Program

This criterion is one which deserves further research; however, my work to date indicates that both the current program and HB 192 are neutral with respect to incentives for borough formation, and both provide positive incentives for the incorporation of cities, with HB 192 providing stronger incentives than the present program. The current program has a provision, Section 43.18.045, which prevents any loss in revenue sharing funding when municipalities unify or merge with a borough. If a borough is formed which assumes service responsibilities formerly held by cities, the cities will lose some revenue sharing funding, but the loss will be proportional to the decrease in service responsibilities.

John Williams noted in the attached memorandum of February 17, 1978 that the system of revenue sharing distribution provided in HB 843 "would appear to have a neutral effect with respect to the unification of existing governments. We do not find any circumstances where a subsequent unification agreement would cause a decrease in the revenue sharing entitlement for identical services." The same finding would

appear to apply to HB 192. HB 843 contained a hold harmless clause for non per capita entitlements which was deleted in HB 192. However, this deletion apparently has no effect on entitlement levels. Jack Chenoweth indicated that the clause was dropped because there was no situation in which HB 192 could create this type of revenue loss.

Positive incentives are provided under both present law and HB 192 for the incorporation of cities, because such cities become eligible to receive revenue sharing funds. The incentives under present law may be rather weak because of the per capita structure of the program, the lack of minimum entitlements for the various services, and the fact that communities considering incorporation are generally quite small. The combination of these factors indicates that many communities may not have a great deal to gain from revenue sharing by incorporating. Still, some positive incentive is provided.

#### HB 192

HB 192 substantially increases the incentive for incorporation of small communities by providing minimum entitlements of \$25,000, as discussed earlier. Although no funding can be realized under the equalization entitlement unless taxes are levied, the minimum entitlement alone can provide such communities with a substantial grant of State revenue sharing funds. If a community is considering incorporation in order to raise local tax monies, HB 192 greatly increases the incentive for incorporation over the present program. Under current law, it makes no difference in determining entitlements whether a local tax is levied, but HB 192 specifically considers the generation of local revenue in the equalization formula. Given the small tax base of most unincorporated communities, even a small generation of local revenue would constitute a substantial local effort factor and the entitlements, relative to the number of residents, would be substantial.

#### VI. Encouragement of Local Effort in Funding Services

##### Present Program

Application of this criterion reveals the greatest deficiencies in both the present program and HB 192, because its intent is contrary to the legislative intent of the revenue sharing program, which is to enable local governments to reduce tax rates. The legislative intent for the program was restated through the passage of HB 89 in 1977 to read:

"The intent of sections 10-100 of this chapter in authorizing state aid for municipal services is that municipalities which levy taxes reduce those levies in reasonable proportion to the amount of state aid received by the municipality for a given fiscal year." The present program therefore encourages a decrease, rather than an increase in local effort for funding services.

### HB 192

Although the above statement of intent would be repealed by HB 192, the bill appears to implicitly retain a similar intent to reduce local effort. However, HB 192 would seem to be an improvement over present law with respect to encouraging local effort, because instead of providing the same entitlement regardless of local effort, HB 192 provides less funding for local governments which levy lower, or no taxes. Some incentive is therefore provided for municipalities to increase local effort, and thereby increase their revenue sharing entitlements. This incentive appears to be an incidental result of the equalization formula, rather than an intentional inducement to increase local effort. HB 192 would provide approximately one dollar in revenue sharing funds for each additional three dollars raised through local effort, other factors held constant. However, if many communities increased their local efforts, the proration factor would be substantially reduced unless appropriations for the program were increased. A widespread increase in local effort would therefore result in little additional revenue sharing funding.

HB 192 does represent a major shift in direction with respect to local effort. Although the intent may still be to allow municipalities to reduce tax burdens, the bill replaces the blanket incentive offered by the present program with a more selective approach that focuses the incentive for reduced effort on those municipalities with high or excessive local tax burden, where it may be inappropriate to encourage further increases in local effort.

### VII. Consideration of Tax Rates Equalization--Taxpayers Statewide Should Pay Roughly the Same Percentage of the Cost of a Minimum Level of Basic Services

#### Present Program

Because the current program does not consider local tax effort in the provision of municipal services, tax equalization plays no part in revenue sharing under current law. This would appear to constitute a major difficulty in fulfilling the legislative intent of the program.

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For example, communities with no local taxes receive revenue sharing dollars for services at the same rate as a community supplying the same service with a 20 mil property tax rate and a 3 percent sales tax. Clearly the former community cannot reduce the tax burden for its citizens any more by receiving revenue sharing dollars, while revenue sharing funds would allow only a small decrease in the large tax burden of the latter community. Yet the current program provides entitlements at the same rate to communities with tax burdens as disparate as the example cited.

#### HB 192

Tax equalization is one of the major purposes of this bill, as mentioned earlier. By comparing the amount of revenue raised - not just by taxes, but also by fees, licenses, and other sources which replace taxes - with the tax base of the municipality, the HB 192 formula determines a local effort factor which reflects the equivalent tax burden on the residents of each municipality. Again, municipalities in which residents pay heavily for municipal services are granted a higher entitlement than municipalities with light or nonexistent tax burdens, population aside.

It is important to note that HB 192 does not fully meet the intent expressed in criterion (7), because there is no assurance that tax rates will actually be equalized. There is nothing to prevent communities which now levy no taxes from continuing this policy. Similarly, local governments with high tax burdens are not required to reduce taxation rates in consideration of revenue sharing; if they wish, they could use the funds to provide additional services. However, some inducement for communities with high tax burdens to reduce taxes may be provided by the requirement in the bill that municipalities post notices of the mil levy equivalent of revenue sharing funds received, thus informing residents of the potential for reducing local taxes.

I would like to raise an important point which I think was overlooked in our discussion of criterion (7). The criterion does not consider the wealth or tax base of municipalities as currently worded, and thus fails to consider the true tax burden placed on residents. For example, consider two communities of equal size in which it costs \$50,000 per year to provide a minimum level of police protection, but one community has a much larger tax base than the other. If each community were to pay the same percentage of this cost, the less wealthy community would have to levy a much higher tax to raise the same amount as the wealthier community. Therefore, it is more appropriate that the communities levy the same equivalent tax rate, even though the wealthier community may pay the entire cost, while the community with the smaller tax base may

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pay only a fraction. A possible restatement of criterion (7) would be that taxpayers "should contribute roughly the same level of local effort toward the cost of providing a minimum level of basic services."

VIII. Consolidation of Funding Into a Minimum Number of Channels (a Simple System is Desirable)

Present Program

The current system is simple in terms of the factors on which entitlements are based, but the number of funding channels is large because a number of other local aid programs are administered separately from the revenue sharing program. The differing requirements and entitlement levels for the per capita grants have caused some complaints by smaller communities about the complexity of the program. Some difficulty is to be expected in any program of this type, though, because of the need for cooperation with communities that do not have adequate administrative capabilities.

HB 192

In terms of complexity, HB 192 is a trade-off. The numerous per capita entitlements are replaced with a single equalization entitlement, but the basis on which this single entitlement is determined is considerably more complex than the present program. Communities would no longer need to document the provision of local services to obtain revenue sharing entitlements under the HB 192 proposal, but detailed information on expenditures and revenues would need to be provided for each fiscal year. On balance, HB 192 would be more complex to administer than the present program, but additional complexity seems unavoidable if factors such as local wealth and need are to be incorporated into the revenue sharing allocation formula. I can see no method of simplifying the HB 192 approach without undermining the purpose and effectiveness of the bill.

With regard to the consolidation of funding channels, HB 192 does not improve the current situation. The identification of other local aid programs suitable for inclusion in the revenue sharing program may be an important research need in meeting this criterion.

IX. Allowance for Differences in Delivery Systems to Meet Local Needs (Local Flexibility)

Present Program

A substantial amount of flexibility in delivery systems is provided to municipalities under the current program. For example, a local govern-

ment can receive \$5 per capita in revenue sharing funds for parks and recreation services. The community has complete flexibility in choosing whether to spend this funding on park maintenance, operation of a pool facility, or any other program.

Although the current program is flexible in the sense just discussed, it is very inflexible with regard to the types of services which are eligible for revenue sharing funding, as only the services specified by statute can qualify. The State is, in effect, assuming responsibility for the prioritization of local services by specifying the eligible services and providing different entitlement amounts for the various services.

#### HB 192

The bill offers almost complete local flexibility over the choice of delivery systems and the types of services to be provided. The exceptions are the road and health entitlements which are retained from present law, and the minimum entitlement provisions, which imposes certain responsibilities on communities before the entitlement can be received. With these exceptions, municipalities are free to determine service priorities at the local level. If a community has no need for air or water pollution control measures, but has a strong need for improved fire protection, it is able to use revenue sharing funds in accordance with these priorities.

Although HB 192 complies quite well with criterion (9), the flexibility which it provides appears to conflict to some extent with criterion (2), which states that a minimum level of specified services should be provided in all municipalities. Criterion (2) cannot be met without specifying the desired services by statute, which would reduce local control and flexibility. As I mentioned in the discussion of criterion (2), the emphasis seems to be on local control of service delivery, thus suggesting that criterion (2) not be interpreted literally. Given this interpretation of apparent priorities, HB 192 constitutes a significant improvement over present revenue sharing laws with respect to local flexibility.

#### X. Encouragement of Efficient Delivery of Services

##### Present Program

No explicit provisions appear to be included in current law for encouragement of efficient service delivery. Although some standards of service are required by statute and regulation, I could find no incentives

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for communities to meet the required standards in an efficient manner.

There is a rather substantial indirect incentive for efficient service delivery. Because the present program supplies only a portion of the total costs of most services, a substantial commitment of local funds is necessary in most cases to provide municipal services. This local commitment provides greater accountability for efficient service delivery at the local level. For those communities that receive revenue sharing funds but generate no local revenue, this local accountability is diminished.

### HB 192

The principal contribution of HB 192 with respect to efficient service delivery appears to be the minimum entitlement requirements. These were discussed earlier, but their significance here is that the necessity for small communities to prepare a budget, hold regular council meetings, and so forth should clarify local expenditure patterns and increase accountability for the efficient use of these expenditures.

HB 192 may increase service efficiency in another way by replacing the per capita entitlements with the single equalization entitlement. Because a community can receive revenue sharing funds only for specific services under present law, an incentive exists for communities to provide a service even if it is not needed, in order to increase local revenues. HB 192 would remove this incentive, because the entitlements are not tied to specific services, with the exception of road and health entitlements. This exception may be a problem; some studies have cited cases of communities clearing snow from rivers just to receive the \$900 per mile ice road maintenance entitlement. The efficiency criterion may deserve further research to determine if stronger incentives for the efficient delivery of services could be implemented.

### Other Research Findings

The State revenue sharing program has been the subject of two major studies since its inception in 1970. The first was a report prepared by Arthur Young and Company for the Department of Community and Regional Affairs. The conclusions of the report were that an equalization approach would be too costly and was inappropriate for a state with developing governmental structures, and that a straight per capita system would be the best approach.

The second was prepared for the Anchorage Urban Observatory Program and evaluated six alternative revenue sharing proposals considered by the

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Interim Committee on Shared Revenues in 1975. Although somewhat unorganized, the report provides useful information on previous revenue sharing research. Contact me if you would like to review either of these reports.

The attached foundation approach bill was introduced during the 1976 session. I asked Jack Chenoweth about the reasons for the bill's failure and he stated that lack of available funding was the principal cause. The bill basically substitutes "units" for "dollars" in determining entitlements. The only real benefit of this approach would appear to be the ease of adjustment in the level of funding for the revenue sharing program.

HOUSE RESEARCH AGENCY  
Pouch Y - State Capitol  
Juneau, Alaska 99811  
465-3991

MEMORANDUM

April 9, 1980

TO: Representative Bill Parker  
Senator Arliss Sturgulewski

FROM: Jack Kreinheder, Issues Analyst *JK*

RE: Incentives for Regional Government Formation  
and Local Service Delivery  
Research Request No. 8

In a meeting on March 21 with Marjorie Gorsuch and Margo Waring of your staffs, it was agreed that the best course of action at this point would be for me to focus my research efforts on the development of specific amendments to HB 192 which would enable the bill to more effectively meet some of your goals for the revenue sharing program. The two objectives chosen for further study were: (1) to provide greater incentives for the formation of regional governments in the unorganized borough; and (2) to provide incentives for the transfer of service delivery responsibility to the local level.

It appears that the potential for modifying the HB 192 revenue sharing proposal to meet these objectives without sacrificing the political viability of the bill is rather limited, for reasons explained below. However, we have formulated two possible amendments to the bill which would provide the types of incentives you wish to create. The two proposals are described below.

Borough Formation Incentives

Under AS 29.18.180, a newly incorporated borough is eligible for an organizational grant of at least \$25,000, or \$10 for every voter participating in the borough incorporation election. It is widely recognized that a grant of this size would cover only a small part of the organizational costs of any new borough. The State Assessor's Office has estimated that it would cost at least \$200,000 just to prepare the initial tax assessment roll in any one of the current R.E.A.A.'s. New boroughs would also be faced with the cost of hiring municipal personnel, establishing new services, and other major expenses. In addition, the organizational grant amount has not been changed since 1968, although inflation has more than doubled costs since that time.

One way to encourage borough formation would therefore be to amend AS 29.18.180 to provide a larger grant. A minimum organizational grant for new boroughs of \$125,000 per year for the first two years, and \$75,000 for the third year, would more accurately reflect the true costs of organization and would provide a greater incentive for the formation of regional governments in the unorganized borough. These figures were developed by staff members of the Department of Community and Regional Affairs and suggested to me by Patrick Poland of the Department's Local Government Assistance Division.

Although these grant values may still not cover all the costs of borough organization, depending on the size and situation of the area being organized, they would at least provide a more realistic and substantial amount of funding for this purpose. Of course, increasing the organizational grants to even higher levels would offer a greater incentive for borough formation, but there would appear to be a clear trade-off between the amount of funding offered and the prospects of the legislation being enacted.

It would probably be desirable to retain the per capita provision of the organizational grants to account for the higher costs of organizing boroughs for larger or more populated areas. Under present law, a new borough would receive more on a per capita basis than the minimum grant if more than 2500 persons vote in the organization election. Applying the same 2500 voter threshold to the proposed total organizational grant of \$325,000, the per voter grant would be \$130.

It may also be desirable to incorporate other factors into the organizational grants, such as land area of the new borough, population density, or taxable property value. Unfortunately, little is known about the quantitative relationship between these factors and the cost of borough organization, and making the organizational grant provisions too complex could reduce the incentive for organization which the grant is intended to provide.

#### Incentives for Local Service Delivery

The services which were identified during this research as possible candidates for the transferral of delivery responsibility from the state to the local level are police protection and the maintenance of airports, ports and harbors, and certain types of roads. A number of local governments have expressed interest in assuming these services, but could not

obtain sufficient funding from their own resources or from the current revenue sharing program. A possible method of encouraging local governments to assume responsibility for police services and the maintenance of transportation facilities would be to allow municipalities to receive the funds which the State would otherwise expend in providing the particular service the municipality wished to assume.

For example, if the Department of Public Safety spends \$50,000 per year to provide police assistance to a given community, that community could elect to receive the \$50,000 directly in exchange for an agreement to provide a similar level of police protection. If the community felt it could not fully replace the services of the State Troopers, but wanted to have some type of police assistance at the community level, the local government could receive a level of funding which corresponded to the expected reduction in State Trooper expenditures resulting from the local police service plan. For example, if the majority of police assistance calls in a community were for relatively minor late-night or weekend disturbances, the community could receive some funding for a part-time or on-call local officer, while retaining the services of the State Troopers for homicides or other serious crimes. A similar arrangement could apply to the maintenance of airports, harbors, and roads.

It appears that this type of approach would need to be carried out through negotiations between the Department of Public Safety - or the Department of Transportation, in the case of airports, harbors, and roads - and local governments on an individual basis. The primary concern of the departments involved would probably be to ensure that their responsibilities for local services would be decreased in proportion to their loss in funding. It might be desirable for local governments to prepare a plan of service which would demonstrate to the department's satisfaction that the municipality would be able to either meet the same standards as the service provided by the department, or, if it provided a lower level of service, would require only part of the department's funding for that service.

The primary advantage of transferring these types of services to the local level would be enhanced flexibility and freedom of choice for municipalities with regard to the types and levels of service provided in each community. Local governments assuming a service previously provided by the State would be free to supplement the State funding with other local, federal, or State monies if they wished to provide a greater level of service. Although it is questionable whether local governments should be allowed to use the State money for an altogether different

service than the one being transferred, since police protection and basic facility maintenance are usually considered as essential services, municipalities could be allowed to provide the service in an alternative manner that fulfilled the same needs, but was more appropriate for the particular characteristics and situation of each community. For example, a community with high unemployment could elect to employ maintenance procedures for its airport, harbor, or roads which made less use of graders, dredges and other equipment, and employed more workers instead.

There are a number of potential difficulties with the local assumption of State services. Economies of scale appear to be one of the most significant problems with this approach. Particularly in the smaller communities, it may not be economically feasible to maintain a police force or maintenance personnel at the local level. A related problem is that of administrative support for police and maintenance services. Although a community might be able to afford a policeman's salary, for example, it may not be able to cover the cost of equipment, insurance, legal protection, and other necessary administrative expenses. However, it may be possible for two or more local governments in close proximity to enter into joint agreements for a particular service, and thereby increase the efficiency and feasibility of the service, while still retaining local control.

An additional problem may be that in some cases the department's costs would not be significantly reduced if a local government assumed a particular service. For instance, the Department of Public Safety may have one State Trooper who is responsible for a region containing five small communities. If two of these communities decide to assume responsibility for police protection, the Department would probably save only the cost of transporting the trooper to those communities, because it can't employ three-fifths of a trooper for the remaining communities.

One practical consideration with the transfer of services to the local level is that the departments may not be able to break out their expenditures on a community-by-community basis. Should this problem arise, one solution would be to require such a breakdown for the upcoming fiscal year and then implement the transfer of service responsibility the following year.

A final problem could be that of differing standards of service quality between the departments and the communities assuming new services. Because judgements about levels and qualities of service tend to be subjective in nature, it is easy to imagine disputes arising between the departments and local governments about whether a municipality's approach to service delivery

met the same standards as the service previously provided by the State.

#### HB 192 Issues

Neither of the options discussed above would directly modify the revenue sharing program proposed in HB 192, although the options could be incorporated in the bill as a separate section. We considered several possible changes to the HB 192 revenue sharing proposal which would provide incentives for borough formation and local assumption of services, but it was evident that none of these changes could be made without seriously compromising the political viability of the bill. The basic problem is that any changes to the HB 192 equalization formula or other parts of the bill which would provide these types of incentives will result in a loss of revenue sharing funds for established municipalities, or will reduce local flexibility in the use of revenue sharing funds. Both of these results would tend to reduce the support of existing municipalities for the bill, which is already facing an uncertain political future.

The Municipality of Anchorage currently opposes the passage of HB 192. Anchorage municipal officials are concerned that even though Anchorage would receive an increase in revenue sharing funds under HB 192, the municipality's percentage share of the total revenue sharing entitlement would decrease. The significance of this point for this discussion is that any changes to the HB 192 revenue sharing proposal which would provide the types of incentives you desire, would further reduce Anchorage's share (together with all existing local governments' shares) of the total funding for the program. Such changes could therefore further jeopardize the passage of HB 192 by increasing the opposition of Anchorage officials and possibly diminishing the support of other local governments for the bill.

The two major changes we considered and rejected were: (1) providing a temporarily increased entitlement to new boroughs; and (2) requiring that revenue sharing funds be used for the provision of local services, rather than capital improvements or general government expenses. Under the first approach, the equalization entitlement and/or the minimum entitlement for new boroughs would be increased by a specified factor, say three or four times, in the first year and then tapered off over several years. This increased funding would serve a purpose similar to the organizational grants suggested earlier in this memorandum; the major distinction between the two approaches is that the increased revenue sharing entitlement for the new boroughs would necessarily reduce the entitlements for all other local governments, while the

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organizational grants could be funded separately, as they are under present law, and would not affect the dollar allocation or percentage share of other local governments.

With regard to incentives for local assumption of service delivery responsibilities, it was noted in my earlier memorandum of February 15 that HB 192 does increase such incentives over the present revenue sharing program by increasing the total funding level and by allowing municipalities to allocate revenue sharing funds according to local priorities. Because HB 192 would not require revenue sharing funds to be spent for local services, as opposed to capital improvements or other expenses, consideration was given to including such a requirement in the bill. However, my conversations with Community and Regional Affairs staff, Jack Chenoweth, and others indicated that many municipalities would be strongly opposed to such a requirement. In addition, a requirement of that type runs contrary to the HB 192 emphasis on local flexibility.

An important additional point is that the two options proposed earlier in this memorandum are not intended to represent a comprehensive approach to the formation of regional governments and the local provision of services. The local government legislation package already introduced would provide greater incentives in these areas than any politically feasible additions to HB 192. However, given the constraints established by the HB 192 approach to revenue sharing, these two options appear to be the most viable means of adding the types of incentives you desire to HB 192.

We hope our comments are useful. Please do not hesitate to contact me if you would like to discuss this subject in more detail, or if we may be of further assistance.

JK/bf

P H O N E M E O	TO	HENRY		DATE	1/12	TIME	3:10
	FROM	M	Doug Griffin	AREA CODE		NUMBER	
	OF	Community & Reg Affairs		EXTENSION	4736		
	MESSAGE	re: state revenue sharing					
	SIGNED						RAK
PHONE	CALL BACK	RETURNED CALL	WANTS TO SEE YOU	WILL CALL AGAIN	WAS IN	URGENT	

Doug Griffin C&RA Rev Sh info

Rev. Sh = per capita + category money

Higher  
tax effort  
by comm  
gets more

all communities regardless  
of size, that are inc. get  
\$25/c + plus \$ per item  
in categories / remaining  
monies go per capita

Munic Ass'd - 1978 gross tax  
rev license is taken  
by every community /  
remaining \$ go per capita

every retail business or coop  
had to pay 1/2 of 1% of gross  
business as TAX.

50% of this kept by STATE  
50% back to munies.

Repeal  
base  
used  
now  
\$ 11.5 - 12 mil

RS is paid in two chunks.

(on or before 1<sup>st</sup> of Oct commen must cert popu). After which 50% payment made.

1<sup>st</sup> March 2<sup>nd</sup> payment for Comm's cert of pop.

MA - money paid on comm fiscal year 30 dgs after 1<sup>st</sup> date comm sets check.

1. DEBT Retirement
2. reduction of MA

276-1961

Rev. Sharing

AS. 29.88. - 95.

Formula for distribution of money.

- ① unincorp comm should be non-profit

AAC Title 19 - req

TO: LYNN BARNES  
FROM: SENATOR JOE P. JOSEPHSON  
DATE: SEPTEMBER 22, 1983  
  
RE: MUNICIPAL SOCIAL SERVICES FUND

I am interested in developing legislation to establish a municipal social services fund to be distributed to every statutorily defined municipality with a minimum population of \$2,000 persons. They monies would be appropriated from the general fund on a yearly basis. The amount appropriated would be calculated at \$20.00 per person.

One major obstacle to surpass in the legislation would be the development of a policy statement or plan for municipality to follow that defines the uses of money. Another problem would be justifying the population cut offs. The number 2,000 has no special significance. It may be more feasible to classify regions as recipients rather than municipalities for the purpose of determining population and program effectiveness.

A department should be the administrator of the fund. It may fit best under the Division of Municipal assistance in DCRA or under the DHSS. The money would be distributed to each municipality based upon the most recent certified census figures.



Official Business

# Alaska State Legislature

## Senate

Pouch V  
State Capitol  
Juneau, Alaska 99811

TO: Lynn Barnes  
FROM: Henry M. Lancaster, II *HML*  
DATE: January 30, 1984

RE: Municipal Social Services Fund

Senator Josephson would like legislation drafted that will establish a municipal social services fund for the distribution of money to statutorily defined regions of Alaska. The regional areas could be boroughs or municipalities. The monies would be appropriated on a yearly basis to the area for social services uses. The distribution would be based on a per capita assessment of the area. The amount distributed per capita would be \$35.00.

In order to qualify for the funds the area would have to:

1. Develop a social service plan not inconsistent with AS 47.75.010 et al.
2. Create an area needs assessment task force and fund distribution entity.
3. Require that only non-profit, non-governmental agencies be eligible as recipients of funds.
4. Justify the need for a higher per capita allotment based upon factors such as rural siting, inflation, special problems, etc.

Lastly, a department should be identified to distribute the funds and approve of the social service plans. (DHSS or DCRA)

*done 1/31/84*

11 Jan '84

Dept. H.S.

Needs Assessment (set-up local plan) approved by local govt  
Block grant or per capita sent to state.

(MAX)

How much are munis getting now for Soc-Sec. <sup>ask</sup> Jewel Jones  
Max, Lou Ann

AS. 47.75.010 et al

Problem of defining geographic area for per capita count

Applicants - non-govt entities, non-profits

inflation factor | rural increases, for cost of doing business

TYPE  
LAYOUT

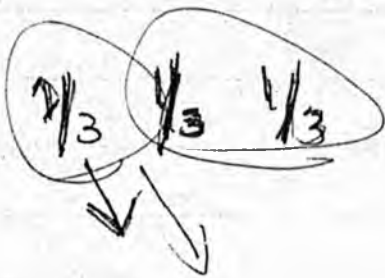
22 Nov 83

recat check written = 33,792.64

Steve Kadisch.

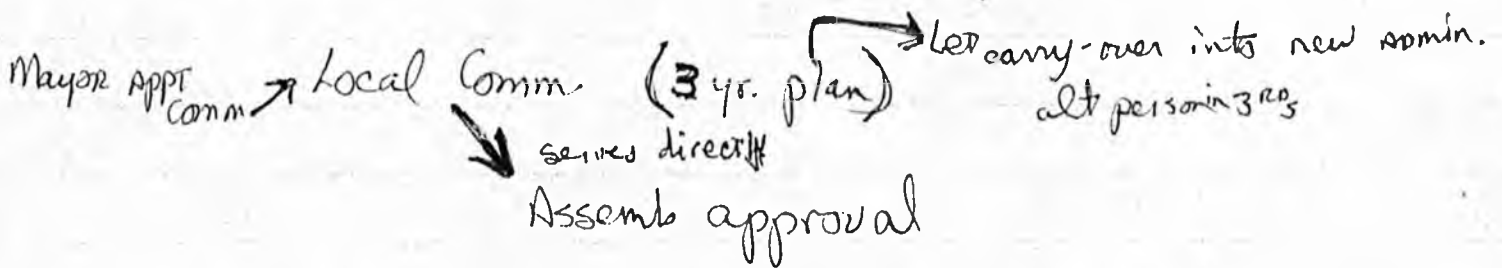
Munic give plan to Department for approval

Monitor monies spent in Regions | small villages work agreement w/ large munic for svcs.



ID services being provided by STATE + munic. | so TO ID services NOT met AT THIS STAGE for THIS money.

Rev. Sh plan should reflect local expenses.



State builds structures | separate operations w/ rev sh money

\* Get letter out on concept for constituency build up before draft.

9.13.83

Proposal: ESTABLISH a Social Services fund for all municipalities. Money received would be based on a per capita figure.

1. define municipalities
2. boundaries
3. what are parameters for use of funds
4. choose a department to administer funds  
(A) Div. of munic + reg. assistance. (DCRA)

Missions, Goals + Objectives FY'84

9.15.83

Mayor's Task Force on Municipal Social Services

- ① BEHAVIORAL HEALTH SVC
- ② SOCIAL SVCS.

Comprehensive Human  
Svc. Plan

(A) Planning steering committee from Mayor's office to select soc. svc. issue of funding access per bed. \$45K for study. possibly come from S.S. money.

9-17  
OCT 24  
FIRST 5-SVC  
Mtg

WHERE DID ALL THE MONEY GO?

CALENDAR YEAR 1983  
HB 148 and SB 168M

1. Support Services to the Disabled	\$ 526,126
2. Day Care/Latchstring	456,359
3. Counseling/Mental Health	434,067
4. Special Needs of Children/Youth	380,919
5. Special Needs of Families	290,750
6. Employment	250,455
7. Physical Health	235,243
8. Special Needs of the Elderly	234,652
9. Legal Services	208,169
10. Housing	146,164
11. Training	126,219
12. Food Service	69,600
13. Financial Aid	<u>4,900</u>
TOTAL	<u>\$3,363,623</u>

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

RECEIVED

SEP 28 1983

Josephson,

September 28, 1983

Joe:

Please give me a call regarding request for grant proposal issued by Municipality for distribution of 2.2 million.

*Josh Wright / ss*

Enclosure

Municipality  
of  
Anchorage



POUCH 6-650  
ANCHORAGE, ALASKA 99502-0650  
(907) 264-4590

TONY KNOWLES,  
MAYOR

DEPARTMENT OF FINANCE  
Purchasing Division

RECEIVED SEP 21 1983

September 21, 1983

RECEIVED SEP 21 1983

REQUEST FOR GRANT PROPOSAL

RFGP 1G-83

The Municipality of Anchorage is soliciting requests for grant proposals from non-profit agencies in the Anchorage area to provide Social Service programs within the geographical boundaries of the Municipality of Anchorage for the Department of Social Services.

Enclosed is pertinent information for use in preparing your proposal. This information will be used as a guide in the preparation of any subsequent contract.

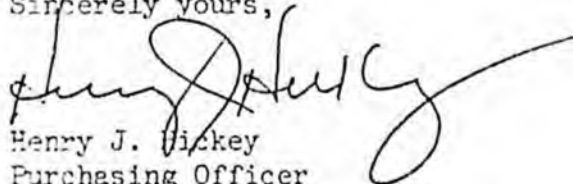
Proposals shall be submitted to the Purchasing Office, 632 W. Sixth Avenue, Sixth Floor, Anchorage, AK (mailing address Pouch 6-650, 99502), no later than 5 P.M., A.D.S.T., October 12, 1983. Time of receipt will be as determined by the time stamp in the Purchasing Office. Proposals received by the Purchasing Office after the time specified will be returned to the proposer unopened.

A meeting for discussion of the proposal will be held at 825 "L" Street, 5th floor conference room at 8:30 A.M., A.D.S.T., September 27, 1983. It is requested that those interested in submitting proposals attend this meeting.

Five copies of your proposal should be submitted.

The Municipality of Anchorage reserves the right to reject any and all proposals and to waive any informalities in procedures.

Sincerely yours,

  
Henry J. Hickey  
Purchasing Officer

MUNICIPALITY OF ANCHORAGE  
DEPARTMENT OF SOCIAL SERVICES

REQUEST FOR GRANT PROPOSALS

SEPTEMBER 21, 1983

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INTRODUCTION

The Municipality of Anchorage Department of Social Services is soliciting Requests for Grant Proposals (Proposals) from non-profit agencies in the Anchorage area to provide Social Service programs within the geographical boundaries of the Municipality of Anchorage. Those boundaries are indicated on the enclosed map as page number 5.

The areas for which Proposals are being solicited are:

1. Legal Services
2. Health and Mental Health Services
3. Support Services to Children and Youth
4. Support Services to the Elderly
5. Support Services to the Disabled
6. Support Services to Families and Individuals
7. Housing Services

The Municipality of Anchorage is offering \$2.2 million to be let to non-profit agencies for a grant period commencing January 1, 1984. Proposals will be rated on the criteria as set forth on page number 4. Incomplete Proposals will be considered non-responsive.

Proposals shall be submitted to the Purchasing Division, 632 West 6th, 6th floor (mailing address Pouch 6-650, Anchorage, Alaska 99502), no later than 5:00p.m., Anchorage time, October 12, 1983. The Proposals must be signed by the Chairman of the Board of Directors, or if unavailable, the board member designated to act for the corporation and five copies of your Proposal should be submitted. Time of receipt will be as determined by the time stamp in the Purchasing Division. Proposals received by the Purchasing Division after the time specified will be returned to the proposer unopened.

A conference will be held to answer all agency's questions regarding application format on September 27, 1983, at 825 L Street 5th floor conference room at 8:30a.m.; this will be the only conference held. Any questions which may arise after September 27th must be in writing and addressed to the Municipal Purchasing Office prior to the deadline for submitting applications. The question and a written response will be issued to all agencies which attended the conference.

The Proposals will be reviewed by the staff of the Department of Social Services and submitted to the Social Services Task Force for review and evaluation. The Task Force will formulate their recommendations for presentation to the Mayor and the Assembly and the Assembly will make the final determination of the award. The time schedule for the review process is enclosed as page number 3.

After the funds are awarded, grants will be written by the Project Development and Assessment Division. Included in the grant package will be the requirement that the Board of Directors attend a session relevant to Board responsibilities for management of the grant, that monitoring of agencies performance will be conducted by the Municipality of Anchorage and the agency records be retained for audit purposes for three (3) years after completion of the grant.

Due to the relationship between various sections in the Request for Grant Proposals package it is recommended the entire package be reviewed prior to initiating the response.

SECTION II

TIME SCHEDULE AND REVIEW PROCESS

<u>September 27, 1983</u>	Preapplication Conference.
<u>October 12, 1983</u>	Deadline for submitting applications.
<u>October 13, 1983</u>	Review of applications by the Social Services staff.
<u>October 20, 1983</u>	Review of applications by the Mayor's Social Service Task Force.
<u>November 1, 1983</u>	Recommendations by the Task Force sent to Mayor.
<u>November 8, 1983</u>	Approval of awards by the Assembly.
<u>January 1, 1984</u>	Execution of Grant Agreement.

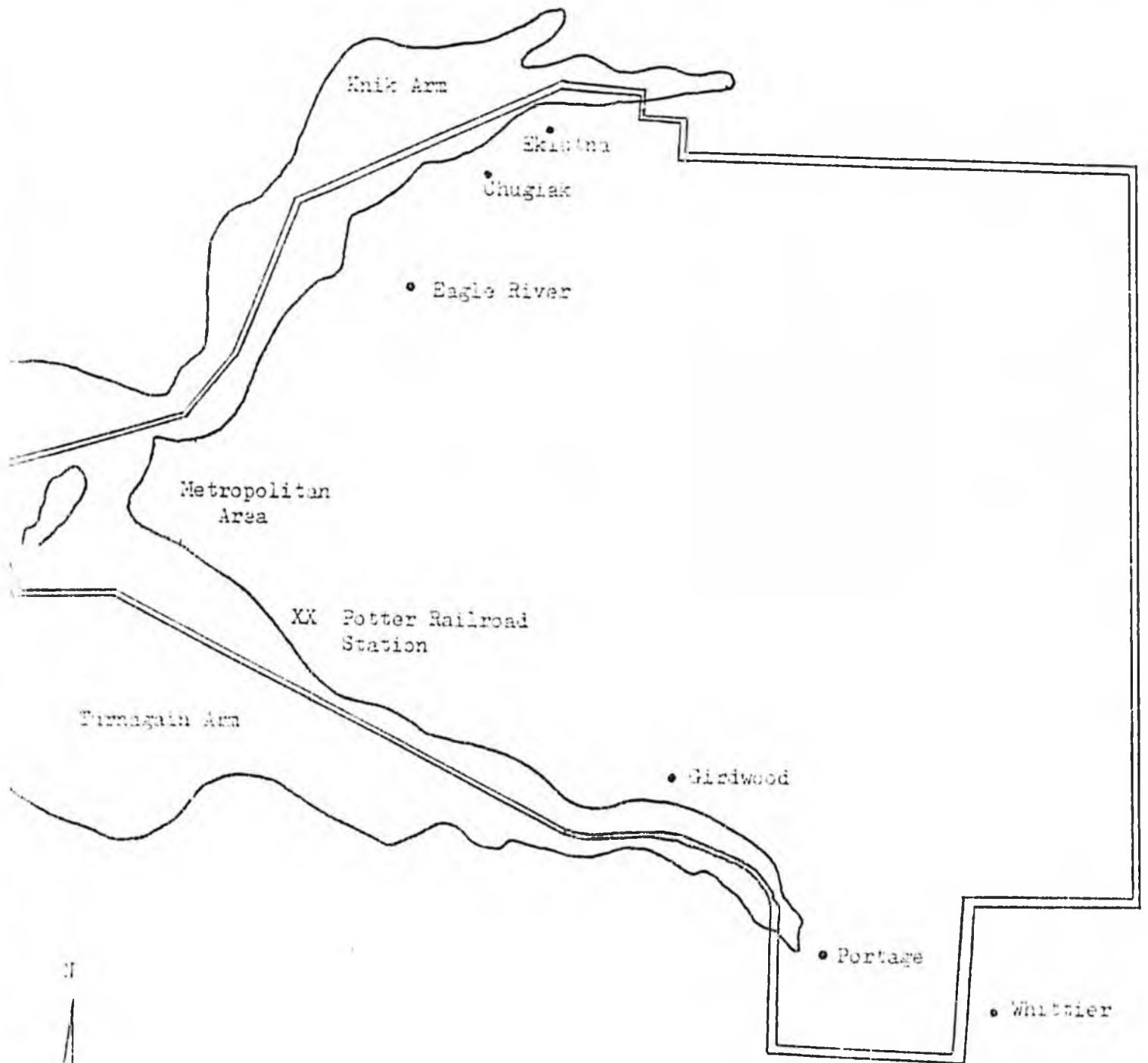
SECTION III

EVALUATION CRITERIA

The following criteria will be utilized in rating the proposals. Please note that the points which are allowed are up to a maximum in each designated area except: "Performance Ability: Item B. Funding received from other sources". The Municipality of Anchorage does not encourage being the full funding source for an agency and full credit is awarded for expanding revenue resources.

