

**ALASKA LEGISLATURE**

**1903**

**HOUSE and SENATE FINANCE COMMITTEE FILES, 1999 - 2000**

## Strategy Eighteen

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Address the treatment needs of persons in the criminal justice system.

### What this means...

All available data and research indicate that drugs and alcohol are prevailing factors in crime in Alaska. The vast majority of the incarcerated population has drug and/or alcohol problems. In order to decrease recidivism in this population, drug and alcohol treatment needs must be addressed. Drug courts and other diversion strategies identify and provide appropriate services to individuals before they are incarcerated. Depending on the nature of the offense, treatment can be ordered in lieu of incarceration. This approach leads to a more appropriate allocation of scarce corrections resources.

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### How will we measure our performance?

<u>Performance Measure 1:</u>	Increased percent of offender population with substance abuse problems accessing treatment services.
<u>Performance Measure 2:</u>	Decreased recidivism among alcohol and drug-related criminal offenders.
<u>Performance Measure 3:</u>	Increased number of inmates in treatment programs.
<u>Performance Measure 4:</u>	Increased number of treatment options for offender population.
<u>Performance Measure 5:</u>	Increased percentage of treatment completion and improvement in treatment outcomes
<u>Performance Measure C:</u>	Increased number of drug courts and other diversion programs.

## Data Agenda

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- I. **Introduction.** Consistent and reliable data are a key element in the planning process. Information about existing conditions helps to develop baselines or reference points. As this plan is implemented, reliable and consistent data will be used to measure performance and results. Careful analysis of indicator and performance measure data will help decision-makers modify strategies to achieve the best results.
  
- II. **General Data Agenda.** There are a number of issues regarding data collection and analysis that apply to the entire planning process.
  - A. **Timeliness of Data.** Much of the data to be used as indicators is collected and published annually by state agencies. While this makes data collection somewhat straightforward, effectiveness is compromised by the time lag between events and data publication. Most data is typically available two years after the fact. Efforts will be made to obtain the data prior to its normal publication schedule whenever possible. Patience will be required. Data that indicate effectiveness will not be available until at least two years after the implementation of a strategy. For some strategies that seek to impact community norms and values, this time period may be even longer.
  
  - B. **Data Storage and Maintenance.** Planning is an ongoing process. Data must consistently support this process. There must be an organized, reliable system for data storage and maintenance. The data, if properly maintained, will be useful in the ongoing strategic planning process and in the annual planning processes of the Advisory Board and the Division. The greater the detail of collected data, the more diverse and useful its applications will be.
  
  - C. **Data Analyses.** The degree of effort required to collect, store, and maintain data will be driven, in large part, by the analyses desired. The use of spreadsheets, databases, or statistical programs to analyze data requires rigorous formatting. The effort is even greater if data from different sources are to be integrated for analyses. During the first year of this plan a data collection, maintenance and analysis plan will be developed to support this effort. This plan will identify data sources and format, integration and analyses desired and appropriate computer software applications.

- III. **Indicator Data Agenda.** Each of the six headline indicators is supported by data that rate high in proxy, data, and communication power. Despite this, each of the indicator data sets has variables that should be acknowledged during the analysis.
- A. **Per Capita Consumption of Alcohol.** The per capita consumption of alcohol data is straightforward. There are some factors, however, which diminish its usefulness.
1. **Age Applicability** – The per capita consumption data are based on total population, 14 years of age and older. They do not account for drinking by youth under age 14.
  2. **Persons Who Abstain from Alcohol** – The data do not take into account those individuals who choose to abstain from alcohol. As this population segment grows, it will lower per capital consumption. It is possible that those who drink alcoholic beverages may be drinking more while the data indicates a decrease in per capita consumption.
  3. **Consumption by Visitors** – The per capita consumption data are based on state population. If visitors significantly impact the amount of alcohol consumed, the per capita consumption data could show an increase when, in fact, there was no increase in consumption by Alaska residents.
  4. **Effects of Wholesale Distribution vs. Consumption** – The per capita consumption data are based on state excise tax collected at the wholesale point in the alcohol distribution chain. While this is considered a good surrogate marker for consumption, there are sales that do not result in Alaska consumption. Some residents purchase Alaska-brewed beer as gifts that are shipped out of state. Although this is probably not significant, we do not know the exact extent of this practice.
- B. **DUI Convictions.** Driving Under the Influence (DUI) conviction data are collected and maintained by the State of Alaska Court System. Felony DUI data are included as a separate conviction category in regularly published reports. Misdemeanor DUI conviction data, however, are included with other misdemeanor traffic violation convictions. In order to obtain these data, a special request must be made to the Court System. An agenda item for the first year of this plan is to ask the Court System to begin separating misdemeanor DUI convictions in their published reports. Another problem with these data is that they do not include arrests that do not result in convictions. Enforcement effort, prosecution workload and strategies, and trends toward plea bargains for other charges also impact these data.

- C. **Drug and Alcohol Related Convictions.** This data set has some of the same limitations present in DUI conviction data. It does not reflect arrests for which there is no conviction, or plea bargains to other charges. An additional complication is that many drug charges are prosecuted in federal court as violations of federal law. Regularly published reports show drug and alcohol convictions at the national level and overall federal convictions at the state level. Specific drug and alcohol conviction data for specific states require a special data run at the federal level. A data agenda item will be to work with the federal court system to encourage reporting of data in a useful format.
- D. **Alcohol Related Injuries.** The State of Alaska Emergency Medical Services Section maintains the Alaska Trauma Registry. The registry collects data relating to injuries that are treated at hospitals throughout the state. There are fields within the registry that identify whether or not alcohol was involved. Although there is not a standard published report, the staff that maintains the registry can produce a custom report that includes desired information. Injuries that are not treated in an emergency room are not included in the registry. The data agenda item relating to this indicator is to determine exactly what information is desired from the registry each year and to work with the Emergency Medical Services staff to obtain that data.
- E. **12-Hour Protective Custody Holds.** Data for 12-hour protective custody holds are collected by the State Department of Corrections. These data reflect the number of Title 47 non-criminal holds in state correctional facilities. At present, community jails, operated by municipalities and boroughs, are not contractually required to record data on 12-hour protective custody holds. The data agenda item for this indicator is to work with the Department of Corrections to develop a standard annual report that includes all Corrections facilities and community jails.
- F. **Rate of Binge/Chronic Drinking.** The percentage of Alaskans reporting binge or chronic drinking is obtained from the annual Behavior Risk Factor Surveillance Survey. It is conducted using a random sample of 1,535 adult Alaskans. The survey results are published annually by the Alaska Division of Public Health. One of the contributing factors to the reliability of this data set is that the survey questions were rigorously developed at the national level. These same questions are also used in a national survey. This indicator can be tracked over time for trend analysis.

- IV. **Performance Measures.** Each strategy selected by the strategic planning work group has a series of measures for evaluating performance. The data for these measures are collected and analyzed by the Division of Alcoholism and Drug Abuse and used to assess the level and quality of effort. Most of the data will be collected from grantees that are required to submit data relevant to their programs. The data from individual grantees will be consolidated to provide an assessment of statewide effort. Most data come from two sources: quarterly reports on goals and objectives and program reports to the Division's Management Information System (MIS). Despite this effort, there are some measures for which data are not now readily available. The data agenda for the Division of Alcoholism and Drug Abuse over the next two years is to examine these specific measures and explore means for obtaining supporting data.
- V. **Other Data Agenda.** Beyond those indicators selected to measure progress toward results and the performance measures for strategies, there are other data and information that would be useful in assessing needs and evaluating program performance. For a variety of reasons those data are not useable at present. This provides yet another set of issues for the data agenda.
- A. **Youth Behavior Risk Survey.** Every two years, the State of Alaska of conducts a survey in the education system to assess attitudes and behaviors that constitute risks to health. While this survey provides useful data, it is not administered in all areas of the state. Participation is determined by local School Boards and is voluntary. The areas not participating are significant enough that the results may not be generalized to the entire state. The data agenda for the next two years is to advocate with the Legislature and the Department of Education to require statewide participation in this valuable survey effort.
- B. **Prevalence Studies.** During 1997 and 1998 the Division of Alcoholism and Drug Abuse participated in a federally-funded comprehensive effort to measure prevalence of alcoholism and alcohol abuse in the general population. This massive, expensive effort involved random sample telephone surveys using rigorously developed survey instruments. The results obtained from this effort have proven extremely valuable in assessing needs and barriers to meeting those needs. Although it is not practical to undertake every year, such a survey conducted at five-year intervals would be very useful in assessing results. The data agenda item for this issue is to advocate at both state and federal levels for consistent periodic surveys of this nature.

- C. **Consumption of Alcohol by Pregnant Women.** The Alaska Division of Public Health, Section of Maternal and Family Health, conducts an annual survey of women who give birth during the year. This survey uses an instrument developed by the U. S. Centers for Disease Control. The survey is conducted by mail using a stratified random sample methodology. The response rate for this survey has traditionally been extremely high, which makes it a valuable tool. Among the questions in the survey are a series on alcohol use during pregnancy. Given the significant negative consequences associated with drinking during pregnancy (Fetal Alcohol Syndrome and Fetal Alcohol Effect), the trends in this area would be most useful in assessing prevention efforts. Although routine reports are not published, the staff responsible for this effort is able to produce custom reports. The data agenda item for this issue is to work with the Section of Epidemiology to identify key information from the survey that can be provided annually.
- D. **Alcohol-Related Deaths.** Consistent data on alcohol-related deaths is not readily available. This is primarily because of the many ways in which alcohol and other drugs can cause death. The cause of death usually associated with alcohol consumption is cirrhosis of the liver. However, there are other fatal medical conditions related to alcohol consumption such as heart disease and esophageal cancer. Many accidents and homicides are also associated with alcohol abuse. This is compounded by the fact that these causes of death are associated with other factors as well as alcohol consumption. The same difficulties are present with consumption of other drugs. The State of Alaska Bureau of Vital Statistics reports on causes of death annually. In 1996, for example, the Bureau of Vital Statistics reported a total of 110 deaths due to alcohol use or abuse<sup>4</sup>. The Bureau also reports separately for deaths due to cirrhosis and other diseases. The data agenda item for this issue is to work with the Bureau of Vital Statistics over the next five years to develop a useable method of identifying death due to alcohol or other drug consumption.
- E. **Department of Health and Social Services Data Warehouse.** The Alaska Department of Health and Social Services is currently working on a project to provide easier access to data across Divisions. The Advisory Board on Alcoholism and Drug Abuse will monitor these efforts and assist as appropriate in developing a system that will meet the data needs of the State and providers as well as protecting the privacy and confidentiality of consumers.

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<sup>4</sup> Alaska Bureau of Vital Statistics, 1996 Annual Report, 1998

## Implementation

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This strategic plan will succeed to the extent that it is consistently implemented and updated. Four distinct implementation efforts are required in order for the plan to remain a useful tool over time.

- 1. Implementation of Strategies.** The prevention and treatment strategies identified in this plan will be implemented by the Division of Alcoholism and Drug Abuse, which has responsibility for managing service delivery in Alaska. The Advisory Board on Alcoholism and Drug Abuse and the Division will share responsibility for implementation of strategies that address public policy, advocacy and legal/legislative initiatives. The implementation of service delivery strategies will be accomplished primarily through the Request for Proposals (RFP) process. This process leads to funding allocation to support specific strategies. Successful grantees will develop proposals that reflect the Division's guidelines and this plan. Future Requests For Proposals (RFPs) from the Division will incorporate experience and knowledge gained by monitoring indicators and performance measures as well as emerging research. Both the Division and the Advisory Board will share responsibility for wide distribution of the plan. Each will work assertively to educate providers, stakeholders, and the public about the plan's contents and significance in reducing negative consequences of alcoholism and drug abuse for all Alaskans.
- 2. Monitoring of Performance.** As strategies are implemented, the Division will monitor performance measures to assess the level, quality, and effectiveness of effort. The data required for monitoring performance will be reported by programs and collected independently by the Division. By monitoring performance in a timely manner, the Division and the Advisory Board will be able to gauge whether the selected strategies are the right ones and whether the level of effort is sufficient to impact the indicators as desired.
- 3. Monitoring of Indicators.** Each year, the Advisory Board will collect the required indicator data to determine the extent to which the strategies have influenced the desired results. There are several confounding factors in this task. First, indicator data are impacted by variables beyond the control of the Division or the Advisory Board. Care must be exercised when deciding how much the data have been impacted by the strategies and how many intervening variables have impacted them. Second, the data reflected in the indicators are often one to two years old before publication. There could be a lag of three or four years after the implementation of a strategy before indicator data are available from which to draw conclusions. Once the data

are available, it will be necessary to view several years of data before assessing effectiveness.

4. **Ongoing Planning.** Only one desired result was examined during this planning phase. The planning work group identified four other desired results for all Alaskans. The ongoing planning effort will follow two parallel tracks. The first track focuses on review of the performance measure and indicator data and refinement of the strategies as necessary. The second track focuses on developing indicator data, strategies and performance measures for the other results. It is recommended that the planning work group convene every third year to update the plan, building on the ongoing efforts indicated above.
5. **Integration into the Comprehensive Integrated Mental Health Plan.** The Advisory Board will work with the Department of Health and Social Services, the Mental Health Trust Authority, and the three other beneficiary boards to ensure a smooth integration of this plan into the Comprehensive Integrated Mental Health Plan.

