

ALASKA LEGISLATURE SPECIAL COMMITTEE / SUBJECT FILE 8672

1411 SCOMM 52; JOINT SPEC. COMMITTEE ON LOCAL OPTION LAWS 1985-86

\$7,000/month.

The Department of Health and Social Services estimates construction costs at approximately \$100,000/bed for a nursing home facility located in areas adjacent to the greater Anchorage vicinity.

The construction cost based on this figure for a 70-bed facility would amount to \$7,000,000. Purchase of an existing facility of adequate size and design might well reduce the necessary capital investment by one-half. Additional cost projections will be made in order to determine the least expensive alternative.

REVENUE PROJECTIONS FOR LOCAL COMMUNITY ALCOHOLISM PROGRAM

With the implementation of annually decreasing state grant support to local alcoholism programs, local programs will be required to provide an increasing percentage of total project costs. Traditionally, project income when available has been used to reduce the total project costs to a net project cost upon which the required local match is determined. Funds used to meet the required match have been federal grant funds, local government contributions, and community donations. Matching requirements have allowed for either hard cash or in-kind contributions.

A. Project Income: Project income is basically divided into client fees for services and third party reimbursement for services provided to eligible clients. The most generally available sources for third party reimbursement are Veterans Administration (VA), Bureau of Indian Affairs (BIA), Vocational Rehabilitation (V-R), Blue Cross/Blue Shield (BC/S), and Medicaid (Title XIX). However, the amount of income available from these sources is represented in general by an inverse relationship to program size and services offered. Therefore, generally only those programs sufficiently large to provide a comprehensive range of services recoup third party payments. Such payments are not available to those programs offering only sleep-off information, referral, educational, and preventive services. Outpatient counseling, intermediate

care (halfway house and short term rehabilitation), and long-term care generate this type of income. It is established that reimbursement for outpatient and long-term care is more limited (restrictive) than for intermediate care.

The charts below reflect the total amount of project income payments received by state-funded alcoholism programs in FY 76, amount by program projected for FY 77, and the projected FY 78 income based upon a minimal 10% increase.

<u>Income Source</u>	<u>FY 76</u>	<u>FY 77</u>	<u>FY 78 (10% Inc.)</u>
Client Fees	\$83,000	\$ 65,000	\$ 71,500
Third Party	83,000	223,500	245,850
Miscellaneous	19,000	23,000	25,300

Based on the second quarter information available from the VA, we can estimate that a substantial dollar investment is already being made in third party payment to various Alaska alcoholism treatment providers. The VA indicates a total of \$358,673 was spent on alcoholism treatment services in Alaska during the second quarter of FY 76. The VA estimates that 50 to 60% of these payments have gone for medical care, including doctors' visits and hospitalization for alcoholics. The current VA policy is to pay for 30-day alcohol rehabilitation services.

The Blue Cross of Washington and Alaska only reimburses for treatment in a state approved treatment facility or hospital. Since state licensure will be a reality in FY 78, we can anticipate that a portion of the money now going to hospitals will be used for treatment in State licensed alcoholism facilities. Blue Cross was unable to provide cost estimates for the amount of reimbursements made to hospitals for physicians for alcoholism treatment in Alaska. The State Division of Vocational Rehabilitation was unable to provide us with cost estimates for expenditures made in alcoholism treatment services.

B. Local Matching Funds: Local matching funds are generally comprised of federal grants, local government contributions, and contributions from the community itself. The following chart compares FY 76 and FY 77 contributions and projects a minimal 10% increase for FY 78.

<u>Funding Source</u>	<u>FY 76</u>	<u>FY 77</u>	<u>FY 78</u>
Federal Grants	\$ 485,190	\$ 607,821	\$ 668,603
Local Govt.	502,076	693,522	762,874
Community	10,000	122,753*	135,028
Sub-Total	995,266	1,424,096	1,566,505
In-Kind	383,244	252,410	277,651
Total	1,378,490	1,676,506	1,844,156

* Includes \$111,150 contributed by Salvation Army which was not contributed last year.

The availability of federal grants, local community donations and in-kind contributions to local community alcoholism programs might be expected to increase in the amount of funding available to local programs in many communities would be substantially greater if local community governments would utilize more substantial portions of the local retail alcohol beverage sales tax revenues to defray costs of their local alcoholism programs.

The following chart shows the estimated amount of locally taxed retail sales in 1975:

VOLUME/SALES (1975)*

	Consumption No. of Gals.	Wholesale Sales (Millions)	Retail Sales (Million) (EST.)
Liquor	1,236,976	27.5	66.7
Wine	801,665	5.9	14.9
Beer	<u>8,451,841</u>	<u>24.4</u>	<u>59.2</u>
	10,490,482 Gals	\$57.8	\$140.8

*(from: "Economic Benefits of Sale and Consumption of Beverage Alcohol"-
SAAP Report, 1976)

No study has yet been able to determine the actual amount of retail beverage sales tax revenues realized by local communities for 1975. The following chart displays possible amounts based upon the assumption that local communities collectively may be taxing up to the local limit of 3%

	1975 Gallons Volume	Est. 1975 Retail Sales (Millions)	Local Sales Tax Revenues (Projected in Millions)		
			1%	2%	3%
Liquor	1,236,976	\$66.7	0.670	1.330	2.001
Wine	801,665	\$14.9	0.149	0.298	0.447
Beer	<u>8,451,341</u>	<u>\$59.2</u>	<u>0.592</u>	<u>1.184</u>	<u>1.776</u>
Total	10,490,482	\$140.8	\$1.411	\$2.812	\$4.224

In other words, local communities collected somewhere between \$1.4 million and \$4.224 million from local retail sales taxes on beverage alcohol in 1975. Local community General Fund cash contribution to alcoholism program grants for FY 76 by contrast was \$366,186.

Based on distribution increases during 1974-75/1975-76 for Liquor (21%), Wine (32.7%), and Beer (22%) projected revenues for 1976 from sales taxes, if adjusted, become:

	%Inc	Est. 1976 Gallons Volume	Est 1976 Retail Sales (Millions)	Sales Tax Revenues (Projected in Millions)		
				01%	02%	23%
Liquor	(21%)	1,496,741	\$81.07	0.8107	1.609	2,420
Wine	(32.7%)	1,063,809	19.8	0.198	0.395	0.593
Beer	(22%)	<u>10,311,246</u>	<u>72.2</u>	<u>0.722</u>	<u>1.444</u>	<u>2.167</u>
		12,871,796	\$173.07	\$1.7307	\$3.448	\$5.180

In 1976 therefore, local communities will collect somewhere between \$1.730 million and \$5.18 million in local retail sales taxes on beverage alcohol. Total local General fund cash contribution to local alcoholism programs for FY 77 is \$501,484.

We therefore recommend that the deficits created by our proposed decreasing schedule of SGF grant support be made up locally in the following ways:

- * An attempt should be made to alter the 3% sales tax limitations so that local communities could tax beverage alcohol at a higher rate.

If local communities had been able to tax retail sales at 4% or 5% during FY 75 or FY 76, the total revenue locally available would have been:

<u>1975</u>		<u>1976</u>	
4%	5%	4%	5%
\$2.668	\$3.335	\$3.230	\$4.04
0.560	0.745	0.743	0.99
<u>2.368</u>	<u>2.960</u>	<u>2.888</u>	<u>3.61</u>
\$5.596	\$7.04	\$6.861	\$8.64

- * In the meantime, local communities should be encouraged to tax retail alcohol sales at the 3% level allowed by law.
- * In either case, local communities should be expected to utilize a portion of their local general fund revenue realized from local retail sales on beverage alcohol to maintain their alcoholism programs during and after state support declines at the rates proposed earlier in this paper.

E. Troubled Employees Program

- * The State of Alaska should immediately design and implement a Troubled Employees Program for state employees. This program would assist in the early identification, evaluation, referral, and treatment of state employees experiencing social, health, and behavioral problems. The program should concern itself solely with problems in the employee's work performance. The program should be designed to reduce turnover of personnel, maintain productivity, and reduce the use of sick time.

Similar state programs have been demonstrated to be of major importance in terms of employee retention, morale, and productivity and have been proven to result in a net cost savings in those organizations in which they have been

implemented.

Data from existing troubled employee programs indicate that over 50% of all clients referred into the programs have alcohol or alcohol-related problems. The National Institute of Alcohol Abuse and Alcoholism estimates that 95% of the individuals who are alcoholic or who have alcohol-related problems are family centered and employed. Until recently most of the help and attention in the area of alcohol abuse has been given to those visible alcoholics who are unemployed and have chronic drinking problems. The national trend is now shifting toward prevention and early identification for the employed and family centered population.

Since it is within the job function of the personnel department to concern itself with the development of policies and procedures, administration of fringe benefits, employee relations programs, and the maintenance of personnel records.

* The Division of Personnel should develop and administer the troubled employees program.

Since the emphasis of a troubled employees program is in the recognition, prevention, and treatment of alcohol and other social and health problems, it would be unrealistic to limit a troubled employees program solely to the area of alcohol abuse. It should also be emphasized that this program is not designed to "keep alcoholic individuals on the job". It is a program to assist employees with problems that cause job impairment and loss of efficiency in job performance. Unfavorable changes in work habits or behavior should be the indicator to the supervisor that the employee has problems that warrant attention.

It is essential when discussing the development and implementation of a troubled employees program that there be a clear understanding of the provisions of the group health insurance policy within the agency or agencies considering a program.

* The State should provide insurance coverage that ensures that treatment of alcoholism and other social health problems receive the same coverage provided any other illness.

* The treatment services covered by insurance should be all-inclusive, so that treatment can be provided on an outpatient as well as inpatient basis.

The following elements are basic to any sound troubled employee program:

1. Constructive Confrontation

The key to any successful troubled employee program is the supervisor's confrontation with his employee regarding unsatisfactory job performance. Evidence of the sub-standard job performance should be substantiated and serve as the sole criteria of an employee's referral to the program. The confrontation should be structured by the supervisor to be constructive rather than punitive. The supervisor should make known to the employee experiencing difficulties that a program of specialized referral for treatment is available.

If the supervisor's confrontation corrects the employee's deficient work performance, no further action is needed. But if the confrontation fails to restore performance to its previous level, the supervisor may feel that it is time for the intervention of a professional Employee Assistance Counselor.

The troubled employees program is not a "witch hunt" to identify alcoholics nor is it designed to make detectives or diagnosticians out of supervisors. The program relies on the supervisor's managerial skills and his ability to confront his subordinates with evidence of poor job performance. The supervisor should not be expected to investigate or analyze the cause of the impaired performance. This is the responsibility of the Employee Assistance Counselor and the community treatment resources. Although an inherent advantage of this program is its ability to structure and direct the employee's referral for treatment, it should be emphasized that a troubled employees program in

no way prevents the employee from going directly to the treatment resource of his choice.

2. Employee Assistance Counselor

The Employee Assistance Counselor is the professional individual who is responsible for counseling the troubled employee. He receives the referral from the employee's supervisor, counsels the employee, and may refer that employee into an existing treatment resource within the community. He should serve as the coordinator between employee, supervisor, and treatment resource. He must be familiar with the community treatment resources in order to make knowledgeable referrals. The Employee Assistance Counselor monitors the employee's progress during his treatment and maintains contact with the supervisor regarding the employee's job performance. If ongoing treatment is necessary, he is responsible for making appropriate arrangements with the employee's supervisor. He is also responsible for follow-up and coordination of inter-agency referrals.

It is essential that the Employee Assistance Counselor be adequately trained in the human relations field. In selecting this individual, consideration should be given to the following elements:

- A. Academic background - basic course work in the social sciences.
- B. Area of experience - social work pastoral counseling, counseling psychology, personnel counseling, and experience in a public or

private occupational program.

- C. Ability to relate to others and to conduct oneself in a professional manner, be objective, non-judgemental, maintain professional distance, and be experienced in the area of evaluation of behavioral problems including alcoholism.

The Employee Assistance Counselor should have the ability to conduct short-term counseling with employees and understand current treatment techniques and modalities. Confidentiality must be guaranteed to the troubled employee. He must view the counselor as an empathetic person and have confidence in his ability.

3. Community Resources

Each community will have some, if not all, of the social and health services needed to implement a troubled employee program. One of the initial steps in program development is the coordination of these services to serve as referral sources. Utilization of existing community resources eliminates the need for adding treatment personnel to the staff.

