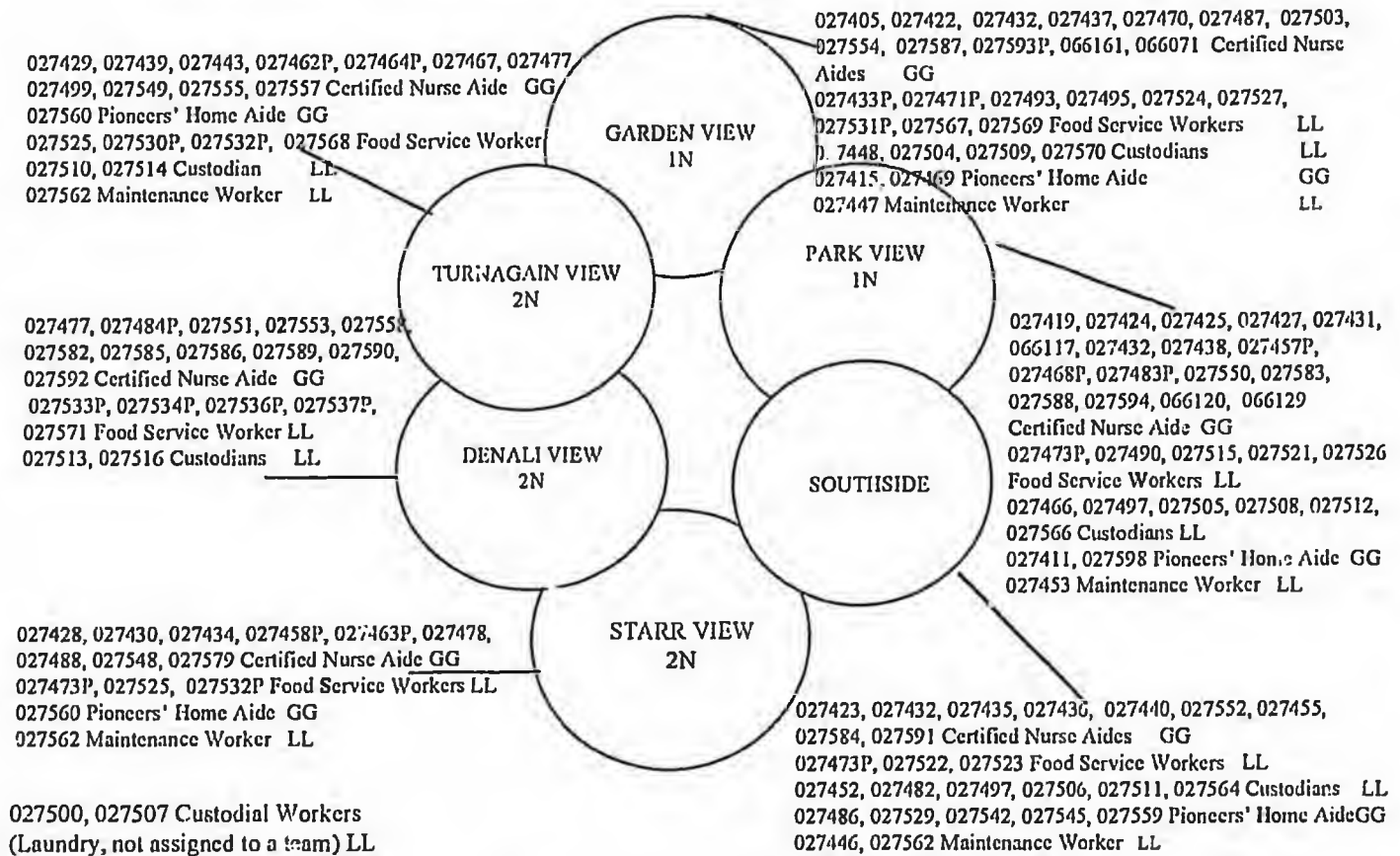


ALASKA LEGISLATURE

1858

HOUSE and SENATE FINANCE COMMITTEE FILES, 1999 - 2000

Anchorage Pioneers' Home Self Directed Work Teams



CONSULTANTS TO THE TEAMS

027410, 027412, 027413, 027414, 027489, 027541, 027543, 027580 Nurse II
 027416, 027417, 027418, 027420, 027421, 027544, 027546
 027547, 027577, 027581 Licensed Practical Nurse GG

Assisted Living Care Coordinator 027576 SS
 027556 Certified Nurse Aide (Scheduler) GG

027480 Accounting Clerk I GG 027496 Administrative Clerk I GG
 027403 Administrative Clerk II GG 027459 Administrative Clerk III GG
 027475 Project Assistant GG 027450, 027491, 027517, 027519, 027520 Cooks LL
 027476 Administrative Clerk II GG 027572 Social Worker III GG
 027596 Medical Records Assistant GG 027597 Medical Records Assistant GG

027502 Administrative Manager I SS 027474 Recreation Therapist II SS
 027406 Procurement Specialist II GG 027445 Maintenance Mechanic LL
 027595 Custodian Services Foreman LL 027485 Asst. Living Care Coordinator SS

027915, 027916 Chief Pharmacist SS
 027574, 027917 Pharmacy Assistant GG
 027578 Assistant Administrator SS
 027540 Pioneers' Home Administrator PX

**DEPARTMENT OF ADMINISTRATION
ALASKA LONGEVITY PROGRAMS
Anchorage Pioneers' Home Self Directed Work Teams**

Certified Nurse Aide New Positions	
02-#153	02-#154
02-#155	02-#155
02-#156	02-#157
02-#158	02-#159
02-#160	02-#161
02-#162	02-#163
02-#164	02-#165
02-#166	02-#167
02-#168	02-#169
02-#170	02-#171
02-#172	02-#173
02-#174	02-#175
02-#175	

Certified Nurse Aide Non-perm
02-M054
02-M055
02-M056
02-M056
02-M057
02-M058
02-M059
02-M060
02-M061
02-M062
02-M063
02-M064

Nurse II Non-perm
02-M050
02-M051
02-M052

Nurse I Non-perm
02-M053

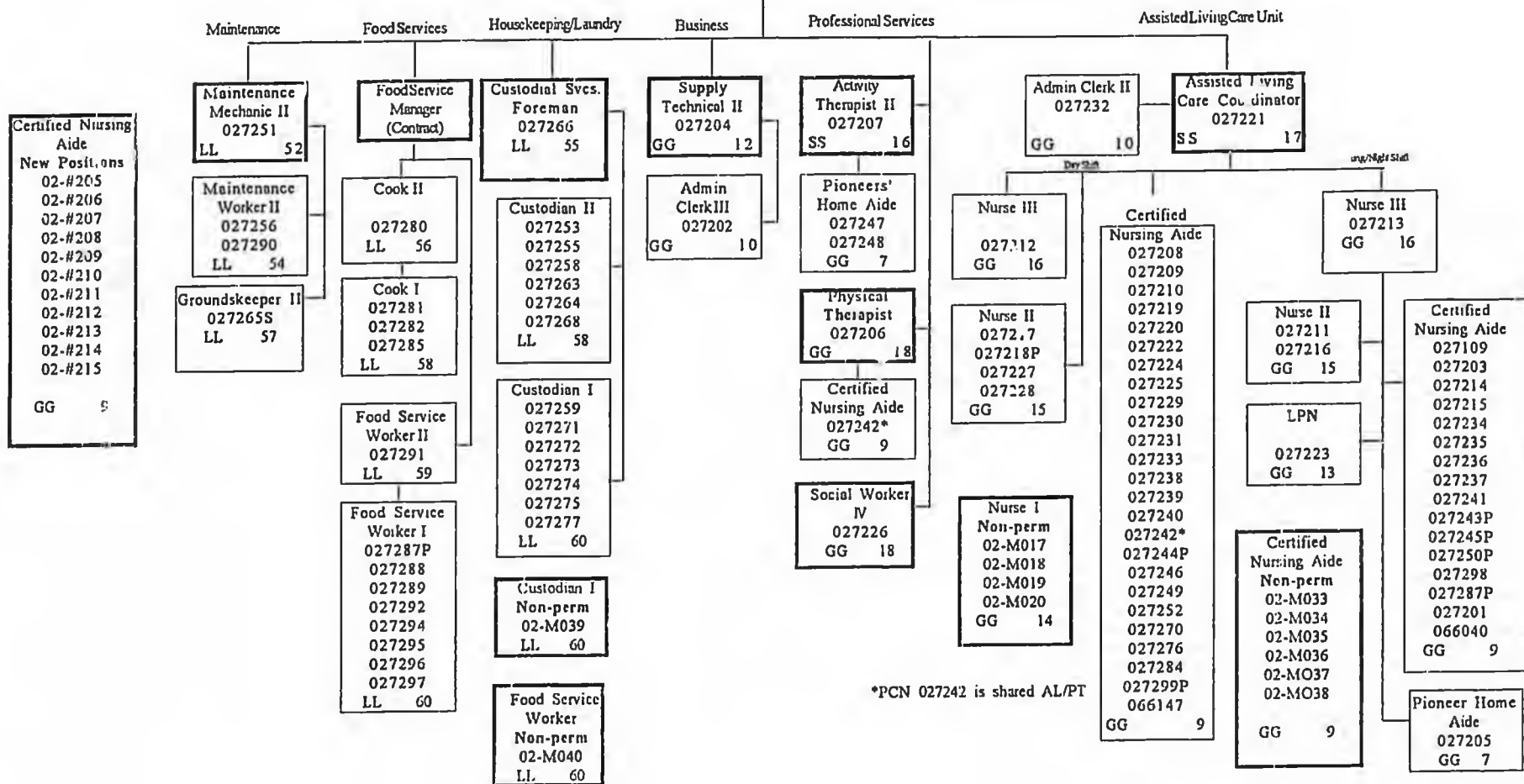
Custodian I Non-perm
02-M055
02-M056

Food Service Worker Non-perm
02-M067
02-M068

Note: 027502 oversees the office management for the Palmer and Fairbanks homes in addition to Anchorage.

**Department of Administration
Division of Alaska Longevity Programs
Fairbanks Pioneers' Home**

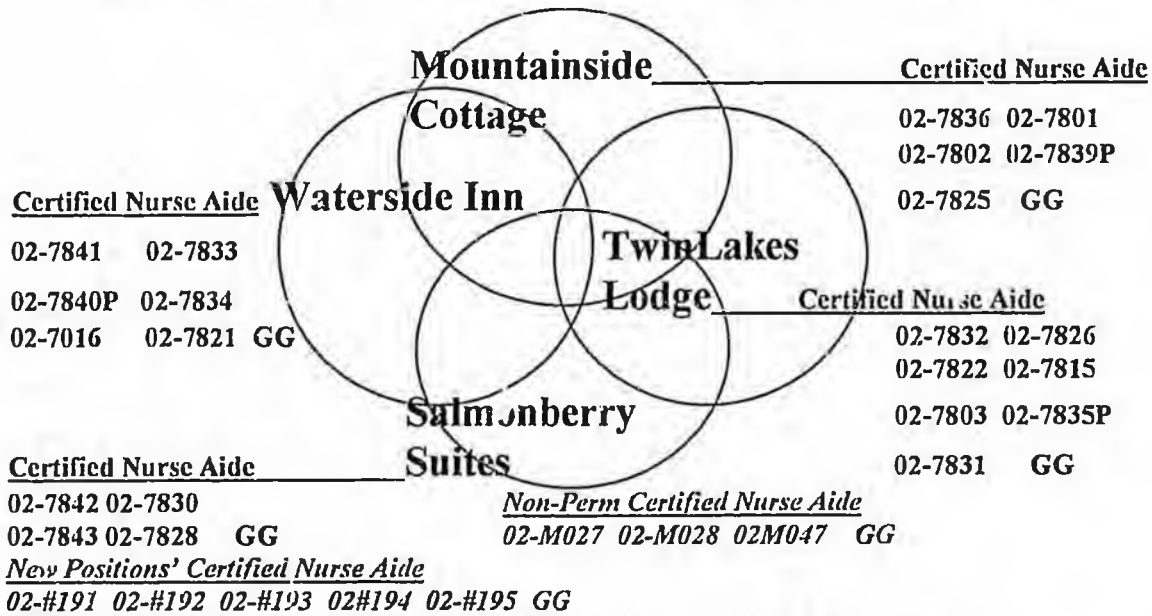
**Pioneers' Home
Administrator
027200
PX 23**



*PCN 027242 is shared AL/PT

**Department of Administration
Division of Alaska Longevity Programs
Juneau Pioneers' Home**

Juneau Pioneers' Home Self Directed Work Teams



TEAM CONSULTANTS/ FACILITATORS

NURSE III	02-7816	02-7817	02-7818	02-7807
NURSE II	02-7820	02-7823P	02-7824P	GG
NON-PERM NURSE	02-M029	02-M048		GG

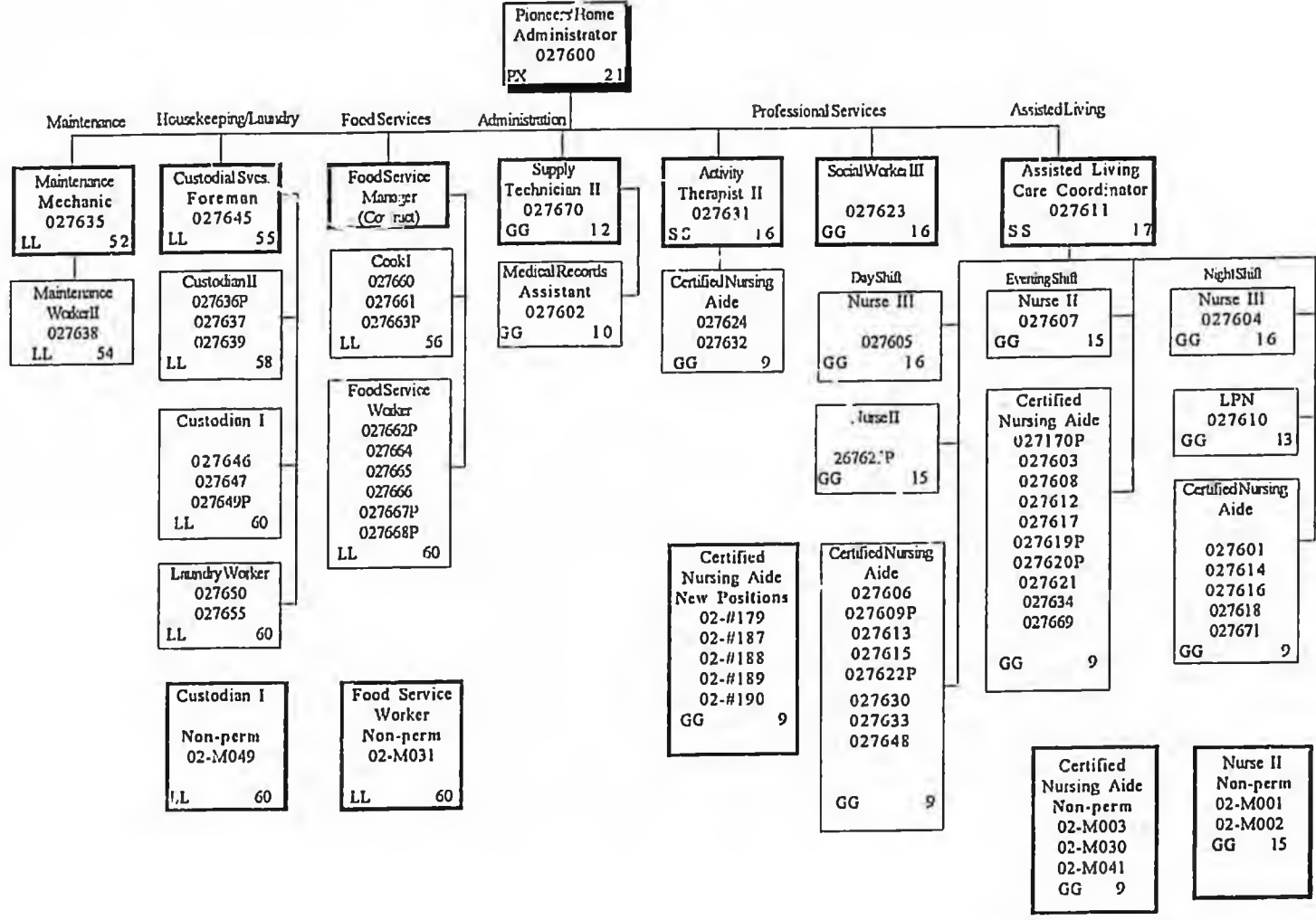
ASSISTED LIVING CARE COORDINATOR		02-7819	SS
RECREATION THERAPIST II		02-7812	SS
CNA (RECREATION SPECIALIST)			
02-7813, 02-7814, 02-7827	GG		
SOCIAL WORKER III	02-7805	GG	
PHYSICAL THERAPIST	02-7811P	GG	
CNA (PHYSICAL THERAPY SPECIALIST)	02-7829	GG	

MAINTENANCE MECHANIC	02-7804	LL
MAINTENANCE WORKER II	02-7808	LL
CUSTODIAN II	02-7810	LL
MEDICAL RECORDS ASSISTANT	02-7838	GG

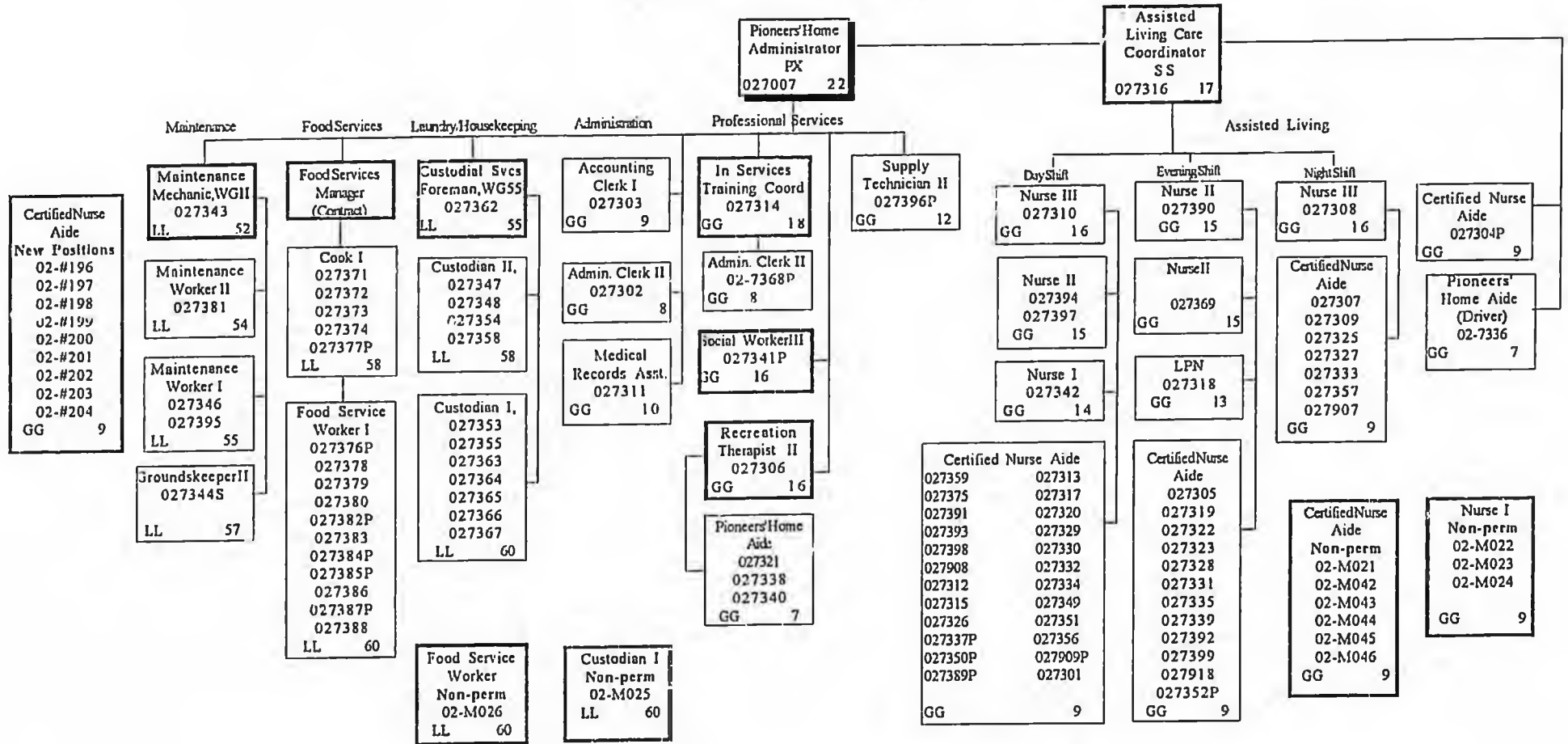
ADMINISTRATIVE ASSISTANT	02-7806	GG
PIONEERS' HOME ADMINISTRATOR	02-7800	PX

* Housekeeping and Food service employees are contracted

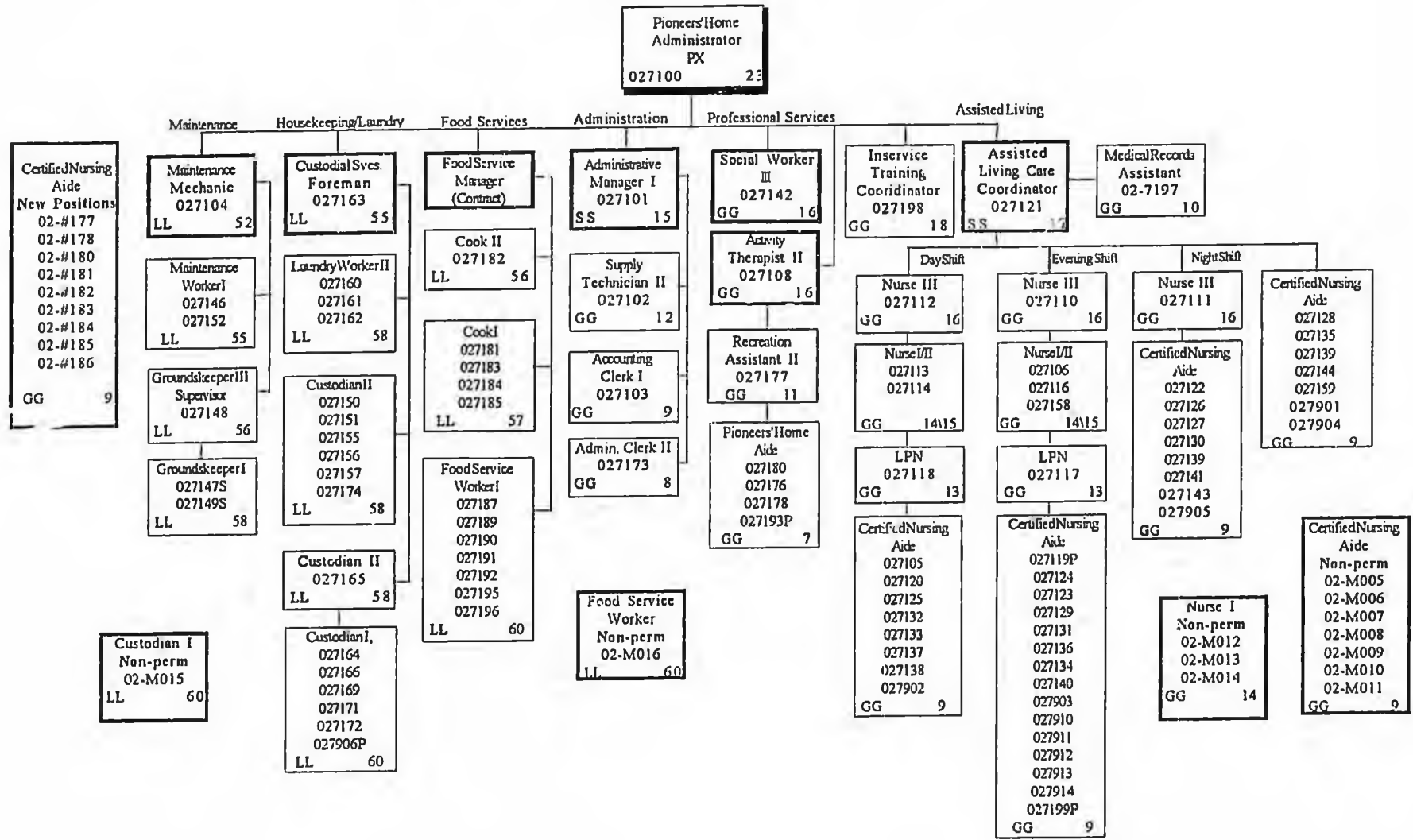
Department of Administration Division of Alaska Longevity Programs Ketchikan Pioneers' Home