## Strategic Planning Work Group

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**Chip Ames**  
Providence Medical Center  
Anchorage

**Darleen Beitz**  
RuralCAP, Inc.  
Anchorage

**Jeanne Book**  
Alaska Mental Health Board  
Ketchikan

**Sheila Burke**  
Clitheroe Center/Salvation Army  
Anchorage

**Debra Caldera**  
Maternal, Child & Family Health  
Division of Public Health/DHSS  
Anchorage

**Don Dapceovich**  
Advisory Board on Alcoholism and Drug  
Abuse  
Juneau

**Marilee Fletcher**  
Division of Alcoholism and Drug Abuse  
Juneau

**Doug Griffin**  
Alcohol Beverage Control Board  
Anchorage

**Pat Hefley**  
SEARHC/Sitka  
Sitka

**Bill Herman**  
Alaska Mental Health Trust Authority  
Anchorage

**Barbara Henjum**  
McLaughlin Youth Center  
Division of Family and Youth Services  
Anchorage

**Loren Jones**  
Division of Alcoholism and Drug Abuse  
Juneau

**Lt. Col. Bob Kean**  
**Capt. Brian Keese**  
Dept. of Military and Veterans Affairs  
Fort Richardson

**Beth Kersey**  
Yukon Kuskokwim Health Corporation  
Bethel

**Gerry Knasiak**  
Advisory Board on Alcoholism  
and Drug Abuse  
Ketchikan

**Banarsi Lal**  
Advisory Board on Alcoholism  
and Drug Abuse  
Fairbanks

**Carrie Longoria**  
SAFE City Program  
Anchorage

**Cheryl Mann**  
Advisory Board on Alcoholism  
and Drug Abuse  
Anchorage

**Helen Merhkens**  
Department of Education  
Juneau

**Cyndi Nation-Cruikshank**  
Chief Andrew Isaac Health Center  
Fairbanks

**Scot Frinz**  
Alaska Native Tribal Health Consortium  
Anchorage

**Millie Ryan**  
Governor's Council on Disabilities and  
Special Education  
Anchorage

**Jill Sandleben**  
Alaska Commission on Aging  
Juneau

**Anne Schultz**  
Advisory Board on Alcoholism and Drug Abuse  
Juneau

**Susan Soule**  
Division of Alcoholism and Drug Abuse  
Juneau

**Ken Stanfield**  
Ketchikan Indian Corporation  
Ketchikan

**Cristy Willer Tilden**  
Advisory Board on Alcoholism and Drug Abuse  
Dillingham

**Eric Tomasino**  
Advisory Board on Alcoholism and Drug Abuse  
Palmer

**Ernie Turner**  
Alaska North Addiction Recovery Center  
Anchorage

**Roseanne Turner**  
Advisory Board on Alcoholism and Drug Abuse  
Eagle River

**Sarah Williams**  
Department of Corrections  
Anchorage

**Scott Young**  
Raven's Way/SEARHC  
Sitka

**Facilitators and Consultants**

**Steve Hamilton**  
C & S Management, Inc.  
Juneau

**Jean Buchanan**  
Jean Buchanan & Associates  
Anchorage

**Mark Friedman**  
Public Policy Institute  
Baltimore, Maryland

## Glossary

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**Abuse of alcohol, other drugs, or inhalants:** A persistent pattern of use of alcohol, other drugs or inhalants with which health consequences and/or impairment in social functioning are associated. This is different from dependence, which has such manifestations as craving, tolerance and physical dependence. Abuse is any use of a legal or illegal drug or substance that causes physical, mental, emotional or social harm, whether mild or severe.

**Accountability:** Responsibility for performance and results; holding political leaders and agency managers accountable for results according to agreed upon performance standards.

**Addict:** A person who is physically dependent on one or more psychoactive substances, whose chronic use has produced tolerance, who cannot control his or her intake, and who would have withdrawal symptoms if drug use were discontinued.

**Alaska Mental Health Trust Authority (AMHTA):** 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.

**Alcohol:** The active ingredient in beer, wine and distilled spirits; ethyl alcohol or ethanol.

**Alcohol Dependence:** A psychic and usually physical state resulting from taking alcohol. It is characterized by behavioral and other responses that always include compulsion to take alcohol on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence. The person may or may not have developed a tolerance for alcohol. A person may be dependent on alcohol and other drugs. "Alcohol dependence" is often used interchangeably with the term "alcoholism."

**Alcoholism:** A primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic.

- **Primary** refers to the nature of alcoholism as a disease entity, in addition to, and separate from other pathophysiologic states which may be associated with it. It suggests that alcoholism, as an addiction, is not a symptom of an underlying disease state.
- **Disease** means an involuntary disability. It represents the sum of the abnormal phenomena displayed by a group of individuals. These phenomena are associated with a specific common set of characteristics by which these individuals differ from the norm, and which places them at a disadvantage. Use of the term involuntary in defining disease is descriptive of this state as a discrete entity that is not deliberately pursued. It does not suggest passivity in the recovery process nor does use of the term imply the abrogation of responsibility in the legal sense.
- **Often progressive and fatal** means that the disease persists over time with physical, emotional, and social changes that are often cumulative and may progress as drinking continues. Alcoholism causes premature death through overdose, organic complications involving the brain, liver, heart and many other organs, and by contributing to suicide, homicide, motor vehicle crashes and other traumatic events.
- **Impaired control** means the inability to limit alcohol use or to consistently limit, on drinking occasions, the duration of the drinking episode, the quantity of alcohol consumed, and/or the behavioral consequences.
- **Preoccupation** used in association with alcohol use indicates excessive, focused attention given to the drug alcohol, its effects, and/or its use. The relative value thus assigned by the individual often leads to a diversion of energies away from important life concerns.
- **Adverse consequences** are alcohol-related problems or impairments in such areas as physical health (e.g., alcohol withdrawal syndromes, liver disease, gastritis, anemia, and neurological disorders,) psychologic functioning (e.g., impairments in cognition, changes in mood and behavior,) interpersonal functioning (e.g., marital problems, child abuse, troubled social relationships,) occupational functioning (e.g., scholastic or job problems,) and legal, financial or spiritual problems.
- **Denial** is used here not in the psychoanalytic sense of a single psychological defense mechanism disavowing the significance of events, but more broadly to include a range of psychological maneuvers that decrease awareness of the fact that alcohol use is the cause of a person's problems rather than a solution to those problems. Denial becomes an integral part of the disease and is nearly always a major obstacle to recovery.

**ASAM:** The American Society of Addiction Medicine, a national medical specialty society of physicians dedicated to improving the treatment of alcoholism and other drug dependencies.

**ASAM Placement Criteria:** American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, a clinical guide for matching patients diagnosed as having a substance use disorder to appropriate levels of care based on an assessment of:

1. acute intoxication and/or withdrawal potential;
2. biomedical conditions and complications;
3. emotional/behavioral conditions and complications;
4. treatment acceptance/resistance;
5. relapse potential;
6. recovery environment.

**Beneficiary (AMHTA):** The beneficiaries of the Alaska Mental Health Trust Authority are Alaskans who experience mental illness; mental retardation or similar disabilities; chronic alcoholism with psychosis and/or Alzheimer's disease or related dementia.

**Binge Drinking:** Having five or more drinks on an occasion one or more times in the past month.

**Chemical Dependency:** Physiological or physical dependence on a psychoactive substance.

**Chronic Alcoholic with Psychosis:** As defined in AS 47.30.056(b)(3), this group includes persons with the following disorders:

1. alcohol withdrawal delirium (delirium tremens);
2. alcohol hallucinosis;
3. alcohol amnesiac disorder;
4. dementia associated with alcoholism;
5. alcohol-induced organic mental disorder;
6. alcoholic depressive disorder;
7. other severe and persistent disorders associated with a history of prolonged or excessive drinking or episodes of drinking out of control and manifested by behavioral changes and symptoms similar to those manifested by persons with disorders listed in this subsection.

**Chronic Drinking:** An average of 60 or more drinks a month.

**Culturally Sensitive:** Awareness of unique aspects and nuances of one's own culture and of other cultures.

**Detoxification:** Treatment to restore physiologic function after it has been seriously disturbed by the overuse of alcohol or other drugs.

**Drug Dependence:** A psychic and sometimes physical state resulting from taking a drug. It is characterized by behavioral and other responses. These always include a compulsion to take a drug on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence. The person may or may not have developed a tolerance for the drug. A person may be dependent on more than one drug.

**Dually-Diagnosed:** Persons suffering from co-existing mental illness and alcohol or drug dependence.

**Early Intervention:** Services designed to identify individuals who are at high risk for developing alcohol or other drug-related problems. These services are also directed toward persons who are experiencing adverse effects of alcohol or other drug use but are not dependent. Services seek to modify alcohol or drug use behaviors and attitudes.

**Fetal Alcohol Syndrome (FAS):** Fetal Alcohol Syndrome and other alcohol-related birth defects refer to a group of physical and mental birth defects resulting from a woman's alcohol consumption during pregnancy. FAS is the leading known cause of mental retardation and is 100 percent preventable.

**Fetal Alcohol Effect (FAE):** FAE is similar to FAS but lacks the physical symptoms of FAS. FAE neurological abnormalities, development delays, intellectual impairments and learning/behavior disabilities are similar to, and sometimes more severe than, those of FAS.

**Guiding Principles:** These define what the organization stands for and are used as the foundation on which to develop a strategic plan of action.

**Inhalants:** Any volatile substance that can produce an intoxicating state when inhaled. A volatile substance becomes a gas at normal room temperature. Examples include common household products such as fast-drying glues and cements; paints, lacquers and varnishes; thinner and removers; lighter and dry cleaning fluids; kerosene, gasoline, lantern and stove fuel; fingernail, shoe and furniture polish; typewriter correction fluids; felt-tip pens; aerosol products; refrigerants such as freon.

**Involuntary Commitment:** A legal process defined in Alaska law (AS 47.37.190) whereby a person addicted to alcohol may be committed to a treatment facility without the person's permission if the person lacks self control in using alcohol and presents a danger to others or is incapacitated by alcohol.

**Indicator or Benchmark:** A measure, for which data is available, that helps to quantify the achievement of a desired result or outcome.

**Mission Statement:** This states the purposes served by an organization's mission. By defining its mission, an organization can decide upon appropriate outcomes and performance measures.

**Misuse of alcohol, drugs or inhalants:** Use of alcohol, other drugs, or inhalants in a way that is illegal or deviates from medically accepted use.

**Performance Measure:** A measure of effectiveness of agency or program service delivery.

**Results-oriented Government:** A government that values results and qualitative outcomes over expenditures and inputs. It is concerned with accountability and performance measurement.

**Result or Outcome:** A condition of well-being for children, families or communities.

**Sobriety:** A positive, healthy and productive way of life, free from the negative effects of alcohol or other drug misuse or abuse.

**Strategic Planning:** A process of defining the vision, mission, goals and objectives of an organization. Through the planning process the organization identifies the results it seeks to achieve through its programs and the specific means by which it intends to achieve these results.

**Tolerance:** Physiologic adaptation to the effect of a drug, diminishing the effect of constant dosages.

**Treatment Capacity:** The amount of substance abuse services that are readily accessible.

**Vision:** The ideal mission of a governmental jurisdiction and/or agency, and the ideal way it must operate to accomplish its mission and best serve its clients.

## **Selected Resources and References**

The following are only a few the very broad range of references and resources available to those with an interest in eliminating the negative consequences of alcohol and drug abuse.

**Advisory Board on Alcoholism and Drug Abuse.** Annual reports of the Advisory Board's activities, and selected reports on programs and projects, as well as additional copies of this plan. (907) 465-8920 or 1-888-464-8920.

**Alaska State Library bibliography on Alcohol and Drug Abuse Treatment.** Call 907 465-2916 to request a free copy. Also available from <http://www.educ.state.ak.us/lam/library.html>.

**Alcoholics Anonymous.** <http://www.alcoholics-anonymous.org/>

**Center for Science in the Public Interest "Booze News"** <http://www.cspinet.org>

**Center for Substance Abuse Prevention** maintains a Clearinghouse on Alcohol and Drug Information at 1-800-729-6686. Its website may be reached at <http://www.health.org>.

**Division on Alcoholism and Drug Abuse.** In the coming months, the final reports of federally-funded research projects relating to prevalence in Alaska will become available. (907) 465-2071 or 1-800-478-2072.

**Dual Diagnosis Website,** focuses on mental illness, drug addiction and alcoholism. <http://www.erols.com/kscia/ca/>

**Higher Education Center for Alcohol and other Drug Prevention,** sponsored by the U. S. Department of Education. <http://www.edc.org/hec/>

**Join Together Online Organizations** working together to combat substance abuse and violence. <http://www.jointogether.org/>

**National Institute on Alcohol Abuse and Alcoholism.** Offers a wealth of information, publications and databases on both treatment and prevention. <http://silk.nih.gov/niaaa1/>

**The National Library of Medicine, PubMed.** A very large range of medical topics, including Clinical Alerts of the National Institutes of Health, a journal database browser and links to many other sources. <http://www.ncbi.nlm.nih.gov/pubmed/>

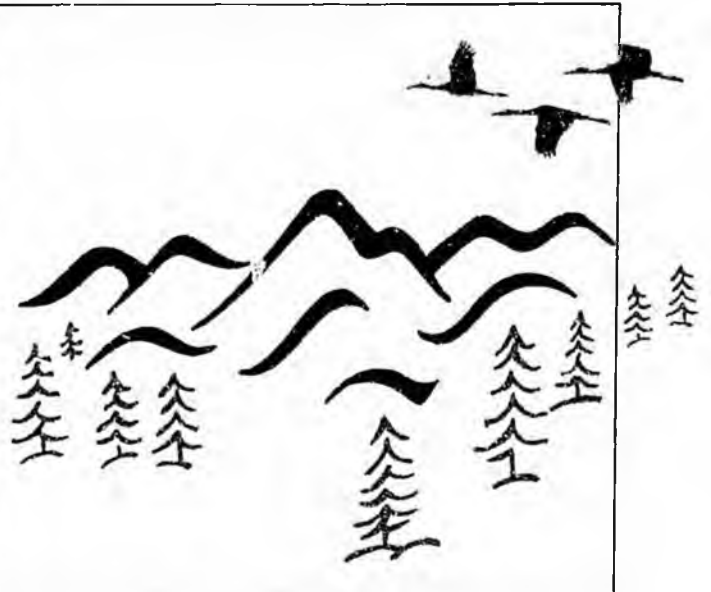
**National Organization for Fetal Alcohol Syndrome.** <http://www.nofas.org/>

Printed in Juneau, Alaska  
at a cost of \$1.81 per copy.

Additional copies are available upon request.  
Please call 907 465-8920 or 1-888-464-8920.

# Fetal Alcohol Syndrome

Alaska's #1  
*Preventable  
Birth Defect*



## 1999 Status Update

Alaska's response to Fetal Alcohol Syndrome

**Alaska Department of Health and Social Services**

P.O. Box 110601

Juneau, AK 99811-0601

Karen Perdue, Commissioner

L. Diarie Worley, Statewide FAS Coordinator



*'When spider webs unite, they can tie up a lion.'*

-African proverb

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Gov. Tony Knowles proclaimed Sept. 9, 1999, as Fetal Alcohol Syndrome Awareness Day in Alaska:

*"To promote awareness of the effects of prenatal exposure to alcohol, to increase compassion for those individuals so affected, to minimize further effects and to ensure healthier communities across Alaska."*

### **Statewide FAS Coordinator**

L. Diane Worley

800-478-2072; 907-465-3033

## **What is Fetal Alcohol Syndrome?**

Fetal Alcohol Syndrome (FAS) and other alcohol-related birth defects refer to a group of physical and mental birth defects resulting from a woman's drinking alcohol during pregnancy.

