

ALASKA LEGISLATURE SPECIAL COMMITTEE / SUBJECT FILES 8672

38 SCOMM 6: SENATE SPECIAL COMM. ON ALCOHOLISM 1977-78

1 organized borough, or municipality unified under AS 29.68.240 -
2 29.68.440.

3 * Sec. 19. AS 04.15.110 is amended to read:

4 Sec. 04.15.110. SALE IN VIOLATION OF LOCAL OPTION. Notwith-
5 standing any other provision of this chapter, a person who unlawfully
6 sells or offers for sale an intoxicating liquor in an area where the
7 local option election has made these activities illegal is, upon
8 conviction, guilty of a felony [MISDEMEANOR] and punishable by imprison-
9 ment for a period not to exceed six years [ONE YEAR], or a fine not to
10 exceed \$30,000 [\$5,000], or by both.

11 * Sec. 20. AS 04.15 is amended by adding new sections to read:

12 Sec. 04.15.120. SEIZURE OF CONVEYANCE. A conveyance used, or
13 intended for use, to transport or in any manner to facilitate the
14 transportation, sale, receipt, possession or concealment of an alcoholic
15 beverage sold in an area where a local option election has made its
16 sale or offering for sale illegal may be seized when the seizure is
17 incident to an arrest or a search under a search warrant.

18 Sec. 04.15.130. FORFEITURE AND SALE OF CONVEYANCE. Upon con-
19 viction of the offender or upon judgment of the court having jurisdic-
20 tion that a conveyance was used or intended for use to transport or in
21 any manner to facilitate the transportation, sale, receipt, possession
22 or concealment of an alcoholic beverage illegally sold in an area
23 described in sec. 120, it is forfeited and shall be disposed of to the
24 community in the local-option area most directly affected by the sale
25 of the intoxicating liquor or to the state, as directed by the court.
26 If the conveyance is sold for the benefit of the state, the proceeds
27 of the sale shall be transmitted to the proper state officer for
28 deposit in the general fund. If not ordered disposed of by the court,
29 any seized conveyance shall be returned after completion of the case

1 and payment of the fine, if any.

2 Sec. 04.15.140. LIMITATIONS ON SEIZURE AND FORFEITURE. (a) No
3 conveyance used as a common carrier in the transaction of business as
4 a common carrier is forfeited under sec. 130 of this chapter unless
5 the owner or other person legally in charge of the conveyance consented
6 to or knew of the illegal conduct.

7 (b) No conveyance is forfeited under sec. 130 of this chapter
8 because of conduct of a person, other than the owner, having unlawful
9 possession of it.

10 Sec. 04.15.150. APPEARANCE BY PERSON HAVING INTEREST IN CONVEYANCE.
11 A person holding a lien, mortgage, or conditional sales contract on a
12 conveyance seized under sec. 120 of this chapter may appear before the
13 court in the proceeding involving the forfeiture to petition for
14 remittance or mitigation of the forfeiture. The court shall remit or
15 mitigate the forfeiture if it finds that the petitioner has an interest
16 in the conveyance which he acquired in good faith and without knowledge
17 or reason to believe that the conveyance was being used or would be
18 used in the transportation of an illegally sold alcoholic beverage.

19 Sec. 04.15.160. DEFINITIONS. In secs. 120 - 160 of this chapter

20 (1) "conveyance" means a vessel, motor vehicle, trailer,
21 aircraft or other means, except animals, of transporting goods or
22 people;

23 (2) "illegally sold alcoholic beverage" means any intoxicat-
24 ing liquor as defined in AS 04.20.010 which is sold in the manner
25 described in AS 04.15.110.

26 * Sec. 21. AS 04.10.310 and 04.10.440 are repealed.

27 * Sec. 22. This Act takes effect immediately in accordance with AS 01 -
28 10.070(c).

A COMPENDIUM OF RECENT POSITIONS/STATEMENTS
ON THESE ISSUES BY BUSH JUSTICE AND CITIZENS'
PARTICIPATION CONFERENCES AND RURAL CAP

There was legislative action on subsistence last session with mixed results. House Bill 369, amending AS 16.05.255, provided that the Department of Fish and Game "may" adopt regulations providing for subsistence hunting. The act also includes a definition of subsistence hunting but as indicated earlier, the department interprets the definition as entitling both urban and rural people to the same subsistence rights. Given this interpretation, it is unlikely that the department will approve regulations which limit the "right" of an urban hunter to hunt as he wishes in what would normally be called a "subsistence zone." A tighter definition of subsistence to exclude urban dwellers might therefore be appropriate. Any such definition, of course, would involve significant constitutional considerations and would require careful drafting.

PROBLEM 2: LOCAL CONTROL OF ALCOHOLIC BEVERAGES

ape Report
Dec., 1975

Under present law, incorporated villages (i.e. Second Class Cities) have the power to adopt dry laws by referendum. It also appears that these villages can enforce the dry law with a local police force and according to local ordinance. Enforcement can include prohibition of possession on "public property" (i.e. airports) and thereby virtually exclude the legal importation of alcohol into the village. The real question is the effectiveness of the village police force in this capacity. The problem is compounded by the frequent lack of a Court in which to judge and penalize the offender and the ambiguity surrounding the ability of the village council to do the same.

The problem is even worse in an unincorporated village or in a village

organized under an I.R.A. Council. The Indian Reorganization Act Councils are not recognized by the State government but they are recognized by the Federal authorities. Consequently the State will not recognize any laws adopted by the I.R.A. Council, and therefore, the I.R.A. village cannot vote itself dry under State law. It may be able to do so under Federal law, but only a Federal Court can judge and penalize an offender. The unincorporated village appears to be without even the theoretical protections of the State incorporated or Federally organized villages.

There are several legislative options that come to mind and more than one of these may be necessary to enable all Native communities to vote themselves dry and obtain effective enforcement of their local laws. One approach might be specific legislation permitting a local municipality to impose fines and to confiscate liquor under local ordinances. A village municipality may presently have that power, but it is an unsettled question. Legislative clarification of that matter would benefit at least those native villages which are incorporated under state law.

The I.R.A. villages pose another problem because under State law, the State has concurrent jurisdiction with the I.R.A. Council. The State will not enforce "dry laws" in such a village because (1), the village is not incorporated under state law and, (2) State law does not prohibit the use or importation of alcoholic beverages. It might be possible to draft legislation which would recognize the validity of I.R.A. (and perhaps unorganized village) dry law ordinances under State statute. If it were a matter of State law, the State Troopers could then be

required to enforce I.R.A. or unincorporated "dry" laws. It should be noted, though, that this approach is likely to meet stiff resistance from the State and it may also be unconstitutional under the provision of the State Constitution which prevents the legislature from passing "local laws."

PROBLEM 3: FUNDING FOR PROBLEM BOARDS

The Problem Board Project is a pilot project now being implemented by the State Court System. Under this project, village boards of from three to seven members are trained in the art of dispute resolution. People who have disputes in the village of a minor criminal or non-criminal nature can take the dispute to the Problem Board for resolution. In this way, potential criminal and other legal problems can avoid Court action and be handled at the local level. The role of the Problem Board is enforced by the knowledge that if the dispute cannot be resolved at the local level, the people involved in the dispute may have to go to Court. Usually nobody wants to do that.

The Project seems to be functioning quite well, although it is really too early to say for sure. Nevertheless, the Court is requesting funding to continue the project and to expand the number of villages served. If the Conferees agree that this is an important project, then they might consider supporting legislation for continued funding of it.