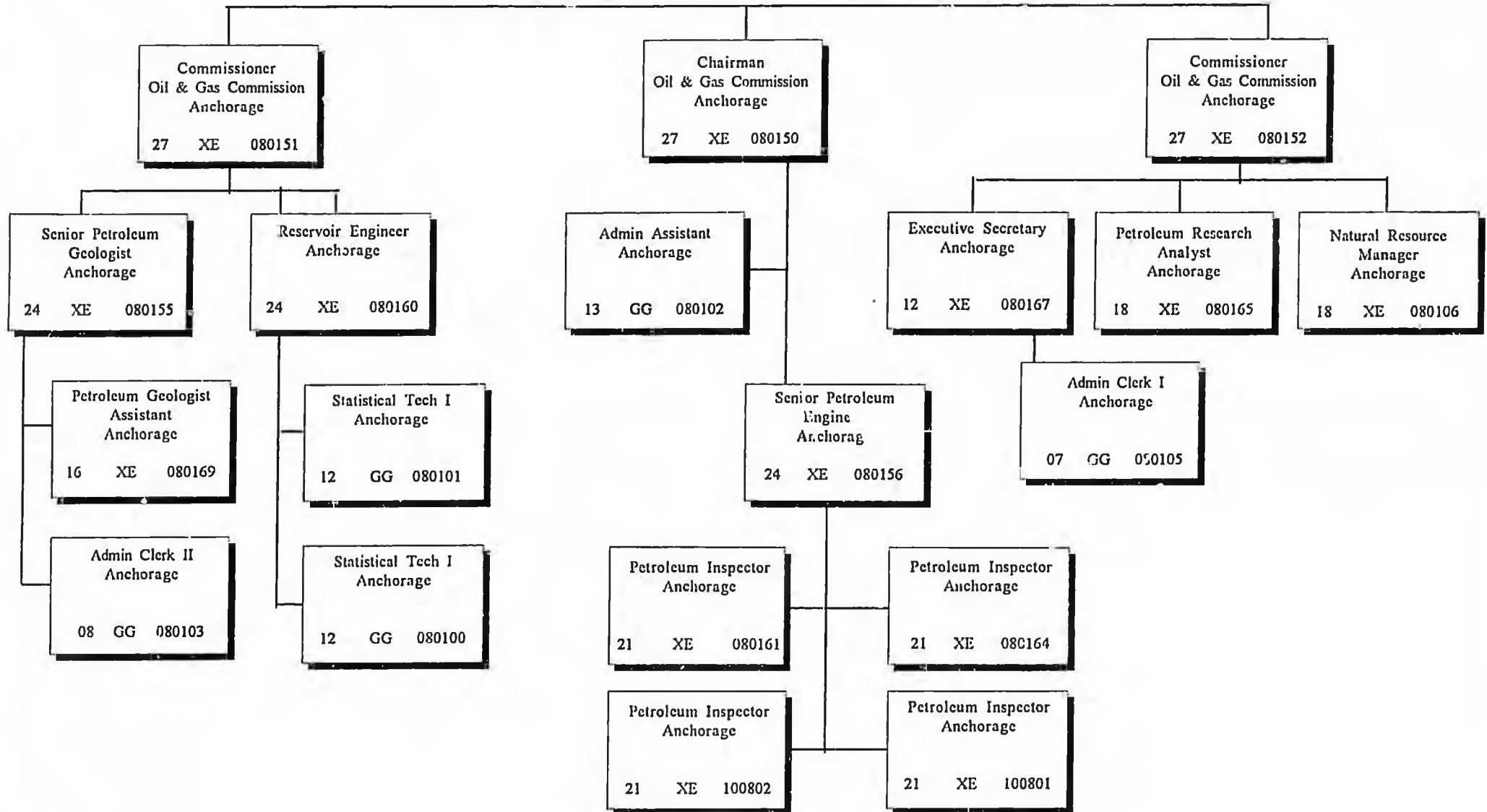
**Department of Administration
Division of Alaska Longevity Programs
Palmer Pioneers' Home**



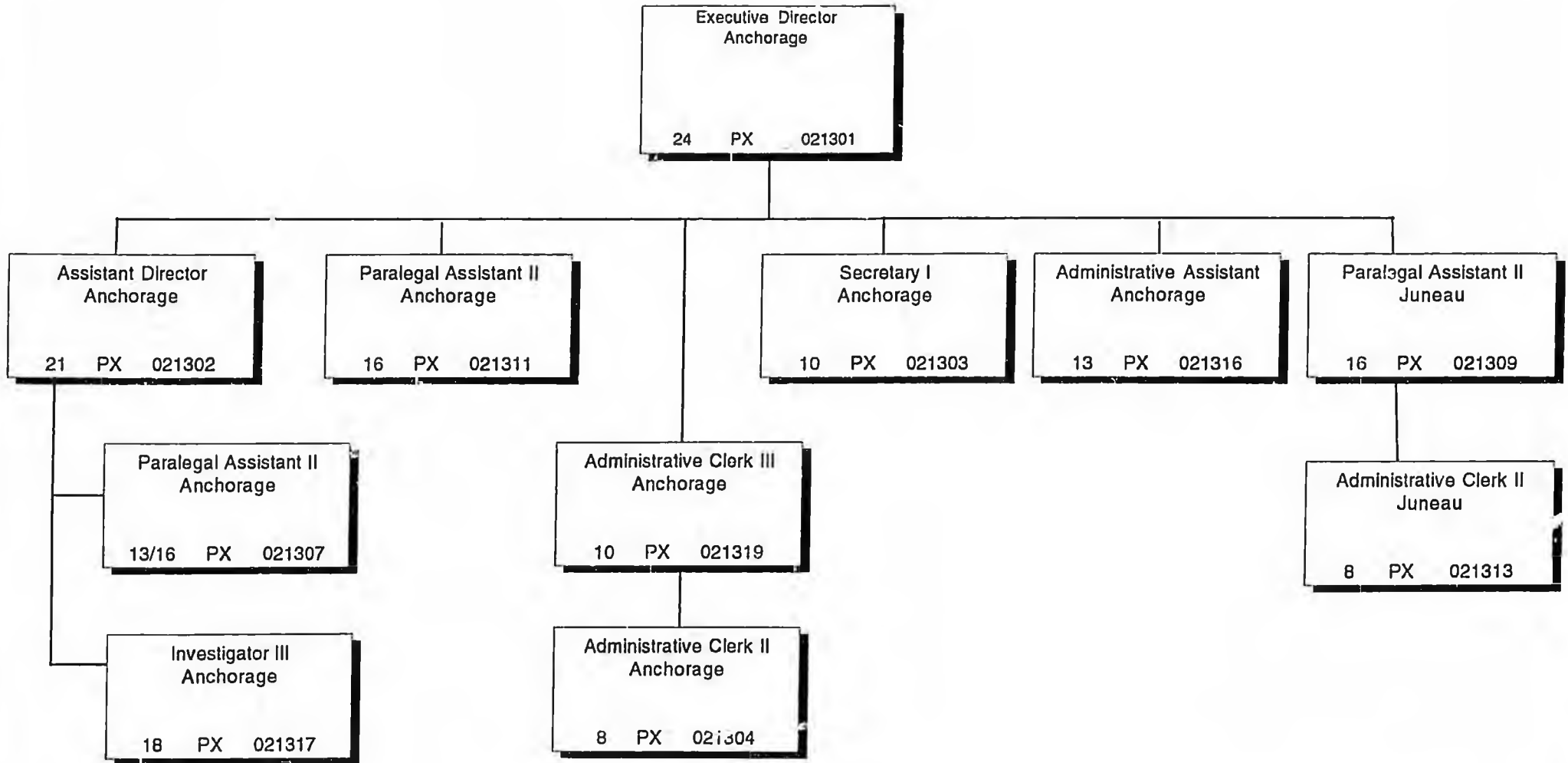
Department of Administration Division of Alaska Longevity Programs Sitka Pioneers' Home



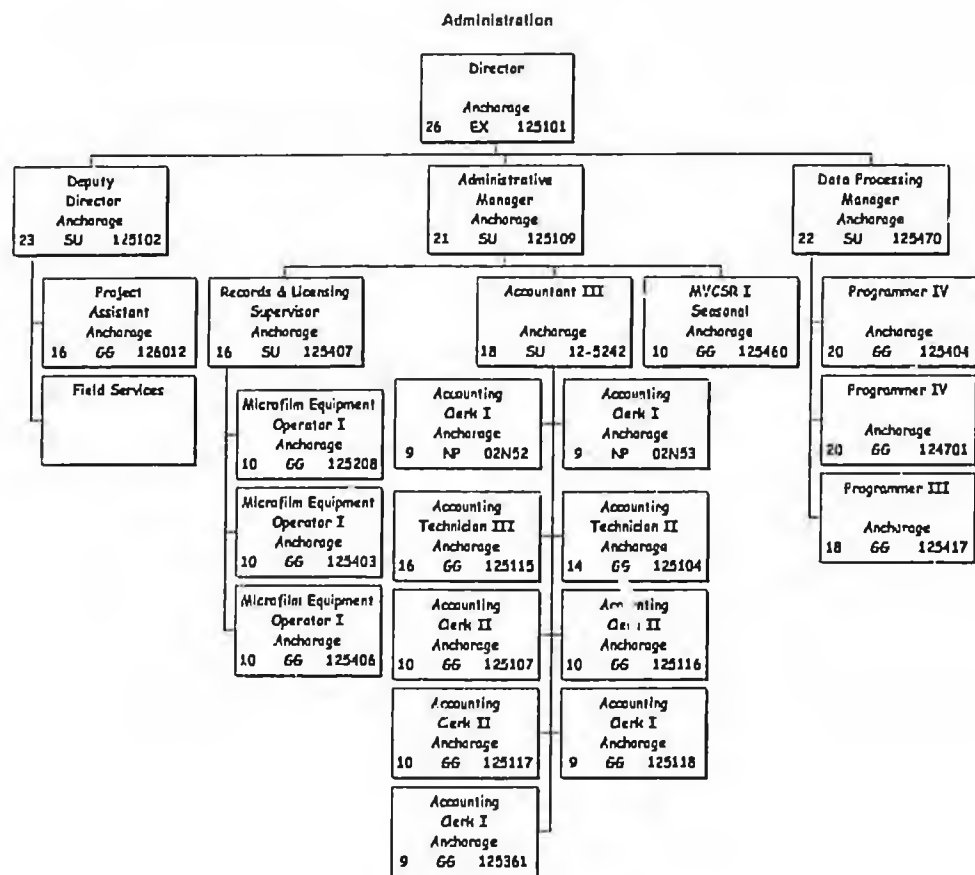
**DEPARTMENT OF ADMINISTRATION
ALASKA OIL AND GAS CONSERVATION COMMISSION**



DEPARTMENT OF ADMINISTRATION
ALASKA PUBLIC OFFICES COMMISSION

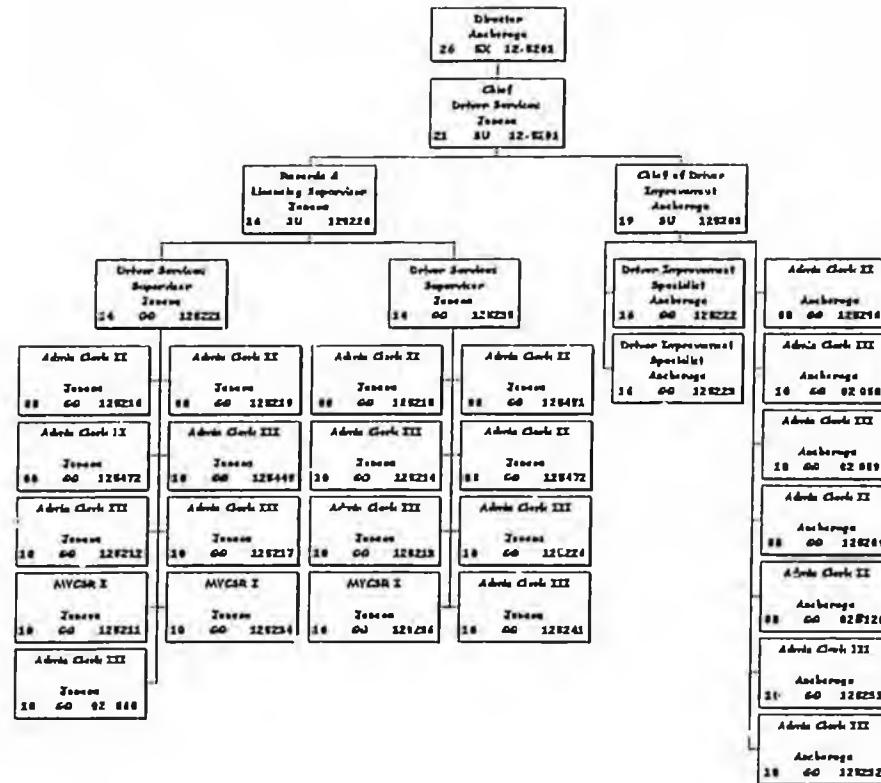


Department of Administration Division of Motor Vehicles

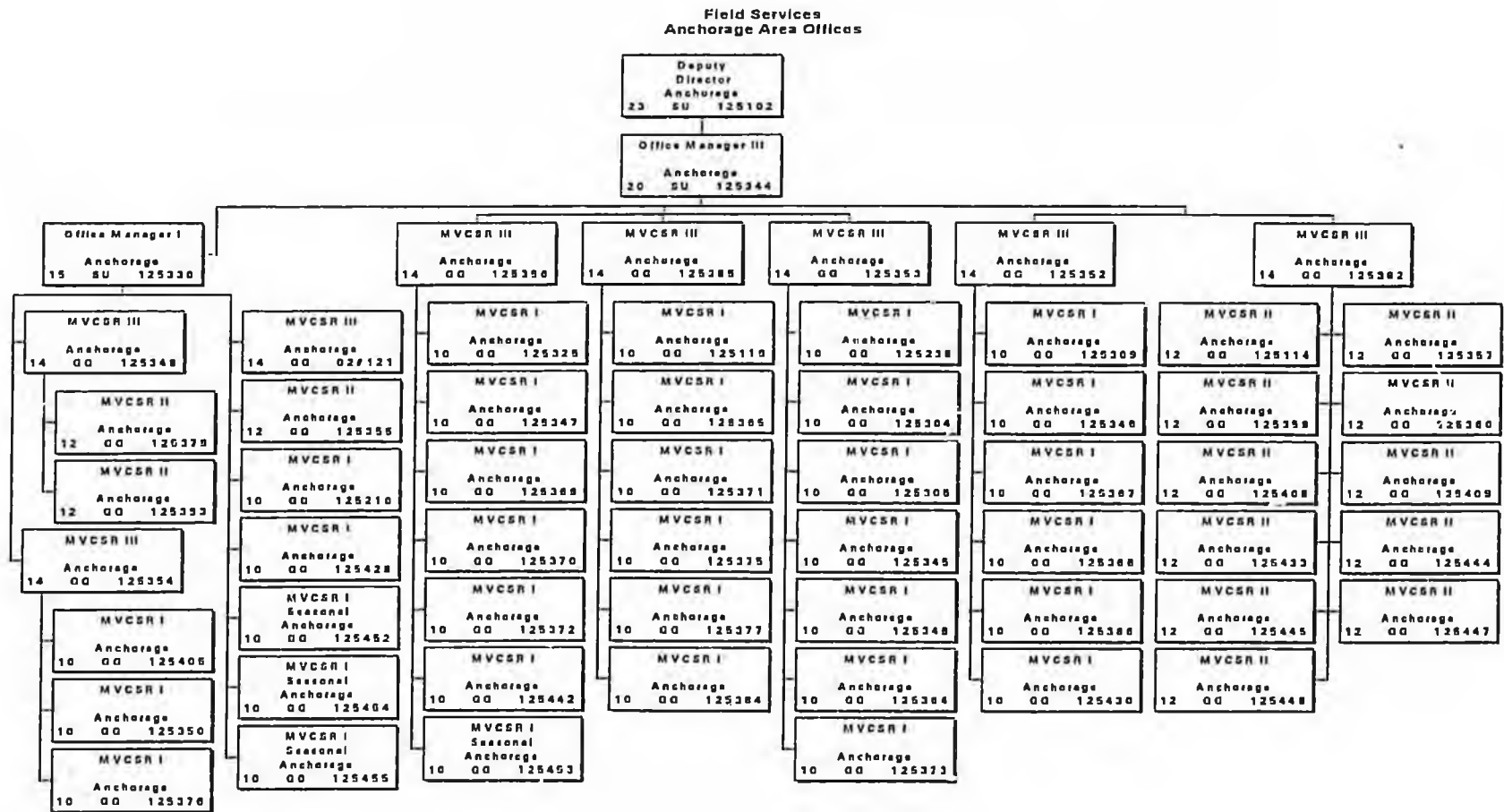


Department of Administration Division of Motor Vehicles

Driver Services / Financial Responsibility

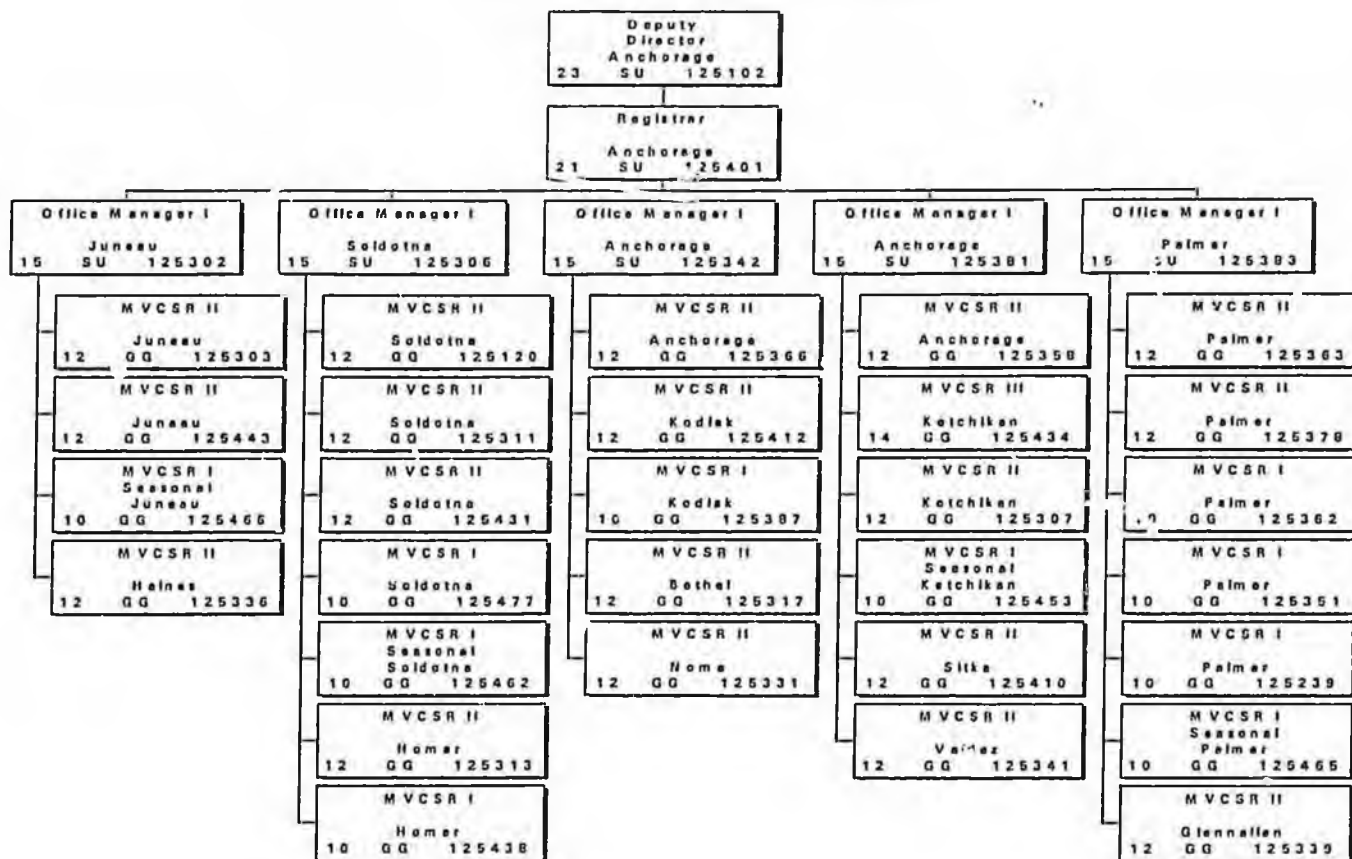


Department of Administration Division of Motor Vehicles



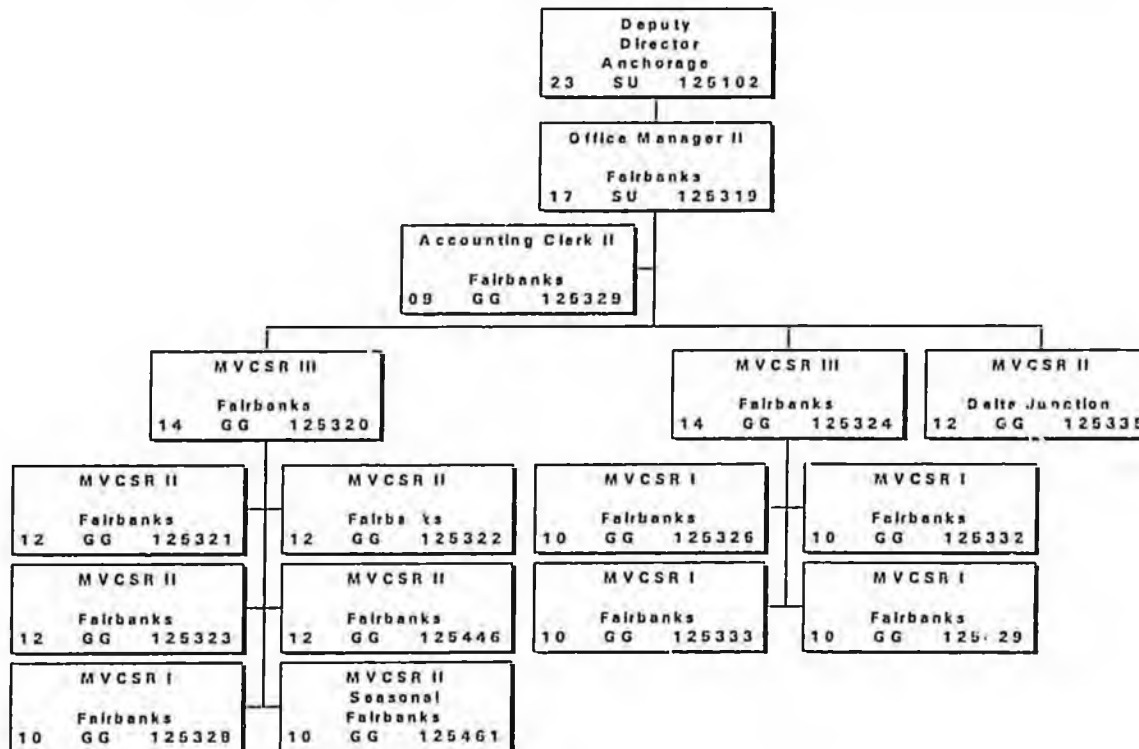
Department of Administration Division of Motor Vehicles