*"FAS is a permanent birth defect syndrome caused by maternal consumption of alcohol during pregnancy. The definition of the fetal alcohol syndrome has changed little since the 1970s when the condition was first described and refined. The condition has been broadly characterized by pre-and /or postnatal growth deficiency, a characteristic set of minor facial anomalies, and evidence of prenatal alteration in brain function such as microcephaly from birth, neurologic problems without postnatal antecedents, or complex patterns of functional disability."*

*Dr. Sterling Clarren and Dr. Susan Astley  
University of Washington FAS Diagnostic and Prevention Network*

Drinking during pregnancy causes not only FAS, but a wide range of harmful effects to children. These effects can range from a characteristic pattern of physical features and mental impairment to more subtle cognitive and behavioral dysfunction. Other terms often used to define

individuals with prenatal exposure to alcohol that do not meet the medical diagnosis of FAS include fetal alcohol effects (FAE), static encephalopathy, alcohol-related neurodevelopmental disorders (ARND), alcohol-related birth defects (ARBD), and fetal alcohol-related conditions (FARC). While it is often assumed that FAE and these other alcohol-related conditions are less severe than FAS, this is not always the case. The neurological abnormalities, delays in development, intellectual impairments and learning/behavior disabilities that accompany FAE are similar, and sometimes more severe, than with FAS.



Rachel, age 9 and diagnosed with FAS, proudly displays the snails she collected from the stream at Chena Hot Springs Resort during the annual FAS/FAE Family Summer Camp.

*Alcohol-related birth defects can occur only when a woman consumes alcohol during pregnancy. It is 100% preventable. Since there is no known safe amount of alcohol consumption during pregnancy, the American Academy of Pediatrics recommends abstinence from alcohol for women who are pregnant or who are planning pregnancy.*

## ***Alaska's FAS Agenda***

Alaska has the highest documented rate of fetal alcohol syndrome in the nation. Because prenatal exposure to alcohol affects a wide range of social, educational and health services across the state, and because the estimated life-time cost for services to an individual with FAS is \$1.4 million, the state of Alaska is committed to a statewide agenda focused on FAS prevention, intervention and support.

FAS and other alcohol-related birth defects cause permanent, life-long disabilities that require a range of services and supports for the individual and their families.

Research shows that early screening, diagnosis and individualized services reduce the likelihood that affected individuals will develop secondary disabilities associated with FAS and FAE, including mental health problems, problems with employment, school difficulty, involvement with the criminal justice system/incarceration, substance abuse problems and inappropriate sexual behavior.

Because FAS is preventable, one of our top priorities must be primary and secondary prevention programming. Increased efforts to improve service delivery and support to women at-risk for giving birth to an alcohol-affected child are essential to reducing and eventually eliminating this devastating birth defect.

In an effort to address these issues, the state of Alaska has developed a comprehensive, multidisciplinary approach to FAS prevention and intervention with projects, state initiatives and community partnerships across the state.



Scottie and Will, both age 7 and both diagnosed with FAS, enjoy a swim at the FAS/FAE Family Summer Camp in August.

**Because FAS is preventable, one of our top priorities must be primary and secondary prevention.**

How can we develop an appropriate approach to preventing and treating FAS if we don't know the full extent of the problem?

### **The Alaska FAS Surveillance Project**

The Alaska Fetal Alcohol Syndrome Surveillance Project (AFASSP) is a collaborative effort between the state's Section of Maternal, Child and Family Health and the federal Centers for Disease Control and Prevention (CDC). Through this collaborative effort, Alaska is one of five sites in the United States participating in a 5-year population-based FAS surveillance project funded by the CDC. The other sites are Colorado, Arizona, Wisconsin and New York.

Together, the five sites and the CDC have formed the National FAS Surveillance Network (FASSNet). It is the network's goal to:

- ◆ Determine the number of children with FAS in each state
- ◆ Improve documentation in medical records to increase the potential of finding cases
- ◆ Evaluate the system used to collect the data
- ◆ Provide information to health care providers
- ◆ Serve as a clearinghouse for scientific data related to FAS

In order to address a situation, you need to know what you are dealing with. Currently, we do not have adequate and timely data regarding the rate of FAS births in our state. How can we develop an appropriate approach to preventing and treating FAS if we don't know the full extent of the problem?

Obtaining specific data on FAS is a complex process with many challenges that must be addressed. For example, at this time:

- ◆ The method of diagnosing the syndrome is not standardized
- ◆ The diagnosis code (ICD-9) for reporting the syndrome is not specific to FAS
- ◆ Characteristics associated with the syndrome vary from child to child
- ◆ Characteristics of the syndrome may change as the child gets older
- ◆ Documentation in the medical record may be incomplete
- ◆ Availability of medical providers to evaluate and report children is limited
- ◆ Reviewing records statewide requires many resources (travel, personnel, etc.)

The state FAS Surveillance Project has just entered its third year of a five-year project. A summary of preliminary data is included in this publication.

## **Alaska Birth Defects Registry**

Because birth defects are the leading causes of infant mortality and morbidity in the United States, the *Alaska Birth Defects Registry* (ABDR) was created in 1996 as a tool for tracking and analyzing data to assist in making improvements in our state's public health programs. The registry is a passive surveillance system. Hospitals, physicians, early intervention programs, pediatric clinics and other health care providers serving children from birth through age six are required to report contacts involving the diagnosis of a congenital anomaly.

The specific purposes of the Alaska Birth Defects Registry are to:

- ◆ Perform epidemiological surveillance-monitoring to learn more about the occurrence of birth defects in Alaska
- ◆ Prevent secondary disabilities by making recommendations concerning special services needed in local communities
- ◆ Provide an accurate, unduplicated count of children with birth defects to other programs and agencies
- ◆ Provide statistics to other researchers studying the causes/risks of birth defects
- ◆ Identify potential areas of unmet need

To be included in the registry, a child must have been born to a woman who was a resident of Alaska at the time of the child's birth, and be diagnosed as having one of the eligible conditions. Guidelines for reporting are available in the booklet, "Conditions Reportable to Public Health," available through the Division of Public Health.

Currently, 22 out of 24 Alaska hospitals are reporting, representing approximately 92% of 1997 births. In addition, there are seven physician/health clinics reporting, which represents approximately 65 physicians statewide. All information collected is kept confidential. Employees involved in the registry are subject to Alaska Administrative Code 27.890: "Confidentiality of Required Reports and Medical Records." Identity of individuals is not used in any report or publication. The *Alaska Birth Defects Registry* is a program of the Section of Maternal, Child and Family Health within the Division of Public Health.

*"FAS is a reportable condition in Alaska. Reportable birth defects associated with maternal alcohol consumption or other noxious substances include: Fetal Alcohol Syndrome, Alcohol-related Neurological Deficits, Fetal Alcohol Effects, Possible/Suspected Fetal Alcohol Effects, microcephaly, and any other conditions which may have been caused by alcohol or drug use during pregnancy. This means that hospitals, physicians, surgeons, and other health care facilities or practitioners diagnosing or providing treatment to a patient less than six years old affected by maternal consumption of alcohol or other noxious substances are legally required to report information about the patient to the Alaska Department of Public Health."*

**7 Alaska Administrative Code (AAC) 27.012**

*'Once an individual is diagnosed with FAS/FAE, family members and social services workers can customize developmental approaches and goals to ensure that the individual reaches his or her personal potential. Diagnosis provides visibility, and visibility prompts solutions.'*

**Dr. Ann Streissguth**  
University of Washington  
Fetal Alcohol & Drug Unit



Ardyce Turner is one of six team members from the Yukon Kuskokwim Fetal Alcohol Syndrome Multidisciplinary Community Team. Ardyce and 17 other Alaskans traveled to Seattle to attend a 3-day training at the University of Washington FAS Diagnostic and Prevention Network. Ardyce is the FAS Coordinator for the Yukon Kuskokwim Health Corporation in Bethel.

## **Multidisciplinary Community Team Network**

In a 1996 study, Dr. Ann Streissguth, University of Washington Fetal Alcohol and Drug Unit, found that being diagnosed with an alcohol-related birth defect before the age of six years was a key 'protective factor' helping to minimize secondary disabilities and improving long-term outcomes. One of Alaska's major challenges has been to improve and increase the state's capacity to identify, screen and diagnose fetal alcohol syndrome and other alcohol-related birth defects. The lack of diagnostic services has also hampered our ability to improve service delivery for affected individuals and their families.

Working toward the goal of increasing our state's FAS diagnostic capacity, the state has developed a *Network* of statewide *FAS Multidisciplinary Community Teams*. With funding provided by the Alaska Mental Health Trust Authority, community teams are being developed and selected for training in identification, screening, diagnosis and service planning at the University of Washington's FAS Diagnostic and Prevention Network. Selection to receive this training is through a competitive statewide RFP process. Selected communities must indicate a clear understanding of the problem in their community, readiness to begin screening and diagnosis of FAS/FAE, and a true collaborative/multidisciplinary approach to addressing the problem in their community.

The *Network* currently consists of three teams that received training last May. Those teams represent the Bristol Bay Area (Dillingham); the Copper Valley Region (Glennallen/Copper Center); and the Yukon Kuskokwim Area (Bethel). Since returning from the training, each team has developed a "model" that best meets the needs of their individual community. Each model includes a process for both identification/diagnosis and the development of an individualized service plan for the affected individual and their family. Developing a service plan based on the availability of local resources is key to the success of this project. Each model also includes a strong parent advocacy component, utilizing a parent navigator/parent advocate model, like that developed through the Stone Soup Group in Anchorage. Ongoing support, coordination and consultation for the network of teams is provided through quarterly teleconferences, annual in-service training and an internal network for consultation and support.

Three additional teams will be selected for training in February of 2000, with a final 3 teams selected and trained in 2001. Information on how to contact a team for a diagnostic referral is listed in the FAS Diagnostic Resources section of this booklet.

## FAS Surveillance Update

### Surveillance project releases preliminary data

The number of children born with fetal alcohol syndrome and other alcohol-related birth defects, in Alaska and nationwide, remains somewhat a mystery. Most of the available data is based on estimates, limited data pools, and inconsistent diagnostic and surveillance criteria.

In Alaska, there is considerable interest in knowing the number of children with FAS and FAE and the characteristics associated with these conditions. National FAS prevalence rates range from 0.1 to 0.7 per 1,000 live births (CDC, 1995). In Alaska, a previous study found FAS prevalence among children age 0-17 years to range from 0.5 to 0.8 per 1,000 births (Egland, et al, 1998).

Preliminary data from the Alaska FAS Surveillance Project suggests an estimated FAS Prevalence rate of 1.0 – 1.4 cases per 1,000 live births for children age 0-3 years. *This estimate is based on reviews of children born between 1995-1997, and include those with a confirmed or probable case of fetal alcohol syndrome according to the FAS surveillance case definition. It does not include other fetal alcohol-related conditions.*

### How FAS Surveillance Works in Alaska

The FAS Surveillance Project works hand-in-hand with the Alaska Birth Defects Registry. Once a potential case has been reported to the registry, the registry coordinator notifies the FAS Surveillance Project and provides the necessary information for identification. Potential cases include any children that have been reported with the ICD-9 diagnosis code "760.71." This code refers to any alcohol-related conditions including FAS, ARND, FAE, etc. The surveillance coordinator is responsible for reviewing and collecting information from each identified medical record to determine if they meet the case definition.

### Limitations and Biases of the FAS Surveillance Project

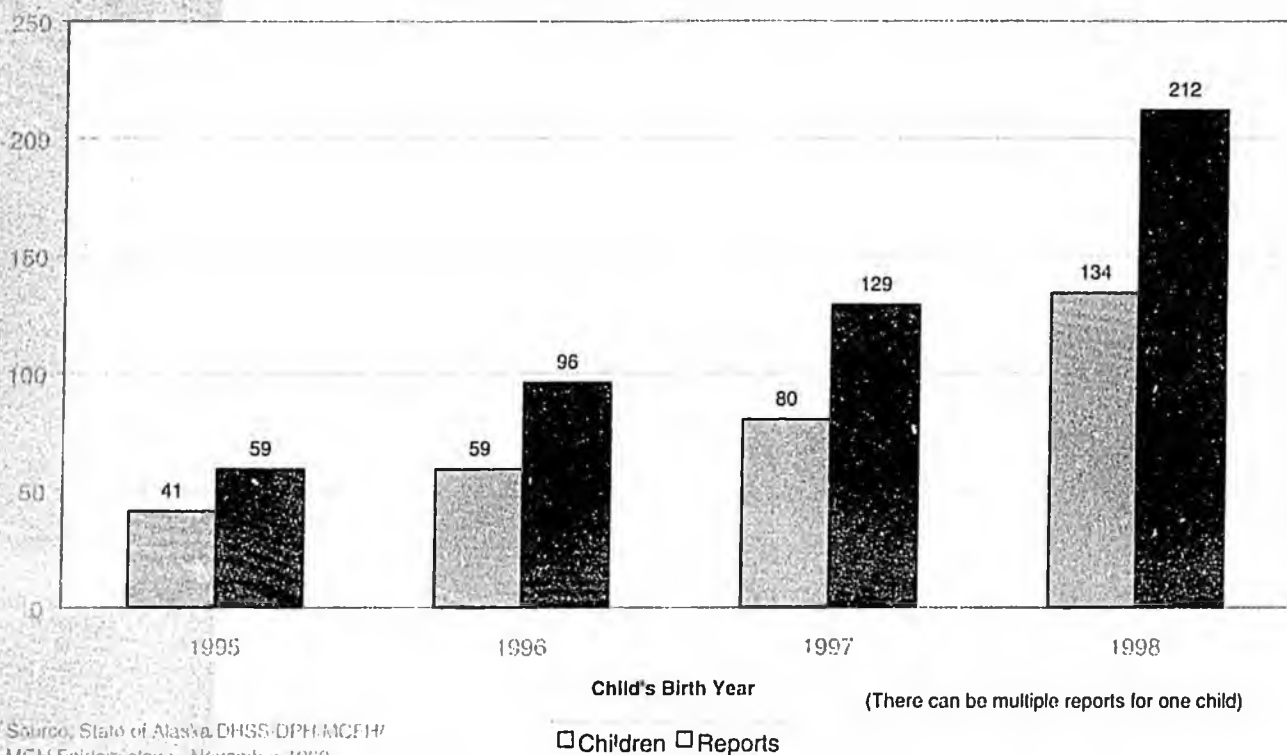
Potential cases are referred from those that have been reported to the Alaska Birth Defects Registry with the ICD-9 diagnosis codes 760.71. The definition of the 760.71 code is "Fetus or newborn affected by alcohol" and it is used to describe fetal alcohol syndrome, fetal alcohol effects, alcohol-related birth defects, and any other alcohol-related conditions. After reviewing records of children reported with this code, it is apparent this code is also used to report drinking during pregnancy, even when there is no documented effect to the child.