<u>I. Prior Experience:</u>	<u>Points</u>
A. Prior experience in the field in which the request is submitted.	Up to . . . . . 15
B. Prior experience in the field of Social Services.	Up to . . . . . 10
<u>II. Performance Ability:</u>	
A. Number of and qualifications of staff available to accomplish the proposed program (staff can be either funded by this proposal or supported by other funding).	Up to . . . . . 15
B. Funding received from other sources.	. . . . . 10
<u>III. Program Design:</u>	
A. Concept (the social service need being met).	Up to . . . . . 20
B. Feasibility	Up to . . . . . 20
C. Cost per person receiving benefits from the program.	Up to . . . . . 5
D. Percent of supportive services to program costs.	Up to . . . . . 5
	<hr/>
TOTAL POSSIBLE POINTS	100

MUNICIPALITY OF ANCHORAGE



1" = 10 miles

SECTION IV

GRANT APPLICATION

1. AGENCY

- a. Applicant Name: \_\_\_\_\_
- b. Street Address: \_\_\_\_\_
- c. Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_
- d. Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. PROJECT

- a. New Project \_\_\_\_\_ Continuing Project \_\_\_\_\_
- b. Project Purpose: \_\_\_\_\_  
\_\_\_\_\_
- c. Proposed Municipal Funding: \_\_\_\_\_
- d. Estimated Number of Persons Benefiting: \_\_\_\_\_
- e. Target Population: \_\_\_\_\_
- f. Project Duration: \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_

3. AGENCY STATUS

- a. Certified Non-Profit Organization Under Alaska Laws:  Yes  No
- b. I.R.S. Exempt Organization:  Yes  No I.R.S. # \_\_\_\_\_
- c. Total Municipal Funding in Calendar Year 1983: \_\_\_\_\_
- d. Estimated Total Calendar Year 1984 Budget  
(All funding sources): \_\_\_\_\_

4. CERTIFICATION

To the best of my knowledge and belief, data in this APPLICATION/PROPOSAL is true and correct.

Typed Name: \_\_\_\_\_  
Title: Chairman, Board of Directors

\_\_\_\_\_  
Signature Date

FOR MUNICIPAL USE ONLY

DATE RECEIVED \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION V

AGENCY DESCRIPTION

In one (1) paragraph, or not to exceed two (2) paragraphs, describe your agency's functions:

List Agency's experience in Social Services and experience in the area of the proposed project.

SECTION VI

NARRATIVE

PROPOSAL:

Briefly describe the program for which these funds are being requested. Title your narrative with one descriptive statement such as: "Bus Transportation for the Disabled".

SECTION VII

PROGRAM GOALS AND OBJECTIVES

This section is to identify the goals and objectives of the proposed program. The goal is the overall action that shall take place whereas the objectives are the actions that are utilized to reach the goal that will be accomplished. For example: The goal might be to provide employment skills to low-income, unemployed youth. The objective might be to train 15 youth in a classroom setting for 20 weeks.

Each objective should be listed under its corresponding goal and be as brief as possible.

1. Goal:

Objectives:

a.

b.

c.

d.

2. Goal:

Objectives:

a.

b.

c.

d.

3. Goal:

Objectives:

a.

b.

c.

d.

## SECTION VIII

### PLANNED PROGRAM SUMMARY

After listing the goals and objectives complete the Planned Program Summary form on page 12. The goals and objectives are to be identical with those previously listed. Use one planned program summary form for each goal you have listed in the narrative.

For each objective that you have listed, indicate for each month that portion of the objective that will be met during that month. Plan your activity to allow for the start-up of new programs, and the close-out of programs that will not continue past the expiration of this grant.

Indicate in the comments column unusual factors affecting program activity, such as: fewer young adults might be served during the summer months due to summer vacations with parents.

A sample form is included in Section XVII on Pages 30 and 31 of 34. Utilizing the youth example and referring to the sample form, Goal I is to provide employment skills to low-income youth. The first Objective is to train 15 youth in a classroom setting for 20 weeks. The bar graph reflects the objective will start in February with 15 youth enrolled and continue each month with 12 youth still in the classroom setting in June.

The second Objective of Goal I is to train 12 youth in Job Seeking Skills for one week. The bar graph reflects the activity will occur during June for 12 youth.

- - - - -

PLANNED PROGRAM SUMMARY

GOALS AND OBJECTIVES													COMMENTS
Goal:													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
Objectives:													
a.													
b.													
c.													
d.													

SECTION IX

JUSTIFICATION OF NEED

Briefly describe why this program is needed and how it will be of benefit to the Anchorage Community.

## SECTION X

### NON-ALLOWABLE ACTIVITIES

To ensure the integrity of the social service programs, special efforts are necessary to prevent fraud and other grant abuses. Fraud includes deceitful practices and intentional misconduct such as willful misrepresentation in accounting for the use of grant funds. "Abuse" is a general term which encompasses improper conduct which may or may not be fraudulent in nature. This section identifies and addresses specific grant areas of the most concern. No Municipality of Anchorage, Social Service grant funds may be used in the following areas.

#### CONFLICT OF INTEREST:

No member of any board shall cast a vote on any matter which could financially benefit such member or any organization such member could represent.

Each agency shall avoid organizational conflict of interest and their personnel shall avoid personal conflict of interest and appearance of conflict of interest in the conduct of procurement activities involving the social services funds.

No funds shall be paid to any non-governmental individual, institution or organization to conduct an evaluation of the grant if such individual, institution or organization is associated with the grant as a consultant or technical advisor.

#### KICKBACKS:

No officer, employee or agent of any agency shall solicit or accept gratuities, favors or anything of monetary value from any actual or potential subrecipient, contractor or other individuals serviced through the grant.

#### NEPOTISM:

No agency shall hire a person in an administrative capacity or staff position under the grant if a member of that persons immediate family is engaged in an administrative capacity for that agency or is on the Board of Directors. The term "immediate family" means; wife, husband, son, daughter, mother, father, brother, brother-in-law, sister, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, aunt, uncle, niece, nephew, step-parent and step-child. The term "person in an administrative capacity" includes those persons who have overall administrative responsibility for a grant including all appointed or elected officials who have any responsibility for obtaining and or approval of any funds received from the Municipality of Anchorage, Department of Social Services.

CHILD LABOR:

All agencies shall comply with applicable Federal, State and Local child labor laws.

POLITICAL PATRONAGE:

There shall be no selection of vendors or contractors based on political patronage or affiliation.

POLITICAL ACTIVITIES:

No grant may involve political activities nor may any funds be expended for partisan or non-partisan political activities.

LOBBYING ACTIVITIES:

No funds may be expended to attempt to influence in any manner a member of congress to favor or oppose any legislation or to attempt to influence in any manner state or local legislatures to favor or oppose any legislation or appropriation by such legislators.

SECTARIAN ACTIVITIES:

No funds may be used to support any religious or anti-religious activity, however, this does not preclude religious organizations from administering or operating grants or from the use of facilities of religious organizations for the operation of grants.

UNIONIZATION AND ANTI-UNIONIZATION ACTIVITIES:

No funds shall be in any way used to promote or oppose unionization.

## SECTION XI

### BUDGET

The requestor shall complete three (3) budget documents entitled Budget, Budget Back-up and Quarterly Expenditure Summary, which are included as pages 20 through 25.

#### INSTRUCTION FOR COMPLETION OF BUDGET

The budget format provides that line items are related to the activities of the agency and the activities are separated into program costs and supporting costs.

Column II, program costs consists of goods and services which directly and immediately effect individuals serviced by the program. Program costs may include but are not limited to the following:

Training equipment and supplies; services to individuals; books and other aids; equipment and materials used in providing services to individuals; space and utility costs involved in providing services to individuals; and any other direct costs that have immediate impact on individuals served.

Only those salaries and fringe benefits of program staff who provide direct services to the individuals served by the grant may be charged to program; such as: counselors, instructors or health aides.

Column III, supporting costs consists of all expenditures associated with the management of the grant and shall be limited to those necessary to affectively operate the grant.

Supporting costs represent the general management and support functions of an organization as well as secondary management and support functions. Included are salaries and fringe benefits of personnel engaged in executive, fiscal, personnel, legal, audit, procurement, communications, maintenance and similar functions; related material, supplies, equipment, office space costs and staff training. Supporting costs do not directly and immediately effect individuals benefiting from the program. Some additional examples of supporting costs are the salary of a clerical assistant to a supervisor; that part of an instructors salary representing time spent supervising other instructors; desk top supplies used by supervisors and in general, office administration, rent and maintenance.

Column IV is the Total of each line item in Columns II and III.

Enter in Column V, for each line item, the number in Column III divided by the number in Column IV. That will give the percentage of supporting cost for that line item. Continue this for all line items including the total cost line item.

Enter in Column VI for line items number 4 through number 12, the percentage of the line item cost that will be charged to this grant. To calculate this percentage, divide the total agency cost for this line item (not included on this budget form) into the amount of this line item charged to this grant. For example, if the agency's total utility costs are \$10,000, and \$2,000 of utility costs will be charged to this grant, then divide \$10,000 into \$2,000 which equals 20%. 20% would then be entered in Column VI for the Utility line item.

Enter in Column VII for line items number 4 through number 12, the percentage of the line item cost that will be charged against revenues other than this grant. To calculate this percentage, subtract the percentage in Column VI from 100%. For example, if the percentage in Column VI for utility costs is 20%, subtract 20% from 100% which equals 80%. 80% would then be entered in Column VII for the utility line item.

Instructions for entering the line item costs are as follows:

1. Salaries - Enter the planned expenditures for compensation for personal services including all remuneration paid currently or accrued for services rendered during the period of performance of the grant.
2. Fringe Benefits - Enter the planned expenditures for fringe benefits which include but are not limited to expenses for social security, employees life and health insurance plans, unemployment insurance coverage, workmen's compensation insurance, pension plans and the like, providing such benefits are granted under an approved plan and are distributed equally to all employees under the grant.
3. Total Salaries and Related Costs - Total the planned program costs, the planned supporting costs and total costs. The total of Columns II and III should equal the total of Column IV.
4. Enter the planned professional services rendered by individuals or organizations not a part of the agency.
5. Office Supplies - Enter the planned expenditures for the cost of materials and supplies necessary to carryout grant activities. Include the cost of equipment that does not exceed \$100.
6. Telephone - Enter the planned expenditures for telephone costs associated with the grant. Enter only those costs for telephones used directly in program activities and supporting activities. If other telephones are housed within the agency, the cost of these telephones may not be charged against the grant.
7. Postage - Enter all related mailing costs of the grant.

8. Space Rent - Enter the planned expenditures for space utilization. Only space used for the program and supporting services may be charged against this category for example: if your agency has 3,000 square feet of office space and 900 square feet are to be used for staffing and a reception area for individuals benefiting from the grant, only the 900 square feet may be charged to this category. It will be required that documentation be maintained in your agency's files for allocation of space cost.
9. Equipment Rental and Maintenance - As no funds are authorized for the purchase of equipment under this Proposal process, it is recognized that there may be a need for the rental and maintenance of some equipment. Enter the planned expenditures for the rental of equipment that will be used for program or supporting activities such as copy machines, typewriters, and so forth. Also enter the planned expenditures for maintenance of equipment. Maintenance costs are those costs necessary for the repair or upkeep of property which neither adds to the permanent value of the property nor appreciably prolongs its intended life but keeps it in an efficient operating condition. Janitorial costs related to the facility are to be charged under space rent and prorated accordingly to the definition of space rent.
10. Specific Assistance to Individuals - Enter the planned expenditures for direct financial assistance to individuals served under this grant.
11. Utilities - Enter the planned expenditures for utility costs related to the program and supporting services. As defined in space rent only those utility costs related to the operation of the grant may be charged and should be prorated based upon the square footage that is utilized by the program and supporting services. For example: If the operation of the program and supporting services utilizes 60% of the existing space in the facility only 60% of utility costs may be charged. Documentation of the proration shall be maintained in agency files.
12. Mileage - Enter here the planned expenditure for vehicle mileage. Vehicle mileage may not exceed \$.28 a mile. An example of whether mileage is a program cost or a supporting cost is as follows: mileage to transport an individual benefiting from the program is a program cost; mileage for a supervisor or administrator to attend a meeting is a supporting cost. Cost for riding the Public Transit System are allowable and should be added as a separate line item under mileage where space is provided.

Additional lines have been provided in the case that there may be costs associated with your proposal that are unique and do not fit into the above categories. Please identify those costs and enter them on the available space. The Municipality does not encourage the addition of line items.

13. Total Costs - Enter under Column II total program costs, under Column III, total supporting costs, and under Column IV total combined costs of program and support. The total of Column IV should equal the total of Columns II and III. Complete Column V, VI and VII as explained on page 16.

A sample form is included in Section XVII.

-----

BUDGET

I COST CATEGORIES	II PROGRAM COSTS	III SUPPORTING COSTS	IV TOTAL COSTS	V % OF SUPPORTING TO PROGRAM COSTS	VI % THIS GRANT	VII % OTHER SOURCE
1. Salaries					//////	////////
2. Fringe Benefits					//////	////////
3. TOTAL Salaries & related Costs					//////	////////
4. Professional Fees						
5. Office Supplies						
6. Telephone						
7. Postage						
8. Space Rent						
9. Equipment Rental & Maintenance						
10. Specific Assistance to Individuals		////////// //////////				
11. Utilities						
12. Mileage						
13. TOTAL COSTS					////// //////	//////// ////////

BUDGET BACK-UP INSTRUCTIONS

I. POSITIONS:

In Column I, list the title of each position partially or wholly funded under this grant. If this position is part-time, so indicate. Also in Column I, indicate the number of positions for each title.

II. PERCENTAGE:

In Column II, indicate the percentage of each position's total salary that will be charged to this grant.

III. PROGRAM SALARIES:

In Column III, indicate the dollar amount for each position that will be charged as a program cost.

IV. SUPPORTING SALARIES:

In Column IV, indicate the dollar amount for each position that will be charged as supporting cost.

V. TOTAL SALARIES:

In Column V, indicate the total dollar amount for each position that will be charged to this grant.

On the line titled "TOTAL", enter the totals of Columns III, IV and V.

VI. COMMENTS:

Enter any information necessary to explain unusual or unique salary expenditures.

VII. PROFESSIONAL FEES:

List the planned professional services contract for this grant and give a brief description of the proposed services to be provided under each professional contract.

VIII. SPECIFIC ASSISTANCE TO INDIVIDUALS:

Describe the specific assistance to be provided to individuals served under the grant, indicate provisions or requirements under which the individuals will receive this assistance and a brief description justifying the need for the assistance.



QUARTERLY EXPENDITURE SUMMARY INSTRUCTIONS

Quarterly expenditures should closely correspond to planned activities, and allow for both initial start-up activities and for close-out of the grant.

PROJECT DURATION:

Enter the project start date and end date. The start date is the first day that grant activities and expenditures occur. The end date is the last day that grant activities and expenditures occur.

PROGRAM COSTS

1. SALARIES:

Enter the planned salary expenditures for program staff for each quarter of the year, and the total for all four quarters.

2. BENEFITS:

Enter the planned fringe benefits expenditures for program staff for each quarter of the year, and the total for all four quarters.

3. OTHER:

Enter the total off all other planned expenditures for program activities, and the total for all four quarters.

4. QUARTER SUBTOTALS:

Enter the subtotal for each quarter of planned expenditures for salaries, benefits, and other costs, and the overall subtotal for all four quarters.

SUPPORTING COSTS

1. SALARIES:

Enter the planned salary expenditures for supporting staff for each quarter of the year, and the total for all four quarters.

2. BENEFITS:

Enter the planned fringe benefit expenditures for supporting staff for each quarter of the year, and the total for all four quarters.

3. OTHER:

Enter the total off all other planned expenditures for supporting activities, and the total for all four quarters.

4. QUARTER SUBTOTALS:

Enter the subtotal for each quarter of planned expenditures for salaries, benefits, and other costs, and the overall subtotal for all four quarters.

5. TOTALS:

Total both program and supporting costs for each quarter and the overall total for all four quarters.

A sample form is included in Section XVII.

-----

QUARTERLY EXPENDITURE SUMMARY

PROJECT DURATION

to

Start

End

PROGRAM COSTS

ESTIMATED EXPENDITURES	1ST QUARTER 1/1/84 - 3/31/84	2ND QUARTER 4/1/84 - 6/30/84	3RD QUARTER 7/1/84 - 9/31/84	4TH QUARTER 10/1/84 - 12/31/84	TOTAL
Salaries					
Benefits					
Other					
Subtotals					

SUPPORTING COSTS

ESTIMATED EXPENDITURES	1ST QUARTER 1/1/84 - 3/31/84	2ND QUARTER 4/1/84 - 6/30/84	3RD QUARTER 7/1/84 - 9/31/84	4TH QUARTER 10/1/84 - 12/31/84	TOTAL
Salaries					
Benefits					
Other					
Subtotals					
TOTALS					

NON-ALLOWABLE COSTS

I. BAD DEBTS:

Any loss arising from uncollectable accounts and other claims and related costs and fees.

II. CONTINGENCIES:

Contributions to a contingency reserve or a miscellaneous fund or any similar provision for unforeseen events.

III. CONTRIBUTIONS AND DONATIONS:

Contributions and donations for any reason or dues to any organization.

IV. ENTERTAINMENT:

Costs of amusement, social activities, meals, beverages, lodgings, rentals, transportation, gratuities or any similar costs.

V. FINES AND PENALTIES:

Costs resulting from violations of or failure to comply with any Federal, State or Local law or regulation.

VI. INTEREST AND OTHER FINANCIAL COSTS:

Interest on borrowing, bond discounts, cost of financing and refinancing operations and legal and professional fees paid in connection therewith.

VII. LEGISLATIVE EXPENSES:

Any costs associated with lobbying either Local, State or Federal.

VIII. LEGAL FEES:

Unless for direct benefit of the people served by the program.

IX. CAPITAL EXPENDITURES:

No equipment may be purchased that exceeds \$100 in value.

X. INDIRECT COSTS:

No indirect (or percentage) supporting overhead costs will be allowed in the grants. All costs must be clearly identified and justifiable.

XI. TRAVEL:

No travel outside the State of Alaska, or within the State of Alaska but outside the boundaries of the Municipality of Anchorage shall be an allowable cost without the prior written approval of the Municipality.

PAYMENT SCHEDULE

1. ADVANCE PAYMENTS:

When the Grantee requests in writing, an advance payment and provides to the Municipality documentation justifying the need for such payment, then twenty percent (20%) of the total amount of the grant, or \$10,000, whichever is smaller can be paid upon execution of the grant agreement.

2. MONTHLY PAYMENTS

Subsequent payments will be made on a cost-reimbursable bases upon submission of a monthly invoice. The advance payment, if any, shall be retained by the Grantee during the duration of the grant, and applied against the last invoice(s).

- - - - -

INSURANCE REQUIREMENTS FOR GRANT RECIPIENTS

Prior to the award of the grant the agency must provide to the Municipality of Anchorage Department of Social Service evidence that they have the following insurance coverage:

<u>Coverage</u>	<u>Limits</u>
1. Workers' Compensation and \$100,000 Employers Liability	Statutory
2. Comprehensive General Liability Premises Operations Contractual Liability Personal Injury Liability	\$500,000 Combined - Single Limit
3. Comprehensive Auto Liability Bodily Injury and Property Damage Including owned, hired and non-owned vehicles.	\$500,000 Combined - Single Limit
4. Fidelity Bonding for Finance Officer and/or Corporate Director in the amount of the grant, to a maximum of \$50,000.	\$50,000 Combined -

SUPPORTING DOCUMENTATION TO THE GRANT PROPOSAL

The following supporting documentation is to be included with the request:

1. List of Board of Directors (including the offices they hold and expiration of their term), mailing addresses and telephone numbers.
2. A copy of the agency's current personnel rules and regulations (only one copy required).
3. A complete agency's proposed annual expenditure and revenue budget for the calendar year of 1984.
4. The agency's organizational chart.
5. Job descriptions including required qualifications for all staff who will support the grant.

GOALS AND OBJECTIVES													COMMENTS
I Goal:  Provide employment skills to low-income unemployed youth.													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
Objectives:  a. Train 15 youth in a classroom setting for 20 weeks.		15				12							
b. Train 12 youth in job seeking skills for one (1) week.						12							Job seeking skills will be at the conclusion of classroom training. It is estimated 3 youth will drop from the program.
c.													
d.													



BUDGET

# SAMPLE

I COST CATEGORIES	II PROGRAM COSTS	III SUPPORTING COSTS	IV TOTAL COSTS	V % OF SUPPORTING TO PROGRAM COSTS	VI % THIS GRANT	VII % OTHER SOURCE
1. Salaries	\$35,000	\$ 5,700	\$40,700	14%	/////	/////
2. Fringe Benefits	7,000	1,140	8,140	14%	/////	/////
3. TOTAL Salaries & Related Costs	\$42,000	\$ 6,840	\$48,840	14%	/////	/////
4. Professional Fees	200		200	0%	30%	70%
5. Office Supplies	500	200	700	29%	25%	75%
6. Telephone	50	200	250	80%	25%	75%
7. Postage	20	20	40	50%	10%	90%
8. Space Rent	9,000	1,000	10,000	10%	25%	75%
9. Equipment Rental & Maintenance	500	100	600	17%	25%	25%
10. Specific Assistance to Individuals	300	/////	300	0%	100%	0%
11. Utilities	900	100	1,000	10%	25%	75%
12. Mileage		75	75	100%	10%	90%
Bus Tokens	200		200	0%	100%	0%
13. TOTAL COSTS	\$53,670	\$ 8,535	\$62,205	14%	/////	/////

# SAMPLE

I POSITION	II % OF TOTAL SALARY CHARGED TO THIS GRANT	III SALARY CHARGED TO PROGRAM COSTS	IV SALARY CHARGED TO SUPPORT COSTS	V TOTAL SALARY CHARGED TO THIS GRANT
One (1) Counselor - 9 mos	100%	\$20,000		\$20,000
One (1) Instructor - 6 mos	100%	\$15,000		\$15,000
Project Director - 9 mos	10%		\$3,000	\$ 3,000
Clerical/Bookkeeper - 9 mos	20%		\$2,700	\$ 2,700
TOTAL	//////////////////// ////////////////////	\$35,000	\$5,700	\$40,700

VI. Comments:

Clerical/Bookkeeper position does minimal bookkeeping tasks, such as  
 maintaining time and attendance records.

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VII. Professional Fees:

Special guest presenter at Job Seeking Skills class: \$200.00

VIII. Specific Assistance to Individuals:

Emergency medical assistance: \$300.00



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

RECEIVED  
JUN 16 1983

June 16, 1983

SOCIAL  
SERVICES

TO: Jewel Jones, Director  
Social Services Department  
Municipality of Anchorage

FROM: Lee Go'such, Director <sup>19</sup>  
Institute of Social and Economic Research  
University of Alaska

SUBJ: Developing a Comprehensive Human Services Plan for Anchorage

The attached serves as a skeletal proposal on how to approach and develop a comprehensive human services plan and planning process. I've tried to incorporate most of the ideas exchanged at our June 2 meeting. Although some may be impatient at the suggestion that we take a full year to develop the plan, it is important to realize that it takes time to build a planning process, particularly, if that process is to reflect the views of the various interested parties.

If you have any changes you would like to suggest prior to our meeting this Friday, please call me before 10 a.m. Friday and I can incorporate the changes before distributing the attached at the meeting. It is my understanding that you would like me to review the attached with the committee in the hope that we can reach some general agreement on how to proceed. Hopefully, the attached will serve as a useful point of departure.

## PURPOSE

To better meet the human service needs of the Anchorage area by coordinating the planning, delivery and evaluation of human services funded and/or sponsored by federal, state, local and/or private sources. Ideally, we would like to meet more of the most important human service needs of the community by getting more bang for the buck.

## PROBLEMS AFFECTING FUNDING SOURCES, SERVICE PROVIDERS, AND PEOPLE IN-NEED

- o Diverse funding sources, fiscal years, authorities, rules, and procedures.
- o Declining state revenues.
- o Burdensome regulations and "red tape", particularly for multi-funded providers.
- o Duplication of services.
- o No comprehensive assessment of needs (current or projected).
- o No rationale/criteria for allocating resource funds.
- o Limited information sharing or communication among either funding agencies or service providers.
- o Weak monitoring and evaluation systems.
- o Overlapping roles among funding sources.
- o Financial insecurity and potential discontinuity in services.

## OBJECTIVES

- o To get a bigger bang for the buck in human services by eliminating duplication and increasing information and resource sharing.
- o To improve the human services agencies provide by reducing red tape and grantsmanship and by improving the evaluation and refunding process.
- o To create a coordination mechanism among funding entities.
- o To develop an annual comprehensive plan and planning process for human services in the Anchorage area.
- o To establish a process for assessing needs and setting priorities to meet them.

## SCOPE OF WORK

### Phase I - Preliminary Planning of the Process

#### Tasks to be performed

1. Hold a preliminary meeting of major funding entities.
2. Form the Planning Committee and select a coordinator/facilitator (develop a rationale for the representation).
3. Prepare and adopt a statement of purpose, definition of scope and rules of procedure.
4. Describe present human service network - authorities, rules, funding cycles, levels and criteria, operations and outcomes.
5. Develop a preliminary planning process, complete with tasks, timelines, assignments, and budgets.
6. Secure necessary approvals and funds to carry out the process.
7. Implement the process and monitor progress.

## Phase II - Planning the Process

1. Organize a large community workshop to address: a) problems (by funding source); b) human service needs (by personal characteristic and location); and c) review and recommend revisions to the proposed comprehensive planning process.
2. Conduct the community workshop.
3. Summarize community workshop recommendations and revise planning process as appropriate.
4. Circulate recommended process for review and comment.
5. Make second round of revisions.
6. Submit revised process to key executives and, where appropriate, legislative bodies, for possible formal adoption of the process (for example, an executive order, a municipal ordinance and/or a state statute mandating the process and the development of an annual plan).

### Phase III - Implementing the Process

(see illustrative flow chart in Figure 1)

1. Form policy, technical, and citizen advisory group(s) and draft charter for each.
2. Prepare background materials for the groups, orient the groups to their tasks and assign staff support.
3. Assist advisory groups complete their tasks.
4. Prepare and circulate a draft comprehensive plan for review and comment.
5. Revise and submit the final comprehensive plan to funding agencies and appropriation authorities for their consideration.
6. Monitor implementation of the plan.
7. Form task forces or working groups to undertake high priority recommendations contained in the comprehensive plan.
8. Review outcome of first year of comprehensive plan and evaluate its effectiveness.
9. Revise the comprehensive planning process and institute it on an on-going basis.

FIGURE 1: A PROTOTYPICAL, COMPREHENSIVE PLANNING PROCESS

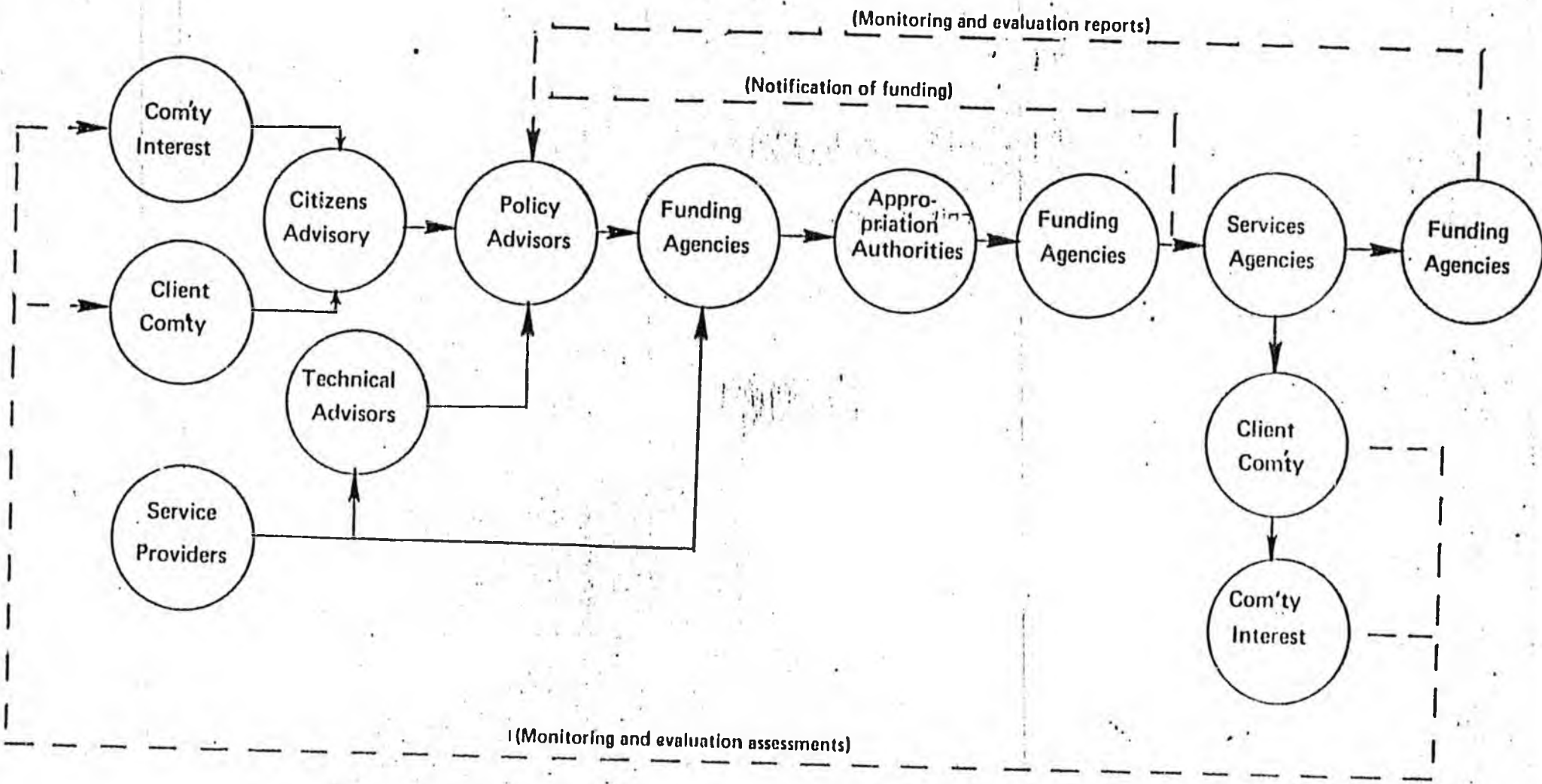


FIGURE 2  
A TENTATIVE WORK PLAN

Tasks to be Performed	Person/Organization Responsible	No. Wks Complete	Estimated Consult\$
<b>PHASE I</b>			
Task 1 Preliminary Meeting		1	
2 Form Committee		2	
3 Draft Charter		—	1 wk
4 Describe Network		4	2 wks
5 Design Prelim Process		4	1 wk
6 Secure Approval & Funding		2	
7 Implement & Monitor		<u>continuous</u>	—
Subtotal		13 (3 mos)	\$10,000
<b>Phase II</b>			
Task 1 Organize Comm Workshops		4	2 wks
2 Conduct Comm Workshops		1	1 wk
3 Summarize Comm Workshops		1	1 wk
4 Revise & Circulate Draft		1	1 wk
5 Final Revision		4	1 wk
6 Submit for Adoption ( & Funding)		<u>4</u>	<u>1 wk</u>
Subtotal		15 (4mos)	\$20,000
<b>Phase III</b>			
Task 1 Form Groups		4	—
2 Draft Charters		—	2 wks
3 Orient Groups		2	—
4 Assist Groups		2	—
5 Draft Plan		8	—
6 Circulate Plan		4	
7 Revise & Submit Plan		2	1 wk
8 Monitor & Implement		<u>continuous</u>	
9 Ad Hoc Task Forces		<u>continuous</u>	
10 Circulate Plan Results		2	
11 Revise plan		<u>2</u>	<u>1 wk</u>
Subtotal		26 (6.5 mos)	\$15,000
TOTAL		54 (12.5 mos)	\$45,000

FIGURE 3: A TENTATIVE WORK SCHEDULE

Task to be Performed	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July
<b>Phase I</b>														
T. 1. Prelim: Meeting	XX													
2. Form Committee		XX												
3. Draft Charter		XX												
4. Describe Network		XX	XX											
5. Design Prelim. Process			XX	XX										
6. Secure Approvals \$'s				XX										
7. Implement & Monitor					XXXX	XXXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
<b>Phase II</b>														
T. 1. Organ. Workshop				XX	XX									
2. Conduct Workshop					X									
3. Summarize Workshop					X									
4. Revise Draft						XX								
5. Second Revision							XX							
6. Submit for Adapt.							XX							
<b>Phase III</b>														
T. 1. Form Groups								XXXX						
2. Draft Charters								XX	X					
3. Orient Groups								X						
4. Assist Groups									XX					
5. Draft Plan									X	XXX				
6. Circulate Plan										XX				
7. Revise & Submit											XX			
8. Implement												XXXX	XXXX	XXXX
9. Ad Hoc Comm.												XXXX	XXXX	XXXX
10. Review Results													XX	
11. Update Plan														XXXX
Meetings of Steering Comm	X	X	X	X	X	X	X	X		X			X	X

MUNICIPALITY OF ANCHORAGE  
DEPARTMENT OF SOCIAL SERVICES  
GRANTEE MONITORING REPORT  
MONITORING PERIOD MARCH 1, 1983 THROUGH MAY 17, 1983

Grantee <u>Mabel T. Caverly Senior Center, Inc.</u>  Address <u>1111 East 5th Avenue Anchorage, Alaska 99501</u>  Phone <u>276-1496 or 274-9361</u>  Contact <u>Elizabeth Lee</u>	Agreement No. <u>HB 148-17</u>  Expiration Date <u>February 29</u> , 19 <u>84</u>  <p style="text-align: center;">PROJECT DURATION</p> <u>March 1</u> , 19 <u>83</u> to <u>February 29</u> , 19 <u>84</u>  MONITOR <u>M.G.</u> DATE <u>May 17, 1983</u>
---	---

**A. FISCAL ANALYSIS**

1. <u>INCOME SOURCE, 1982</u>			2. <u>PROJECTED INCOME SOURCES, 1983</u>		
	Amount	Dept.		Amount	Dept.
Federal			Federal		
1. Title III	75,957		1. Title III	129,970	
2.			2.		
3.			3.		
State			State		
1. Title V	27,269		1. Title V	27,967	
2. AS 47.65	16,666		2. AS 47.65	15,936	
3.			3.		
Municipality			Municipality		
1. Dental Grant	100,000	Soc Svcs	1. Dental Grant	98,815	Soc Svcs
2.			2.		
3.			3.		
United Way			United Way		
1.	29,000		1.	61,526	
2.			2.		
3.			3.		
In-Kind			In-Kind		
1. Program	4,648		1. Program	5,113	
2. Labor	18,383		2. Labor	20,221	
3. Rent	12,840		3. Rent	12,840	
Other (Specify)			Other (Specify)		
1.			1.		
2.			2.		
3.			3.		
4.			4.		
1982 BUDGET <u>275,763</u>			PROJECTED 1983 BUDGET <u>372,388</u>		

## SECTION A (cont.)

3.	MOA AWARD, GRANT NO. HB 148-17		\$	98,815	
4.	PERCENTAGE: MOA AWARD/1983 BUDGET (\$98,815/372,388)			27	%
5.	MOA CARRYOVER <sup>1</sup>		\$	45,255	
6.	RATIO: MOA CARRYOVER/MOA AWARD			46	%
7.	AVERAGE MONTHLY RATE OF EXPENDITURE (Dollars)	Expected	\$	8,235	Actual <sup>2</sup>
			\$	12,131	
8.	AVERAGE MONTHLY RATE OF EXPENDITURE (Percent)	8.33	%	12.5	%

## COMMENTS:

1. The previous contract did not start expending funds until four (4) months after start-up, due to availability of funds from another source. The \$45,255 of carryover funds were expended during a contract extension period 1/1/83 to 3/31/83.
2. The program is attempting to provide service on an "as needed" basis rather than make clients wait just to "stretch out" available funds. It is anticipated that demand will decrease during the summer (based on historical data). If the funds for dental services are expended prior to 2/29/84, it will be requested by the Contractor to be allowed to spend the remaining funds for the outreach worker for dental services as the outreach worker will no longer be needed.

## 10. REVIEW OF EXISTING AUDIT REPORTS (List)

1980 and 1981 Audits by Bigler, Hawkins & Oberdorf.

Procedures were found to be satisfactory and there were no questioned costs.

B. SCOPE OF SERVICES

1. STATEMENT OF AGENCY PURPOSE:

The Mabel T. Caverly Senior Center is a non-profit organization that was incorporated in 1975. This is a small neighborhood drop-in center serving approximately 1,000 low-income senior citizens in the Anchorage area. Services being provided to the seniors are transportation, outreach, program activities and dental.

The structure of the center consists of a Board of Directors of twelve (12), elected on a staggered basis. At the present, there is a staff of twelve (12), including those hired to carry out the programs and deliver services.

This organization is established in the interest of elderly persons in the Anchorage area. Its purpose is to identify the needs of older persons, to plan and promote activities to meet these needs and to provide for a range of services that directly affect the well being of those who desire those services.

2. SPECIFIC GOALS AND OBJECTIVES FOR PROGRAM COMPONENTS FUNDED UNDER THIS MUNICIPAL GRANT. (List no more than four of the most important goals for each component. Use additional sheets if necessary.)

GOAL 1 STATEMENT:

To provide dental care to low-income senior citizens not currently covered by other dental programs.

<u>Planned Objectives</u>	<u>Actual Performance</u>
1. Serve 134 individuals during length of program (average 11.2/mo)	1. Served 35 during first two months of program (average 17/mo).
2.	2.
3.	3.
4.	4.
5.	5.

C. MOA SUMMARY REVIEW

1. Scope of Services:

Under the Municipality of Anchorage Grant, dental services are provided to low-income senior citizens in the Anchorage area. These services are not covered by Medicare or Medicaid and are not affordable on the low incomes of seniors eligible for the program. 250 seniors were served between 6/1/81 and 10/1/82, and 50 were served between 3/1/83 and 5/15/83 with 15 additional people on a waiting list. As seniors complete the program, additional seniors become eligible by turning age 60 or through influx into the area.

Based on their approximate participants per month it could be expected they will exceed their goal of 134.

2. Fiscal:

This is a cost effective program with 87% of the funds being expended on direct client services, and only 12% on administration. Other administration costs are provided through contributions. Fiscal systems appear satisfactory and audits are performed yearly. The program is currently undergoing an audit by the Municipal Auditor.

3. Recommendations/Comments:

Although eventually the large pool of eligible applicants to this program will be reduced, at present there appears to be a larger eligible population than can be served at the current funding level, and there will continue to be a need for these services.