PROBLEM 4: COURT INTERPRETERS

The Court has also initiated a Court Interpreter Project in Bethel. Presently, two interpreters are being trained under the project and are

D. Juvenile Intake

Our office received a copy of the proposed Children's Rules revisions for comment. When reviewed, it appeared that the magistrate's authority to informally adjust a juvenile matter was deleted.² Our concerns about such a change were that it would deprive the justice system of the necessary flexibility required to function efficiently in the bush by requiring that a child travel to the city for informal adjustment. This defeats the purpose of the informal approach.

*Bush Justice Final Report
7/20/76*

E. Alcohol and Rural Juveniles

The relationship of alcohol abuse to adult crime is well-documented. Alcohol is also a major area of concern in rural areas when speaking of juvenile crime. For example, in the Nome area from January 1974 through October 1975 there were 346 juvenile arrests; 270 (78%) were arrested for direct alcohol law violations. In addition, an unknown percentage of the other arrests were for crimes committed while the juveniles were intoxicated.

The juvenile alcohol problem is aggravated by the lack of recreational facilities in rural areas. In addition, juveniles find little help for their alcohol problems, as most alcoholism programs are oriented toward adult alcoholics.

F. Summary

Urban correctional agencies are not designed to handle the cultural diversity of rural children and should not be required to take on the responsibility of rural correctional facility and service needs. There is evidence of the detrimental effect of transporting rural children to urban Alaska for rehabilitative corrections. Urban corrections are not able to re-integrate children back into their environment nor are they able to provide follow-up job or career counseling when the children are released. Lack of correctional detention, group homes, temporary receiving homes and foster homes in the regional service centers has a special impact on rural children. Increased local control would help alleviate the problem of rural children spending more pre-adjudicative time in detention. Rural input into legislative and administrative changes is needed to provide productive revisions in childrens laws. Laws which are intended to have uniform impact affect urban and rural situations differently. Elimination of flexibility in the justice system can have a disastrous effect on rural Alaska and cause at the same time little or no impact on urban juvenile justice. Alcohol contributes to a large portion of rural juvenile crimes. There are no youth alcohol programs available.

In the juvenile justice system, rural Native involvement in the decision-making process and the availability of local facilities and services will provide juvenile justice in the bush.

²

Children's Rule 2(b)(1).

ALASKA FEDERATION OF NATIVES, INC.
CONVENTION RESOLUTION 76-20

RELATING TO RURAL COUNCILS AND BOARDS IN THEIR DEALINGS WITH JUVENILES

WHEREAS, rural councils and boards do not always deal with juveniles;

BE IT RESOLVED, where conciliation boards and local village councils are being used, they deal more with juvenile problems and that they be encouraged to recruit young adults to serve on their boards and councils.

ALCOHOLISM

or

"What Shall We Do with a Drunken, Etc. . . ."

The issues considered most important here were:

Alcohol:

Should the funding of the A.B.C. Board be increased? Should it concentrate more on endorsement in rural areas? How can the Department of Health and Social Services develop better programs for dealing with rural patterns of alcohol abuse?

The resolutions in which these issues took form were:

ALASKA FEDERATION OF NATIVES, INC.
CONVENTION RESOLUTION 76-27

RELATING TO THE ALCOHOL BEVERAGE CONTROL (ABC) BOARD

WHEREAS, the FY 77 budget for the ABC Board has only \$325,000 and is intended to support a staff of ten (10) — including only five (5) investigators; and

WHEREAS, the ABC Board is responsible for the control of some 1,300 licensed premises and liquor distributors throughout the state as well as control of bootlegging; and

WHEREAS, this level of staffing and funding is absolutely disgraceful considering the ABC Board's statewide enforcement responsibilities — especially in rural Alaska;

NOW, THEREFORE BE IT RESOLVED as follows: (1) That the governor and the legislature increase the ABC Board's funding to at least \$1,000,000; (2) That sufficient positions of that funding be devoted to providing adequate enforcement of state and local alcohol beverage control laws in rural areas; (3) That sufficient portions of that funding also be devoted to investigate and overhaul the present alcohol control procedures and to develop new and better coordination of control procedures throughout the state; and (4) That such procedures should be enacted as law and fully funded no later than July 1, 1978 (FY-79).

ALASKA FEDERATION OF NATIVES, INC.
CONVENTION RESOLUTION 76-36

RELATING TO ALCOHOLISM PREVENTION AND TREATMENT

WHEREAS, the DISS Office of Alcoholism is the responsible state agency for providing alcoholism treatment programs throughout Alaska; and

WHEREAS, there are inadequate and inefficient alcoholism treatment centers in rural Alaska; and

WHEREAS, there are no current alcoholism prevention programs conducted by the DISS, Office of Alcoholism; and

WHEREAS, the convention delegates recognize that alcoholism is a major health problem in Alaska.

NOW, THEREFORE BE IT RESOLVED, that the Department of Health and Social Services establish as a top, ongoing priority, alcoholism prevention programs for rural Alaska. Be it further resolved that the department work closely with local communities in rural Alaska to determine the kind of treatment facilities needed and the appropriate kind of alcoholism services.

BE IT FURTHER RESOLVED, that this program be integrated with the existing and future systems of providing health care.



Dave Case and Ronda Conatser

FEBRUARY, 1977

The second session of the Alcoholism Committee decided to concentrate their efforts on the Governor's Alcoholism package. The conclusions of the group regarding this legislation were as follows.

HB 196/SB 167: "An Act relating to an excise tax on and license fees for sale of intoxicating liquors."

This bill, which would raise \$10 million additional revenues from increased excise taxes on alcoholic beverages, received a "high priority" ranking by the Alcoholism Committee.

HB 241: "An Act making a special appropriation of \$1.52 million to the Dept. of Health and Social Services and to the Dept. of Education for alcoholic related programs."

While the Alcoholism group endorsed the need for a special appropriation for expanding alcoholism and alcohol abuse related programs as a companion measure to the legislation increasing state alcoholism excise taxes, the amount of the special appropriation for such programs specified in HB 241 was considered wholly inadequate.

AMENDMENT: (1) At least half of the new revenues raised with the increased excise taxes proposed in SB 196 \$5,000,000 should be dedicated for provision of new and improved programs for alcoholism prevention and rehabilitation. The allocation of the \$1.5 million special appropriation set out in HB 241 was endorsed with the provision that the bill be amended so that the allocation is increased by an additional \$3.5 million.

(2) This additional \$3.5 million would be appropriated to the Dept. of Health and Social Services, Office of Alcoholism to be utilized for alcoholism programs in the rural areas of the state. Further, the Office of Alcoholism should be directed to give equal consideration to funding of local programs in alcoholism prevention and rehabilitation. The Office of Alcoholism should also be directed to coordinate with other state and federal agencies whenever possible to assure that follow-up services such as job training and recreational programs are available in conjunction with alcoholism rehabilitation programs.

HB 232: "An Act relating to municipal sales taxes."

This bill, which would allow municipalities to tax beverage alcohol at a rate higher than other commodities, was given a high priority rating by the Alcoholism Committee. The Group also endorsed the concept of a constitutional amendment to remove the existing prohibition against specially designated, "earmarked funds" Passage of such a constitutional amendment would allow revision of this bill to require that increased tax revenues from sale of alcohol be spent in local communities only for alcohol abuse and prevention related programs.

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HB 240 :

"An Act relating to alcoholic beverages."

Briefly this bill would: provide for compensation to communities voting themselves dry for loss of sales tax revenues. Provide for increased penalties for bootlegging & limit advertising of alcoholic beverages.

This bill was also assigned a high priority rating by the Alcoholism Committee with the following recommendation:

The legislature should investigate the possibility of making provision for transitional appropriations to communities which operate community-owned liquor stores and choose to vote themselves dry. Such transitional appropriations would be for the purpose of assisting such communities while they develop other sources of local revenue.