### FAS Surveillance Case Definition

The diagnosis of FAS is subjective, with a wide range of physical and functional features. *No standard definition of FAS exists.* This makes it very difficult to compare numbers between different regions across the State and even medical facilities within the same community. Surveillance case definitions are used to standardize information. Currently the Alaska surveillance project is using a case definition developed by a multi-state surveillance network so that Alaska's numbers can be compared to other states.

Continued on Page 8

Figure 1:  
Reports of Alcohol-Related Conditions or Maternal Alcohol Use  
to the Alaska Birth Defects Registry



Source: State of Alaska DHSS-DPH-MCFH  
MCH Epidemiology - November 1999

For this reason, it cannot be assumed that every child reported with 760.71 has an alcohol-related birth defect. However, the code may be used to identify children who *potentially* have alcohol-related conditions.

There are limitations inherent in the methods used to identify cases. These include not receiving reports from all medical facilities/providers statewide, and having differences in the way providers across the state evaluate and report cases. The limitations are addressed in part because there is the potential for multiple facilities/providers to report the same child.

#### **Preliminary Information Gathered**

As shown in Figure 1, the reports of alcohol-related conditions and maternal alcohol use increased steadily between 1995 and 1998. This may indicate:

- ◆ An increase in the awareness of medical providers to note alcohol-related conditions or exposure in the medical record
- ◆ An increase in the awareness of medical facilities and providers to report to the Birth Defects Registry

Of children born between 1995-97, 180 with alcohol-related conditions or exposure were reported to the Alaska Birth Defects Registry as of September 1999

(see Table 1). Of these, 133 medical records were reviewed, representing 96 children (multiple records at different facilities were reviewed on several children in order to get a more complete picture). Of the children whose charts were reviewed, 21 (22%) met the FASSNet Surveillance Case Definition for Confirmed or Probable FAS.

Because only 53% of the 1995-1997 births reported with maternal alcohol exposure have been reviewed to date, FAS prevalence among children in this age group cannot be directly calculated. However, FAS prevalence can be estimated if the

assumption is made that cases abstracted to date are representative of all cases reported with alcohol-related conditions or maternal alcohol use. Using the percentages associated with the Confirmed, Probable and Combined values shown in Table 1, an estimated number of cases per birth year was calculated (see Table 2).

The estimated number of confirmed FAS cases and number of total estimated cases was applied to the actual number of Alaska live births, giving an estimated FAS prevalence rate of 1.0 - 1.4 per 1,000 births. *It is important to note here that this is an estimate made using small and possibly unstable numbers. These are preliminary rates; however they are consistent with previously published rates and more reliable rates will be calculated once reporting to the Alaska Birth Defects Registry is complete, and all medical records have been reviewed.*

Data from the records reviewed also provided information about

**Table 1: Potential FAS Cases, Charts Abstracted, and Case Status as of September 1999**

Child's Birth Year	Reported w/Alcohol-Related Condition or Exposure	# Children Whose Charts Were Reviewed	Abstracted				Confirmed & Probable % of Abstracted Records
			Confirmed FAS Case <sup>1</sup>		Probable FAS Case <sup>2</sup>		
			# Children	% of Total	# Children	% of Total	
1995	41	18	4	22%	2	11%	33%
1996	59	35	6	17%	1	3%	20%
1997	60	43	6	14%	2	5%	19%
<b>Total</b>	<b>180</b>	<b>96</b>	<b>16</b>	<b>17%</b>	<b>5</b>	<b>5%</b>	<b>22%</b>

<sup>1</sup>Confirmed FAS Case = Met all four of the categories defined by FASSNet Surveillance Case Definition.  
<sup>2</sup>Probable FAS Case = Met facial feature and alcohol criteria defined by FASSNet Surveillance Case Definition and at least 1 of the other 2 categories (CNS anomaly or growth delay)

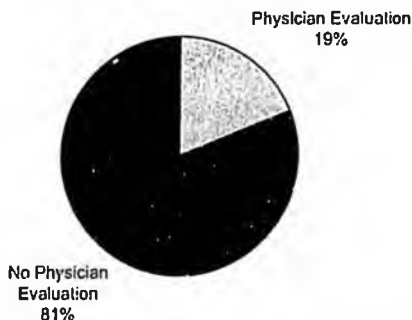
Source: State of Alaska/DHSS/DPH/MCFH/MCH Epidemiology - November 1999

**Table 2: Estimated Prevalence of FAS Among Alaskan Children, Age 0-3, Based on Extrapolating Information from Abstracted Records**

Birth Year	Estimated # of Confirmed FAS Cases	Estimated # of Probable FAS Cases	Total # Estimated Cases	Alaska Live Births	Estimated Prevalence Rate per 1,000 Births
1995	9	5	14	-	-
1996	10	2	12	-	-
1997	11	4	15	-	-
<b>Total</b>	<b>30</b>	<b>11</b>	<b>41</b>	<b>30,219</b>	<b>1.0 - 1.4</b>

Source: State of Alaska/DHSS/DPH/MCFH/MCH Epidemiology - November 1999

Figure 2: % of Charts Reviewed with a Physician Evaluation of Alcohol-Related Conditions (n=219)



Source: State of Alaska/DIHS/DPH/MCFH/MCH Epidemiology - November 1999

documented alcohol use during pregnancy and physician diagnosis of alcohol-related conditions. Ninety-seven percent (97%) of the children had records documenting maternal alcohol use, and 29% showed alcohol use during at least 2 trimesters of the pregnancy. Only 19% of the records reviewed had a physician evaluation of alcohol-related conditions (see Figure 2). This was lower than expected, but is consistent with the knowledge that medical diagnosis

of FAS and other fetal alcohol-related conditions is not readily available in Alaska.

**Future Goals of the FAS Surveillance Project**

Over the remaining 3-1/2 years of this project, all records that have been reported to the Alaska Birth Defects Registry (for children born in 1995 forward with alcohol-related conditions or maternal alcohol use) will be reviewed. Once a larger sample of these records has been reviewed, information will be available, including:

- ◆ How Alaska FAS prevalence rates compare to other states
- ◆ How the FAS prevalence varies by race and maternal age
- ◆ How the FAS prevalence varies between geographic regions in Alaska
- ◆ Who the children with FAS are living with
- ◆ How many mothers of children with FAS used other drugs and/or smoked during pregnancy
- ◆ What types of services are children with FAS referred to

For further information about the Alaska FAS Surveillance Project contact Danise Podvin, FAS Surveillance Coordinator at 907-269-3406. For information about the Alaska Birth Defects Registry contact Lisa Durham, Birth Defects Registry Coordinator at 907-269-3443.

## ***Fetal Alcohol Consultation and Training Services (FACTS)***

Alcohol-related birth defects have a major impact on an individual's ability to learn and to control their behavior. Students with FAS or FAE are impulsive, hyperactive, and over stimulated. They have difficulty with abstract concepts, memory, cause and effect, and social skills.

All of these deficits lead to difficulty in school—difficulty in learning, socializing and controlling daily behavior. Yet, many individuals with FAS or FAE have normal intelligence, they are exceptionally verbal, and eager to please so their resulting behavior *appears* to be deliberate, non-compliant, and out-of-control.

Fetal alcohol syndrome is a medical diagnosis. Other alcohol-related birth defects [FAE, ARBD and ARND] are not official diagnoses. FAS is not identified specifically as a developmental disability, is not a specific mental health category or a behavioral disorder. For these reasons, it is often difficult for schools to identify and provide appropriate services for children and youth with FAS or FAE. These individuals often fall through the cracks, leaving teachers, administrators, families and affected individuals frustrated and without adequate support.

The *Fetal Alcohol Consultation and Training Services (FACTS)* project was developed to address this need. The goal of *FACTS* is to provide statewide assistance through training, technical assistance and support to schools, individuals, families and communities working with children and youth affected by FAS and other alcohol-related birth defects.

The question being addressed is "what is needed to improve and maximize the educational potential of children and youth impacted by birth defects related to prenatal exposure to alcohol?"

Services include consultation, education and training for developing effective methods and strategies to teach and maximize learning in children prenatally exposed to alcohol. Services are available to public schools, private schools, preschools and parents who home-school their children. In addition, services are available to other community agencies and individuals who work directly with affected children in settings outside, but in collaboration with, the school arena. This includes programs such as Infant Learning, mental health counselors, child protective services, respite care and others.

**Continued on Page 12**

*Sixty-eight percent of the children served through the Division of Family and Youth Services' subsidized adoption and guardianship program are affected by FAS or prenatal drug or alcohol exposure.*

***Division of Family  
and Youth Services***

Efforts to reduce alcohol consumption among teenagers and young women may benefit from concerted programs focusing on family planning and the prevention of polydrug use and sexually transmitted diseases.

**CDC Study on Binge Drinking in Women**

The long-term goal of the *FACTS* project is to build community capacity to support children with FAS and other alcohol-related birth defects both in the schools and in their communities.

*FACTS* is a program of the University of Alaska Fairbanks, Northern Studies Department. During fiscal year 2000 the project will target six communities for intensive on-site consultation, training and support. These communities are Bethel, Barrow, Fairbanks, Glennallen/Copper Center, Dillingham and Ketchikan. In addition, statewide services will be available in the form of training, resource materials, phone consultation, a web site and a computer listserv for ongoing discussions about educating children with prenatal exposure to alcohol.

***Motivational Interviewing/ Services for High-Risk Women***

The Fetal Alcohol Syndrome Motivational Interviewing Project was developed to help special populations at risk of having children with fetal alcohol syndrome. Through the Section of Maternal, Child and Family Health within the Division of Public Health and in cooperation with the Department of Corrections, this project focuses on the "high turn-around" population of women who enter and exit the Hiland Mountain Correctional Facility in Anchorage.

The goal of the project is to intervene with female offenders who are released from Hiland Mountain Correctional Facility into the community offering family planning services and referral to other appropriate services such as substance abuse treatment. The project is being carried out as a pilot project in Anchorage with the intent of expanding the project in the future.

Women in prison have been identified as a population at risk for producing children with fetal alcohol syndrome. The *Assessment of the Needs of Women Offenders in Custody of the Alaska Department of Corrections, Final Report, March 31, 1998*, indicates that 66% of women offenders who responded to their survey were under the influence of drugs or alcohol at the time they committed their offense. Aggregate information available in the report reflects that 45% of the respondents felt that their female health needs were not being met. It is unknown whether they would have sought medical care for these conditions if not incarcerated; however, these figures point to a population potentially in need of health and substance abuse treatment services.

The Motivational Interviewing Project will fund a health care provider to be the site of family planning and other supportive services. It is anticipated that the provider will offer the needed health care services, focusing on family planning methods. Additionally, a case manager within this health care setting will provide ongoing assistance to the women, including referral to substance abuse treatment services through a motivational interviewing process.

The Motivational Interviewing process is an approach designed to help people build commitment and reach a decision to change. It draws on strategies from client-centered counseling, cognitive therapy, systems theory and the social psychology of persuasion. From a theoretical perspective, motivational interviewing lies in two areas: it draws heavily on the construct of ambivalence and the conflict between indulgence and restraint (Miller & Rollnick, 1991). This approach will be piloted through this project on a variety of issues that are pertinent to the intended population. It is anticipated that motivational interviewing will contribute to an increase in enrollment in substance abuse treatment services when appropriate. The project is currently in the contract solicitation process. Project start-up is expected in early January 2000.

### ***Consumer Boards Respond to FAS Agenda***

In Alaska's planning and advocacy system, responsibility for children and youth with neurological disorders are shared by the Governor's Council on Disabilities and Special Education, the Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Board. All three consumer boards have taken an active role in developing a long-term, comprehensive FAS agenda for the state of Alaska.

### **Governor's Council on Disabilities and Special Education**

The mission of the Governor's Council on Disabilities and Special Education is to create change that improves the lives of Alaskans with disabilities. This year the Council is focused on a number of major initiatives in planning, evaluating and promoting services that will benefit people with FAS/FAE.

The council is working to streamline the Developmental Disability Home and Community-Based Services Waiver. This will make it easier to use the system and to assist individuals and families in being better consumers of services funded through the DD waivers.

**Continued on Page 14**



Brandon, age 12 and diagnosed with FAE, loves baseball. This year Brandon and his team, the Ketchikan All Stars, won the Alaska State Championship in Sitka and went on to San Bernadino, Calif., for the Western Regional tournament. While he is the tiniest kid on the team he is often referred to as "the kid with the biggest heart."

**Screening & treatment services for women**  
Between FY 98 and FY 2000, Alaska increased funding of treatment services for women by 40 percent -- from \$1.3 million to \$2.2 million.

~  
Both residential and outpatient treatment services specifically for women and their children are now available in Anchorage, Fairbanks, Mat-Su, Dillingham, Sitka and Juneau. During FY 99, nearly 3,000 women received such services.

~  
On-site substance abuse screening services are available for high-risk women through state child protection and public assistance offices in Anchorage, Fairbanks and Mat-Su. This increases timely and appropriate referrals.

In early development and education, the council is incorporating the concepts of the Individual Family Service Plan used to provide Infant Learning Program services into the Individual Education Plan in school-based special education. Expanding statewide Fetal Alcohol Consultation and Training Services that collaborate with school districts, school personnel, parents, and community resources to deliver appropriate education of students with FAS/FAE is also a top priority.

The council is attempting to increase employment opportunities for individuals with disabilities through economic development and small business ownership. With resources provided by a five-year federal grant, the council is designing a system of Alaska-specific employment incentives for people with disabilities to get and keep jobs.