D. DOCUMENTS ON FILE

1. Board Membership
2. 1980 and 1981 Audits
- 3.

REVIEWED BY

*Michael J. G...*

DATE

*August 16, 1983*

## MUNICIPAL GRANTEE'S

AGENCY	GRANT #	AWARD	EXP. DATE	COMMENTS
Abused Women's Aid In Crisis, Inc. (AWAIC)	HB 148-19 SB 168-9	\$ 40,569 \$ 10,000	6/30/84 6/30/82	*
Access Alaska (ION)	HB 148-25 SB 168-16	\$ 47,661 \$ 69,585	12/31/83 4/30/83	*
Alaska Black Leadership Conference	HB 148-14 SB 168-20	\$ 69,046 \$ 41,489	9/30/83 12/31/82	*
Alaska Children's Services, Inc.	SB 168-3	\$299,900	6/30/82	*
Alaska Consumer Advocacy Program	HB 148-1 SB 168-21	\$ 99,500 \$ 32,250	10/08/83 12/31/82	*
Alaska Handicapped Sports and Recreation Association	HB 148-29	\$ 18,885	5/15/83	*
Alaska Health Project	SB 168-43M	\$ 32,696	9/30/83	
Alaska Legal Services Corporation	HB 148-13 SB 168-2A	\$ 97,957 \$100,000	12/31/83 12/31/82	*
Alaska Women's Resource Center	HB 148-9	\$ 94,971	12/31/83	
Alaska Youth Advocates	HB 148-4	\$ 6,364	6/30/83	*
Alpine Alternatives	HB 148-28	\$ 58,800	5/30/83	*
American Improvement Matrix, Inc. (AIM)	HB 148-11 SB 168-26	\$140,732 \$ 80,000	9/30/83 12/31/82	*
American Legions Post #34	SB 168-10	\$ 31,000	6/30/82	*
American Red Cross	HB 148-3	\$ 10,290	9/30/83	*
Anchor-AGE Management Board	SB 168-38	\$100,000	3/31/83	*
Anchorage Adoptive Parents Association/OURS	SB 168-36	\$ 9,286	12/31/82	*
Anchorage Building & Construction Trades	SB 168-27	\$ 45,000	12/31/82	*
Anchorage Child Abuse Board, Inc.	HB 148-20	\$184,352	6/30/84	
Anchorage Community Mental Health Services, Inc. (Day Break)	HB 148-18 SB 168-39	\$101,650 \$ 50,000	12/31/83 12/31/82	*
Anchorage Community Mental Health Services Inc. (Emergency Unit)	HB 148-27	\$ 71,080	8/31/83	*
Anchorage Literacy Project	HB 148-10 SB 168-25	\$ 29,564 \$ 60,928	12/31/83 1/31/83	*
Anchorage Neighborhood Health Center	SB 168-49M	\$102,577	9/30/83	
Anchorage Neighborhood Housing Services, Inc.	HB 148-2 SB 168-6	\$689,500 \$ 97,500	9/30/83 9/30/82	*
Anchorage Support Group, Charter of Alaska Foster Parents Assoc.	SB 168-30	\$ 2,000	12/31/82	*

\* WITH FISCAL FOR CLOSEOUT

## MUNICIPAL GRANTEE'S

AGENCY	GRANT #	AWARD	EXP. DATE	COMMENTS
Archdiocese of Anchorage, Brother Francis Shelter	HB 148-34	\$ 25,000	4/30/83	*
Association for Retarded Citizens of Anchorage (ARCA)	HB 148-24	\$ 40,091	12/31/83	*
	SB 168-19	\$ 55,190	2/28/83	
Big Brothers/Big Sisters of Anchorage	HB 148-16	\$ 29,076	9/30/83	*
	SB 168-32	\$ 20,791	12/31/82	
Campfire Chugach Council	HB 148-6	\$ 56,433	9/30/83	*
	HB 148-31	\$ 97,999	6/30/83	
	SB 168-1	\$197,500	6/30/82	
	SB 168-41M	\$150,000	6/30/83	
Catholic Social Services	SB 168-4	-0-	-	
Chugiak Benefit Association	SB 168-8	\$ 62,250	6/30/82	*
Chugiak Children's Services	SB 168-31	\$ 10,600	6/30/82	*
Chugiak Senior Center	SB 168-13	-0-	-	
Coalition for Economic Justice	SB 168-22	\$114,957	3/31/83	*
	SB 168-45M	\$110,212	12/31/83	
Cook Inlet Native Assoc. (CINA)	HB 148-5	\$ 96,655	2/28/83	*
	SB 168-5	\$349,500	9/30/83	
	SB 168-23	\$ 75,000	12/31/82	
Conflict Resolution Center	HB 148-8	\$ 57,759	12/31/83	*
	SB 168-12	\$ 69,300	1/31/83	
Employment & Training Center of Alaska	HB 148-30	\$186,914	9/30/83	
Fairview Latchstring	SB 168-28	\$ 50,000	6/30/83	*
Family Connection	HB 148-15	\$ 85,474	9/30/83	
Food Bank of Alaska, Inc.	SB 168-47M	\$ 19,600	12/31/83	
Home Health Care, Inc.	SB 168-50M	\$ 18,216	12/31/83	
Hope Cottages, Inc.	HB 148-26	\$ 49,000	12/31/83	*
	SB 168-37	\$175,000	12/31/83	
Hospice of Anchorage	HB 148-23	\$ 31,370	9/30/83	
Joy Child Care Center	SB 168-34	\$ 10,000	12/31/82	*
Little Bear's I & II Playhouse, Inc.	SB 168-7	\$ 56,172	9/30/82	*
	SB 168-29	\$ 10,500	12/31/82	
Mable T. Caverly Senior Center, Inc.	HB 148-17	\$ 98,815	2/29/84	*
	SB 168-15	\$100,000	2/28/83	

\* WITH FISCAL FOR CLOSEOUT

## MUNICIPAL GRANTEE'S

AGENCY	GRANT #	AWARD	EXP. DATE	COMMENTS
Minority Business Assistance Center	HB 148-12	\$109,723	9/30/83	
Mountain View Latchstring	SB 168-2	\$ 49,500	6/30/82	*
	SB 168-42M	\$ 50,000	6/30/83	*
Native Outreach Ministry	SB 168-44M	\$ 4,900	2/29/84	
Older Persons Action Group, Inc.	HB 148-32	\$ 64,565	9/30/83	
	SB 168-14	\$ 65,000	12/31/82	*
Parents United	HB 148-22	\$ 24,169	3/31/84	
Planned Parenthood of Alaska	SB 168-48M	\$ 32,154	9/30/83	
Rural Alaska Community Action Program, Inc. (RCAP)	SB 168-33	\$ 75,000	5/31/83	*
Salvation Army (Booth Home)	SB 168-18	\$175,000	12/31/82	*
	SB 168-51M	\$ 49,000	12/31/83	
Salvation Army (Emergency Shelter)	HB 148-21	\$121,164	12/31/83	
	SB 168-11	\$ 50,000	12/31/82	*
	SB 168-40	\$194,298	12/31/82	*
Salvation Army (Meals on Wheels)	SB 168-17	\$ 50,000	12/31/83	
Salvation Army (Senior Citizens)	HB 148-33	\$ 71,272	12/31/83	
Standing Together Against Rape (STAR)	HB 148-7	\$ 14,078	6/30/83	*
Suicide Prevention & Crisis Center	SB 168-46M	\$ 95,303	9/30/83	
Tanaina Child Development Center	SB 168-35	\$ 33,360	12/31/82	*

\* WITH FISCAL FOR CLOSEOUT



# **Department of Health and Social Services**

**An Overview  
January 1982**

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# STATE OF ALASKA

**DEPT. OF HEALTH AND SOCIAL SERVICES**  
**OFFICE OF THE COMMISSIONER**

**JAY S. HAMMOND, GOVERNOR**

POUCH H 01  
JUNEAU, ALASKA 99811  
PHONE:

January, 1962

Dear Reader:

This year the state must make some significant and far-reaching decisions about its services which relate to the health and well-being of Alaskans.

An expected decrease in federal regulations, coupled with substantial decreases in federal funds, promise to place both new opportunities and new demands before us.

With some federal funds coming in the form of block grants rather than categorical grants, we expect to be able to design programs that are more suited to Alaska's specific needs. We as a state can have a voice in deciding which of the federally funded services should be continued at their present levels, and which should be increased, decreased or eliminated entirely.

Transition periods are seldom easy or painless, and some decisions must be made and implemented quickly to lessen the impact on Alaskans who depend on these services. New responsibilities will be placed on staff members, particularly as programs undergo extensive change within a short period of time.

As federal contributions to our programs decrease, it is more important than ever that we marshal our resources at the front end, preventing problems before they begin and addressing them at their earliest stages. To that end we will continue to encourage all Alaskans to be as self-reliant and independent as possible.

The Department's energies and resources will continue to be directed toward such activities as:

- helping troubled children at an early stage, before they become part of the criminal justice system;
- providing information on alcohol and drug abuse and the effects of smoking, beginning at an early age;
- ensuring that mental health programs and treatment are available in communities throughout the state;
- providing a continuum of home and community care programs that will reduce the need for institutionalization of the elderly, ill and handicapped.

- offering educational and counseling programs within correctional institutions to encourage inmates to work toward a better way of life after their release;
- providing information that will allow all Alaskans to make the healthiest and most positive choices for their own lives.

Major, far-reaching decisions must be made about the state's correctional system. The number of inmates is growing at an unprecedented rate, and while new beds must be added, Alaskans must take a long range look at incarceration and at the various options for dealing with offenders.

The Alaska Legislature mandated some changes within the Department of Health and Social Services during its 1981 session. Programs aimed specifically at the aging have been transferred to the Department of Administration. All of the state's programs for older Alaskans under the Older Americans Act will be overseen by the 11-member Older Alaskans Commission, which includes the Commissioner of the Department of Health and Social Services.

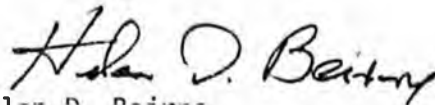
Domestic violence programs have been moved to the Department of Public Safety, but the Department of Health and Social Services will continue its involvement in this area through social services and public assistance to some of the victims of violence and assault.

To better coordinate its services to clients, the Department expects to develop a state-wide eligibility system that will shorten the waiting time for eligible applicants, and free eligibility workers to work more closely with clients.

This year, the Governor and legislators will have the benefit of a comprehensive, year-long study of the delivery and financing of health care in Alaska. The study, prepared by Battelle, Inc., includes a range of alternative actions available to the state as it addresses the crucial questions ahead.

We invite all Alaskans to join us in a commitment to healthier choices for ourselves, our families, our communities and state. Your comments, questions and suggestions are always welcome.

Sincerely,



Helen D. Beirne  
Commissioner

# Department of Health and Social Services

## An Overview

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People need varying amounts of human services. While some are self-sufficient, others are totally dependent on a network of services. Most fall somewhere on the continuum between the two extremes.

The Department of Health and Social Services seeks to improve or maintain the physical, emotional, social and economic well-being of Alaskans, so that each individual or family can move as close as possible toward independence.

The Department has defined four levels of involvement with human service programs, and set goals at each level.

It is continuing to emphasize wellness, prevention, and early intervention. At the lowest level of involvement, the Department works to increase and improve education and screening programs and the environment. Examples of these programs are immunization, crisis centers, public education programs, and steps to ensure an environment free of unnecessary hazards.

Some Alaskans need health or social services for a limited time to resume independence. To help meet these needs, at the second level, the Department offers such services as early intervention programs, information and referral, adoption services, emergency medical services, protective services, community mental health services, employment programs and court-based programs such as classes for those who operate motor vehicles while intoxicated.

In a third level, the Department assists Alaskans who temporarily need services provided by institutions or facilities. The goal is to minimize their dependence on the system, and lessen the constraints the system imposes on their freedom. As example, alternate forms of home and community care are promoted when institutionalization is not appropriate or necessary.

Finally, the Department provides human services to Alaskans who are dependent on those services over a long period of time. Economic assistance is provided to maintain an acceptable standard of living, and residential or institutional care is available when there is no acceptable alternative.

Through its administrative framework, the Department does research and planning to assess needs, identify resources and set priorities; monitors and evaluates systems to assure that programs are effective and fiscally accountable; provides for orderly transfer of authority and responsibility for programs to the local level; integrates delivery of human services through communication, cooperative agreements and co-location; and provides training.

The Department employs about 1,780 persons throughout Alaska to carry out its programs.

New demands and constraints are shaping the framework in which the Department must function.

Just as inflation is eroding the buying power of individual families, so it is affecting the services which the Department provides or purchases on behalf of its clients. It is clear that fiscal restraint will prevail in governing public policy during the 1980's.

At the same time, individual citizens have more and more looked to government programs to address problems which they traditionally handled by themselves, or with assistance from families, neighbors, and local communities. Accordingly, management efforts will increasingly focus on self-help, self-responsibility, and self-sufficiency, rather than dependence on government programs.

## Office of the Commissioner

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The Office of the Commissioner provides executive leadership and policy development for all Department programs. It defines and clarifies policy, has final review authority for programs, resolves conflicts arising within or among Department programs, and represents the Department in dealing with private providers, federal delegations, the Legislature, and advisory boards for the Department.

The office also provides current, pertinent information to the general public about Department activities and resources, and promotes public involvement in the development of Department programming.

The Commissioner and three Deputy Commissioners participate in hearings, workshops, and public meetings to maintain contact with the Alaskan public, and the Special Assistant acts as liaison between the Department and the Legislature and its special committees.

The Commissioner speaks for the Governor in matters related to health services, social services, and corrections, and serves on a variety of councils and committees. Deputy Commissioners divide responsibilities for program and administrative management. The Information Officer disseminates information about Department policies and programs through prepared publications, responds to public inquiries and works with the news media.

The Eligibility Information System Program Coordinator is directing an effort to computerize all public assistance programs in Alaska.



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## Division of Administrative Services

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The Division of Administrative Services provides the entire Department with central support services in contract administration, finance, accounting, audit, personnel classification and management, vital statistics, procurement and supply, mail distribution, records and forms management, safety/risk management, equal employment opportunity/affirmative action, civil rights compliance and disaster planning/emergency operations. The division provides administrative services through the central office in Juneau and regional offices in Anchorage and Fairbanks.

The Director's Office implements civil rights policies prohibiting discrimination in hiring, and is responsible for disaster planning, including organization and staffing for an emergency organization; affirmative action; records and forms management; safety/risk management; and direction and management of the division's activities throughout the State.

The Audit Section is responsible for fiscal compliance audits of all grants and contracts entered into by the Department and of in-state child care institutions providing full cost of care services. The Finance Section provides all fiscal services and Federal financial reporting, makes payments in accordance with grant provisions and agreements for reimbursable services, processes all contracts and leases, and performs other finance-related functions for the Department.

The Finance Section is the nucleus of all Department financial affairs, and thus its fiscal accountability. Audit and Finance sections are co-located.

The Personnel Section is responsible for the personnel classification and management functions pertaining to employees authorized to the Department throughout Alaska.

The Supply/General Services Section is responsible for receipt, dispatch and distribution of mail; requisition and acquisition of supplies; and requisition and inventory of property throughout the Department.

The Bureau of Vital Statistics maintains the official State record of each birth, death, marriage, annulment, legal separation and divorce in Alaska.

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## Division of Adult Corrections

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The number of inmates in the custody of the Division of Adult Corrections is growing at an unprecedented rate. In November of 1981 there were 1,137 inmates, compared with 876 in January of 1981 and 770 in January, 1980. This has resulted in severe overcrowding. It is not a uniquely Alaskan phenomenon however, since correctional institutions throughout the country are overcrowded. In Alaska the trend is compounded by the state's young population, an age group typically over-represented in offender population. Alcohol is a factor in up to 80 percent of the crimes for which Alaskans are imprisoned, further pointing to alcoholism and alcohol abuse as the state's number 1 health problem. The state's high seasonal and permanent unemployment rate may be another factor in the high incidence of crime.

The Criminal Code Revision which went into effect in January, 1980, is expected to result in more people being sentenced to prison for longer periods of time. At this point the effects of the code are just barely beginning to be felt.

In the past the state has housed up to 20 percent of its offenders, primarily those with long term sentences, in institutions run by the Federal Bureau of Prisons in other states. The Division of Adult Corrections has been served notice that F.B.P. institutions are no longer able to continue this arrangement for more than 200 inmates. Court suits by offenders housed in other states have further heightened the need to provide for instate housing of Alaskan offenders.

The Division of Adult Corrections is in the midst of a capital expansion program which may still fall short of meeting needs at the current rate of growth. When all construction authorized through the beginning of 1982 is completed in 1985, the corrections system will provide about 950

beds in communities around Alaska. That institutional capacity, combined with community corrections spaces should be temporarily sufficient to meet needs, however 380 additional beds in two institutions will be needed in 1985. Appropriations are being requested of the Legislature.

The Division currently operates the following institutions:

- Ketchikan Correctional Center
- Juneau Correctional Center
- Fairbanks Correctional Center
- Nome Correctional Center
- Palmer Correctional Center
- Eagle River Correctional Center
- Third Avenue, Anchorage
- Sixth Avenue Annex, Anchorage
- Ridgeview Correctional Center, Anchorage
- Eagle River Women's Facility
- Johnson Human Services Center, Juneau

Alaska's correctional system is still in its formative state. Most of the institutions are small, and relatively free of the tensions that mark larger prisons in other states. While the small size is an advantage in many ways, it also means that operating costs per inmate are higher, and it is very expensive to provide educational and counseling services. Except for Ridgeview, a temporary facility, every institution has major improvement and replacement programs recently completed, underway or in planning stages. Idleness and lack of productive activity are problems which must be addressed in institutions. The Prison Industries program now underway is a major effort to deal with both of these problems by providing constructive activity in a work environment while producing goods or services for governmental agencies. Space is already available at Palmer, and current funding requests would construct industries buildings at correction centers in Eagle River, Juneau and Fairbanks.

Federal law requires that all prisoners be afforded equal opportunities, and the Division is continuing its efforts to insure that inmates in rural communities have access to the same services as those in urban areas. Full-time alcohol and drug abuse counselors are assigned to correctional facilities in Fairbanks, Anchorage and Juneau, and the State Chaplaincy Program coordinates services throughout the state. The University Within Walls program is offered in the four major institutions for sentenced offenders. A full-time volunteer coordinator in Anchorage works with prison staff around the state to tap the services of volunteers. Psychological counseling services are provided at all state correctional centers. A program for sex offenders is established at the Juneau Correctional Center. Recent completion of the Women's Facility at Eagle River assures that women offenders have access to programs similar to those provided for male offenders. Because they make up a small minority of all offenders, women are traditionally short-changed on programs.

A master plan for corrections was prepared for the state in 1978 by Moyer and Associates, American Foundation and the National Center for Juvenile Justice. That plan was largely adopted, but it needs periodic review to assure that it continues to reflect the state's goals for corrections.

Philosophy expressed in the master plan includes the following points:

Incarceration should be used as a last resort both before and after sentencing, and then for as short a time as possible and only for offenders who demonstrate a risk to public safety or are convicted of crimes for which society demands punishment through imprisonment.

Community corrections programs, including probation, parole, work release and restitution, should be used to reform and reintegrate as many offenders as possible, and to hold costs to a minimum.

Studies indicate that heavy use of imprisonment does not result in reduction of crime, yet the State of Alaska ranks high among all states in its use.

Community corrections programs should be aggressively explored as alternatives to incarceration. Failure to find acceptable alternatives will result in the need to construct additional jails at substantial public expense.

Existing correctional facilities in Alaska should be renovated or replaced as necessary to provide uniformly humane, secure environments for all inmates.

A broader range of work, training and social services opportunities should be provided for both inmates and persons in community corrections programs.

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## Office of Alcoholism and Drug Abuse

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The abuse of alcohol and other drugs is intertwined with many health and social problems in Alaska. Accidental death and injury, violent crime and family abuse, suicide, depression and such physical ailments as respiratory problems, cirrhosis of the liver and certain types of heart disease and cancer are all accelerated, if not caused by alcohol abuse.

While it continues to be a major health problem in the state, there are signs that alcohol abuse is being addressed in new and determined ways.

A state alcohol option law signed in June, 1981, gives villages and municipalities the authority to conduct local elections to determine the availability of alcoholic beverages. Villages can choose a community-approved liquor license, prohibition of the sale of alcohol, or prohibition of the sale and importation of alcohol. Municipalities have the same three options, plus that of a community liquor store.

It marks the first time local communities have the power to stop importation of alcohol, not merely ban its sale.

Within the first three months after the law's passage, nine villages voted themselves dry and more than 40 villages expressed interest in the new options.

In October of 1981, Anchorage residents voted to limit the hours bars and liquor stores can remain open, following similar earlier decisions in Juneau and Dillingham.

Traffic fatalities have decreased since passage of the mandatory three-day jail sentence for driving while intoxicated. In 1978-80 fatalities

fell 30%. About 2,000 Alaskans have participated in required driver education programs following arrest, and there has been an 11% decrease in recidivism among those with OMVI convictions.

There is an apparent increase in persons who are using alcohol in connection with other drugs. Alcohol treatment programs are increasingly working with persons taking other drugs as well, and drug treatment programs are handling clients who also abuse alcohol.

The Office of Alcoholism and Drug Abuse is required by statute to fill several functions related to substance abuse. They include providing training and technical assistance for programs and staff in the field; writing and enforcing standards for prevention and treatment programs; making recommendations to the Commissioner for distribution of program funds; and producing a state plan.

The Office supports local communities and assists them in addressing the needs of their own citizens through grants-in-aid and contracts. During the state's 1982 fiscal year which ends on June 30, 1982, some 62 programs were funded through this process.

It also funds teen centers and recreation and counseling services for young people which provide information on substance use and abuse and help youth to feel good about themselves and their lives.

Here's Looking at You, a K-12 health education curriculum which focuses on the effects of alcohol and other drugs, is currently reaching about 14,000 students in Alaska. On-going evaluation indicates participants gain increased knowledge, self-esteem and ability to make decisions.

Various combinations of outreach, public education, outpatient diagnosis and treatment, and aftercare are available in all larger urban areas of the state. Rural Native substance abuse counselors have been trained with funding through the Office of Alcohol and Drug Abuse for several years to provide a stable cadre of rural counselors.

In accordance with 1980 legislation which authorized a three-fold increase in funds to combat alcohol and drug abuse, the office is in the midst of a variety of evaluation projects. One is an automated program and client information system which will give a computerized summary of what is happening in each program, who is running it and how much it costs. This system should be in operation by October, 1982.

In a second project, a special client follow-up study, about 500 clients will be followed for two years to develop a picture of the variables that account for success or failure.

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## Division of Family and Youth Services

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The Division of Family and Youth Services was formed on December 1, 1980, to focus on the special needs of Alaska's young people and their families. In January, 1982, following the transfer of the Department's aging grant programs and staff to the Older Alaskans Commission, adult service programs were transferred to the Division. By consolidating all services to young people, adults and families in one division, the Department will be able to provide more comprehensive, consistent planning, and address problems in early stages.

Social services for children are directed toward preventing or remedying neglect, abuse or exploitation of children who are unable to protect themselves; and toward preserving, rehabilitating, or reuniting families so that they can protect and act in their own best interests. In Fiscal Year 1981, 2,155 cases of suspected child abuse and neglect were reported. Within the fourth quarter of Fiscal Year 1981, reporting of sexual abuse and suspected sexual abuse increased by 73%.

Social services for adults are also directed towards preventing or remedying abuse, neglect or exploitation through the provision of a continuum of services ranging from supportive in-home services to placement when the adult is not able to live independently. In addition, the Work Incentive (WIN) program assists recipients of Aid to Families with Dependent Children (AFDC) with job placement. The goal of the adult service programs is to assist adults to function as independently as possible.

The Division delivers social services directly through field and regional offices and purchases services from private agencies and individuals through contracts and agreements. It is committed to providing services

in a setting as non-restrictive as possible, to retain the greatest degree of individual independence. While the need for quality institutional care will always exist, public need and good fiscal management are best served with continuing emphasis on prevention, early intervention, and in-home services.

### Adult Services

Social Workers employed by the Division intervene during times of crisis and also provide ongoing services to adults and their families. The Division's adult services programs and activities are designed to complement programs and activities available through other divisions within the department, such as the Divisions of Mental Health and Developmental Disabilities, Public Assistance and Public Health.

The emphasis of the programs is on assisting individuals to function independently in their own homes; when an individual's needs can no longer be met in his own home, placement in the most appropriate residential or medical setting will occur.

In addition to direct staff services including case assessment and case management, the Division purchases services on an individual client basis through contracts and agreements. Purchased services include counseling, homemaker-home health aide services and residential care.

Homemaker-home health aide services are provided through a statewide contract with Program Resources, Inc. In Fiscal Year 1981 the home health aide component was added to provide health-related personal care services to adults in order to assist them to remain at home.

The adult residential care program was also implemented in Fiscal Year 1981. The Division has agreements with seven facilities. Four are in Anchorage -- Anchorage Boarding Home, The Lodge, Heritage House and Parridor Boarding Home. Two, Charles Boarding Home and the Salvation Army Susitna Residence, are in Palmer. In addition, the Division has an agreement with Bautista House in Bethel.

Under the adult residential care program the Division pays for a share of the cost of care for adults who meet the social and financial eligibility criteria. The program serves the frail elderly, the developmentally disabled, the physically disabled and the chronically mentally ill. Division social workers provide case management services during placement.

### Family and Youth Services

Education, counseling and temporary shelter are aimed at preventing or solving problems before they require direct and continuing involvement by the State. Most of these services are delivered by private community contractors, who are often in the best position to address local needs. Contractors funded at least partially through preventive services contracts include: the Center for Children and Parents (Anchorage); the

Fairbanks Child Protection Task Force; the City of Barrow, Parents United (Anchorage); and Gateway Mental Health Center (Ketchikan).

Social workers and probation officers employed by the Division intervene during times of family crisis and stress to prevent long-term family disruption. Social workers and probation officers also provide on-going services in cases of abuse, and delinquency of children, as well as in problems facing adult and aging members of family units.

If prevention or early intervention fails to alleviate a problem, emphasis shifts to extended services and counseling in the home. Direct staff services include on-going counseling. Services provided through contract include day care and day care center support. All out-of-home care is purchased through contracts or full cost of care agreements. Staff members make arrangements, license and monitor facilities, and provide adoption services.

The efforts of Youth Services staff are directed toward providing services which will prevent future delinquency by treating juvenile offenders, and which will adequately protect the interests of the public. A major emphasis is placed upon providing treatment in a community setting whenever appropriate. This is accomplished through the development of programs as an alternative to institutional placement. The use of diversion programs in communities such as Fairbanks has reduced the number of juveniles who officially move into the criminal justice system.

Institutional staff develop and carry out individual treatment plans for youth who require secure custody and treatment to prevent further delinquency. Emphasis is upon effecting behavioral and emotional changes which will allow the youth to return to and remain in the community without additional delinquencies. These changes are effected through a variety of services, including counseling, educational and health services, and psychiatric and psychological consultation. After care services are provided by probation officers.

The total active case count for the Division as of November 5, 1981 is 5,854. The focus for the Division during Fiscal Year 1982 will be upon consolidating and improving existing services to adults, families and young persons in order to more effectively meet their needs and minimize disruption of their lives while allowing them the greatest possible degree of independence. In the area of adult services additional areas of focus in Fiscal Year 1982 will be the implementation of an adult foster home program.

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## Office of Information Systems

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The Office of Information Systems provides centralized data processing, and research and statistics services for the Department of Health and Social Services.

### Research and Statistics Section

Responsibilities include tabulation and analysis of vital statistics, and preparation of summary statistics for programs operated through the various divisions within the Department of Health and Social Services.

### Data Processing Section

Responsibilities include maintenance and development of computer programs which pay service program vendor bills, determine program eligibility, issue benefits, and provide management information for divisions and offices within the Department. This section can provide new programs or research to aid any division.

## Division of Management and Budget



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By operating a system of management by objectives and coordinating departmental budget preparation, the division provides guidelines to the Commissioner in allocating Department funds and obtaining funds to meet the changing demands made of the Department.

The division provides program assessment and policy guidance for Department programs through the review of quarterly performance indicators; reviews all applications for State or Federal funding to assure they are consistent with Department goals; provides issue and management analysis; provides technical budget support for the entire Department; monitors preparation of the Department's annual capital and operating budgets; serves as technical advisor to division directors, office coordinators and the Office of the Commissioner; represents the Department at Governor's Review Committee, Legislative Budget and Audit Committee, and other legislative committees; and monitors budget compliance to insure that programs are within budgeted appropriations.

## Division of Mental Health And Developmental Disabilities



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The Division of Mental Health and Developmental Disabilities is responsible for making mental health services available to all Alaskans at a reasonable cost, and for providing services to mentally ill and developmentally disabled Alaskans and their families.

The division operates Alaska Psychiatric Institute (API), a state psychiatric hospital in Anchorage; Harborview Developmental Center, a residential facility for the substantially developmentally disabled in Valdez; three regional mental health offices, in Juneau, Anchorage, and Fairbanks; and one outpatient State mental health clinic in Juneau. In addition, the division provides contract and grant funds to local communities for residential and community developmental disabilities services and for outpatient community mental health services.

There are three major thrusts before the division this year: Alaska's new commitment law for the mentally ill; separation of children and adolescents from the adult population at Alaska Psychiatric Institute; and upgrading of Harborview Developmental Center.

This marks the first year in 24 years that the state has had a new commitment process. Passage of the law in 1981 represented a six-year effort involving the division, several mental health and psychiatric associations and other interested persons.

Revisions of the statute are designed to balance the individual's constitutional right to physical liberty with the state's interest in protecting society from persons who are dangerous to others, and to protect persons who are dangerous to themselves by providing due process safeguards at all stages of commitment proceedings.

One of the bill's main precepts is development of local hospitalization for mentally ill patients closer to their homes. Thus the division will be designating evaluation and treatment facilities outside of API to provide services in the least possible restrictive setting, and as close as possible to the home of the patient. It has set a goal of designating 10 additional facilities by the mid-1980's.

Regionalization of in-patient psychiatric services represents a great leap in mental health services for Alaskans.

Secondly, money has been requested to develop a separate facility for emotionally disturbed juveniles. Because of the lack of appropriate facilities and programs in Alaska a large number have traditionally been sent to institutions in other states. That percentage has been greatly reduced in the last few years, but there is a need to do much more for this group of Alaskans.

Finally, Harborview Developmental Center will undergo upgrading in 1982 to create a more humane and attractive setting for residents. Ward-like rooms will be separated by partitions for a more home-like atmosphere. Structural repairs will also be made.

#### Alaska Psychiatric Institute

Alaska Psychiatric Institute is Alaska's only hospital specifically designated for inpatient care and treatment of the mentally ill. Built in 1962, it has been accredited for up to 200 beds. It presently has 153 beds.

The hospital serves the entire state and operates eight functional units: an admission unit; a psychiatric security unit; a children's unit; an adolescent unit; an open unit and a closed unit for chronically mentally ill patients; a closed unit for highly disabled patients; and a pre-discharge unit.

In recent years, API has increased the number of admissions but shortened the period of hospitalization before discharge. In Fiscal Year 1973, there were 507 admissions, with an average stay of 75.1 days. By Fiscal Year 1980, admissions rose to 1030, with an average length of hospitalization of only about 35 days.

With increased state population, API has met the need for inpatient treatment by providing more intense treatment over a shorter term, and referring patients to outpatient treatment in the community for follow-up services.

#### Harborview Developmental Center

Harborview Developmental Center is a state operated residential center for severely and profoundly mentally retarded and other substantially developmentally disabled persons. It is certified and licensed for up to 96 clients and provides a back-up to community services. Programs are directed toward preparing the individual for return to the family or community.

### Community Mental Health Services

With the passage of the Community Health Services Act of 1975, the division has been able to encourage and promote the development of a statewide network of community operated and supported outpatient mental health programs.

There are currently 22 community mental health centers funded by the division. They are located in Anchorage, Sitka, Kenai, Cordova, Copper Center, Galena, Ketchikan, Aniak, McGrath, Barrow, Nome, Fairbanks, Seward, Homer, Tok, Valdez, the Aleutians, Bethel, Kodiak, Dillingham and Tanana Chiefs region. In Fiscal Year 1979 the community mental health centers recorded 3,179 new admissions, but the actual number of persons served by the centers is much higher because not all are formally admitted as clients.

State grant funds cover evaluation and diagnosis; outpatient treatment; short-term inpatient treatment; follow-up services; preventive services; consultation and community education; drug treatment; 24-hour emergency services; forensic services; specialized services for children, adolescents and the aged; referral services; and staff development.

### Community Developmental Disabilities Programs

Community developmental disabilities programs help integrate substantially developmentally disabled persons into community life by offering alternatives to institutional care. These services include respite care for the families of developmentally disabled persons, vocational training, specialized foster home care, group home care, sheltered workshops, and other non-institutional services.

Sixteen community developmental disabilities programs are currently funded by the division. Residential and habilitation services are offered in Anchorage, Bethel, Kodiak, Fairbanks, Juneau, and Ketchikan. Respite care for families of developmentally disabled persons is offered in Anchorage, Kodiak, Kenai, Fairbanks, Juneau, Sitka, and Ketchikan.

### Regional Mental Health Offices

The three regional administrative offices provide technical assistance, program monitoring, some clinical supervision, patient travel, and limited clinical intervention for the widely dispersed community mental health and community developmental disabilities programs. In addition, these offices assist communities in the planning, design, and development of new community programs for the mentally ill and developmentally disabled. The Juneau regional office operates the Juneau Mental Health Clinic.

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#### Advisory Boards

##### Mental Health Advisory Council

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##### Governor's Council for the Handicapped and Gifted

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## Alaska Board of Parole

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The Alaska Board of Parole releases inmates from correctional facilities when it believes they can live in society without violating laws, and it returns parolees to custody when they cannot meet that standard or when they violate other conditions of their parole.

This year the Parole Board will hold about 280 hearings. This includes parole release, parole rescission, preliminary revocation and final revocation hearings mandated by law. In addition the Board members will meet administratively on at least two occasions during the year to revise Board policy and procedure.

The Board is comprised of five private citizens appointed by the Governor to serve staggered terms of four years. Members spend from 40 to 60 days per year on Parole Board business, and receive \$100 per day in compensation.

A legislative review of the Parole Board system is scheduled during 1982.

### Advisory Boards

#### Alaska Board of Parole Members

William B. Lyons, Chairman  
Alfred Widmark  
Conrad B. Miller  
F.P. Pettyjohn  
M. Jo McDowell

## Division of Public Assistance

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Rod Betit, Director  
Alaska Office Building, Room 318  
Pouch 1-07  
Juneau, Alaska 99811  
(907) 465-3355

The Division of Public Assistance provides financial aid, food purchasing assistance, home heating assistance, and medical coverage to those who meet state and federal standards of need. Most of its programs are funded in large part with federal monies.

Federal public assistance programs are undergoing major changes which will have far-reaching effects. Federal funds will be reduced in total amount and be distributed in different ways. Some federal funds will be dispersed under block grants rather than categorical grants, giving states more say in how monies are used, and in designing programs to meet that state's particular needs.

In those programs where federal funds are cut, the state will need to decide whether to increase its contribution to sustain previous level of service, increase or decrease services, or eliminate a program altogether.

The state is currently working on a system to computerize all welfare programs within the state. The Eligibility Information System is intended to reduce errors in determining eligibility and benefits; speed service to clients; provide consistent decisions; give overnight analysis of the impact of proposed changes in benefits or eligibility rules; provide regular management reports; and automatically generate and mail benefits and notices to clients, and produce action reminders to staff.

Although the system is complicated and costly, the experiences of other states confirm it is more expensive to run a public assistance system without computers.

The project is viewed as the cornerstone of welfare management and control for the 1980's. About \$1.5 billion in welfare benefits will be distributed in Alaska in the next 10 years if there is no change in existing programs.

All Alaskans are free to apply for any program administered by the Division. Applications and assistance are available through 19 field offices and about 170 fee agents appointed in 160 communities throughout Alaska.

The following assistance programs are administered by the Division of Public Assistance:

#### Energy Assistance

The Energy Assistance program is available to low income households who are having difficulty meeting the high costs of fuel, gas and electricity. Eligible households can receive a grant once each year to help in paying their home heating costs. Payments are made to the household's vendor for the household's overdue bills or as a credit for upcoming winter bills. The average grant ranges from \$250-\$750 depending upon the region in which they reside, their actual home heating costs, and their gross monthly income.

#### Aid to Families with Dependent Children (AFDC)

This program provides cash assistance for meeting the basic necessities of children who are deprived of one or both of their natural parents, thereby making it possible for the children to remain with either their remaining parent or with a relative.

The current maximum monthly payment for a parent and one child is \$508, with \$63 added for each additional child. This payment is reduced if the family has other income. Although the program is heavily regulated by the U.S. Department of Health and Human Services, the Alaska Legislature has the power to review and raise payment levels each year.

Cost of the program is equally divided between state and federal funds.

#### Adult Public Assistance (APA)

Cash assistance is provided to needy adults through Aid to the Blind, Aid to the Disabled, and Old Age Assistance.

Maximum payment is now \$526 for a single individual and \$773 for a two-person household. This payment is reduced if the recipient has other income. The Adult Public Assistance programs are automatically adjusted for a cost-of-living increase each July. The program is funded and administered entirely by the state.

#### Medicaid

Medicaid pays for medical care provided to persons who are eligible to receive Adult Public Assistance or Aid to Families with Dependent Children. Some other special coverage categories also exist.

Payment goes directly to providers of medical care, with expenses equally divided between state and federal funds. The state administers the program according to federal law and regulations, but it retains some freedoms to tailor Medicaid to fit the needs of the state.

#### Food Stamps

This program, designed to improve nutrition in low-income households, is based on the assumption that more spending power will result in better diets. To be eligible for food stamp assistance a household's income and resources must be under certain maximums. Food stamp allotment sizes are determined on a sliding scale based on the household's size and income.

The U.S. Department of Agriculture supplies food stamps at no cost to the state. However, program administration costs are equally divided between the state and federal governments.

#### General Relief (GR)

This program provides payment for subsistence items for families or individuals who are temporarily without other personal, private or public resources and who do not qualify for any other assistance program.

The maximum monthly payment, \$80 per person, has not been raised by the Legislature since it established the program in 1957. Increased cost-of-living has greatly eroded the ability of this program to help Alaskans in need, and it may be time for a re-examination of General Relief by the Legislature.

Payments are generally made to a vendor for such necessities as rent, utilities, and other necessities. The program is entirely funded and administered by the state.

#### General Relief Medical (GRM)

This program provides for medical care for individuals who are not eligible for Medicaid and do not have their own medical resources or insurance. General Relief Assistance and General Relief Medical use the same income limits to determine eligibility. Payment is made directly to providers of medical care.

The GRM program also provides payment for pharmaceuticals, prosthetic devices, physical and occupational therapy, and emergency dental care to Medicaid beneficiaries, because these services are not generally covered by the Alaska Medicaid program.

General Relief Medical is funded and administered entirely by the state.

## Catastrophic Illness Program

The State-funded Catastrophic Illness program is designed to provide medical assistance to individuals who have suffered a catastrophic illness or injury and who do not have health insurance or other financial resources available to meet their expenses.