Legislation to combine the Offices of Alcoholism & Drug Abuse (not yet introduced);

The Alcoholism Committee endorsed the idea of integration of the two offices by assigning a "high priority" to such legislation with the provision that the attention of the legislators be called to the importance of clearly defining and protecting the due process rights of individuals involuntarily committed to alcoholism treatment facilities.

Other Recommendations:

The Alcoholism Committee also voted to endorse Resolution No. 76-15 submitted by the Bush Justice Committee at the last CPC Conference held in Dec., 1976:

WHEREAS, there is a lack of emphasis in existing alcoholism, drug abuse and mental health programs specifically relating to the treatment of juveniles;

BE IT RESOLVED that the State of Alaska address the problem of treatment of alcoholism as it related to juveniles and families in rural Alaska; that more emphasis be put on research and treatment of alcoholism, drug abuse, and mental health as it pertains specifically to juveniles and their families for treatment at the rural level, and that the State of Alaska make their findings available to the Alaska Federation of Natives, and incorporate into its alcohol and drug abuse programs more emphasis on research and treatment of juveniles.



RurAL ALaska Community Action Program, Inc.

MAILING ADDRESS: DRAWER 412 ECB
TELEPHONE 279-2441
ANCHORAGE, ALASKA 99501

RESOLUTION NO. 75-10

ENTITLED: IN SUPPORT OF ALCOHOL PROGRAMS FOR THE ALASKAN PEOPLE

WHEREAS, the National Institute on Alcoholism and Alcohol Abuse has seen fit to grant \$600,000 to the State of Alaska to deal with problems of alcohol abuse made worse by the impact of construction of the Trans-Alaska Oil Pipeline, and

WHEREAS, the Governor's Advisory Board has seen fit to apply for these monies, committing \$200,000 for troubled employees' programs to be conducted by the Alaska Labor Management Employees Association, and

WHEREAS, this Association is a corporation formed by a coalition of organizations involved in constructing the pipeline, and

WHEREAS, Federal monies allocated to Alaska to deal with impact problems should be utilized by the State to assist Alaskan people, now, therefore, be it

RESOLVED, that the RurAL CAP Board of Directors goes on record as formally and vigorously opposing the granting of any State Impact funds to ALMEA or any other organization which represents the cause of adverse impact on the Alaskan people.

ADOPTED at a regular meeting of the RurAL CAP Board of Directors held on February 11, 1975, in Juneau, Alaska.

Signed: _____

Gordon Jackson
Gordon Jackson, President
RurAL CAP Board of Directors

Signed: _____

Phil Smith
Phil Smith, Executive Director
Rural Alaska Community Action Program, Inc.

RESOLUTION 76-32

ENTITLED: URGING THE ESTABLISHMENT OF A PERMANENT FUNDING MECHANISM FOR ALCOHOL AND DRUG ABUSE PROGRAMS IN ALASKA'S SCHOOLS

WHEREAS, Alcoholism and Drug Abuse remain the most serious threat to public health in Alaska, and

WHEREAS, one approach to the problem that is demonstratively effective is the inclusion of appropriate curricula in the schools, and

WHEREAS, the Community Schools Act established a model for Local Education Agencies to work with to obtain State Support for locally designed programs, and

WHEREAS, the Community School Program is funded primarily by an appropriation of 1/2 of 1% of the General Fund Appropriation for the Public School Foundation Program; now, therefore, be it

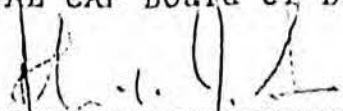
- RESOLVED
- 1) That the Board of Directors of the Rural Alaska Community Action Program urges the 10th State Legislature to enact a program which would provide an incentive for Local Education Agencies to design and implement Alcohol and Drug curricula in their schools, subject to community control and participation;
 - 2) that the Legislature is requested to provide funding for such programs by appropriating an additional 1/2 of 1% of the annual PSFP support provided from the General Fund.

Adopted at a regular meeting of the Rural Alaska Community Action Program Board of Directors held on December 14, 1976, in Anchorage, Alaska.

Signed:

Gordon Jackson, President
Rural CAP Board of Directors

Signed:



Philip J. Smith, Executive Director
Rural Alaska Community Action Program

Rural Alaska Community Action Program, Inc.

RESOLUTION 76-37

ENTITLED: REQUESTING THE STATE OFFICE OF ALCOHOLISM
TO STREAMLINE ITS ADMINISTRATION

WHEREAS, Alcoholism is recognized as the number one health problem in rural Alaska, and

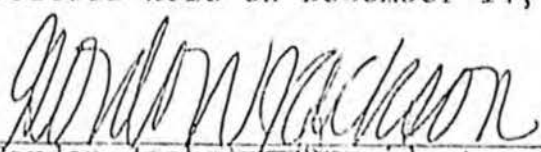
WHEREAS, within the Department of Health and Social Services there exists a "State Office" on Alcoholism, whose primary purpose is to assist local governments and private grantees with funding locally relevant programs to combat alcoholism, and

WHEREAS, present administrative constraints and attendant paperwork tend to discourage rather than encourage potential grantees from applying for available funding; now, therefore, be it

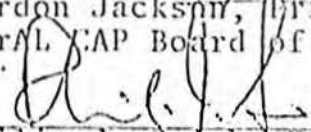
RESOLVED that the Board of Directors of the Rural Alaska Community Action Program urges the State Office of Alcoholism to reduce its administrative requirements and attendant paperwork so that small rural communities are no longer discouraged from seeking grant funds.

Adopted at a regular meeting of the Rural Alaska Community Action Program Board of Directors held on December 14, 1976, in Anchorage, Alaska.

Signed:


Gordon Jackson, President
Rural CAP Board of Directors

Signed:


Philip J. Smith, Executive Director
Rural Alaska Community Action Program

Rural Alaska Community Action Program, Inc.

RESOLUTION 77-6

ENTITLED: RELATING TO INCREASED MUNICIPAL COMPENSATION FOR COMMUNITIES PROHIBITING THE SALE OF INTOXICATING LIQUOR

WHEREAS, HB 240, "An Act Relating to Alcoholic Beverages, and Providing for an Effective Date," provides an incentive for organized municipalities within the State to "vote themselves dry" by compensating them for revenues lost thereby, and


WHEREAS, a number of unincorporated communities have passed such local ordinances, under authority of either Traditional Councils or the Indian Reorganization Act, and

WHEREAS, the intent of the proposed legislation is laudable and should apply to all Alaskan communities, now, therefore, be it

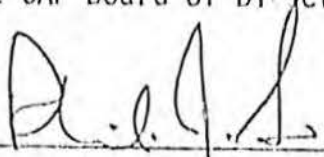
RESOLVED, that the Board of Directors of the Rural Alaska Community Action Program urges that the full intent of HB 240 be implemented in the legislation by extending the opportunity to receive compensatory revenues to all Alaskan communities, whether or not they are formally incorporated under Title XXIX of State Statutes.

Adopted at a regular meeting of the Rural Alaska Community Action Program Board of Directors held on February 25, 1977, in Juneau, Alaska.

Signed: _____


Gordon Jackson, President
Rural CAP Board of Directors

Signed: _____


Philip J. Smith, Executive Director
Rural Alaska Community Action Program

Rural Alaska Community Action Program, Inc.