Field Services Medium & Small Offices Statewide

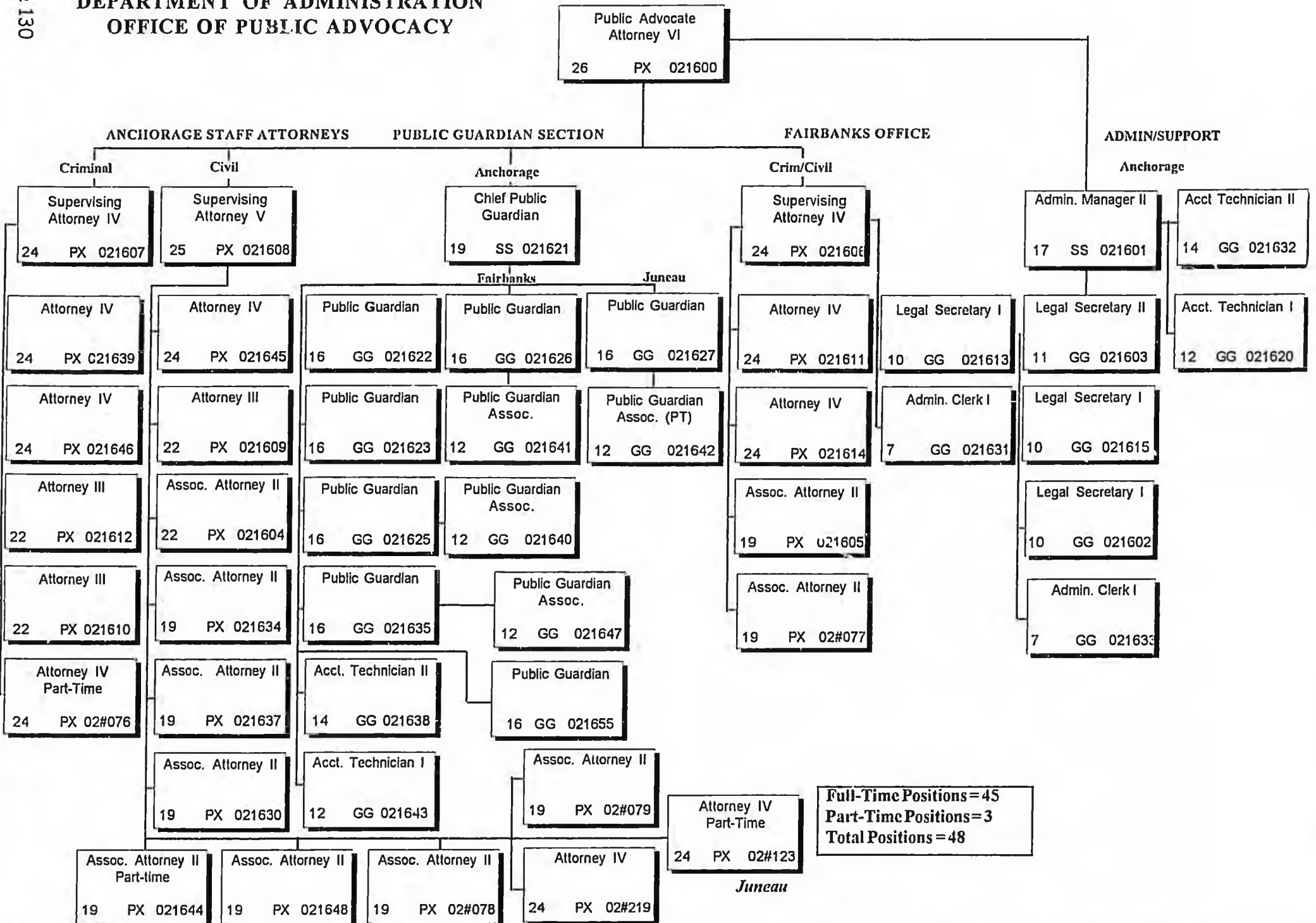


Department of Administration Division of Motor Vehicles

Field Services Fairbanks Area Office

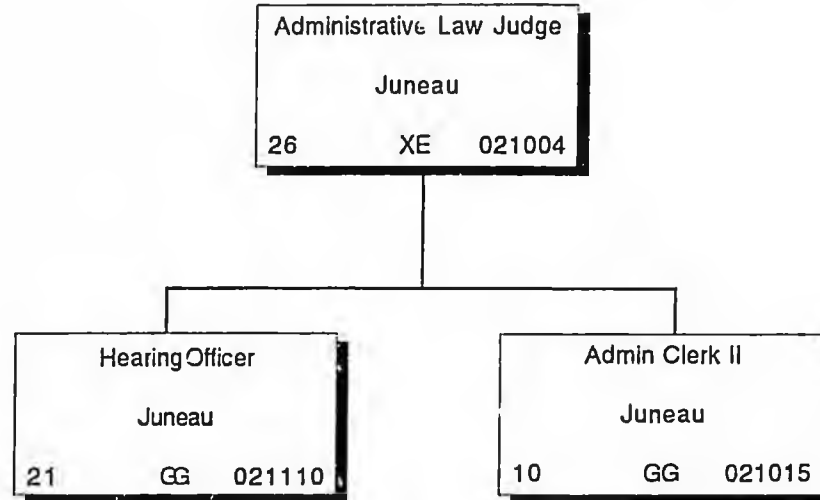


DEPARTMENT OF ADMINISTRATION
OFFICE OF PUBLIC ADVOCACY



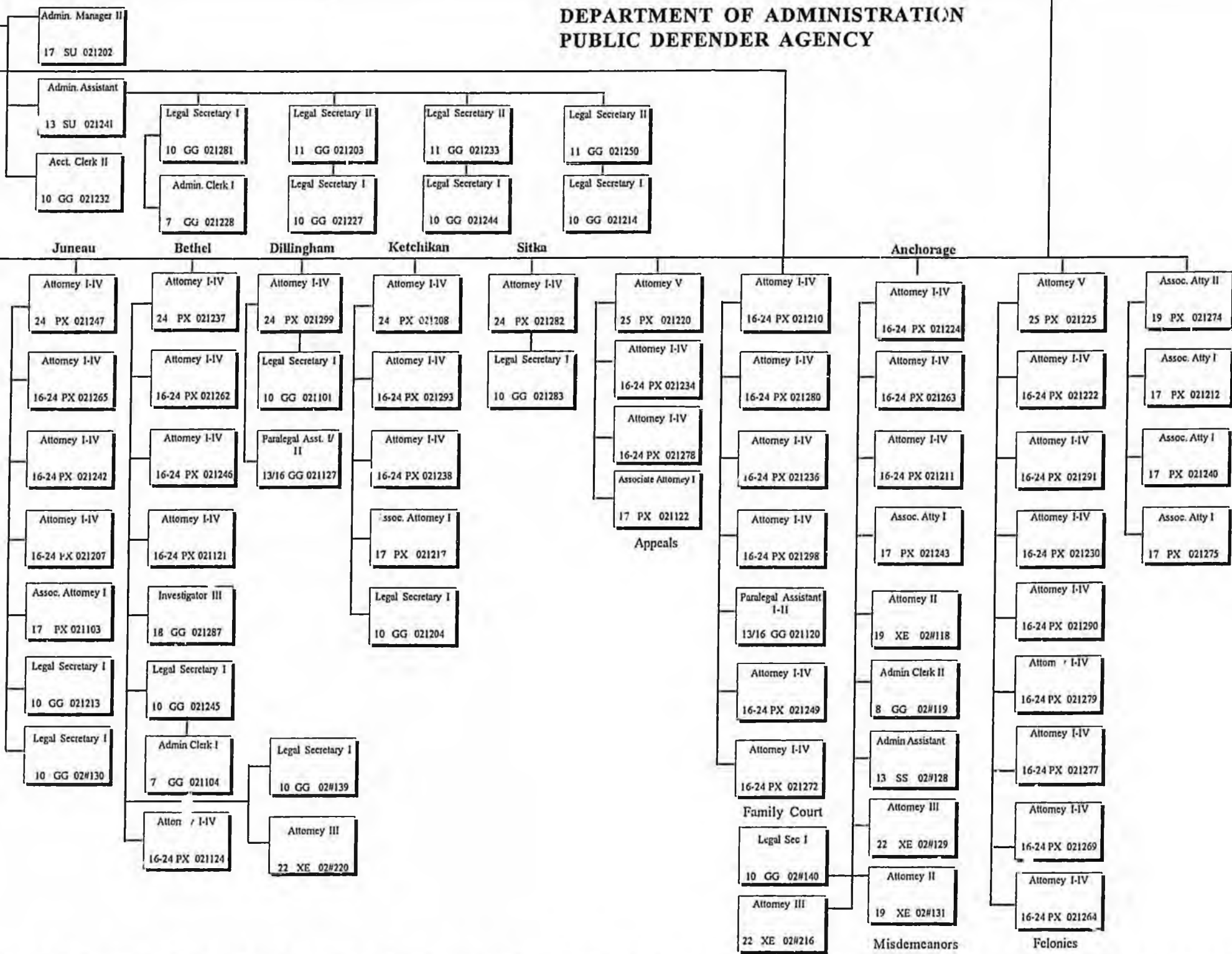
Full-Time Positions = 45
Part-Time Positions = 3
Total Positions = 48

DEPARTMENT OF ADMINISTRATION
OFFICE OF TAX APPEALS



DEPARTMENT OF ADMINISTRATION PUBLIC DEFENDER AGENCY

Page 182



**DEPARTMENT OF ADMINISTRATION
PUBLIC DEFENDER AGENCY**

Director

26 PX 021201

Deputy Director

25 PX 021226

Fairbanks

Barrow

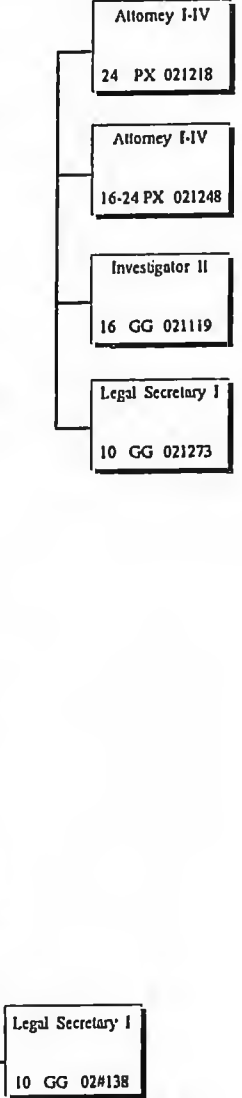
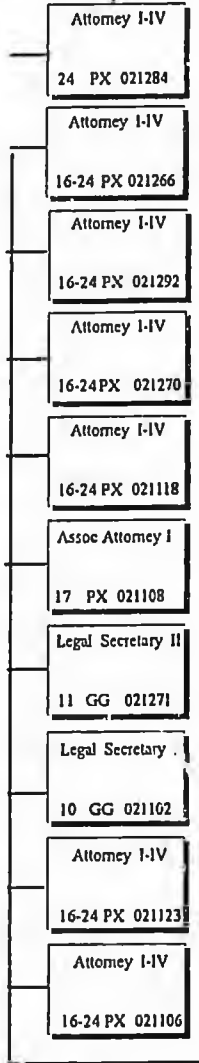
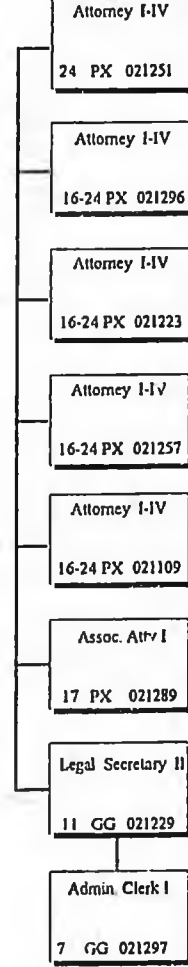
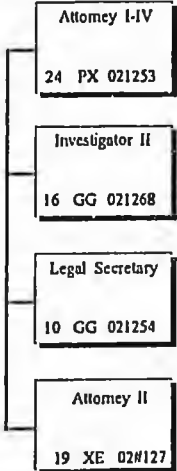
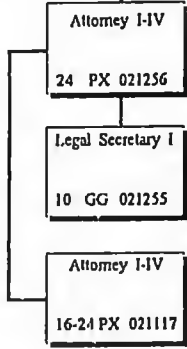
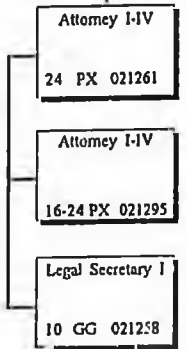
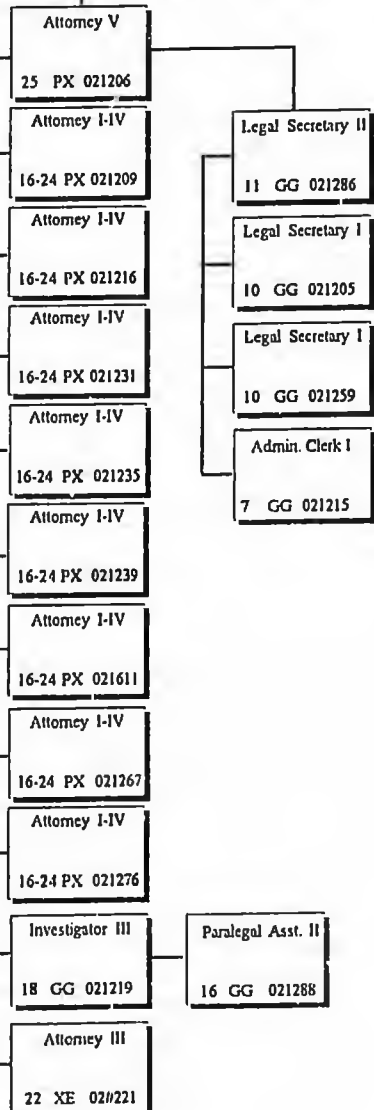
Kotzebue