4. Policy Statement

Any bureau or agency, whether at the state or municipal level, should have a policy statement explaining their troubled employee program. The policy

statement is the nucleus and the framework of the program. It establishes the guidelines from which the program operates.

The following concepts and ideas present some general principles to be considered when an agency is developing a policy statement:

--That alcoholism and other social, health-related problems affect employee work performance.

--that these conditions are treatable and that there is help available for the troubled employee.

--that the agency's concern is limited strictly to an employee's job performance and that there is no intent to intrude upon the employee's private life.

--that the agency will not penalize any employee for seeking help for social health problems which are affecting his job performance and that he will receive the same consideration given an employee with any other illness.

--that management is responsible to initiate and implement the policy. Management has the responsibility to protect the confidentiality, job security, and promotional opportunities of the employee.

--that management is not responsible for diagnosis, but is responsible for making appropriate referral of an employee with deteriorating job performance.

--that the responsibility of the employee is to comply with the referral and make necessary corrections in his job performance and his behavior. Failure to do so may result in appropriate corrective or administrative disciplinary action, including dismissal.

--that alcoholism and other social health problems should receive the same insurance coverage provided for other illnesses.

--that the agency encourages an enlightened attitude and realistic acceptance of alcoholism and other social/health problems to motivate the employee to voluntarily seek help.

A State Troubled Employees Program would require the hiring of a counselor and secretarial position in the regional personnel offices in Fairbanks, Juneau and Anchorage. If the counselor were hired at range 20 and the secretarial position was a Clerk Typist II, the costs including \$10,000 travel for each counselor would total \$170,884 per annum. A \$10,000 travel budget for each regional counselor would allow for travel to outlying areas in their respective region to conduct supervisory training sessions and to consult with clients.

The possibility exists that an additional expense might be charged by Blue Cross for increased insurance coverage. This cost in other states has been minimal and

ment. This is
the calendar year. The relatively
treatment cost in Washington results from
treatment facilities rather than hospitals for the
majority of alcoholism treatment. The State of Washington also has a law that
requires all group health insurance plans to include alcoholism treatment.

- * The State should provide funds through the Office of Alcoholism for the establishment and operation of a statewide in-service training program on alcoholism and its treatment and prevention.

RATIONALE:

An in-service training program on alcohol abuse and alcoholism should be established for all judges, prosecutors, law enforcement officers, social workers, physicians, nurses, related health professionals, teachers, psychologists, counselors, and other human services personnel currently residing in the State of Alaska. This training program should focus on: the biology, physiology, sociology, and pharmacology of alcoholism and alcohol the manner in which alcohol abuse and alcoholism impact upon the law enforcement, judicial health, mental health, social services, and corrections,

systems in Alaska; appropriate intervention, treatment, support and rehabilitation roles that can be assumed by persons currently employed in these fields.

* A program of higher education, leading to degrees in and/or a major emphasis on alcohol abuse and alcoholism, should be established through the Office of Alcoholism in negotiation with the University of Alaska Center for Alcohol and addiction studies. This program should be funded by the State.

The thrust of this program would be to provide students with incentives to enter the field of alcoholism rehabilitation/treatment upon graduation, and to provide them with legitimate academic credentials for future certification as professionals in the area of addictions.

Counselor Training and Counselor Certification

* The Offices of Alcoholism and Drug Abuse working with the University of Alaska Center for Alcohol and Addictions Studies, should develop an "Alcohol and Drug Dependency Counselor Competence and Assessment Program."

Because of the unique problems posed by Alaska's geography of scattered, remote and small native villages and since there are but a few population centers spread hundreds of miles apart, counselor training and counselor certification procedures and standards are most difficult to establish.

The problem is two fold: (1) what standards should apply to counselors serving in various capacities throughout the state? and (2) how is training to be accomplished?

The counselor training and certification plan would be as follows: It is the responsibility of the State Office of Alcoholism along with the Office of Drug

Abuse to establish and operate through the University of Alaska and its community colleges the degree training program which provides the range of skills, knowledge, and attitudes demanded of the various people providing all levels of alcoholism and drug abuse services in the greatly divergent areas of the State. As an integral part of this degree program, the Office of Alcoholism and the Office of Drug Abuse working through the University of Alaska will develop an "Alcohol and Drug Dependency Counselor Competence Assessment Program" which provides state recognition of (1) individuals trained in and demonstrating competency in counseling alcohol and drug dependent persons and also (2) other individuals without prior formalized training but demonstrating "entry-level competency" in counseling alcohol and drug-dependent persons. Such a combination training program and counselor competency assessment program would be designed similar to the plan developed and implemented by the Minnesota Department of Public Welfare and State Merit System through Metropolitan State University.¹ Standards for training and for counselor certification would be agreed upon by a consortium of alcoholism and drug abuse professionals and certain other health care and social service providers working in various parts of Alaska and in consultation with certain professionals who have developed training and certification programs in other states with bicultural constituencies. Such standards would include an inventory or list of about ten major areas of competency (knowledge, skills, attitudes) that graduates of the training program should possess in order to function adequately in entry-level positions in the field. These professional

1. Metropolitan State University Chemical Dependency Competence Assessment Program, Minnesota Department of Welfare, December 1975.

entry-level competencies having been identified, the Counselor Competency Assessment Program would provide a mechanism whereby persons who had attained the same professional competencies through a variety of work and life experiences could be appropriately assessed, granted university recognition, and thereby be qualified under State certification standards. The ten major areas of competency would focus around the following:

1. Knows the interrelated physical, psychological, social, and spiritual dynamics of addiction-alcoholism and drug dependency as they relate to individual clients and the family social structure, and general approaches to the tasks of prevention and treatment.
2. Knows the "continuum of care" concept as a prevention and treatment strategy for addressing the problems of addiction and substance abuse in the community and in the overall State system, including specific treatment modalities, and is committed to using and expanding his knowledge.
3. Knows and can apply the basic principles and techniques of intervention, assessment (diagnostic) interviewing, and referral within the "continuum of care".
4. Knows the legal, ethical, and confidentiality considerations involved in the treatment of alcohol-(and drug) dependent clients and the processes relating to same.

5. Knows and can apply the principles and techniques of individual and group counseling within the alcoholism (and drug-dependency) treatment program.
6. Knows and can apply the principles and techniques of family (significant other) counseling.
7. Knows and can apply interpersonal communication principles and techniques in relation to bicultural (Eskimo, Indian, and Aleut) populations.
8. Knows and can apply written communication principles and skills in relation to developing client treatment plans, progress notes, and discharge summaries.
9. Knows and can apply oral communication principles and skills in relation to clients and other human service professionals.
10. Knows one's personal attitudes in relation to the alcoholism and drug-dependency treatment system and the clients it serves; knows how to develop effective attitudes and approaches and is committed to being an effective worker.²

Each of the ten major areas of competency would include a breakdown of those specific skills, knowledge, and attitudes (at least five in each area) required in order to demonstrate competency in that major area.

2. Minnesota Department of Welfare, "Chemical Dependency Specialist Competencies," December 18, 1975. Provided by Art Deegan, Ph.D., Management by Objectives, an approach to hospital management.

The assessment mechanism would follow the following procedure: The counselor candidate seeking recognition for life-work experiences and demonstrated competencies is asked to take the list of the ten major competency areas and for each area describe the significant life experiences (including work, volunteer activities, independent reading, workshops, papers, etc.) in which the candidate has engaged that have provided the opportunity for the candidate to obtain the competency. Then for each competency the candidate is to propose two persons (approved by the University training program) to evaluate the candidate in relation to the competency. The candidate is also asked to propose assessment procedures (measurement techniques) to be used by the evaluators. Such procedures may include any of the following: observation of the candidate in the work setting, simulation or role-playing exercises, oral examinations or interviews, reviews of reports by the candidate, objective or essay tests, etc. At least two assessment techniques should be offered for each of the specific skills cited under each of the ten major competencies.

Once the assessment procedures are approved, the candidate proceeds with the collection of evidence to support his claim to each of the ten competencies. Many candidates will be able to verify some but not all of the ten competencies. In such cases diagnostic feedback will be provided so that the candidate will be able to engage in appropriate training activities. At first it will be difficult to insure consistency in the objectivity of evaluators, but as the training and assessment program matures, a pool of expert evaluators will evolve who will meet periodically to discuss the standards and assessment procedures which

they are employing. In like manner the ten major competency area statements will be refined by the State Office of Alcoholism and by the State Office of Drug Abuse as a result of feedback offered by the training program teachers, the counselor competency evaluators, and the program evaluators from these two offices. Within two years, efforts to develop an advanced level of competencies for Alaska's alcoholism and drug abuse programs including supervisory competencies will be realized, and certification along these levels will be instituted.

Information about the training program and the Counselor Competency Assessment Program will be distributed widely in the small villages as well as in the larger population centers in order to attract a wide range of individuals into training and into jobs providing direct services in the local communities.

The framework of the University of Alaska training program would provide for training in three parts: (1) All alcoholism and drug-dependency workers would receive some training at one of the University of Alaska community colleges and at the two centralized treatment facilities: the inpatient intensive treatment facility and the long-term care facility. (2) In-service training would be provided in the local programs by program training staff. (3) Local program directors who have been intensively trained would take responsibility for providing certain levels of training for alcoholism and drug-dependency service providers in their local areas.^{3,4}

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3. Training program of State of Colorado Alcohol and Drug Abuse Office, which includes training for Indian counselors serving in a large number of Indian communities throughout Colorado.
 4. The local alcoholism services program in Nome, Alaska, administered by the Norton Sound Health Corporation provides for ongoing training for counselors serving a network of fifteen small Eskimo villages plus Nome on such a training program framework with favorable results reported.
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VI. POLICY RECOMMENDATIONS FOR MANAGEMENT

A. MANAGEMENT PROBLEMS

1. There is currently no state mechanism in place which will allow us to routinely continue to monitor alcohol related costs in increasingly more sophisticated and reliable ways or to determine the reasonableness of costs either as a whole or in individual Budget Request Units (BRU's).

However, the State's "PPBS" budgeting system does hold potential for more sophisticated and continual cost - revenue comparisons.

It is apparent that the state's alcohol related "cost center" have never been considered as parts of a programmatic or budgetary whole, nor have they been realistically related to the annual revenue available from the sale and distribution of beverage alcohol, federal funds, local contributions, private third party payments, public third party payments or other potential sources of revenue.

There is no overall budget policy for alcohol related programs. There is no set of budget directives reflecting that policy. Individual alcohol related BRU's are treated as discrete units and not as a programmatic whole, reflective of an overall policy. Therefore, there is no routine and accurate way for the state to measure its alcohol related costs/revenues, nor the efficacy and interrelation of its countermeasures.

This state has been not unlike many others in that it has suffered from a severe deficiency in both baseline and operational data from which to derive adequate and accurate measures of "where it is" and "where it's going" in the area of alcohol abuse and alcoholism.

The Executive Budget Act (AS 37.07.080) attempts to set up a rational data base and planning mechanism for the development of state programs. We are given to believe that it is largely not functioning as intended.

All departments and division with alcohol related BRU's are required to submit annual budgets in compliance with the Executive Budget Act which requires statements of "Public Needs To Be Addressed", "Agency Goals and Objective" (to meet those needs), "Agency Activities" (to execute the goals and objectives) and "Progress measures which show whether the need is in fact being met by the execution of goals and objectives at the projected levels of accomplishment and within the projected costs. In fact, this system does not appear to ensure that alcohol related agencies are working toward the accomplishment of a policy, through agreed upon goals, in a cooperative and coordinated manner. Hardly any reliable base-line or management information (M.I.S.) data is available to or generated by agencies that would allow them to make this system function.

In addition to the data needed by agencies to properly execute the state budgetary system, individual alcohol related agencies frequently have to develop non-comparable data sets to comply with different federal reporting requirements [there are both base line data planning requirements and MIS data reporting requirements mandated in different forms and contents by different federal agencies for; Social Services Division, Office of Alcoholism, Corrections, Traffic Safety, Criminal Justice Planning, Medical Assistance Division, Office of Drug Abuse, the Judicial System, Comprehensive Health Planning (Office of Planning and Research), and others.]