RESOLUTION #77-20

ENTITLED: IN OPPOSITION TO THE CONDUCT OF THE SPECIAL COMMITTEE
ON ALCOHOLISM AND ALCOHOL-RELATED LEGISLATION

WHEREAS, the leadership of the Ninth State Legislature appointed a "Special Committee on Alcoholism and Alcohol-Related Legislation" to hold hearings throughout the State on a series of legislative proposals designed by the Administration to combat the problems of alcoholism, and

WHEREAS, the proposals represent a complex set of recommendations to deal with a complex problem; and, therefore, deserve a wide hearing by an informed public, and

WHEREAS, the Special Committee has chosen to complete a tour of certain parts of rural Alaska apparently without advance notification to the affected regions or villages, and

WHEREAS, in light of the fact that as many as 5 locations were to be visited during one day, and the Committee's schedule of hearings was obviously not designed to permit any reasonable degree of public participation in the hearings, Rural CAP views these factors as being illustrative of a breach of public faith and an insult to rural Alaska; now, therefore, be it

RESOLVED, that the Board of Directors of the Rural Alaska Community Action Program does hereby express its dismay at the irresponsible conduct of the Special Committee on Alcoholism and Alcohol-Related Legislation, whose activities demonstrate a total lack of sensitivity to the urgency of the problems they are charged to address and a similar lack of commitment to approaching those problems in a responsible manner.

And, be it further

RESOLVED, that this Resolution shall be forwarded immediately to the press, the leadership of the Legislature, and the several regions and villages who must bear the brunt of this legislative insult.

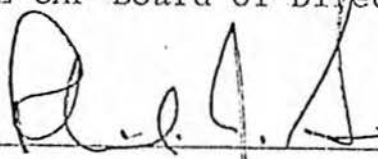
Adopted at a meeting of the Board of Directors of Rural Alaska Community Action Program, Inc., on September 16, 1977, in Kodiak, Alaska.

Signed: _____



Gordon Jackson, President
Rural CAP Board of Directors

Signed: _____



Philip J. Smith, Executive Director
Rural Alaska Community Action Program

*File
Rural
Cap*

Rural Alaska Community Action Program, Inc.

September 27, 1977

The Honorable Mike Colletta
State Senator
Box 3188
Anchorage, Alaska 99501

Dear Senator Colletta:

As the enclosed resolution indicates, the RurAL CAP Board of Directors was outraged at the conduct of your committee in your recent swing through rural Alaska to hold "hearings" on the package of alcoholism bills submitted by the Administration last February. It is our opinion that your jaunt accomplished little other than gaining a few page one stories in the Anchorage Times, expressing the (perfectly predictable) finding that "the Bush opposes booze taxes."

As the resolution indicates, the package of bills submitted by Governor Hammond was highly complex, of great importance to the rural areas, and therefore worthy of far greater attention than your committee has paid to it. We would hardly consider a three-day swing through Northwest Alaska as being adequate for your committee to achieve any true reading as to how the rural areas feel about the proposed legislation.

In order to obviate the impression that you may be receiving that this correspondence is entirely negative, let me stress that it is not intended to be. In fact, I would strongly recommend that you contact the Alaska Federation of Natives in the very near future. As you know, the AFN Convention is scheduled to begin early in the second week in November. The format for the convention will be workshop and several very important issues will be explored in depth at the convention. If it is truly your intention to obtain a broad cross section of rural input on these bills, I think the convention would be an excellent forum in which to accomplish that. If not, then you shouldn't have spent state money in conducting the hearings in the manner that you did.

Thank you very much for your attention to these concerns.

Sincerely,



Phil Smith
Executive Director

PJS/shl

cc: Gov. Jay Hammond, Comm. Frank Williamson, Sen. John Rader, Sen. Chancy Croft,
Byron Mallot, George Barrill

Administration

P.O. BOX 3-3908, Anchorage, Alaska 99501

• (907) 279-2441

Rural Alaska Community Action Program, Inc.

RESOLUTION #77-20

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RESOLVED, that the Board of Directors of the Rural Alaska Community Action Program does hereby express its dismay at the irresponsible conduct of the Special Committee on Alcoholism and Alcohol-Related Legislation, whose activities demonstrate a total lack of sensitivity to the urgency of the problems they are charged to address and a similar lack of commitment to approaching those problems in a responsible manner.

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RESOLVED, that this Resolution shall be forwarded immediately to the press, the leadership of the Legislature, and the several regions and villages who must bear the brunt of this legislative insult.

Adopted at a meeting of the Board of Directors of Rural Alaska Community Action Program, Inc., on September 16, 1977, in Kodiak, Alaska.

Signed: 

Gordon Jackson, President
Rural CAP Board of Directors

Signed: 

Philip J. Smith, Executive Director
Rural Alaska Community Action Program

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EVALUATION
PETERSEURG ALCOHOLISM PROGRAM



J. D. Eldred
January 3-10, 1977

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I-A GOVERNING AUTHORITY

Interviews with four members of the Petersburg Council on Alcoholism indicates strongly that the Board is involved very tightly with the project and is providing effective leadership, guidance, and support.

The Board, at each meeting, receives an up-to-date review of the projects' present fiscal position, which is calculated on a near-daily basis by the CPA who keeps the project accounts. (See FISCAL MANAGEMENT Section.)

The relationship between the Project Director and the Board is positive and friendly. Mr. Rooks is in personal contact with most of the Board frequently and all of the Board regularly. The Board members drop in at the project and hold discussions over coffee, and, the community being small enough to afford such opportunities, see each other in the course of their daily affairs.

All of the Board members who were interviewed (4) indicated great satisfaction with Mr. Rooks and his conduct of the Petersburg program. Their only apprehension was that they foresaw great difficulty in replacing him should that situation arise. The Board concerns themselves with referrals and all are agreeably impressed by the way Mr. Rooks handles the referred client. On the other hand, Mr. Rooks is involved with the process of selecting new Board members when it becomes necessary and has always at hand the names of responsible community members with whom he has discussed the problem and their potential input. There was not to be discovered any evidence of dead-wood on the Board.

Since Mr. Rooks keeps up constant contact with the Board outside of formal meetings, they are informed of project activity in an up-to-date fashion and the danger of their becoming a "rubber-stamp" Board is as much eliminated as is possible, due allowance being made for their trust in Mr. Rooks judgement, which is greatly respected.

It was impossible, due to time factors, for the surveyor to attend a formal Board Meeting, but a review of the minutes indicated that discussion in knowledgeable depth occurs at each meeting, and that there is no difficulty in obtaining quorums. Any changes in fiscal direction are brought up for approval as well as discussion of inter-city or inter-agency cooperation. Private conversation with members indicated that their present major concern is the possible funding of an all-city training seminar which has been planned by Mr. Rooks, which they see to be a highly useful and necessary project.

I-B PATIENT'S RIGHTS

Prominently posted on the wall of the project office are the standard notices concerning patient's rights, a packet of forms and instruction for requesting hearings, and the addresses of the proper offices to which such requests for action, redress or further information may be forwarded.

The project offers information, referral and counseling processes only so that the question of rights as they might apply to a voluntary or involuntary patient live-in situation does not arise. While no first-time clients were received at the project office during the time that the surveyor was present, we were assured that when this situation arises, the client is acquainted in detail with his status, rights and responsibilities. There have been no difficulties so far in the project history with client's feeling that their rights have been transgressed and for further hearing.

The two clients that were interviewed were inclined to treat the question of client rights in an off-hand manner. They were certainly aware that such a process for their protection existed, but the idea that they had anything to object to or appeal seemed to them to be out of bounds. They felt that they had always been treated justly and fairly. They assured us that the notices had been pointed out to them and the process made known.

Clients have in-put to agency affairs during the group meetings and "rap-sessions" which they attend, and in the meetings of the self-government group of the drop-in center. They talk freely to Mr. Rooks about conditions, and it is said that they consider themselves quite free to make suggestions.

I-C Planning

The planning for the project's present and future activities is essentially the function of the Director, Mr. Rooks, but since plans are placed on the Board's meeting agenda for survey, the process must be considered to be a joint affair. The small staff (one counselor-secretary besides the Director) attends Board meetings and has every opportunity for participation as well as a discussion of project activities on a daily basis with the Director.