The program is administered in Juneau, with coverage determined by a three-member Catastrophic Illness Committee appointed by the Governor.

## Regional Offices

Southeast Regional Office  
Division of Public Assistance  
419 Sixth Street, Room 119  
Juneau, Alaska 99801  
(907) 465-3551

Southcentral Regional Office  
Division of Public Assistance  
400 Gambell Street  
Anchorage, Alaska 99501  
(907) 274-6524

Southwest Regional Office  
Division of Public Assistance  
P.O. Box 365  
Bethel, Alaska 99559  
(907) 543-2686

Northern Regional Office  
Division of Public Assistance  
Section J  
675 Seventh Street  
Fairbanks, Alaska 99701  
(907) 452-3606

## Advisory Boards

### Catastrophic Illness Committee

Orlinda Kittredge  
Program Coordinator  
200 Hospital Drive, Suite 101  
Juneau, Alaska 99801  
(907) 586-1716

### Medical Care Advisory Committee

David Swanson  
Chairman  
Box 1  
Fairbanks, Alaska 99701  
(907) 452-2556

### Energy Advisory Board

Judie Walker  
Chairperson  
Division of Public Assistance  
Pouch H-07  
Juneau, Alaska 99811  
(907) 455-3347

## Division of Public Health

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E. Stuart Rabeau, M.D., Director  
Alaska Office Building, Room 503  
Pouch H-06  
Juneau, Alaska 99811  
(907) 465-3090

The Division of Public Health administers programs throughout the state to prevent disease, promote positive health and serve as the focus for multiple statewide health activities. Strong efforts are made toward detection of disease early in its development to minimize disability and the need for institutionalization. Regional laboratories supply services to the public and private health sectors, including viral studies and rabies control.

The gamut of activities range from newborn genetic screening to testing for shellfish poisoning to training for emergency medical technicians.

While the majority of funding comes through state appropriations, there are significant federal grant dollars. With retrenchment of the national budget, many categorical grants are being consolidated into a few block grants. There is a significant shortfall in a number of programs, particularly in the maternal and child health sector.

The thrust for the year is directed towards health promotion and preventive health.

Regional offices in Fairbanks, Anchorage and Juneau adapt the division's services to meet regional needs, and provide direction for the public health staff, health services and program development. The regional offices coordinate the activities of each of the following sectors within the Division of Public Health.

### Nursing Section

The Section of Nursing is the agent through which a major portion of the Division's services for prevention, health surveillance and control of disease are delivered.

The services cover communicable disease control, including immunization and health screening activities for pregnant women, for children from birth to 15, and for people with handicapping conditions, hypertension, chronic lung disease, and sensory impairment.

Comprehensive skilled nursing services are provided to individuals in their place of residence in three communities, Fairbanks, Ketchikan and Juneau. The goal is to assist the patient and family to make the best possible adjustment to acute or chronic illness or permanent disability in their home environment.

In emergency situations the public health nurse assists the local providers (community health aide, emergency technician) with appropriate life saving and stabilization measures including, if necessary, assistance with transport to a medical facility.

Public health nurses are based in health centers in communities of 2,000 or more. Communities with less population are served by the itinerant public health nurses who provide direct nursing services and work with community health aides sponsored by the Alaska Native Health Service. All nursing services are closely coordinated with other health providers and community agencies.

In the Spring of 1981 the Department of Health and Social Services contracted for the delivery of Public Health Nursing services with Maniilaq Association in Kotzebue and North Slope Borough in Barrow.

The contracts provide a mechanism for local control and involvement in the delivery of professional public health nursing services to rural Alaskans. The Section of Nursing has assigned a program nurse consultant to provide professional technical assistance and monitor the contracts.

#### Family Health Section

Programs provided by this section include health screening and education for women; maternity care and education; family planning, with stress on the physical and emotional drain of repeated pregnancies; assistance for the health and social problems of pregnant women under the age of 17; improved nutrition through education and provision of supplement food; prevention and early identification of diseases in children; and treatment of physically handicapped and mentally retarded persons. These activities are conducted through the following program units: Maternal and Child Health (MCH), Nutrition, Child Development Services, Infant Learning Program, Communicative Disorders Program and Administration.

The focus of programs in this section is on the promotion of optimum health of the family. This focus is addressed through the provision of direct services to individuals and families. These services include health screening and education, maternity care and education, family planning, nutrition education and supplemental food programs, prevention and early identification of diseases in children and the treatment of physically and mentally handicapped children. This focus is also addressed through the provision of technical assistance and consultation

services to health professionals and health care agencies. These technical assistance consultations services include the assessment of needs, program development (planning, implementation and management), program evaluation, staff development and the development of educational services. These activities are conducted through the following units: Maternal-Child Health (MCH), Nutrition, Handicapped Children's Program, Communicative Disorders and Administration.

The MCH unit professional staff, which includes the MCH Coordinator, Improved Pregnancy Outcome Coordinator, Child Health Nurse Consultant, Maternal Child Health Nurse Consultant and a Health Educator, is responsible for coordination of services and activities that relate to Maternal-Child Health and Family Planning.

Handicapped Children's Program provides two types of services of families who have children with chronic and handicapping conditions. The program organizes speciality services (often in an interdisciplinary fashion), sets standards of care, and provides an opportunity for long term follow-up of the child with the handicap. It assists families, on a sliding scale basis, with the financial burden of these conditions.

Public Health nutrition programs and support services for public health nurses are provided throughout the state by members of the nutrition unit staff.

Qualified nutritionists conduct community and professional education programs on a variety of nutrition subjects. The federally funded Special Supplemental Food Program for Women, Infants, and Children (WIC), serving 2,000 people in 27 Alaskan communities, is administered by the Nutrition Unit.

Child Development Services provides an interdisciplinary team for diagnostic evaluation, treatment planning and follow-through advice for handicapped children, especially children with more complex problems. This team is flexibly staffed and only brings to a community those additional disciplines and expertise not available locally. The emphasis is on strengthening skills of parents and local staff in both health and educational aspects of the child's life.

Infant Learning Programs are grant-funded in 18 Alaskan communities. Local non-profit agencies offer this form of special education to handicapped children from birth until their third birthday. Again, health and education concerns are addressed in a developmental model.

Communicative Disorders Program provides diagnostic audiology services in all areas of the state not covered by audiologists in private practice. Close liaison with physicians, public health nurses, educators, and vocational rehabilitation counselors allows this program to emphasize prevention, early detection, diagnosis and rehabilitation of hearing disorders. Speech disorders are also addressed but in a more limited scope.

Administration for the Section of Family Health provides regulatory, budgetary, and leadership services.

## Communicable Disease Control Section

To reduce incidence of communicable disease, this Section is involved in consultation to health providers in the state. It investigates outbreaks of unusual diseases and maintains programs directed toward control of tuberculosis, reduction of incidence and morbidity from venereal diseases, and assurance of a well immunized population. The Section is organized into four units: Tuberculosis Control and Chest Diseases, Venereal Disease Control, Immunization, and Epidemiology.

The Tuberculosis Program supervises preschool and school tuberculin testing programs, provides appropriate evaluation and administration of preventive therapy to tuberculin converters, provides x-ray consultations to community hospitals and private physicians, conducts chest clinics throughout the state, and maintains tuberculosis patients in their homes and local communities.

The Immunization Program provides vaccines to health centers, public health nurses and private physicians; monitors the required immunization level of school and preschool children; and provides educational material in an effort to maintain a well immunized population.

The Venereal Disease Control program supervises venereal disease screening, trains health aides in rural communities in doing gonorrhea cultures, and consults in the diagnosis and management of venereal disease.

The Epidemiology Unit investigates disease outbreaks throughout the state, monitors and implements rabies immunization of domestic pets, and evaluates longer term health problems not covered under existing programs such as the impact of the petrochemical industry.

## Laboratories Section

Laboratories in Fairbanks, Anchorage, and Juneau provide specialized medical laboratory services to public health agencies, physicians, clinics, and hospitals statewide. Laboratory data aids in early detection and control of diseases such as tuberculosis, syphilis, gonorrhea, rabies, and salmonella and identifies high risk groups and disease trends in Alaska.

Reference consultation, training and voluntary laboratory certification activities will be expanded in FY '83. Training activities will include establishment of a statewide teleconference seminar network. Emphasis will be placed on solving problems encountered in small rural hospital laboratories. Additional training opportunities will be provided in a laboratory workshop program in Juneau, Anchorage, and Fairbanks. Certification of laboratory activities will be expanded to include parasitology, enteric microbiology, and gonorrhea. The Section of Laboratories currently has similar programs in syphilis serology and water microbiology.

A breathalyzer program in collaboration with the Department of Public Safety identifies people who drive while under the influence of alcohol.

All regional laboratories will apply for College of American Pathologists certification in July of 1982. This will require that uniform reporting and testing procedures be adopted and made a part of written procedural manuals.

### Emergency Medical Services Section

This program seeks to reduce death and disability caused by accidents and sudden illness, by developing a comprehensive system of emergency medical services.

It works through non-profit corporations in the northern, southern, and southeast regions of the state to coordinate EMS programs of Native health corporations, ambulance agencies, hospitals and other emergency-related organizations throughout the state.

The EMS program provides training in emergency medical techniques for police and fire fighters, people in high risk occupations, emergency medical personnel, community health aides, nurses, physicians, and private citizens.

Beginning in 1982 the EMS Section will be responsible for certifying all Emergency Medical Technicians (EMTs) and EMT-Instructors practicing in Alaska under new regulations standardizing their training and certification.

The Section also will be responsible for certifying all Advanced Life Support services in the state.

Through grants and technical assistance to regional EMS Councils, the program works to improve emergency communications, patient transportation, emergency facilities and equipment. The Section has established protocols and guidelines for optimal care of the patient in Alaska settings and has established guidelines for planning EMS programs realistic for each community 'level of care' in the state. The EMS section also works with physicians throughout the state in establishing medical control of pre-hospital emergency medical services.

The Section's quarterly magazine, RESPONSE, and its annual statewide Symposium are further means of providing continuing education for EMS personnel.

### Radiological Health Program

This program seeks to reduce/minimize radiation exposure to people through a variety of radiation protection activities. It is a comprehensive statewide effort covering both ionizing and non-ionizing radiation sources.

Radiation protection services are provided to all users of radiation in health care, education, research and industry. Activities include inspection of facilities and enforcement of the Alaska Administrative Code,

review of shielding plans, consultation and education. Major program emphasis is directed toward medical and dental x-ray sources. Efforts are concentrated on facility shielding, technique, and evaluation of equipment to ensure that it meets acceptable safety standards.

Technical assistance in radiation protection matters is provided to other state agencies with related responsibilities.

### Health Education Section

This program seeks to enhance the lifestyles of Alaskans through educational programs in health promotion and disease prevention. This section plans and directs a statewide program of public health education. Basically it assists the Division of Public Health personnel in developing the health education components of their program and offers similar assistance to other divisions in the Department, and to other state and local organizations.

Included in the section's activities is a Health Education Risk Reduction Project which provides programs in nutrition and in smoking, alcohol abuse, stress and other high risk health behaviors, working through non-profit organizations in Northern and Southeast regions of the state. In addition, the project includes basic research on the prevalence of high risk health behavior in the adult population and in school-age children.

This section develops and distributes health education media material such as video and audio tapes, pamphlets and brochures on a variety of health education and health promotion areas. It also works closely with the Department of Education in furthering the integration of a comprehensive health education curriculum into all Alaskan schools.

### Holistic Health

This program promotes a shift of emphasis in health care from crises interventions to preventive health behavior and care through stimulation of public and private health promotion and education resources.

A large number of statewide grants provide community information and awareness and youth prevention health services as they encourage Alaskans to take individual responsibility for their health and wellness in making appropriate lifestyle choices.

The program moved from the Commissioner's Office to the Division of Public Health in July, 1981.

## Regional Offices

Paul Frith, DVM  
Regional Health Officer  
Northern Regional Office  
Division of Public Health  
1919 Lathrop  
Drawer 34  
Fairbanks, Alaska 99701  
(907) 452-1592

Elizabeth Tower, M.D.  
Regional Health Officer  
Southcentral Regional Office  
Division of Public Health  
MacKay Building, Room 326  
338 Denali Street  
Anchorage, Alaska 99501  
(907) 274-1715

## Advisory Boards

### Advisory Council on Emergency Medical Services

William Wennen, M.D.  
Chairman  
1919 Lathrop Street  
Fairbanks, Alaska 99701  
(907) 456-7767

### Perinatal Advisory Committee

Ralph Wells, M.D.  
Tanana Valley Medical Clinic  
1001 Noble Street  
Fairbanks, Alaska 99701  
(907) 452-1611

### Governor's Council for the Handicapped and Gifted

John Nuttall  
Chairman  
P. O. Box 2554  
Kodiak, Alaska 99615  
(907) 486-5594

## Division of State Health Planning and Development



Phoebe A. Lindsey, Director  
Alaska Office Building, Room 209  
Pouch H-01  
Juneau, AK 99811  
(907) 465-3037

The Division of State Health Planning and Development is responsible for licensing hospitals and nursing homes to insure they meet federal and state standards for providing quality care in an environment protective of patient life and safety. As part of the same process, facilities are certified as eligible for Medicaid and Medicare reimbursement.

The division administers the certificate of need process, which requires any hospital, nursing home, ambulatory surgical center or other health facility as defined in statute to apply for approval prior to undertaking a major capital investment or developing a new service.

The division has recently completed the first phase of what will be an on-going two-part survey. An on-site assessment of 15 rural hospitals and nursing homes has been conducted to determine the state of those facilities and identify needs for construction, renovation, modernization and replacement over the next several years.

The second part of the inventory is a mail survey sent to the more than 200 clinics in the state, to gather information on physical plant, kinds of services offered, manpower capabilities and service areas.

Results of the inventory will provide a basis for developing long-term plans to meet health care needs throughout Alaska. Many hospitals in small communities were constructed with federal funds in the mid 1950's, and have had no major upgrading since that time. They typically have low occupancy rates and thus high operating costs, but one major accident or a stretch of bad weather can fill them to overflowing and tax their capabilities.

The division also produces a state health plan based on plans developed by Health Systems Agencies in northern, southcentral and southeastern Alaska. It is designed to provide guidance to the governmental and private sectors by identifying gaps and redundancies in the sources of health care and setting priorities for resolving problems.

Advisory Boards

Statewide Health Coordinating Council

James Armbrust, Chairman  
Contract Health Care Branch  
Alaska Native Health Service  
Box 7-741  
Anchorage, Alaska 99510

(907) 265-3368

## Advisory Boards

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Advisory boards provide the Department with new ideas, serve as sounding boards, and on occasion provide restraints. They create links between state government and the diverse general public it serves. With time and cost constraints on staff travel, board members can offer valued perspectives of people from many different kinds of communities.

Advisory board members can also become effective voices for their health and social concerns, speaking out in a way the Department cannot.

Citizen advisory boards are created by state and federal legislation. They formally advise the Commissioner and Governor on issues within a general area defined by the legislation which created them.

Because each board was created at a different time through different legislation, each functions in a slightly different way. Members are appointed by the Governor for varying lengths of time.

Advisory boards generally work closely with a particular division or separate office that administers programs allied to their areas of concern. However, their recommendations are addressed to the Commissioner and the Governor, who have primary responsibility for developing policy and administering programs.

The following boards make up the advisory structure of the Department of Health and Social Services:

### Statewide Health Coordinating Council

Statutory Authority: A.S. 18.08.010

Focus: coordinate statewide health planning and development.

James Ambrust, Chairman  
Contract Health Care Branch  
Alaska Native Health Service  
Box 7-741  
Anchorage, Alaska 99510  
(907) 265-3368

### Governor's Advisory Board on Alcoholism

Statutory Authority: A.S. 47.37.060-47.37.120

Focus: mental and social problems and legal processes affecting rehabilitation of the alcoholic, and alcohol-related education, research and public and public relations activities conducted by the department.

R. Holmes Johnson, M.D., Chairman  
Holmes Johnson Clinic  
P. O. Box 1727  
Kodiak, Alaska 99615  
(907) 486-3237

Governor's Advisory Board on Drug Abuse

Statutory Authority: A.S. 44.29.100 - 44.29.160

Focus: drug abuse as it relates to mental health, social problems and legal processes; educational research and information; prevention programs and their effectiveness.

Jon Baker, Chairman  
2952 Sunflower  
Anchorage, Alaska 99504  
(907) 333-2512

Catastrophic Illness Committee

Statutory Authority: A.S. 47.08.101

Focus: review of applications from persons who request financial assistance for catastrophic illness.

Orlinda Kittredge, Program Coordinator  
3200 Hospital Drive, Suite 101  
Juneau, Alaska 99801  
(907) 586-1716

Medical Care Advisory Committee

Statutory Authority: Title 45, Section 246, Social Security Act

Focus: improve and maintain quality of a medical assistance program, including Medicaid and General Relief Medical, by contributing specialized knowledge and providing two-way channel of communication.

David Swanson, Chairman  
Box 1  
Fairbanks, Alaska 99701  
(907) 452-2556

Governor's Council for the Handicapped and Gifted

Statutory Authority: A.S. 47.80.030

Focus: monitor Department of Health and Social Services, Department of Education and other departments which deliver services to persons who are handicapped or gifted; advise executive branch and Legislature; serve as state planning council for purposes of federal laws relating to the handicapped or gifted.

John Nuttall  
Box 2554  
Kodiak, Alaska 99615  
(907) 486-5594

Advisory Council on Emergency Medical Services

Statutory Authority: A.S. 1818

Focus: provide guidance and direction to EMS staff, recommend program policy, recommend standards for all levels of EMS providers.

William Wennen, M.D., Chairman  
1919 Lathrop Street  
Fairbanks, Alaska 99701  
(907) 456-7767

Mental Health Advisory Council

Statutory Authority: A.S. 47.30.605

Focus: advise and assist Department in initiating and implementing community mental health services.

Robert Bowers, Chairman  
Anchorage Community Mental Health Center  
3944 Spenard Road  
Anchorage, Alaska 99503  
(907) 243-5411

Energy Assistance Advisory Board

Statutory Authority: Home Energy Assistance Act of 1980. DHSS policy decision.

Focus: annually review federal regulations and provide direction and assistance for selecting state options and developing state plan.

Judie Walker, Chairperson  
Division of Public Assistance  
Pouch H-07  
Juneau, Alaska 99811  
(907) 465-3347

## **Further Information**

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The following publications will provide more detailed information about the programs of the Department and its various divisions.

Fiscal Year 1983 Governor's Budget Workbooks. Available at the Alaska State Library, Juneau.

### Corrections

Alaska Corrections Master Plan.

Alaska Parole Guidelines and Parole Regulations.

### Health Planning

Statewide Health Coordinating Council State Health Plan.

State Health Plan, Volume II, Data Appendix.

SHCC Orientation Guide.

Paying for Health Care in Alaska, 1981

Grant Applications - State Health Planning and Development Agency and State Agency for Health Facility Certification and Licensing.

### Public Assistance

Public Assistance Recipient and Expenditures Study. Semi-annual report.

Medicaid Annual Report.

### Public Health

Alaska EMS Goals - A Planning Guide.

Directory of Public Health Services.

Health Education Catalog.

### Social Services

Comprehensive Annual Social Services Plan.

### Statistics

Alaska Vital Statistics Annual Report - 1980.

Native Regional Corporation Data Book - Volume V.

Second Quarter Statistical Report FY 81.  
Division of Family and Youth Services.

Program : Performance Indicators - FY 81 Year-End Report.

### Substance Abuse

Working Papers: Descriptive Analysis of the Impact of Alcoholism and Alcohol Abuse in Alaska, 1975. (Five Volumes)

Alcoholism Program Information - Client Demographics and Treatment Services Reported on the Data Base for Alcohol Related Problems: Calendar Year 1978 and 1979, Jan. - June, 1980.

Drug Treatment Program Information - Client Characteristics, 1978 and 1979, Jan. - June, 1980; Program Utilization Rates, FY 79, As Reported Through the Client Oriented Data Acquisition Process.

Descriptive Analysis of the Legal, Regulatory and Policy Impediments to the Coverage of Alcoholism and Drug Abuse Treatment by Health Insurance and Public Programs in Alaska.

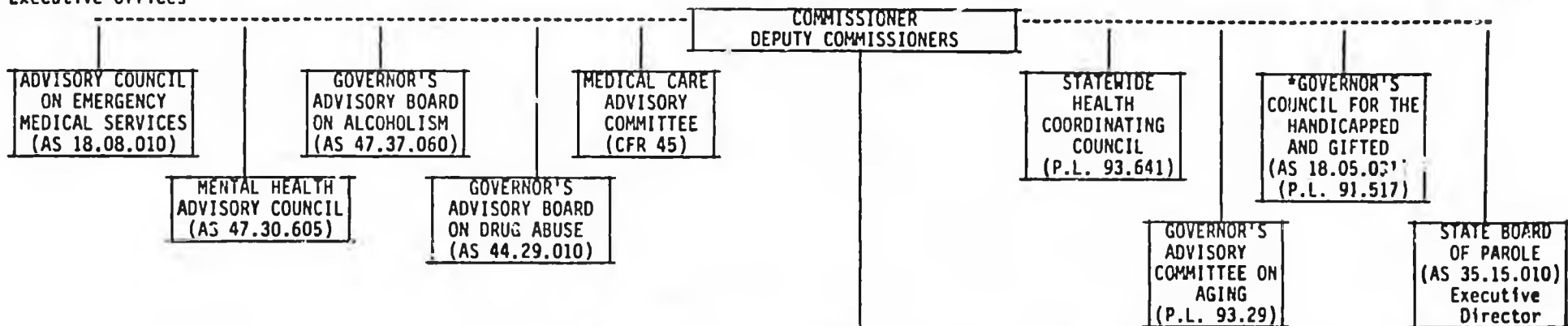
Part One: "Descriptive Inventory of Major Vendors and Program", April 1979.

Part Two: "Analysis and Conclusions".

Alaska Director of Services for Alcoholism and Drug Abuse Education, Prevention and Treatment.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
UNIVERSITY ORGANIZATIONAL CHART

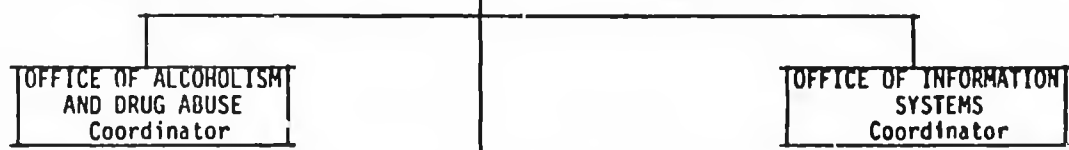
Executive Offices



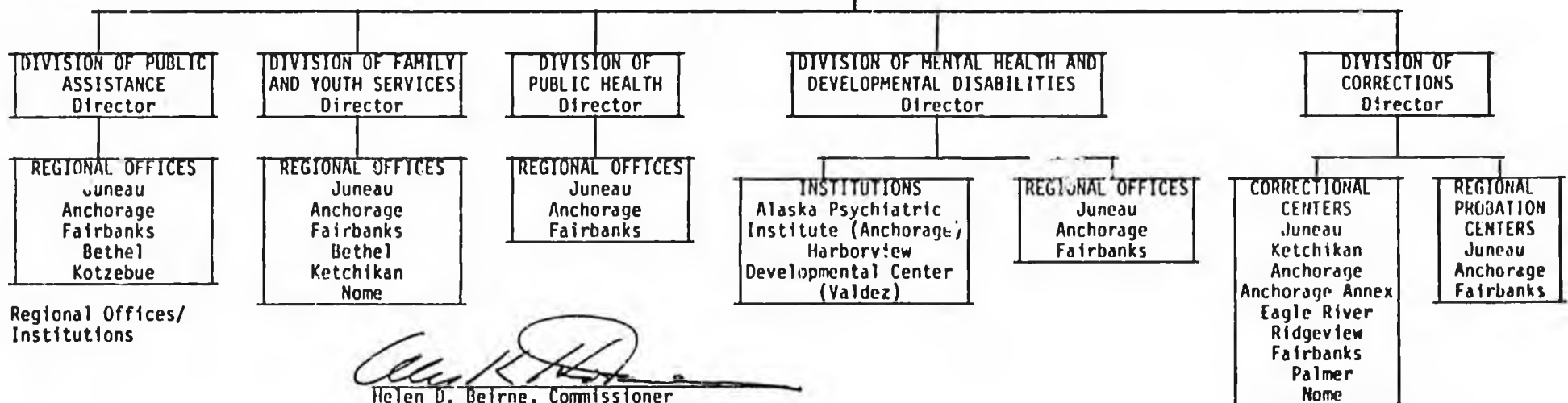
Management/Control Staff Divisions



Separate Offices



Line Program Divisions

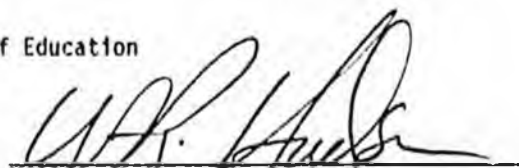


Regional Offices/  
Institutions

  
Helen D. Beirne, Commissioner  
Department of Health and Social Services

EXPLANATORY NOTE:

\*Also advisory to the Department of Education

  
William Hudson, Commissioner  
Department of Administration

Effective January 5, 1982

# Department Budget

## DHSS FY 82 OPERATING BUDGET\*

<u>DIVISION</u>	<u>TOTAL FY 82 AUTHORIZED BUDGET</u>
Public Assistance	\$128,693,800
Information Systems	3,057,800
Public Health	21,400,500
State Health Planning and Development	2,105,800
Commissioner's Office	812,100
Administrative Services	2,735,200
Management & Budget	578,000
Adult Corrections	30,757,500
Parole Board	240,000
Office of Alcoholism & Drug Abuse	19,616,300
Division of Mental Health and Developmental Disabilities	29,349,300
Family and Youth Services	30,411,300
Adult and Aging Services	17,328,400
TOTAL	\$287,086,000

\* As of December 22, 1981

NOTE: Aging Block Grant and Social Services Block Grant were not included because even though they were appropriated, Federal funds were not realized.

For further information, see Chapter 82, Session Laws of Alaska 1981.

On January 1st, 1982, functions and programs of the Division of Adult and Aging Services were merged with the Division of Family and Youth Services and the Department of Administration.

# BUDGET ORGANIZATIONAL CHART-FY 82

(thousands of dollars)

Ch. 82 SLA 1981

COMMISSIONER'S OFFICE				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Commissioner's Office	11/0	11	812.1	812.1

DIVISION OF ADMINISTRATIVE SERVICES				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Director's Office	8/0	8	337.0	337.0
Personnel	14/0	14	493.0	493.0
Supply	10/0	10	317.1	317.1
Finance	28/0	28	844.4	844.4
Graphic Arts	1/0	1	10.0	10.0
Facilities	6/0	6	421.1	421.1
Travel	4/0	4	104.0	104.0
Legal Coun.	17/0	17	541.3	541.3
Total	97/0	97	2,967.9	2,967.9

DIVISION OF ADULT & AGING SERVICES				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Administration*	20/0	20	997.2	887.4
Adult Services	17/0	17	4,000.1	4,000.1
Domestic Violence*	0/0	0	1,488.0	1,488.0
Active Grants*	0/0	0	3,085.3	2,350.0
Total	37/0	37	9,570.6	8,725.5

\*Sub-program transferred to Dept. of Public Safety on Oct. 1, 1981.  
\*These sub-programs will transfer to Dept. of Admin. on Jan. 1, 1982.

Sub-program				
Auth. Positions	Total Funds	General	Funds \$'000	
13/0	13	976.8	330.0	

This sub-program will transfer to Div. of Public Asst. on Jan. 1, 1982.

DIVISION OF MANAGEMENT & BUDGET				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Management & Budget	10/0	10	472.1	472.1

BLOCK GRANT ADMINISTRATION				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Block Grant Admin.	1/1	2	100.9	100.9

DIVISION OF STATE HEALTH PLANNING & DEVELOPMENT				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Health Planning & Dev.	10/0	10	573.1	216.8
Care & Licensing	6/0	6	376.4	131.0
Administration	4/0	4	158.0	101.1
State Planning Com.	0/1	1	101.7	66.0
MSA Grants	0/0	0	300.0	300.0
Total	20/1	21	1,530.2	714.9

ALCOHOL AND DRUG ABUSE				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Administration	25/0	25	2,344.8	2,144.8
Alcoholism Grants	0/0	0	14,351.3	14,351.3
Drug Abuse Grants*	0/0	0	1,501.0	1,501.7
Total	25/0	25	16,197.1	17,007.8

\*Appropriation reflects Governor's rate of \$300.0

PAROLE BOARD				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Parole Board	4/0	4	276.5	276.5

INFORMATION SYSTEMS				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Data Services	26/1	27	2,380.4	1,435.5

## PUBLIC ASSISTANCE

PA ADMINISTRATION/COLLECTION				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Administration	9/0	9	1,020.9	1,185.3
Collection	1/0	1	90.3	30.1
Total	10/0	10	1,111.2	1,215.4

PUBLIC ASSISTANCE ELIGIBILITY				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Elig. Determination	176/20	186	8,410.1	3,999.3
Staff Development	2/0	2	182.1	70.8
Total	178/20	188	8,592.2	4,070.1

ENERGY ASSISTANCE PROGRAM				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Energy Ass. Program	5/13	18	4,134.1	759.0

QUALITY CONTROL				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Quality Control	14/0	14	117.0	108.9

ASSISTANCE SERVICES				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
AIDC	0/0	0	41,493.4	27,481.0
AID to the Blind	0/0	0	155.1	155.1
AID to the Hearing	0/0	0	4,848.0	5,069.4
General Relief	0/0	0	900.0	900.0
Total	0/0	0	47,396.5	33,605.5

OLD AGE ASSISTANCE PERMITS				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Old Age Assistance	0/0	0	1,715.1	1,075.1

HOSPITALS				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Hospitals	0/0	0	10,358.4	9,172.1
Physician Services	0/0	0	4,032.1	2,470.7
Other Services	0/0	0	1,480.4	1,121.2
Early Discharge	0/0	0	2,409.4	1,124.7
Medical Home	0/0	0	10,000.0	9,470.0
Justice Health Services	0/0	0	1,110.0	0.0
Total	0/0	0	29,390.3	23,358.7

GENERAL PRACTICE MEDICAL				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Healthcare	0/0	0	1,300.4	1,300.4
Physician Services	0/0	0	1,324.2	1,470.7
Other Services	0/0	0	2,309.5	2,309.5
Nursing Home	0/0	0	348.1	348.1
Case Management	0/0	0	1,900.7	1,900.7
Res./Home Care	0/0	0	168.2	168.2
Total	0/0	0	7,351.1	7,351.1

SECURITY SYSTEM				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Security System	0/0	0	1,418.5	893.1

## FAMILY & YOUTH

SOCIAL SERVICES ADMINISTRATION				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Central Office	23/0	23	1,020.3	1,020.3
Staff Development	3/0	3	314.1	274.7
Disseminated Grants	0/0	0	100.0	700.0
Total	26/0	26	1,434.4	2,065.0

\*Appropriation reflects Governor's rate of 100.0

SOCIAL SERVICES				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
South Central Region	8/12	20	2,704.2	2,704.2
Northwest Region	11/0	11	1,109.0	1,109.0
Southwest Region	17/0	17	2,421.2	2,421.2
Western Region	10/0	10	711.4	711.4
Northwest Region	10/0	10	947.7	947.7
Southwest Region	14/2	16	526.1	526.1
Total	67/22	116	8,419.6	8,419.6

MENTAL HEALTH				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
S. S. Foster Care	0/0	0	2,418.0	2,418.0
S. S. Foster Care	0/0	0	320.7	320.7
S. S. Foster Care	0/0	0	2,428.2	2,428.2
S. S. Foster Care	0/0	0	3,483.1	3,483.1
Total	0/0	0	8,659.0	8,659.0

FAMILY SERVICES				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Homeless Services	1/0	1	200.0	200.0
Day Care	0/0	0	315.4	315.4
South Services*	0/0	0	1,400.0	1,400.0
Adult Support Sub	0/0	0	0.0	0.0
Total	1/0	1	2,915.4	2,915.4

\*Appropriation reflects Governor's rate of \$45.1

CHILD SUPPORT				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Multiple Support	12/0	12	1,400.1	1,400.1
Multiple Support	28/1	29	1,777.7	1,777.7
Multiple Support	13/0	13	225.0	225.0
Multiple Support	12/0	12	485.7	485.7
Multiple Support	24/0	24	1,081.1	1,081.1
Multiple Support	17/0	17	406.0	406.0
Multiple Support	1/0	1	182.0	182.0
Total	77/1	78	5,957.7	5,957.7

CHILD SUPPORT - ADMIN.				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Child Support Admin.	4/0	4	183.8	183.8

TITLE SERVICES				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Title Services	0/0	0	0.0	45,700.0

S. S. CENTER SERVICES - MARIQUA				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
S. S. Center Services	0/0	0	1,455.1	1,455.1

## PUBLIC HEALTH

PUBLIC HEALTH ADMINISTRATION				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Public Health Admin.	10/0	10	1,016.4	1,016.4
Health Education	1/0	1	146.0	146.0
OSAP Grants	0/0	0	618.1	618.1
Arch. Program/Equip	0/0	0	871.0	871.0
Health Prog/Equip	0/0	0	40.0	40.0
Disseminated Grants**	0/0	0	240.0	240.0
Total	11/0	11	2,931.5	2,931.5

\*Appropriation reflects Governor's rate of 101.0.  
\*\*Appropriation reflects Governor's rate of 46.0.

PUBLIC HEALTH SERVICES				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
PH Administration	0/1	1	465.4	465.4
Advisory Council	0/0	0	11.8	11.8
Grants-Reg. Fund.	0/0	0	1,319.0	1,319.0
Disseminated Grants	0/0	0	114.2	114.2
Total	0/1	1	1,910.4	1,910.4

LABORATORY				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Regional Lab*	16/2	18	2,958.2	1,847.8
Administration	1/0	1	145.4	145.4
Total	17/2	19	3,103.6	1,993.2

\*Includes appropriation of 21.3 per VA 119.

NURSING				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Field Nursing	10/10	20	4,011.2	4,101.0
Home Health Care	0/1	1	470.0	470.0
Administration	10/0	10	851.1	872.7
EPHIS	13/0	13	470.6	0.0
Total	23/10	34	5,802.9	5,443.7

COMMUNITY HEALTH SERVICES				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
PH Control	12/0	12	357.0	445.4
PH Control	4/0	4	314.4	227.1
Immunization	3/0	3	361.0	746.1
Epidemiology	2/0	2	181.0	181.0
Total	21/0	21	1,213.4	1,600.6

HEALTH SERVICES				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Health Services	2/2	4	147.1	147.1

CHILD & FAMILY HEALTH				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Mat. & Child Health	0/1	1	342.8	313.4
Mat. & Child Health	0/0	0	1,472.7	1,472.7
Community Health	13/1	14	751.0	541.1
Child Care, Serv.	4/0	4	310.4	212.4
PH & Equip.	2/0	2	144.0	144.0
Nursing	0/0	0	1,091.0	0.0
Spec. Educ. Grants	1/0	1	1,454.0	1,155.0
Disseminated Grants	0/0	0	112.7	112.7
Total	17/1	18	6,588.6	4,952.3

HEALTH CONTRACT SERVICES - MARIQUA				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Health Contract Services	0/0	0	983.1	983.1

## MENTAL HEALTH & D.D.

PH ADMINISTRATION & SUPPORT				
Sub-program	Auth. Positions	Total Funds	General	Funds \$'000
Cont. Office Admin.*	13/2	15	1,413.4	1,413.4
PH Adm. Council/Adm. Bd.	0/0	0	34.8	34.8
Spec. Proj./Adm. Bd.	3/0	3	303.0	184.0
Total	16/2	18	1,751.2	1,6



# Alaska State Legislature

## Senate Committee on State Affairs

Vic Fischer, Chairman • 1024 W. 6th Ave., Suite 204 C,  
Anchorage, Alaska 99501  
(907) 278-3654

Official Business

February 2, 1984

To: John Hartley ✓ Ginger Baim, Senator Vic Fischer  
From: Steven Kadish

Re: Proposed Intenc Language for Anchorage Social Services

It is the intent of the Legislature to fund non-profit organizations to provide social service programs in the Municipality of Anchorage that are not otherwise fully supported by other state or municipal funding.

Complete programs or only parts of Anchorage non-profit social service programs may be supported with this funding. These programs should provide either direct care or preventative services.

Social service programs to be funded include substance abuse treatment, mental health services, food assistance programs, rape and abused victims treatment, runaway shelters, health care services, support services to the disabled, day care and child care services, employment and training services, legal aid services, special needs programs for older persons, housing services, disaster relief services, and youth and family service programs.

<sup>Municipal</sup> It is also the intent of the legislature that administrative costs for these pass through funds be not more than ~~10%~~ \* of the total.