#### **Advisory Board on Alcoholism and Drug Abuse**

As part of its overall mission to combat alcohol abuse, the Advisory Board on Alcoholism and Drug Abuse is committed to the elimination of FAS/FAE births in Alaska. The board:

- ◆ Advocates for funding that provides education, early intervention and treatment to pregnant women and those of child-bearing age who abuse alcohol.
- ◆ Advocates for expanding transitional housing capacity for women and women with children who have completed substance abuse treatment and are working toward successful transition back to their communities.
- ◆ Collaborates in the sponsorship of FAS/FAE forums and summits.

In addition, the board included numerous references to FAS initiatives in "Results Within Our Reach", the State Plan for Alcohol and Drug Abuse Services, 1999-2003. Each of the 18 strategies offer practical support for reducing fetal alcohol syndrome and other alcohol-related birth defects.

#### **Alaska Mental Health Board**

In an effort to focus on the needs of individuals with FAS or FAE, the Alaska Mental Health Board (AMHB) has become involved in several collaborative projects. These coordinated approaches will help ensure that children and youth with FAS/FAE receive appropriate early diagnosis, support and treatment.

The *Transition Services Task Force* is a subcommittee of the AMHB Children's Workgroup. The workgroup has selected three priorities for

action—out-of-state placements, transition services for children entering the adult mental health system and integration and collaboration within the department. The goal for this group is to develop an effective system that brings together the youth, their family, friends, natural supports, service providers and the legal system to actively support the youth in meeting developmental challenges, achieving personal goals and establish supportive relationships.

The *Mental Health Stabilization Homes* are a collaborative effort by several DHSS agencies to provide a five-bed, short term residential facility that will serve children with mental health issues, who are in state custody. This service will allow families, communities and providers time to prepare a child's permanent placement in a therapeutic environment that is less restrictive than hospitalization or an institute.

The *Young Child Behavioral Health Initiative* has three components aimed at addressing prevention and early intervention. Those components are: training and support for providers of services to families of young children; parenting resources and support; and coordination of and access to systems that impact young children and their families.

## **What's next?**

### *Alaska in line for \$5.8 million federal FAS grant*

Thanks to the support and efforts of Sen. Ted Stevens, Alaska is in line to receive \$5.8 million in federal funds to increase state efforts to prevent and treat fetal alcohol syndrome and other alcohol-related birth defects.

Increased funding will provide Alaska with the opportunity to develop a more coherent, integrated and comprehensive state agenda on fetal alcohol syndrome. Strategies to strengthen Alaska's response to FAS include:

- ◆ Create a comprehensive, community-based approach to preventing fetal alcohol-related birth defects.
- ◆ Establish statewide data collection, analysis and research related to substance abuse and pregnancy so we can better measure improvements in our prevention and service efforts.
- ◆ Establish a statewide system to identify, screen and diagnose individuals affected by prenatal exposure to alcohol.
- ◆ Prevent FAS by increasing our state's existing system of care for substance-abusing women at risk of pregnancy.
- ◆ Increase services to meet the needs of individuals impacted by prenatal exposure to alcohol.

**Governor's Council on  
Disabilities & Special  
Education  
269-8990**

~  
**Advisory Board on  
Alcoholism & Drug  
Abuse  
465-8920**

~  
**Alaska Mental Health  
Board  
465-3071**

Fetal Alcohol Syndrome: Alaska's most preventable birth defect

## FAS/FAE Resources in Alaska

### FAS Diagnoses

**Alaska Genetics & Birth Defects Clinics**

1-800-799-7570 (statewide)

907/269-3430 (Anchorage)

**Alaska Native Medical Center—Pediatrics**

907/729-1000 (Anchorage)

**Alaska Neurodevelopmental Clinics**

1-800-799-7570 (statewide)

907/269-3460 (Anchorage)

**Bristol Bay Area FAS Community Team**

Joy Crow at 907/842-4139 or

1-800-478-4139 ex. 356

**Copper Valley Region FAS Community Team**

Gay Wellman at 907/822-5241

**Providence Pediatric Neurodevelopmental Clinic**

907/562-9212

**Yukon Kuskokwim FAS Community Team**

Dr. Eric Noble at 907/543-6300

**University of Washington**

FAS Diagnostic & Prevention Network

206/526-2000

### FAS/FAE Parent Support

**Alaska Foster Parent Training Center**

1-800-478-7307

**Anchorage Parent Education Group (PEG) for Families of Children with FAS/FAE**

907/694-6644 or 907/345-4808

**Bethel FAS Parent Support Group**

907/543-6486

**Fairbanks FAS/FAE Parent Support Group**

907/479-6584

**Fetal Alcohol Consultation and Training Services (FACTS)**

1-877-393-2287 (statewide)

**PARENTS, Inc.**

1-800-478-7678 (statewide)

907/337-7678 (Anchorage)

**Parents Resource Network**

1-877-786-7327 (statewide)

907/344-1997 (Anchorage)

**Stone Soup Group**

907/561-3701



## Fetal Alcohol Syndrome

Alaska's #1 Preventable Birth Defect

Visit us online at [www.hss.state.ak.us/fas](http://www.hss.state.ak.us/fas)



This document was published by the Alaska Department of Health and Social Services at a cost of \$1.18 per copy. It was produced to provide information on Fetal Alcohol Syndrome and an update on the status of Alaska's response to FAS. This document was printed in Juneau, Alaska.

1/28/00

Overview:

Dept.

F & G

**SFIN**

**FILE**

### **Division of Habitat Performance Measures from SB 169, Section 67**

1. Permit projects involving construction of a dam or other obstruction in a fish-bearing water body where efficient fish passage was maintained, mitigated, or compensated compared to projects permitted. AS 16.05.840.

During FY99, 333 projects potentially involving fish passage were reviewed to ensure efficient fish passage was maintained. 324 were permitted, and one project was denied. Eight projects did not require a fish passage permit.

2. Permit projects where fish and game populations and habitat in specified anadromous water bodies were maintained, protected, or enhanced compared to number of projects permitted. AS 16.05.870.

1,100 projects involving anadromous waterbodies were reviewed in 1999. 1043 were permitted, 9 were denied, and 48 did not require a permit.

3. Compare projects where unavoidable losses to fish and game populations were successfully mitigated compared to the number of (A) projects involving unavoidable losses to fish and game; and (B) all projects permitted.

Annual permit summary data are not compiled in a manner to directly make this comparison.

4. Issue permits where violations of permit terms and conditions are satisfactorily resolved compared to the number of (A) permits whose terms and conditions were violated; and (B) all permits issued.

During FY99, staff estimate that less than 30 Notices of Violation were issued statewide, and less than 10 violations were pursued for prosecution during this period. When violations are noticed, staff work with the public to bring them into compliance with statutory requirements and permit those projects accordingly.

Alaska Department of Fish and Game  
**Division of Commercial Fisheries**  
**Performance Measures**

Robert D. Mecum  
Director

January 2000

Sec. 65. DF&G - Division of Commercial Fisheries. (a) The mission of the Division of Commercial Fisheries is to manage, protect, rehabilitate, enhance, and develop fisheries and aquatic plant resources in the interest of the economy, consistent with the sustained yield principle and subject to allocations through public regulatory processes.

(b) The legislature intends to measure the success of the division in achieving its mission by considering:

- 1) the harvest for each fishery, based on the location, species, and gear, compared to the 10-year average for that fishery;
- 2) the percentage of fisheries open in one year compared to total number of fisheries;
- 3) the percentage of permits actively fished compared to 10-year average of permits fished;
- 4) the actual harvest compared to the projection;
- 5) the number of escapement objectives met compared to the total number of objectives;
- 6) the number of allocation objectives met compared to total number of objectives.

Alaska Department of Fish and Game  
Division of Commercial Fisheries  
P.O. Box 25526  
Juneau, AK 99802-5526  
(907)465-4210

Alaska Fishery Harvests Compared with 10 Year Average

<b>SALMON</b>	Southeast	Cook Inlet/PWS/Bristol Bay	AYK	Kodiak/AK Pen	<b>TOTAL</b>
99 HARVEST (number)	95,600	80,590	490	36,880	213,560
10 YR AVG	59,904	61,420	1,819	35,943	174,994
% of AVG	160%	131%	27%	103%	122%

<b>SHELLFISH</b>	Southeast	Kodiak/Aleutians/Bristol Bay	AYK	<b>TOTAL</b>
99 HARVEST (pounds)	15,159,310	210,007,600	-	225,166,910
10 YR AVG	13,901,857	234,069,166	187,620	247,971,023
% of AVG	109%	90%	0%	91%

<b>HERRING</b>	Southeast	Cook Inlet/PWS/Bristol Bay	AYK	Kodiak/AK Pen	<b>TOTAL</b>
99 HARVEST (pounds)	19,530,000	37,898,000	14,396,000	3,280,000	75,104,000
10 YR AVG	18,708,819	53,530,788	13,526,714	11,863,001	105,765,100
% of AVG	104%	71%	106%	28%	71%

<b>GROUND FISH</b>	Southeast	Cook Inlet/PWS/Bristol Bay	Kodiak/AK Pen	<b>TOTAL</b>
99 HARVEST (pounds)	17,660,257	1,276,366,406	714,480,636	2,008,507,299
10 YR AVG	28,332,331	1,389,988,719	1,376,750,668	2,795,071,718
% of AVG	62%	92%	52%	72%

only includes groundfish landed at shore based plants, or catcher/processors fishing within state-managed waters.

Salmon data from Herman Savikko

Shellfish data from Herman Savikko

Herring data from TIX and ADFG web site

Groundfish data from TIX.

Commercial 'Fisheries' Conducted in 1999, by Area, by Fishery Type <sup>1/</sup>

FISHERY /1	AREA											
	SE	PWS	CI	BBAY	KUSKOKWIM	YUKON	NORTON SND	KOTZEBUE	KODIAK	CHIGNIK	AK PENINSULA	BERING SEA
Salmon	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Herring	6 OF 7	1 OF 3	1 OF 2	YES	4 OF 5	YES	YES	N/A	YES	N/A	YES	YES
Crab	YES	N/A	N/A	YES	N/A	N/A	NO	N/A	N/A	N/A	YES	2 OF 5
Shrimp	YES	YES	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	YES	YES
Miscellaneous Shellfish	YES	N/A	YES	N/A	N/A	N/A	N/A	N/A	YES	N/A	YES	YES
Groundfish	YES	YES	YES	YES	YES (CDO)	YES (CDO)	YES (CDO)	N/A	YES	N/A	N/A	N/A
Miscellaneous Finfish	YES	YES	N/A	N/A	YES	YES	YES	YES	N/A	N/A	YES	YES
Halibut	YES	YES	YES	YES (CDO)	YES (CDO)	YES (CDO)	YES (CDO)	N/A	YES	YES	YES	YES (CDO)

<sup>1/</sup> For the purposes of reporting Industries' intentions to participate in commercial fisheries buying and production, the State of Alaska uses those fishery 'types' 1999 performance is based upon recent 5-year trend of fishery availability. In some cases, such as with herring, market conditions rather than biological reasons determined whether a fishery would occur or not.

The percentage of permits actively fished compared to the 10-year average of permits fished

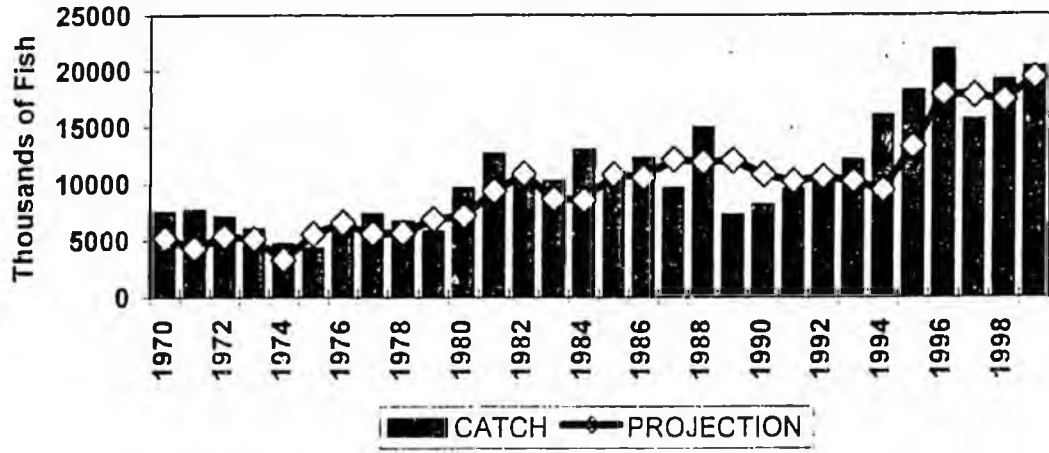
Fishery	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	Average Number of Permits Fished		Percent of average fished in 1998
											1988-1997	1998	
Groundfish	1,217	832	1,254	1,600	1,799	1,220	1,152	1,326	1,459	1,542	1,340	1,367	102%
Halibut	3,949	3,664	4,236	4,521	4,039	3,418	3,448	2,508	2,416	2,403	3,460	2,365	68%
Herring	2,570	2,553	2,429	2,169	2,478	1,581	1,758	2,130	2,881	2,472	2,302	1,334	58%
Sablefish	926	839	844	1,140	1,195	1,042	1,193	888	850	799	972	815	84%
Salmon	10,516	9,333	10,472	10,423	10,288	10,102	9,800	9,862	9,274	9,182	9,925	8,887	90%
Shellfish	2,173	2,007	2,271	2,371	2,536	2,670	2,232	2,379	2,124	1,970	2,273	2,002	88%

data from CFEC 1/25/99

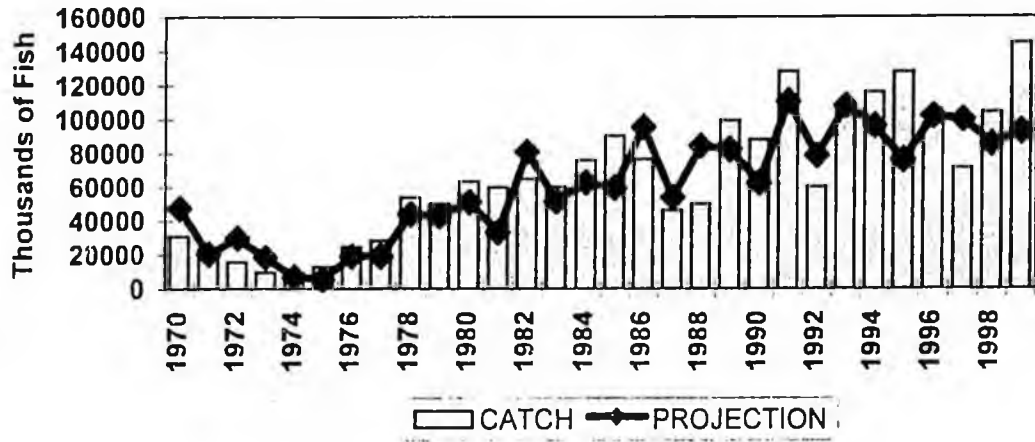
note: 1999 data not available  
 Number of permits is influenced by IFQs, limited entry implementations and moratoriums