Baseline data for these plan requirements is often incomplete to the degree that it is useless for realistic planning and programming

purposes. M.I.S. data collected by various agencies is non-comparable and incomplete and therefore of limited value for program monitoring or cost evaluation purposes. Annual and Quarterly Performance Reports required of each BRU are usually useless for the purpose of measuring program effectiveness, mutual support toward agreed upon goals, or cost efficiency.

II. The field of "health planning" is no more chaotic anywhere than in Alaska. Much of the chaos is the result of various federal laws and activities which have created disparate organizations, mutually independent, but each with some level of health planning authority and responsibility. Trying to make sense of the current situation is a trying task.

For example, the following federally mandated agencies, over which the state has very little, if any, control, have alcohol-related health planning and/or programming responsibilities: The Alaskan Area Native Health Services; The Alaskan Federation of Natives (Health Affairs Division); The Veteran's Administration; The Regional Health Corporations (non-profit branch of AFN); The Regional Emergency Medical Services Systems and the Regional Health Services Agencies (areas and boards).

The Federal Government funds directly, through its National Institute on Alcohol Abuse and Alcoholism grant-in-aid program, the following: The Alaskan Native Commission on Alcoholism and Drug Abuse, The National Council on Alcoholism - Alaska Region, local alcoholism treatment programs in Anchorage, Juneau, Ketchikan, Fairbanks and Tok and the Center for Alcohol and Addictions Studies at the U. of A. in Anchorage. There are local boroughs and municipalities in Alaska which have either assumed health powers, (planning and programming)

within their domain under Alaska State Law, or developed into the principal managerial agency for alcoholism treatment programs (as in Anchorage and Juneau).

Finally, the State, through the Department of Community and Regional Affairs, the Office of Alcoholism, the Office of Drug Abuse, the Division of Mental Health, the Division of Traffic Safety, the Division of Corrections, the Criminal Justice Planning Agency, the Manpower Office and the Division of Social Services and Medical Assistance, fund local community alcoholism programs either directly or indirectly through grants-in-aid and/or reimbursable fee payments.

III. There is no state organization at present with sufficient resources and authority to coordinate the activities of the disparate organizations within Alaska that will plan for, fund, or provide alcohol - related services.

Given the conditions described above, the management problems inherent in coordinating the thrust and direction of alcohol related programming in Alaska are relatively complex. Additional complexity inherent in Alcoholism programming is added by the heavy involvement of the Judicial and Enforcement Systems of both the State and local communities, considerable involvement of the private medical profession and hospitals who provide most of the emergency and trauma care

Management Recommendations:

- * Adopt the policy that alcohol abuse and alcoholism are inextricably linked to the per capita consumption of beverage alcohol, the sales and distribution of beverage alcohol and public attitudes toward its use.

A. Require that an annual state plan be developed that recognizes these relationships and addresses each of them and its proposed countermeasures.

* Retain an identifiable state "lead agency" for the coordination of prevention treatment and control of alcoholism and alcohol abuse for at least five more years. (Either the Office of Alcoholism or an Office of Substance Abuse)

* Alter the composition of the Interdepartmental Coordinating Committee:

The following persons should be members:

Commissioner of Health and Social Services

Director of Division of Policy Development and Planning

Director of Budget and Management

Commissioner of Administration

Commissioner of Public Safety

Commissioner of Community and Regional Affairs

Commissioner of Education

Commissioner of Revenue

Commissioner of Labor

Director of Criminal Justice Planning Agency

Department of Law

Representative from the Alaska Court System

* Charge the Interdepartmental Coordinating Committee with monitoring responsibility for all alcohol-related state government efforts.

A. Monitor the preparation and content of an Annual State Alcohol Abuse Countermeasures Plan.

B. Ensure interdepartmental and interdivisional cooperation and coordination in the implementation of the Annual State Alcohol Abuse Countermeasures Plan.

* Require all affected State BRU's to develop a combined annual alcohol abuse countermeasures plan through the annual budget process.

A. In those Division and Department where significant levels of activity related to alcohol abuse have been identified, budgets

should be developed which periodically monitor these problems and coordinate with related activities in other Divisions and Departments.

A. The ICC, SHOP, and Budget and Management should review annual alcohol-related budgets and plans as a programmatic whole.

* Implement centralized management information system that allows the state to measure the volume, effectiveness, costs and benefits of all its alcohol-related activities through time.

A. Develop and implement a centralized data system that can gather, analyze and synthesize reports on all alcohol-related activities and problems affecting State government. (Could pull together data from DOR, DHS, Corrections, Department of Health & Social Services, Traffic Safety, etc., on a routine basis.)

* Amend the Uniform Act (AS 47.37) to create a permanent "Federal-State Coordinating Council for Alcohol Abuse:

A. Council to provide liaison between the State and Federal agencies for the purpose of coordinating alcohol-related policy development, planning, and program implementation statewide.

B. Membership to include members of the ICC, a representative from the National Institute of Alcohol Abuse and Alcoholism, Director of the VA, Director of DHS, representatives from the Military (Coast Guard, Army, Air Force), AFN, NCA-AR, ANCMIA, The Regional HSA's and The State Health Coordinating Council (SHCC).

* The State should provide the ABC Board with staff and dollar resources sufficient to allow it to fulfill its regulatory mission.

A. Budget and Management should immediately review the ABC Board budget request for FY 78 and ensure that appropriate resources will be provided to upgrade the ABC Board function.

ANNUAL REPORT TO THE LEGISLATURE

1984

**OFFICE OF ALCOHOLISM
AND DRUG ABUSE**

**DEPARTMENT OF HEALTH
AND SOCIAL SERVICES**

**JOHN R. PUGH, COMMISSIONER
MATT FELIX, COORDINATOR**

FORWARD

On behalf of the dedicated people working to prevent, treat, and solve Alaska's alcohol and drug abuse problems, I wish to thank the Legislature for their commitment and appropriations which allow Alaskans to receive care in this difficult area of human concern. The system of Health treatment services alone provided care to over 11,000 individuals in 1984 and many more Alaskans benefited from non-treatment related activities.

The Legislature has recognized and funded substance abuse services since 1972. In 1981 a major initiative was implemented with the recognition that alcohol abuse, alcoholism, and drug abuse were not symptoms but health problems themselves. Furthermore, these health problems were pandemic and epidemic in Alaska. Further research clearly demonstrated that alcohol abuse and alcoholism contributed with various intensity to many of the State's other health and social ills. This brief annual report gives evidence that the State is clearly making progress in the areas of prevention and treatment of substance abuse. I am confident that SOADA has met and will continue to meet the legislative mandate and that substance abuse may eventually be relegated to a less serious concern in Alaska.

As mandated in AS 47.37, AS 47.30, and AS 44.29 the program of the Office of Alcoholism and Drug Abuse is implemented by use of the grant-in-aid mechanism of funding. By existing law, this agency does not have any other mechanism for funding prevention and treatment services.

State support for services are provided with grants to 25 private non-profit agencies, 11 city or boroughs & 12 native health corporations.

The grant proposals submitted by these agencies not only define their areas needs, but address locally defined methodology to meet these needs. Thus, the State does not dictate service levels or design.

The grants are awarded after a careful review by staff and public advisory boards. The Commissioner of the Department of Health and Social Services makes the final award after considering all recommendations including public testimony. SOADA employs four full time surveyors and a program development specialist to insure all grant goals and objectives are met. Programs are surveyed (inspected) annually and measured against national standards. All programs are fiscally audited at least bi-annually. In summary, the grant-in-aid system can be utilized by State government to provide cost effective, quality treatment despite the generally perceived view of grants.

Clearly, all of the services mandated by federal, state, and local law cannot realistically be provided by government institutions or agencies, thus grant-in-aid programs most likely will continue to operate. More specifically, the benefits to this agency continuing to use the grant-in-aid mechanism at this point in time appear to outweigh alternative methods of funding.

1. By statute and practice, SOADA funded grants are required to demonstrate evidence that local planning and input has gone into the development of the program. By this process, a sense of "ownership" develops within the local community. Even though the project may be mostly funded with State dollars, client fees and program income is required.

2. A local policy or advisory board is required of all projects again ensuring that, although the State is funding the project, the direction, scope of services, and management is locally derived.

3. The community program grants issued by this agency are required to leave a minimum of 10% financial match. With many programs, local financial match is 50% or more. This is yet another method of sustaining local interest in the program.

4. Local governments and private non-profit corporations usually have lower salary and fringe benefit rates than State employees. Smaller organizations often enjoy other economies with an ability to be much more flexible than State government.

5. The Office of Alcoholism and Drug Abuse grant-in-aid programs are held accountable through annual on-site program evaluations and by bi-annual fiscal audits. This practice has enabled the quality of services provided to Alaskans to steadily improve each year. Although program deficiencies and audit exceptions do occur occasionally, the programs generally are very well managed.

SOADA maintains staff/patient data through a mature central MIS operated in Juneau. This system not only allows SOADA a unique tool for statewide program oversight, but returns management information to programs on a monthly basis with quarterly summaries. The MIS at SOADA has added greatly to the credibility of data presented in this report.

The data and recent research results have created an atmosphere of hope and pride at SOADA. I can assure the Legislature of continuing dedicated efforts from our office and programs. Should you have any questions with the information contained in this report, please feel free to call me personally.



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Office of Alcoholism and Drug Abuse
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SELECTED ALASKA SUBSTANCE ABUSE FACTS

Improved alcohol emergency services has resulted in Alcoholism deaths being reduced from 31 in 1977 to 17 in 1978, to 13 in 1979, 16 in 1980, 11 in 1981, 11 in 1982 and 8 in 1983. (4)

*Alcoholics have a 30 times greater risk for suicide; 80% of successful suicides are alcohol related; Alaska had 56 suicides in 1983. (3,4)

In 1982, the latest year for which figures are available, the equivalent of 4.58 gallons of absolute (pure) alcohol was sold per person over age 19 in Alaska. Translated into alcoholic beverages this is about 1452 12 oz. cans of beer or 189 fifths of table wine or 58 fifths of distilled spirits.

*The 98 traffic fatality accidents in 1983, resulted in 53 alcohol related fatalities. Each fatality is calculated to cost \$364,000 resulting in a total cost of \$19,295,000. (2)

Selected 1982 Mortality Data (4)

<u>TOTAL DEATHS</u>	<u>ALCOHOL RELATED</u>
---------------------	------------------------

118 - drownings ---	80
56 - suicide -----	45
8 - alcoholism---	8
41 - cirrhosis ---	25
19 - fires -----	10
143 - traffic fat.-	94
54 - homicide ----	44

439	306 (60%)
-----	--------------

Total drug charges filed by Special Metro Drug units have decreased from 1016 in 1977, to 821 in 1978, to 566 in 1980, to 430 in 1981, to 307 in 1982; value of seizures doubled 82-83 and 378 in 1983. (6)

In 1984 there was one liquor outlet for every 211 persons in Alaska aged 19 and older, and one for every 302 people of all ages. (5,8)

*The per capita consumption of absolute alcohol in 1981 Nationally was 2.77 gallons. In Alaska it was 4.10 gallons or 33% higher. (3)

*During the period June '83 to July 84 45% of SOADA clients were referred by the criminal Justice System. (5)

The national rate of suicide was 12.5 per 100,000 persons in 1980. The Alaska rate in that year was 18.17 per 100,000 or 45% higher than the U.S. rate. The specific rates of suicide for males and Natives are considerably at 27.69 36.96 per 100,000 respectively. (3,4)

In 1982 survey of 3,609 Alaskan students grades 7-12 it was found that the level of lifetime experiences with psychoactive drugs was high. This is shown vividly when the rates are compared with results of a national survey of the same age group. (5)

Drug	Alaskan Students	National Students
Marijuana	49.5%	26.7%
Hallucinogens	8.7%	5.2%
Cocaine	18.3%	6.5%
Heroin	2.2%	6.1%
Stimulants	27.2%	6.7%
Depressants	14.3%	5.8%
Tranquilizers	11.5%	4.9%

*In 1983, 42% of all drug arrests were of youth aged less than 18 or 368 out of 871. 323 (88%) were for possession of Marijuana. (6)

*During 1979-83 youth aged 0-20 accounted for 24% of all alcohol related fatalities and 22% of alcohol related accidents while comprising only 2.9% of all licensed drivers. (2)

*55% of all crime in Alaska has been determined to be alcohol related. 21% of FY'82/83 felony court filings were for drug charges. 40% of all non-traffic misdemeanors were for D.W.I. and 10% were for other drug/alcohol charges. (3,7,12)

*33% (6601) of all arrests (20,081) in 1983 were for alcohol related offenses of Driving Under the Influence 22% (4377) Liquor Law 11% (2224). (2,6)

Estimated value of drugs seized during 1983 in Alaska by special drug units was \$4,067,000. (6)

HOW MUCH DO THESE PREVENTION AND TREATMENT EFFORTS COST?