Clients are made aware, in group and individual counseling sessions, of Board meetings and are invited to attend such meetings. Not many, but some, do avail themselves of the opportunity.

At present, plans for the extension of project services are being discussed for practicality and feasibility in three main areas.

1. An educational seminar for relevant professionals to be held (funds allowing) in Spring of 1977. Much popular and professional support for this seminar has already been elicited. (See attached Exhibit.)

2. The possible purchase of a house^{*} immediately adjacent to the local hospital to house a live-in recovery center. A strong letter promising fiscal as well as moral support from the Tlinglet-Haida Association is on file at the Petersburg Center. The Hospital Board is exploring other funding.
3. A search for expanded quarters to house the agency. The success of the client drop-in center and the growth of counseling groups, has pointed up the need for more space in which a variety of activities can take place simultaneously. A relatively small space (200 square feet) would suffice, but space is difficult to find in Petersburg.

It would appear, judging from stated reactions stemming from various citizens and from concerned professionals, that the initial concerns of the community have been, and continue to be, met to the satisfaction of those concerned.

It was put to this surveyor that the City's primary problem had been the public inebriate, that the incidence of these persons has been reduced to the point of infrequency, and that when they do occur, pick-up and referral are smooth and coordinated (See accompanying interview statements.)

The city's secondary goal, stated by the interviewees and the Project Director to be the recognition of alcoholism as a treatable illness by the local middle-class people, is following the satisfaction of the initial need, and has been expedited mainly by the cooperation of the medical, nursing and hospital administrative staff of the local hospital. Petersburg is not a particularly class-conscious city in any case, and this community need was easier to fulfill than it might have been in a more complex and status-valuing society.

* By the Community Hospital.

Actual documentation of these factors as stated and separate goals may not exist, except in general terms in the early narrative which accompanied the original funding applications, but they seem to be, according to statements made to the surveyor, very real to the people of the community.

The Board and the Project Director are now addressing the particular problem of persuading the city to up-grade financial support. This project, in view of the State's philosophy of broadening the base of local fiscal responsibility over the next few years while simultaneously reducing the State obligation, is viewed as absolutely necessary if the program, now valued very highly, is to continue to exist.

The position of the City is that it is simply not able to offer cash support in any greater amount, having over-extended itself in harbor, roads, and airport projects to such an extent that it cannot meet the interest on its present indebtedness. The Project Director is attempting to find some practical system which would bring the realities of the situation before the general public strongly enough so that they might pay demands on the City. It is not that the City management lacks sympathy. (See interview with the City Manager.)

I-D FISCAL MANAGEMENT

The expenditure checks for the project are written by Mr. Mike Dean, C.P.A., of "The Office," a local accounting firm. They are written after the incoming bills are reviewed by the Project Director and authorized for payment. The checks are then delivered to the Board Treasurer, signed by herself and at least one of two other Board members designated as signers. They are then either mailed or returned to the Director for delivery; a process which he occasionally utilizes as a part of his PR program.

The accounting system is a simple one; a check-book and check register, the latter being divided into categories which are based directly on the categories of the State budget, i.e., personnel costs, travel costs, contractual costs, etc. Thus, every check written is allocated into its proper expenditure area at once, and the amounts expended and remaining in that category are evident at all times.

The project underwent an extensive fiscal audit by the State (Mr. Jim Teal) only three months ago, so beyond giving the check-book, check register, and the file of fiscal monthly reports a check for accuracy and orderliness, the present survey did not concern itself in greater depth.

I-E ENVIRONMENT AND PHYSICAL PLANT

The Petersburg program is not involved in any live-in operation for clients. Those who have need for such services are detoxified at the local hospital under the same conditions of care, medical and drug control, etc., that apply to any other patient. An inspection of the hospital shows it to be first-class within the limits of its size and in possession of more than adequate emergency services.

Intoxicated persons who have committed other legal offenses are sometimes taken to the local jail, which has four individual cells. The cells are clean-smelling, sanitary, safe and under good observation. Intoxicated arrestees are routinely examined for evidence of physical trauma or over-intoxication and taken to the hospital when such action is indicated. Chief Harrington and his staff have now received instruction in handling the over-dosed alcoholic and feel competent to deal with any situation that may arise. They work closely with Mr. Rooks and routinely refer alcoholic arrestees to him for action.

J. Sullivan

The Project offices consist of two small areas in a building on Eagle Street, just one block off Main Street, in the down-town section. The building was originally a theater; the main section is now a warehouse, the former manager's office space is the section occupied by the project. To the left of the main entrance is the drop-in center. It is kept locked to the public and keys are supplied to clients who have been sober for ninety days. It has a small kitchen-bar boasting a commercial-size coffee urn, and a refrigerator with material for snacks. It has a pool-table, a TV set, easy chairs and a small collection of books which include pamphlets on alcoholism and AA. A stock of canned food for the TH poverty-assistance program is stored out of the way. The atmosphere is clean and homey; the kitchen is orderly and scrubbed. About a dozen keys are in the possession of clients, who use the facility on a regular basis and permit no drinking or alcohol on the premises. There have been minimal difficulties in self-policing.

The Project offices are across the main entrance hall; one large room which contains the desk of the secretary-counselor, several book-cases, some easy-chairs, and a long meeting table which seats about ten persons. There are pictures and posters on the walls, and it is well swept and dusted. The Director's private office is entered from this room.

The Director's office is small, but large enough so that two clients can be comfortable. He has a large working desk and ready access to the two filing cabinets which contain the project files and the confidential client files. The latter is kept locked with the key in Mr. Rook's possession, or in charge of the counselor-secretary when he is away.

The office is well lighted and has large windows opening on the street.

It is kept orderly and organized, but is not austere. The furniture is used but in excellent repair and totally functional.

The space is leased from the building owner at what, according to the Director and the City Manager, is a very reasonable rate. Ownership of the building changed hands during the week we were there. The new owner is known by Mr. Rooks to be a person friendly to the program, and no difficulties are foreseen.

The facility has been inspected by the Fire Marshall and the State Sanitarian, and deficiencies corrected. (Attached) No particular emergency evacuation plans are existent but the office is small and presents no unusual difficulties or possibilities for dangerous situations.

The office is always open from 0900 to 1730, and frequently during the evening, when Board meetings, AA meetings, group discussions, or similar activities may occur.

While the present facility has served well enough in the past, it now could use some expansion, not a great deal, but some. The staff avers that the formation of family groups in the relatively recent past has led to the need of another room, big enough for as many as a dozen people, which can be made private during office hours. (See I-C, PLANNING.) The agency intends to discuss the feasibility of making an addition to the present office for this purpose.

General impressions of the facility are good. Mr. Rooks and the secretary-counselor come across as empathic, warm-hearted and genuinely interested in the problem and in their clients. Both have experience and formal training. Mr. Rooks is extremely well-liked in the community, and as a member of other service groups and committees, has involved himself in public service projects, creating general good will for himself and the alcoholism project.

I-F PERSONNEL

The Petersburg project has never had more than two full-time persons working, so the problem of scheduling staff working time has not been an issue of importance. The office is always manned between 0900 and 1730, and during those hours at night or on the week-end when special meetings or client services demand it. Mr. Rooks is on call at any hour for the hospital or the police, although "standing orders" from both these agencies, formulated from experience, have reduced the necessity for night calls to a great extent.

Both Mr. Rooks and Mrs. Thompson have received formal training in alcoholism counseling; Mrs. Thompson in Washington and Mr. Rooks in Alaska and Washington. Mr. Rooks is a member of the AAMP's. Mrs. Thompson plans to take further training at the U. of A. when budget considerations permit.