Nome

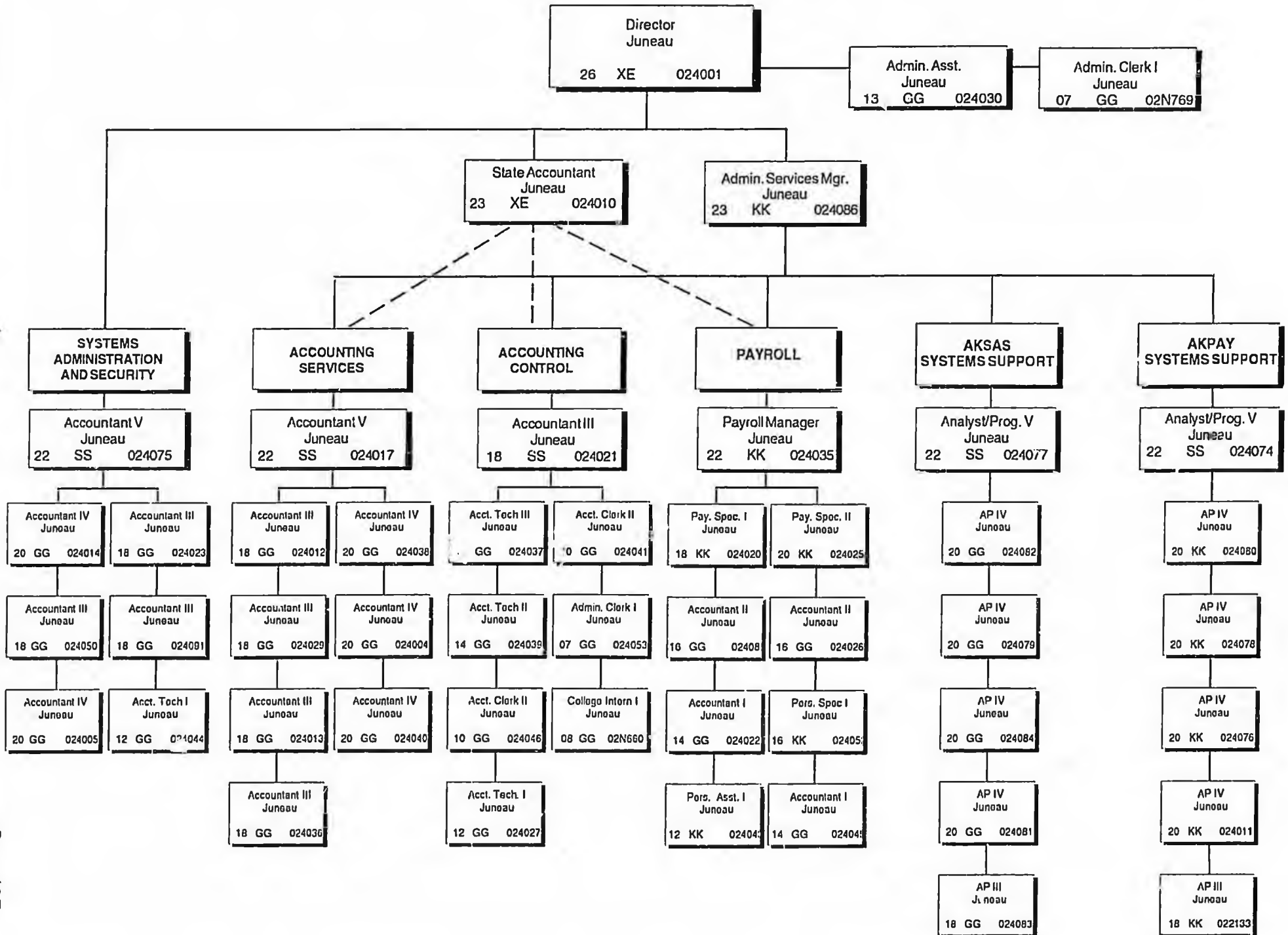
Kenai

Palmer

Kodiak

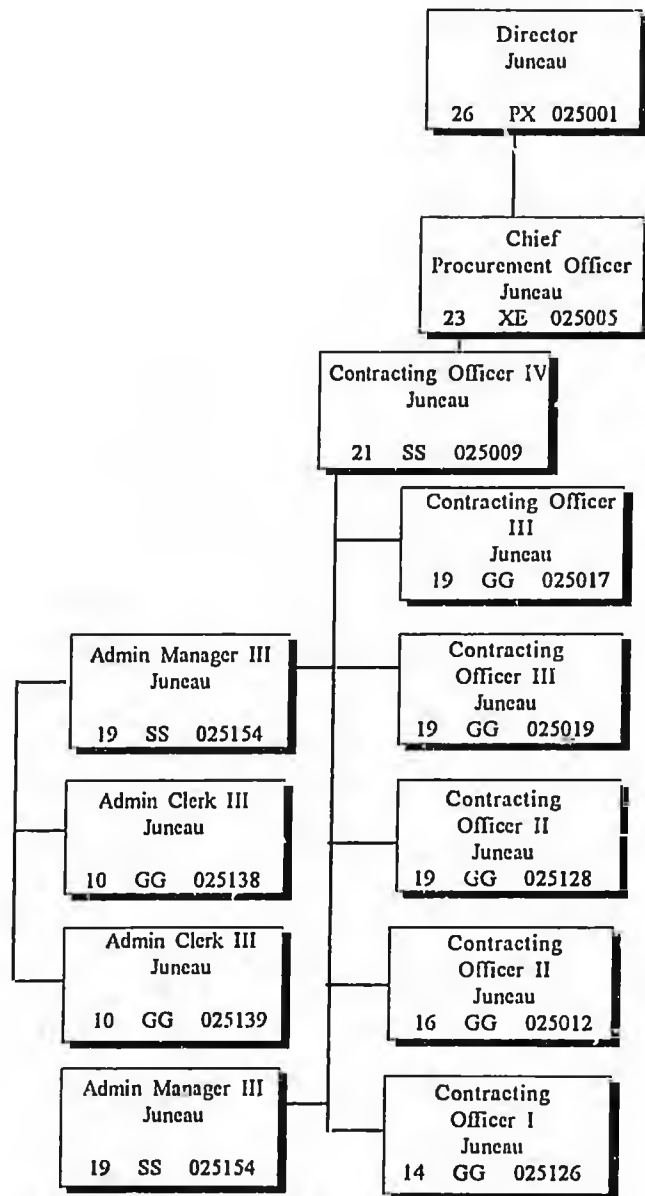


**DEPARTMENT OF ADMINISTRATION
DIVISION OF FINANCE**

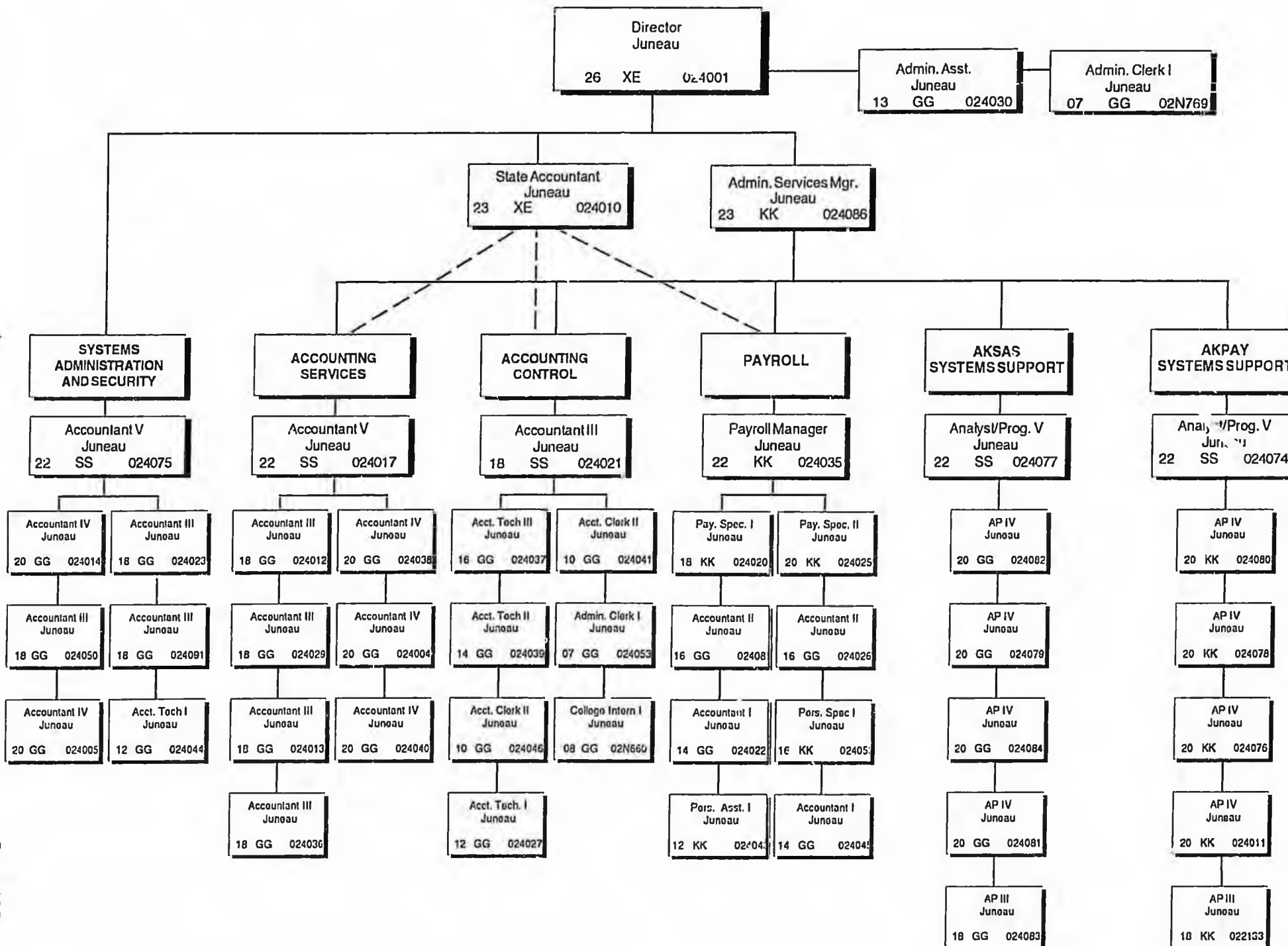


DEPARTMENT OF ADMINISTRATION
DIVISION OF GENERAL SERVICES

PURCHASING

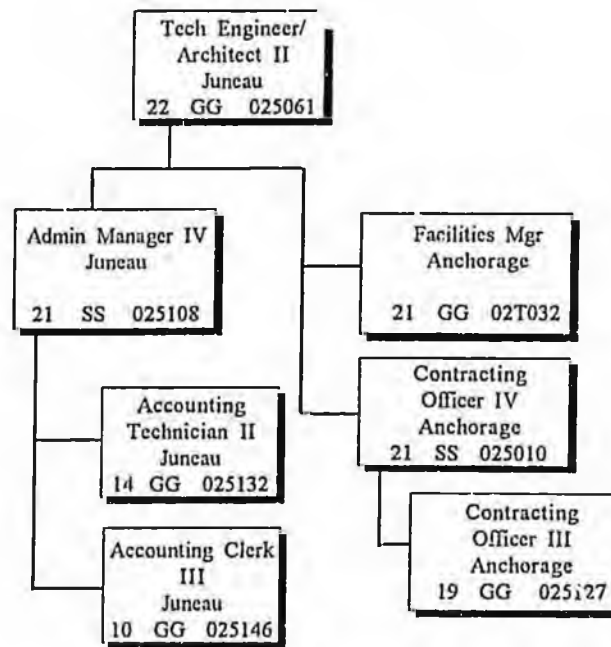


**DEPARTMENT OF ADMINISTRATION
DIVISION OF FINANCE**



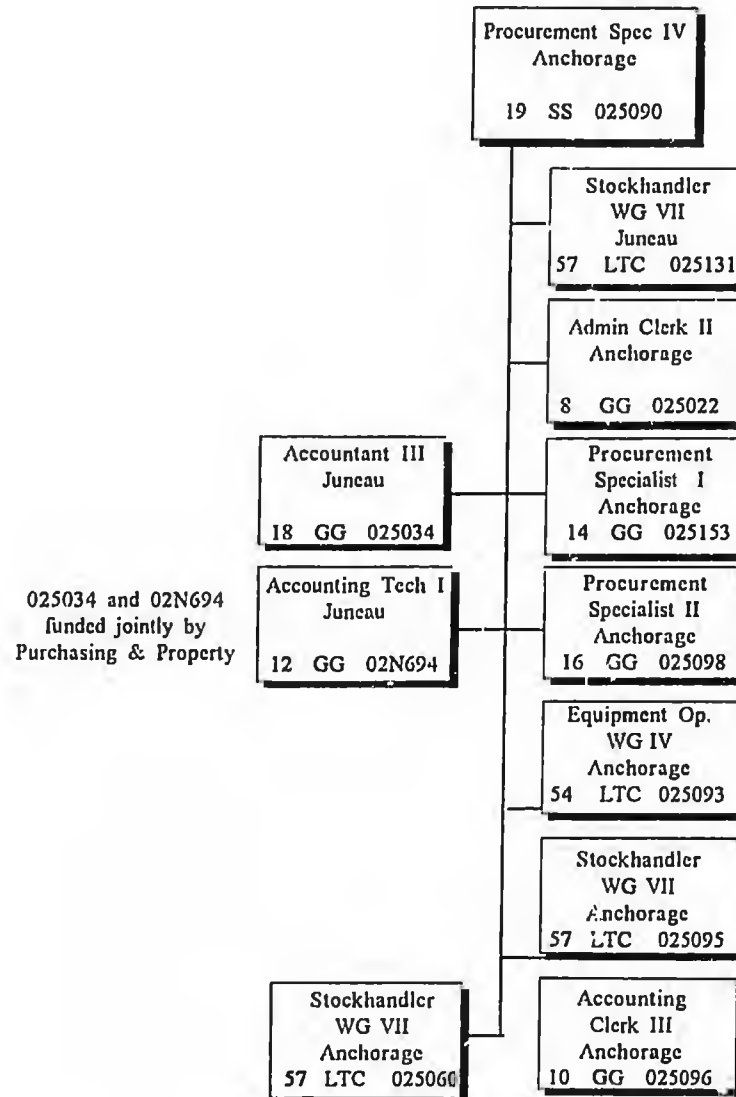
DEPARTMENT OF ADMINISTRATION
DIVISION OF GENERAL SERVICES

LEASING AND FACILITIES



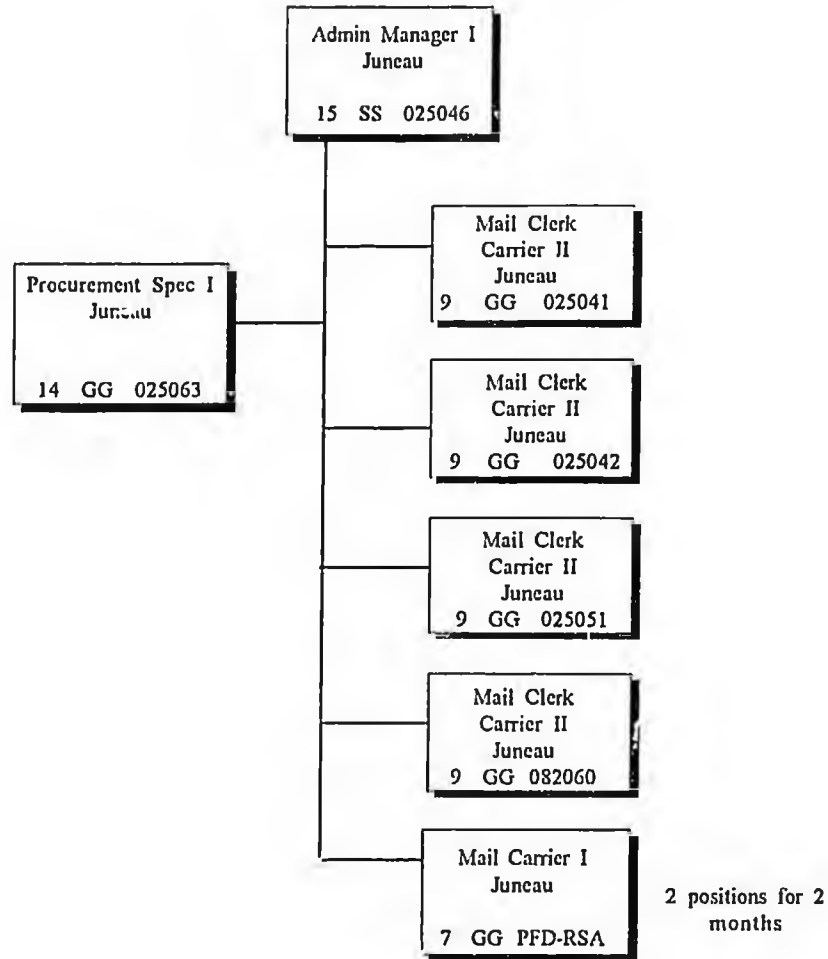
DEPARTMENT OF ADMINISTRATION
DIVISION OF GENERAL SERVICES

PROPERTY MANAGEMENT

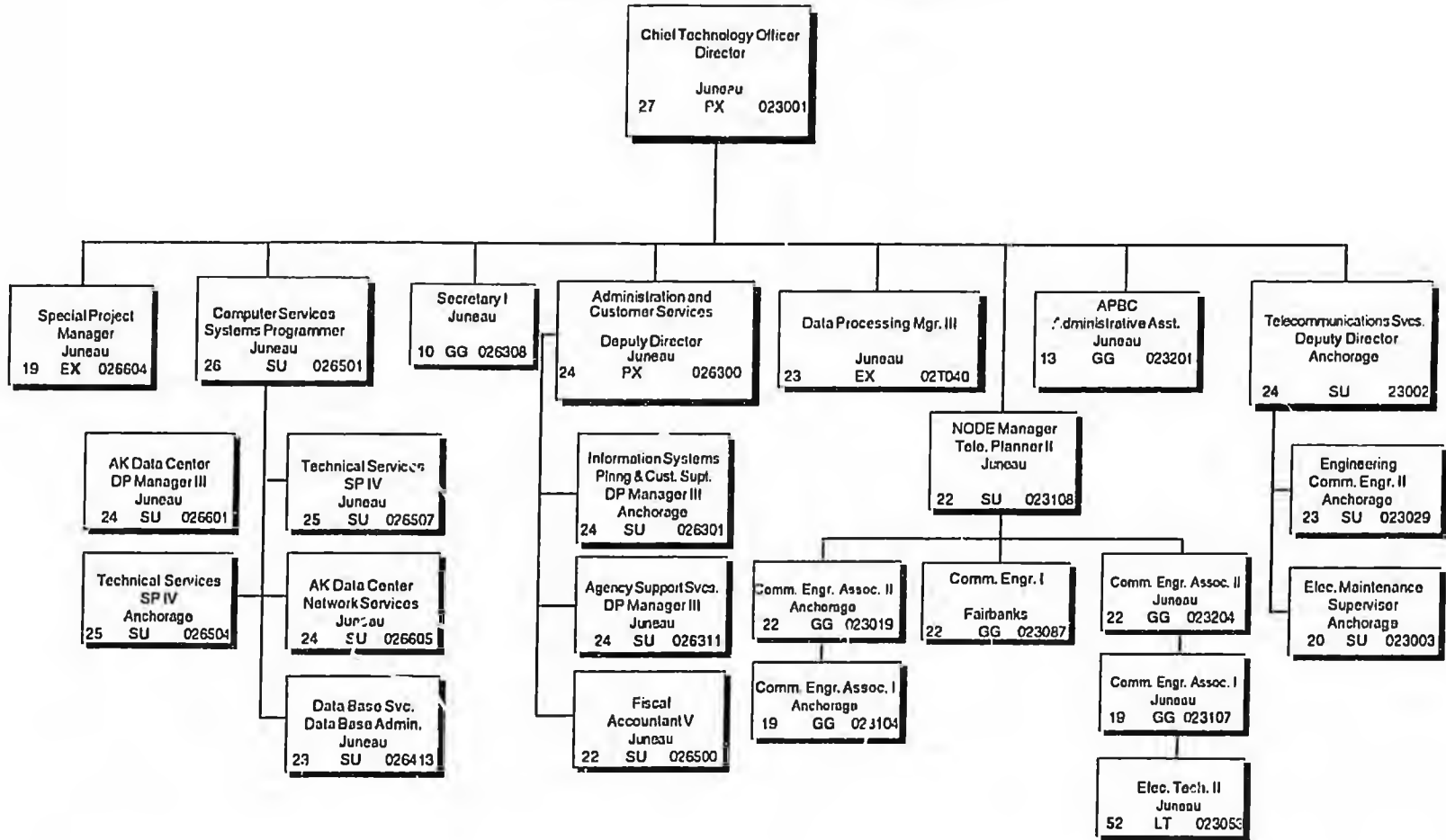


DEPARTMENT OF ADMINISTRATION
DIVISION OF GENERAL SERVICES

CENTRAL MAIL

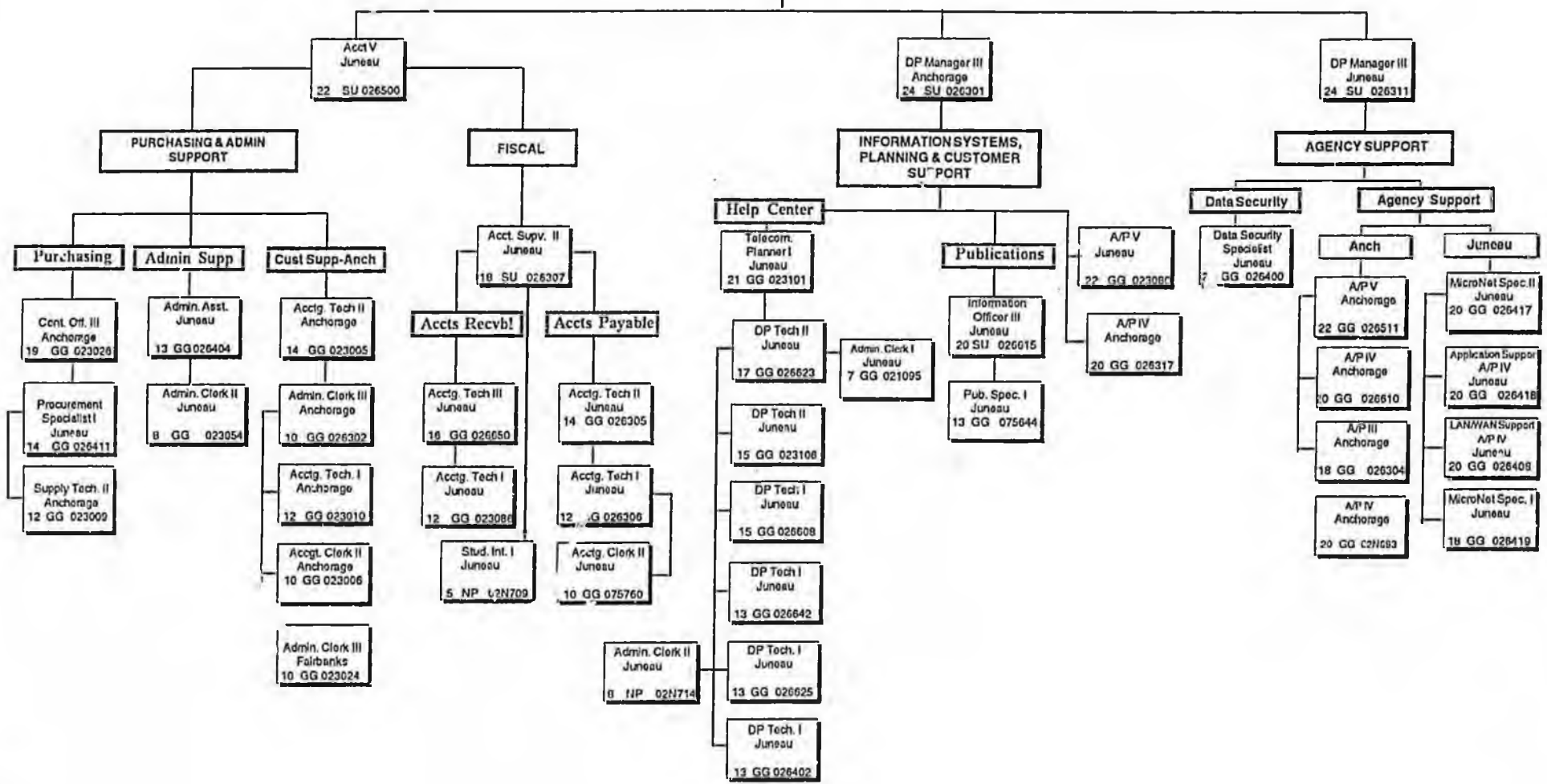


DEPARTMENT OF ADMINISTRATION
INFORMATION TECHNOLOGY GROUP

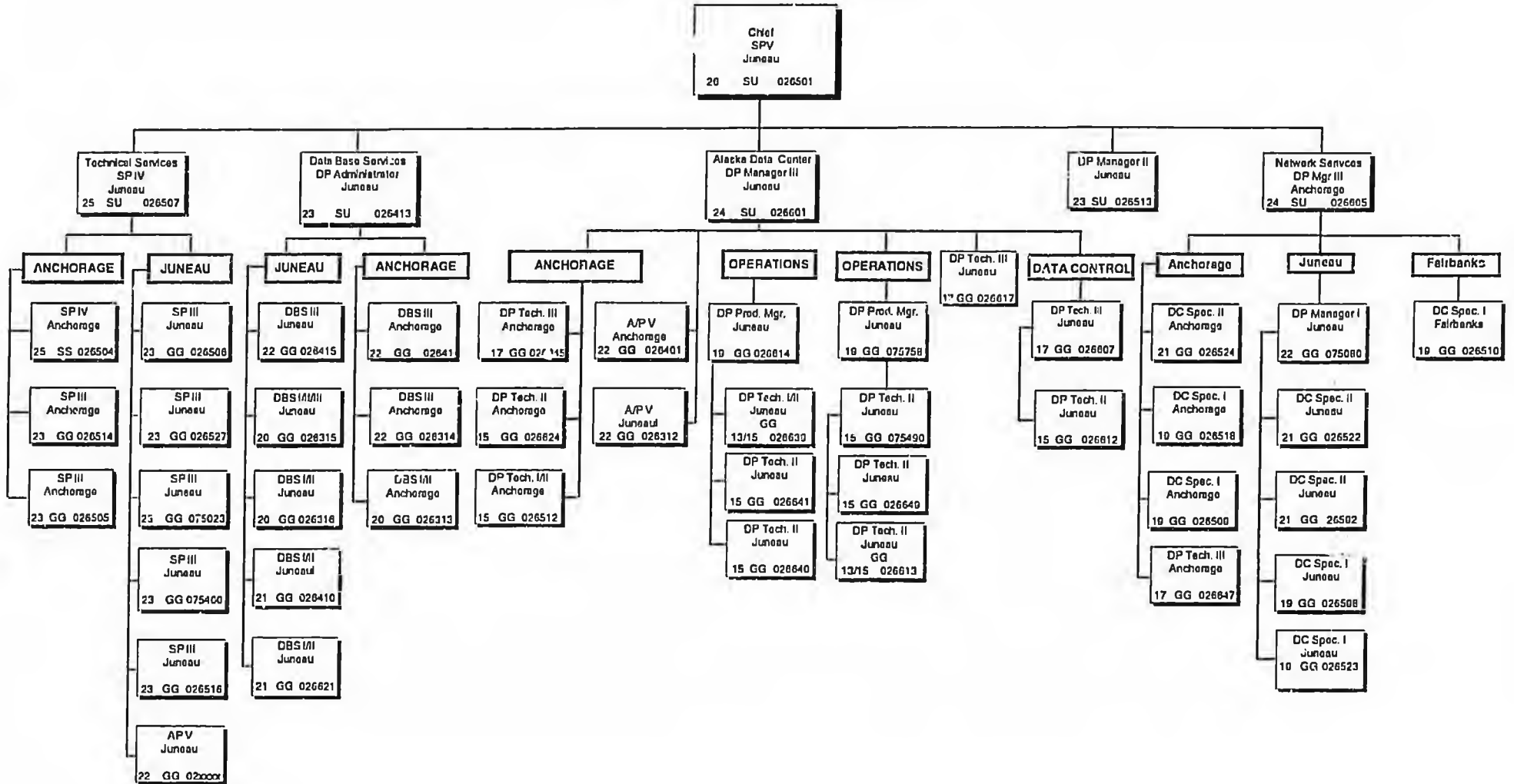