STATE OFFICE OF ALCOHOLISM AND DRUG ABUSE REVENUES FY'84, FY'85 and FY'86

The Alaska constitution is very specific in not allowing revenues the State collects from being designated for a specific use. While there has not been any formal effort to match the funds allocated to SOADA to the amount of alcohol excise tax collected by the State the amounts have correlated closely in recent years.

<u>SOURCE OF REVENUE</u>	<u>FY'84</u>	<u>FY'85</u>
SOADA Administration	\$1,442,200	\$1,374,000
Drug Grants (SGF)	1,550,000	2,080,000
Alcohol Grants (SGF)	9,495,600	10,176,000
Capital	100,000	- 0 -
Capital	-0-	- 0 -
Federal Block Grant	1,504,400	1,504,000
RSA Commissioner's Office	<u>175,000</u>	<u>- 0 -</u>
TOTAL	<u>14,267,200</u>	<u>\$15,136,000</u>

Amount of alcohol excise tax collected.

FY'83	\$10,400,000
FY84	13,000,000
FY'85 (projected)	15,000,000
FY'86 "	15,500,000
FY'87 "	16,000,000

SERVICES BY COMPONENTS

PREVENTION SERVICES

Education & Prevention Services

Includes dissemination of relevant information specifically aimed at increasing the awareness, receptivity and sensitivity of the community and stimulating social action to increase the services provided for people with problems associated with alcohol and other drugs, and activities designed to alter societal conditions and address the needs of potential alcohol and drug abusers before abuse begins and negative consequences occur.

Youth Alternative Programs

- Sitka
- Petersburg
- Ketchikan
- Craig
- Anchorage
- Fairbanks
- Juneau
- TCC Regional
- McGrath
- Aniak
- Yukon Kuskokwim Delta
- Minto
- Tanana
- Aleutian-Pribilof Islands
- Bristol Bay
- Tyonek

Special Projects in Education & Prevention

- Community action workshops in prevention in 10 Native Corporation regions.
- Villager to villager project.
- Data collection on alcohol problems in selected communities.
- Alcohol Awareness Week.
- Youth projects in community programs statewide.
- Here's Looking at You, K-12 alcohol and drug curriculum to 300 schools (45000+ students)
- School suspension counseling program
- Natural Helpers Program
- Prevention Plus Program
- Alcoholism Awareness Campaign
- Betty Ford Dinner
- AVAIL - RuralCap
- Youth Refusal Skills Program

INTERVENTION SERVICES

Projects listed above are designed to address problems of alcohol/other drug abuse early in their development and before addiction or other serious consequences occur. Also includes intervention services to clients needing institutional care.

Employees Assistance Programs

- Employee Assistance Programs - Anchorage, Fairbanks, Juneau, Ketchikan, Mat-Su, Sitka, Kodiak

Student Assist Program

- Homer Schools North Starr Project
- Fairbanks Schools
- Mat-Su Schools
- McGrath/Anvik

Alcohol Safety Action Program (Drunk Drivers)

- | | |
|-------------|--------------|
| - Anchorage | - Kotzebue |
| - Fairbanks | - Dillingham |
| - Juneau | - Bethel |
| - Ketchikan | - Nome |
| - Kenai | - Barrow |
| - Kodiak | - Mat-su |
| - Wrangell | - Petersburg |
| - Seward | |

Corrections Counseling Program

- | | |
|-------------|-------------|
| - Anchorage | - Kenai |
| - Fairbanks | - Ketchikan |
| - Juneau | - Nome |
| | - Mat Su |

TREATMENT SERVICES
URBAN

Treatment Services Description

Combinations of outreach, public education, outpatient diagnosis and treatment, and aftercare are available in all large urban areas of the State. These same services are also found in all rural hub centers and through those programs to the surrounding villages.

Anchorage

- Emergency Service Patrol
- Detoxification 20 Beds
- Inpatient - Charter North
40 Beds (Private, Youth & Adult)
- Intermediate - intensive
 - Youth - 12 Beds
 - Native - 12 Beds
 - Womens - 12 Beds
 - Adult - 49 Beds
- Intermediate - Halfway
Adult - 12 Beds
and Drug Free Counseling
- Outpatient Alcoholism and Drug Abuse
- Methadone detoxification & maintenance
and drug free counseling

Ketchikan

- Intermediate/ Intensive 8 Beds
- Outpatient Alcoholism and Drug Abuse

Kodiak

- Detoxification Service 1 Bed
- Intermediate/Intensive 14 Beds
- Outpatient Alcoholism and Drug Abuse

Sitka

- Inpatient (PHS Hospital) 16 Beds
- Intermediate/ Halfway 16 Beds
- Outpatient Alcoholism
and Drug Abuse

Wasilla

- Long term care 30 Beds
- Outpatient Alcoholism and Drug Abuse

Fairbanks

- Emergency Services Patrol
- Detoxification 10 Beds
- Intermediate Care 20 Beds
- Halfway House 20 Beds
- Outpatient Alcoholism
and Drug Abuse
- Methadone Maintenance/Detox
and Drug Free Counseling

Juneau

- Emergency Service Patrol
- Detoxification 3 Beds
- Intermediate/ Intensive 12 Beds
- Intermediate/ Halfway 21 Beds
- Outpatient Alcoholism
and Drug Abuse

Bethel

- Intermediate/ Intensive 14 Beds
- Outpatient Alcoholism and Drug Abuse
- Rural Village Counselors

Nome

- Intermediate/ Intensive 12 Beds
- Outpatient Alcoholism and Drug Abuse
- Rural Village Counselors

Kotzebue

- Intermediate/ Intensive 9 Beds
- Outpatient Alcoholism and Drug Abuse
- Rural Village Counselors

Kenai

- Outpatient Alcoholism and Drug Abuse

TREATMENT SERVICES RURAL

Each community listed here has at least 1 full time alcohol/drug abuse worker. Many of the above grantees offer services in areas surrounding their specific locations and some of these programs have letters of agreement with Regional Center programs for services not provided by them.

* Village Based Counselor/Education Coordinator supported by State.

** Served on itinerate basis.

*** Position funded by IHS supported by SOADA.

Subregional/Rural Hub Centers/Village Programs

- | | | | |
|------------------------------------|----------------------|--------------------|-----------------------|
| - Norton Sound (Nome) | - SEARHC | - Maniilaq | - Copper River Native |
| - Mat-Su Council on Alcoholism | - Haines* | - Buckland* | - Gulkana** |
| - Seward | - Klukwan* | - Shungnak* | - Copper Center** |
| - TCC-Tok | - Hoonah* | - Selawik* | - Glenallen** |
| - Dot Lake*** | - Angoon* | - Noorvik* | - Chitina** |
| - Tanacross*** | - Hydaburg* | - Kobuk* | - Cantwell** |
| - Northway*** | - Skagway* | - Noatak* | - Paxson** |
| - Eagle*** | - Kake* | - Kivalina* | - McGrath |
| - Tetlin*** | - Yukon-Kuskokwim HC | - Point Hope* | - Anvik** |
| - Petersburg# | - Mountain Village* | - Ambler* | - Holy Cross** |
| - Wrangell | - Hooper Bay* | - Deering* | - Grayling** |
| - Aleutian Pribilof Islands Assoc. | - Mekoryuk* | - Kiana* | - Sageluk** |
| - St. Paul*** | - Toksook Bay* | - Bristol Bay H.C. | - Nikolai** |
| - Dutch Harbor* | - Nunapitchuk* | - Point Heiden* | - Telida** |
| - Sand Point* | - Napaskiak* | - Goodnews Bay** | - Takonta** |
| - False Pass** | - Akiachak* | - Togiak** | - Ft. Yukon |
| - Cold Bay** | - Akiak* | - Platinum** | - Circle** |
| - Akutan** | - Quinhagak* | - Aleknogik** | - Arctic Village** |
| - Ketchikan | - Alakanuk* | - Manokotak** | - Beaver** |
| - Craig* | - Kwethluk* | - Ekwok** | - Birch Creek** |
| - Klawock* | - Atmautluak* | - Portage Creek** | - Chalkyitsik** |
| - Cordova | - Kasigluk* | - Clark's Point** | - Venetie** |
| - Yakutat | - Pilot Station* | - Ekuk** | - South Katchmak |
| - North Slope (Barrow) | - Tununak* | - Koliganek** | - Seldovia*** |
| - North Pacific Rim | - Pitkes Point* | - New Stuyahok** | - Pt. Graham*** |
| - Chenega** | - St. Marys* | - King Salmon** | - English Bay*** |
| - Tatitlek** | - Emmonak* | - Naknek** | |
| - Valdez | - Chevak/Scammon Bay | - S. Naknek** | |
| | - Kuskokwim Native | - Illiamna** | |
| | - Chuathbaluk** | - Pedro Bay** | |
| | - Stony River** | | |
| | - Crooked Creek** | | |
| | - Red Devil** | | |
| | - Lime Village** | | |
| | - Aniak** | | |
| | - Upper Kalskag** | | |
| | - Lower Kalskag** | | |
| | - Sleetmute** | | |

SUPPORT SERVICES/ADMINISTRATION

Regional Training Offices - Counselor Certification & Coordination

- Fairbanks
- Bethel
- Sitka
- Community College Courses

Special Training Projects - Statewide

- Annual Summer School
- Justice Treatment Interface
- Alcohol/Drug Abuse Prevention Symposium
- Cocaine Conference
- Children of Alcoholics Conference
- Statewide Teleconference (monthly)

Training Courses - Counselor Certification

- Basic and advanced levels, statewide
- Counselor Certification Manual
- Counselor Certification testing

Training & Research Projects

The projects listed above are FY '84 services funded from SOADA's grants component. Co-training of allied service providers and interagency grants have been available through coordination with the Village Public Safety Officer Programs, Community Health Representatives and Health Aids, The Family Violence Program, and other service providers.

Evaluation

- Management Information System development - automated client and program activity tracking system.
 - Follow-up study of alcohol treatment program clients to determine outcomes of treatment services in Anchorage, Fairbanks, and Juneau.
 - Ongoing outcome study of the Alcohol Safety Action Program (ASAP) which follows rearrest rates for problem drinking and non-problem drinking ASAP clients.
 - Study of the villages utilizing Title 4, option to change the status of alcohol availability. Focusing on social, criminal and health outcomes from the change.
- Alaska licit and illicit drug availability study

Evaluation Projects

The SOADA's Administration component provides funds for the above-described projects.

SUPPORT SERVICES/ADMINISTRATION

Basic Support Services

The SOADA's Administrative Component provides for all staff administrative and technical activity for three functional units of the central office (physically in two offices). The office provides all fiscal and quality control and accountability as well as support services to direct service providers.

(Juneau Office)

Administrative Unit (Fiscal Control)

- State Office Budgeting & Administration
- Grants/Contracts Administration
- Clerical Support
- Fiscal audit of each project every two years

Policy and Program Development

- Planning/Program Development
- Research and Coordination
- Information Systems
- Substance abuse awareness activities

(Anchorage Office)

Field Operations Unit (Quality Control)

- Monitoring
- Technical Assistance
- Training
- Annual on-site evaluation of each project

CLIENT DATA

TOTAL CLIENTS SERVED BY PROGRAMS

Of the Statewide total of 10,335 clients seen from July 1, 1983 through June 1 1984, 9,849 received services in only one program during the period; i.e., a 95.3% unduplicated client count. Numbers are listed by community that serves as the administrative or treatment facility base but clients are drawn from traditional service areas.