Petersburg's Alaskan native population is approximately 35%, largely Tlinglit-Haida people. They are better integrated into the community than is the case generally in Northern and Central Alaska, and few problems of discrimination arise in the town. The question of native representation in the alcoholism program has been well handled by Board representation, and by Mr. Rook's excellent relations with the local Tlinglit-Haida Council.

The outstanding need for further staff training, it would appear, is that the secretary-counselor receive further formal instruction and certification in management skills. In the present small agency, she can receive personal training under Mr. Rooks so as to be capable of managing locally efficiently in his absence, but she could benefit from training that would broaden and make more flexible her program-management capacity.

Mr. Rooks supplies literature and personal discussions to new Board members, a process which is not difficult in such a tightly-knit structure. There is time at Board meetings for further indoctrination, and this process is on-going and effective.

Staff attitude toward clients is a good blend of empathy and professional, reality-based practicality. Both Mr. Rooks and Mrs. Thompson are AA members of long enough standing to have passed through the "bleeding-heart" stage, but both have a good working faith in the efficiency of persistency and of professional counseling techniques which allows them to be resistant to disappointments inherent in the treatment of alcoholics. They both have enough experience to maintain acceptive and supportive attitudes toward their clients.

Volunteers are used generously wherever possible. The outstanding example of this function is the use of the members of the "drop-in" club to indoctrinate new clients into systems of alternate behaviors. In such a small project, there does not exist many of the opportunities for volunteer work that pertains to the larger programs, such as 12th Step calls and hospital baby-sitting, but Mr. Rooks is alert to possibilities.

I-G EVALUATION

The main base for project self-evaluation is the accumulation of data to support and identify the program goals and objectives as stated in the program support application. To accomplish this, an accurate count of program activity is kept (coded where feasible) in a daily activities log. This serves not only as a basis for monthly or quarterly activities reports but as a reminder of all types of activities in the program pattern.

Separate files are maintained which pertain to special projects, such as fund-raising campaigns, special programs of public education, or the

feasibility of new directions or program additions. (Example: The attached plan for a local seminar.) Material such as notes or formal correspondence is kept in the Director's office and may be subjected to review whenever necessary.

Program progress is brought before the Board at monthly meetings, whose minutes are recorded and filed.

A review in detail of the program daily log, the special program files, the monthly reports, and the Board minutes enables the Director to make an accurate appraisal of progress and to determine new directions, although the comparative simplicity of the Petersburg program enables the Director to do so without so much formality.

The SOA Research Analyst reports that the expected monthly reports are in and up-to-date.

I-II PATIENT'S RECORDS

The records of individual clients are kept in separate manila folders, identified exteriorly by file number only. A register of file numbers with client names is kept in a combination-locked section of the steel file.

The files consist almost exclusively of Data Base forms, one for each month from the opening to the closing of the case. In many cases, a very brief note has been added to the bottom of the form which has reference to particulars of the case and for which there is no space on the form as it is printed. Cases which have been closed are marked with a red tab on the top edge of the folder; all those unmarked are considered to be current and open. The latter are reviewed monthly and new up-dated forms added which reflect any change in status.

While up-dated forms reflect the minimum amount of information, present

status, case plans, and referral processes, that is required for SOA standards, they fail to give the detailed week-by-week case progress and client reaction that should be considered optimal. This question was discussed at some length with the Director, who verbalized that he felt that the agency and in particular the counselor would benefit from some expansion of case detail. The result of the discussion was that a tentative form for in-house agency use was designed, labeled "Confidential Case Progress" and offering space for the contact date, some brief remarks, and the counselor's signature, entries to be made each time the client is seen or other verified information gathered. This is designed to add life and dimension to the case record and to delineate direction for case control. The new addition to client files was instituted immediately; a copy of the new form will be forwarded to the SOA as soon as it is printed.

The client files are kept in a modern steel four-drawer filing cabinet, locked at all times, with the key in the Director's possession. In his absence, the counselor-secretary has the key. One section of the file is a small fire-resistant combination-dial safe. The client register, together with leases, contracts and similar documents, is kept in this. If both the Director and counselor-secretary were to be absent from town at the same time, the key would go to the Chairman of the Board, theoretically, but this situation has not arisen.

1-1 MEDICATION CONTROL

The Petersburg program is not involved with the medical management of clients, and no medications are kept on the premises.

Those clients who have received medical services at the local hospital are the responsibility of the treating M.D. and/or the hospital for their medical and drug management.

The community resources consist of the local hospital (Petersburg General) and the town's two physicians. Alcoholics who are referred or who volunteer for admission for alcoholism are received without difficulty. Both doctors have left standing orders for withdrawal regimens to be followed by hospital staff in their absence. The program Director is routinely notified if he has not personally referred the case. The medical resources for a community of this size may be considered very satisfactory.

I-J REFERRALS

The Petersburg program has utilized the following agencies for case referral:

- Veterans' Administration
- Office of Vocational Rehabilitation
- Tlinglit-Haida Council
- Community General Hospital
- Bureau of Indian Affairs
- Salvation Army
- Municipal Court Structure
- Public Health Nursing Service
- Anchorage Alcoholism Program
- State Health & Social Service offices
- Petersburg District School
- Department of Corrections
- Local ministers, M.D.'s and businesses

Mr. Rooks carries on a personal acquaintanceship with key personnel on each of his cooperating agencies, and maintains contact concerning each of his referrals. His position in the community facilitates this process locally, and his case load is such that he can afford the time involved. With the exception of the local Youth Agency, (see appended notes) he has the respect of other professional personnel and, from the records, looks after his referred cases. He accompanies his clients to any other agency personally, if possible.

The agency uses the Data Base form to record sources of referral and offices to which referrals are made. That this form is too sparse is a

complaint of the project; it is hoped that the new Client Contact form will result in referral details becoming more detailed and informative. In cases of particular interest, referral data could be obtained from the daily log-book.

An interview with George Page, Chairman of the PCA, (see interviews) does much to establish the fact that Mr. Rook's relationship with the local clergy is excellent. He has addressed church groups of a variety of denominations and made the agency's services known to all.

Each agency, those to whom clients are referred and those who refer clients, have a separate place in the agency's file, in which all pertinent correspondence is filed. A look into these files gives information as to last contact in specific cases. The agency's Daily Activities Log records contacts whether that concerns a specific client or not, and whether the contact was personal or by phone. Cases referred are kept open until the client is closed by the referral agency, and contact re-made, at least at the time of compilation of monthly results, if not earlier.

Those clients who are referred into the Petersburg alcoholism program are seen personally by Mr. Rooks, either when they come in, or failing that, when he goes out to see why they have not. The process is not difficult in the small town, where nearly everyone knows everyone else.

Total case numbers involved is not so great that regular (weekly) routine contacts with social welfare agencies is not practical and intensely productive. The other agency workers and Mr. Rooks are evidently all on a friendly first-name basis, which facilitates the trade of information and makes case-cooperation easier.

Alcoholics Anonymous, Alanon and Alateens groups are, as much as their structure allows, a direct function of the program. Groups meet

in the agency office and, as is their right as members, Mr. Rooks and Mrs. Thompson meet with them. This affords an effective opportunity for evaluation and follow-up of those clients who are participating.

Mr. Rooks has been made an honorary member of the Hinglit-Haida Council, which says much of his relationship with that exclusively native group.

I-K DIETETICS

(Not applicable.)

I-L RESEARCH

Research in the formal sense of the word is not a function of this small project. The only contribution that might be made is the accumulation of data by region, ethnicity, referral base, time factors involved, or similar matters, and the Director keeps the possibilities in mind.