5%

*Intent language not to be used in language of draft - Use merely as a guide. Thank you*

*(RS)*

HUMAN SERVICES PLAN  
FOR THE  
FAIRBANKS NORTH STAR BOROUGH

September, 1983

ARCTIC ALLIANCE FOR PEOPLE  
529 Fifth Avenue, Suite 8  
Fairbanks, Alaska 99701

(907) 456-2553

ARCTIC ALLIANCE FOR PEOPLE

EXECUTIVE COMMITTEE

Sherry E. McWhorter, President  
Northern Alaska Health Resources Association

Dorothy Truran, Vice President  
Governor's Council for the Handicapped and Gifted

Judith Bush, Co-Secretary  
Alaska Legal Services

Patricia Pennella, Co-Secretary  
Protection and Advocacy for the Developmentally Disabled

William Repicci, Treasurer  
Fairbanks Rehabilitation Association

Blanche Brunk  
Resource Center for Parents and Children

Riki Sipe  
Literacy Council of Alaska

William Wortman  
Displaced Homemakers

PLANNING COMMITTEE

Judith Bush  
Alaska Legal Services

Sherry McWhorter  
Northern Alaska Health Resources Association

Patricia Pennella  
Protection and Advocacy for the Developmentally Disabled

Riki Sipe  
Literacy Council of Alaska

Dorothy Truran  
Governor's Council for the Handicapped and Gifted

GENERAL MEMBERSHIP

Adult Learning Programs of Alaska  
 Alaska Division of Family and Youth Services  
 Alaska Legal Services  
 Alaska Management Technologies Homemaker Program  
 Catholic Community Resources  
 Chena Goldstream Volunteer Fire Department  
 Displaced Homemakers  
 Fairbanks Association for Young Children  
 Fairbanks Community Food Bank  
 Fairbanks Community Mental Health Center  
 Fairbanks Counseling and Adoption  
 Fairbanks Crisis Clinic Foundation  
 Fairbanks Health Center  
 Fairbanks Native Association  
 Fairbanks Rehabilitation Association  
 First A.M.E. Church/Winterization Program  
 Foster Grandparents/Senior Companions  
 Governor's Council for the Handicapped and Gifted  
 Greater Fairbanks Family Head Start Association  
 Literacy Council of Alaska  
 National Association of Social Workers  
 North Star Council on Aging  
 Northern Alaska Health Resources Association  
 Northern Regional Nursing Program  
 Play'n Learn  
 Presbyterian Hospitality House  
 Protection and Advocacy for the Developmentally Disabled  
 Resource Center for Parents and Children  
 The Salvation Army  
 United Service Organization  
 United Way of the Tanana Valley  
 WAMI Medical Education Program  
 Women in Crisis-Counseling and Assistance

INDIVIDUAL MEMBERS

Sharon Bell  
 Ruth Burnett  
 Anne Harrison  
 Lorraine Phillips  
 Marguerite Stetson  
 Sandra Stringer

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## CHAPTER I

### INTRODUCTION

#### STATEMENT OF PURPOSE

The purposes of this plan are to bring human service providers together in assessing the needs of the community and to provide the basis upon which resource allocation decisions can be made at the State and local levels. During a time of decreasing revenues from all sources, it becomes increasingly important for all services to examine and evaluate their programs. Efficiency of service delivery takes on greater importance, and cost-effective solutions to health and social problems of the community must be promoted. At the same time, because of increasing unemployment and reduced incomes, human services become more and more important to the community. Agencies must ensure that their services are closely tailored to the needs of the community and are of high quality.

With this plan, the Arctic Alliance for People, an association of human service providers in Interior Alaska, has attempted to survey all non-profit and other human service providers in the North Star Borough, with an eye toward program content, clients served, and economic impacts on the community. This plan is a first step toward interagency coordination and streamlining of human service delivery in the Greater Fairbanks area.

#### DESCRIPTION OF PROCESS

During the development of this plan, the Arctic Alliance reviewed agency program descriptions contained in "Fairbanks Has It" and the plans of the Northern Alaska Health Resources Association and the Governor's Council for the Handicapped and Gifted, along with grant applications of non-profit organizations and descriptive materials provided by Alliance members. The Alliance also conducted a survey of human services programs to determine their staffing levels, budgets, and capital assets. There was tremendous support by local agencies, as shown by a 97% response rate to the mailed questionnaire.

The Alliance also undertook a literature review concerning the socioeconomic and health status of the Borough. Most of these concerns had previously been documented by the Northern Alaska Health Resources Association and the Governor's Council for the Handicapped and Gifted, so no primary data collection was necessary. Additional information on economic status was obtained from the FNSB Community Research Center and other sources.

The Alliance's Planning Committee developed a first draft of the human services plan which incorporated surveys, secondary data collection and analysis, and literature reviews. At every point in the process, the Committee kept in touch with the North Star Borough's comprehensive land use planning activity. The Alliance offered suggestions

for incorporation in the Borough's goals, so that the human services plan could be tied closely with those goals.

Following review of the first draft by Alliance members and corrections based upon their review, the Human Services Plan second draft was circulated for general public review, including a series of public hearings.

#### A WORD ABOUT ORGANIZATION

The Human Services Plan begins with an overview of the social and health status of the Fairbanks North Star Borough, in Chapters II and III. Chapter IV reviews the plan in brief and lists all goals and objectives by topic. Chapter V reviews the budgets and staff complements of the human service agencies by category of service, delineating financial impacts on the community. The remainder of the plan is given to a chapter-by-chapter assessment of the major categories of human service needs.

It should be noted that, although the plan mentions the full range of human services and all agencies providing service, it focusses on those non-profit programs which are currently outside the realm of Borough powers. Other than those services which can be classified as health-related ("Health," "Mental Health and Counseling," and "Substance Abuse Services"), these categories of human need have received little or no comprehensive planning attention heretofore. This plan is a pioneering effort in that regard.

#### FUNDING CONSIDERATIONS

Human services programs in the Fairbanks North Star Borough are funded through many different mechanisms. Some receive federal funds through grants, the military, or the Indian Health Service. Many are State funded through grants and contracts from various departments and divisions or directly through the State's public health nursing program, protective services, or other mechanisms. Several receive United Way monies, revenue sharing funds, or municipal assistance funds. A few charge fees for service and collect third-party payments. Finally, many agencies conduct their own fund-raising activities.

Funds from all sources have decreased significantly over the past two years, with State appropriation cuts being the most devastating. These reductions, most of which have occurred without planning at the funding source, are forcing severe restrictions in service delivery in some types of programs. At the same time, however, they have created a climate for change, including revamping of individual programs and whole delivery systems.

The long-term issues of funding for and control of human services must be addressed at both the State and local levels. This plan, with

its service descriptions and needs assessment, forms the basis for facing these issues.

#### A LOOK TO THE FUTURE

This Human Services Plan is the first step in a long-term process of identifying and responding to human service needs of the people of the North Star Borough. During the coming year, the Arctic Alliance will have committees looking in more depth at the areas of housing, assistance/shelter/food, employment and training, and family services. As the Alliance's knowledge and understanding of the community's problems and needs grow, this plan will grow in depth and purpose.

## CHAPTER II

NORTH STAR BOROUGH: AN OVERVIEWPOPULATION ESTIMATES

The Alaska Department of Labor has estimated the 1982 population of the North Star Borough to be 59,222. This figure represents a 1.6% population growth since 1981. (Fairbanks North Star Borough) From 1970 to 1980, population increased an average of 1.5% per year. Assuming a continuing linear increase of approximately 1.5% per year over the next four years, the population will reach 62,856 in 1986.

The North Star Borough contains 70% of the total population of northern Alaska, and, therefore, serves as a hub for commerce and services for the region. The Borough's people constitute 13.8% of Alaska's total. (Alaska Department of Labor 1981)

POPULATION BY AREA

Table 1 presents the North Star Borough population by incorporated area. The Borough area which lies outside of the two cities holds the majority of the population (56.71%). The City of Fairbanks, with 24,844 residents, ranks second, while North Pole (793 residents) is a distant third.

Table 1.

North Star Borough Population  
by Incorporated Area, 1982

Area	Population 1982
Fairbanks City	24,844
North Pole City	793
Non-city area	33,585
Borough Total	59,222

SOURCE: Fairbanks North Star Borough. Community Research Quarterly: A Socio-Economic Review. Volume V, Number 4, Winter 1982. Community Research Center. Fairbanks, Alaska. February 1983.

The non-city Borough area contains Fort Wainwright and Eielson Air Force Base, both of which account for a substantial number of residents. In 1980, there were 5,481 active-duty military personnel and an estimated 7,590 military dependents living within the Borough, for a total military-related population of 13,071. Eielson Air Force Base increased its strength by 637 active-duty personnel in 1982 -- the only anticipated increase for the decade. Because of housing limitations, the Air Force did not allow concurrent travel for spouses. Housing for families must be arranged prior to dependents joining active-duty personnel. (Public Affairs Office, Eielson Air Force Base)

#### POPULATION BY RACE/ETHNICITY, AGE, AND SEX

Race/ethnicity, age, and sex characteristics of the population vary from place to place within the Borough. The military bases have high concentrations of young adult males and higher proportions of blacks than other areas. North Pole has equal male and female populations, whereas Fairbanks is 53% male.

The North Star Borough population as a whole is 54% male and 46% female. According to a recent study commissioned by the Fairbanks Native Association and conducted by the Northern Alaska Health Resources Association, over 80% of the population is white, with 6% black, 11% Native, and 3% of other races. The median age for the entire Borough is 25.9 years.

Table 2 depicts the 1982 Borough population by age and sex (based on 1980 proportions).

#### EMPLOYMENT

An estimated 23,450 people were working in non-agricultural wage and salary employment in the North Star Borough in October 1982, an increase of 3% over the October 1981 estimate. Over 36% of these people were employed in government jobs. Trade and services each constituted 18% of the total employment. Employment in transportation, communications, and utilities made up 12%. Employment during most of 1982 was the highest it has been since the end of pipeline construction in 1977. (Fairbanks North Star Borough)

For the fifth month in a row, Alaska's unemployment rate in November, 1982, was lower than the corresponding U.S. rate. However, both the Alaska and U.S. unemployment rates were higher during most of 1982 than in 1981. The unemployment rates for Alaska and the U.S. in November, 1982, were 9.8% and 10.4% respectively, while the rate for Fairbanks was significantly higher -- 14.9%. Even though the Fairbanks unemployment rate decreases during the summer with the onset of construction and tourist seasons, unemployment in the Fairbanks area never dropped below 10.7% in 1982. The rate hovered between 14% and 15% for most of the year. (Fairbanks North Star Borough)

Table 2

North Star Borough Population  
by Age and Sex, 1982

Age	Population by Sex		
	Male	Female	Total
0-2	1,954	1,836	3,790
3-4	1,066	1,125	2,191
5-14	4,975	4,619	9,594
15-18	2,013	1,777	3,790
19-21	2,547	1,895	4,442
22-24	2,547	2,073	4,619
25-29	4,086	3,672	7,758
30-34	3,672	2,961	6,633
35-44	4,323	3,435	7,758
45-54	2,487	2,014	4,501
55-59	947	711	1,658
60-61	237	237	474
62-64	296	296	592
65-74	533	474	1,007
75-84	118	178	296
85+	59	59	118
<b>Total</b>	<b>31,861</b>	<b>27,360</b>	<b>59,222</b>

SOURCE: Fairbanks North Star Borough. Community Research Quarterly: A Socio-Economic Review. Volume V, Number 4, Winter 1982. Community Research Center. Fairbanks, Alaska. February 1983.

## THE MILITARY

As described above, active-duty military personnel and their dependents constitute over 20% of the Borough's population. For the most part a young, transient population, military people have a significant impact on human service agencies in the community. Although both Fort Wainwright and Eielson Air Force Base have health and social service programs on base, many people choose to use community services. In some cases, the military offers nothing equivalent to what is available in the civilian sector.

Military personnel and their families are major participants in the State's Aid to Families with Dependent Children (AFDC) program, the WIC nutrition program, child protective services, women in crisis programs, and substance abuse, emergency shelter, and mental health services. Their children sometimes require special educational and rehabilitative services. They use homemaker, foster care, and adoption services. Unfortunately, they also place burdens on the criminal justice system. The exact dollar amounts of these demands on the human service system cannot be calculated. However, the impacts are great and, in some areas, are out of proportion to the size of the population. The community would benefit from federal military impact funds to offset the strains on the civilian system.

## INCOME

The average adjusted gross income in 1979 of persons filing tax returns with North Star Borough addresses was \$21,118 per return. Over half of the returns reported incomes of \$15,000 or less, and almost 6% had a balance of \$0. One-third of the returns showed incomes of over \$25,000. Only 3% reported incomes of \$60,000 or more. (Fairbanks North Star Borough)

North Pole residents had the highest incomes in the Borough, averaging \$22,447 per return. The two military bases had among the lowest incomes, with Fort Wainwright at \$15,300 and Eielson AFB at \$18,779. The College area also showed a low average income (\$17,707), probably due to the large number of students filing from that area. (Fairbanks North Star Borough)

By and large, Borough residents have incomes well above absolute poverty guidelines. Table 3 presents poverty guidelines for Alaska and Lower Living Standard Income Levels. Poverty income guidelines and Lower Living Standard Income Levels (LLSIL) are used as a basis for determining eligibility for certain programs. For example, to be eligible for services under Titles II-B, II-D, or VII, a person must be a member of a family whose annualized income during the previous six months does not exceed the poverty level or 70% of the LLSIL. Eligibility for certain other programs or fee waivers is based on an income that is 80% or 100% of the LLSIL. (Alaska Department of Labor 1983)

Table 3

Poverty Income Guidelines and Lower Living  
Standard Income Level (LLSIL)  
for Alaska, June 1982

Family Size	Poverty Criteria			
	Poverty Guidelines*	70% LLSiL	85% LLSIL	100% LLSIL
1	\$5,870	\$5,780	\$7,020	\$8,260
2	7,790	9,470	11,500	13,530
3	9,710	13,010	15,790	18,530
4	11,630	16,060	19,500	22,940
5	13,550	18,950	23,010	27,070
6	15,470	22,160	26,910	31,660

\* Nonfarm family; for each family member over six, add \$1,920.

SOURCES: U.S. Department of Labor, Employment, and Training Administration. Field Memo 75-82. Washington, D.C. May 1982.

U.S. Department of Labor, Employment, and Training Administration. Field Memo 92-82. Washington, D.C. June 1982.

## CRIME

There were 1,297 criminal offenses investigated by the Fairbanks Police Department during the fourth quarter of 1982, a 20% decrease from the same time period of 1981. The most common criminal offense was theft, which accounted for 19% of all offenses investigated. If auto theft and shoplifting are included, the percentage of theft increases to 33% of all offenses. The second most common offense was criminal mischief (vandalism), which comprised 8% of all offenses during the fourth quarter of 1982.

While most offenses experienced a general decrease between 1980 and 1982, robbery and fraud have increased. There were 36 robberies investigated in 1982, 24% more than in 1981 and almost double the 1980 total. Fraud offenses totalled 103 in 1982, as compared to totals of 36 and 32 in 1980 and 1981 respectively. Some of the other frequently-committed offenses were phone harassment, incapacitation, open containers, run-aways, and trespassing.

There are a number of offenses which, while not "frequent" in comparison with theft or burglary, are very devastating to their victims. Others, such as narcotics law violations, are indicative of widespread community problems. Table 4 summarizes a few of these offenses.

## EDUCATION

The Fairbanks North Star Borough School District is responsible for elementary and secondary public education throughout the Borough. There are 22 elementary schools, five junior high schools, five senior high schools, a career center for adult and vocational education, and a career education center. There are also special education programs designed for physically and mentally handicapped, gifted and talented, and bilingual students. In addition, there are several private and parochial schools in the area, ranging from nursery school through twelfth grade. The University of Alaska enrolls over 3,000 students in its undergraduate and graduate programs on the Fairbanks campus. Tanana Valley Community College provides community-interest courses, non-credit short courses, vocational-technical education, and an evening adult education program.

The enrollment in Borough public schools reached 12,002 in October 1982, an increase of 6% over the previous year. This growth was evenly distributed among elementary and secondary students (Fairbanks North Star Borough School District).

According to the 1980 Census, 86.6% of the Borough population over the age of 25 years had at least a high school education.

Table 4

Summary of Selected Criminal Offenses,  
Fairbanks Police Department  
1980, 1981, and 1982

Offense	Offenses by Year		
	1980	1981	1982
Criminal Homicide	0	6	0
Sexual Assault (rape)	19	39	28
Sex Offenses (except sexual assault)	105	118	42
Narcotic/Drug Law Violations	38	111	54
Offenses against the Family	25	13	28
Driving while Intoxicated	259	415	296

SOURCE: Fairbanks Police Department. Fairbanks Police Department Activity Report. Fairbanks, Alaska. 1980-1982.

## RECREATION

The Borough area enjoys a full spectrum of recreational activities, ranging from theater and symphony to dogsled racing. There are literally hundreds of clubs and associations for people interested in curling, quilting, square dancing, trap shooting, foreign languages and cultures, and a myriad of other subjects. Organized activities for youth include Scouts, 4-H, Camp Fire, Rainbow, and various team sports. At the adult level, there are organized team sports for participation, as well as semi-pro baseball and hockey teams. Surrounding areas offer opportunities for hunting, fishing, trapping, camping, skiing, hiking, rafting, and mountain climbing.

The Borough itself provides swimming, ice skating, tennis, and other athletic opportunities, along with crafts and classes offered through the Borough Department of Parks and Recreation. The Borough also maintains bike trails throughout the area.

## HOUSING

Rents for housing units advertised in the Fairbanks Daily News Miner in October 1982 ranged from \$180 for a cabin to \$1,250 for a three-bedroom house. Except for cabins, average rents in December 1982 ranged from 10% to 47% higher than the corresponding rent in 1981.

The total number of rental units available continues to be low. Total units advertised in December 1982 represented only 2% of the approximately 11,000 rental units in existence.

According to a survey conducted by U.S. mail carriers on their residential delivery routes, there were 13,103 housing units in the Fairbanks area in June 1982. Of these units, 235 were vacant, producing a vacancy rate of 1.8%. This rate was the lowest since 1977, when the presence of numerous pipeline workers drastically lowered the availability of housing in the area. (Fairbanks North Star Borough)

Anecdotal information indicates that rental housing is especially scarce for families with children and that housing of all types is difficult to find for people on low or fixed incomes.

## CHAPTER III

THE HEALTH OF THE PEOPLEINTRODUCTION

How health is viewed is of major importance to how one plans for the well-being of the people and for human services. In the preamble to the charter of the World Health Organization, health is defined as:

*A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.*

This way of looking at health encompasses the physical as well as psychological and social health of the population and of the "community" as an entity. It includes investigation of the relationships among health, environment, and behavior, as well as the availability of human services. This framework permits including and weighing of all relevant factors in planning for services. Through this "holistic" approach, appropriate goals and objectives may be selected which will lead to overall improvement in the well-being of the population.

The following material touches on major health and social problems in the North Star Borough which are amenable to alleviation through human service programs.

BEHAVIORAL PROBLEMS AND MENTAL ILLNESS

There are many approaches to assessing the mental health status of a community. Steps used in this report include:

1. An analysis of community mental health center activity, focussing on diagnoses made and specific populations at risk.
2. An analysis of the admission of North Star Borough residents to the Alaska Psychiatric Institute.
3. An analysis of social system indicators of behavioral problems and mental illness, including suicide, child abuse and neglect, social service caseloads, and criminal justice information.

Community Mental Health Center Discharges

The Fairbanks Community Mental Health Center reported 242 discharges in FY 1982. The most common discharge diagnosis was depressive and affective syndromes (27.3%), followed by adjustment disorders (19.4%), disorders of childhood and adolescence (16.1%), and other non-psychosis problems (14.9%). Schizophrenia and other psychoses accounted for 11.2% of all discharges. (Alaska Division of Mental Health and Developmental Disabilities)

The Fairbanks Community Mental Health Center served people of all ages. Out of 430 clients seen in FY 1982, 37% were between the ages of 25 and 34 -- the largest single age group. Persons aged 35-44 accounted for 15.1% of the caseload. Children and youth through age 19 comprised 29% of the total caseload. (Alaska Division of Mental Health and Developmental Disabilities)

Caucasians made up the vast majority (88.9%) of clients at Fairbanks Community Mental Health Center in FY 1982. Eight percent were Natives, and 3.1% were of other races. Females accounted for 58.4% of the total caseload. (Alaska Division of Mental Health and Developmental Disabilities)

### Alaska Psychiatric Institute

In FY 1980, there were 46 people from the Fairbanks area admitted to the Alaska Psychiatric Institute (API). These individuals represented 45% of all admissions to API from northern Alaska and 4.5% of all admissions statewide. (Northern Alaska Health Resources Association 1982)

### Suicide

Suicide rates in northern Alaska are at least as high as statewide rates, which are twice those of the rest of the nation. In northern Alaska, 2.2% of all deaths were due to suicide in 1979, placing suicide as the fifth leading cause of death. In the Fairbanks area, suicide occurred most frequently among young adults. Alaska Natives were at greatest risk, and males were nearly three times more likely to commit suicide than females. About one-half of all suicides are alcohol-related. (Northern Alaska Health Resources Association 1982)

### Child Abuse and Neglect

According to the National Study on the Incidence and Severity of Child Abuse and Neglect, nearly 2% of all children in the United States are reported to Child Protection Services (CPS) agencies annually as possible victims of abuse or neglect. The number of substantiated victims per 1,000 children is 10.5, or about half of all those that are reported. (National Center on Child Abuse and Neglect)

Children reported to CPS agencies represent only 21% of all maltreated children identifiable from schools, hospitals, and mental health and social service agencies. Sixty-seven percent of all victims under age six had been reported to CPS, according to the 1979 study, while 78% of all victims aged 12-17 had not been reported. Because of these figures and other study results, national experts suggest that, for every child known to be a victim of abuse or neglect, four other children are also victims but are unknown to authorities. (National Center on Child Abuse and Neglect)

Table 5 takes incidence rates of abuse and neglect, as determined by the 1979 national study, and applies them to the Fairbanks North Star Borough, northern Alaska, and statewide, as one method of estimating the extent of the problem. As shown, there were an estimated 995 maltreated children in the North Star Borough in 1981. (Northern Alaska Health Resources Association 1983a)

Table 6 shows primary, secondary, and other clients for the major child abuse/neglect service providers in Fairbanks. The columns cannot be added to obtain a total number of persons served because a large percentage of clients receive service from more than one agency over the course of a year.

Perhaps the most relevant statistics from the service utilization figures comes from the Alaska Division of Family and Youth Services. In the northern region in FY 1982, the Division served 234 children whose primary problem was abuse and 572 whose primary problem was neglect, for a total of 806 individuals. Another 121 children were in foster care. (Alaska Division of Family and Youth Services)

#### Domestic Violence

In 1982, Women in Crisis-Counseling and Assistance (WIC-CA) served 545 domestic violence counseling clients, up from 361 in 1981. Two hundred thirty-eight women and 247 children were provided shelter for an average of 6.5 days each. In addition, WIC-CA served 82 sexual assault clients, 240 clients with relationship difficulties, and 650 women in need of injunctive relief orders or other legal advocacy. (Women in Crisis-Counseling and Assistance)

#### Homicide

The homicide rate in 1979 was higher in northern Alaska (19.6 per 100,000) than statewide (11.7 per 100,000). The homicide rate showed a steady increase between 1971 and 1978, with an overall tripling of the rate over this period. In 1979, of twelve homicides in the Interior, seven (58%) were white males. The majority of homicides occurred in the 15-34 age group. (Northern Alaska Health Resources Association 1982)

#### Juvenile Arrests

The Superior Court of Alaska used to maintain statistics on "status offenses," including runaways and minors in need of supervision. In 1979, there were 232 runaways recorded in the Fourth Judicial District's Juvenile Intake Office, with an average over the past six years of 205 runaways per year. All of these youth were experiencing some kind of stress or unhappiness at home which led to their running. At least some of them were in abusive and/or neglectful situations. (Fairbanks Counseling and Adoption)

Table 5

Incidence of Child Abuse/Neglect in the Fairbanks North Star Borough,  
Northern Alaska, and Statewide, by Form of Maltreatment  
and Severity of Injury/Impairment, 1981,  
Based on National Experience

Form of Maltreatment and Severity of Injury/Impairment	National Incidence Rate (per 1000) (x5) <sup>a</sup>	Number <sup>b</sup> of Maltreated Children by Location		
		FNSB	Northern Alaska	Statewide
Abuse				
Physical Assault	17.0	322	463	2,333
Sexual Exploitation	3.5	66	95	480
Emotional Abuse	11.0	209	299	1,510
Total, All Abused Children <sup>c</sup>	28.5	540	776	3,992
Neglect				
Physical Neglect	8.5	161	231	1,167
Educational Neglect	14.5	275	394	1,990
Emotional Neglect	5.0	95	136	686
Total, All Neglected Children <sup>c</sup>	26.5	502	722	3,637
Total, All Maltreated Children <sup>c</sup>	52.5	995	1,429	7,206
Severity of Injury/Impairment				
Fatal <sup>d</sup>	0.1	2	3	14
Serious <sup>d</sup>	11.0	209	299	1,510
Moderate <sup>e</sup>	33.0	626	898	4,529
Probable <sup>f</sup>	8.0	151	217	1,098

<sup>a</sup> Total incidence is thought to be reported incidence x5 because only 21% of all cases are identified.

<sup>b</sup> Based on 1981 populations, aged 0-17, as follows: Fairbanks North Star Borough -- 18,957; Northern Alaska -- 27,227; Statewide -- 137,253.

<sup>c</sup> Totals are less than the sum of the parts because some children experience more than one form of maltreatment.

<sup>d</sup> Serious = Severe enough to require professional care aimed at relieving acute present suffering or at preventing significant long-term impairment.

<sup>e</sup> Moderate = Serious enough to remain evident in observable form for at least 48 hours.

<sup>f</sup> Probable = Situations, where, although there are no observable symptoms of injury or impairment, it is considered highly likely that the child's physical, mental, or emotional health or capabilities have been significantly impaired as a result of the extreme or traumatic nature of maltreatment events.

SOURCES: Alaska Department of Labor. Alaska Population Overview 1981. Juneau, Alaska. pp. 3-7, 15, 31.

National Center on Child Abuse and Neglect. Study Findings: National Study of the Incidence and Severity of Child Abuse and Neglect. Children's Bureau, Administration for Children, Youth, and Families. Office of Human Development Services, United States Department of Health, Education and Welfare. Washington, D.C. September 1981. pp. 18-19, 43.

Table 6

Utilization of Child Abuse/Neglect Services,  
Fairbanks North Star Borough, FY 1982

Agency	Clients Served			
	Primary <sup>a</sup>	Secondary <sup>b</sup>	Other <sup>c</sup>	Total
Alaska Division of Family and Youth Services	927 <sup>d</sup>	555	-	1,482
Army Community Services	46	42	-	88
Fairbanks Counseling and Adoption	470	1,143	976	2,589
Fairbanks Crisis Line	1,936 <sup>e</sup>	4,518 <sup>f</sup>	-	6,454
Family Focus	461	872 <sup>g</sup>	220 <sup>h</sup>	1,553
Resource Center for Parents and Children	564 <sup>i</sup>	-	1,599 <sup>j</sup>	1,915 <sup>k</sup>

<sup>a</sup> Primary = Those clients served directly who are considered the "reason" for service by their family and staff.

<sup>b</sup> Secondary = Family members and other people who are served directly but who are receiving service because of a "primary" client.

<sup>c</sup> Other = Individuals served in ways other than direct treatment, foster care, or other intensive efforts; examples would indicate participants in educational programs or workshops.

<sup>d</sup> 927 = 806 children who were maltreated plus 121 children in foster homes.

<sup>e</sup> 1,936 = Number of callers who were referred for additional services.

<sup>f</sup> 4,518 = Number of callers who were not referred for additional services.

<sup>g</sup> 872 = Annualized from one quarter's experience.

<sup>h</sup> 220 = Annualized from two quarter's experience. Includes child abuse/neglect investigations, Youth Corrections curfew checks, and Interstate Child Protection compact studies.

<sup>i</sup> 564 = Clients served through Parents Anonymous, parent aides, individual counseling, interagency sexual abuse treatment, parenting skills groups, and teen parent groups.

<sup>j</sup> 1,599 = Individuals served through parent education, community education, and professional training.

<sup>k</sup> 1,915 = The total number of individuals reached is less than the sum of the parts because some were served in more than one way.

SOURCES: Hammack, Betty. Personal communication regarding Army Community Services. November 1982.

Fairbanks Counseling and Adoption. Grant Proposal for Youth Services: Child Care Treatment Program. Submitted to the Alaska Division of Family and Youth Services. Fairbanks, Alaska. March 1982.

Fairbanks Crisis Clinic Foundation. Proposal to State of Alaska Department of Public Safety, Council on Domestic Violence and Sexual Assault. Fairbanks, Alaska. April 1982.

Family Focus. Youth Prevention Services Quarterly Progress Reports. Fairbanks Native Association. Submitted to the Division of Family and Youth Services. Fairbanks, Alaska. 1982.

Fairbanks Child Protection Task Force. Youth Services Grant Technical Proposal. Submitted to the State of Alaska Division of Family and Youth Services. Fairbanks, Alaska. March 5, 1982.

In 1980, there were 483 persons under the age of 18 who were convicted of a crime in Fairbanks. These youth comprised 25% of the total arrests for Fairbanks. (Family Focus)

## SUBSTANCE ABUSE

### Alcohol Abuse

Alcoholism has been among the leading causes of death in northern Alaska for years. The Alaskan rate of death from alcoholism is about 400% higher than that of the United States as a whole. The incidence of death due to alcoholism is probably under-reported. Within this category, only deaths for which alcoholism, alcohol addiction, and excessive drinking were listed as the primary causes of death were included. It is significant that other leading causes of death are closely associated with alcohol abuse. Alcohol abuse figures as a secondary cause of death in accidents, suicide, homicide, and cirrhosis of the liver. It is estimated that 43% of all accidental deaths and 60% of all homicides in Alaska are alcohol-related. Studies have shown that 25% of all suicides are alcoholic persons and another 25% occur along with abusive drinking. Alcohol was implicated in 62% of all motor vehicle deaths in 1978. Furthermore, cancer of the upper digestive and respiratory tracts, heart disease, and cirrhosis of the liver occur at higher rates among the alcoholic population than among non-alcoholics. (Northern Alaska Health Resources Association 1982)

The 15-44 age group is most "at risk" with respect to alcohol abuse and death, particularly violent death. In all age groups, Alaska Natives are most "at risk" with respect to alcoholism, alcohol abuse, and alcohol-related death.

Quarterly reports for FY 1980-81 on clients served by the Alaska Division of Social Services (now the Division of Family and Youth Services) showed that 31% of child neglect cases and 17% of child abuse cases involved alcohol abuse as a secondary problem.

Alcohol is a complicating factor in families where domestic violence is a problem. WIC-CA has reported that almost 45% of its clients mention alcohol involvement. Sixty-seven percent of sexual assault cases also involved use of alcohol and other drugs.

Arrests for alcohol-related offenses (driving while intoxicated, public drunkenness, liquor law violations) constituted almost one-half of all reported arrests (8,494 alcohol-related offenses statewide) in 1980. Arrests for alcohol-related offenses increased approximately 4% between 1977 and 1980. Some 25% (120) of all juvenile arrests in Fairbanks were alcohol-related in 1980.

Another measure of the impact of alcohol abuse in Alaska is its economic cost. In 1975, costs attributable to lost production, the criminal justice system, health and medical care, motor vehicle accidents (excluding fatalities), and social services reached \$131.2 million. By 1982, those costs had increased considerably.

In terms of per capita consumption of absolute alcohol, Alaska ranks first in the nation. U.S. per capita consumption equalled 2.7 gallons of absolute alcohol in 1976; Alaska's consumption was 4.8 gallons. (Northern Alaska Health Resources Association 1982)

### Drug Abuse

Reliable information on drug abuse in northern Alaska is scanty. However, the State Office of Alcohol and Drug Abuse undertook a state-wide needs assessment in 1979. Interviews were conducted with school, law enforcement, and health authorities to obtain some sense of the problem. The consensus was that drug abuse is a significant problem.

According to school officials, the Fairbanks North Star Borough School District expelled or excluded 96 students for alcohol and drug or marijuana use during the 1979-1980 and 1980-1981 school years.

The Fairbanks Health Center saw eighteen drug abuse cases during FY 1978. During FY 1980, drug abuse patients represented 2.8% of all discharges from the Alaska Psychiatric Institute. In FY 1980, drug abuse clients represented two out of 552 clients seen by community mental health centers in the northern region.

In 1977 and 1978, 81 clients were admitted to the KILA Drug Treatment Program in Fairbanks. Heroin was the primary drug at admission in 50% of all admissions. Differences between males and females appear with respect to the primary drug of abuse. For males, cocaine and alcohol follow heroin as the drugs of preference. For females, other sedatives, hypnotics, and tranquilizers are seen most often. Seventy-eight percent of the clients were white. Sixty-three percent were males, and 75% were between 20 and 29 years of age. (Northern Alaska Health Resources Association 1982)

### ACCIDENTAL DEATH AND INJURIES

Accidents are the leading cause of death in northern Alaska. Most fatalities involve motor vehicle accidents, of which 62% are alcohol-related. Other leading causes of accidental death are drowning, fire, and firearms. Young adult males are at highest risk, although accidents are the leading killer in all age groups, 1-44. Accidents claimed 388 lives in northern Alaska between 1974 and 1978.

Age-adjusted accidental death rates overall are higher in northern Alaska (129.0/100,000) than statewide (104.0/100,000). Both these rates are tremendously higher than the nationwide rate of 48.0/100,000. (Northern Alaska Health Resources Association 1982)

### HEART DISEASE

Heart disease is the second leading cause of death in the northern region, accounting for 173 lives lost between 1977 and 1979. Age groups

55 and older are most at risk for death due to heart disease and related problems. Because of the area's young population, however, death rates due to heart disease are considerably lower than nationwide rates.

### CANCER

Cancer has ranked as one of the top three causes of death in northern Alaska for years and is the leading cause for adult females. Lung and stomach cancer are the primary causes of death due to malignancies. Again due to northern Alaska's young population, cancer death rates are lower here than for the rest of the state and significantly below the U.S. rates. (Northern Alaska Health Resources Association 1982)

### COMMUNICABLE DISEASES

In Alaska, great progress has been made over the past few decades in combatting communicable diseases. Dramatic decreases can be seen in the last five years in some cases. While much has been accomplished to reduce tuberculosis and infant mortality, infectious diseases still contribute to morbidity, particularly among Alaska Natives. Among the most prominent communicable diseases in the northern region are sexually transmitted diseases, streptococcal infections, parasitic infections, and hepatitis and associated complications. (Northern Alaska Health Resources Association 1982)

### MATERNAL AND CHILD HEALTH

#### Birthrate

Average age is usually correlated with the kinds of health problems found among a given population. As the chapter on demographics related, northern Alaska has an even younger population than the rest of the state, which on average is significantly younger than the nation as a whole.

The rate of live births has declined in Alaska during the past ten years, as it has nationwide. Nonetheless, Alaska has maintained a higher birthrate (24.2/1,000) than that of the United States as a whole (15.8/1,000) during this period. Northern Alaska's birthrate (24.7/1,000) was even higher than that seen statewide.

#### Low Birthweight

The number of babies born weighing less than 5.5 pounds (2500 grams) is an indicator of high-risk pregnancies. Fetal alcohol syndrome, prematurity, and poor maternal health may be implicated.

While the Alaska Native population is often at higher risk for having low-birthweight babies due to environmental and socioeconomic factors, the percentage of low-birthweight babies for the entire region

is less than that of the rest of the country. Between 1975 and 1977 (the latest comparable data), 5% of all births in Alaska were low birthweight. This figure compares with 7% nationwide during the same period. (Northern Alaska Health Resources Association 1982)

### Infant Mortality

Infant death rates in the northern region have been steadily declining. In 1970, the infant death rate was 24.9 per 1,000 births. By 1979, the rate had declined to 15.1 per 1,000 births. There was a parallel decline in the neonatal death rate (deaths of children under 28 days of age).

Natives have much higher infant mortality rates than do non-Natives. Five-year average (1975-1979) infant mortality rates were 21.9 and 11.2 per 1,000 live births for Natives and non-Natives, while neonatal mortality rates were 9.8 and 8.6 respectively. (Northern Alaska Health Resources Association 1982)

## DISABILITIES

### Developmental Disabilities

The conditions which contribute most to disabilities originating in childhood are mental retardation, cerebral palsy, epilepsy, and various childhood psychoses. These disabilities do not always occur as discrete entities but frequently arise together or in combination with other impairments and disorders such as hearing deficits, speech problems, visual problems, other orthopedic problems, and emotional complications.

Since 1970, planners and service providers have become aware of the inappropriateness of labeling an individual "developmentally disabled" solely on the basis of a particular diagnosis which arose in childhood. Therefore, a new definition was designed which placed emphasis upon the criteria of chronicity, early onset, multiple impairment, and need for ongoing services. To emphasize the complexity and "substantiality" of the disabling conditions, the definition proposed that persons who were to be considered disabled must be impaired in at least three major life activities.

There are several interpretations of the extent of developmental disabilities in Alaska. Following extensive study of national estimates, Alaskan experience, and other factors, the Northern Alaska Health Resources Association has projected a 1985 population of developmentally disabled people in Alaska of 10,874. Approximately 1,500 of these people will live within the North Star Borough. Of the 1,500 developmentally disabled people in the Fairbanks area, about 550 will be severely disabled. (Northern Alaska Health Resources Association 1983b)

Other Disabilities

Determination of the numbers of people who are disabled but who are not developmentally disabled is difficult because of the lack of information. Most of the people who fall into this category are adults because disabled children are usually considered to be developmentally disabled by virtue of the impact that almost any disability has on growth and development

Bearing in mind the limitations of the tools to be applied, one would estimate that the Alaska population aged 18+ will include a maximum of 6,999 people in 1985 who are seriously disabled but not developmentally disabled. Approximately 967 of these people will live in the North Star Borough. (Northern Alaska Health Resources Association 1983b)

SUMMARY AND IMPLICATIONS FOR PLANNING

The health status data contained in this chapter suggest a pattern of health and social concerns across the population of the North Star Borough. The population as a whole exhibits significant behavioral health problems, especially in the areas of mental health and substance abuse. In terms of physical health, the people suffer accidental injuries at a very high rate and acute, episodic diseases. In general, Borough residents have fewer chronic, degenerative diseases than is the case with the total population of the United States

The relatively young age of the population is reflected in a high birth rate and a low death rate. Infant mortality is similar to that experienced throughout the country. One result of these facts is that the natural increase in the Borough population is three times that observed nationwide.

The relatively high number of completed suicide attempts is a cause of growing concern. The number of incompleated attempts is unknown, but there is reason to believe that the deaths represent the tip of the iceberg. In the rapidly changing sociocultural context of Alaska, young (15-24 years) Alaska Natives are apparently most at risk. In the 25-44 years age bracket, non-Native males are the major suicide victims.

Alcohol abuse and mental health-related concerns head the list of community problems for the Fairbanks area. These problems are reflected in the high rates of suicide, child abuse and neglect, domestic violence, homicide and other crimes, and juvenile arrests.

There are many factors involved in trauma, the leading cause of death and the most frequent inpatient diagnosis at Fairbanks Memorial and Bassett Army Community Hospitals (23%). Hazardous occupations and recreational activities, violence, self-inflicted wounds, and substance abuse are all implicated. Social system indicators and vital statistics data suggest that lifestyle and environment, imposing somewhat unique behavior patterns in the region, are involved in trauma cases. Preventive approaches involving the judicial, medical, business, and labor communities to avoid unnecessary injury seem warranted.

Accident and injury control, mental health and substance abuse intervention and prevention, emergency medical services, health education, and environmental control are all important responses to the health and social problems of the North Star Borough. Services aimed at strengthening individuals, families, and the community as a whole deserve primary attention.