DEPARTMENT OF ADMINISTRATION
 INFORMATION TECHNOLOGY GROUP
 ADMINISTRATION AND CUSTOMER SERVICES

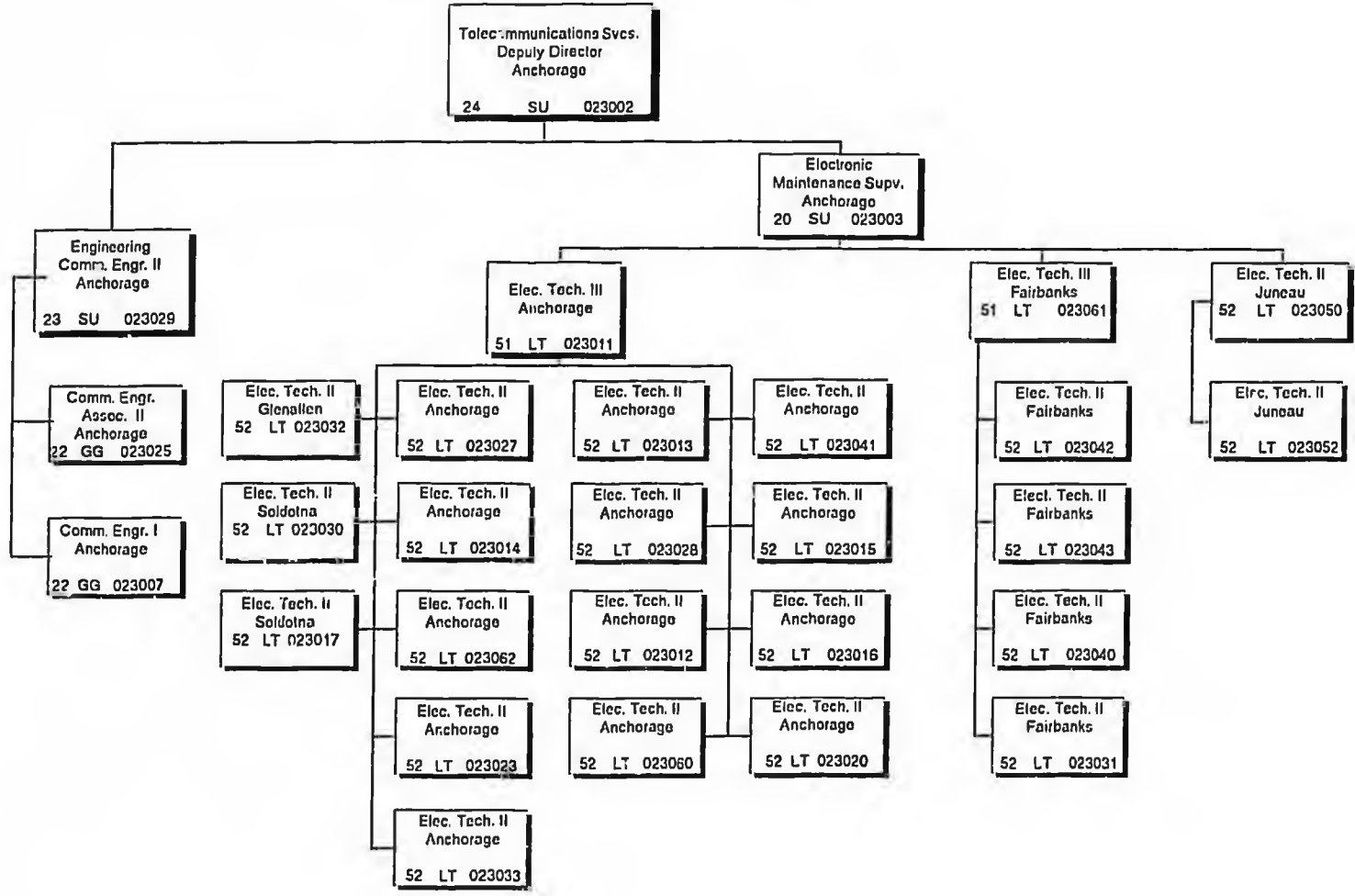
Deputy Director
 Juneau
 24 PX 026300



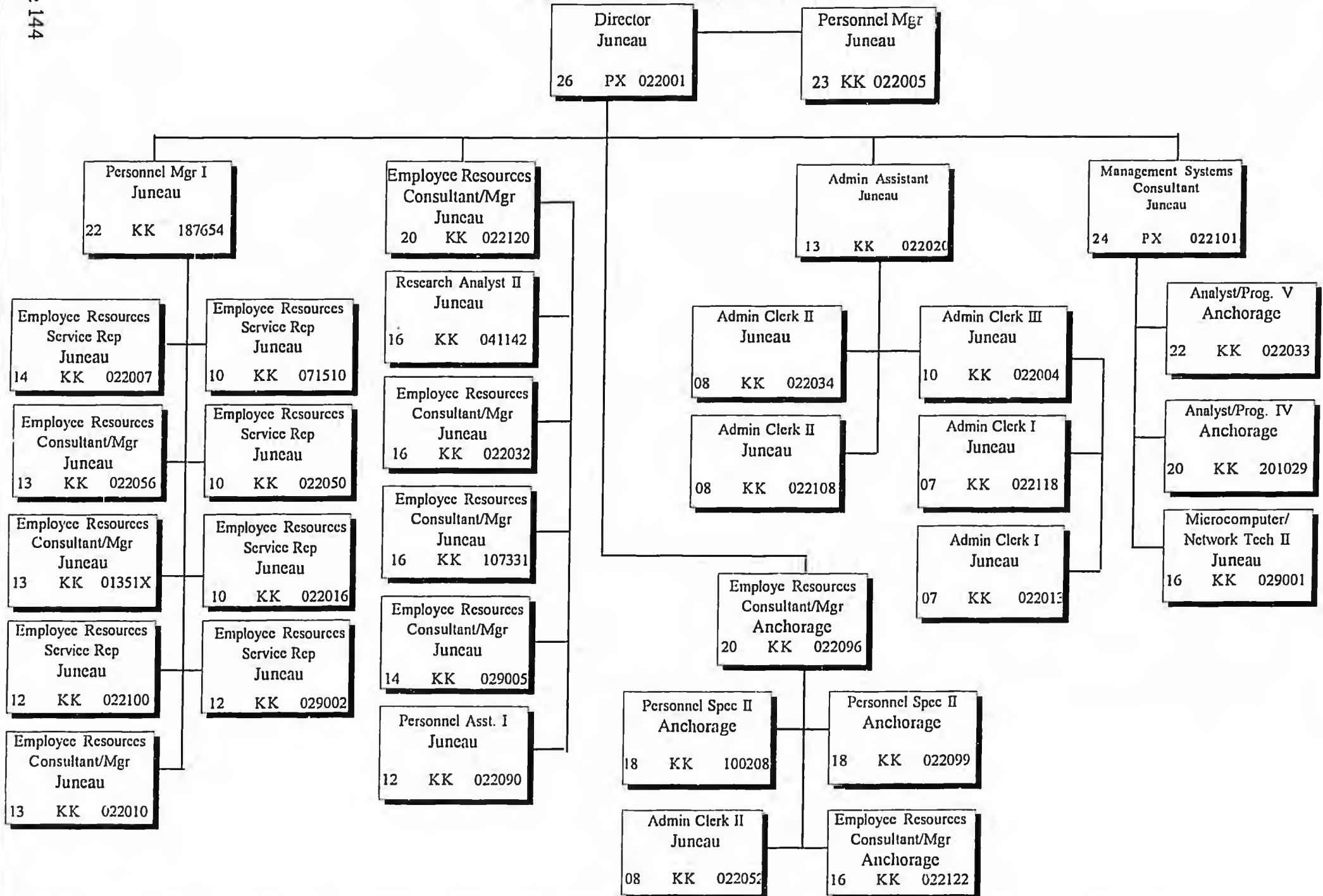
DEPARTMENT OF ADMINISTRATION
 INFORMATION TECHNOLOGY GROUP
 COMPUTER SERVICES



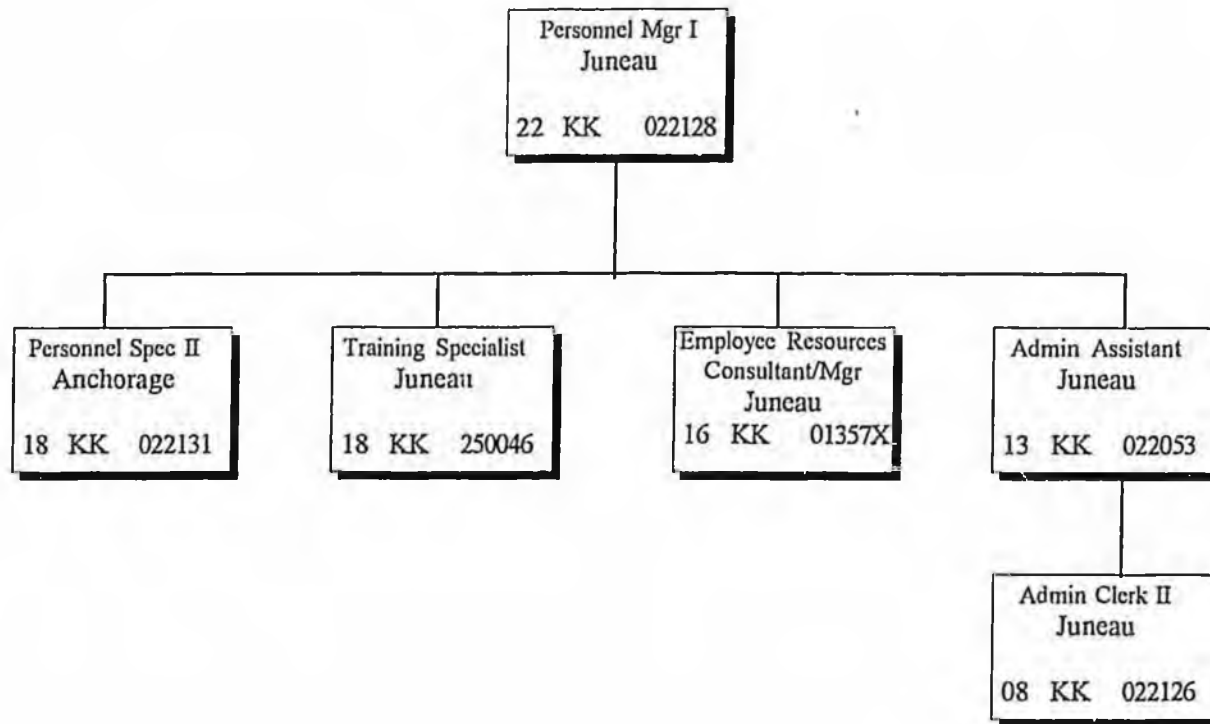
**DEPARTMENT OF ADMINISTRATION
INFORMATION TECHNOLOGY GROUP
TELECOMMUNICATIONS SERVICES**



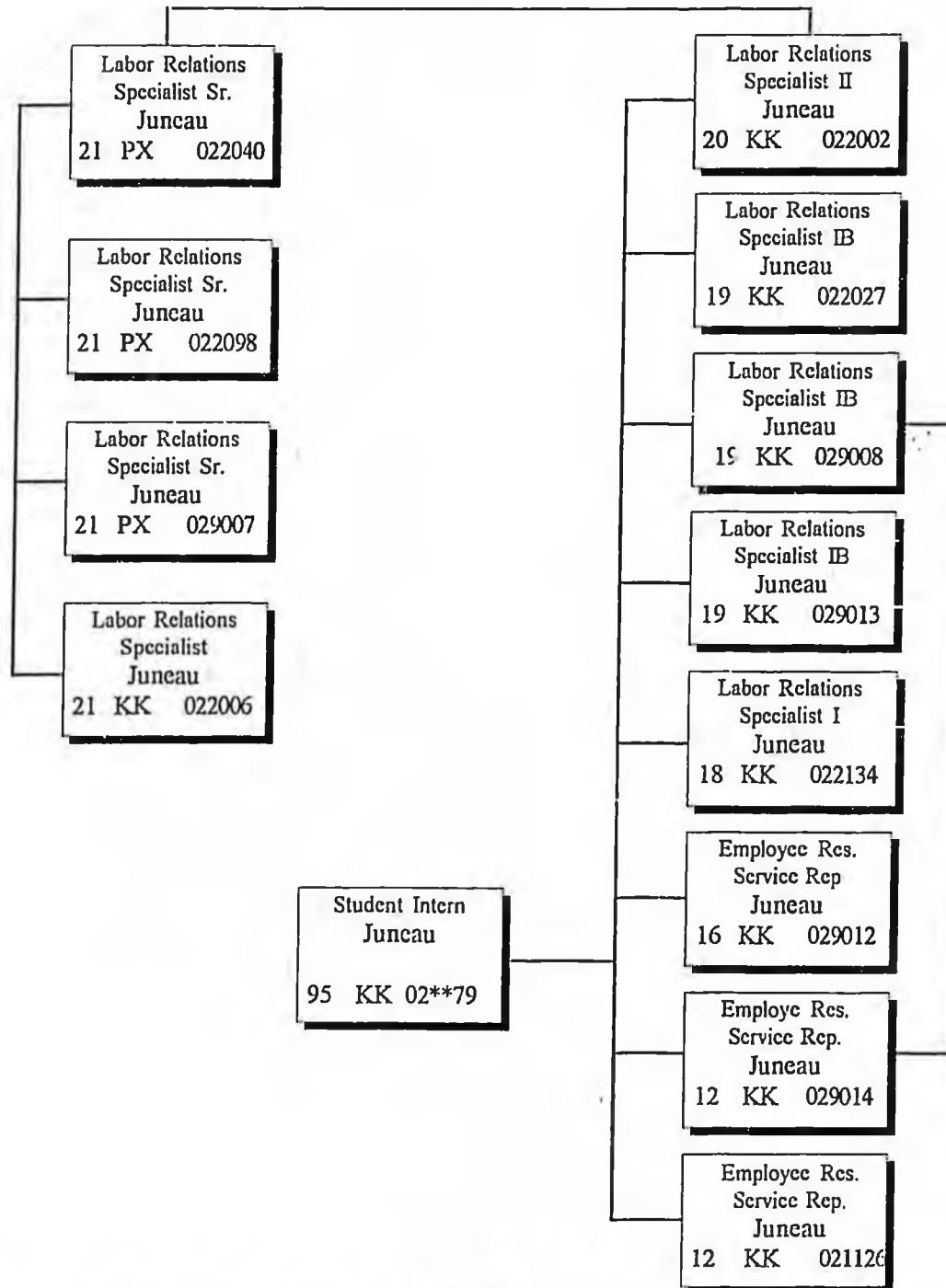
DEPARTMENT OF ADMINISTRATION
DIVISION OF PERSONNEL



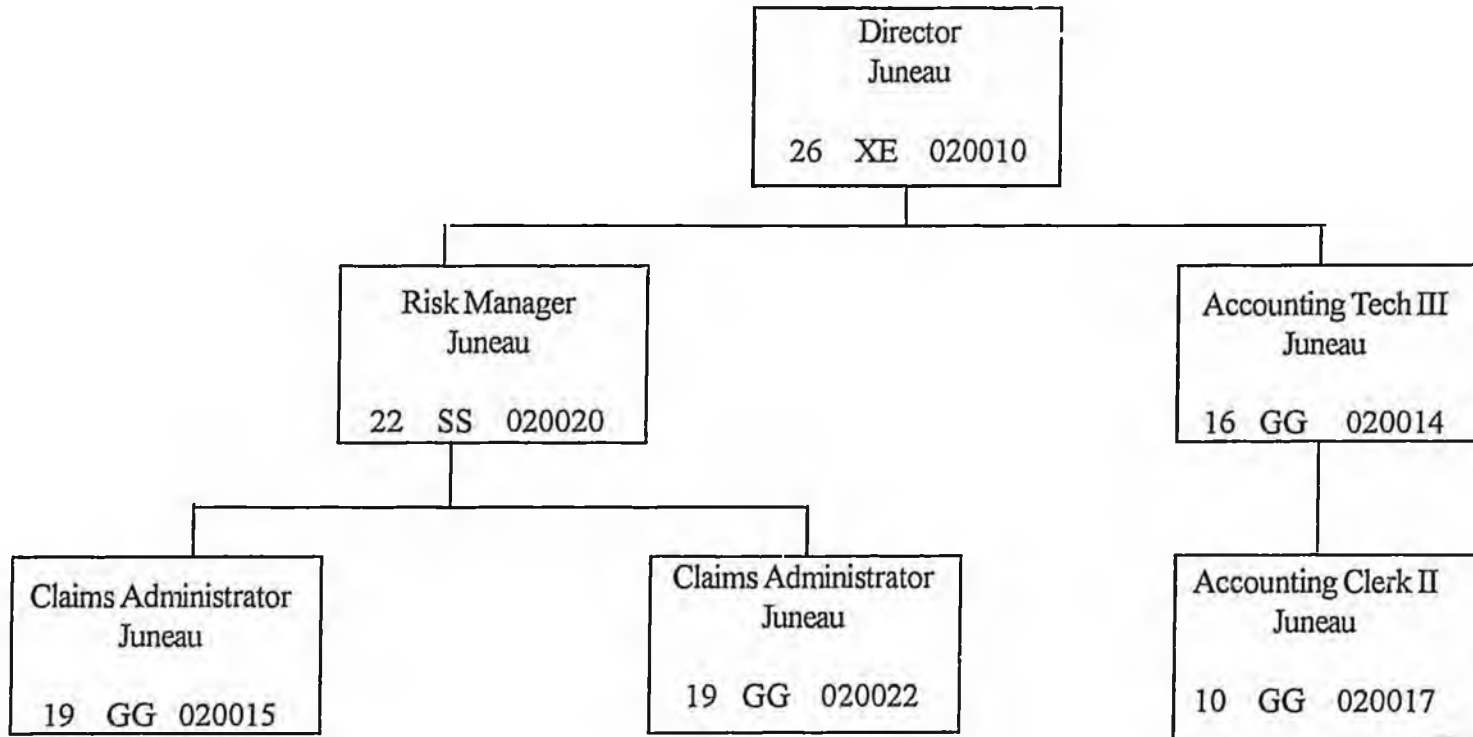
DEPARTMENT OF ADMINISTRATION
ALASKA PROFESSIONAL DEVELOPMENT INSTITUTE



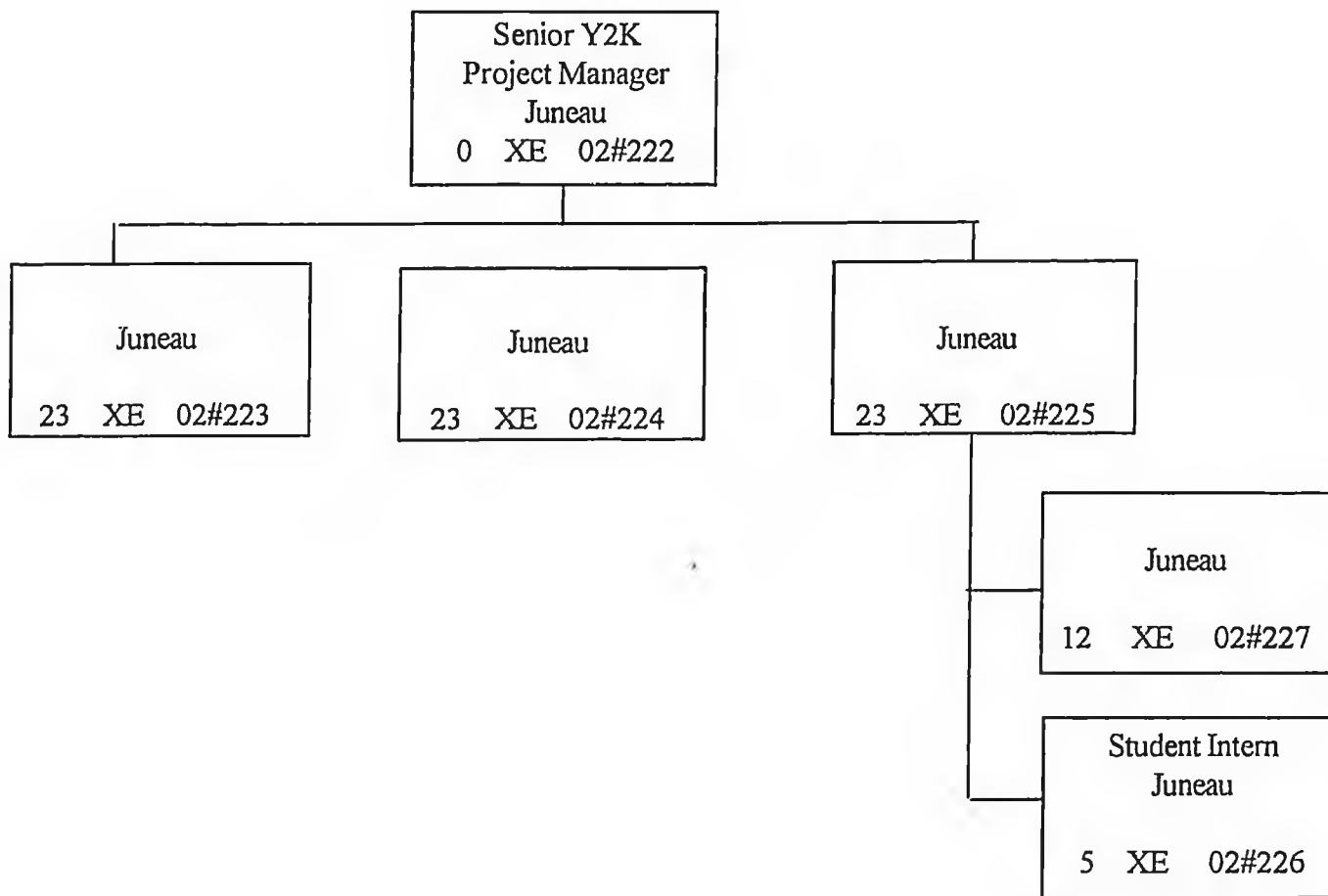
DEPARTMENT OF ADMINISTRATION LABOR RELATIONS



DEPARTMENT OF ADMINISTRATION
DIVISION OF RISK MANAGEMENT



DEPARTMENT OF ADMINISTRATION
Y2K PROJECT OFFICE



2/2/99

Overview:

DOE, K-12

Enroll.,

...