Juneau	863
Ketchikan	381
Metlakatla	79
Petersburg	65
Sitka	326
SEARHC/Rural Southeast	117
Wrangell	207
Yakutat	<u>11</u>

SOUTHEAST REGION 2049

Anchorage	3,056
Bethel	830
Kenai	387
Copper River/Copper Center	84
Kodiak	401
Kuskokwim Native/Aniak	45
Mat-Su/Wasilla	457
NSHC/Nome	239
Nugen's Ranch/Wasilla	112
Seward	168
Valdez	109
So. Kachemak	70
Aleutian-Pribilof	51
Yukon-Kuskokwim Health Corp.	88
Dillingham	<u>122</u>

SOUTHCENTRAL REGION 6,290

Barrow	137
Fairbanks	1,329
Galena	44
McGrath	19
Kotzebue	220
Ft. Yukon	40
Tok	53
KILA, Inc.	<u>154</u>

NORTHERN REGION 1,996

STATEWIDE TOTAL 10,335

SUBSTANCE ABUSE TREATMENT CLIENTS: July 1, 1983 to June 30, 1984

About 75% of all admissions were males, and about 25% were females. This 3 to 1 ratio of males to females was consistent throughout the State. By comparison, the composition of the total State resident population, was 54% male and 46% female.

Total Clients by Sex.

	Male	%	Female	%	TOTAL
1. Statewide	9616	75%	3267	25%	12,883
2. Southeast	1759	74%	621	26%	2,380
3. Southcentral	5615	75%	1901	25%	7,516
4. Northern	2242	75%	745	25%	2,987

Approximately 45% of the client population was composed of Alaska Natives (Eskimo, Aleut, Tlingit, Haida, Athabascan, and American Indians) about 50% of the clients were White and 2% were Black. These percentages reflect client population composition on a Statewide basis, there was considerable variation in the racial/ethnic composition of the clientele on a regional basis. This corresponds to the distribution of the various racial/ethnic groups across the State.

Total Admissions by Race/Ethnicity.

	Caucasian	Alaska Indian	Eskimo	Black	Other	Total
1. Statewide	6419 50%	3129 24%	2690 21%	205 2%	435 3%	12878
2. Southeast	1184 50%	1048 44%	14 1%	11 1%	120 4%	2377
3. Southcentral	3999 53%	1062 14%	2093 28%	160 2%	215 3%	7529
4. Northern	1236 35%	1619 45%	583 16%	34 1%	100 3%	3572

It appears from this data that Alaska Natives are significantly over-represented (44%) in the client population of alcoholism and drug treatment relative to their representation (20%) in the State's total resident population.

During this period 72% of the clients were between the ages of 18 to 40, whereas only 43% of the State's resident population falls into this age classification. About 3% of the client population was aged 61 years and older, while at the other end of the age scale 6% of the client population was in the 17 years and younger age group.

Total Clients by Age.

	17 & Under	18-25	26-40	41-60	61+
1. Statewide	739 6%	3382 26%	5973 46%	2427 19%	325 3%
2. Southeast	176 7%	761 32%	955 40%	414 17%	55 4%
3. Southcentral	417 6%	1935 26%	3569 47%	1386 18%	182 3%
4. Northern	146 5%	686 23%	1449 48%	627 21%	88 3%

Based upon 12,479 admissions for which legal status was determined at admission it appears that approximately 45% of admissions are as the result of involvement with the Alaska legal system. Further 38% of those admitted had been or were incarcerated immediately prior to treatment.

Admissions by Legal Status Statewide.

NO Involvement	Deferred Prosecution	Sentance Deferred	Probation Parole	Furlough Rehab./Leave
4,605 37%	404 3%	696 6%	3,849 31%	135 1%

Involuntary Commitment	Incarcerated	Status Unknown	Total
117 1%	332 3%	2,344 18%	12,479 100%

RESEARCH

Alcoholism Treatment and Client Functioning Follow-Up Study

Anchorage Fairbanks Juneau

Inpatient - Outpatient

This agency received a substantial increase in funding in FY 81 with a mandate that considerable emphasis be placed upon program evaluation. This study represents an important part of our effort to evaluate the effectiveness of treatment services. In total the findings of the study are quite positive in that client functioning does improve as a direct result of treatment. Additionally this study poses new challenges for persons managing alcoholism and drug abuse treatment programs in Alaska. Sub groups of the researched population had differing rates of recovery.

The contents of this study have already been presented to administration officials and to the staff at the three treatment centers that participated in the study by Dennis Kelso, Ph. D. Additionally, Governor Bill Sheffield and Commissioner John Pugh released the study at a press conference in Juneau in December, 1984.

In the coming months I am hopeful that we will have additional opportunities to discuss this study with many concerned individuals like yourself, and to use these findings to continue to improve upon the quality of care we offer through our programs.

**SUMMARY OF INDICATORS OF CLIENT FUNCTIONING
FOR INPATIENT/RESIDENTIAL AND OUTPATIENT TREATMENT**

Client Functioning Indicators	Inpatient/Residential Treatment Clients (276)		Outpatient Treatment Clients (220)	
	Before	After ^a	Before	After ^b
Abstinence				
None	59%	25%	60%	46%
1-6 Months	41%	75%	40%	54%
All 6 Months	0	21%	4%	16%
Month 6	0	44%	14%	31%
Alcohol Consequences Associated with Drinking Composite Scale ^c				
0-11	17%	49%	31%	43%
12-16	33%	12%	25%	17%
17-20	26%	20%	20%	19%
21 +	24%	19%	24%	21%
Employment Status				
Weeks Employed:				
None	35%	45%	9%	13%
1-12	20%	20%	8%	14%
13-25	19%	18%	17%	24%
26	26%	17%	66%	49%
General Health				
Poor	24%	10%	3%	4%
Fair	32%	24%	13%	12%
Good	33%	39%	55%	46%
Very Good	11%	27%	29%	38%
Psychological Disposition				
Anxiety Scale	16.2	13.2	12.2	11.0
Depression Scale	16.4	13.4	12.8	11.2
Overnight Stay in Hospital	21%	15%	9%	6%
Accident Involvement	31%	17%	31%	18%
Public Agency Contacts				
Criminal Justice System	49%	35%	78%	30%
Social Services	55%	59%	34%	36%
Medical/Health Care	59%	59%	44%	44%
Social Conflicts	53%	34%	37%	25%
Criminal Arrests (ever)	41% (84%)	27% (N/A)	68% (92%)	18% (N/A)
Other Treatment Episodes				
Detox	44%	24%	13%	6%
Formal Agency	13%	34%	9%	(N/A)
Alcoholics Anonymous (Any Treatment Ever)	48% (82%)	70% (N/A)	23% (66%)	36% (N/A)

^a Six months after inpatient treatment discharge/termination.

^b Six months after admission to outpatient treatment.

^c Drinking Consequences Composite scale composed of measures of physical impairment, behavioral impairment, police problems and accidents, job problems, job consequences, health worries, loss of control, and problems with relationships.

BRIEF PROGRAM OVERVIEWS WITH DESCRIPTION OF SERVICES

FY85 ALCOHOLISM AND DRUG ABUSE GRANTS

PROGRAM	BRIEF DESCRIPTION	FUNDING	
		SOURCE	FY 84 FY 85
Tanana Chiefs Conference 1st & Hall Streets Doyon Building Fairbanks, AK. 99701	The TCC Regional Prevention Project provides information, education, and preventive services in the northern region. This year the project is divided into five separate program components: Youth Prevention, Broadcast Services, Fetal Alcohol Syndrome Prevention, Village Local Option Support, and Provider Conferences.	Drug	\$150,000 \$150,000
Fairbanks School District P.O. Box 1250 Fairbanks, AK. 99707	This program will implement the "Here's Looking at You Two" comprehensive drug/alcohol curriculum in the Fairbanks North Star School District. The groups which will be specifically targeted for instruction are Junior High School students, their teachers and their parents.	Drug	\$10,000 - 0 -
Craig Youth Center Box 148 Craig, Alaska 99921	The Craig Youth Center offers its services to all area youth from ages 6-18 years of age. The specific service components offered are as follows: Structured and recreational activities; educational information to all area youths identified as "at risk" concerning alternatives to substance abuse; improved parenting skills presentations to youth and their families community awareness presentations targeted to community members and parents of youth.	Drug	\$35,000 \$375,000
Anchorage Behavioral Hlth. Treatment Center 825 L Street Pouch 6-650 Anchorage, Alaska 99502	Through various sub-contracts the municipality provides the following drug abuse services: outpatient detox, methadone maintenance, drug-free counseling, intermediate care, residential drug-free therapeutic community, information/education, youth outpatient, youth residential treatment.	Drug	\$647,500 \$889,500
NCA - Juneau 147 S. Franklin Juneau, Alaska 99801	Provides a drug abuse prevention specialist for the school-age youth of Juneau to deliver prevention/ education, intervention and outreach services. Also provides individual, vocational and educational counseling, and Alaska Safety Action (ASAP) services.	Drug	\$56,000 \$123,573

			<u>FY 84</u>	<u>FY 85</u>
KILA, Inc. 3098 Airport Way Fairbanks, AK. 99574	Provides outpatient detox, methadone maintenance, outpatient drug free counseling, prevention education in Fairbanks area. Specially targeted groups are abusers of heroin, amphetamines and barbituates.	Drug	\$210,000	\$237,400
Fairbanks Native Assoc. Youth Alternatives to Drug Abuse 950 Cowles Fairbanks, AK. 99701	Provides prevention and education information regarding drug abuse to Fairbanks youth through a variety of delivery settings. Maintains drop-in center and provides drug-free recreation alternatives in 5 low income housing projects.	Drug	\$120,000	\$128,165
Ketchikan Youth Services Box 7202 Ketchikan, AK. 99901	KYS provides drug abuse prevention/education, information/referral and alternative activities for youth. Also maintains operation of youth drop-in center and related youth activities.	Drug	\$155,000	\$157,494
Petersburg Youth Program, Inc. 212 Indian Street Petersburg, AK. 99833	Operates a drop-in center and provides special drug-free alternative activities and academic tutoring to high risk youth. Provides drug-abuse prevention information for area community and schools.	Drug	\$ 89,000	\$ 89,000
Sitka Teen Service Box 1714 Sitka, AK. 99835	Provides drug abuse prevention education through drug-free recreational alternatives and skill development to youth ages 13-19 in Sitka.	Drug	\$ 77,500	\$ 80,000

<u>PROGRAM</u>	<u>DESCRIPTION</u>	<u>Funding Source</u>	<u>FY 84</u>	<u>FY 85</u>
Alaska Council on the Prevention of Alcohol and Drug Abuse 7521 Old Seward Hwy, Suite A (Statewide)	The ACOPADA provides statewide prevention services via several programs. The "Here's Looking at You" alcohol education curriculum implementation project has been on going for three years and the evaluation continues each year. This project will be continued as well as Media and Alcohol Awareness Week efforts. The ACOPADA will also continue to provide technical assistance, materials, speakers, and public information as requested by other programs, groups or the general public on a staff/material available basis. Assistance to Employee Assistance programs will also be continued.	Alcohol	\$800,000	\$918,343
Anchorage Behavioral Health Treatment System 825 L Street Anchorage, AK. 99502	Provides for delivery of alcohol services in Anchorage through sub-contracts for the following services components: emergency care, outreach, intermediate care, outpatient care, aftercare, ASAP and justice system services, corrections services, corrections, information and education. Target groups include women, youth, parents of abused or neglected children, convicted OMVI offenders, alcohol abusers, chronic public inebriates, elderly and employed persons. (See back pages for list of subcontractors.)	Alcohol	\$2,900,000	\$2,950,000
Aleutian/Pribilof Islands Assoc. Inc. 1689 C Street Anchorage, Alaska 99501	A/PIA is also providing training, travel and associated costs for one community paraprofessional from each community in the region. The trained individuals will return to their homes and provide outreach, consultation and education services to individuals, families and the community. A/PIA also will provide for referral and transportation services from the Chain to Anchorage for individuals suffering from acute problems related to alcohol abuse and in need of emergency treatment.	Alcohol	111,100	\$100,000