## CHAPTER IV

OVERVIEW AND SUMMARY OF GOALS AND OBJECTIVESOVERVIEW

In the course of planning for human services, the Arctic Alliance examined all non-profit human service provider agencies in the North Star Borough. The Alliance found that there were a total of 47 such agencies providing services ranging from material assistance to psychiatric counseling. Some agencies provide services in several categories, accounting for the discrepancy between the 53 programs described and the actual number of 47 incorporated entities. The largest service in terms of number of agencies was day care and respite services, with nine day care centers and one respite program. The largest category in terms of number of employees and budgets is mental health and counseling, with a total of 88 full-time-equivalent staff and combined budgets of \$2,896,994 in FY 1983. Each category of services is described in more depth in the individual chapters which follow.

There are 63 other agencies in the North Star Borough which provide human services. Most of these agencies have been omitted from substantive planning in this document because they are proprietary or governmental rather than non-profit. Those in the categories of recreation and education and Fairbanks Memorial Hospital have been omitted because they are already encompassed by the North Star Borough's existing powers. Despite these omissions, however, the Arctic Alliance recognizes each of these programs as vital to community residents. As with the non-profit programs, each category of services is described in more depth in the individual chapters which follow.

SUMMARY OF GOALS AND OBJECTIVES

For ease of reference, every goal and objective contained in this plan is given below, by category of service.

Assistance/Shelter/Food

Goal: To ensure the availability of emergency support services for physical necessities for all who lack them, by 1986.

## Objectives:

- A. The Fairbanks area should have available emergency and ongoing financial assistance (cash, food, and housing assistance), either directly or through outside resources, to persons who are indigent, by 1986.
- B. The Fairbanks area should provide emergency shelter to families and individuals as the need arises, by 1986.

- C. The Fairbanks area should provide emergency food supplies and prepared meals to families, through 1986.
- D. The Fairbanks area should provide emergency shelter to victims of domestic violence and their children, through 1986.
- E. The Fairbanks Health Center should continue to administer the WIC nutrition program and should apply for increased numbers of "slots" as community needs indicate, through 1986.

#### Child Care and Respite Services

Goal: To encourage and provide access to community child care and respite services which preserve and strengthen families.

#### Objectives:

- A. The North Star Borough area should maintain licensed day care services for at least 1,650 children aged six weeks to twelve years through 1983 and should increase the number of available spaces yearly, to maintain parity with population increases (1.5%) and increases in the working parent population, through 1986.
- B. At least two day care centers should maintain 24-hour, 7-day-per-week services for children aged six weeks through twelve years, through 1986.
- C. Respite care services should be available for developmentally disabled people of all ages who have substantial mental and/or physical handicaps, through 1986.
- D. Day care subsidies should continue to be provided to low- and moderate-income families, with regular cost-of-living increases, to enable the adult caretakers to work or to return to school for purposes of enhancing employment prospects in the future, through 1986.
- E. Local day care providers, in conjunction with the Fairbanks North Star Borough School District, should develop latch-key programs, using school facilities wherever possible, by 1986.
- F. Local child care service providers, the Fairbanks Association for Young Children, the Alaska Division of Family and Youth Services, and the Fairbanks North Star Borough Department of Parks and Recreation, should explore the development of an in-door playground for use by young children, especially in the winter months, by 1986.

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- E. Health care providers and emergency service responders should work to reduce the accidental death rate of children aged 1-4 years (44.2/100,000 in 1980), by 1990.
  - F. Health care providers should work to reduce the prevalence of hearing loss resulting from serous, acute, and chronic otitis media, by 1990.
  - G. Health care providers and the public schools should work to reduce the incidence of dental caries among children, by 1986.
  - H. The Fairbanks area should work toward a reduction in the incidence of communicable diseases (gonorrhea -- 1,468/100,000 in 1980; tuberculosis -- 26/100,000 in 1980; measles; mumps; rubella; and strep infections), by 1990.

Health Service Objectives:

- A. Northern Alaska should have available appropriate and well-trained health personnel to implement recommended levels of care, through 1986.
- B. Health personnel development, recruitment, and maintenance should reflect the health system needs imposed by the health status of the population of the northern region, by 1986.
- C. The Fairbanks area should have services for the prevention and early intervention of cardiovascular disease, through 1986.
- D. The Fairbanks area should have services for prevention, diagnosis, treatment, and rehabilitation of chronic obstructive pulmonary disease, through 1986.
- E. The North Star Borough should have a comprehensive, Borough-wide system of emergency medical care, by 1985.
- F. Safe, effective, and economical diagnostic and treatment services should be available to all residents of the Fairbanks area, through 1986.
- G. The Fairbanks area should have a system of primary and specialty medical and dental care which efficiently and safely uses personnel, equipment, and facilities appropriate to the needs of the community, through 1986.
- H. The North Star Borough should have efficient, quality inpatient care available at reasonable cost, through 1990.
- I. Maintenance, habilitation, and rehabilitation services should be available and accessible at reasonable cost and high quality for all Fairbanksans in need of such care, through 1990.

## Employment and Training

Goal: To provide employment and training opportunities for all the citizens of the North Star Borough as part of the Borough's economic development plan.

### Objectives:

- A. Employment/training service providers should offer employment counseling, referral, and training to Fairbanksans who seek these services.
- B. The Fairbanks community should support job fairs, career days, and workshops on vocational opportunities so that employment needs and opportunities for displaced homemakers, people with disabilities, and others seeking employment are recognized and developed.
- C. Employment/training programs should participate in meeting the Borough's goals and activities in the areas of:
  - 1. Economic development.
  - 2. Council on Economic Policy.
  - 3. Education communications committees.
  - 4. Education opportunity analysis.

## Health

Goal: To ensure that the people of the North Star Borough have a comprehensive system of health care, including prevention, diagnosis, and treatment services.

### Health Status Objectives:

- A. The health care providers of the Fairbanks area should work to reduce premature deaths from heart disease and hypertension (159/100,000, in 1980) and cancer (99/100,000, in 1980), by 1990.
- B. The health care providers of the Fairbanks area should work to enhance maternal health, as measured by a reduction in high-risk pregnancies of women under 19 years of age (10.5% of all births in 1979), reduction in complicated deliveries, and increase in the number of women receiving prenatal care in the first trimester of pregnancy (72% statewide in 1980), by 1990.
- C. The Fairbanks community should continue to improve infant health, reduce infant mortality among the Native population (22/1,000 live births in 1980) and reduce the number of teenage pregnancies (10.5% of all births in 1980), by 1990.
- D. Health care providers and the public schools should work to improve nutritional habits developed in childhood, by 1990.

Housing

Goal: To ensure that the people of the North Star Borough have access to sound, affordable housing.

## Objectives:

- A. The housing programs provided by the Fairbanks Rehabilitation Association should be maintained through FY 1986.
- B. The Fairbanks Rehabilitation Association, Fairbanks Community Mental Health Center, and other agencies serving the mentally and physically disabled should work together during FY 1984 to determine the need for expanded housing for these population groups.
- C. Low-income housing assistance currently provided by the Alaska State Housing Authority, the Interior Regional Housing Authority, the Housing Assistance Division of the Department of Community and Regional Affairs, and the Housing Referral Office at Fort Wainwright should be maintained through FY 1986.
- D. The Cities of Fairbanks and North Pole and the North Star Borough, in conjunction with the Greater Fairbanks Chamber of Commerce, should continue to examine housing needs for low-income, elderly, handicapped, and other special population groups and should seek funding from the Department of Housing and Urban Development and other sources to construct appropriate units, by 1986.

Legal Aid and Advocacy

Goal: To promote, protect, and advocate the human and legal rights of the economically disadvantaged, the developmentally disabled, and other citizens without the means to protect or advocate for themselves.

## Objectives:

- A. Economically-disadvantaged residents of the North Star Borough should have access to legal protection, within the community priorities of the Alaska Legal Services Corporation, at no cost when the need arises, through 1986.
- B. Borough residents without the means to protect or advocate for themselves should have advocacy assistance available to them at no cost whenever they need such services, through 1986.

Mental Health and Counseling

Goal: To ensure that the people of the North Star Borough have a comprehensive system of mental health and counseling

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preventive, diagnostic, and treatment services which maintains the client in the least restrictive environment possible, by 1986.

Objectives:

- A. The Fairbanks area should receive increased funding for direct mental health, counseling, and intervention services to enable more clients to be served and to receive more thorough intervention, through:
  - 1. A comprehensive mental health program to meet the needs of children and adolescents, by 1986.
  - 2. Prevention, crisis intervention, counseling, and shelter services for victims of domestic violence and sexual assault, through 1986.
  - 3. A comprehensive range of child abuse/neglect-related services, emphasizing prevention, early intervention, and treatment, by 1986.
  - 4. Expansion of casework services through the Alaska Division of Family and Youth Services to ensure that neglect cases are attended to as readily as are abuse cases, by 1986.
- B. The Fairbanks area should have a continuum of residential care available for children and adults with major disabling mental health problems, including the development of appropriate, supervised living facilities for chronically mentally ill adults, by 1986.
- C. The Fairbanks area should have increased public awareness of mental health problems and available treatment resources, through 1986.
- D. The Fairbanks area should have community behavioral health programs emphasizing the prevention of disabling mental illness through primary prevention, early intervention, and treatment of mental and behavioral problems, including enhancement of the lay services network, to promote family functioning and prevent family violence, through 1986.
- D. The Fairbanks area should have a family services council to heighten interagency coordination and enhance service delivery in the areas of prevention, early intervention, and treatment, through provision of internal screening of funding proposals to ensure validity of service needs, clarity of goals and objectives, adequacy of impact measurements, and cost/benefit of services provided, by 1986.

### Planning and Resource Development

Goal: To ensure that the mental, physical, and social needs of the community are adequately assessed and that scarce resources are allocated in the most effective and efficient ways possible to meet the human needs of the people.

#### Objectives:

- A. The Borough area should support planning for the health and social needs of the population in order to direct resources in the most appropriate, efficient, and effective manners, through 1986.
- B. Human resource development should progress in identified, carefully delineated ways which are arrived at through public processes, through 1986.
- C. Distribution of human services funds through local government entities should follow rational processes which adhere to sound criteria and community priorities, through 1986.

### Senior Citizen Programs

Goal: To provide support services to senior citizens so that they may fully enjoy and contribute to community life without leaving their homes and families.

#### Objectives:

- A. The Fairbanks area should have congregate meals, recreation programs, and information and referral services available to senior citizens, through 1986.
- B. The Fairbanks area should have in-home support services, including homemaker and home nursing, available through 1986.
- C. Low-income senior citizens should continue to have employment opportunities in ways which promote the development and happiness of people with special needs, through 1986.
- D. Senior citizens should have opportunities through which to contribute their knowledge and expertise to the community, through 1986.

### Substance Abuse Programs

Goal: To develop a comprehensive, coordinated system of services for persons with substance abuse problems, including identification, outreach, prevention, education, emergency intervention, inpatient, outpatient, aftercare, and follow-up services, by 1988.

Objectives:

- A. The North Star Borough community should undertake a variety of public education projects on all aspects of the prevention of substance abuse, through 1986.
- B. The Fairbanks community should maintain adequate and appropriate treatment services, with referral and follow-up, for persons with substance abuse problems, by 1986.
- C. The Fairbanks area should have a 25-bed short-term intermediate alcohol treatment capability, by 1986.
- D. The Fairbanks area should maintain fifteen beds for medical and social-setting detoxification, by 1986.
- E. The Fairbanks area should develop long-term inpatient treatment services for alcoholics for whom short-term services are inadequate, by 1988.

Education

Goal: To provide equal opportunity for all local citizens to learn and acquire skills, to equip themselves for life as citizens of the community, to obtain employment, and to become socially mobile.

Objectives:

- A. Educational service providers and agencies providing services for Natives, in particular, should increase public awareness of these important and specialized helping programs for minority groups, through 1986.
- B. The State of Alaska, with assistance from the Fairbanks North Star Borough and the cities of North Pole and Fairbanks, should provide \$4.5 million for construction of a new Head Start facility at a location close to the target population of the community, by 1985.
- C. Adult education services should be offered on an ongoing, year-round basis, by 1986.
- D. Remedial and supplementary education services should be provided during the summer through the Fairbanks North Star Borough School District, by 1984.

Recreation

Goal: To promote a wide variety of recreational and cultural activities for the benefit of all residents and visitors to the North Star Borough.

Objectives:

- A. The Midnight Sun Council of Boy Scouts, the Golden Heart Council of Camp Fire, the Tanana Valley 4-H Program, and the Farthest North Girl Scout Council should continue to provide services within the North Star Borough, through 1986.
- B. The Borough Department of Parks and Recreation should continue its leadership role in the establishment and perpetuation of recreational facilities and programs, through 1986.

## CHAPTER V

OVERVIEW OF FINANCIAL IMPACTS

According to the Random House Dictionary of the English language, an "industry" is the "aggregate of technically productive enterprises in a particular field, often named after its principal product." By this definition, the human service agencies of the Greater Fairbanks area constitute an industry. These organizations are engaged in systematic efforts to address the health and social needs of the citizenry.

As in any industry, large numbers of people are employed in human service delivery. Regardless of their source, the dollars contained in the budgets of these agencies go to pay salaries, rent offices, and purchase supplies. According to prevailing economic wisdom, every dollar entering a community turns over at least four times. Human service dollars are no different. Aside from their program benefits, each agency brings economic benefits to the Borough.

Tables 7 and 8 present the economic impacts on the Greater Fairbanks area of the non-profit and other human services agencies in the Borough. The 53 non-profit programs (47 incorporated agencies) employed over 360 full-time equivalent staff in FY 1983. They had combined revenues in excess of \$11.9 million and assets of more than \$5.1 million. The 63 governmental and proprietary human service agencies employed over 1,633 full-time equivalent staff. Their combined revenues were more than \$107 million, with assets of over \$141 million.

If all human service programs are examined together, the total number of full-time equivalent staff in FY 1983 was more than 1,989. The combined revenues were over \$119 million, and assets were in excess of \$147 million.

If the revenues of every agency are turned over four times in the local economy, the total economic benefits to the community in FY 1983 were over \$476 million -- big business indeed.

This discussion of economics does not take into account the benefits gained in productivity, restored health, removal of clients from the welfare rolls and into the labor force, and other constructive changes which result from human services programs. Nor can dollars begin to equate with improved quality of life that flow from alleviation of human suffering.

Table 7

Human Services in the Greater Fairbanks Area:  
Agencies to be Included in Planning,  
Economic Impacts by Category

Category of Services	Number Agencies	Number FTEs*	FY 83 Revenues	Assets
Assistance/Shelter/Food	6	24.5	\$494,359+	\$1,044,500
Child Care/Respite Services	11	98.0+	2,381,832+	375,000+
Employment/Training	3	20.0	652,309	1,300,000
Health	4	37.0	781,800	1,530,000
Housing	1-	17.0	544,176	240,000
Legal Aid/Advocacy	3	6.0	220,000	12,000
Mental Health/Counseling	8	70.0	2,896,994+	352,077+
Planning & Resource Development	4	15.0	1,764,553	102,508
Senior Citizen Programs	4	9.0	450,334+	31,720+
Substance Abuse Programs	9	47.25	1,678,622+	15,000+
<b>Total</b>	<b>53</b>	<b>341.75+</b>	<b>\$11,864,979+</b>	<b>\$5,002,805+</b>

\* FTE = Full-time equivalent staff.

Table 8

Human Services in the Greater Fairbanks Area:  
Agencies to be Referenced in Planning,  
Economic Impacts by Category

Category of Services	Number Agencies	Number FTEs*	FY 83 Revenues.	Assets
Assistance/Shelter/Food	2	16.0	\$1,300,000+	NR
Child Care/Respite Services	18	30.5+	268,693+	\$430,000+
Education (excluding School District and UAF)	4	68.75	1,612,700	205,788+
Employment/Training	2	36.0	860,000	NR
Health	10	1,279.5	36,921,890+	32,040,000+
Housing	4	90.5	60,097,200+	108,000,000+
Legal Aid and Advocacy	9	34.0	NR	NR
Mental Health/Counseling	6	39.0	4,125,157+	5,000+
Planning/Resource Development	3	23.75	1,374,595	40,964
Recreation	4	15.0	527,000+	741,907+
Substance Abuse	1	NR	NR	NR
<b>Total</b>	<b>63</b>	<b>1,633.0+</b>	<b>\$107,087,235+</b>	<b>\$141,463,659+</b>

\* FTE = Full-time equivalent staff.

## CHAPTER VI

ASSISTANCE/SHELTER/FOODGOAL

To ensure the availability of emergency support services for physical necessities for all who lack them, by 1986.

DESCRIPTION OF NON-PROFIT PROGRAMS

There are six agencies in the North Star Borough which provide assistance/shelter/food. These agencies employ 24.5 full-time-equivalent staff persons. Their combined revenues in FY 1983 were over \$494,359; their combined assets were \$1,044,500. Descriptions of each of these six agencies follow, with a summary in Table 9.

The American Red Cross serves the Alaskan population north of the Alaska Range, including Prudhoe Bay. It is partially funded through United Way, but the agency does most of its own fund-raising to supplement grant monies. If a major disaster occurs in its service area, the local Red Cross is eligible for funds through the National Red Cross. The Red Cross provides basic relief for burn-out, flood, and disaster victims for limited periods of time (usually a maximum of one month). Furniture will be replaced for disaster victims when a new living place has been found. The Red Cross also provides assistance to the military.

Catholic Community Services provides food and clothing assistance in the North Star Borough through the Immaculate Conception Church. Along with WIC-CA, the Salvation Army, and the Tanana Chiefs Conference, Catholic Community Services is trying to develop emergency shelter services. So far, the combined agencies have been unable to locate appropriate space.

The Rescue Mission is operated through donations. It provides food, shelter, clothing, and showers for people in need. Its services are available only to men.

The Salvation Army serves the northern Interior region, including the highway communities from Nenana to Tok and northward to Fort Yukon. It is funded by United Way and through individual donations, although the agency received some funds for remodeling and purchase of a van in 1983 through the City of Fairbanks. The Salvation Army provides emergency shelter/housing to anyone, depending upon resources and the degree of need. Emergency shelter and three meals daily are provided for five days, based on need related to alcohol, drug, or housing problems. The shelter has a sleeping capacity for seventeen men and four women.

The Fairbanks Community Food Bank targets its services to residents of the North Star Borough. It operates on various grants and donations, including municipal assistance funds through the City of Fairbanks. The Food Bank collects and salvages food that is otherwise wasted and makes

Table 9  
Assistance/Shelter/Food

Agencies to be Included	# FTEs*	FY 83 Revenues	Assets
American Red Cross	1.5	\$13,975	\$1,500
Catholic Community Services	4.0	133,000	-0-
Fairbanks Community Food Bank	1.0	32,000	-0-
Rescue Mission	2.0	NR	150,000
Salvation Army	13.0	215,000	893,000
United Service Organization	3.0	100,384	-0-
<b>Total</b>	<b>24.5</b>	<b>\$494,359+</b>	<b>\$1,044,500</b>

Agencies to be Referenced**	# FTEs*	FY 83 Revenue	Assets
Air Force Aid Society	0	NR	NR
Alaska Division of Public Assistance	16	\$1,300,000	NR
<b>Total</b>	<b>16</b>	<b>\$1,300,000+</b>	<b>NR</b>

\* FTE = Full-time equivalent staff.

\*\* This category also includes the special Supplemental Food Program for Women, Infants, and Children (WIC), administered by the Fairbanks Health Center. However, budget figures for this program are included in Chapter IX, Health, along with other portions of the Health Center's budget.

it available to non-profit agencies and churches for distribution to persons in need. At this time, no food baskets are given directly to individuals or families.

Women in Crisis-Counseling and Assistance provides emergency shelter for victims of domestic violence and their children, along with a full range of counseling services. Their program is discussed more fully in Chapter XI, "Mental Health and Counseling."

The United Service Organization (USO) serves the downtown Fairbanks area and the population on Fort Wainwright. The main source of its funding is the United Way, although the USO does hold its own fundraising events to supplement grant monies. The USO basically provides recreation and entertainment for servicemen and women.

Until recently, the Tanana Chiefs Conference and the Fairbanks Native Association offered general assistance to Natives. With cuts in funding by the Bureau of Indian Affairs, these services stopped. If BIA funds are reinstated, these very important programs can be resumed.

#### DESCRIPTION OF OTHER PROGRAMS

Besides the non-profit organizations described above, three other agencies provide assistance/shelter/food and related services in the Fairbanks area. One is operated directly by the military and the others are arms of the State; therefore, neither is appropriate for inclusion in a human service plan which is focussed on human service delivery by non-profit organizations. However, these agencies have a major impact on the community. The Alaska Division of Public Assistance employed sixteen full-time-equivalent staff members in FY 1983, with a budget of \$1,300,000. Descriptions of these agencies follow. (See Table 9.)

The Air Force Aid Society operates on Eielson Air Force Base. It furnishes emergency assistance for basics such as food and rent for Air Force personnel and their dependents.

The Alaska Department of Health and Social Services is a State-run agency which provides assistance in the Interior region. While the Division of Public Assistance provides a variety of services, the ones related directly to this section of the plan are the food stamp, general relief, and public assistance programs. Staff of the Division interview clients to determine eligibility, based on income. During the month of October, 1982, there were 1,451 recipients of public assistance in the Borough, and they received a total of \$377,877 in direct financial subsidies. In addition, 506 individuals and families received general relief assistance and general relief medical payments, which go directly to the vendor on the behalf of needy clients.

To improve maternal and child health status and reduce the incidence of low-birthweight births, the Fairbanks Health Center administers the Special Supplemental Food Program for Women, Infants, and Children (WIC), a program of the U.S. Department of Agriculture. The WIC program provides, free of charge to eligible people, specific supplemental foods

which contain nutrients most likely to be deficient in pregnant and breastfeeding women, infants, and young children. Participants are also given practical nutrition education. Currently, the WIC program has 525 officially certified WIC "slots," although 545 clients were participating in August, 1983.

### OBJECTIVES

- A. The Fairbanks area should have available emergency and ongoing financial assistance (cash, food, and housing assistance), either directly or through outside resources, to persons who are indigent, by 1986.

Current Providers:

Alaska Division of Public Assistance

Tanana Chiefs Conference and Fairbanks Native Association, depending on the availability of BIA funds

Others on an informal basis

- B. The Fairbanks area should provide emergency shelter to families and individuals as the need arises, by 1986.

Current Providers:

Salvation Army

Rescue Mission

American Red Cross

WIC-CA

- C. The Fairbanks area should provide emergency food supplies and prepared meals to families, through 1986.

Current Providers:

Rescue Mission

Salvation Army

Fairbanks Community Food Bank

WIC-CA

- D. The Fairbanks area should provide emergency shelter to victims of domestic violence and their children, through 1986.

Current Providers:

WIC-CA

Salvation Army

- E. The Fairbanks Health Center should continue to administer the WIC nutrition program and should apply for increased numbers of "slots" as community needs indicate, through 1986.

Current Provider:

Fairbanks Health Center

## ISSUES/ACTIVITIES

Non-profit and other human services mentioned above should coordinate to examine and classify the extent of need for financial assistance and should develop criteria for distribution of funds. The agencies should coordinate to determine which agency is most appropriate to handle distribution of funds.

Organizations which address the material needs of clients should seek to provide space for families in need of emergency shelter. One way of accomplishing this goal is to coordinate with military social action groups, including the Air Force Aid Society, to provide emergency shelter in unused facilities. Another approach is to develop an incentive plan which encourages local hotels and motels to provide rooms when needed during the off-season. All efforts should include provision of shelter for individual women equal to that which now exists for men, through one or more of the established agencies.

Food services should continue under the auspices of the Food Bank, with food being made available to individuals and families through human service provider agencies. The North Star Council on Aging (see "Senior Services") should try to obtain funds to expand its meals-on-wheels program for shut-ins. The Fairbanks Health Center should continue the WIC program.

Budgets for all these programs should be maintained at at least the FY 1983 levels through 1986. Funds required should increase by 1.5% per year to accommodate population growth and an additional 7% per year to address inflation. Total resources for the non-profit organizations should increase to at least \$536,380 in FY 1984, \$581,972 in FY 1985, and \$631,440 in FY 1986.

## CHAPTER VII

### CHILD CARE AND RESPITE SERVICES

#### GOAL

To encourage and provide access to community child care and respite services which preserve and strengthen families.

#### DESCRIPTION OF NON-PROFIT PROGRAMS

There are eleven child care and respite programs in the Fairbanks area which are operated on a non-profit basis. Each of these agencies is potentially eligible for public funds, and some already receive State grants and subsidies. Altogether, these agencies employ over 98 full-time equivalent staff members. Their combined revenues in FY 1983 were more than \$2,381,832; their assets were in excess of \$375,000. Table 10 summarizes their economic impacts on the community.

Nine of the eleven non-profit programs are day care centers, with a total licensed capacity of 535 children, aged six weeks to twelve years. The centers have differing age restrictions, with four accepting children as young as six weeks old and five taking children as old as twelve years. Play 'n Learn, Inc., with three centers serving a total of 180 children, runs the only infant center. The complete list of non-profit day care centers is:

- College Day Nursery
- Enep'ut Children's Center
- Fort Wainwright Child Care Center
- Love and Care Child Care Center
- New Life Day Care Center
- North Pole Christian Day School
- Play 'n Learn, Inc. (three sites)
- Teamster Rec Center Nursery
- Wee Care Day Care Center

The Day Care Assistance Program, operated through the North Star Borough, is a State-funded program which provides day care subsidies to low- and moderate-income people so that they may work or attend school. This is not a welfare program but rather is an economic/community development program that provides for a steady labor market for employers and enables parents to work and support themselves. The staff of three determines eligibility and helps direct program recipients to appropriate day care services. Of the Program's FY 1983 budget of \$1,069,169, \$991,972 goes into the purchase of day care services for eligible clients.

The Fairbanks Rehabilitation Association's Respite Care Program provides specialized, temporary care for children and adults who are substantially disabled. Care is provided by specially-trained staff who are able to meet the needs of disabled people. Respite care is provided

in the family's own home, in FRA's respite care apartment, and in the homes of certified respite care providers. FRA also provides a home/school support program to enable parents and school personnel to work effectively with disabled children. Eligible clients include all developmentally disabled people who are substantially disabled with mental impairments and/or physical problems. This program is operated primarily through grants from the Alaska Division of Mental Health and Developmental Disabilities.

#### DESCRIPTION OF OTHER PROGRAMS

In addition to the eleven non-profit programs described above, there are eighteen other day care centers which are operated by local government or as proprietary, profit-making agencies. These eighteen centers employ over 30.5 full-time-equivalent staff members, and their annual budgets are in excess of \$268,693. Their assets exceed \$430,000. Table 11 summarizes their economic impacts on the community.

These eighteen centers have a total licensed capacity of 481 children aged six weeks to twelve years. As with non-profit centers, these agencies have varying age restrictions. Four centers accept children as young as six weeks of age; eleven take children through twelve years. Childcraft Center, with a capacity of forty children aged two to twelve years, is the only proprietary center which is open 24 hours per day. Family Circle Day Care, with a capacity of thirty children aged six weeks to twelve years, is open Monday - Saturday until midnight in addition to its regular day-time service. The complete list of governmental and proprietary, for-profit day care centers is:

#### Government-Operated Centers

Bunnell House Laboratory School: TVCC  
Hutchison Day Care Center

#### Proprietary Centers

Barnette Street Children's Center  
Childcraft Center  
Childcraft Center School Program  
Children's World (Downtown, North Pole, and West)  
Cranberry Hill  
Discovery Center  
Family Circle Day Care Center  
Little Lambs  
Little Lambs Too  
Lollipops and Rainbows  
Mother Goose  
Safe and Snug Day Care Center  
University Day Care Center  
Yellow Brick Road

Table 10

Child Care and Respite Services:  
Non-Profit Programs

Agencies to be Included	# FTEs*	FY83 Revenues	Assets
College Day Nursery	7.0	NR	-0-
Day Care Assistance Program	3.0	\$1,069,169	-0-
Enep'ut Children's Center	12.0	150,000	25,000
FRA Respite Care Program	10.0	267,263	-0-
Fort Wainwright Child Care Center	13.0	13,000**	-0-
Love & Care Child Care Center	NR	NR	NR
New Life Day Care Center	NR	NR	NR
North Pole Christian Day School	7.0	182,400	-0-
Play 'n Learn (3 centers)	45.0	700,000	350,000
Teamster Rec Center Nursery	1.0	NR	-0-
Wee Care Day Care Center	NR	NR	NR
<b>Total</b>	<b>98.0+</b>	<b>\$2,381,832+</b>	<b>\$375,000+</b>

\* FTE = Full-time equivalent staff.

\*\* The federal government supplements fees paid by parents, federal food program reimbursement, and the State child care grant by paying the wages of three employees, providing funds for supplies, and providing a building and utilities.

Table 11

Child Care and Respite Services:  
Governmental and Proprietary Programs

Agencies to be Referenced	# FTEs*	FY83 Revenues	Assets
Barnette Street Children's Center	4.0	\$102,000	\$50,000
Bunnell House	6.0	\$1,000	NR
Childcraft Center	10.5	NR	NR
Childcraft Center School Program	NR	NR	NR
Children's World Downtown	NR	NR	NR
Children's World North Pole	NR	NR	NR
Children's World West	NR	NR	NR
Cranberry Hill	NR	NR	NR
Discovery Center	NR	NR	NR
Family Circle Day Care	4.0	NR	150,000
Hutchison Day Care Center	NR	NR	NR
Little Lambs	NR	NR	NR
Little Lambs Too	NR	NR	NR
Lollipops and Rainbows	NR	NR	NR
Mother Goose	1.5	25,693	100,000
Safe and Snug Day Care Center	NR	NR	NR
University Day Care Center	NR	NR	NR
Yellow Brick Road	4.5	60,000	130,000
<b>Total</b>	<b>30.5+</b>	<b>\$268,693+</b>	<b>\$430,000+</b>

\* FTE = Full-time equivalent staff.

In addition to the licensed day care centers, with a combined capacity of 1,016 children, there are 98 day care homes in the North Star Borough which are licensed to serve 615 children.

### OBJECTIVES

- A. The North Star Borough area should maintain licensed day care services for at least 1,650 children aged six weeks to twelve years through 1983 and should increase the number of available spaces yearly to maintain parity with population increases (1.5%) and increases in the working parent population, through 1986.

Current Providers:

As listed in Tables 10 and 11

- B. At least two day care centers should maintain 24-hour, 7-day-per-week services for children aged six weeks through twelve years, through 1986.

Current Providers:

Childcraft  
FRA Respite Care Program (Disabled children only)

- C. Respite care services should be available for developmentally disabled people of all ages who have substantial mental and/or physical handicaps, through 1986.

Current Provider:

FRA Respite Care Program

- D. Day care subsidies should continue to be provided to low- and moderate-income families, with regular cost-of-living increases, to enable the adult caretakers to work or to return to school for purposes of enhancing employment prospects in the future, through 1986.

Current Provider:

Alaska Department of Community and Regional Affairs via  
the Fairbanks North Star Borough

- E. Local day care providers, in conjunction with the Fairbanks North Star Borough School District, should develop latchkey programs, using school facilities wherever possible, by 1986.

Current Providers:

None

- 30
- F. Local child care service providers, the Fairbanks Association for Young Children, the Alaska Division of Family and Youth Services, and the FNSB Department of Parks and Recreation should explore the development of an in-door playground for use by young children, especially in the winter months, by 1986.

Current Providers:

None

### ISSUES/ACTIVITIES

At a minimum, child care services should increase at the same rate as the population increases (approximately 1.5% per year) over the next three years, with adjustments to reflect increasing numbers of mothers in the work force. Funds required for the eleven non-profit organizations should increase to accommodate this growth and an additional 7% per year to address inflation.

Over the next year, the non-profit day care and respite agencies and the Fairbanks Association for Young Children, working with the governmental and proprietary organizations, should examine additional service needs in the community. Areas of concern which should receive attention include:

1. Development of a crisis nursery/drop-in day care center with 24-hour coverage.
2. Provision of services for handicapped children and teenagers.
3. Need for general service expansion.

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CHAPTER VIII

EMPLOYMENT AND TRAINING

GOAL

To provide employment and training opportunities for all citizens of the North Star Borough as part of the Borough's economic development plan.

DESCRIPTION OF NON-PROFIT PROGRAMS

There are three non-profit agencies which provide employment and training services to the Greater Fairbanks area. Together, these agencies employ twenty full-time equivalent staff members. Their combined revenues in FY 1985 were \$652,309; their assets were in excess of \$1.3 million. Descriptions of each of these three agencies follow, with additional summary in Table 12.

The Displaced Homemakers program serves Interior residents who are divorced, widowed, or separated and partners in households where the primary wage earner has become disabled and unable to provide the family income. Services respond to the need to prepare for entry or re-entry into competitive employment in the local work force. Women who have spent most of their adult lives as full-time mothers and homemakers need a variety of vocational and employment support services, including career and vocational counseling, assessment, training, and job referral assistance. Additionally, they require services which assist in strengthening their money management, self-image, and assertiveness skills so that they can become comfortable and successful in their new roles as heads of households. The Displaced Homemaker budget totalled \$190,886 in FY 1983. Funds were received from the City of Fairbanks and the Alaska Department of Health and Social Services. In FY 1984, the funding source is the Alaska Department of Community and Regional Affairs; the budget has dropped to less than half of the previous year's amount.

The Fairbanks Rehabilitation Association (FRA) provides vocational assessment, training, employment, shelter work, and day activity services to adults with disabilities. Most of FRA's clients are from the Fairbanks area or the northern region of Alaska. Many of the people served are severely handicapped; however, they can and do benefit from the several vocational program services which are tailored to individual skill levels, training needs, and the ability to work competitively. Each person is provided with opportunities to learn more skills, to do real work, and to earn money to increase self-sufficiency and contribute to the community as a whole. Many clients move from training to competitive employment in the community.

FRA's vocational programs serve thirty people at the workshop on Airport Way and at various worksites in the community. The vocational

Table 12

## Employment and Training

Agencies to be Included	# FTEs*	FY83 Revenues	Assets
Displaced Homemakers	7.0	\$190,886	-0-
FNA Employment Services	3.0	100,000	NR
Fairbanks Rehabilitation Association	10.0	361,423	\$1,300,000**
Total	20.0	\$652,309	\$1,300,000+

Agencies to be Referenced	# FTEs*	FY83 Revenues	Assets
Alaska Division of Vocational Rehabilitation	8.0	\$860,000	NR
Alaska State Employment Service	28.0	NR	NR
Total	36.0	\$860,000+	NR

\* FTE = Full-time equivalent staff.

\*\*Includes an \$800,000 mortgage.

program budget was \$361,423 in FY 1983, with assets of \$1,300,000. FRA employs ten full-time equivalent staff members in its vocational programs.

Fairbanks Native Association's Minority Employment Program offers referral to jobs and training sources for Natives and other minority group members aged 18 and older. The organization helps develop jobs in the community and maintains a Jobs Listing Board where current job openings are posted. The Minority Employment Program had a total FY 1983 budget of \$100,000. The Program employs 3.0 full-time equivalent staff members.

#### DESCRIPTION OF OTHER PROGRAMS

The major public employment and training agencies serving all Fairbanks area residents are the Alaska Department of Labor, with 28 full-time employees, and the Alaska Division of Vocational Rehabilitation, with eight employees and a local budget of \$860,000. (See also Table 12.)

The Alaska Department of Labor offers a variety of employment and training services (plus unemployment insurance) through the following Fairbanks-based programs:

1. Job Service provides recruitment, selection, and referral to job openings; aptitude and proficiency testing; screening for occupational training projects; administration of on-the-job training; Youth Corps; and special programs for Veterans, youth, handicapped, and elderly citizens.
2. Rural Services offers the same services provided by Job Service, but they are designed for people in rural areas.
3. Work Incentive Program (WIN) provides employment assistance and support such as day care arrangements and transportation to adult recipients of Aid to Families with Dependent Children (AFDC) and to teenagers aged 16 and over who are not in school and who receive AFDC.
4. Youth Employment Service (YES) recruits, selects, and refers youth to job openings.

The Alaska Division of Vocational Rehabilitation (DVR) assists people who have a physical, mental, or emotional disability which constitutes a substantial handicap for employment. Services include education, medical services, training, job sampling, financial maintenance when appropriate, and vocational counseling which lead to employment. Accurate assessments are made of an individual's medical and vocational disabilities as part of determining eligibility for rehabilitation services. The Fairbanks office serves Interior villages on an itinerant basis.

OBJECTIVES

- A. Employment/training service providers should offer employment counseling, referral, and training to Fairbanksans who seek these services.

Current Providers:

As listed in Table 12

- B. The Fairbanks community should support job fairs, career days, and workshops on vocational opportunities so that employment needs and opportunities for displaced homemakers, people with disabilities, and others seeking employment are recognized and developed.

Current Providers:

Fairbanks North Star Borough School District (students only)  
 Displaced Homemakers  
 Fairbanks Native Association  
 Alaska Department of Labor

- C. Employment/training programs should participate in meeting the Borough's goals and activities in the areas of:
  1. Economic development
  2. Council on Economic Policy
  3. Education communications committees
  4. Education opportunity analysis

ISSUES/ACTIVITIES

Services should be maintained at least at current levels. Employment and training agencies and other related or interested groups such as the Trades Council and individual labor organizations should meet on a regular basis to exchange information, coordinate activities, and ensure that unemployed local people receive maximum opportunity to obtain local jobs.

Budgets for the non-profit programs should be maintained at at least FY 1983 levels through 1986. Funds required should increase by 1.5% per year to accommodate population growth and an additional 7% per year to address inflation. Total resources for the three non-profit organizations should increase to at least \$707,755 in FY 1984, \$767,914 in FY 1985, and \$833,187 in FY 1986.

## CHAPTER IX

### HEALTH

#### GOAL

To ensure that the people of the North Star Borough have a comprehensive system of health care, including prevention, diagnosis, and treatment services.

#### DESCRIPTION OF NON-PROFIT PROGRAMS

There are four non-profit agencies providing physical health services to residents of the Greater Fairbanks area. Altogether, these agencies employ 37 full-time-equivalent staff members. Their combined revenues in FY 1983 were \$781,800; their assets were approximately \$1,530,000. Descriptions of each of these agencies follow, with additional information in Table 13.