HFIN

FILE

Alaska Department of Education
Public School Funding Formula
1/28/99

File: g:\\$99Found\adm compare

School District:	FY99 Projected			FY99 Actual			FY99 change from projection		
	School ADM:	Corres. ADM	District ADM	School ADM:	Corres. ADM	District ADM	School ADM:	Corres. ADM	District ADM
Alaska Gateway	494.00	28.00	522.00	467.94	38.90	506.84	(26.06)	10.90	(15.16)
Aleutian Region	67.00	-	67.00	46.70	-	46.70	(20.30)	-	(20.30)
Aleutians East	345.00	-	345.00	310.35	-	310.35	(34.65)	-	(34.65)
Anchorage	47,832.75	-	47,832.75	48,115.53	-	48,115.53	282.78	-	282.78
Annette Island	389.00	2.00	391.00	355.23	-	355.23	(33.77)	(2.00)	(35.77)
Bering Strait	1,809.41	-	1,809.41	1,782.90	-	1,782.90	(26.51)	-	(26.51)
Bristol Bay	308.00	-	308.00	295.65	-	295.65	(12.35)	-	(12.35)
Chatham	297.00	-	297.00	272.05	-	272.05	(24.95)	-	(24.95)
Chugach	81.00	65.00	146.00	74.00	87.00	161.00	(7.00)	22.00	15.00
Copper River	606.50	223.00	829.50	558.05	155.60	713.65	(48.45)	(67.40)	(115.85)
Cordova	530.00	-	530.00	491.34	-	491.34	(38.66)	-	(38.66)
Craig	408.00	39.00	447.00	431.00	1.00	432.00	23.00	(38.00)	(15.00)
Delta/Greely	734.00	90.00	824.00	793.55	306.20	1,099.75	59.55	216.20	275.75
Denali	352.00	3.00	355.00	362.10	-	362.10	10.10	(3.00)	7.10
Dillingham	619.00	-	619.00	548.05	-	548.05	(70.95)	-	(70.95)
Fairbanks	15,957.50	490.00	16,447.50	15,644.27	449.27	16,093.54	(313.23)	(40.73)	(353.96)
Galena	222.00	1,157.00	1,379.00	237.00	2,997.00	3,234.00	15.00	1,840.00	1,855.00
Haines	429.00	9.00	438.00	433.75	15.00	448.75	4.75	6.00	10.75
Hoonah	270.00	-	270.00	230.85	-	230.85	(39.15)	-	(39.15)
Hydaburg	125.00	-	125.00	110.50	-	110.50	(14.50)	-	(14.50)
Iditarod	436.00	-	436.00	379.55	154.63	534.18	(56.45)	154.63	98.18
Juneau	5,721.00	29.00	5,750.00	5,686.00	15.25	5,701.25	(35.00)	(13.75)	(48.75)
Kake	190.00	-	190.00	185.80	-	185.80	(4.20)	-	(4.20)
Kashunamiut	279.00	-	279.00	279.00	-	279.00	-	-	-
Kerai Peninsula	10,243.96	98.00	10,341.96	10,095.25	86.35	10,181.60	(148.71)	(11.65)	(160.36)
Ketchikan	2,650.00	69.00	2,719.00	2,646.25	77.60	2,723.85	(3.75)	8.60	4.85
Klawock	215.00	-	215.00	196.00	5.00	201.00	(19.00)	5.00	(14.00)
Kodiak Island	2,819.00	78.00	2,897.00	2,718.34	79.30	2,797.64	(100.66)	1.30	(99.36)
Kuspuk	510.00	-	510.00	474.29	-	474.29	(35.71)	-	(35.71)
Lake & Peninsula	513.00	5.00	518.00	547.85	1.00	548.85	34.85	(4.00)	30.85
Lower Kuskokwim	3,642.00	-	3,642.00	3,553.70	-	3,553.70	(88.30)	-	(88.30)
Lower Yukon	1,850.60	-	1,850.60	1,860.95	-	1,860.95	10.35	-	10.35
Mat-Su	12,045.00	596.00	12,641.00	12,264.74	448.51	12,713.25	219.74	(147.49)	72.25
Nenana	135.00	85.00	220.00	144.00	254.00	398.00	9.00	169.00	178.00
Nome	789.00	-	789.00	776.25	-	776.25	(12.75)	-	(12.75)
North Slope	2,037.00	-	2,037.00	2,043.90	-	2,043.90	6.90	-	6.90
Northwest Arctic	2,233.00	15.00	2,248.00	2,078.25	10.05	2,088.30	(154.75)	(4.95)	(159.70)
Pelican	38.00	-	38.00	29.80	-	29.80	(8.20)	-	(8.20)
Petersburg	775.00	-	775.00	752.05	-	752.05	(22.95)	-	(22.95)
Pribilof	196.00	-	196.00	157.40	-	157.40	(38.60)	-	(38.60)
Sitka	1,680.00	70.00	1,750.00	1,641.64	52.61	1,694.25	(38.36)	(17.39)	(55.75)
Skagway	130.00	-	130.00	124.60	4.00	128.60	(5.40)	4.00	(1.40)
Southeast Island	259.00	10.00	269.00	288.78	9.00	297.78	29.78	(1.00)	28.78
Southwest Region	779.20	-	779.20	774.70	-	774.70	(4.50)	-	(4.50)
St. Mary's	133.00	-	133.00	129.90	-	129.90	(3.10)	-	(3.10)
Tanana	111.00	2.00	113.00	101.00	3.00	104.00	(10.00)	1.00	(9.00)
Unalaska	390.00	-	390.00	353.03	-	353.03	(36.97)	-	(36.97)
Valdez	895.00	-	895.00	855.05	-	855.05	(39.95)	-	(39.95)
Wrangell	498.25	16.00	514.25	526.63	-	526.63	28.38	(16.00)	12.38
Yakutat	178.00	-	178.00	166.00	-	166.00	(12.00)	-	(12.00)
Yukon Flats	409.00	35.00	444.00	364.75	11.00	375.75	(44.25)	(24.00)	(68.25)
Yukon/Koyukuk	554.00	-	554.00	548.90	-	548.90	(5.10)	-	(5.10)
Yupit	412.00	-	412.00	401.95	-	401.95	(10.05)	-	(10.05)
ACS	-	1,658.38	1,658.38	-	2,628.73	2,628.73	-	970.35	970.35
Mt. Edgecumbe	306.00	-	306.00	307.71	-	307.71	1.71	-	1.71
TOTALS:	125,928.17	4,872.38	130,800.55	125,014.82	7,890.00	132,904.82	(913.35)	3,017.62	2,104.27

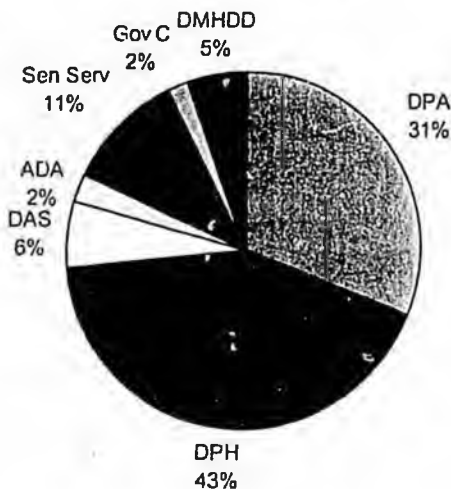
2/2/99

H&SS Potential Anchorage Consolidation

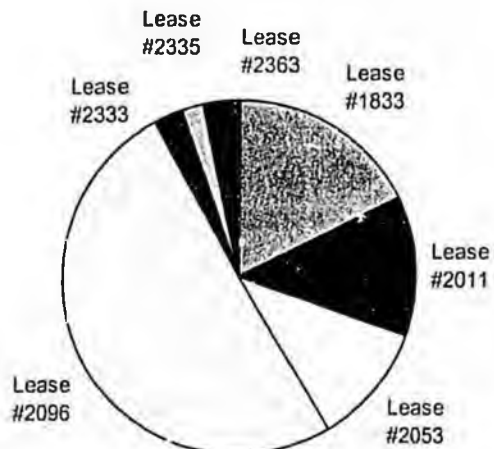
The following entities under consideration for consolidation. These agencies principally provide centralized and administrative services to support their department missions. High public use (ie. "storefront enterprises") are not being considered for consolidation.

Lease #	Division	Section	Property Name	Current		
				SF	Exp Date	Options
1833	A	DPH	MCH	11,125	6/30/00	none
1833	B	DPH	MCH	1,807	6/30/00	none
1833	C	DPH	MCH	803	6/30/00	none
1833	D	DPH	MCH	153	6/30/00	none
2011	L	Sen Serv	FRONTIER BUILDING	8,565	1/31/00	none
2011	M	Gov C	D&SE	1,500	1/31/00	none
2053	G	DMHDD	ARO	4,130	1/31/99	none
2053	K	DPH	Nursing	1,212	1/31/99	none
2053	L	DPH	Nursing	960	1/31/99	none
2053	M	DPH	Nursing	1,540	1/31/99	none
2053	N	DPH	Nursing	576	1/31/99	none
2096	A1	Pub Asst	FRONTIER BUILDING	5,896	8/31/00	none
2096	A2	DAS	Ccmmissioner	2,474	8/31/00	none
2096	A3	DAS	Mail	463	8/31/00	none
2096	A4	DAS	Pers / IS	1,888	8/31/00	none
2096	A5	ADA	Field Off	1,921	8/31/00	none
2096	A6	DPH	EPI	13,180	8/31/00	none
2096	D	Pub Asst	FRONTIER BUILDING	9,245	8/31/00	none
2096	F	Pub Asst	FRONTIER BUILDING	2,942	8/31/00	none
2096	G	Pub Asst	FRONTIER BUILDING	1,658	8/31/00	none
2333		Pub Asst	QCU	1,979	MTM	none
2335	B	DPH	MSU	1,668	12/31/99	1@1
2363	A	Pub Asst	Fraud	2,350	2/28/99	3@1
2363	B	Pub Asst	Fraud	200	2/28/99	3@1
				78,237		

Current Space by Agency



Current Space by Lease



Bank of America Building Status Report

Authorization for purchase - SB178

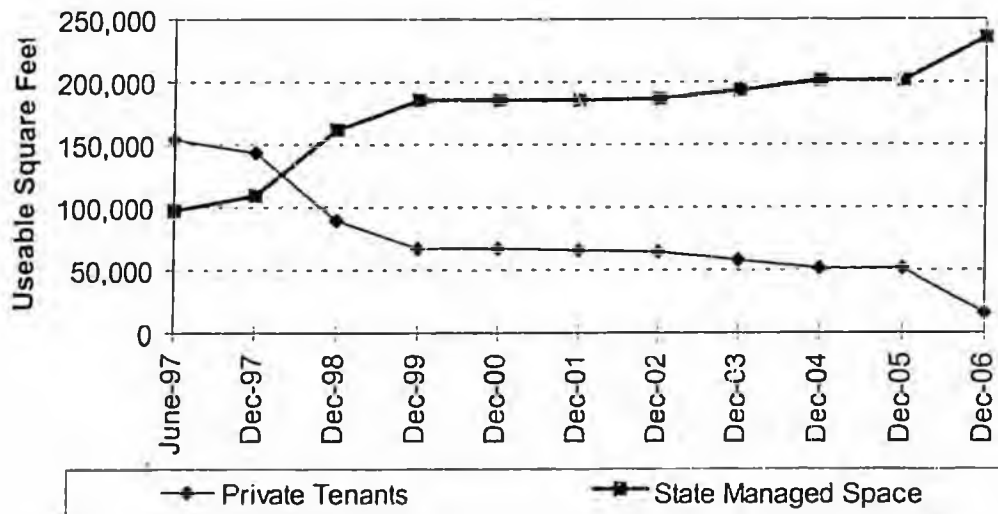
Purchase from Equitable - July 1997

Signed Lease-Purchase Agreement with AHFC coincided with purchase

Managing Private Lease Occupancy

Reducing private lease occupancy is key to state use. Prior to purchase the building contained 31 non-state lessees. Agreements for early departure, or shortened lease terms have been negotiated with 13 of those tenants. These agreements represent approximately 45% of the privately leased space in the building. Discussions are continuing with other tenants. All but two leases will expire by the year 2006.

Bank of America Occupancy



Procured Property Management Contractor

12 private sector property management companies competed for a 3-year contract to provide day to day management of the operations of the building. The contractor was selected in April of 1998 on a combination of price and experience.

Prepared Plan for New State Occupants

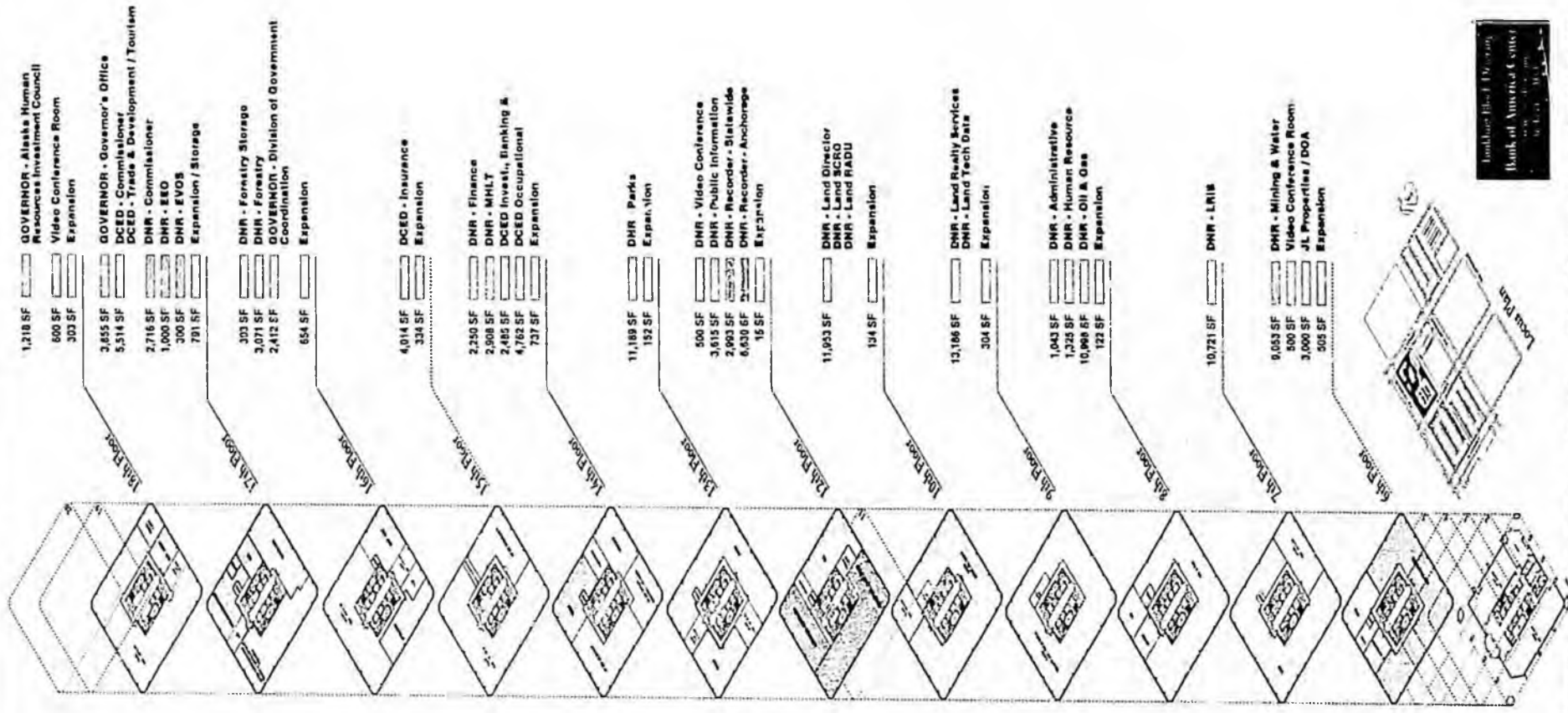
An Anchorage architectural consultant was hired in mid-1998 to prepare space plans and detailed designs for the state agency space. Current plans will allow for moving into the building prior to January 2000:

- all of the Department of Natural Resources;
- the Office of the Governor;
- all of the Dept. of Commerce (located in the Frontier Building) with the exception of the Div. of Insurance.*

Moves take place in phases (generally divisions) between February 1999 and January 2000.

*Options for the Div. of Insurance include additional private tenant buyouts, negotiations with Frontier, or temporary space in another location.

Bank of America Center



**Outline Tenant Improvement
Project Schedule**
BOA-002-99

EXHIBIT 1

ID	Task Name	Duration	Fr 5 21 '99	Feb 28 '99	Mar 7 '99	Mar 14 '99	Mar 21 '99	Apr 28 '99	Apr 4 '99	Apr 11 '99	Apr 18 '99	Apr 25 '99	May 2 '99	May 9 '99	May 16 '99	May 23 '99	May 30 '99
1	Governor's Offices, 17th Floor, 7067 S.F.	44 days	2/21	2/28	3/7	3/14	3/21	3/28	4/4	4/11	4/18	4/25	5/2	5/9	5/16	5/23	5/30
2	Document Delivery	0 days	◆ 2/24														
3	Bid/Negotiation	7 days															
4	Demolition	12 days															
5	Electrical Design/Permit	12 days															
6	Mechanical Design/Permit	12 days															
7	Construction	28 days															
8	Construction	28 days															
9	Final Walk Through	0 days															
10	Certificate of Occupancy	0 days															
11	DNR, 7th Floor, 10,721 S.F.	50 days															
12	Document Delivery	0 days			◆ 3/0												
13	Bid/Negotiation	7 days															
14	Demolition	12 days															
15	Electrical Design/Permit	12 days															
16	Mechanical Design/Permit	12 days															
17	Construction	31 days															
18	Construction	30 days															
19	Final Walk Through	0 days															
20	Certificate of Occupancy	0 days															
21	DNR & ICED, 14th & 17th Floors, 11,103 S.F.	47 days															
22	Document Delivery	0 days															
23	Bid/Negotiation	9 days															
24	Demolition	10 days															
25	Electrical Design/Permit	10 days															
26	Mechanical Design/Permit	10 days															
27	Construction	28 days															
28	Construction	28 days															
29	Final Walk Through	0 days															
30	Certificate of Occupancy	0 days															

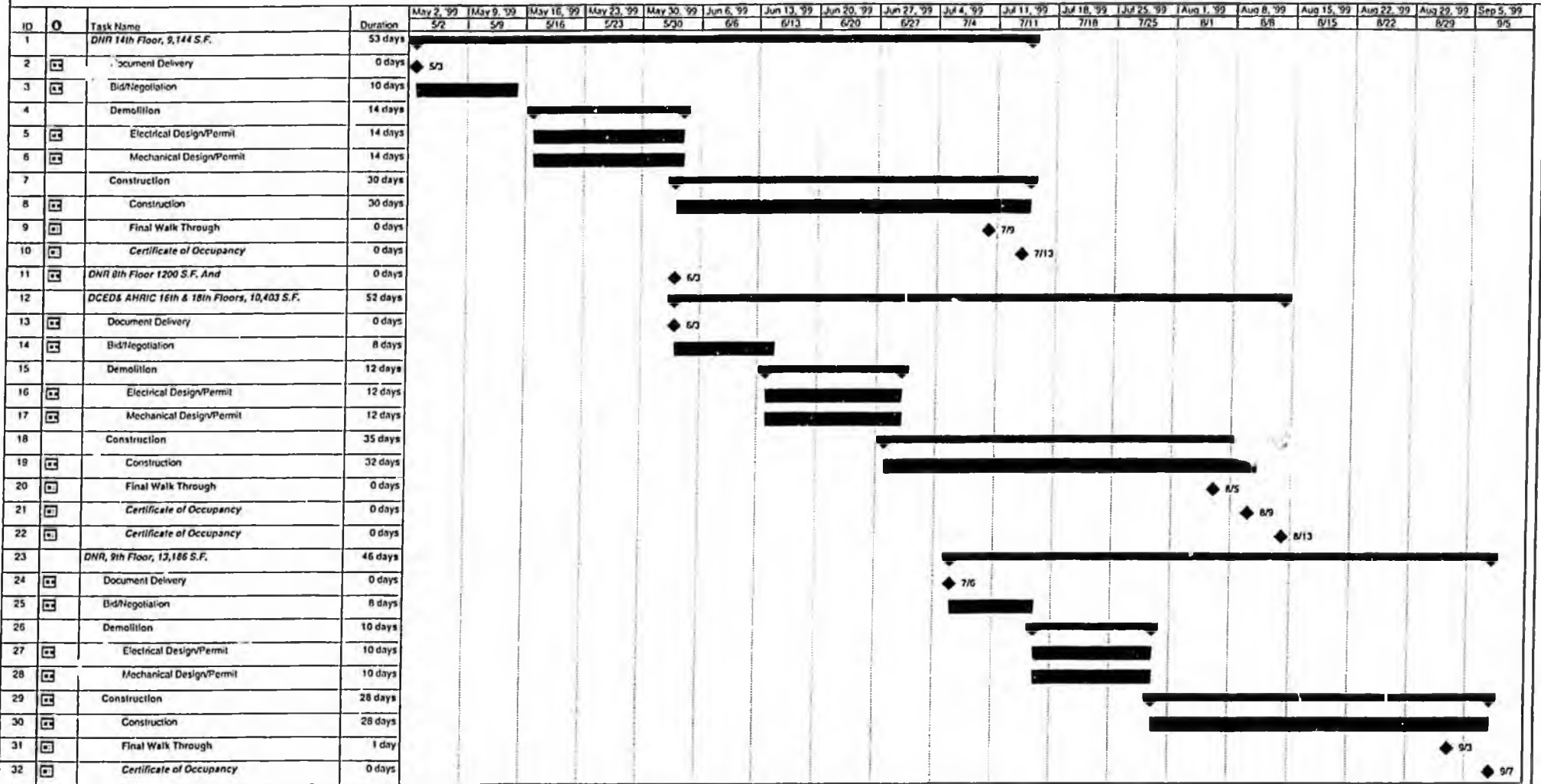
Project: BoAC
Date: Fri 1/22/99

Task: [Bar] Progress: [Bar] Summary: [Bar] Rolled Up Split: [Bar] Rolled Up Progress: [Bar] Project Summary: [Bar]