# Projected versus actual salmon catch

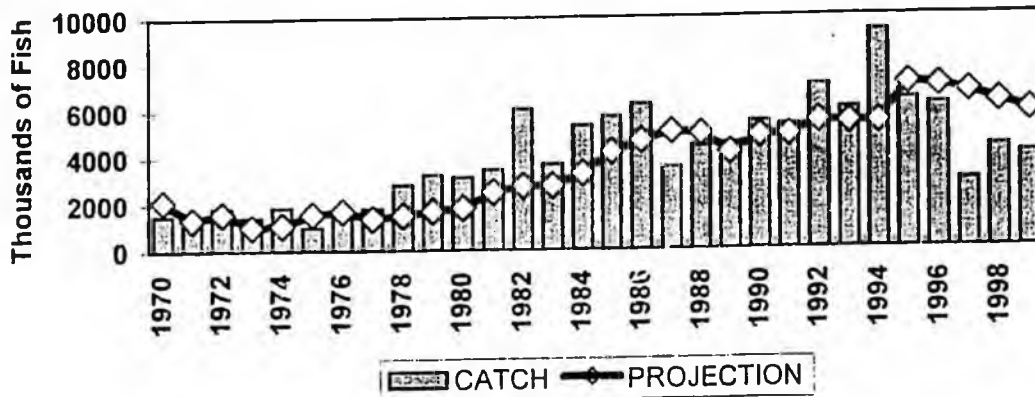
## Projected vs Actual Commercial Catch Chum Salmon



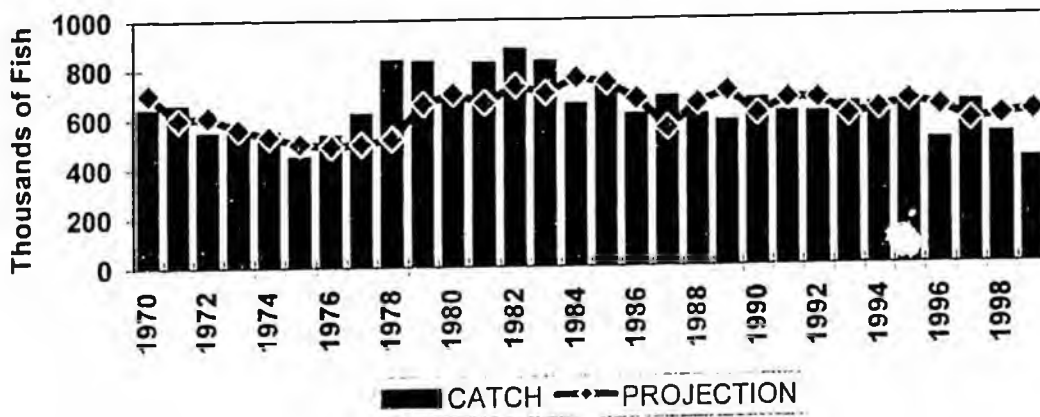
## Projected vs Actual Commercial Catch Pink Salmon



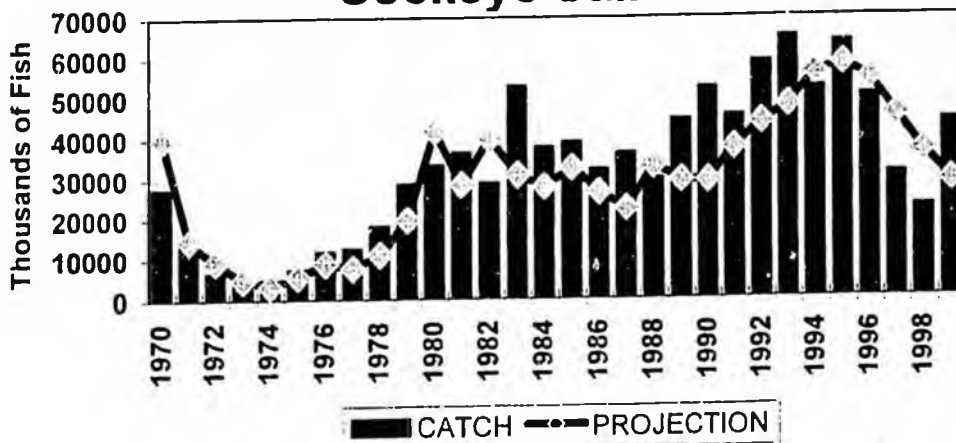
### Projected vs Actual Commercial Catch Coho Salmon



### Projected vs Actual Commercial Catch Chinook Salmon



### Projected vs Actual Commercial Catch Sockeye Salmon



1999 Achievement of escapement goal objectives

	Area	Species	Within goal range	Under range	Over range	
Region 1	Chilkat	sockeye			X	
	Chilkoot	sockeye	X			
	Stikine	sockeye		X		
	Taku	sockeye	X			
	Alsek	sockeye		X		
	Situk	sockeye	X			
	Southeast	coho			X	
	Southeast	pink	X			
	Southeast	chinook	7	2	2	
Region 2	Upper Cook Inlet	sockeye	1	2	3	
	Lower Cook Inlet	pink		X		
		chum	X			
		sockeye			X	
	Bristol Bay	sockeye	X			
	Prince William Sound	chum	X			
		pink	X			
	Copper River	sockeye	X			
	Region 3	Upper Yukon	chum	1	4	
			coho	X		
Lower Yukon		chinook	X			
		chum		X		
Kuskokwim		sockeye	X			
		coho		X		
		chum	X			
Norton Sound		chum		X		
Kotzebue		chum	3		2	
Region 4		Kodiak	pink			X
	chum		X			
	sockeye				X	
	Chignik	sockeye	X			
	South Peninsula	pink	X		X	
		chum			X	
		sockeye	X			
	North Peninsula	sockeye			X	
		chum	X			
		coho	X			

Escapements and biological escapement ranges have been lumped together for some areas (i.e. Bristol Bay)  
 Numbers indicate the number of systems monitored, an X indicates that the data is lumped

1999 Allocation Objectives

		Allocation	Gear group	Actual	Comments
Southeast	Coho	61%	troll	63%	based on long term average
		19%	seine	15%	based on long term average
		13%	drift net	14%	based on long term average
		7%	set net	8%	based on long term average
	Chinook	69%	troll	68%	based on long term average
		9%	net	7%	based on long term average
		22%	sport	24%	based on long term average
	Enhanced salmon	44-49%	seine	above	based on 5-yr moving average
		27-32%	troll	below	based on 5-yr moving average
		24-29%	gill net	within	based on 5-yr moving average
11-A King crab	45%	personal use-summ	41%		
	9%	personal use-winter	9%		
	46%	commercial	0%	closed-below threshold	
Prince William Sound	50%	drift net	63%	adjusted through BOF review	
	49%	seine	36%	adjusted through BOF review	
	10%	set net	10%	adjusted through BOF review	
Bristol Bay	Naknek	84%	drift net	85%	inseason adjusted
	Naknek	16%	set net	15%	inseason adjusted
	Naknek	86%	drift net	85%	inseason adjusted
	Egegik	14%	set net	15%	inseason adjusted
	Egegik	90%	drift net	89%	inseason adjusted
	Ugashik	10%	set net	11%	inseason adjusted
	Ugashik	74%	drift net	70%	inseason adjusted
	Nushagak	26%	set net	30%	inseason adjusted
Kodiak	Cape Igvak	15%	seiners	15.40%	
	SEDM	6%	Chignik bound fish	5.90%	

1/31/00

Overview:

DNR

DEC

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**DEC Performance Measures  
Acting Deputy Commissioner Kurt Fredriksson  
Delivered Jan. 31, 2000  
Senate Finance Committee**

Chairman Parnell, Chairman Torgerson and members of the committee, for the record I am Kurt Fredriksson, acting deputy commissioner for the Department of Environmental Conservation. With me is Barbara Frank, Director of the department's Division of Administrative Services. Commissioner Michele Brown is flying into Juneau this morning and should be joining us shortly to complete our overview of the Department's mission, accomplishment's, and performance measures.

Let me begin this overview by saying that we are proud of what DEC has accomplished with the resources you have given us and think the results we have achieved are worth talking about. I'll address the mission, a few examples of the department's accomplishments this last year, and then some specific performance measures and statistical results.

The mission of the Department of Environmental Conservation as approved by the legislature last year in SB 169 is:

Develop, coordinate, and administer polices, programs and planning related to public health and the environment of the state.

In more recent meetings with our subcommittees we have agreed on a more succinct and less bureaucratic mission statement for the department which is:

To protect public health and the environment

With the funds appropriated by the legislature, all of the people in our department, in some capacity, work for clean air, clean water, clean land, safe food, safe handling of oil and chemicals, safe public facilities and businesses, and pollution prevention. Our staff are dedicated to a partnership with the people and industries of Alaska and the tools we use to promote the mission of public health and a healthy environment have

changed in recent years. In the not too distant past, feedback from the public was not good. There was too much emphasis on investigation, legislation, regulation and litigation. Today, we don't rule out those tools, but we try first to anticipate, collaborate, negotiate, educate and communicate.

Enforcement of clean air and water rules will always be necessary, because some people refuse to follow those rules. But at DEC, we begin with the assumption that the people and industries that operate in our state have both the corporate conscience and the technical ability to work with us on constructive solutions to basic environmental management issues.

In general, DEC's work fits into two basic categories: Doing it Right and Healthy Safe Communities.

For doing it right, we strive to deliver services that strengthen the overall economy and create and maintain good jobs for Alaskans by prudent and

sustainable management of our air and water quality. There are several examples of the return on the investment in Doing it Right at DEC. The following examples are just a few representative cases.

The **first** is to get contaminated property cleaned up and available for economic re-use.

An excellent example of a good return on the state's investment in DEC is our actions on the site of the former Sitka Pulp Mill. In April of last year we took the "closed" sign out of the window and gave the City and Borough of Sitka the opportunity to put a new industry in its place.

EPA wanted to list this site on the superfund list. City officials feared that stigma would daunt any future development. We stepped in and assumed leadership over the cleanup. We finished it in half the time and at substantially less cost than it would have taken if EPA had supervised it.

We also worked with Sitka and the Alaska Pulp Corporation to create an innovative agreement that enabled the community to take possession of the property without fear of liability, and clearly spelled out in advance monitoring and maintenance protections for the site so that new users would be able to plan well for the site's re-use.

A **second** investment example is issuing state air permits that make sense for Alaska, despite federal opposition.

DEC issues permits to control air pollution from diesel generators, which supply basically all of rural utility and industrial energy in Alaska.

Mineral reserves at the Red Dog Mine outside Kotzebue have increased in recent years and it needed a power supply increase to support a higher rate of ore processing. DEC granted Cominco a permit to install a new diesel generator to fill that need and required a pollution control

technology that would substantially reduce emissions, but still be affordable.

For EPA, that wasn't enough. EPA preferred another, far more expensive control technology, even though it would result in no measurable difference in air pollution at the Cominco property line.

Over EPA's objections, and in fact, contrary to an EPA order directing us not to issue the permit, **DEC issued the permit.**

A similar battle was fought over Nome's utility where EPA tried to impose this same pet technology that would have increased Nome's utility rates 25%.

The **third** example is to tailor or seek a waiver of federal requirements that don't make sense in Alaska.

It is a good investment to help Alaska's communities succeed where federal laws and regulations set some Alaska villages and cities up for failure. It is simply impossible – financially and sometimes literally – for Alaska's numerous small remote landfills to meet federal landfill standards. It was extremely expensive for municipal landfills to satisfy federal requirements.

DEC fought for and then completed a waiver on federal requirements for small landfills and put in place reasonable requirements for municipal landfills that save municipalities millions of dollars previously spent in unnecessary one size fits all federal requirements. DEC's alternative plan to provide protections through more flexible means was finally approved by EPA.

The **fourth** example is to make the permit process less labor intensive.

The quicker people get permits, the more productive they'll be. DEC developed a permit questionnaire on our web site which allows many

business owners to go through a series of questions and find out what, if any, permits are necessary for a job or a new operation.

By answering questions on the possible effects on the environment and public health, like air emissions, wastewater needs, and food processing, the business can get a list of any permits, approvals, and licenses it may need from DEC, and who to contact to get them.

My last doing it right example is DEC's effort to systematically assess possible cruise ship pollution in southeast Alaska.

Cruise ships plying our waters don't fall right now within the state or federal permit system. Yet, they are discharging wastewater at a rate that exceeds many of our small towns. DEC convened over thirty cruise ship operators who operate in Alaska waters, as well as the EPA, the Coast Guard and the Southeast Conference to get to the bottom line on cruise ship waste dumping and air emissions in Southeast Alaska. Our goal is to develop a plan to assure Alaskans that the cruise ship industry

will keep Alaska clean. We made it clear to industry that we expect them to respect Alaska's values for doing it right.

Already, the industry has committed that it will not dump in doughnut holes, and it will get prepared to respond to an oil spill.

Work groups are being set up to assess the discharges, to monitor the industry, and to see that Alaska's resources are protected.

The next general area of accomplishments I'd like to address is the state's investment in DEC for human and community health issues such as safe drinking water, better sanitation and spill response. Elsewhere in the country, many of these services are provided by local government, but in Alaska, the state retains most of the duties for assuring the basics we take for granted in modern life. We believe that part of our mission is to keep Alaska a model for community health and an inviting vacation destination for visitors. Two examples are:

**First, providing clean water and sanitation facilities for all Alaskans.**

As of the end of the 1999 construction season, two thirds of rural Alaska households have access to a basic, but safe, level of drinking water and sewage service. That means from either a haul or piped water and sewer system. When all the projects started today are completed, the number of rural households with access to basic drinking water and sewer systems will be 84 percent.

The state's investment in community infrastructures is protected and maintained through the Village Safe Water Remote Maintenance Worker program which provides training and on-site technical assistance to 71 communities. Since 1989 when the Remote Maintenance program was put in place, there have been no catastrophic system failures.