Alaska Crippled Children and Adults (ACCA) provides speech and language diagnosis and therapy on an outpatient basis. Project TEACH, a major division of ACCA, serves children from birth to three years of age who have learning or developmental problems. Specific services are physical, occupational, and speech therapy; hearing screening; and special education. Parents are involved in the therapy process and are taught to work with their children. During the very early infancy periods, ACCA staff members make home visits to work with the children and parents; later, the children come to the center for services. In addition to the Fairbanks area, ACCA serves Nenana and Delta Junction on an itinerant basis. ACCA is supported by funds from the State and United Way and also charges fees for service on a sliding-scale.

The Breast Cancer Detection Center provides free breast examinations, including mammography when indicated, for all women over the age of twelve. When abnormalities are detected, clients are referred for medical attention. A significant portion of the Center's work is in public education concerning breast self-examination, self-care, and other aspects of cancer prevention and detection. The Center provides speakers upon request.

Alaska Management Technologies Homemaker Program serves the northern region from its Fairbanks office. The Homemaker Program offers assistance in the home for elderly and disabled people in order to prevent or delay institutionalization. Services include housekeeping, meal preparation, chore services, child care (in some cases), and personal care. Nursing care is not provided. Eligibility is based on need rather than on financial resources. The Alaska Division of Family and Youth Services, in conjunction with the homemaker supervisor, determines need and sets the number of hours per day or week which an individual or family may receive service. Alaska Management Technologies then delivers the services under contract with the State.

The Tanana Chiefs Conference provides community health aide and other health-related services primarily for Natives who reside in the rural Interior. In Fairbanks, Tanana Chiefs provides health education services in conjunction with the Alaska Native Health Center and operates a hostel for rural residents who are in Fairbanks for outpatient care, who are awaiting delivery of babies, or who need to be close to hospitalized relatives. Tanana Chiefs also has a mental health center, which is described in the Mental Health and Counseling chapter of this plan.

In addition to these agencies, there are a number of voluntary health organizations and civic groups which offer free public education, financial assistance, or other health-related services. These agencies operate without funds except what they may raise through local contributions. Some of these organizations are: the Lions Club Eye Bank; the Five-Day Stop Smoking Plan; the American Cancer Society; the Multiple Sclerosis Society; the Diabetes Association; North Star Childbirth Education Association; the Alaska Heart Association; the Alaska Lung Association; and the LaLeche League.

#### DESCRIPTION OF OTHER PROGRAMS

In addition to the non-profit programs described above, there are ten other agencies providing direct services to residents of the North Star Borough. Most of these agencies are operated directly by the State or by the military. One is a proprietary organization. Another, Fairbanks Memorial Hospital, while technically a non-profit organization, already receives revenue sharing funds through the Borough's "hospital powers" and so is outside of the scope of this plan. Altogether, these ten agencies employ 1,279.5 full-time-equivalent staff. Their combined revenues in FY 1983 were more than \$37 million; their assets were considerably in excess of \$33 million. (See also Table 13.)

The Alaska Native Health Center is operated by the Indian Health Service and serves all Natives in Fairbanks and the Interior. General medical and dental outpatient services are offered, along with social services, health education, pharmacy, and family planning. Public health nurses and outreach workers make home visits. If specialists or hospitalization are required, the Public Health Service must authorize services with local providers under contract.

Bassett Army Community Hospital provides outpatient and inpatient services for military personnel and their dependents. Although the number of beds in use varies with need, the hospital currently has 85 beds, of which 51 are for general medical/surgical patients, 24 are for obstetrics, and four are for intensive care. Services include x-ray, medically-required abortions, alcohol detoxification, emergency room, intensive care, outpatient and inpatient surgery, podiatry, obstetrics, pediatrics, clinical psychology, inhalation therapy, physical therapy, audiology, ultrasound, blood bank, social services, and morgue. Patients requiring specialized services are transferred to other military facilities or are referred to Fairbanks Memorial Hospital. In 1980, Bassett cared for 2,191 patients for a total of 8,470 patient days.

Careage North is a proprietary skilled and intermediate nursing care facility. As the only Medicaid-certified SNF/ICF in northern Alaska, Careage North provides a wide range of non-acute health care services on a 24-hour basis for persons requiring convalescent care, rehabilitation, or chronic care. The professional treatment staff consists of a medical director, physical therapist, speech therapist, occupational therapist, pharmacist, registered dietician, social worker, and recreational therapist. Registered nurses are on duty around the clock. Careage North has 101 beds and operates at an average annual occupancy of approximately 80%. The facility serves about 200 different individuals each year, with the average length of stay being 56 days in skilled care and 165 days in intermediate care. Charges at Careage North are \$103 daily. Most of the patients are covered by Medicaid, although Careage North does accept other third-party or out-of-pocket payments. Careage North is not certified for Medicare reimbursement at this time. However, recent purchase of the facility by the Fairbanks Memorial Hospital Foundation carries the assurance that Medicare reimbursement will be possible by 1984. When ownership and operation are transferred in October, 1983, Careage North will become a non-profit facility.

The Communicative Disorders Program is part of the Alaska Department of Health and Social Services. This program provides audiology services for children and adults. It also offers counseling and hearing aid consultation to children and their parents and to adults. Films and speakers are available upon request. The Fairbanks office provides services locally and on an itinerant basis to the Interior and North Slope. There is no charge to anyone for this program.

The Eielson Air Force Base Clinic, with 135 staff, provides 24-hour outpatient and emergency services for physical and psychological problems. Services are available only to military personnel and their dependents.

The Fairbanks Health Center provides public health services to everyone within the North Star Borough. Services include: cardiac clinic; cleft lip and palate clinic; community education; expectant parents classes; family planning clinic; genetic counseling; home visiting/home health care; immunization clinic; orthopedic clinic; sight conservation program; teen sexuality clinic; tuberculosis control/surveillance; sexually transmitted disease clinic; vision screening; Early and Periodic Screening, Diagnosis, and Treatment Program; well-child clinic; and a Women, Infants, and Children (WIC) supplemental food program for pregnant and breast-feeding women. In addition, the Health Center aids in arranging financial assistance with the Division of Public Health's Handicapped Children's Program for children with visual, eye, nose, throat, congenital, and orthopedic defects. Public health nurses provide counseling and referral services for children and adults with emotional problems and often provide early detection and intervention in cases of child neglect and abuse and other disruptions of normal family functioning. The Health Center receives almost all of its funding through the Division of Public Health, although the City of Fairbanks provides building and maintenance costs and some materials. All services are available free of charge, with occasional exceptions for materials fees.

Fairbanks Home Health Care, while a part of the Fairbanks Health Center, operates out of separate offices. The agency provides skilled nursing and home health aide services free of charge to Borough residents whose physicians order such care. Health supervision visits are also made to people whose need for regular skilled care has passed but who are still at risk. The average monthly caseload has grown to almost seventy individuals for skilled nursing and over ninety for health supervision. The agency provides over 600 hours of health aide services monthly.

Fairbanks Memorial Hospital (FMH), with 587.5 full-time-equivalent staff, provides sophisticated diagnostic and treatment services and specialized care. The hospital currently has 145 beds set up, plus five licensed neonatal bassinets, with new construction underway for a 51-bed general acute care addition, expanded ancillary services, a floor for psychiatric services, and expanded pediatric services. Services include alcohol detoxification; abortions; burn care; emergency room; intensive care; outpatient and inpatient surgery; inpatient hemodialysis; birthing center; obstetrics; pediatrics; premature nursery; psychiatric services; inhalation, occupational, physical, and speech therapy; nuclear medicine; electroencephalography; histopathology; mammography; ultrasound; computerized tomography; blood bank; 24-hour pharmacy; social services; and morgue. FMH had revenues in FY 1983 of \$25 million and assets of \$32 million, not counting the \$20 million in State support which is going into the new addition. The hospital accepts third-party reimbursement as well as out-of-pocket payments. It also provides some charity care in line with its Hill-Burton obligations.

The Northern Regional Nursing Program, although based in Fairbanks, has public health nurses stationed in Tanana, Fort Yukon, Barrow, and Nome and provides itinerant services to the surrounding villages. Services include: school health; communicable disease program (including tuberculosis, sexually transmitted diseases, and immunizations); health assessments through well-baby clinics and the EPSDT program; maternity programs; women's clinics; morbidity care; and teacher-preceptor services for village health aides. The 23 staff based in Fairbanks include those in the Regional Health Office (4), Regional Laboratory (14), and Regional Nursing Office (5). The Program is part of the Alaska Division of Public Health. All services are provided free of charge.

The Fairbanks Pioneers Home is a part of the State Pioneers Homes system, providing residential care for those persons over 65 who have spent at least the last fifteen years in Alaska. The Fairbanks Pioneers Home has 73 residential care beds and 46 nursing care beds. The Home is almost always at capacity. Eligible persons are charged nominal fees of \$225 per month for residential care and \$250 per month for nursing care. The remainder of the budget comes from direct State subsidy.

Besides these health care programs, the Fairbanks area has over eighty physicians and thirty dentists in private practice.

Table 13

## Health

Agencies to be Included	# FTEs*	FY83 Revenues	Assets
Alaska Crippled Children and Adults	10.0	\$220,000	\$110,000
Breast Cancer Detection Center	2.5	36,000	20,000
Alaska Management Technologies Homemaker Program (northern region)	22.5	435,800	0
Tanana Chiefs Conference (Fairbanks)	2.0	90,000	1,400,000
Total	37.0	\$781,800	\$1,530,000

Agencies to be Referenced	# FTEs*	FY83 Revenues	Assets
Alaska Native Health Center	41.0	\$5,600,000	NR
Bassett Army Community Hospital	312.0	NR	NR
Careage North	79.5	2,723,890	NR
Communicative Disorders Program	2.0	97,000	40,000
Eielson A.F.B. Clinic	135.0	NR	NR
Fairbanks Health Center	23.0	NR	NR
Fairbanks Home Health Care	7.5	139,000	NR
Fairbanks Memorial Hospital	587.5	25,000,000	32,000,000
Northern Regional Nursing Program**	23.0	NR	NR
Pioneers Home	69.0	3,362,000	NR
Total	1,279.5	\$36,921,890+	\$32,040,000+

\* FTE = Full-time equivalent staff.

\*\* Includes staff of the Regional Health Office (4), Regional Laboratory (14), and Regional Nursing Office (5).

## HEALTH STATUS OBJECTIVES

- A. The health care providers of the Fairbanks area should work to reduce premature deaths from heart disease and hypertension (159/100,000 in 1980) and cancer (99/100,000 in 1980), by 1990.
- B. The health care providers of the Fairbanks area should work to enhance maternal health, as measured by a reduction in high-risk pregnancies of women under 19 years of age (10.5% of all births in 1979), reduction in complicated deliveries, and increase in the number of women receiving prenatal care in the first trimester of pregnancy (72% statewide in 1980), by 1990.
- C. The Fairbanks community should continue to improve infant health, reduce infant mortality among the Native population (22/1,000 live births in 1980), and reduce the number of teenage pregnancies (10.5% of all births in 1980), by 1990.
- D. Health care providers and the public schools should work to improve nutritional habits developed in childhood, by 1990.
- E. Health care providers and emergency service responders should work to reduce the accidental death rate of children aged 1-4 years (44.2/100,000 in 1980), by 1990.
- F. Health care providers should work to reduce the prevalence of hearing loss resulting from serous, acute, and chronic otitis media, by 1990.
- G. Health care providers and the public schools should work to reduce the incidence of dental caries among children, by 1986.
- H. The Fairbanks area should work toward a reduction in the incidence of communicable diseases (gonorrhea -- 1,68/100,000 in 1980; tuberculosis -- 26/100,000 in 1980; measles; mumps; rubella; and strep infections), by 1990.

## HEALTH SERVICE OBJECTIVES

There are numerous activities which could be undertaken to implement health systems changes aimed at addressing the health status problems outlined above. Readers are referred to the various planning documents of the Northern Alaska Health Resources Association for this purpose. The following health systems performance goals are offered as an overview:

- A. Northern Alaska should have available appropriate and well-trained health personnel to implement recommended levels of care, through 1986.

Current Providers:

As in Table 13  
WAMI Medical Education Program  
Private practitioners

- B. Health personnel development, recruitment, and maintenance should reflect the health system needs imposed by the health status of the population of the northern region, by 1986.

Current Providers:

As in Table 13  
WAMI Medical Education Program

- C. The Fairbanks area should have services for the prevention and early intervention of cardiovascular disease, through 1986.

Current Providers:

Alaska Native Health Center  
Bassett Army Community Hospital  
Eielson A.F.B. Clinic  
Fairbanks Health Center  
Fairbanks Home Health Care  
Fairbanks Memorial Hospital  
American Heart Association  
Private Practitioners

- D. The Fairbanks area should have services for prevention, diagnosis, treatment, and rehabilitation of chronic obstructive pulmonary disease, through 1986.

Current Providers:

Alaska Native Health Center  
Bassett Army Community Hospital  
Careage North  
Eielson A.F.B. Clinic  
Fairbanks Health Center  
Fairbanks Home Health Care  
Fairbanks Memorial Hospital  
Alaska Lung Association  
Private Practitioners

- E. The North Star Borough should have a comprehensive, Borough-wide system of emergency medical care, by 1985.

Current Providers:

Chena Goldstream Volunteer Fire Department  
Eielson A.F.B. Clinic  
Fairbanks Fire Department  
Fort Wainwright Fire Department

Interior Rescue  
 Military Assistance to Safety and Traffic (M.A.S.T.)  
 North Pole Fire Department  
 Salcha Rescue  
 University of Alaska Fire Department  
 Fairbanks Memorial Hospital  
 Interior Region Emergency Medical Services Council

- F. Safe, effective, and economical diagnostic and treatment services should be available to all residents of the Fairbanks area, through 1986.

Current Providers:

As in Table 13

- G. The Fairbanks area should have a system of primary and specialty medical and dental care which efficiently and safely uses personnel, equipment, and facilities appropriate to the needs of the community, through 1986.

Current Providers:

As in Table 13  
 Private Practitioners

- H. The North Star Borough should have efficient, quality inpatient care available at reasonable cost, through 1990.

Current Providers:

Fairbanks Memorial Hospital  
 Bassett Army Community Hospital  
 Careage North

- I. Maintenance, habilitation, and rehabilitation services should be available and accessible at reasonable cost and high quality for all Fairbanksans in need of such care, through 1990.

Current Providers:

As in Table 13  
 Private Practitioners

ISSUES/ACTIVITIES

Budgets for the health services described above should be maintained at at least the FY 1985 levels through 1986. Funds required should increase by 1.5% per year to accommodate population growth and an additional 7% per year to address inflation. Allowances should also be made for development to reflect changes in the state of the art of health care delivery.

Over the next three years, the various health care providers, the planning agencies, local government, and concerned citizens should examine additional service needs in the community. Areas of concern which should receive particular attention include:

1. Expansion of the physical plan for the Fairbanks Health Center.
2. Development of a women's health care clinic, with a sliding-fee schedule of payments.

## CHAPTER X

HOUSINGGOAL

To ensure that the people of the North Star Borough have access to sound, affordable housing.

DESCRIPTION OF NON-PROFIT PROGRAMS

The Fairbanks Rehabilitation Association (FRA) is currently the only non-profit organization in the area which provides or arranges for housing. FRA's services are available to developmentally disabled individuals who meet certain qualifications.

FRA's Specialized Foster Care Program provides alternatives to institutionalization. Through this program, severely disabled young people are placed in foster homes for a minimum of eighteen months. Foster parents receive extensive training to familiarize them with the specific aspects of the disabled person's individualized training program, developed and coordinated by FRA staff. On-going staff support is provided to the families, in addition to a stipend. At this time, funding is so limited that only four disabled persons have been placed with specialized foster families.

FRA's Independent Living Program provides residential alternatives within the community as well as independent living skills training. The program includes supervised group homes, an independent apartment option, and a transitional apartment component. The transitional apartment program provides FRA staff support to the person involved on a more regular and on-going basis than is usually required by people in the independent apartment program. While the individual is in the transitional program, staff members work with him or her to develop the skills that will be needed for living independently later. FRA has three group homes for disabled adults in the community.

Table 14 provides a summary of the economic impacts of these programs on the community.

DESCRIPTION OF OTHER PROGRAMS

In addition to FRA's programs in the non-profit sector, there are four governmental agencies which provide or assist with housing. These four agencies employed 90.5 full-time equivalent staff members in FY 1983. Their combined revenues were over \$60 million; their assets were in excess of \$108 million. Descriptions of each of these agencies follow. (See also Table 14.)

Table 14

## Housing

Agency to be Included	# FTEs*	FY83 Revenues	Assets
Fairbanks Rehabilitation Association	17.0	\$544,176	\$240,000**

Agencies to be Referenced	# FTEs*	FY83 Revenues	Assets
Alaska State Housing Authority	80.0	\$15,000,000	\$100,000,000
Family Housing/Housing Referral Offices, Fort Wainwright	1.0	NR	NR
Housing Assistance Division, Alaska Department of Community and Regional Affairs	2.0	45,000,000***	NR
Interior Regional Housing Authority	7.5	97,200	8,000,000
Total	90.5	\$60,097,200+	\$108,000,000+

\* FTE = Full-time equivalent staff.

\*\* Includes three group homes.

\*\*\* Includes available loan funds only.

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The Alaska State Housing Authority provides financial assistance to eligible people to help with rent payments. The Authority also administers the Birch Park, Spruce Park, Golden Ages, and Golden Towers apartment complexes.

Golden Towers has 96 units of housing for the elderly and disabled. As of August, 1983, the waiting list numbered about fifty and the average wait for a unit was fifteen months. Golden Ages has twenty units for the elderly; turn-over averages one unit per year. The waiting list at Golden Ages usually has around five applicants on it.

Birch Park apartment complex has seven units for the elderly and disabled, plus 68 units for low-income families. Spruce Park has sixty units for low-income families. These two complexes have a mutual waiting list which, as of August, 1983, numbered approximately forty. The average wait for a unit at Birch Park or Spruce Park is about nine months.

The Housing Referral Office at Fort Wainwright serves as a liaison between military personnel seeking rentals and the community. The Office also handles complaints of illegal housing discrimination.

The Housing Assistance Division of the Alaska Department of Community and Regional Affairs assists low-income persons to obtain low-interest loans through the Alaska Housing Finance Corporation. They also offer loans for building materials and for renovation and rehabilitation of existing dwellings. These two types of loans are mostly for rural areas of the state, which includes rural parts of the North Star Borough. Non-conforming housing loans are available regardless of location. Besides programs for individuals, the Housing Assistance Division makes grants for the construction of senior citizen housing, such as the new forty-unit facility underway in Fairbanks, and for Indian housing in the bush. In January, 1984, the Division will begin a State-assisted low-income rental housing construction grant program. This program will award grants to agencies and individuals who wish to build units which will then qualify for Section 8 reimbursement.

The Interior Regional Housing Authority works with the federal Department of Housing and Urban Development to help low-income people buy their own homes. The authority currently has five acquisition homes and has built fifty new homes in Fairbanks. They have sponsored 310 homes throughout the Interior.

In addition to these agencies, several apartment complexes have "Section 8" contracts with the Department of Housing and Urban Development which enable them to be reimbursed through the Alaska State Housing Authority (ASHA) for partial rents of low-income tenants. Apartment complexes which accept ASHA rent certificates are Chenana Apartments, Executive Estates, Little Dipper Apartments, and Park West.

## OBJECTIVES

- A. The housing programs provided by the Fairbanks Rehabilitation Association should be maintained through FY 1986.

Current Provider:

Fairbanks Rehabilitation Association

- B. The Fairbanks Rehabilitation Association, Fairbanks Community Mental Health Center, and other agencies serving the mentally and physically disabled should work together during FY 1984 to determine the need for expanded housing for these population groups.

Current Provider:

Fairbanks Rehabilitation Association

- C. Low-income housing assistance currently provided by the Alaska State Housing Authority, the Interior Regional Housing Authority, the Housing Assistance Division of the Department of Community and Regional Affairs, and the Housing Referral Office at Fort Wainwright should be maintained through FY 1986.

Current Providers:

Alaska State Housing Authority  
Housing Assistance Division, Department of Community  
and Regional Affairs  
Interior Regional Housing Authority  
Housing Referral Office, Fort Wainwright

- D. The Cities of Fairbanks and North Pole and the North Star Borough, in conjunction with the Greater Fairbanks Chamber of Commerce, should continue to examine housing needs for low-income, elderly, handicapped, and other special population groups and should seek funding from the Department of Housing and Urban Development and other sources to construct appropriate units, by 1986.

## ISSUES/ACTIVITIES

At a minimum, services should be maintained at their FY 1983 levels through FY 1986. Funds required for the non-profit programs in FY 1984 will be \$582,268, increasing to \$623,027 in FY 1985 and \$666,639 in FY 1986 (assuming 7% inflation).

Over the next two years, local governments, chambers of commerce, and concerned non-profit organizations should examine additional housing needs for all segments of the population, but particularly the low-income, handicapped, and elderly. The Arctic Alliance should assist local governments and the business community, as appropriate, to identify housing needs and to target development.

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Another issue which should be addressed is the application process for ASHA-owned and-operated apartment complexes. Currently, each ASHA facility is separately managed; there is no central office for information and application. If someone wants low-income housing, he must apply to each facility separately rather than applying once and being placed on a master waiting list. The community needs a centralized place where people can obtain information about vacancies, waiting lists, and application procedures.

Finally, the community could look into the availability of surplus federal buildings which might be converted into housing for low-income, elderly, or disabled people.

## CHAPTER XI

### LEGAL AID AND ADVOCACY

#### GOAL

To promote, protect, and advocate the human and legal rights of the economically disadvantaged, the developmentally disabled, and other citizens without the means to protect or advocate for themselves.

#### DESCRIPTION OF NON-PROFIT PROGRAMS

There are three non-profit agencies in the North Star Borough which provide legal aid and advocacy services. Their full-time-equivalent staff number is six. Their combined FY 1983 revenues were \$220,000, and their combined assets were \$12,000. Descriptions of each of these agencies follows, with further information in Table 15.

Alaska Legal Services Corporation provides legal assistance in Fairbanks and to forty-two Interior towns and villages. Most of its funding comes from direct appropriations by Congress. Supplemental funds are provided through municipal assistance monies from the City of Fairbanks and from the State. Income guidelines are used to determine eligibility. Representation is determined by priorities established by the office in consultation with representatives of low-income groups and Interior vilages. Priorities for FY 1984 include contested custody cases; divorces where domestic violence has been a problem; denial or termination of public benefits such as Social Security, SSI, foodstamps, AFDC, general relief, and Medicaid; eviction from rental housing or foreclosure of privately-owned homes; or, Native allotments and other land issues involving federal trust responsibilities. Wills, probates, and adoptions are handled as staff resources permit.

Protection and Advocacy for the Developmentally Disabled (P.A.D.D.) protects and advocates for the rights of developmentally disabled persons and prevents unnecessary institutionalization. It monitors compliance by private and public agencies with federal and State laws and regulations. The following services are provided through the Fairbanks office to clients in the northern Interior region: educational advocacy; vocational rehabilitation assistance; guardianship assistance; public benefits information; counseling; administrative review; and litigation to remedy complaints. At this time, P.A.D.D. provides direct services on behalf of sixteen clients and works with 15-20 clients to provide other forms of assistance.

The Alaska Center for Independent Living (ACIL) provides information and referral services for handicapped persons. Although ACIL has tried for three years to obtain money for an independent living center for physically disabled adults, it remains without funds at this time.

In addition to these three agencies which are specifically designed as legal aid and advocacy services, a number of organizations have

"advocacy" components. WIC-CA and Displaced Homemakers have paralegal advocates trained to inform their clients about self-help legal remedies such as dissolutions and domestic violence petitions. They also maintain contact with Alaska Legal Services Corporation and private attorneys and refer their clients to these resources as needed.

#### DESCRIPTION OF OTHER PROGRAMS

In addition to those programs described above, eight State agencies and the City of Fairbanks provide legal aid or advocacy. Descriptions of each program follow.

The Alaska Department of Labor Standards and Safety, Wage, and Hour Administration is State-funded. The Fairbanks office serves the Interior region. The agency enforces minimum wage and overtime regulations, takes and pursues wage claims, enforces child labor regulations, investigates unlicensed employment agencies, and enforces wage rates for public works contracts. At this time, the agency employs four full-time staff members; however, their staff will expand to six in the near future. All services are free of charge.

The Alaska State Commission for Human Rights is the State agency which investigates and resolves complaints alleging discrimination. The Commission also helps those who must comply with the law by providing information about how to avoid complaints. Most complaints are resolved through informal procedures shortly after they are filed. When it is necessary, the Commission has the authority to investigate complaints fully and issue court-enforceable orders. There are seven commissioners and an executive director. The Commission headquarters is in Anchorage, with other offices in Juneau and Fairbanks. The Fairbanks office serves the northern region.

The Child Custody Investigator/Counselor is a new program for the Fourth Judicial District. The custody investigator will work under the area court administrator to evaluate, negotiate, and arrange settlements regarding custody matters in divorce cases. The investigator will complete a home study, including interviewing parents and others (neighbors, school personnel) and making a recommendation to the court. The service will be free of charge to a parent in a divorce case in which there is a custody conflict. The position has not yet been filled, but there will be one full-time staff member.

The City of Fairbanks Commission on Human Rights consists of nine members. The Commission is empowered to ascertain the status and treatment of racial, religious, and ethnic groups in the City; to encourage and promote equal treatment and understanding; to assist the City in an advisory and consultative capacity; to ensure equal protection of any and all persons and groups against discrimination; and, to enforce the City's ordinances prohibiting discrimination. The Commission meets once each calendar quarter. The City Council, mayor, and city manager are ex officio members.

Table 15

## Legal Aid and Advocacy

Agencies to be Included	# FTEs*	FY83 Revenues	Assets
Alaska Center for Independent Living	0	0	0
Alaska Legal Services	5.0	\$170,000	\$12,000
Protection and Advocacy for the Developmentally Disabled	1.0	50,000	0
Total	6.0	\$220,000	\$12,000

Agencies to be Referenced	# FTEs*	FY83 Revenues	Assets
Alaska Department of Labor Standards and Safety, Wages, and Hour Administration	4.0	NR	NR
Alaska State Commission for Human Rights	4.0	NR	NR
Child Custody Investigator/Counselor	1.0	NR	NR
Fairbanks Commission on Human Rights	-0-	-0-	-0-
Office of Consumer Protection	2.0	NR	NR
Office of Pre-Trial Service	1.0	NR	NR
Office of the Public Guardian	3.0	NR	NR
Ombudsman	6.0	NR	NR
Public Defender	13.0	NR	NR
Total	34.0	NR	NR

\* FTE = full-time equivalent staff.

The Office of Consumer Protection investigates any complaint against any business for anyone in the Interior and northern regions of the state. The office handles over 500 cases each year. In order for the bush to be served adequately, the Office accepts collect calls.

The Office of Pre-Trial Services serves the population of the Fourth Judicial District. The office assists anyone who needs a courtappointed attorney for a criminal case or in divorce and/or custody cases when there is a conflict for Alaska Legal Services. The attorneys are appointed for the financially indigent. Staff from the office also interview anyone who appears in court on a criminal charge who is not released. The office handles between 130 and 180 cases per month.

The Office of the Public Guardian also serves the Fourth Judicial District. The office assists potential guardians with paperwork for court, provides information and referrals on health and social services, and assists in the area of discussion of need and with legal forms. The court may appoint the office as guardian; when this occurs, the office attempts to locate a relative or community member to take over guardianship. The office also works with nursing homes or Pioneers Homes regarding client competence.

The Alaska Ombudsman is an impartial, independent intermediary appointed by the Legislature in 1975 to investigate complaints from the public about State administrative agencies. The Ombudsman cannot investigate actions of the Governor, Lieutenant Governor, legislators, judges and judicial acts, local governments, federal agencies, or actions between private parties. The Ombudsman cannot compel an agency to accept a recommendation but does advise the agency that acceptance of the recommendation will resolve a complainant's problem and could eliminate future problems. If the Ombudsman believes there has been a breach of duty or misconduct, he shall, by statute, refer the matter to the agency's chief executive officer, to a grand jury, or to another appropriate enforcement agency. The Ombudsman will not recommend prosecution or disciplinary measures but will refer the facts involved to the appropriate enforcement agency for its consideration. The Fairbanks office serves the Interior and northern regions, employing six full-time equivalent staff.

The Fairbanks office of the Public Defender serves the Interior region for the State Department of Administration. The office employs eight attorneys who are appointed by the court or Pre-Trial Services for defendants in criminal cases who cannot afford an attorney. In addition to the legal staff, one investigator and one psychologist/counselor are on staff. Altogether, the agency employs thirteen full-time equivalent staff.

#### OBJECTIVES

- A. Economically-disadvantaged residents of the North Star Borough should have access to legal protection, within the community priorities of the Alaska Legal Services Corporation, at no cost when the need arises, through 1986.

Current Providers:

Alaska Legal Services Corporation  
Office of Pre-Trial Services  
Public Defender

- B. Borough residents without the means to protect or advocate for themselves should have advocacy assistance available to them at no cost whenever they need such services, through 1986.

Current Providers:

Protection and Advocacy for the Developmentally  
Disabled  
Alaska Legal Services Corporation  
Ombudsman  
Office of the Public Guardian  
Alaska State Commission for Human Rights  
Child Custody Investigator/Counselor  
Office of Consumer Protection

ISSUES/ACTIVITIES

Services which are presently available through Alaska Legal Services and P.A.D.D. should be maintained at at least the FY 1983 levels through 1986. Funds required should increase by 1.5% per year to accommodate population growth and an additional 7% per year to address inflation. Total resources needed for these two organizations in FY 1984 will be \$238,700, increasing to \$258,990 in FY 1985 and to \$281,004 by FY 1986.

The Arctic Alliance and Alaska Legal Services, with assistance from the Fourth Judicial District, Family Focus, and the Fairbanks Bar Association, should investigate the legal needs of juveniles and determine whether additional services are necessary.

## CHAPTER XII

### MENTAL HEALTH AND COUNSELING

#### GOAL

To ensure that the people of the North Star Borough have a comprehensive system of mental health and counseling preventive, diagnostic, and treatment services which maintains the client in the least restrictive environment possible, by 1986.

#### DESCRIPTION OF NON-PROFIT PROGRAMS

There are nine non-profit agencies providing mental health and counseling services to the Greater Fairbanks area. Altogether, these agencies employ seventy full-time equivalent staff members. Their combined revenues in FY 1983 were \$2,896,994; their assets were approximately \$352,000. Descriptions of each of these agencies follow, with additional information in Table 16.

Fairbanks Community Mental Health Center is a private, non-profit corporation which serves the Greater Fairbanks area, including Delta, Nenana, Clear, Anderson, and Healy, with a population of approximately 61,000. Direct client-centered services include outpatient services, emergency services, assistance to court and other public agencies, follow-up care, day care and other partial hospitalization services, and programs of specialized services for the mental health of groups at risk. The program also provides community-centered services through evaluation and consultation. The mental health center employs 11.5 full-time equivalent staff members. Services are provided on a sliding scale, fee-for-service basis; third-party reimbursement is accepted.

Fairbanks Counseling and Adoption (FCA), operating in Fairbanks since 1977, provides family, marriage, divorce, individual, and unwed-teen pregnancy counseling. They also have groups for divorced and widowed people and their children (called "Beginning Experience") and for pregnant teens (both expectant mothers and fathers). They provide local, interstate, and foreign adoption services. In FY 1983, the agency has developed a "Family Center Program" through a grant from the Alaska Division of Family and Youth Services. This program included intakes, diagnosis, multidisciplinary team case reviews, a 24-hour hotline, individual and family counseling/therapy, crisis intervention, group therapy, child play or other therapy, evaluation, parent education, and referral. FCA is a part of Catholic Community Resources. Funds come primarily from the Diocese of Fairbanks, revenues from the Bishop's Attic, United Way, fees for service, and the youth services grant from the State. In FY 1982, FCA served a total of 1,589 clients. (See also Table 6 above.)

Fairbanks Crisis Line (FCL) is a telephone crisis intervention and information and referral service which operates 24 hours a day. Trained

paraprofessional volunteer counselors staff the center and offer communication, concern, and caring to those who call. Anonymity of the listener and caller are maintained, and all calls are confidential. In 1981, FCL responded to 6,454 calls of a non-business nature and 398 interagency calls relating to client problems and/or information gathering. With the installation of a new line in FY 1983, FCL projected an increase of 1,000 crisis intervention/information and referral calls. FCL provides the only suicide prevention/intervention program in northern Alaska. In addition the telephone services, FCL offers a support group for family and close friends of suicide victims and has a speakers bureau and community awareness program. To provide the community with resource and referral information, FCL develops and distributes each year a community resource directory called "Fairbanks Has It." Funding comes from the Alaska Division of Family and Youth Services, the City of Fairbanks, and United Way. (See also Table 6 above.)

Family Focus is another of the major service providers in Fairbanks, receiving its funds from the Alaska Division of Family and Youth Services. Family Focus offers 24-hour crisis intervention and emergency foster care for adolescents and teens. Other services include individual and family counseling, emphasizing communication skills, decision-making techniques, and problem solving; parent education; and referral. It aims toward short-term intervention and reunification of families. (See also Table 6 above.)

Presbyterian Hospitality House is a 24-bed residential treatment unit for teenage boys and girls who have been diagnosed moderately to severely emotionally disturbed. Individual and group counseling are provided; family services are offered if the members are willing. Residents attend an on-grounds school until they are ready for public school. The average length of stay is eighteen months, and counseling after release is available. Presbyterian Hospitality House accepts referrals from anywhere in the state, although most are from Fairbanks. They operate on a cost-of-care basis, receiving affixed daily reimbursement from the placing agency. They also receive some funds from United Way.

The Resource Center for Parents and Children, funded by the Alaska Division of Family and Youth Services, is the primary community education provider for child abuse/neglect services, offering numerous parenting skills groups, roundtable discussion sessions, and public education. In addition, the Resource Center provides counseling and companionship services by trained volunteers, Parents Anonymous, individual counseling/therapy, crisis intervention, group therapy, and referral. Through a special grant from the State, the Resource Center has begun a program of training and support to foster parents and day care centers. (See also Table 6 above.)

The Tanana Chiefs Conference operates Tanana Chiefs Mental Health in Fairbanks, the Tok Alcoholism Program, the Upper Yukon Behavioral Health Program, and the Yukon Tanana Mental Health Program. It also works closely with all the rural behavioral health service providers in the state, especially through the director and the National Health

Service Corps psychiatrist, who visits most Tanana Chiefs Conference subregions on at least a monthly basis. In its Fairbanks program, Tanana Chiefs' direct client services include brokerage/advocacy, outreach, out-patient services, emergency services, evaluation, assistance and coordination with other public agencies, follow-up care, and programs for the prevention and treatment of alcoholism and drug abuse. Tanana Chiefs also provides community-centered services, including community and regional prevention activities, consultation, and education. Tanana Chiefs Mental Health in Fairbanks is funded through the State Office of Alcohol and Drug Abuse. Some subregional services are funded by the Alaksa Division of Mental Health and Developmental Disabilities as well. Certain of Tanana Chiefs Mental Health's services are targeted primarily at Natives, although the program is open to everyone.

Women in Crisis-Counseling and Assistance (WIC-CA) provides crisis and long-term counseling, support services (including medical and legal advocacy and assistance with permanent housing and financial difficulties), and residential shelter to women and their children who are victims of sexual assault or domestic violence. WIC-CA also provides counseling services for men who batter, with "Alternatives to Violence" groups on Fort Wainwright and in Fairbanks. The children's program in the shelter provides counseling and play therapy for children and a weekly mothers' support group. Weekly women's support groups are offered in Fairbanks and on Fort Wainwright. Services are provided on a 24-hour-per-day basis, 7-days-per-week, and are at no charge. WIC-CA sponsors both a community education and a rural outreach program, in addition to other community-oriented workshops, presentations, and training. WIC-CA is a member of the Alaska Network on Domestic Violence and Sexual Assault and coordinates its services on community-wide and state-wide levels.

Families of the Chronically Mentally Ill is an all-volunteer support group formed by community residents who saw a need for this kind of activity.

#### DESCRIPTION OF OTHER PROGRAMS

In addition to the eight non-profit programs described above, there are six other agencies which provide mental health and counseling-related services in the Fairbanks area. These agencies are operated directly by the State or by the military and, therefore, are not appropriate for inclusion in a human services plan which is aimed at the non-profit service delivery system. However, because these agencies provide vital services to the community, no plan could be complete without their mention. These six agencies employ over forty full-time-equivalent staff members, and their annual budgets are in excess of \$5,000,000. Descriptions of each agency follow. (See also Table 16)

The Alaska Division of Family and Youth Services (DYFS), Fairbanks office, is the child protective services agency for the northern region. Staff of DYFS perform intakes and make initial diagnoses; undertake multidisciplinary team case reviews on occasion; handle cases with court activities; and, provide individual counseling/therapy and crisis intervention, emergency and non-emergent foster care, and referral. Through

Table 16

## Mental Health and Counseling

Agencies to be Included	# FTEs*	FY83 Revenues	Assets
Fairbanks Community Mental Health Center	11.5	\$690,000	-0-
Fairbanks Counseling and Adoption	6.5	278,680	23,510
Fairbanks Crisis Line	3.0	87,400	-0-
Families of the Chronically Mentally Ill	-0-	-0-	-0-
Family Focus	7.0	245,287	NR
Presbyterian Hospitality House	15.0	750,000	300,000
Resource Center for Parents and Children	6.5	256,627	6,783
Tanana Chiefs Mental Health (Fairbanks)	8.5	200,000	-0-
WIC-CA	12.0	389,000	21,784
<b>Total</b>	<b>70.0</b>	<b>\$2,896,994</b>	<b>\$352,077</b>

Agencies to be Referenced	# FTEs	FY83 Revenues	Assets
Alaska Division of Family and Youth Services, Fairbanks	17.0	\$3,700,000	NR
Alaska Division of Mental Health and Developmental Disabilities, Fairbanks	2.0	176,500	\$5,000
Army Community Services	8.0	248,657	NR
Fort Wainwright Counseling Center	5.0	NR	NR
Social Action, Eielson	7.0	NR	NR
UAF Health and Counseling Center	NR	NR	NR
<b>Total</b>	<b>39.0+</b>	<b>\$4,125,157+</b>	<b>\$5,000+</b>

\* FTE = Full-time equivalent staff.

contract, the DFYS provides residential care, homemaker services, day care, group therapy, child play and other therapy, psychological and other tests, and parent education. The Division also handles licensing of adult and child care facilities. (See also Table 6 above.)