		<u>Funding Source</u>	<u>FY 84</u>	<u>FY 85</u>
North Pacific Rim 903 W. Northern Lights Blvd. Suite 203 Anchorage, Alaska 99503-2496	Provides community organization activities based on the community identified needs. Prevention of substance abuse using community developed strategies.	Alcohol	- 0 -	\$ 10,000
Barrow Alcohol Program P.O. Box 69 Barrow, Alaska 99723	Services include alcohol education, information and referral, EAP coordination and prevention, outpatient, aftercare counseling, ASAP and justice system services.	Alcohol	\$205,000	\$250,000
Ikayugtut, Inc. P.O. Box 730 Barrow, Alaska 99723	Services - include outpatient counseling services, aftercare, consultation, treatment, family therapy.	Alcohol	- 0 -	\$ 8,000
Bristol Bay Area Health Corporation Box 10235 Dillingham, Alaska 99575	Provides service to 22 villages and the City of Dillingham in the form of outpatient counseling, follow-up, outreach, aftercare, ASAP and justice system services, referral, alcohol information school, information education and prevention.	Alcohol	\$160,000	\$205,600
Center for Alcohol & Addiction Studies U of A 3211 Providence Avenue Anchorage, Alaska 99504	Provides quality control for Level I and II counselor certification training, curriculum orientations to residential trainers. Also provides specialized training to subcontractors, publishes a resource catalog of certification training materials, and conducts Annual School of Alcohol and Addiction Studies. Conducts special research projects.	Alcohol	\$84,000	\$840,000
Chevak Alcoholism Program Box 6083 Chevak, Alaska 94563	Community education, individual, group and family counseling, crisis intervention, mental health and public health Antabuse Program, out-patient treatment, after care, outreach, prevention.	Alcohol	- 0 -	\$ 57,000

		Funding		
		<u>Level</u>	<u>FY 84</u>	<u>FY 85</u>
Cook Inlet Council on Alcoholism Benco Building Kenai, Alaska 99611	Program includes ASAP and justice services, outpatient, aftercare, information/education, and youth alternative services. Serves both Homer, Kenai and Tyonek areas with emphasis on youth, women, misdemeanor/felony offenders.	Alcohol	\$180,000	\$303,000
Copper River Native Assoc. Human Services Division Copper Center, Ak. 99573	Copper River Native Association offers alcoholism services such as: Outpatient counseling, referral, outreach aftercare, OMVI, information/education and crisis intervention. Eight villages are served by the program in the Copper River area.	Alcohol	\$83,000	\$ 88,810
Cordova Community Services Community Hospital Cordova, AK. 99574	Provides information, counseling, consultation, education outpatient treatment, aftercare, outreach and prevention education consultation.	Alcohol	\$45,000	\$ 58,000
Fairbanks Native Assoc. Comprehensive Alcoholism Program First & Hall Doyon Building Fairbanks, AK. 99701	Provides comprehensive alcoholism services such as: Emergency care, detox, short-term intermediate care, halfway house for men and women, ASAP and justice system services, outpatient, aftercare, outpatient counseling and education prevention services for Fairbanks area.	Alcohol	\$950,000	\$1,107,40
Galena Alcoholism Program P.O. Box 17 Galena, Alaska 99741	Provides outpatient counseling, aftercare, family therapy outreach, prevention education, consultation to residents of Galena.	Alcohol	\$54,000	\$ 54,000
Juneau Alcoholism & Drug Abuse Central Agency 210 Admiral Way Juneau, AK. 99801	The program provides comprehensive services such as emergency care, inpatient care, intermediate and long-term care, outreach, outpatient, aftercare, ASAP and justice system services, and prevention education to entire Juneau community. Prevention activities are aimed primarily at youth.	Alcohol	\$675,000	\$ 700,000

		<u>Funding Source</u>	<u>FY 84</u>	<u>FY 85</u>
Ketchikan Comprehensive Alcoholism Program 3131 Tongass Ketchikan, Alaska 99901	Program provides intermediate care services, emergency care, outpatient, outreach, aftercare, referral, quarterway, halfway house, prevention education, ASAP and justice system services, and employees assistance program.	Alcohol	\$265,000	\$ 350,800
Kodiak Council on Alcoholism Box 497 Kodiak, Alaska 99615	Provides intermediate care, outpatient counseling individual and group), family counseling, information and education diagnostic screening and referral, alcohol information school and ASAP and justice system services.	Alcohol	\$265,000	\$ 308,000
Kuskokwim Native Assoc. Alcohol Abuse Awareness Program P.O. Box 106 Aniak, Alaska 99557	Provides alcoholism services for 11 villages served by corporation. Services include education/prevention, emergency services assessment and referral, outpatient program, alcohol abuse groups, aftercare/follow-up and support services. Services to the villages are provided on an itinerant basis to everyone with special targeting of episodic binge drinkers, chronic drinkers, women ages 14-30 and parents of abused or neglected children.	Alcohol	\$92,000	\$100,000
Mat-Su Council on Alcohol- and Drug Abuse Wasilla Business Park Box 656 Wasilla, Alaska 99687	Mat-Su Council offers outpatient counseling, aftercare, information, referral, ASAP and justice system services, alcohol information school, and outreach to residents of Mat-Su Valley.	Alcohol	\$180,000	\$272,300
Northwest Regional Alcohol- ism Program Manilaq Association P.O. Box 256 Kotzebue, Alaska 99752	Services - Emergency care, outreach, outpatient care, aftercare, alternatives, residential treatment, prevention education and referral in surrounding villages.	Alcohol	\$553,600	\$700,700
McGrath-Anvik Mental Health and Drug Abuse Box 16 F McGrath, AK 99627	Community Education, individual and group counseling, crisis intervention, outpatient, aftercare, outreach, prevention and Mental Health Services.	Alcohol	\$ 85,000	\$100,000

		<u>Funding Source</u>	<u>FY 84</u>	<u>FY 85</u>
Norton Sound Health Corp. Comprehensive Alcoholism Program P.O. Box 966 Nome, Alaska 99762	Serves Norton Sound area by delivering the following services: emergency detox, individual family group, outpatient, outreach, aftercare information, ASAP and justice system services, prevention/education and intermediate care. Specially targets women, youth, misdemeanor offenders and public inebriates.	Alcohol	\$500,000	\$629,000
Inter-Cap Box 00349 Nenana, Alaska 99760	Inter-Cap will provide a comprehensive and unique alcohol training curriculum. This training will provide Rural Alaska Natives with a community-based, culturally relevant prevention and treatment approach to alcoholism; coupled with college degrees and a working relationship with parent communities, we will begin to answer the documented needs of Rural Alaska.	Alcohol	- 0 -	\$ 19,890
Petersburg Council on Alcoholism 215 Indian Street Petersburg, AK. 99833	This program provides outpatient and group counseling, aftercare and outreach services to the community of Petersburg and residents of Mitkof Island as well as prevention education, ASAP and justice system services, information/referral, drop-in center.	Alcohol	\$71,000	\$ 81,000
Phillip Alcoholism Treatment Center PACT Building Box 388 Bethel, Alaska 99559	Provides services to Bethel areas that include: intermediate care, outpatient, outreach, aftercare, prevention education, misdemeanor/felony diversion and ASAP justice system services. Specially targets youth and chronic public inebriates.	Alcohol	\$575,000	\$621,000
Rural Alaska Community Action Program (Rural CAP) 327 Eagle Street Anchorage, AK. 99501 (Statewide)	Coordinates a community run, school based cultural heritage program for emphasizing that it is "good to be Native". Also provides technical support to AVAIL and publishes a statewide newsletter and operates a tele-conference series for village based counselors.	Alcohol	\$100,000	\$ 83,000

		<u>Funding</u> <u>Source</u>	<u>.. 84</u>	<u>FY 85</u>
Seward Life Action Council 502 Adams Street Seward, Alaska 99664	Operates alcohol program services in combination with mental health program. Services include emergency care, outpatient, outreach, aftercare, ASAP and justice system services, information and referral, detox and recover, and prevention education for community of Seward.	Alcohol	\$100,000	\$123,000
Sitka Council on Alcoholism and Other Drug Abuse 100 Katlian Street Sitka, Alaska 99835	Sitka Council provides a comprehensive alcoholism program which consists of an inpatient unit, intermediate care, outpatient, outreach, emergency care, aftercare, community information education, and ASAP and justice system services. Special target groups are women, youth, public inebriates and OMVI offenders.	Alcohol	\$350,000	\$415,600
Southeast Alaska Regional Health Corporation 2055 Jordan Avenue Juneau, Alaska 99803	Will provide education, referral and outpatient services in 7 villages. Target groups are youth, women, families, children and elderly in villages. Information and referral, crisis intervention, individual and group outpatient counseling, aftercare and family counseling.	Alcohol	\$160,000	\$160,000
South Kachemak, Inc. P.O. Box 197 Seldovia, AK. 99663	Provides for travel for counselors from Port Graham and English Bay to Seldovia for training meetings. Also for supervisor's travel to communities and travel for board members to meetings. Program services currently funded by Indian Health Service.	Alcohol	\$7,000	\$ 10,000
Upper Tanana Regional Alcoholism Program Box 155 Tok, Alaska 99780	Provides alcoholism treatment services to the populations of Tok, Tanacross, Tetlin, Dot Lake and Eagle. Services offered are outreach, outpatient, counseling, ASAP and justice system services, education and prevention, aftercare, and follow-up.	Alcohol	\$50,000	\$ 52,500
Upper Yukon Behavioral Health Project TCC/Ft. Yukon Doyon Building Fairbanks, AK. 99701	Provides alcohol and mental health services for the community of Ft. Yukon and surrounding villages. Service delivery includes outpatient, aftercare and prevention education, outreach and referral.	Alcohol	\$78,000	\$ 81,900

		<u>Funding Source</u>	<u>FY 84</u>	<u>FY 85</u>
Valdez Counseling Center P.O. Box 307 Valdez, Alaska 99686	Program services are offered in a combined mental health program. Provides outpatient, outreach and aftercare, prevention/education, and ASAP and justice system services. Special target groups are misdemeanor/felony offenders, OMVI and family violence and youth.	Alcohol	\$45,000	\$ 67,000
Wrangell Council on Alcoholism and Related Drug Abuse 216 Front Street Wrangell, AK. 99929	Provides information and referral, individual and group outpatient, aftercare, outreach, family counseling, Driver Alcohol Information School (DAIS), Alcohol Information School (AIS), youth education, emergency care, employee assistance and prevention education.	Alcohol	\$67,000	\$ 75,000
Yakutat Alcoholism Program Box 6 Yakutat, Alaska 99689	Program offers outpatient counseling, information, referral and alternative activities primarily to reach youth, women, public inebriates and accident victims in the Yakutat community.	Alcohol	\$40,000	\$ 42,000
Yukon-Kuskowim Health Corp. P.O. Box 528 Bethel, Alaska 99559	Operates a program utilizing a group of village based counselors to provide alcoholism information and education, and limited counseling to residents of the Yukon-Kuskokwim Delta. Incorporates early intervention, referral, outpatient, prevention, and education services.	Alcohol	\$285,000	\$285,000
Fairbanks Native Assoc. Northern Regional Training Program 950 Cowles Avenue Fairbanks, Alaska 99701	Provide level I and level II counselor certification training, plan technical assistance, internship program, specialized and education to community.	Alcohol	\$80,000	\$102,000
Alaska S.E. Regional Training Program ASERT Box 963 Sitka, Alaska 99835	Provide level I and level II counselor certification training, plan technical assistance, internship program, specialized and education to community.	Alcohol	\$80,000	\$102,000

		<u>Funding Source</u>	<u>FY 84</u>	<u>FY 85</u>
Southwestern Regional Training Project Box 528 Bethel, Alaska 99559	Provides level I and level II counselor certification training, plan technical assistance, internship program, specialized training and education to community.	Alcohol	\$114,000	\$114,000
Nugens Ranch Box 1545 Wasilla, Alaska 99687	Provide approximately 35 beds in a ranch setting which will allow treatment through work therapy, individual and group therapy, recreation therapy, nutritious foods, medical supervision and daily experience in group living. Also daily AA meetings. This facility is for the long term care and rehabilitation of those who are the most severely affected by alcohol abuse.	Alcohol	\$550,000	\$550,000
*Municipality of Anchorage Sub-contracts				
Akeela House, Inc.	Provides 45 adult residential treatment beds for substance abusers and provides adult outpatient counseling. Also provides outpatient counseling to youth and women as specific target groups.			
Narcotic Drug Treatment Center	Provides outpatient detoxification, methadone maintenance, and outpatient substance abuse treatment to adults.			
Volunteers of America	Provides a residential substance abuse treatment program for youth ages 12 to 16.			
Salvation Army	Provides community service patrol, detoxification services <u>20 beds</u> , substance abuse service in two Anchorage correctional facilities, women's residential program <u>12 beds</u> , <u>30</u> intermediate care treatment beds, transitional residential care unit (halfway house) and outpatient adult treatment.			
Cook Inlet Native Assoc.	Provides special outreach efforts in the Native community and provides 10 intermediate care beds in Eklutna.			