Sanitation projects will pump almost 90 million dollars into the Alaska economy this fiscal year. It generated approximately 900 rural jobs this past construction season.

Urban Alaska's economy also benefits greatly from these projects. On average, 70 cents on the rural sanitation dollar stays in Anchorage, Fairbanks and Juneau for materials and services. In other words, of the \$62 million appropriated through Village Safe Water this year, approximately \$43 million flows into our urban economies.

The second example is in minimizing the impacts of spills. DEC has signed over 20 spill response agreements with local governments and municipalities to establish oil and hazardous substance spill response partnerships at the local level. Under the terms of the agreements, DEC trains local responders, can activate local emergency response resources as needed to supplement the department's own response capability, and can reimburse costs incurred by the local government in actual response to spills.

The combined response resources of local governments substantially enhance the state's overall spill response capability without increasing the size of state government.

As I mentioned earlier, the department has been meeting with our finance subcommittee's to develop performance measures for the future. As a starting point we have turned to our current performance measures and results for the first ten months of calendar year 1999.

For safe water, we can report on two measures.

First, the measure was a decrease in the number of Boil Water Notices issued, the population affected and the duration. Tracking that measure indicated a result of a decrease from 1998: 29 notices affecting 3,439 people were issued in 1999 and 39 notices affecting 9,908 people were issued in 1998.

The second measure is the percentage increase of Class A & B public water systems in compliance with health-based standards. The result showed 94% are in compliance, exceeding our goal of 91%.

For safe food, we can report on three measures.

The first was the percent decrease in violations that affect food safety and wholesomeness. The result indicated a decrease in violations at inspected food service facilities from 49% in 1997, to 46% in 1998, to 32% in 1999.

Second, the measure is the number of pounds of food products detained or destroyed before reaching the consumer because of contamination or incorrect processing. The result showed, in 1999, 60,034 pounds were detained and 28,814 pounds were destroyed. In 1998, 680,006 pounds were detained and 234,442 were destroyed.

Third, the measure is the number of approved harvesting areas closed because of PSP levels. The result showed none were closed in 1999 and one was restricted in 1998.

For safe public facilities, we report on three measures.

First, the percent decrease of critical violations in inspected public facilities that affect the health or safety of the public. The result was a steady decrease from 77% in 1997 to 59% in 1998 to 24% in 1999.

Second, the increase in percentage of landfills with permit or an alternative to a permit. The result was an increase of 6% from 1998.

Third, the percent increase of landfills with an inspection score of 80 or higher. The result was 55% had a score of 80 or higher, a 1% increase from 1998.

In the FY 2001 budget, we have also proposed several measures for discussion with our subcommittees. Those measures address public health through measuring progress in sanitation, controlling air emissions and food safety. The measures we propose are:

Measure: Provide basic water and sewerage service to an average of 500 households in rural communities each year.

Current Status: The average number of households provided with new water and sewerage service for the last two years is 240.

Measure: Reduce carbon monoxide pollution in Anchorage to meet health standards by end of 2003.

Current Status: Anchorage - 1997 and 1998 met health standard; 1999 one day above standard as of Oct 31.

Measure: Percentage decrease in critical violations at inspected food establishments.

Current Status: Food service facilities (inspected through October, 1999) had 14% fewer critical violations than in 1998.

As we continue down the path of developing performance measures, tracking results and reporting to the legislature and public, we will have to face the inherent difficulty in measuring the effectiveness of prevention.

A significant portion of the Department of Environmental Conservation budget is dedicated to prevention efforts --- those that prevent public health outbreaks and minimize contamination of our land, air and water. To date, the value of prevention has frequently been tied to surrogate output measures such as number of technical assists, compliance efforts, inspections, educational programs or other counts.

The value of prevention may best be measured by the costs avoided as a result of successful prevention. A human life which is not lost due to food or water borne disease, an *Exxon Valdez* spill which does not

happen, a superfund cleanup of a contaminated site which is not needed, or avoiding the cost of repair or replacement of a water or wastewater system after catastrophic failure could be measures of successful prevention. It is difficult to put a price tag on the level of confidence and comfort experienced by Alaskan citizens that the food we eat, the air we breathe, the water we drink and the land where we build our homes and raise our children, are safe. Quantifying that is a shared challenge we face.

To help us along, DEC convened stakeholder work groups to address how and whether the state should invest in a state wastewater discharge permitting program and in a food safety program. The water group had permittees from the hard rock and placer mining, seafood processor, oil and gas, and timber industries; representatives from municipal governments and coastal districts; the US Army Corps of Engineers; the Environmental Protection Agency; legislators who chair the DEC budget finance subcommittees; and representatives from environmental and public interest groups.

The group's advisory report will be out soon and it includes ideas for efficiencies like expanding the use of general permits and permits by rule; the need to increase field presence and enforcement activities; improving access to data and other information related to permitting activities; and whether to pursue primacy of the NPDES program. The group is also looking at the level of resources necessary to deliver services; what tasks should be handled by full-time state employees; what tasks should be done by contractors; how general funds should be allocated; and how to pay for the rest: this includes the issue of fixed fees versus hourly or time and materials.

The food safety work group had members from the Alaska Seafood Marketing Institute, the Alaska Visitors Association, the hotel industry, United Fisherman of Alaska, the seafood processing industry, Alaska Municipal League, Alaska Hospitality Alliance, Alaskan and Proud, Health and Social Services, Food and Drug Administration, University of Alaska, Municipalities, Department of Law, and staff for DEC's budget finance subcommittees.

Like the water group, the food group is looking at program efficiencies, such as replacing state-sponsored food safety training courses with putting a self-inspection form on the internet, and increasing the financial contribution from FDA for seafood processing inspections.

We are hopeful that both of these groups will offer us good suggestions on missions and measures and funding.

Thank you for the opportunity to provide this overview of the department's mission, accomplishments and performance measures. I'd be happy to answer any questions.

**Commissioner: John Shively**

Tel: (907) 465-2400 Fax: (907) 465-3886 E-mail: john\_shively@dnr.state.ak.us

**Administrative Services Director: Carol Carroll**

Tel: (907) 465-4730 Fax: (907) 465-3886 E-mail: carol\_carroll@dnr.state.ak.us

**Department Mission**

Develop, conserve, and enhance natural resources for present and future Alaskans.

**Department Goals and Strategies for FY2001**

1. Encourage resource development that creates Alaska jobs and ensures economic growth in all regions of the state
  - Convey oil and gas rights by offering 14.9 million acres for lease through competitive oil and gas lease sales and issuing oil and gas exploration licenses and shallow gas leases.
  - Increase revenues generated from Alaska Mental Health Trust Lands from \$3.5 million to \$4.1 million in a manner consistent with trust management principles.
  - Sustain Alaska's mineral industry investments by completing geophysical/geological mineral inventory survey of 1,000 square miles of Alaska lands and publish the associated maps.
  - Identify new areas capable of hosting major oil and gas discoveries.
  - Complete the Central Southeast Area plan of ~ 1,000,000 acres for timber and other resources development.
  - Generate revenues by offering up to 60 million board feet of timber with emphasis on value added products.
  - Facilitate and administer the issuance of 10,000 new mining claim permits.
  - Process, adjudicate and enter into Land Administration System 10,000 new mining claims, 10 new mining leases and 5,000 new mining prospecting sites.
  - Increase Alaska's market share of world exploration dollars and increase mining employment to more than 4,000 well-paying Alaskan jobs, by continued encouragement and facilitation of the mining industry.
  - Complete 20 trail plans associated with federally funded TRAAK.
  - Convey up to 12,000 acres of land to 10 municipalities.
  - Provide an expanded agriculture base by preparing 24 land disposal parcels and 17 lease opportunities on grassland areas.
  - Process 500 permit applications, which include land use permits for commercial guides, access to mining claims and logging areas, cross-country travel, trapping cabin permits, and tideland permits
  - Process 500 applications for material sales, shore fishery, upland and tideland leases, lease renewals, rights-of-way, and interagency land management assignments.
  - Respond to all native allotment and ANCSA conveyance decisions by the federal government to reserve access to state land.
  
2. "Doing it Right": Ensure resource development planning, management and new project approvals are based on 1) sound science, 2) prudent management, and 3) responsive, meaningful public involvement
  - Oversee the construction of 3 new, and operation of 10 existing common carrier petroleum pipelines on the North Slope, and report on the oversight.
  - Supervise the safety inspection of approximately 20 dams and test emergency action plans for 5 high-risk dams.
  - Evaluate areas subject to major hazards like floods, earthquakes, volcanic eruptions, and landslides to help predict likelihood and severity of future major events.
  - Conduct 3000 inspections and field inspections for seed certification and disease control, and issue certificates for export products.
  - Maintain inventory of historic and archaeological sites for use by developers, land managers and planners.
  - Implement recommendations from the Spruce Bark Beetle Strategy Task Force with other landowners on the Kenai.
  - Coordinate, through the Natural Resource Conservation and Development Board, programs to obtain federal funding for agriculture related conservation and erosion control in Alaska.

3. Ensure resource sustainability and multiple use, including recreational enjoyment of the resource base
  - Operate 120 state park units and maintain park access for 3.6 million visits.
  - Revise park user fee program to cover increasing maintenance and operation costs and recent facility upgrades. Federal approval of fee collection at park units improved with federal Transportation Enhancement dollars.
  - Manage 500-600 wildfires of varying sizes
  - Reforest 1,000 acres of forestland, survey 500 acres for regeneration, and conduct 125 of inspections of private land for compliance with Forest Resources and Practices Act reforestation requirements.
  - Register 250 water use filings.
  - Review and issue 580 permits for commercial activities on parklands.
  - Provide management oversight to 2.6 million acres of legislatively designated public use, recreation areas, trails, and 15 special use areas; and provide co-management oversight of 5.4 million acres of legislatively designated game refuges, critical habitat areas, sanctuaries, and wildlife ranges.
  - Secure maximum federal funding to implement a recreational boating safety program through the Office of Boating Safety.
  
4. Streamline natural resource leasing, sales, and permitting processes
  - Complete automation of graphic land records of remaining townships so land ownership and resource information can be combined for analysis and have the State Status Plats and Land Records be available on-line to the public.
  - Streamline and enhance the Recorder's Office operations to better meet the workload and user demand by incorporating current technology, such as imaging documents.
  - Integrate appropriate modern location and communication technology, such as GPS and Internet communications, into the mining location staking, maintenance, and permit process.
  - Maintain the state's land database through the notation of 10,000 state resource transactions affecting 12,000 townships; reduce notation cycle time by 30%. Make the information available to the public.
  - Continue efforts to utilize on-line application, notice and receipt of comment for permit applications.
  - Offer business transaction service over the Internet (payments, cabin rentals, etc.).

### **Key Department Issues for FY2000 – 2001**

- Implementation of the negotiated agreement reached in the BP-Amoco-Arco Merger.
- Merger of the Divisions of Mining, Land, and Water.
- Y2K millennium transition.
- Administration and recordation of RS2477 rights-of-way.
- Parks deferred maintenance and operation.
- Renewal of the rights-of-way for TAPS and a number of North Slope common carrier pipelines.
- Conversion of water rights and shore-fish lease programs to registration.
- School Trust Lands valuation and litigation.
- Relocation of Anchorage Offices from the Frontier Building to the Atwood State Office Complex.
- Occupancy of the new consolidated Palmer Fire Suppression Facility.
- Union Contract negotiations, recruiting and retention of qualified staff.
- Erosion of the Agricultural Revolving Loan Fund.
- Passage and implementation of Uniform Commercial Code Revised Article 9.
- Management, review, and termination of Sec. 17(b) of ANCSA easements to Alaska Native corporations.

### **Major Department Accomplishments for FY1999**

- Collected and accounted for \$516.5 million in O&G royalty, settlement, rental, federal share and bonus revenues.
- Provided technical and policy support to the BP/Arco merger discussions.
- Space planning and partial occupancy of Anchorage Atwood Office Building.
- Y2K compliance of all DNR Mission Critical Systems.
- Issued right-of-way leases of Nuiqsut, Alpine, and Northstar pipelines.
- Sold 54 parcels of land for a total of 1,963 acres.

- Disposed of 2,467 acres of ARLF parcels.
- Built and implemented the Recorder's new Office Indexing System.
- Converted State Status Plat to digital format on-line and reduced cycle time for pending actions.
- Generated \$334.2 from sale of forest products, offered ~41.2 million board feet of timber, offered 25 value-added timber sales and reforested 2,575 acres.
- Managed and responded to a total of 328 wildland fire occurrences on 134 million acres.
- Increased revenues generated from Alaska Mental Health Trust Lands from \$3.0 million to \$3.5million.
- Completed a detailed airborne geophysical survey of 1,036 square miles in the Fortymile mining area, and 229 square miles in the Livengood mining area.
- Completed review of Anchorage Jet Fuel Pipeline project.
- Successful state operation and maintenance at the Illinois Creek Gold Mine following operating company bankruptcy.
- Utilized the Tazlina Type 1 Crew for hazard tree removal, firebreak improvement and other hazard fuel work reducing the potential of a serious wildland fire on the Hillside area in the Municipality of Anchorage.

### **Key Performance Measures**

**Measure: New and assigned oil & gas rights, plans, and units resulting from the BP Amoco-Arco merger**  
*(Not yet addressed by Legislature.)*

**Measure: Acres of state land offered for oil and gas leasing**  
*(Revised from Legislature's FY2000 version.)*

**Current Status:**

FY2000 lease sales were put on hold because of the BP Amoco-Arco merger

**Measure: Volume of timber offered annually, including volume of timber offered for in-state value-added processing.**  
*(Developed jointly with Legislature in FY2000.)*

**Background and Strategies:**

Development of sustainable, renewable forest resources currently supports jobs in rural forested areas of the state. Timber sales make wood fiber available and value-added timber sales provide additional jobs through manufacturing. A steady, dependable wood supply provides a basis for long term capital investment. Strategies include offering a maximum of three value-added sales in Southeast Alaska and two value-added sales in Interior Alaska.

**Measure: Level of compliance with best management practices, as measured by implementation of a monitoring program of the Forest Practices Act**  
*(Developed jointly with Legislature in FY2000.)*

**Background and Strategies:**

Administration and ensuring compliance with the Forest Resources and Practices Act, predominantly on private lands, meets the federal Clean Water Act requirements. Monitoring effects of forest practices produces scientific results that provide a basis for improving the standards and requirements for the Act - resulting in water and fisheries protection. Strategies to implement this measure consist of continued monitoring, compliance with and enforcement of forest practices, and working within a public process for development of standards.