There does not exist, at least presently, any possibility that research might take place that would involve the use of human subjects either as subjects or as controls.

OUTREACH FUNCTION

Based on the definition of "outreach" as adapted by the SOA, this program function might well be considered to be one of the most viable services offered by the Petersburg project. The goals and objectives of the program are, in the main, built around the idea of reaching the total population of the community to the end that no segment or particular social group will remain unaware of the particulars of alcoholism as a treatable illness, and secondly, publicizing the fact that the local agency exists and that it can be a useful and practical source of help.

In the attainment of these goals, it appears to the surveyor (see interviews) that the program has been highly successful. While not neglecting his responsibilities to the individual client, Mr. Rooks has continued to pursue the type of local education to schools and to the general public that has resulted in the acceptance by the community of his program and its capacities.

Up to a few months ago, Mr. Rooks carried the responsibility for outreach services alone, but the addition of a trained counselor to his staff will enhance effort.

The question of the interrelationship of the Petersburg program to other useful agencies has been dealt with in the section of this report devoted to "Referrals."

As was the case in previous years, the current grant application stresses, under "Goals" and "Objectives," outreach services. These appear to be practical, and a reasonable continuation of previous effort.

Among the outreach methodologies used by the program may be listed:

- Class-room lectures, grade and high school.
- Teacher training sessions.
- Appearances at service clubs.
- Newspaper column (on-going).
- Regular TV appearances.
- Daily TV flash-cards.
- Frequent movie showing at public gatherings.
- Professional seminars.
- Other daily PR efforts.

AFTERCARE FUNCTION

This section of project responsibility is greatly expedited by the fact that the program works in a small community, where clients are visible and can be followed up with comparative ease, even should they be disinterested in maintaining contact.

The philosophy of the Petersburg program is that no case be closed until:

- (a) The client has achieved a position of stability and has been problem-free for a significant time.
- (b) The client has directly expressed that he wishes no further services.
- (c) He has moved to some place beyond the program reach.

In the case of referred clients, contact with the referral agency is maintained until the client is referred back or until the second agency closes the case. This process becomes practical due again to the fact that involved numbers are small.

The monthly review of open cases provides the Director with the names of those clients who have not had recent agency contact, either follow-up or aftercare, and action is instituted to determine whether or not the client is in need of present action.

The aftercare provisions available to the program consist of:

- (a) The AA and Alanon groups, which meet at the center weekly.
- (b) Individual counseling on an outpatient basis. (Group work is presently being stepped up.)
- (c) Guidance for referred clients.
- (d) Membership in the "Drop-in" Club, entailing club-room privileges. (Alternative behavior.)
- (e) An opportunity to utilize the commercial fishing boat, hopefully leading to re-entry into commercial fishing. (Many of Petersburg's clients are from this trade.)

FINANCIAL MANAGEMENT CHECKLIST

The system practiced in the Petersburg program is simple but efficient, in keeping with the relatively uncomplicated nature of the agency.

There is a check-book, a check register which also acts as a category-item ledger, and a savings account pass-book. These are kept in the possession of Mr. Michael Dean, CPA, of "The Office," an accounting firm, who writes the checks on instruction of the Director, to whom the bills are routinely sent. After the checks are written, they are signed by the Board secretary and one other of two Board members who are authorized. Once signed, the checks are returned to the Director, who, after making the appropriate notation on the proper bill or invoice, mails or delivers them. The receipted and noted bills or invoices are filed in chronological order by account. Cancelled checks are returned to Mr. Dean, who reconciles the book.

The Petersburg project was given a thorough fiscal audit by the State three months ago (Mr. Jim Teal) and this report will be published very shortly. In view of this in-depth review's availability, only the processes and the existence of the working books was checked on this survey. The records are neat, functional and up to date. They are kept in the "safe" section of the locked confidential file.

Incoming funds are identified by source in the ledger. In-kind services that equal cash (Rents) are recorded properly.

The Director prepares the fiscal reports for the SOA. With the system practiced by this agency, no difficulty should be entailed; the daily situation is immediately available. Board meetings (once per month) are held in the Center, and minutes are kept by the Board secretary.

The project secretary duplicates, distributes and files copies. An up-to-date file of Board minutes is kept in the Director's office. At meetings, either the present financial status of the program is presented by the Director or the Board Treasurer, (usual process) or specific questions are answered. The minutes reflect the process.

The annual grant application to SOA is reviewed by the Board prior to its submission.

An equipment inventory is maintained in the Director's office. The inventory gives the source and date of acquisition as well as an assigned value. Items are added or deleted by date of transaction.

The documents testifying to the source and value of in-kind contributions are attached to the grant application and are in order. Copies are kept on file.

The Director indicated that there is no dissatisfaction with the SOA payment process, which is currently on time and in order.

The greatest concern at present regarding local cash support is that the Board and the Director foresee the time when State support will, as a matter of State policy, diminish, and the responsibility for program support will impinge on the community. While the community appreciates (theoretically) the value of the project, the city treasury does not find itself in a position to extend greater support. (See interview, City Manager Moffatt.) The Board and the Director are presently exploring strategies which might serve to encourage the community to insist on establishing a higher priority for cash support of the program.

GENERAL PROGRAMMATIC INFORMATION

1. The Petersburg program undertakes to supply to the community Information and Referral, Outpatient Treatment, Community Planning, and

Alcoholism Prevention services. All these take place in the program's central office in the down-town area, with the exception of some counseling services which take place in an office in the local hospital.

Twenty to twenty-five clients per month constitutes the average on-going case-load, with around four new clients being received into the program monthly. This latter figure is extremely flexible, and on some occasions has been as much as eight or ten. Such services as are routinely offered to regular clients, such as referral check-ups and conferences can amount to as much as thirty units of service in a month's time. The Director usually spends two to four hours per day directly counseling clients, individually for the most part, sometimes in small groups (two or more). The recent addition of another counselor to the staff (female) may not result in any reduction of the Director's case load. On the contrary, an increase in family, female-oriented activity seems to be emerging.

The prevention component of the program is dominated by the school-education activity carried on by the Director and by the continuous publicity the agency is offered by the local TV-radio outlets and by frequent newspaper exposure.

Community planning, as such, is limited presently to efforts being made to seek new alternative behavior outlets for clients by involving them in visibly constructive work activity (see "Boat"), in cooperation with other agencies, and in investigating the feasibility of further program expansion. The small community, two-person staff, and limited fiscal budget, will not allow too ambitious an effort along these lines.

2. The predominant service, in the sense that it seems to be the one most recognized by citizens, whether acquainted with the program or not, has been the removal of the public alcoholic from the status of a

highly visible and socially insoluble problem, to the status of a person to whom help is being offered and who, in more cases than not, is now involved in some process of change. This is a natural enough reaction on the part of the public, whose stereotype of the alcoholic is generally associated with the visible offender. Public inebriates, at least the well-known chronic examples, have largely, according to the police, disappeared from Petersburg streets. When they appear, they are considered to be persons who are relapsing from treatment programs rather than as indifferent and socially deviant types. The steady on-going effort on the part of the present Petersburg program to see to it that this situation will continue to obtain, is the most remarkable and predominant community service.

Not so visible, but of equal importance, is the educational thrust of the program. This has been concentrated on getting the community to accept the concept of alcoholism as an illness whose victims are found in all strata of the population, and it is being accomplished in a healthy way, aided much by a few successful experiences with well-known and respected members of Petersburg managing class.

3. These two directional efforts are unrelated in the sense that the target groups and techniques both differ, one is concerned with service provision and the other primarily with education. Only the small size of the community allows that they be simultaneously carried on by the small agency staff, but such is the case, and with the recent addition of another trained person to the staff, it will continue.