The Alaska Division of Mental Health and Developmental Disabilities operates a regional office in Fairbanks primarily for purposes of contract management and technical assistance to community mental health centers.

Army Community Services at Fort Wainwright provides information and referral services, crisis intervention, and individual counseling to members of the military community. (See also Table 6 above.)

Fairbanks Memorial Hospital, while technically a non-profit operation, is covered under the North Star Borough's hospital powers and, therefore, lies outside the scope of this plan. However, Fairbanks Memorial provides essential services for the community, including an 11-bed inpatient psychiatric unit. The Hospital is currently examining appropriate expansion of its psychiatric service to accommodate increased patient loads. (See "Health" for a more complete description of the Hospital.)

Fort Wainwright Counseling Center, formerly the Fort Wainwright Community Mental Health Activity, offers professional social and psychological, individual, group, or family counseling to those eligible for military health care. This service handles depression, child abuse, family problems, assertiveness difficulties, and other problems.

Eielson Air Force Base Social Actions provides counseling, education, and rehabilitation programs in the areas of drug/alcohol abuse, human relations, and equal opportunity and treatment. This division within the 343 Composite Wing, Eielson Air Force Base, provides a wide range of out-patient counseling, crisis intervention, complaint clarification, and human relations services. Medical, mental health, and psychiatric referrals are provided as necessary. These services are available to all members of the military community.

The University of Alaska/Fairbanks Health and Counseling Center offers a wide range of outpatient and crisis intervention services for university students, faculty, and dependents.

The Fairbanks Health Center, described above in the "Health" chapter, provides preventive services through its public health nursing program. Services include parenting education and counseling in the home setting and through well-child clinic, with emphasis on children from birth to age five; early identification and comprehensive follow-up for pregnant teenagers and teen parents; follow-along of multiple-problem families who may fall in the category of child neglect; and, intervention in child abuse/neglect cases which are not acute enough to require intervention by the Alaska Division of Family and Youth Services. A teen pregnancy group is provided jointly with Fairbanks Counseling and Adoption and the Resource Center for Parents and Children. In the post-partum program, public health nurses contact parents

of newborns in the crucial period of four-to-seven days after delivery to provide support and education to first-time parents or in situations where mother or infant sustained complications during the birth. Finally, prenatal education classes include components on parenting, realistic expectations of the newborn, and child development.

Finally, there are two private-sector psychiatrists in the Fairbanks area associated with a group practice called Fairbanks Psychiatric and Psychological Clinic. This clinic is also staffed by a psychologist, a counselor, and a nurse. The psychiatrists' full-time practices consist largely of adults, but one physician is trained in child psychiatry as well. The psychologist (Ph.D.) is available thirty hours per week, and the psychiatric social worker (M.S.W.) is available weeknights and weekends. A half-time psychiatric nurse is also on the Clinic's staff. In addition to this Clinic, there are both psychiatrists and psychologists in private practice in Fairbanks.

### MISSION STATEMENT

The Fairbanks human service agencies should be responsive to community needs, cost-effective in operation, and have measurement of service impacts and outcomes.

### OBJECTIVES

A. The Fairbanks area should receive increased funding for direct mental health, counseling, and intervention services to enable more clients to be served and to receive more thorough intervention, through:

1. A comprehensive mental health program to meet the needs of children and adolescents, by 1986.

#### Current Providers:

Family Focus  
Presbyterian Hospitality House  
Fairbanks Counseling and Adoption  
Fairbanks Community Mental Health Center  
Alaska Division of Family and Youth Services

2. Prevention, crisis intervention, counseling, and shelter services for victims of domestic violence and sexual assault, through 1986.

#### Current Providers:

WIC-CA  
Salvation Army

3. A comprehensive range of child abuse/neglect-related services, emphasizing prevention, early intervention, and treatment, by 1986.

Current Providers:

Resource Center for Parents and Children  
Family Focus  
Alaska Division of Family and Youth Services  
Others as listed in Table 16

- 4. Expansion of casework services through the Alaska Division of Family and Youth Services to ensure that neglect cases are attended to as readily as are abuse cases, by 1986.

Current Provider:

Alaska Division of Family and Youth Services

- B. The Fairbanks area should have a continuum of residential care available for children and adults with major disabling mental health problems, including the development of appropriate, supervised living facilities for chronically mentally ill adults, by 1986.

Current Providers:

None

- C. The Fairbanks area should have increased public awareness of mental health problems and available treatment resources, through 1986.

Current Providers:

Fairbanks Community Mental Health Center

- D. The Fairbanks area should have behavioral health programs emphasizing prevention of disabling mental illness through primary prevention, early intervention, and treatment of mental and behavioral problems, including enhancement of the lay services network to promote family functioning and prevent family violence, through 1986.

Current Provider:

As listed in Table 16

- E. The Fairbanks area should have a family services council to heighten interagency coordination and enhance service delivery in the areas of prevention, early intervention, and treatment, through provision of internal screening of funding proposals to ensure validity of service needs, clarity of goals and objectives, adequacy of impact measurements, and cost/benefit of services provided, by 1986.

Current Providers:

None

ISSUES/ACTIVITIES

At a minimum, services should be maintained at their current level for the next three years. Funds required for the eight non-profit organizations in FY 1984 will be \$3,099,784, increasing to \$3,316,768 in FY 1985 (assuming 7% inflation per year).

Over the next year and regularly thereafter, the eight non-profit mental health and counseling programs, working with the governmental and proprietary organizations, should examine additional service needs, appropriate agencies to address particular needs, and resources which would be required. Areas of concern which should receive attention include:

1. Expansion of day-time services for the chronically mentally ill.
2. Development of improved methods of early detection of mental health problems in youth.
3. Increased emphasis on building of community strengths toward prevention of mental illness and disability and enhancement of quality of life.

## CHAPTER XIII

### PLANNING AND RESOURCE DEVELOPMENT

#### GOAL

To ensure that the mental, physical, and social needs of the community are adequately assessed and that scarce resources are allocated in the most effective and efficient ways possible to meet the human needs of the people.

#### DESCRIPTION OF NON-PROFIT PROGRAMS

There are four organizations located within the North Star Borough which provide planning and resource development services to ensure that this goal is met. One of these organizations, the Arctic Alliance for People, exists without funds except for nominal membership dues. The other three organizations are planning agencies serving regions much larger than the North Star Borough. Together, they have fifteen staff. Their combined revenues in FY 1983 were \$1,764,553, and their assets were \$102,508. Further information is contained in Table 17.

The Arctic Alliance for People, the author of this document, is an all-volunteer association of human service providers in the Greater Fairbanks area. The Alliance was formed to address funding and interagency coordination issues and to promote the efficiency and effectiveness of human services in the area. A major function of the Alliance is community needs assessments, followed by actions to alleviate problems and enhance program activities. The Alliance has over thirty agency members and several individual members. It operates without staff.

The Governor's Council for the Handicapped and Gifted urges changes, improvements, and greater efficiencies in program services for the handicapped and gifted by fostering communication and coordination among groups and providing a unified voice statewide for planning, needs identification, and service development. Priority concerns of the Council are in-home family support services and education and training services. Activities include special studies, planning projects, conferences, public awareness, training and technical assistance, and service evaluations. The nineteen volunteer members of the Council are appointed by the Governor to insure broad public and private sector involvement plus consumer and professional representation from all geographic areas of the state. The Council employs three staff. The Council receives \$236,000 from the federal government under P.L. 95-602 and, in FY 1983, \$20,000 from the State of Alaska under A.S. 47.80.

The Interior Region Emergency Medical Services Council is dedicated to upgrading response to medical emergencies throughout Interior Alaska. Reduction of premature death and permanent disability is the ultimate aim. The Council assesses every community in the Interior in relation to equipment, training, and other emergency medical service needs. It then provides training directly and channels State funds to local communities for

capital equipment and supplies. The Council is made up of representatives from throughout the Interior and employs a staff of seven. The majority of its \$1,175,291 budget is directed toward equipment and supplies for ambulance service providers of the Interior. The Council also owns \$63,193 worth of training equipment.

The Northern Alaska Health Resources Association (NAHRA) assists communities, agencies, and individuals throughout northern Alaska to define needs and achieve goals for health resource development. NAHRA has three major responsibilities: 1) to assist communities to identify needs, design solutions, and implement plans for dealing with the health problems of the residents; 2) to assist the people in the development and maintenance of programs for the promotion of health and the prevention of disease and illness; and, 3) to maintain and advocate a regional perspective in health-related matters, including assembling and analyzing data related to health concerns, coordinating information-collection activities, and using information to express the needs and priorities of the people of the northern region. NAHRA's Board of Directors is comprised of thirty people appointed by the Maniilaq Association, the Tanana Chiefs Conference, and the Mayors of the North Star and North Slope Boroughs. NAHRA employs five staff. In FY 1983, its total budget was \$318,462, and it had \$11,500 in assets.

#### DESCRIPTION OF OTHER PROGRAMS

In addition to the four organizations described above, there are three other groups which provide planning and resource development services. One of these groups, the Fairbanks City Commission on Health and Social Services, operates without funds. The other two agencies are functions of Borough government and, together, employ 23.75 staff. Their combined budgets in FY 1983 equalled \$1,374,595, with assets in excess of \$41,000. (See also Table 17.)

The Fairbanks City Commission on Health and Social Services is an advisory body to the Fairbanks City Council. It is composed of five volunteer representatives from Fairbanks, three from the rural areas of the Borough, and one from North Pole. The City Commission is charged with planning for health and social services and advising the City Council on human service issues and funding questions. The City Commission operates without staff.

The FNSB Community Research Center, with five staff and a budget of \$262,612, collects socioeconomic information and publishes a quarterly report on socioeconomic conditions in the Borough. It focusses on population statistics, economic trends, employment, housing and real estate, costs, and energy.

The FNSB Planning Department, with 18.75 staff, several consultants, and a budget of \$1,111,983 in FY 1983, is responsible for land use planning and associated issues. It does not address health and social concerns except in a very peripheral way as they interrelate with land use.

Table 17

## Planning and Resource Development

Agencies to be Included	# FTEs*	FY83 Revenues	Assets
Arctic Alliance for People	-0-	\$800	0-
Governor's Council for the Handicapped and Gifted	3	270,000	\$28,115
Interior Region Emergency Medical Services Council	7	1,175,291**	63,193
Northern Alaska Health Resources Association	5	318,462	11,200
<b>Total</b>	<b>15</b>	<b>\$1,764,553</b>	<b>\$102,508</b>

Agencies to be Referenced	# FTEs*	FY83 Revenues	Assets
Fairbanks City Commission on Health and Social Services	-0-	-0-	-0-
FNSB Community Research Center	5.0	\$262,612	\$40,964
FNSB Planning Department	18.75	1,111,983	NR
<b>Total</b>	<b>23.75</b>	<b>\$1,374,595</b>	<b>\$40,964+</b>

\* FTE = Full-time equivalent staff.

\*\* The majority of these funds are directed toward equipment and training for the ambulance service providers of the Interior.

## OBJECTIVES

- A. The Borough area should support planning for the health and social needs of the population in order to direct resources in the most appropriate, efficient, and effective manners, through 1986.

Current Providers:

As listed in Table 17

- B. Human resource development should progress in identified, carefully delineated ways which are arrived at through public processes, by 1986.
- C. Distribution of human services funds through local government entities should follow rational processes which adhere to sound criteria and community priorities, through 1986.

## ISSUES/ACTIVITIES

The Governor's Council for the Handicapped and Gifted, the Interior Region Emergency Medical Services Council, and the Northern Alaska Health Resources Association are all facing extensive funding cuts at the State level in FY 1984. As a result, the people of the Borough stand to lose significant means for rational development of services and programs. Local government should consider contracting with one or more of these agencies to assist it with planning and to ensure a continuation of representative decision-making about health and social services at the local level.

The North Star Borough should seriously address the problems which its lack of health and social services powers creates for Borough residents. Whether or not the Borough wishes to assume these powers, the Borough government should consider ways to assist the community and the Arctic Alliance to continue human service planning efforts. One possible means is for the Borough to contract with a non-profit agency to provide planning services. Another avenue would be for the Borough to expand its Planning Department to contain a health and social services component which could provide consultative planning and technical assistance to non-profit and governmental programs on a free or reduced-cost basis. Funding, or funding-equivalent assistance, is needed at at least the FY 1983 level, with annual increases to accommodate inflation (estimated at 7% per annum). Support should increase to \$1,888,072 in FY 1984, \$2,020,237 in FY 1985, and \$2,161,654 by FY 1986.

## CHAPTER XIV

### SENIOR CITIZEN PROGRAMS

#### GOAL

To provide support services to senior citizens so that they may fully enjoy and contribute to community life without leaving their homes and families.

#### DESCRIPTION OF NON-PROFIT PROGRAMS

There are four agencies in Fairbanks with programs designed specifically for senior citizens. All of these agencies are non-profit. Together, they employ nine full-time-equivalent staff. The FY 1983 budgets totalled approximately \$258,534, and their assets were \$31,720. Table 18 contains additional information.

The North Star Council on Aging offers all sorts of support services to all persons aged sixty or older and their spouses. Services included are daily lunches at the senior activities center, home-delivered meals (on a very limited basis), transportation, recreation, health care, exercise, outreach, escort, and shopping assistance. The Council is planning an adult day care program for a limited number of seniors who need supervision.

The Foster Grandparent/Senior Companion Program helps limited-income persons sixty years or older to use their skills in the community. Currently, about fifteen foster grandparents work with sixty children with various kinds of special needs. Twenty senior companions give moral support and companionship to over a hundred lonely elderly people. Each senior works twenty hours a week at their volunteer station and receives a small, non-taxable stipend and other benefits.

The Fairbanks Native Association's Elders Program is designed primarily for Native senior citizens, although all seniors are welcome. Services provided are partly home-based, such as letter-writing and reading. Other activities include translation, counseling, advocacy, escort services, help with bill-paying, and a monthly potlatch.

The Retired Senior Volunteer Program (RSVP) is a program of volunteer services for persons sixty years of age and older. Through RSVP, seniors donate services and expertise that many sponsoring agencies cannot afford to buy and could not otherwise provide to the community. There are no restrictions based on education, income, or experience. Although volunteers serve without compensation, they may be reimbursed for such expenses as local transportation. RSVP is just beginning in Fairbanks under the sponsorship of the Fairbanks Kiwanis Club. Although the agency is still in its organizational phase, RSVP expects to have fifty volunteers on line in the next few months.

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DESCRIPTION OF OTHER PROGRAMS

There are no other organizations providing senior services.

OBJECTIVES

- A. The Fairbanks area should have congregate meals, recreation programs, and information and referral services available to senior citizens, through 1986.

Current Providers:

North Star Council on Aging  
Fairbanks Native Association Elders Program

- B. The Fairbanks area should have in-home support services, including homemaker and home nursing, available through 1986.

Current Provider:

Fairbanks Home Health Care

- C. Low-income senior citizens should continue to have employment opportunities in ways which promote the development and happiness of people with special needs, through 1986.

Current Provider:

Foster Grandparent/Senior Companion Program

- D. Senior Citizens should have opportunities through which to contribute their knowledge and expertise to the community, through 1986.

Current Provider:

Retired Senior Volunteer Program (in planning stages)

ISSUES/ACTIVITIES

The senior citizen service agencies should continue to participate in the statewide planning process of the Older Alaskans Commission and bring important issues to the attention of the Arctic Alliance. They should give special attention to housing and support service needs of seniors and should give particular consideration to the unique needs of Native elders.

Funding for all these programs should be maintained at at least FY 1983 levels, with increases in dollar amounts to meet in population growth (1.5%) and inflation (estimated 7%) annually.

Table 18

## Senior Citizen Programs

Agencies to be Included	# FTEs*	FY83 Revenues	Assets
Fairbanks Native Association Elders Program	2	NR	NR
Foster Grandparents/Senior Companions	1	\$190,000	-0-
North Star Council on Aging	8	238,334	31,720
Retired Senior Volunteer Program	-0-	22,000	-0-
Total	11	\$450,334+	\$31,720+

\* FTE = Full-time equivalent staff.

## CHAPTER XV

SUBSTANCE ABUSE PROGRAMSGOAL

To develop a comprehensive, coordinated system of services for persons with substance abuse problems, including: identification, outreach, prevention, education, emergency intervention, inpatient, outpatient, aftercare, and follow-up services, by 1988.

DESCRIPTION OF NON-PROFIT PROGRAMS

There are three non-profit agencies in the North Star Borough which provide substance abuse services. These agencies employ 42.25 full-time-equivalent staff persons. Their combined revenues in FY 1983 were \$1,678,622. Descriptions of each of these three agencies follow, with additional information in Table 19.

Alcohol Awareness, Inc. is a volunteer community organization which supports Alcohol Awareness Week and other grassroots activities to provide the Fairbanks area with alcohol education and information. The organization provides assistance upon request to anyone in need of references, audiovisual materials, or speakers on the topic of alcohol use and abuse. During the summer and fall of 1983, Alcohol Awareness will conduct a survey of the incidence and prevalence of alcohol abuse in the Borough.

The Fairbanks Native Association's Regional Center for Alcohol and Other Addictions (RCAOA) serves the Interior and northern regions of Alaska. It receives the majority of its funding from the State Office of Alcohol and Drug Abuse, with additional funds from the City of Fairbanks. The program provides alcohol-related services in seven areas: 24-hour telephone staffed by counselors; emergency programs; drop-in center as a gathering place which provides coffee and shelter; a detoxification center with a five-day "drying-out" program; an intermediate treatment center with living facilities and counseling; continuing care for men and women in halfway houses; referral; diagnosis; and outpatient care. In May, 1983, 25 clients received residential treatment; seventeen were in the halfway house; 22 were in the youth program; and 366 received outpatient and aftercare services.

KILA, Inc.'s Fairbanks Substance Abuse Center is also funded by the State Office of Alcohol and Drug Abuse and serves the Interior. Its focus is on treatment and rehabilitation of drug abusers and prevention and outreach to the community. Methadone maintenance and detoxification are offered, along with counseling for users and their families.

Hunik Zoo' is a monthly children's newspaper page that has been produced by Tanana Chiefs Mental Health since November, 1980. Hunik Zoo' strives to help upper elementary readers understand and deal with alcohol and drugs in their lives and in their community. It provides a

vehicle in which readers can express themselves and experience the pride of seeing their work in print. Hunik Zoo' is an interesting, upbeat publication for and about the children of northern Alaska. The monthly publication is disseminated through the Fairbanks Daily News Miner and Northland News to over 30,000 homes in northern Alaska. Publication is made possible by a grant from the State Office of Alcohol and Drug Abuse and in-kind contributions from the Fairbanks Daily News Miner.

Al-Anon is an all-volunteer organization which provides moral support for family members of alcoholics. Meetings are open to those with a personal and/or family interest in alcoholism.

Al-a-Teen is an organization which helps and informs young people aged 12 to 20 who live where alcoholism is a problem or who have friends or relatives with drinking problems. Al-a-Teen is an all-volunteer organization.

Alcoholics Anonymous (AA) is a non-profit program which provides assistance to any individual who wishes to stop drinking. The Fairbanks office is one of two offices in the state. The local office provides services for all but the southeastern panhandle of Alaska. The office is open Monday through Friday from 9:00 to 5:00. A 24-hour contact phone is staffed by volunteers; volunteers are also trained in a twelve-step support plan. Meetings are held twice daily in twenty locations within the Fairbanks North Star Borough. Services are also available for inmates and other institutionalized individuals. The Fairbanks office estimates that there are over 2,000 members of AA locally. AA is supported solely by member donations; there are no mandatory fees, nor are there paid employees.

The Fairbanks Northern Lights Chapter of Mothers Against Drunk Drivers (M.A.D.D.) is one of two chapters of M.A.D.D. in the state. The local office provides services for the North Star Borough and the Interior (to the extent that resources will allow). M.A.D.D. sponsors a victim-assistance program, a courtroom monitoring committee, and public education through guest speakers and seminars. M.A.D.D. has supported legislation for tougher drunk driving penalties, as well as legislation aimed at restoring the drinking age. Members of M.A.D.D. are primarily concerned citizens. The organization is non-profit, supported by membership dues, donations, and fundraisers.

Bartenders Against Drunk Drivers (B.A.D.D.) is sponsored by the owners of local bars and restaurants (Los Amigos, Club Manchu, the Pizza Pub, the Midnight Mine, The Moose Club, and the Turtle Club). B.A.D.D. provides free transportation from the above bars to the patron's home upon request and will also provide transportation back to the bar the next day so that the patron can pick up his/her vehicle. The goal of the program is to keep drunk drivers off the streets. Approximately fifty patrons utilize this service monthly. Although B.A.D.D. currently has one van, there are plans to add another in the near future.

Students' Against Drunk Drivers (S.A.D.D.) may begin in the Fairbanks North Star Borough this year. A letter requesting such a program has been submitted to the superintendent of schools by M.A.D.D.

Table 19

## Substance Abuse Programs

Agencies to be Included	# FTEs*	FY83 Revenues	Assets
Al-A-Teen	-0-	NR	-0-
Al-Anon	-0-	NR	-0-
Alcohol Awareness, Inc.	-0-	\$1,000	-0-
Alcoholics Anonymous	-0-	NR	NR
Bartenders Against Drunk Drivers	-0-	NR	\$15,000
FNA Regional Center for Alcohol and Other Addictions	41.0	\$1,477,622	NR
Hunik Zoo', Tanana Chiefs Conference	2.0	NR	NR
KILA Fairbanks Substance Abuse Center	4.25	200,000	-0-
Mothers Against Drunk Drivers	-0-	NR	NR
<b>Total</b>	<b>47.25</b>	<b>\$1,678,622+</b>	<b>\$15,000+</b>

Agencies to be Referenced	# FTEs*	FY83 Revenues	Assets
Chemical Abuse Rehabilitation and Education, Eielson A.F.B.	NR	NR	NR

\* FTE = Full-time equivalent staff.

DESCRIPTION OF OTHER PROGRAMS

The Chemical Abuse Rehabilitation and Education (CARE) Program, operated by the Eielson Air Force Base Social Actions Division, is funded by the military. It provides rehabilitation and education services in the Interior region for any Air Force member, dependents, and civilians affiliated with the Department of Defense. Services include local rehabilitation, referral to 10- or 28-day inpatient treatment, follow-on counseling, and preventive education. Preventive education services are available for use in the local community to support all drug/alcohol awareness programs. (See also Table 19.)

OBJECTIVES

- A. The North Star Borough community should undertake a variety of public education projects on all aspects of the prevention of substance abuse, through 1986.

Current Providers:

Alcohol Awareness  
Fairbanks Native Association Regional Center for Alcohol and Other Addictions  
Hunik Zoo', Tanana Chiefs Conference  
KILA, Inc.'s Fairbanks Substance Abuse Center  
Mothers Against Drunk Drivers

- B. The Fairbanks community should maintain adequate and appropriate treatment services, with referral and follow-up, for persons with substance abuse problems, by 1986.

Current Providers:

Fairbanks Native Association Regional Center for Alcohol and Other Addictions  
  
KILA, Inc.'s Fairbanks Substance Abuse Center

- C. The Fairbanks area should have a 25-bed short-term intermediate alcohol treatment capability, by 1986.

Current Provider:

Fairbanks Native Association Regional Center for Alcohol and Other Addictions

- D. The Fairbanks area should maintain fifteen beds for medical and social-setting detoxification, through 1986.

Current Provider:

Fairbanks Native Association Regional Center for Alcohol and Other Addictions

- E. The Fairbanks area should develop long-term inpatient treatment services for alcoholics for whom short-term services are inadequate, by 1988.

Current Provider:

None

#### ISSUES/ACTIVITIES

The Fairbanks community should continue and increase its support for Alcohol Awareness, Inc., using Alcohol Awareness as a coordinating agency with law enforcement, educational groups, and other agencies to provide ongoing educational projects throughout the community. Furthermore, the community, through governmental, civic, and religious organizations, should provide funding for specific awareness projects, such as media programs and youth projects.

Operational funding for the RCAOA should be maintained at at least the FY 1983 level, through 1986. Funding levels, at a minimum, should increase to accommodate population increases (1.5%) and inflation (estimated 7%) annually. The community should assist RCAOA to obtain funds for construction of a treatment center which could consolidate the various components of its program in one location and expand its inpatient services, as appropriate.

The RCAOA should continue to lend its program support to Alcohol Awareness and other prevention efforts which are ongoing in the community. It should also promote the fact that its services are for all members of the community, non-Natives as well as Natives. Finally, the RCAOA should continue to provide treatment and counseling services specifically aimed at women and should continue to offer these services separately from those provided to men, when appropriate.

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## CHAPTER XVI

### EDUCATION

#### GOAL

To provide equal opportunity for all local citizens to learn and acquire skills, to equip themselves for life as citizens of the community, to obtain employment, and to become socially mobile.

#### DESCRIPTION OF NON-PROFIT PROGRAMS

There are four non-profit agencies providing educational services to the Greater Fairbanks area. Unlike other services described in this plan, these services are encompassed by Borough education powers. Combined resources of the four organizations are 65 employees, a budget of \$1,612,700 in FY 1983, and about \$205,000 in assets. Descriptions of each of these programs follow, with more information in Table 20.

Adult Learning Programs of Alaska provides basic education, vocational training, and development of living and employment skills for adults.

The Greater Fairbanks Family Head Start Association operates a pre-school providing services to eighty children, aged 3-5, and their families. Included are speech therapy, mental health, dental and physical health, and nutrition services and comprehensive screening and evaluation. The families of children enrolled must meet low-income guidelines.

The Johnson O'Malley Program of Fairbanks Native Association provides services to 1,500 local Native children from age three through high school. Programs include a pre-school for 3-5 year-olds; tutoring for elementary school students; after-school, tutoring, and summer programs for junior high and high school students; and, a model corporation for high school students to participate in and operate. Career awareness activities and job-seeking skills training are offered to high school students.

The Literacy Council of Alaska recruits and trains volunteers to teach reading (30% of students) and English as a Second Language (70% of students) to out-of-school youths and adults. Volunteers assist with life skills competencies, G.E.D. preparation, and citizenship preparation. Tutoring is usually on a one-to-one basis at home or a location convenient for both student and tutor. Skills assessments are completed by each student before tutoring begins, and students are referred for further educational or vocational assistance as appropriate. Program staff provide training to volunteers, reference materials, textbooks, and other support. The Literacy Council program coordinates with the Golden Heart Reading Council and the Borough Library. It is a United Way agency.

Table 20

Educational Services  
(Encompassed Under Borough Education Powers)

Agencies to be Referenced	# FTEs*	FY83 Revenues	Assets
Adult Learning Programs of Alaska	18.0	\$600,000	\$40,000
Greater Fairbanks Area Head Start Association	20.0	364,983	150,000
Johnson-O'Malley Program, FNA	25.0	481,785	NR
Literacy Council of Alaska	5.75	165,932	15,788
<b>Total</b>	<b>68.75</b>	<b>\$1,612,700</b>	<b>\$205,788+</b>

\* FTE = Full-time equivalent staff.

## DESCRIPTION OF OTHER PROGRAMS

The Fairbanks North Star Borough School District, the University of Alaska-Fairbanks, and the Tanana Valley Community College are major public institutions well known in Fairbanks and the Interior. There are also a number of private and parochial schools in the area. Because of the nature of these institutions, they are outside the realm of this plan.

## OBJECTIVES

- A. Educational service providers and agencies providing services for Natives, in particular, should increase public awareness of these important and specialized helping programs for minority groups, through 1986.

Current Providers:

As listed in Table 20

- B. The State of Alaska, with assistance from the Fairbanks North Star Borough and the cities of North Pole and Fairbanks, should provide \$4.5 million for construction of a new Head Start facility at a location close to the target population of the community, by 1985.

Current Providers:

Greater Fairbanks Area Head Start Association (services)  
Fort Wainwright (facility)

- C. Adult education services should be offered on an on-going, year-round basis, by 1986.

Current Providers:

Adult Learning Programs of Alaska (partial services during the summer)  
Literacy Council of Alaska

- D. Remedial and supplementary education services should be provided during the summer through the Fairbanks North Star Borough School District, by 1984.

Current Provider:

None

## CHAPTER XVII

RECREATIONGOAL

To promote a wide variety of recreational and cultural activities for the benefit of all residents and visitors to the North Star Borough.

DESCRIPTION OF NON-PROFIT PROGRAMS

There are four non-profit agencies and many volunteer organizations providing recreational services within the North Star Borough. Unlike other services described in this plan, these activities are encompassed by Borough recreation powers. However, because of the significant contributions which these organizations make to the mental health and fitness of the citizenry, their activities deserve mention. The four non-profit agencies employed a total of fifteen staff in FY 1983. Their combined budgets exceeded \$600,000, and their capital assets were over \$742,000. (See Table 21.)

The Midnight Sun Council of the Boy Scouts of America offers recreation, education, and leadership training for young people aged seven to twenty. The program has four phases: Tiger Cubs, for boys aged seven; Cubs and Webelos for boys aged eight to ten; Scouts, for boys aged 11-18; and Explorers, for young men and women from the ninth grade through age twenty. Adult volunteers provide leadership to packs, dens, troops, and posts on a neighborhood basis. The Midnight Sun Council, a United Way agency, serves approximately 1,200 youth annually.

The Golden Heart Council of Camp Fire is an educational and recreational program for boys and girls in the first grade through high school. Members meet in small groups with trained volunteer leadership. Summer day camp programs are provided to children who have completed the first through eighth grades. Resident camp is available for persons who have completed the first grade through high school. Camp Fire also offers a special "Kid Kapers" program for elementary-school-aged children on days when the schools are closed for teacher in-service and workdays. All programs are available to non-members as well as members. Camp Fire serves over 1,500 children and youth directly each year and reaches many more through some of its educational programs. Camp Fire is a United Way agency.

The Tanana Valley 4-H Program is a learning-experience program, offering individual instruction and experience in almost any area of a young person's interest, from cooking to automobile mechanics to livestock care. Volunteer leaders oversee each project and the 4-H members, who range in age from nine to nineteen. The 4-H Program serves approximately 4,000 youth annually.

Table 21

Recreational Services  
(Encompassed under Borough Recreation Powers)

Agencies to be Referenced	# FTEs*	FY83 Revenues	Assets
Boy Scouts of America	5.0	\$182,000	\$500,000
Camp Fire	2.0	95,000	12,000
4-H Program	4.0	NR	NR
Girl Scouts of America	4.0	250,000	229,907
<b>Total</b>	<b>15.0</b>	<b>\$527,000+</b>	<b>\$741,907+</b>

\* FTE = Full-time equivalent staff.

The Farthest North Girl Scout Council is concerned with girls aged six to seventeen who live north of the sixty-third parallel. Girl Scouting provides opportunities for girls to develop their potential, make friends, and become vital members of the community. Activities include computer camp, personal development, education, recreation, and community service. Girl Scouting is divided into four levels: Brownies, for grades 1-3; Junior Scouts, for grades 4-6; Cadets, for grades 7-8; and, Senior Scouts, for grades 9-12. In FY 1983, the Farthest North Council served approximately 1,565 youth in 85 troops. The Council is a United Way agency.

In addition to these agencies, there are dozens of non-profit and informal organizations which offer recreational opportunities for youth and adults in the Greater Fairbanks area. Examples of these organizations include swim teams; Rainbow; youth and adult baseball, softball, basketball, hockey, football, and soccer; the Fairbanks Youth Symphony; the Community Orchestra; the Fairbanks Drama Association; the Youth Theater; the Junior Horsemasters Association; square-dance clubs; and many others.

#### DESCRIPTION OF OTHER PROGRAMS

The North Star Borough Department of Parks and Recreation provides recreational opportunities through maintenance of parks, trails, ball fields and such facilities as the Wescott Pool, Hamme Pool, the Mary Siah Recreation Center, the Big Dipper ice arena, and Crowden Field. The Department also provides summer day camps for elementary-school-aged children and offers arts and crafts and other educational programs for children and adults. Special recreation programs for the handicapped are also available.

Other organized recreational activities or programs include Alaska-land, various campgrounds, the University of Alaska Museum, and community interest programs offered through the Tanana Valley Community College.

#### OBJECTIVES

- A. The Midnight Sun Council of Boy Scouts, the Golden Heart Council of Camp Fire, the Tanana Valley 4-H Program, and the Farthest North Girl Scout Council should continue to provide services within the North Star Borough, through 1986.

Current Providers:

As listed in Table 21

- B. The Borough Department of Parks and Recreation should continue its leadership role in the establishment and perpetuation of recreational facilities and programs, through 1986.

Current Provider:

Fairbanks North Star Borough Department of Parks and Recreation

ISSUES/ACTIVITIES

Recreation is a primary responsibility of Borough government. Recreational services which promote the mental health and fitness of Borough residents should be supported directly and indirectly by the Borough and by the Cities of Fairbanks and North Pole.

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# Alaska State Legislature

## Senate Committee on State Affairs

Vic Fischer, Chairman • 1024 W. 6th Ave., Suite 204 C,  
Anchorage, Alaska 99501  
(907) 278-3654

Official Business

February 2, 1984

To: John Hartley ✓ Ginger Baim, Senator Vic Fischer  
From: Steven Kadish

Re: Proposed Intent Language for Anchorage Social Services

It is the intent of the Legislature to fund non-profit organizations to provide social service programs in the Municipality of Anchorage that are not otherwise fully supported by other state or municipal funding.

Complete programs or only parts of Anchorage non-profit social service programs may be supported with this funding. These programs should provide either direct care or preventative services.

Social service programs to be funded include substance abuse treatment, mental health services, food assistance programs, rape and abused victims treatment, runaway shelters, health care services, support services to the disabled, day care and child care services, employment and training services, legal aid services, special needs programs for older persons, housing services, disaster relief services, and youth and family service programs.

<sup>Municipal</sup> It is also the intent of the legislature that administrative costs for these pass through funds be not more than ~~10%~~ <sup>5%</sup> of the total.



Official Business

# Alaska State Legislature

## Senate

Pouch V  
State Capitol  
Juneau, Alaska 99811

TO: Lynn Barnes  
FROM: Henry M. Lancaster, II *HMLB*  
DATE: January 30, 1984

*work order  
- 1900 -  
from Josephson*

RE: Municipal Social Services Fund

Senator Josephson would like legislation drafted that will establish a municipal social services fund for the distribution of money to statutorily defined regions of Alaska. The regional areas could be boroughs or municipalities. The monies would be appropriated on a yearly basis to the area for social services uses. The distribution would be based on a per capita assessment of the area. The amount distributed per capita would be \$35.00.

In order to qualify for the funds the area would have to:

1. Develop a social service plan not inconsistent with AS 47.75.010 et al.
2. Create an area needs assessment task force and fund distribution entity.
3. Require that only non-profit, non-governmental agencies be eligible as recipients of funds.
4. Justify the need for a higher per capita allotment based upon factors such as rural siting, inflation, special problems, etc.

Lastly, a department should be identified to distribute the funds and approve of the social service plans. (DHSS or DCRA)

*\$ 35 per person  
wait until a  
calculation is made  
head count*

*regions  
head counts  
state plans  
appropriate*

*435,000  
35*

1 IN THE SENATE

BY JOSEPHSON

2 E BILL NO.

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to a social services fund."

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

8 \* Section 1. AS 47 is amended by adding a new chapter to read:

9 CHAPTER 77. SOCIAL SERVICES FUND.

10 Sec. 47.77.010. SOCIAL SERVICES FUND. (a) There is created in  
11 the Department of Health and Social Services a social services fund.  
12 The department shall distribute the money appropriated to this fund as  
13 described in (b) of this section.

14 (b) In administering the social services fund, the department  
15 shall

16 (1) after consulting with the Department of Community and  
17 Regional Affairs, divide the state into social services regions and  
18 select an appropriate entity, including a municipality, a borough  
19 assembly, a tribal council, or a nonprofit corporation to represent  
20 each region in its business with the department;

21 (2) adopt regulations establishing guidelines, consistent  
22 with AS 47.75.010 and 47.75.020, for

23 (A) the establishment and operation of regional needs  
24 assessment task forces and regional fund distribution procedures  
25 or entities, which may include the entities selected under (b)(1)  
26 of this section; and

27 (B) regional social services plans;

28 (3) review regional social services plans submitted for  
29 approval, and approve those plans that meet the department's

1 guidelines; and

2 (4) distribute the money appropriated to this fund to the  
3 entities representing the social services regions that have had plans  
4 approved; distribution of funds shall be made

5 (A) annually;

6 (B) on a per capita basis, using population figures  
7 determined under AS 29.89.060; and

8 (C) subject to adjustments under AS 47.77.040.

9 Sec. 47.77.020. ELIGIBILITY OF SOCIAL SERVICES REGION FOR FUND-  
10 ING. To be eligible for funding of a region's social services pro-  
11 grams, the entity representing the social services region shall

12 (1) create a needs assessment task force and a fund distri-  
13 bution procedure or entity for the region, following the guidelines  
14 adopted under AS 47.77.010;

15 (2) develop and submit to the Department of Health and  
16 Social Services biennially a social services plan consistent with the  
17 department's guidelines under AS 47.77.010, and receive approval for  
18 the plan from the department;

19 (3) indicate in the biennial plan if there is a need for a  
20 higher than per capita allotment, requiring an adjustment under  
21 AS 47.77.040.

22 Sec. 47.77.030. ELIGIBILITY OF PROVIDERS FOR FUNDS. A provider  
23 of social services is not eligible for inclusion in and receipt of  
24 funds under a regional social services plan unless the provider is a  
25 nonprofit, nongovernmental organization that is not fully funded by  
26 the state or a local government or agency. A provider eligible to  
27 receive funding under AS 29.89.010 - 29.89.110 is not eligible for  
28 funding under AS 47.77.010.

29 Sec. 47.77.040. ADJUSTMENTS IN PER CAPITA ALLOTMENTS. (a) A

1 social services region may request the Department of Health and Social  
2 Services to adjust the per capita distribution formula for social  
3 services funds. A request to do so shall be submitted to the depart-  
4 ment by the region with its biennial plan.

5 (b) The department may adjust the per capita formula for distri-  
6 bution of social services funds under AS 47.77.010 based upon factors  
7 including rural location, inflation, and other special problems in-  
8 cluding the higher cost of providing services in a particular area as  
9 compared with the rest of the state.

10 (c) The department shall adopt regulations governing the

11 (1) documentation required to support a request to adjust  
12 the per capita distribution formula; and

13 (2) criteria for adjustment of the per capita distribution  
14 formula.

15 Sec. 47.77.190. DEFINITION. In this chapter, "social services"  
16 has the meaning given in AS 47.75.060.