**Measure: Percent of fire incidents in the full and critical categories held at less than 10 acres**  
(Developed jointly with Legislature in FY2000.)

**Benchmark:**

Implementation of FIREWISE prevention program in communities.

Participation in completion of PROJECT IMPACT in urban/interface areas in Anchorage and Kenai Peninsula - and in Mat-Su Borough for FY01.

**Background and Strategies:**

Increased expansion into forested areas has raised the risk of fire to life and property, has increased the probability of more human caused fires, and emphasized the need for public education and defensible space.

Strategies to mitigate these situations include increased fire prevention activities, public outreach, burn permits, media involvement and cooperators preparedness for fire response.

**Measure: Parcels and acres of State Land sold**  
(Revised from Legislature's FY2000 version.)

**Current Status:**

In October 1999 we sold 109 parcels for roughly ~\$1.5 million.

**Benchmark:**

There is no specific benchmark, as a land disposal cost will vary by location, size, and market factors.

**Background and Strategies:**

Due to budget constraints the land disposal program has been funded only through special appropriations. Over the years the Municipal Entitlements have taken most of the desirable land around communities.

**Measure: Acres transferred to Municipalities and number of Municipalities served**  
(Revised from Legislature's FY2000 version.)

**Measure: Mineral acres of ground under private-sector exploration**  
(Not yet addressed by Legislature.)

**Benchmark:**

Based upon the trend of claim data from 1993 to date, it is expected that by the end of calendar year 2000 there will be about 3.8 million acres of ground subject to active private-sector exploration in Alaska. This corresponds to about 1% of the state's land area.

**Background and Strategies:**

The growth of the mining industry in Alaska has resulted from the complementary actions of the Administration, State Legislature, and the private sector. Annual funding of airborne geophysical/geological mineral inventories of prospective mineral tracts, in combination with Alaska's mine development tax incentive and outreach from the Governor's office, have been significant catalyzing factors. There are many remaining high mineral potential tracts throughout rural Alaska that offer the opportunity for successful mineral exploration and mine development if the fundamental geological and geophysical data needed to guide exploration are generated and made available. DGGs plans to concentrate its mineral appraisal resources on these highly prospective areas to generate that data.

**Measure: Square miles of geophysical and geological mineral surveys completed**  
*(Developed jointly with Legislature in FY2000.)*

**Benchmark:**

The 1000 square mile benchmark is a challenging target given the staff size and funding available to DGGS.

**Background and Strategies:**

DGGS intends to maintain this performance measure unchanged for FY2001. We are pursuing complementary federal funding and cooperative agreements with federal agencies in an attempt to acquire resources needed to increase the square miles of geologic mapping that can be completed in a fiscal year. The magnitude of the square miles of airborne geophysical surveys that can be completed in one year is a function of CIP appropriations. A tract of 1000 square miles is in good balance with historic funding, public expectations, and a level of commitment that is effective in catalyzing investment in Alaska's mineral industry.

**Measure: Visitor use of state park units**  
*(Revised from Legislature's FY2000 version.)*

**Benchmark:**

3.5 million visitors for 120 state park units

**Status of FY2000 Performance Measures**

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> <li>• Offer 7 million acres of state land for oil and gas leasing in 2 area-wide leases.</li> <li>• Complete geophysical/geological mineral inventory surveys of 1,000 square miles of Alaska lands.</li> <li>• Administer and facilitate the issuance of 15,000 mining claim permits.</li> <li>• Maintain and operate 121 state park units.</li> <li>• Maintain the state's land database through the notation of 10,000 state resource transactions affecting 12,000 townships and make the information available to the public.</li> <li>• Generate \$1.4 million from sale of forest products and offer approximately 60 million board feet of timber.</li> </ul>		X		X	
		X			X
		X			
				X	

2/3/00

Overview:

State

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Univ.

**SFIN**

**FILE**



# **University of Alaska**



**Fiscal Year 2001**  
**Operating and Capital**  
**Budget Request**

[http://www.alaska.edu/swbudget/FY01\\_Redbook/index.html](http://www.alaska.edu/swbudget/FY01_Redbook/index.html)

# **University of Alaska**

## **FY01**

### **Operating and Capital Budget Request**

**January 28, 2000**

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**Prepared by:**  
**University of Alaska**  
**Office of Budget & Institutional Research**  
**910 Yukon Drive, Suite 103**  
**PO Box 755260**  
**Fairbanks, AK 99775-5260**  
**(907) 474-7958**

**with assistance from:**  
**Office of Public Affairs**  
**Office of University Relations**

[http://www.alaska.edu/swbudget/FY01\\_Redbook/index.html](http://www.alaska.edu/swbudget/FY01_Redbook/index.html)



Mark R. Hamilton  
President

## University of Alaska Statewide System

202 BUTROVICH BLDG  
P.O. BOX 755000  
FAIRBANKS, ALASKA 99775-5000  
PHONE: (907) 474-7311  
FAX: (907) 474-6342  
EMAIL: [sypres@alaska.edu](mailto:sypres@alaska.edu)

January 28, 2000

Dear Alaska Legislator:

On behalf of the Board of Regents, I am pleased to submit the University of Alaska's Fiscal Year 2001 budget request. We appreciate the 1999 legislature's recognition of the University's needs by funding a \$6.1 million increase to our base operating budget. Now we come forward with a budget request that allows the University to begin to serve as Alaska's most dynamic force for economic development and diversification.

Our budget request represents the opportunity for the legislature to invest in the University of Alaska and in our state. This investment is not just one among many options for moving our state forward. It is not even one of the best options. It is the only option. This has been true throughout history and across this nation. It is true today and here in Alaska.

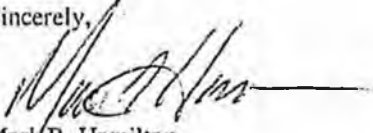
The University comes to the legislature in 2000 with not just the promise of responsible stewardship, but a demonstration of its critical role in this state. Last year we began to attack our state's single biggest natural resource crisis, the "brain drain" of our young people outside. Through the Alaska Scholars Program, in 1999, 271 of this state's brightest young people came to the University of Alaska instead of attending college outside. For the fall semester of 2000, we already have 400 young scholars who have indicated an interest in attending one of our campuses. We invested in this program from the university's Natural Resources Fund, and we are already seeing the payoff.

Although the FY00 funding increase of \$6.1 million met only part of the university's fixed cost funding requirements, through redirection of internal savings from mortgaging faculty and staff, the University has been able to invest over \$1.5 million in exciting and highly relevant academic programs that have the potential to make a difference for this state. We invested to meet Alaska's highest workforce needs through programs in teacher education, health care, and vocational education. And we invested to help realize Alaska's economic development opportunities through programs in logistics, data retrieval and analysis, and natural resources management and development.

As the University determines where to invest the funds provided by the legislature, we are driven, and stand ready to be measured by a steadfast commitment to a simple set of values --- unity, responsiveness, access, quality, and efficiency. These values guided the University in investing in highly relevant programs in 1999 and, with support from the legislature for our 2000 funding request, will continue to guide the University in the future.

As you will see in the pages to follow, I am asking for the financial means to maintain a solid foundation for the University, develop Alaska's leaders, meet the state's employment needs, and diversify our economy. Alaska needs a strong University if it is going to thrive in the 21st century. The University needs your support if it is to fill this worthy role.

Sincerely,

  
Mark R. Hamilton  
President

# University Initiatives to Build Alaska's Future 1999-2000

- Started the UA Scholars Program, which awards 4-year scholarships to the top ten percent of each Alaska high school graduating class. In the first year, 271 recipients attended the University of Alaska. This is double the number of Alaska scholars who attended in 1998 and we are expecting as many as 400 in Fall 2000.

*"The University's increased involvement with business and their response to our needs has been the best news of the year"*

Kitty Farnham, Chair  
Alaska Process Industry Careers Consortium  
October 1999 - meeting

- Started a new corporate training and workforce development program that will more effectively mobilize the university resources to meet the needs of Alaska's employers including Alyeska Pipeline and the Alaska Process Industry Careers Consortium (APICC).

• Delivering a new program in global logistics developed with financial support from and in partnership with the City of Anchorage and private industry including Fed Ex, Lynden, Tote and Sealand.

- Delivering the 2-year nursing Program in Fairbanks and Kodiak, to aggressively address Alaska's shortage of nurses in partnership with hospitals and healthcare associations in the state.

*"By reversing years of inattention, we're turning the corner on making the University of Alaska truly great"*

Governor Tony Knowles, 1999

- Developing vocational training programs in process technology, heavy equipment, aerospace support, information technology and applied business.

- Redesigned the teacher training programs providing a five-year program that includes a year apprenticeship. The university has partnered with schools, and the state and federal departments of education to help prepare teacher for the new demands of the Alaska Quality Schools Initiative.

*"Education is the key to competition in this century. Enriched brains should be our answer to problems Alaska will face in the future"*

Ted Stevens  
Speech to the Alaska Legislature, 1999

- Partnered with the University of Washington, WCI Cable, Alaska Fiber Star, and recently with GCI for new fiber optic connections that will benefit the entire education and research community on Alaska. The University will be able to extend its instruction, public service and research beyond the physical boundaries of UAA, UAF and UAS so people throughout the state can take advantage of University offerings from these three campuses.

**University of Alaska**  
**Actual Expenditures and Revenues by Fund Source**  
**FY86-FY99**  
**(In thousands)**

	FY86	FY87	FY88	FY89	FY90	FY91	FY92	FY93	FY94	FY95	FY96	FY97	FY98	FY99	% Change FY86- FY99	% Change FY96- FY99
<b>EXPENDITURES</b>																
Personal Services	169,932.4	152,438.1	154,474.4	165,374.0	176,315.3	185,721.8	197,644.6	208,224.3	220,971.3	219,131.2	216,718.3	221,291.3	216,489.2	222,284.8	30.8%	2.6%
Other	83,242.4	76,906.2	83,882.9	103,084.4	120,421.7	132,640.6	121,675.6	135,010.2	146,550.1	154,044.2	153,882.1	153,525.1	169,460.6	176,899.2	112.5%	15.0%
<b>Total Expenditures</b>	<b>253,174.8</b>	<b>229,344.3</b>	<b>238,357.3</b>	<b>268,458.4</b>	<b>296,737.0</b>	<b>318,362.4</b>	<b>319,320.2</b>	<b>343,234.5</b>	<b>367,521.4</b>	<b>373,175.4</b>	<b>370,600.4</b>	<b>374,816.4</b>	<b>385,949.8</b>	<b>399,184.0</b>	<b>57.7%</b>	<b>7.7%</b>
<b>REVENUES</b>																
GF/GF Match/GF-MH*	167,615.7	142,522.0	144,905.3	154,236.4	161,014.6	170,434.3	168,105.5	167,409.2	171,815.6	169,513.5	168,680.0	167,693.6	164,911.0	166,332.9	-0.8%	-1.4%
Federal Receipts	19,210.0	19,478.0	20,934.4	25,234.0	33,681.6	35,191.5	36,169.6	49,190.7	52,140.3	50,826.9	46,795.0	42,457.1	44,788.5	49,522.9	157.8%	5.8%
Intra-Agency Receipts	13,622.0	13,073.3	14,144.7	22,311.7	28,797.1	29,835.1	23,276.1	23,716.1	32,485.1	34,834.6	28,422.1	28,094.4	28,557.5	29,388.4	115.7%	3.4%
Interest Income	2,717.0	2,216.9	2,511.4	3,526.5	2,449.5	2,699.5	2,606.7	2,228.2	1,656.0	2,620.5	2,788.7	3,001.4	2,884.6	2,208.3	-18.7%	-20.8%
Program Receipts	16,058.0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Auxiliary Receipts	n/a	11,565.4	12,165.4	13,277.3	14,902.4	16,323.4	16,949.4	18,959.3	19,400.2	20,408.5	20,344.1	21,321.2	23,832.4	29,136.8	n/a	43.2%
Science/Tech Funds	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3,000.0	3,000.0	3,119.9	2,900.0	2,650.0	2,630.0	2,630.0	n/a	-9.3%
Student Tuition/Fees	16,277.3	18,169.4	18,051.8	19,628.1	22,533.0	29,076.8	34,209.7	37,904.2	42,318.3	44,281.9	48,965.1	48,275.5	49,419.2	48,685.0	199.1%	-0.6%
Indirect Cost Recovery	4,999.9	4,566.1	4,732.1	5,947.9	7,465.7	8,698.2	9,454.2	9,118.4	11,359.2	11,204.1	13,401.7	12,488.4	13,378.4	14,646.7	192.9%	9.3%
University Receipts	8,972.7	15,403.8	19,801.5	23,105.9	24,830.9	24,557.4	26,728.4	29,543.0	30,296.2	34,080.9	35,682.3	46,543.3	52,886.5	54,358.3	505.8%	52.3%
CIP Receipts	1,702.2	1,349.4	1,157.7	1,200.6	1,062.2	1,546.2	1,820.6	2,165.4	3,050.5	2,284.6	2,621.1	2,291.5	2,661.7	1,633.3	-4.0%	-37.7%
<b>Total Revenues</b>	<b>253,174.8</b>	<b>229,344.3</b>	<b>238,357.3</b>	<b>268,458.4</b>	<b>296,737.0</b>	<b>318,362.4</b>	<b>319,320.2</b>	<b>343,234.5</b>	<b>367,521.4</b>	<b>373,175.4</b>	<b>370,600.4</b>	<b>374,816.4</b>	<b>385,949.8</b>	<b>399,184.0</b>	<b>57.4%</b>	<b>7.5%</b>
Supplementals														594.9	n/a	n/a
CER Fund - Y2K														46.5	n/a	n/a
GF-Library Books																
<b>Total Revenues</b>	<b>253,174.8</b>	<b>229,344.3</b>	<b>238,357.3</b>	<b>268,458.4</b>	<b>296,737.0</b>	<b>318,362.4</b>	<b>319,320.2</b>	<b>343,234.5</b>	<b>367,521.4</b>	<b>373,175.4</b>	<b>370,600.4</b>	<b>374,816.4</b>	<b>385,949.8</b>	<b>399,184.0</b>	<b>57.7%</b>	<b>7.7%</b>

\* State appropriations include general funds, general fund match and GF/Mental Health Trust Funds