INMATE SUBSTANCE ABUSE PROGRAMS

A multitude of data implicates substance abuse as a major factor in the high rate of criminal recidivism. This new program attempts to reduce multiple incarcerations by treating individuals during the last part of their sentence and during their parole. A combined counseling and chemotherapy program is used.

Cooperative Agreement with Department of Corrections

It will be our joint policy to provide substance abuse treatment programs in all adult correctional facilities in Alaska. Programs shall be operated in conformance with established statutes, regulations and policies of both agencies.

Participating Grantees

*FY 85 SOADA Funds
**FY 85 Corrections Funds

Ketchikan Comprehensive Alcoholism Program		18,302*
Fairbanks Native Association		60,000*
Mat-Su Council on Alcoholism		28,273*
Cook Inlet Council on Alcoholism		27,491*
Bethel (PATC)		48,398*
Salvation Army	273922	225,524**
Southeast Regional Resource		32,003**
Norton Sound Health Corporation		17,298

NEW RURAL YOUTH INITITIVE

SOADA has funded youth inititives as alternatives to substance abuse for many years in Southeast and Southcentral Alaska. Last year the inititives were expanded to the northern and western regions of the state. Programs are preventive in structure and content.

Rural Youth Programs (established by Legislative Intent) in FY 85

Services - Structured and recreational activities will be offered to all area youth between the ages of 6-18. Consultative and educational information will be targeted to all area youths identified as "at risk" concerning alternatives to substance abuse.

<u>Program Providers</u>	<u>Funding Source</u>	<u>FY 85 Funding</u>
Kuskokwim Native Association	Drug	20,000
Aleutian Pribilof Islands Association	Drug	38,000
Yukon Kuskokwim Health Corporation	Drug	23,750
Bristol Bay Area Health Corporation	Drug	44,500
Cook Inlet Council on Alcoholism	Drug	24,000
Village of Minto	Drug	32,000
McGrath-Anvik Alcoholism	Drug	36,113
City of Tanana	Drug	26,000

References

1. Division of Adult Corrections - Information from Corrections Master Plan Data Base utilized in making determinations of alcohol related crime rates and identifying inmate population.
2. Department of Highway Safety - Total accidents including mortality, personal injury and property loss and ratio of alcohol relatedness.
3. National Institute of Alcoholism & Drug Abuse - "Alcohol and Health" Information regarding the ill-health effects of alcoholism such as increased risk of mortality.
4. Department of Health and Social Services - Division of Vital Statistics Death statistics for selected causes.
5. State Office of Alcoholism and Drug Abuse - General documentation and unpublished research on Alcohol and Violence.
6. Department of Public Safety - Annual Drug Reports
7. Alaska Judicial Council - Felony Sentencing Data.
8. Alcohol Beverage Control Board - Total gallonage consumed by Alaskans.



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Alaskan Bush Justice: Legal Centralism Confronts
Social Science Research and Village Alaska

by

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Paper delivered at the IUAES Commission on
Contemporary Folk Law Meeting/Symposium
Bellagio, Lake Como, Italy

September, 1981

Revised September, 1982

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Research discussed in this paper funded by Law and Social Science Program, National Science Foundation; the Ford Foundation; National Institute on Alcohol Abuse and Alcoholism; Alaska State Court System; Law Enforcement Assistance Administration; and University of Alaska. The author remains entirely responsible for conclusions expressed in this paper.

The Environment for Research

In 1970 the Chief Justice of the Alaska State Supreme Court sought to adjust the state justice process to the needs of village Alaska¹ through a process of team research by a lawyer and an anthropologist which he hoped would lead to an agenda for reform. Justice Boney spoke of reforms which acknowledged the local village role in the legal process. He influenced the conclusions of Alaska's first Bush Justice Conference that "the locus of decision making in the administration of justice in village Alaska must move closer to the village," and its calls for "greater Native participation at all levels of the administration of justice" (Alaska Judicial Council, Bush Justice Conference, 1970:2).

The conference stated that "strengthening of village councils is central to the administration of justice in remote Alaska" (Id:2).

Professional justice was also to be improved. Trials were to be held in more rural locations, police and judicial travel budgets were to be increased, and education and recruitment of Natives in each justice bureaucracy was to be accomplished.

It suggested that "(T)he cultural context and impact of judicial administration must be thoroughly understood by all involved in the system of bush justice" (Id:4).

Court arraignments were to be conducted in Native languages and bilingual attorneys or para-professionals were to be recruited (Id:6). That an act was committed pursuant to Native

custom was to be considered as a mitigating factor in sentencing (Id:6).

The University of Alaska was requested to establish an institute to train legal personnel in both rural and urban areas in Native culture and languages (Id:3). The University, state administration and judicial council were to initiate programs of research concerning such areas as the character and processes of village law-making, judicial administration and law enforcement" (Id:5).

This last recommendation is particularly important because it led to my invitation to join the University of Alaska.

These reforms of bush justice were in turn to be implanted in an environment hostile to local innovation or dispersal of power to villages.

The constitution established a centralized court system (with no pockets of local autonomy such as county courts); a Department of Public Safety; a Division of Corrections within the Department of Health and Social Services; a Department of Law; and a state Public Defender Agency. Each of the latter agencies were headed by appointees of the governor. These state agencies had some limited competition from incorporated cities and organized boroughs. But in bush Alaska, it is fair to say that they had free reign over the local level and quality of service.

State agency heads sat on the Governor's Commission for the Administration of Justice headed by Chief Justice Boney. State

law and order money was directed to state agencies not local communities.

Village Alaska had Native representation but no strong advocate for federal dollars.²

The era was marked by the conclusion of the Native land claims debate. The settlement resulted in a prolonged process of land selection and distribution of funds among regional corporations in Alaska. Native legislators did not focus upon bush justice issues in village Alaska. Regionalization was the byword of Native political organization (Conn and Garber, 1981).

With Boney's untimely death in 1972, the impetus for direction of the justice system and content passed back to the discrete departments charged with policing, prosecution, defense and corrections and their professional administration. Continuation of meetings of the Governor's Commission was for little more than a mutual division of the federal spoils.

Villages were to remain legal colonies, subject arbitrarily to either inadequate police assistance or, in other cases, gross overpolicing. Neither village autonomy nor professional service improved. The relationship between village and state law suffered.

For the researcher, then, an evaluation of his role in this process must include very serious professional soul searching. Did his emphasis upon cultural adaptation understate and conceal the political imperatives which dictated the allocation of

resources throughout the period? Did "cultural difference" provide the excuse for justice decision makers to avoid hard decisions within their own realm? Did some spurious allegiance to village autonomy and its local law provide a continuing justification for inadequate state intervention to deal with violent crime?

What is the bush justice system in Alaska?

It is a constitutional scheme of rule making, law enforcement, adjudication, defense and correctional activity which feeds through separate and highly centralized bureaucratic channels from urban Alaska to small towns. From small towns fledgling governmental services flow to networks of rural villages. These 150 villages of 300 persons on the average are predominantly Eskimo or Indian. Village legal connections with the towns are formed in some instances by paraprofessional judges, police or ex-official bodies such as village councils who report some serious cases to state field operatives in towns.³ More often connections are triggered by reports of serious crime and removal of offenders and victims to towns by the appropriate agencies.

In Eskimo village society all law jobs and institutions have been designated by whites. Villagers, however, implemented and developed them. Thus although the "state legal system" and the "village legal system" are both white creations from their inception, each has a differing ongoing creative core. No Eskimo person in Alaska would suggest that village justice systems were constructed to handle all matters serious and unserious; they are

components of the state system whether the state system chooses to acknowledge it or not.

Those with deepest involvement in matters of bush justice must be divided into three camps.

The first camp is that of the legal professionals. They may be divided into policy makers at the top and field operatives at the bottom. At the top of the supreme court is the chief justice, a man deeply concerned with the ideology of due process.⁴ He is particularly concerned with the image of his court. His lieutenant, the administrator of the state court system, is concerned with the health and welfare of his own growing bureaucracy and its competence as measured by the legislature, by practicing attorneys and by high court judges. Their counterparts in the Department of Law are the attorney general and the chief prosecuting attorney. The chief public defender combines the ideological and administrative perspectives.

Field operatives represent the agency in town locations which serve as service centers. A single corrections officer in the town of Bethel, for example, provides juvenile intake and disposition, probation, parole and, presentence reports for convicted felons for a region about the size of the state of Oregon, with 57 villages and 29,000 persons. The town's public defender and assistant district attorney each have the same position within their own bureaucracy and the same village clientele.

The field operatives have direct contact with villages and their justice systems, both official and extraofficial. Their

mandate is to keep their agency's service record clean, "to keep the lid on." Although they have usually very clear perspectives of bush justice, their propensity to blow the whistle on inadequate service and lack of sufficient funds from their agency or from others must be weighed against career considerations.⁵ They are not in a position to change the allocation of resources of their own agencies or of others. Discrete agencies are also not prepared to collaborate at the top though necessity may compel collaboration in the field. Thus in 1975 in Nome, it could be said that the justice system played basketball on Thursday nights. Each system agency views his service and village connections as separate from the other. Only the village views all contact from justice agencies as coming from a single source.

The second camp is comprised of consumers. In 1974 and in 1976 they have been given a chance to express their concerns to justice professionals through Bush Justice Conferences. More often, usually around election time, they have aired their complaints to visiting agency heads in what have been termed "dog and pony shows" (See Easely, 1973).

Those members of this village constituency nominated as magistrates, village police, or correctional aides are set apart from field professionals because they do not enjoy limited professional lines of communication which stretch from town to urban bureaucracies. Village magistrates and village police exist in a nether world, making loose connections between the power structures of state justice and village justice.

The researchers are in a third camp. They were called upon to study the relationships between the state and village justice processes. They also zeroed in on the relationships of Natives to one or both systems each from legal perspectives, historical perspectives, anthropological perspectives, but rarely from political perspectives. Over ten years they researched, tested and recommended solutions to policymaking professionals.

In short, the work of researchers tended to concentrate around the delivery of services to villages and the interplay of village and state legal process.

As with the paraprofessionals, researchers reported to both systems but had a power base in neither.⁶ Outside of the justice bureaucracies they operated somewhat out of control of all key participants but had access to any and all.

The Early Years of The Relationship

In Alaska village councils, locally elected bodies, have now had 60 years of experience in the business of dispute adjustment (See Conn and Hippler, 1973a) or 35 more than the state legal system. Teacher-missionaries introduced these institutions. Their intent appears to have been to use the councils to advance their own agenda: to suppress the manufacture of hootch, to seek out and punish sinners and to urge upon parents the discipline necessary to operate village schools in communities still geared to the rhythms of hunting and fishing.

Councils over time cut loose from teachers and found a place within the larger web of white and Eskimo social control.

In the Eskimo communities, representatives of leading families formed a consensus within councils. Village councils fit within the process of community and state law. Councils backstopped and extended dispute adjustment. Their early style reflected the classic approaches of conflict avoidance - conciliation, gossip, ostracism and counseling among Eskimos. But, as important, they were supported from the outset by white village residents, teacher-missionaries deputized under federal law, the board of elders in Presbyterian and Moravian communities, occasional resident U.S. Commissioners and nonresident marshalls, Coast Guard cutters and even a distant court system (Milan, 1964 and Case, 1978).

Councils were the last stop in a process of evolving interpersonal customary law ways and the first step in a process of Western intervention that could result in referral to a police and court process outside of the village.

Western legal intervention had made impossible (or at least more dangerous) killing or banishment as final steps in a customary legal process. However, to a certain extent it had replaced these ultimate steps with removal into its own legal process in a distant place at the request of village councils.

Councils were most often an Eskimo institution of last resort but even within its processes of case adjustment were opportunities to admit one's guilt, ask forgiveness and be reintegrated into the community. Orientation and not punishment was the usual result of the process. Two or three appearances before a council

could be anticipated before it sought to draw in outside police authority.

Intervention by marshall, Indian police, liquor suppression agents and later territorial police, while limited by geography and state resources, was sufficient in territorial days to reinforce the council when it responded punitively. By reacting to incipient conflict or to the seeds of later conflict, councils avoided confrontation with either villagers or with agents of the official legal system (See Conn and Hippler, 1975).