Split: [Bar] Milestone: [Bar] Rolled Up Task: [Bar] Rolled Up Milestone: [Bar] External Tasks: [Bar]

**Outline Tenant Improvement
Project Schedule
BOA-001-99**

EXHIBIT 1

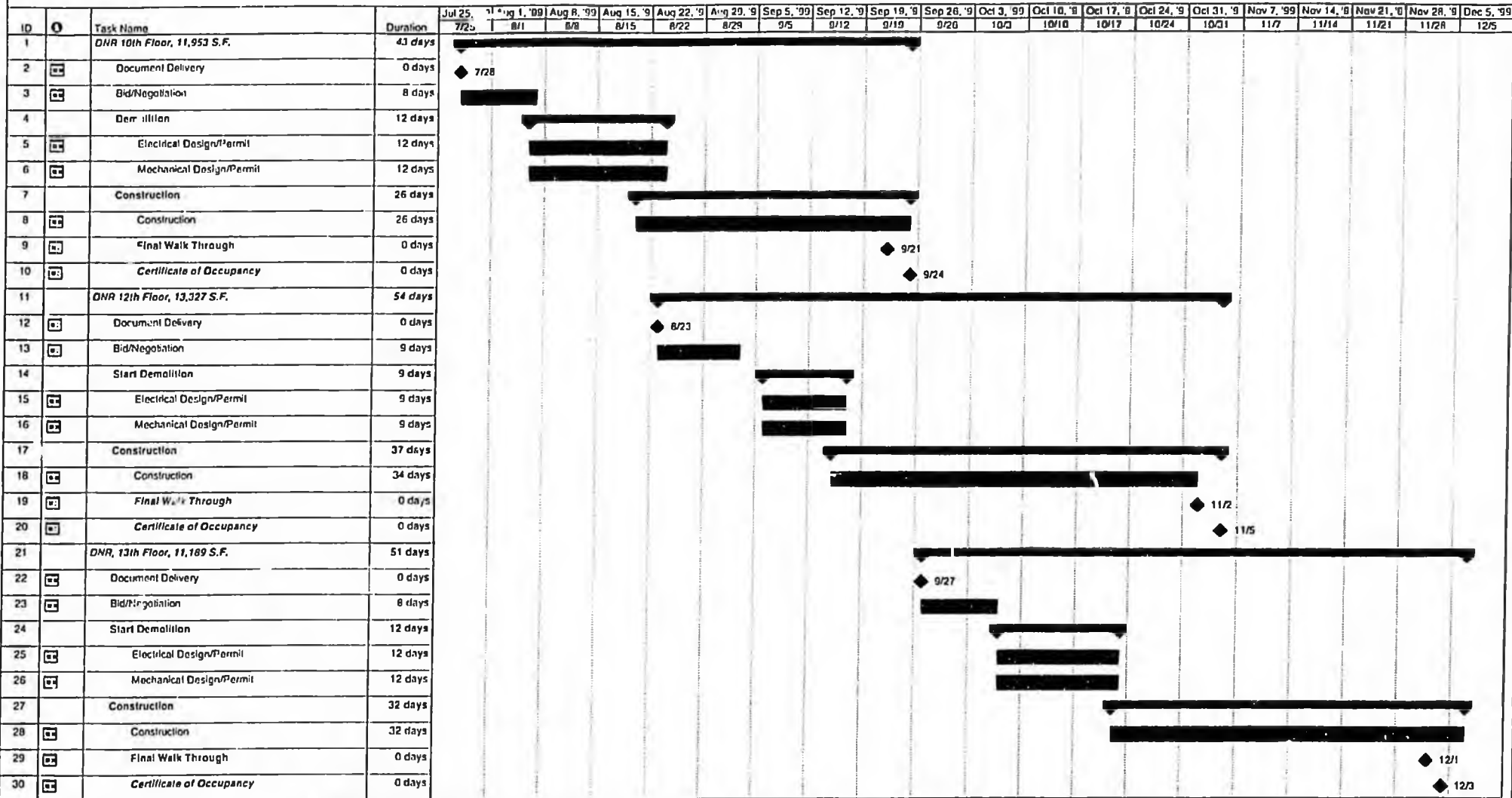


Project BoAC Date: FA 1/22/99	Task Spl	Progress Milestone	Summary Rolled Up Task	Rolled Up Spl Rolled Up Milestone	Rolled Up Progress External Tasks	Project Summary
----------------------------------	-------------	-----------------------	---------------------------	--------------------------------------	--------------------------------------	-----------------

Outline Tenant Improvement Project Schedule

BOA-001-99

EXHIBIT 1



Project: BoAC
Date: Fri 1/22/99

Task	Progress	Summary	Rolled Up Split	Rolled Up Progress	Project Summary
Split	Milestone	Rolled Up Task	Rolled Up Milestone	External Tasks	

**Outline Tenant Improvement
Project Schedule**
BOA-001-99

EXHIBIT 1

ID	Task Name	Duration	Oct 31, '99	Nov 7, '99	Nov 14, '99	Nov 21, '99	Nov 28, '99	Dec 5, '99	Dec 12, '99	Dec 19, '99	Dec 26, '99	Jan 2, '00	Jan 9, '00	Jan 16, '00	Jan 23, '00
			10/31	11/7	11/14	11/21	11/28	12/5	12/12	12/19	12/26	1/2	1/9	1/16	1/23
1	DNR, 5th Floor, 9,053 S.F.	50 days	[Redacted]												
2	Document Delivery	0 days	◆ 11/1												
3	Bid/Negotiation	10 days	[Redacted]												
4	Start Demolition	12 days	[Redacted]												
5	Electrical Design/Permit	12 days	[Redacted]												
6	Mechanical Design/Permit	12 days	[Redacted]												
7	Construction	30 days	[Redacted]												
8	Construction	30 days	[Redacted]												
9	Final Walk Through	0 days													
10	Certificate of Occupancy	0 days	◆ 1/3												
11	Overall Punchlist	29 days	◆ 1/6												
12	Mechanical System Balancing	14 days	[Redacted]												

Project: BoAC
Date: Fri 1/22/99

Task [Redacted] Progress [Redacted] Summary [Redacted] Rolled Up Split Rolled Up Progress [Redacted] Project Summary [Redacted]
 Split Milestone ◆ Rolled Up Task [Redacted] Rolled Up Milestone ◇ External Tasks [Redacted]

2/17/99

Overview:

Mental

Health

Trust

HFIN

FILE

The bottom line – results

In establishing budgets, the Board of Trustees looks closely for program and service results. They use a results based budgeting approach that looks for improved services for beneficiaries and cost savings. Trustees also have required a higher than usual level of reporting on projects funded within the General Fund/Mental Health base, including new methods of accountability reporting. This approach ensures cost effective services to improve the lives and circumstances of Trust beneficiaries.

Trust Authority Board of Trustees

Nelson G. Page
Chair

John Pugh
Vice Chair and chair of the Budget Committee

Tom Hawkins
Secretary and co-chair of the Asset Management Committee

John Malone
Chair of Program and Planning Committee

Caren Robinson
Comprehensive Integrated Mental Health Plan

Phil A. Younker, Jr.
Co chair of the Asset Management Committee

Susan LaBelle
Rural Outreach

Small projects funding

Three times each year The Trust awards small project grants. These are projects solely administered by the Trust Authority and are funded with Trust income. Under the settlement, the Trustees may spend Trust income without a legislative appropriation. This amounts to approximately \$105,000 each year. These grants average \$5,000 each to non government organizations providing grass roots services to beneficiaries.

Trust Authority Staff

Jeff Jessee
Executive Director
Email: jjessee@mhtrust.org

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Email: bsorensen@mhtrust.org

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Phone: (907) 269 7960
Fax: (907) 269 7966
Web Site: <http://www.mhtrust.org>

Mailing address:
550 W. 7th Ave., Suite 1820
Anchorage, AK 99501

The TRUST

The Alaska Mental Health Trust Authority

Funding Alaska's

Comprehensive Integrated Mental Health Program

*A guide to the
Alaska Mental Health
Trust Authority
and the legislative
budget process.*

The TRUST

The Alaska Mental Health Trust Authority

Who we are and how we came to be

The Alaska Mental Health Trust Authority (The Trust) occupies a unique niche in state government. The Trust provides leadership in shaping a Comprehensive Integrated Mental Health Program to help the most vulnerable Alaskans. These beneficiaries of The Trust include Alaskans who experience a mental illness; mental retardation or similar disability; Alzheimer's disease or related dementia; or chronic alcoholism with psychosis.

When the Alaska Legislature established The Trust in 1994, it brought an end to more than 10 years of protracted legal battles. At issue was what the state did with land it was given by the federal government in 1956, land that was to have been managed as a public trust for the benefit of mental health programs in Alaska. While the settlement of \$200 million in cash and nearly one million acres of land ended the legal action, it marked just the beginning of a coordinated effort to improve the lives and circumstances of Trust beneficiaries.

Our mission and how we operate

The seven-member Board of Trustees, appointed by the governor subject to legislative confirmation, adopted a vision and mission for The Trust. They are:

The Alaska Mental Health Trust Authority administers the Mental Health Trust established in perpetuity. It has a fiduciary responsibility to its beneficiaries to enhance and protect the trust and to provide leadership in advocacy, planning, implementing and funding of a comprehensive integrated mental health program to improve the lives and circumstances of its beneficiaries.

To accomplish its mission, The Trust works in partnership with three boards and a commission, consumers and family members, various state agencies, the Governor's office, the Alaska Legislature, and private non-profit service providers. In shaping the Comprehensive Integrated Mental Health Program, the Trustees review the budget recommendations developed by three governor-appointed boards and a commission that advocate for Trust beneficiaries. They are the:

- Advisory Board on Alcoholism and Drug Abuse
- Alaska Commission on Aging
- Alaska Mental Health Board
- Governor's Council on Disabilities and Special Education

The budget process – a separate appropriation bill

By statute, the Trust each year forwards a capital and operating budget that provides for services to beneficiaries within the Comprehensive Integrated Mental Health Program. Money spent on the program also funds preventive and early intervention services for all Alaskans. This budget is due by Sept. 15th of each year. The statute requires that this budget be identified in a separate appropriation bill each legislative session. If the governor or the legislature changes this budget, they must explain the difference in writing. The governor's budget recommendations are due on Dec. 15th.

The separate appropriation bill for the Comprehensive Integrated Mental Health Program includes several components. They are:

1. General Fund/Mental Health Base (GF/MH Base)

This is the amount established by identifying the mental health services funded within the state's general fund budget. The Trustees calculated that amount to be \$108 million for fiscal year 1999. These general funds are designated as general fund/mental health dollars, or GF/MH base. The final budget from the previous fiscal year establishes the GF/MH base.

2. Adjustments to the Base

As The Trust and the associated boards and commission further refine the definition of beneficiaries and accurately track funds for the Comprehensive Integrated Mental Health Program, the Trustees suggest adjustments to the base each year.

3. GF/MH Increments

When the Trustees identify better and more cost-efficient ways of providing on-going services or providing for unmet needs, they make recommendations in the form of GF/MH increments.

4. Mental Health Trust Authority Authorized Receipts (MHTAAR)

The Trustees usually choose to have existing state agencies administer Trust funds, MHTAAR. These state agencies must have legislative approval to receive and spend Trust funds.

5. Capital Budget

The separate appropriations bill includes that portion of the state's capital budget that funds mental health projects. This often includes funds from the Alaska Housing Finance Corporation to provide housing for beneficiaries as part of the Comprehensive Integrated Mental Health Program.



REPRESENTATIVE ELDON MULDER

CO-CHAIR HOUSE FINANCE

ALASKA STATE LEGISLATURE • HOUSE OF REPRESENTATIVES

DISTRICT 23 • MULDOON & FORT RICHARDSON

CAPITOL BUILDING, #507 • JUNEAU, ALASKA 99801 • PHONE (907) 465-2647 • FAX: (907) 465-3518

E-MAIL: REPRESENTATIVE_ELDON_MULDER@LEGIS.STATE.AK.US

MEMORANDUM

DATE: FEBRUARY 17, 1999
TO: BUDGET SUBCOMMITTEE CHAIRMEN
FROM: REPRESENTATIVE ELDON MULDER

1. Supplemental Budget Items

Subcommittee Chairs should:

- a. Be responsible for getting information from the department (informally or in a subcommittee meeting) regarding each supplemental request.
- b. Get information and a recommendation from your fiscal analyst.
- c. Ask whether any other division or program within the department can pay for this.
- d. Determine whether the expenditure was extraordinary or whether the department merely exceeded their appropriation (poor management of their appropriation).
- e. Be ready to discuss and ask questions of the department at the Finance Committee meeting within approximately one week.
- e. Be ready to discuss the supplemental requests for your departments at Caucus next week.

2. Subcommittee Work-Missions and Measures

1. Goal: Complete drafting of missions of the department and all divisions.

2. Discuss and draft mission statements with commissioners or, at minimum, the Division Directors. (Mission statements should align with the constitutional purpose and enabling statutes of the particular department and division.)
3. Alignment of missions with department mission: If the division's mission does not align with the department's division, consider making a recommendation to move the division to a different department or propose elimination of the division.
4. When your mission statements are completed, prioritize the functions of the department by division. At minimum, identify which functions are life, health, safety related. Make a list of all the life, health, safety functions in the department that would be considered essential services.

3. Subcommittee Work-Efficiencies

1. If you had to eliminate a program or service in your department, tell me which one it would be and why it should go rather than any other program or service in the department.
2. If you had to integrate services or functions in your department or across departments, which one(s) would you integrate.

4. Subcommittee Work-Suggestions

In addition to the analysis you and your staff are performing, please consider the following:

- a. Wherever you see federal money, check to be sure the state is not "overmatching" it. Verify the match rate. If we are overmatching federal funds, consider cutting G.F. to the minimum match amount.
- b. Determine whether the department is missing any opportunity to use federal funds or other funds instead of G.F.
- c. Review the department's data and detail books from past years to determine whether they are being consistent with their figures and estimates.
- d. Ask the commissioner of each department (in an informal setting) whether they will work with you on budget reduction scenarios. Beware the Washington Monument play, but give the departments a chance to be forthcoming by working informally with them.

cc: Rep. Davies
 Rep. Grussendorf
 Rep. Moses

FY99 / FY00 ALL FUNDS FISCAL SUMMARY

(\$ millions)

	FY99 Authorized				FY00 Governor			
	GF/CBRF/ ILTF	Federal	Other	Total	GF/CBRF/ ILTF	Federal	Other	Total
REVENUES								
Unrestricted GF Fall 98 Forecast Update	1,287.0			1,287.0	1,299.0			1,299.0
Revenue Adjustments	-63.5			-63.5	-17.7			-17.7
ADDEA Transfer to General Fund	16.0			16.0	0.0			0.0
Federal and Other Funds		1,470.2	2,859.6	4,329.8		1,581.0	2,558.4	4,139.4
TOTAL AVAILABLE	1,239.5	1,470.2	2,859.6	5,569.3	1,281.3	1,581.0	2,558.4	5,420.7
EXPENDITURES								
Operating (1)	2,159.4	864.7	1,001.3	4,025.4	2,232.2	924.6	1,046.4	4,203.3
Agency Operations (Non-Formula)	1,095.0	475.1	844.1	2,414.2	1,144.1	508.0	891.5	2,543.5
Formula Programs	1,064.4	389.6	157.3	1,611.2	1,088.2	416.7	155.0	1,659.8
Debt Service	46.0	0.0	30.7	76.7	5.7		59.9	65.6
Capital including Mental Health	85.4	586.4	530.9	1,202.7	112.9	640.9	185.6	939.4
Loan Fund Capitalization	3.8	19.1		23.0	3.1	15.5		18.6
Special Appropriations & Fund Transfers	17.2		9.4	26.6	16.6		14.0	30.6
Permanent Fund Dividends/Inflation Proofing			1,287.3	1,287.3			1,252.5	1,252.5
Supplementals (2)	16.5			16.5	15.4			15.4
New Legislation (3)								0.0
TOTAL APPROPRIATIONS (4)(5)	2,328.4	1,470.2	2,859.6	6,658.2	2,386.0	1,581.0	2,558.4	6,525.4
Less Duplicated Expenditures			-434.7	-434.7			-484.8	-484.8
UNDUPLICATED EXPENDITURES	2,328.4	1,470.2	2,424.9	6,223.5	2,386.0	1,581.0	2,073.6	6,040.6
From Constitutional Budget Reserve (6)	1,088.9			1,088.9	1,104.7			1,104.7

Revenue Assumptions:	Price \$/BBL	Production MMb/d
FY99 Updated Fall 98 Forecast	11.58	1.177
FY00 Updated Fall 98 Forecast	12.50	1.117

Notes:

- (1) Shared Taxes and Fishery Enhancement Tax Receipts are not included-these items are off-budget
- (2) Supplemental figures are estimates. Note that the \$16.5 million estimate of FY99 general fund supplemental needs appears to be unrealistically low. The footnotes to the "Governor's Budget Comparison for FY99 - FY00" state that the administration's estimate of FY99 supplemental needs is \$35 million plus an unspecified amount for the Y2K compliance effort.
- (3) The "Governor's Budget Comparison for FY99-FY00" includes a reduction of \$5.3 million in general funds resulting from the estimated cost of selected pieces of legislation that the Governor intends to sponsor. We will incorporate the costs of the Governor's legislation as it is introduced and fiscal notes are prepared.
- (4) Total appropriation figures do not include RPI's.
- (5) FY00 total appropriations figures do not include the \$15.0 million in general fund budget reductions reflected in the "Governor's Budget Comparison for FY99 - FY00". We will incorporate those reductions into this document as specific amendments to the budget and/or legislation are proposed.
- (6) Further legislative action will be required to withdraw any amount greater than \$700 million from the CBR for FY99.

CORRECTION

THE FOLLOWING DOCUMENT(S)
HAVE BEEN REFILMED TO
ASSURE LEGIBILITY OR PAGINATION



Rev. 6/98

Central Microfilm Services
Department of Education & Early Development
State of Alaska

FY99 / FY00 ALL FUNDS FISCAL SUMMARY

(\$ millions)

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RESULTS WITHIN OUR REACH

Alaska
State Plan for
Alcohol and
Drug Abuse
Services

1999-2003

COVER PHOTO

WITH THANKS AND GRATEFUL ACKNOWLEDGEMENT TO
STAN MARSDEN AND THE PEOPLE OF CRAIG, ALASKA.

THEIR UNIQUE PARTNERSHIP IN CREATING
THE HEALING HEART TOTEM

OFFERS HOPE AND INSPIRATION TO ALL ALASKANS.

(PHOTO BY ANNE SETIULTZ)

State of Alaska
ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE
240 MAIN STREET, SUITE 101
JUNEAU, AK 99801
907 465-8920 ♦ 888 464-8920



Message from the Chair

DT: January 1999

TO: Fellow Alaskans

FR: Cheryl Mann, Chair
Advisory Board on Alcoholism and Drug Abuse

RE: Partnerships for a Healthy Alaska

There is no greater foundation for the implementation of this new state plan for delivery of alcohol and drug abuse services than partnerships at the local, regional or state level. You will find the creation of partnerships and the nurturing of new coalitions to be a common thread throughout this plan.

One of the enduring values of partnership development is that frequently more intangible resources are required than funding resources. Commitment, time and sharing of leadership are some of the most vital requirements. When Alaskans give freely of these assets, from themselves and their organizations, we will be able to stretch existing resources and focus new resources on our most urgent needs in the most beneficial and cost effective ways.

The Advisory Board can take great pride in its ground-breaking work in establishing treatment outcomes and raising awareness among providers and allied health professionals. Over the next decade we will continue to firmly embrace our mission to significantly reduce the devastating consequences of substance abuse on individual Alaskans, families and communities.

We invite each of you to find ways in which you can be a partner in achieving that desired result. If we can help you to identify other individuals and organizations that share your concerns please be sure to ask for our assistance.

Advisory Board on Alcoholism and Drug Abuse
PO Box 110608
Juneau AK 99811-0608

The Advisory Board's toll free telephone number is 1-888-464-8920. Assistance may also be requested by e.mail to Anne_Schultz@health.state.ak.us

Advisory Board Roster

As of January 1999, the Advisory Board on Alcoholism and Drug Abuse is composed of the following members, appointed by the Governor:

Cheryl Mann, Anchorage CHAIR

Gerry Kasiak, Ketchikan CHAIR-ELECT

Delfin Lopez, Sterling RECORDER-TREASURER

Sebastian Cowboy, St. Marys

C. Joe DiMatteo, Anchorage, appointed December 1998

Donna R. Galbreath, Fairbanks

Alice Johnstone, Sitka

Loren Jones, Juneau

Anne Kinter, Juneau, appointed December 1998

Banarsi Lal, Fairbanks

Henrietta Nugen, Wasilla

Don Peter, Fort Yukon

Valerie M. Therrien, Fairbanks

Eric Tomasino, Palmer

Cristy Willer Tilden, Dillingham

The Advisory Board acknowledges the contributions made to the strategic planning process by members whose terms expired or who moved from Alaska before the plan was completed: Roseanne Turner, Anchorage; and Suzanne Drapeaux, Juneau.

Table of Contents

4	Mission and Guiding Principles
5	Executive Summary
7	Background
9	About This Plan
11	Desired Results Alaskans live free from the negative consequences of the use of alcohol and other drugs.
12	Indicators <ol style="list-style-type: none"> 1. Per capita consumption of alcohol 2. DUI convictions 3. Criminal convictions on alcohol or drug-related charges 4. Alcohol-related injuries requiring hospitalization 5. 12-hour protective custody holds 6. Binge and chronic drinking rates
18	Strategies and Performance Measures <ol style="list-style-type: none"> 1. Community partnerships 2. Community norms and standards 3. Legal and regulatory initiatives 4. Alcohol and drug free community activities 5. Involuntary commitment when necessary to save a life 6. Useful and effective information distribution 7. Promotion of treatment, recovery and sober lifestyle 8. Training for professionals in the field 9. Training for allied health professionals and other helping agents 10. Life skills training for youth 11. Development of sufficient resources for service delivery 12. Continuum of care for chronic alcoholics with psychosis 13. Relevant research used to ensure best client outcomes 14. Improved interdisciplinary coordination 15. Early intervention and service referral 16. Removal of barriers to treatment 17. Appropriate services for underserved Alaskans 18. Address treatment needs of persons in criminal justice system
36	Data Agenda
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Mission and Guiding Principles

MISSION

In partnership with the public, the Advisory Board on Alcoholism and Drug Abuse plans and advocates for policies, programs and services that help Alaskans achieve healthy and productive lives, free from the devastating effects of the abuse of alcohol and other substances.



GUIDING PRINCIPLES

The philosophy of the Advisory Board on Alcoholism and Drug Abuse is to create an environment in which individuals can explore and expand their human potential by recognizing that:

1. Alaskans have the right to seek a life free of the devastating effects of alcohol and substance abuse.
2. The fatal diseases of alcoholism and drug addiction are both preventable and treatable.
3. Sobriety is a positive lifestyle choice for Alaskans.
4. Prevention is as important a public health concern as treatment is.
5. Services must respect personal and community needs in a holistic way that acknowledges cultural and gender differences.
6. Rights and dignity of the client must be respected at all times.
7. Best practice standards must be used by those who provide treatment and prevention services.
8. Success will be measured by improvement in health and well-being and by the elimination of substance abuse and the harm it causes.
9. Partnerships between communities, public and private organizations, families and individuals are the key to success in fulfilling our mission.
10. All decisions and actions must focus on positive impacts on future generations.

Executive Summary

Results that will significantly reduce the negative consequences of alcohol use by Alaskans is the focus of **Results Within Our Reach**, the Alaska state plan for alcohol and drug abuse services. The plan covers the years 1999-2003.

A statewide work group with expertise from many disciplines joined the Advisory Board as stakeholders in this planning effort. They brought commitment and urgency to the development of this plan. The group was able to build upon the solid foundation laid in **Meeting the Challenge**, the strategic plan for the Division of Alcoholism and Drug Abuse published in 1994.

This plan reflects the Advisory Board's commitment to results-based service delivery. It incorporates the use of indicators, strategies and performance measures that will help to monitor service delivery effectiveness.

The Advisory Board framed the process by identifying its mission and guiding principles. These emphasize the necessity for public awareness of the scope of the problem, a broad range of partnerships and personal responsibility. To ascertain attitudes of key informants throughout the state, the Advisory Board asked more than 1,000 stakeholders to indicate their level of agreement with statements about alcohol and drug abuse issues. More than fifty percent responded, with remarkably favorable levels of agreement. The Board is confident that this plan is well grounded and reflects community awareness of the scope of the problem it seeks to remedy.

This plan focuses on the overarching result desired for all Alaskans: that they live free from the negative consequences of alcohol and other drug use. It identifies six indicators that will be used to track progress over the coming years. Each is supported by sufficient data collection to calculate trends over time. The Advisory Board looked to staff of the Division of Alcoholism and Drug Abuse for the collaborative development of strategies and performance measures with which to implement the plan. Public testimony was solicited. Eighteen strategies emerged, each with a set of performance measures. The strategies recognize the essential role partnerships play in changing attitudes, behaviors, and community norms. The strategies identify special populations that require greater service capacity, accessibility and intensity. A specific strategy addresses the needs of chronic alcoholics with psychosis, who are beneficiaries of the Alaska Mental Health Trust.

In order to walk the talk that is talked about in the plan, continuous attention must be paid to data development. The Data Agenda section gives a comprehensive review of the benefits and constraints of data collection and spells out the additional

data that will be required in the future. This ongoing data collection effort is imperative if the plan is to achieve its desired level of accountability.

The prevention and treatment strategies identified in the plan will be implemented by the Division of Alcoholism and Drug Abuse, which has responsibility for managing service delivery in Alaska. The Division's Request for Proposals (RFP) process will incorporate strategies implementation into funding allocation decisions. Successful grantees will develop proposals that reflect the Division's guidelines and this plan.

Both the Advisory Board and the Division will work assertively to ensure wide distribution of the plan during the coming months.

The Division will monitor performance measures to assess the level, quality and effectiveness of effort. Over the next several years the Division and the Board will be able to ascertain the effectiveness of selected strategies. This monitoring will guide course corrections during the updating of the plan as the year 2003 approaches.

Each year the Advisory Board will collect the required indicator data to determine the extent to which the strategies have influenced desired results. The Board undertakes this process being mindful that it will be necessary to view data over time before definitively assessing effectiveness over the long term.

The Advisory Board will work with the Department of Health and Social Services, Alaska Mental Health Trust Authority and the Trust's other beneficiary advocacy boards to ensure an effective integration of this plan into the Comprehensive Integrated Mental Health Plan for the state.

Background

Strategic planning is an ongoing process. Each phase builds on previous work and lays the foundation for future planning efforts. In 1994, the Alaska Division of Alcoholism and Drug Abuse published a comprehensive strategic plan, Meeting the Challenge: A Strategic Plan for the Division of Alcoholism and Drug Abuse. This plan identified trends in the external environment as well as goals and strategies for the Division in the 1990s.

The 1994 plan focused on four major trends that would affect the Division and service delivery through the end of the decade.

- Level and extent of alcohol, other drug, and inhalant abuse in Alaska;
- Special needs and barriers for specific populations such as rural residents, pregnant women, persons with co-existing mental illness, and women with dependent children;
- Funding sources and restrictions; and
- Increased emphasis on service delivery outcomes.

A series of strategies and goals were developed to address the needs of Alaskans within the context of these trends. As predicted, these trends have played a major role in program development and service delivery in the latter part of the decade. Furthermore, these factors are predicted to play an even greater role in the future.

Of the four major trends, the emphasis on outcomes is a pivotal factor in both program development and funding allocation. In 1996, the Division of Alcoholism and Drug Abuse and the Advisory Board on Alcoholism and Drug Abuse brought together a workgroup to identify desired outcomes for both treatment and prevention efforts. In the Request For Proposals (RFP) issued in 1997, the Division mandated the use of outcome targets along with more traditional process measures. To support this move, standardized outcome measures were developed. They are currently being incorporated into the Division's management information system (MIS).

In 1994, the Mental Health Lands Trust claims were settled after years of litigation. The Alaska Mental Health Trust Authority was formed. Its Trustees are charged by statute with managing the assets of the Trust, and providing resources for services to beneficiaries. Trust beneficiaries are defined as Alaskans who experience one or more of the following:

- a mental illness;
- mental retardation or similar disability;
- Alzheimer's disease or related dementia;
- chronic alcoholism with psychosis.

Four boards are responsible for addressing the needs of these beneficiary groups: the Alaska Mental Health Board, the Governor's Council on Disabilities and Special Education, the Alaska Commission on Aging and the Advisory Board on Alcoholism and Drug Abuse.

The Advisory Board on Alcoholism and Drug Abuse plans and advocates for the needs of chronic alcoholics with psychosis. It also plans and advocates for substance abuse service needs of all Alaskans. To fulfill these responsibilities, the Advisory Board has completed this 12-month strategic planning effort. Many Alaskans have made valuable contributions to the process.

First, the Board invited a group of 25 Alaskans with special interest and expertise in substance abuse issues to participate in the Strategic Planning Work Group. They met initially in September 1997 for orientation to the Advisory Board's guiding principles and mission, and to become acquainted with the results-based model developed by Mark Friedman. Mr. Friedman is a policy consultant to the Alaska Legislature, the Office of Management and Budget, and the Alaska Mental Health Trust Authority. The work group participants are gratefully acknowledged in Appendix A.

To test the assumptions on which to base the revised plan, the Advisory Board sent a fifteen-question survey to more than 1,000 key informants throughout the state. With a response rate of 51%, the results indicated an overwhelming sense that substance abuse, particularly alcoholism, is the most pressing health problem in the state.

The Work Group formed three teams: the Results Team, the Indicators Team, and the Strategies and Performance Measures Team. Over a seven-month period, the teams developed a set of desired results and indicators, each team building on the work of the previous group. In July 1998, the full Advisory Board, Division of Alcoholism and Drug Abuse staff, and other key stakeholders jointly developed strategies and performance measures.

In this manner, the desired results, indicators of their achievement, strategies for success and performance measures were identified. With these key elements in place, sources of reliable data were examined and baseline data collection began. The draft plan was reviewed by the original Work Group in September 1998. Public testimony and comment were received in November and December 1998. This final document reflects the Advisory Board's plan based on those thoughtful and collaborative efforts.

About this plan...

This strategic plan will serve a number of purposes over the next four years. Most importantly, it will guide the Advisory Board and the Division in planning efforts to eliminate the negative consequences of alcohol and other drug use. It is the framework for continuing assessment of service needs throughout Alaska. It will help track the extent and quality of our efforts. Finally, it offers strategies that encourage stakeholders, clients, and communities to address issues forthrightly in ways that will achieve and sustain local benefits.

This plan is organized in the following manner:

The Model. The model was developed by Mark Friedman, of the Fiscal Policy Institute, Baltimore, Maryland. One of the compelling reasons for using this model is that it is also being used by other State agencies and the Legislature as a method for developing budgets and programs based on desired results.

Results and Indicators. Desired results are in this section. The indicators will measure progress toward achieving these results. Each indicator includes a graphic representation of recent trends and the source of the data used to create the chart or graph.

Strategies and Performance Measures. The strategies that have been selected to move us toward desired results are in this section. Each strategy includes a series of performance measures that will help chart progress.

Data Agenda. Some valuable data are not available. The data agenda identifies desirable data that support existing indicators and data that would support other potentially advantageous indicators.

Implementation. This section identifies the four distinct implementation efforts that are required in order for the plan to remain a useful tool over time.

Results and Indicators¹

The beginning point for development of the strategic plan for alcohol and drug abuse services is to identify the desired results or outcomes. Appropriate strategies and performance measures flow from those results.

Results are conditions of well being in individuals, families, and communities, according to Friedman. Desired results are abstract and not easily measurable. They are also of an enduring nature. They are not expected to change quickly. These desired results will be the focus for the planning and service delivery effort at the state level over a period of years.

Indicators are markers that give some distinct indication of progress. These are measures for which data are readily available. While there are many sources and types of available data, only those measures that score high in data power, proxy power, and communication power are used.

Data power is an indication of the accuracy, availability, and consistency of data across the diverse regions of the state. It also takes into account the regularity with which the data is collected.

Proxy power is an indication of how well the data says something of central importance about the result.

Communication power is an indication of how well the indicator is understood by the desired audience. When the indicators are published, decision-makers as well as the general public must be able to make the connection between the results that are desired and the data reported.

¹ Mark Friedman, Fiscal Policy Institute, Turning the Curve, 1996

Desired Results

Alaskans live free from the negative consequences of alcohol and other drug use.

The Advisory Board's vision of a healthy, productive, and happy society is one that is free from the negative consequences of alcohol and other drug use. The foundation of this plan rests on the Board's commitment to significant reduction in those negative consequences. The consequences are apparent in per capita consumption, DUI convictions, alcohol or drug related convictions, alcohol-related injuries, 12-hour protective custody holds and the rate of binge or chronic drinking by adults.

Other desired results:

- *Alaskans are physically, mentally, spiritually, and emotionally healthy and are engaged in health lifestyles to sustain well being.*
- *Alaskans are safe in their homes and communities.*
- *Alaskans achieve their highest possible level of self-sufficiency.*
- *Alaskans live with dignity and respect as valued members of their families and communities.*

Indicator One

Per capita consumption of alcohol.

The rate of consumption per person, 14 years and older, based on excise taxes collected at the wholesale level.

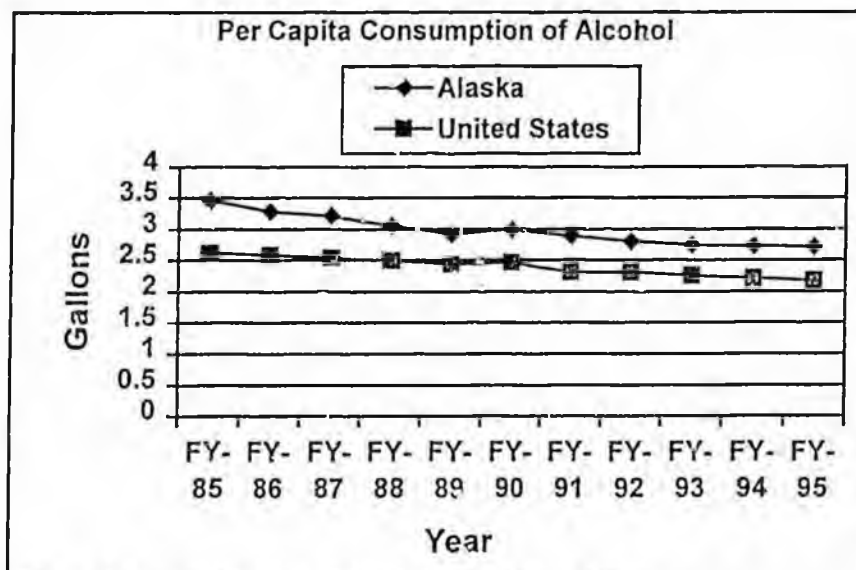


Figure 1 Source: Division of Alcoholism and Drug Abuse

The story behind the indicator headline...

The prevalence and severity of alcohol-related problems among Alaskans is directly related to the amount of alcohol consumed. The data, as collected, are based on total alcohol purchased at the wholesale level and the number of Alaskans who are 14 years of age and older. If this number were adjusted downward to remove those who completely abstain from alcohol, then per capita consumption would be greater. Although the figure for Alaska is higher than the national average, both sets of data indicate that consumption is decreasing. The population data does not acknowledge the state's significant visitor population. The consumption decrease by Alaska residents may be even greater than shown. The strategies that impact this indicator most readily are those that address public policy issues such as the number of licensed outlets and their hours of operation.

Indicator Two

Number of convictions for Driving Under the Influence of alcohol (DUI).

The number of convictions in state district and superior courts on charges of driving while under the influence of alcohol.

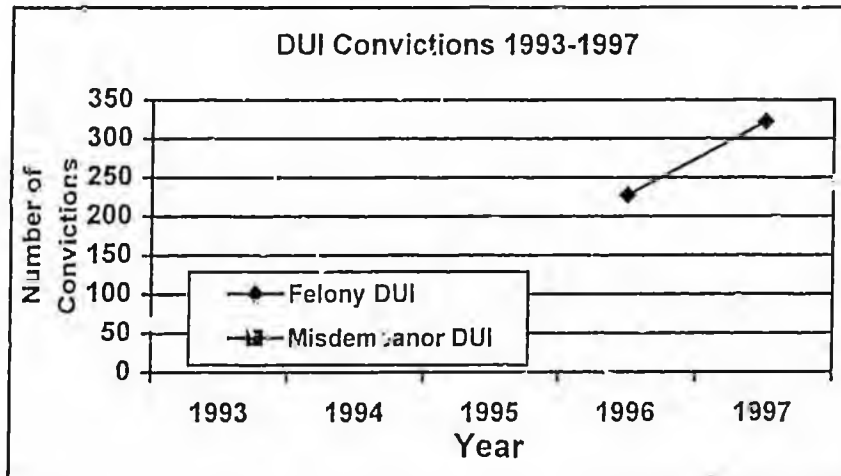


Figure 2 Source: Alaska Court System

The story behind the indicator headline...

Driving while under the influence of alcohol is one of the strongest indicators of the negative consequences associated with alcohol misuse. Data for 1997 show that 30 percent of all automobile accident fatalities had alcohol or drugs as the major contributing factor². There are many variables that impact this data, including enforcement effort and prosecutor case loads. The data correlate with successful prevention efforts, particularly in terms of public awareness of the consequences of Driving Under the Influence (DUI). Driving under the influence of alcohol impacts lives, not only in accidents, injuries, and deaths, but also in family suffering, employment problems, and social functioning. Persons convicted of DUI also represent one of our most well defined target populations: individuals whose use of alcohol has directly caused negative consequences. DUI convictions are categorized by both felony and misdemeanor offenses.

² Alaska Department of Transportation and Public Facilities, 1997 Alaska Traffic Accidents, July 1998

Indicator Three

Number of state criminal convictions on alcohol or drug-related charges.

The number of convictions on charges which include possession or distribution of drugs, misconduct involving alcohol or other drugs, and failure to take a breath test. The indicators are based on data published by the state court system and do not include arrest data that does not result in convictions.

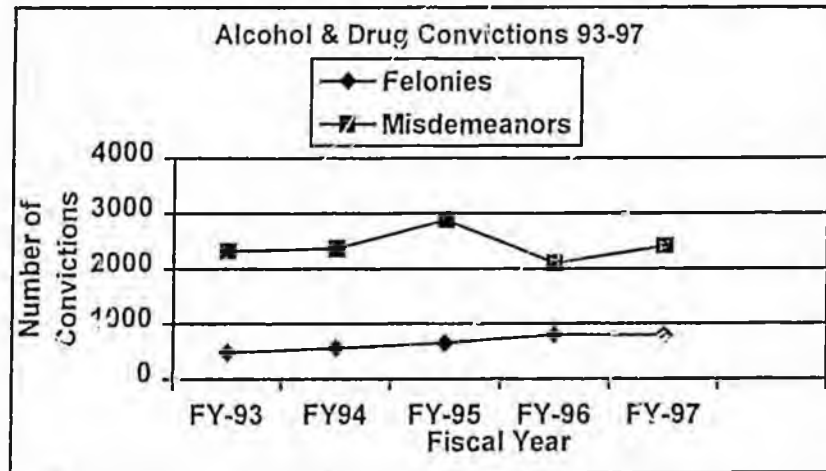


Figure 3 Source: Alaska Court System

The story behind the indicator headline...

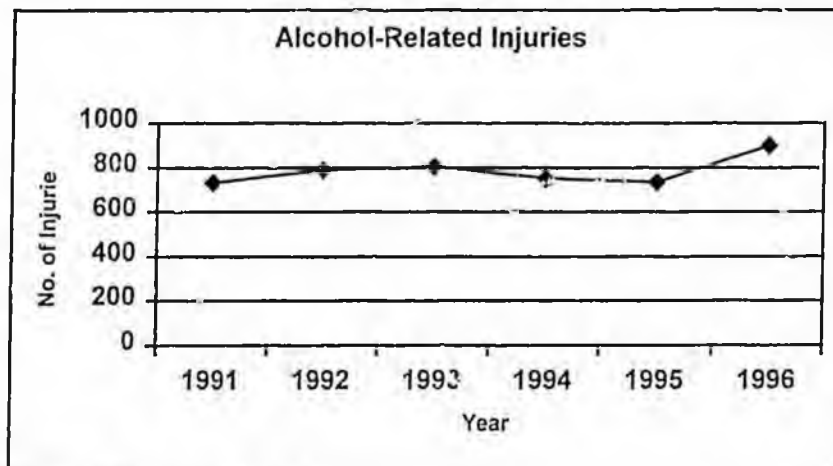
Convictions for drug and alcohol-related offenses, like DUI convictions, offer a clear picture of the negative consequences of use of alcohol and other drugs. Between fiscal years 1993 and 1997, felony convictions increased from 478 to 791. Misdemeanors have varied but show no clear increase or decrease trends. There are a number of factors that may impact this indicator including State Trooper and local police department enforcement, changes in laws, and prosecution efforts. Intervention and treatment services play a major role in decreasing the amount of alcohol and drug-related crime. Collaborative efforts have demonstrated that early intervention and appropriate, timely treatment for offenders can reduce the number of alcohol and drug-related crimes.

Indicator Four

Alcohol-related injuries requiring hospitalization.

Injuries treated in a hospital for which alcohol was determined to be a contributing factor.

Figure 4



Source: Alaska Trauma Registry

The story behind the indicator headline...

Injuries involving the use of alcohol represent a significant and costly negative consequence. The Alaska Trauma Registry, which collects information from every hospital in the state, tracks all injuries requiring hospitalization. It has special fields within its database to indicate the involvement of alcohol. The number of injuries seemed to peak in 1993 and start a downward trend. However, the number of injuries in 1996 showed a sharp increase. These injuries typically involve young people. They affect the injured individuals, families, and sometimes entire villages. They require the most expensive level of medical care: that provided in an emergency department or trauma center. The efforts that are most likely to impact this indicator are those which seek to restrict access to alcohol or other drugs through public policy advocacy. A recent study indicated that Alaska Natives living in "wet" villages were almost three times more likely to die from an alcohol-related injury than those living in "dry" villages³. Early intervention and treatment services have also been shown to have a positive impact on this indicator.

³ Alaska Child Protection Review Team, Report to the Governor, 1997

Indicator Five

The number of 12-hour protective custody holds.

The number of alcohol-incapacitated persons held in protective custody for up to 12 hours at State correctional facilities or community jails.

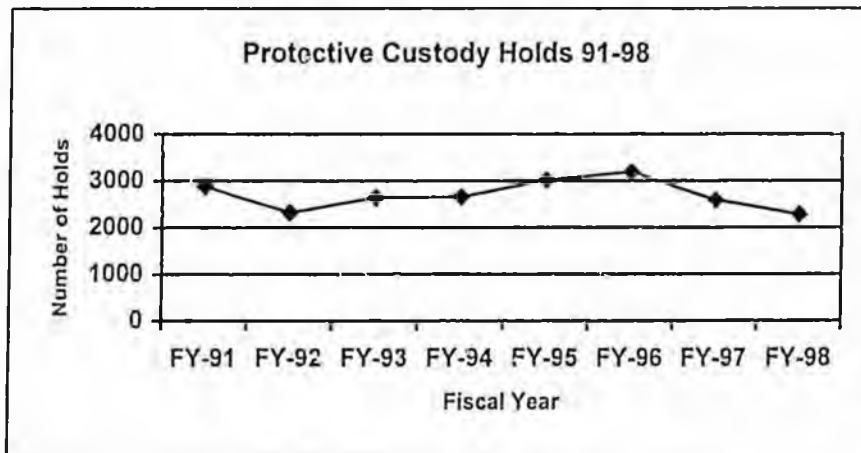


Figure 5 Source: Alaska Department of Corrections

The story behind the indicator headline...

Alaska Statute 47.37 provides that persons incapacitated by alcohol may be taken into custody in order to protect them and others from the negative consequences of their incapacitation. If suitable detoxification facilities are not available, they are taken to Department of Corrections facilities. They are held until protective custody is no longer necessary or up to twelve hours. As treatment programs work with communities to provide more appropriate services and timely interventions, the number of protective custody holds decreases. During 1995 and 1996, the Division of Alcoholism and Drug Abuse began to place more emphasis on early intervention for late stage, chronic alcoholics. This is the population most likely to require protective custody. Additional resources for detoxification have expanded community response. As a result, the number of protective custody holds has begun to decrease. During this period, the Advisory Board conducted training on the use of involuntary commitment of persons whose alcoholism is life-threatening. Community partnerships, resource expansion and community training in involuntary commitment procedures are contributing to the reduction in 12-hour protective custody holds.