The Later Years

A variety of factors destabilized the council as a mechanism for dispute adjustment in the years immediately following statehood (1959). In meetings with state officials, council presidents learned that state officials would not support bans on liquor possession or manufacture (Conn, 1981a). "Village rules" were distributed by district attorneys, rules easily transferable into state violations. Two factors made this arrangement unworkable. First, promised supportive intervention by the troopers when councils requested it was not forthcoming. In the Bethel region alone, for example, in 1963 a single trooper provided service to 57 villages.

Villages were informed that they were to handle matters on their own and notify the police only when violent felonies had occurred. Letters to police during the period demonstrate that detailed descriptions of repeated violence were often left unanswered.

A survey conducted by researchers and troopers in 55 villages in 1977 revealed that on the average it took three days for the troopers to respond to a request for assistance (Angell, 1981a). The head of the Department of Public Safety, when confronted with this data, suggested that trooper involvement in the survey had caused village officials to minimize the actual length of time necessary to respond. He suggested that seven days was a more likely figure (Nix interview, 1977).

Inadequate trooper response even after villagers have attempted (on the field operative's instructions) to deal with less serious problems, destroyed the credibility of village law within its own realm. That credibility was, in part, state determined.

Second, in the early 1970's drunken behavior in public or in private was decriminalized. Service centers such as Bethel became ready sources of wage opportunities and bootleg liquor. Youthful populations rose dramatically, partially as a result of improved health care, and populations shifted from villages more distant from towns to those within relatively close proximity to towns.

Impact on Council Justice in the 1970's

Councils as institutions have continued to play a central role in dispute processing in more than a 100 villages without magistrates. Yet to continue that activity councils were forced to become less "council-like," by earlier definitions, and more court-like by magistrate terms.

Councils confronted a more persistent stream of conflicts of a magnitude and severity unlike the immediate past.

With external punitive intervention less reliable, many councils shifted from bodies of reconciliation to bodies which directed fines and other sanctions at offenders. This shift from council-like to court-like approach was never completely successful. Fines were not collectible. Official support for fining was verbal but never explicit. Young persons challenged council authority (See Conn, 1976).

In the late 1960's, the court system introduced appointed Native justices of the peace (called magistrates) into about 30 Native villages. Where this occurred, villages councils deferred to this official authority and refused further complaints (Conn and Hippler, 1973b). Yet because matters heard by councils were often pre-or sublegal in Western terms, because complainants did not wish to confront fellow villagers, and because village policing was unstable, transfer of authority did not induce a transfer of the legal activity. Most villages did not receive magistrates, and could not appoint them without court approval.

Reports from police indicated that by the mid-1970's eighty percent of their arrests still resulted in council and not court disposition.⁷ In a 1977 survey of 55 villages a quarter of all matters processed as criminal law violations resulted in council or problem board disposition (Angell, 1979a). In other words, village police appended themselves to councils, as adjudicative

bodies for minor offenses despite the fact that for the judicial system, councils were illegal institutions.

The irony of the position of the village council by the early 1970's should not be overlooked. As an official matter, the state legal system viewed village council process as an anachronism, a fixture of law ways of a distant past. As an unofficial matter, field professionals armed with mandates from their superiors to carry out impossible tasks of representation, prosecution and law enforcement over distant villages were vocal in their support of what they perceived to be continuing examples of Eskimo justice.

Yet this very encouragement of village justice demanded that the village system shift from a preventative process, capable of anticipating problems, to one that reacted very much like Western systems. The balance of outside intervention with inside deliberation was lost and village councils found their council process mutated out of its original form as it was forced to handle both parts of the process.

When magistrates and village police were offered to villages through appointment and training, the issue was not best articulated as a conflict between law systems, Western and non-Western. Rather, the issue was whether villagers could adequately address their present problems with new Western resources inferior to the working arrangement between formal law and village law of earlier days. The earlier arrangement worked in part because there were fewer problems. But it also worked because it contained support-

ive elements. It allowed legal levels, one consensual, another punitive, to interact. But more than this, by circumstance if not by political intent, it placed in Eskimo hands the authority to draw in external force. Put baldly, Western police did not intercede unless called.

Yet under this new arrangement what appeared to be more de facto control of village affairs was less.

Village Efforts

The record shows persistent attempts by villagers to construct their own system as a component of the state process. Villagers were told to turn back to "the old ways" and draw upon a village consensus for enforcement of village law. But the "old ways" were formed out of a coalition of white and Native authority. The "old way" did not contend with prepaid liquor orders by telephone, improved air and land transport and wage opportunities of a younger generation as demanding of their official legal rights as other Alaskans.

Villages requested assistance in the drafting of their own town statutes. They realized that some skilled professional advice was necessary in order to make the laws enforceable within the state system.

When ordinances were sent to Juneau to an agency constitutionally obligated to help towns and villages, they were filed away without comment.⁸ Villages were left in a legal never-never land as troopers and state officials refused to apply

village ordinances. Even village magistrates scorned village ordinances.

What village justice systems have had to undertake has outstripped their capacity to deal with it pre-emptively. Problems have also overrun their capacity to deal with them in Western terms through policing, judging and jailing (See Angell, 1981a).

Professional Perspectives

The reality of a relationship between white legal agents representative of first military, then territorial, then state authority to small villages has changed little, if at all, in more than a hundred years of contact (Conn, 1981b; Jennes, 1962; and Murton, 1965). What has changed are professional attitudes toward the relationship.

Professional policymakers fail to understand village justice as a component of their own justice system. They view village process as a separate reality from which they with lesser or greater capacity remove cases to be dealt with in the thoroughgoing process that they know to be the "real" justice system, real justice being a process of adversary justice leading to state corrections.

Professional operatives in towns understand the relevance of matters left to village justice. But, for them, these matters are simply problems happily left outside of the realm of their own professional caseload. "Progressive villages" or "villages which handle their own problems" are admired by town-based professionals out of relief more than out of respect (Nix and

Timbers interviews, 1973). Yet few would not concur that real justice as delivered would not be preferable if it could flood the villages.

What professionals fail to perceive is that the interplay of state and village justice must be nurtured and adapted to survive. For villagers engagement of the systems is an historical fact. They have sought collaboration on terms reflective of the stronger aspects of the village justice process and those of the state. This implies shared control of the process.

A working justice process has been the objective of the researchers and, they believe, the village.

Yet does this global objective translate readily into compartmental ideological and administrative considerations of separate justice agencies? Can it be achieved if the idealized goal of planners is a fully articulated western justice system, capable of providing checks and balances, capable of providing due process and law enforcement typical of urban Alaska and urban America whether or not that goal is feasible or desirable?

On what terms then could reforms of bush justice be made? Perspectives and interpretations of "improvement" vary as one isolates interested constituencies. Institutional perspectives and ideological perspectives guide professional judgment.

The administrator of the court system is said to have referred to bush Alaska as a "can of worms." Implantation of a centralized judicial system in farflung town and village Alaska

was problematic. Costs were high. Discovery of persons to fill positions was difficult.

After the state constitution went into effect, the only official judicial activity tolerated was through court personnel. Towns and villages without judges or magistrates could not officially appoint a judge or employ a council as court (Alaska State Constitution Art. 4 Sec 1, 1959).

From an administrator's perspective allocation of judicial resources presented several problems:

- (1) dangers of autonomy borne from distance, lack of supervision and lack of indoctrination into Western legal perspective;
- (2) dangers of community influence on decisions made appropriate to resolution in terms of higher law; and
- (3) problems of management and supervision.

Village magistrate activity displaced judicial activity if cases were heard by magistrates at defendant's request. It was not easily controlled.

Magistrates were appointed by presiding superior court judges of judicial districts who jealously guarded their authority from intrusions by central administration. The court's magistrate supervisor lacked the power to hire and fire magistrates as did villages affected.⁹

Yet for all of these problems, bush magistrates (along with village police) comprised the lion's share of Native participation in the justice system. With a single exception, there are

no Native judges or high administrators in any state justice bureaucracy (Alaska State Court System, 1981).

The professional bureaucratic perspective emphasized supervision and control from higher levels to lower levels. It was difficult if not impossible to establish a system of justice in smaller Native communities satisfactory to this objective.

The village perspective seemed to be a desire for control sufficient to deal with matters early and efficiently and to employ the professional justice system for support when necessary. It implied an autonomy which the centralized system rejected.

Magistrates as Guardians of Due Process

The court looks to its rural magistrates and Native court personnel for interpretation of Western meaning and values underlying instructions in Native languages in criminal and civil cases in rural Alaska.

Yet the Native magistrate's actual capacity to try cases, to advise clients and to reject overtures by police who might attempt to influence the justice process has been a matter of ongoing bureaucratic concern by the state court system in the past 10 years. Two advisory committees of lawyers headed by the chief justice mulled over the problems of that component (Second Magistrate Advisory Committee, 1979). Of primary concern was the challenge of authorizing persons with lay education to adjudicate cases in villages ill-equipped to sustain a judicial officer. Magistrates often lacked proper "facilities" (courtrooms and

jails) and support from police regularly hired.

The court's second magistrate advisory committee considered but then rejected ideas such as (1) village magistrates would accept guilty pleas only, (2) that representation would be afforded in each village case; or (3) that magistrates' cases would be subjected to special ongoing review (Second Magistrate Advisory Committee, 1978) because each would single out Native magistrates from non-Natives.

Researchers pointed out that these lay judges were poorly trained in Western law and operated in isolation of Western justice systems. The court responded by upgrading its internal training program. Yet what they could not create through training was the direct experience of adjudication or court business.

From an administrative point of view, the 28-odd Native magistrates represented a needless drain on resources. The administrators argued that magistrates did not generate caseloads sufficient to be in every village or even in those villages previously selected for magistrate posts. People did not bring many complaints to magistrates. More importantly, most villages lacked facilities and all lacked attorneys. Thus they pressed for these prerequisites to placement of further magistrates. These criteria, it was suggested, would automatically bar placement of magistrates in most Native villages. The criteria were adopted by the committee as advisory and not mandatory (Committee, 1979:2). Unofficially accepted by the court adminis-

tration, their application since 1977 has resulted in no new magistrate posts in 112 Native villages without courts and in removal of five former posts since the committee issued its recommendations in 1979.

To remove magistrates would leave what alternative? The court system has adamantly refused to recognize village council justice as an acceptable component of the process. It ignored a suggestion by researchers that councils act as lay assessors at the sentencing phase (Committee, 1978).

What else could be suggested? The presiding judge of the Fairbanks court suggested that superior court judges, freed from urban court calendars, be assigned to regular village circuits. The circuit proposal was drawn from some limited understanding of the Canadian scheme of judicial service (See Morrow, 1974). Yet what committee members failed to understand, was that the "flying courts" of Canada dealt with a tiny percentage of cases left unhandled by justices of the peace in most settlements. Maps were drawn for the circuits and the idea found its way into the committee's final recommendations. There the plan disappeared with other recommendations, never to reappear on budgetary requests and never to be adopted by the state court system.

The Canadian scheme did not speak to the issue which the court administrators so desired to define out of existence. On what terms would the state provide officially for the daily business of law in small villages?¹⁰

What the court has left in place by near-inaction is a

limited allocation of magistrates in 28 of 140 villages, officially prepared to adjudicate cases, but in fact capable of and positioned only to turn arrests into guilty pleas.

We researchers pointed out that magistrates displaced but did not actually replace village justice systems in Eskimo villages. We and Native organizations advocated and tested variant forms of dispute adjustment more reflective of small villages' needs and capacities ranging from mediation panels which might operate alongside a fining or adjudicative authority to councils or boards vested with the limited judicial authority which the magistrate possessed (See Case, 1977).

As will be seen, the court system toyed with the concept of alternative forms of dispute adjustment, following the first bush justice conference, but then rejected it explicitly as a court function (Second Magistrates Advisory Committee, 1979:19).

The Researchers' Perspective

As researchers, we viewed ourselves as legal culture brokers, prepared to make comprehensible, practical adjustments to both the village and state sides of the justice system.

Our primary target was not a law process as measured by either ideological Western considerations or perceived Native law ways, but what we viewed to be an amalgam of both systems with adjustments necessary on both sides.

Our focus was on the bottom of the system. Our goal was to improve the daily operation of law as reflected in perceived