4. Continuity of care, from case-finding to follow up is provided in this agency by the involvement of every usable referral possibility. (See Referrals section.) The key section is naturally the alcoholism

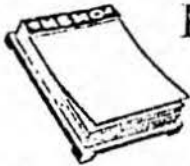
agency, which manages to keep tight case-contact and thus avoids gaps in service-delivery which might result in discontinued cases.

5. There is no doubt that the program is well-known publically. Several factors are at work; the constant publicity campaign carried on by the agency at the radio-TV level, the newspaper column, the distribution of printed material to selected groups, and Mr. Rook's personal efforts in the market-place. The surveyor talked to people in restaurants, hardware stores and gift shops along Main Street and found that nearly everyone, certainly every mature person, was acquainted with the newspaper column, the TV scanner ad, or with Mr. Rooks personally.

The guiding philosophy of the program is essentially that of Alcoholics Anonymous; that alcoholism is a psycho-physiological addiction and that recovery stems from abstinence and the regeneration of social and spiritual strengths. All clients are strongly encouraged to utilize the AA program as the most practical and painless system, but the agency does not discourage attempts on the part of the client to improve his position by any system at all. Mr. Rooks and Mrs. Thompson have received training in other methodologies as well as AA.

7. The problems of the agency have been addressed in previous sections; it would not be exact to say that the project is being hindered in carrying out their present goals. The problem of obtaining more capable staff seems to have been resolved by the addition of a person who is a trained counselor as well as a secretary. The problem of more efficient quarters is under study and there is reason to believe a solution will be found eventually if not in the near future. Fiscal Limitations are recognized as inevitable and good use is being made of what is available.

INTERVIEWS BY SURVEYOR OF
PETERSBURG CITIZENS



Petersburg Council
on
Alcoholism Inc.

P. O. Box 1066, Petersburg, Alaska 99733
Phone: 507-272-3552

LIST OF LETTERS OF SUPPORT

Petersburg Public Schools, D.W. Schultz, Supt. , P.O.Box 289, Petersburg, Ak 99833
City of Petersburg, H.D. Scougal, City Manager, (Dava Moffat), Box 329, Petersburg,
Division of Corrections, Robert Hubby, Probation office, Box 1022, Petersburg
District Court, Petersburg, Kristen Billings, Magistrate, Petersburg
Petersburg General Hospital, Florence LeRoy, Administrator, Box 589, Petersburg
First Baptist Church, Earl Midkiff, Petersburg
Dept. of Health & Welfare, Bea Espeseth, Public Health Nurse, Box 136, Petersburg
Salvation Army, Sharon Robertson, Capt. (Capt. Robt. Wilson), Box 514, Petersburg
Sharon Arthur, (contributor), Petersburg,
Local Bahai's of Petersburg, Kay Schwartz, Sect., Box 85, Petersburg

Mr. Bob Hoffatt, Petersburg City Manager

"I have very positive feelings about our local program. We think we have a good grasp on the problem now, at least as much as possible. The City is not involved in the financial management, but we think we are getting good value for our modest contribution. John asks us for more money, and we are sympathetic, but this city has over-extended itself in roads, sewers, docks, and similar programs, and we are having real difficulty meeting our interest payments. Not all the people, naturally, see alcoholism as an illness or a social problem, so requests for dollars for alcoholics will generate some opposition, but most of us would do everything we can."

"We call John Rooks our 'Unofficial Manager of Human Resources,' and we are fond of him. He has excellent rapport with the other local and state agencies -- works well with them."

"I really am of the opinion that we no longer have a public inebriate problem here in Petersburg due to John's efforts. You don't see people laying around or staggering up and down, at least, not for long. Our chronic drunks, some of whom have been a drag for years, are now sober or at least working on it and sober some of the time. I realize that's a broad statement, but I believe it."

"Our real problem now is our juveniles. They get drunk somehow and many of them take other drugs. Vandalism has risen. We have a Youth program here and I am sure it is working hard, but the kids, at least many of them, are not cooperative. John tried to make some work opportunities for the kids, and I guess some of them went along, but on the whole, I don't really know how successful that project was."

Dan Romey, President of Rotary and local business man

"John Rooks has worked hard to make his project and his services known here in town. I think a good many of the visible drunks have been helped, at least, we don't see them laying around as in the past."

"The program has done a good job of publicity. John has talked and shown movies to Rotary, and to other groups also, and I think we are all better informed. He is personally well-liked. That makes him credible, even though some people may still think you can't do much for drunks."

Mr. & Mrs. Al Smith, local lumberman and

Agency clients (both)

"This town is a very heavy-drinking place, and it certainly needs this program. We don't know of any other place people in trouble can go to, but this program will find ways to get help for you. For instance, John got me connected with the Vocational Rehabilitation office - Mr. Jim Petropoulos from Juneau - and I got a hearing aide. Life is much more pleasant. Now that we both are sober, life is worthwhile, and we are grateful. John really cares about us."

Mr. Robert Harrington

Chief, Petersburg Police Department

"I really think John has a handle on the problem of alcoholism in this town. The number of public inebriates has gone way down. We don't get the pick-up or fight calls we did a couple of years ago. The call statistics would probably show, if we had time to go through them, that the longer John and his program have been at work in the community the fewer arrests we make."

"Of course, we can't and don't arrest persons for just being drunk, but we pick them up when they are in trouble and hold them for John. We just hold them in protective custody until they can make sense, and he follows up on the case. I think he is able to make some progress, even if it is small, on most of the cases."

"Our jail is a good one. We had a man die on us once, but that was highly unusual and won't happen again. We take people to the hospital emergency ward if it looks in any way that they should be examined or allowed to sober up under medical supervision. Always, in the case of any possibility of injury. John has done some training about this."

"Our problem is the youth of the community. Drugs get in on the planes and the ferry; not so much of the very hard stuff, perhaps, but some. The laws are not hard enough, when we finally get a case into Court, and that makes enforcement difficult. Young pushers just aren't punished."

"John has a good rapport with the young people and works hard to do what he can. He has helped much with some alcoholic families, which helped some delinquent kids. I wish he could have more financial support, if that is what he wants."

Reverend George Page, Chairman of the Board, PCA

"We think the program is meeting with a good rate of success with those clients who either come in or are referred in, and over the length of time the agency has functioned, that amounts to many. The alcohol program is functioning well and we think it is really meeting community needs."

"But our problem now is the youth the drug violators, generally, although they drink, too. The police can't do much as their cases do not get support in the courts - nothing can be done to those kids that are picked up."

"We tried to work with the Youth program here. The community got a \$5000 grant from Criminal Justice, and we tried to start a work program and cooperate with the Youth program leaders on this. But we couldn't get far; it seemed that their leadership failed to give the program the kind of cooperation needed. We are disassociating ourselves from that section of the Youth program. We will continue to do what we can in the way of alcohol education and other services."

Captain Bob Wilson, Salvation Army

"In my Salvation Army work around the whole country I have seen and worked with a variety of alcohol programs. The Salvation Army has been familiar with this problem since its founding by General Booth. But I am willing to say that this Petersburg program is the best-directed program I have ever seen. It is providing real services to the individual client, and is filling the community needs as well."

Jack Eddy, Jr., Magistrate

"I can really see the difference in this town now and the way it was in 1971. We aren't seeing the people drunk on the streets who have to be picked up." (Mr. Eddy was a city policeman at that time.)

"The Court consults regularly with Mr. Rooks, and referrals of alcohol-related offenders to the program has been worked into a routine."

"I feel that I have always had good luck working with the alcoholism project. Naturally, not all the people we refer cooperate, but many do, and we feel that at least we have tried with those who do not. It makes it easier the next time, anyway."

"John works well with other agencies, and keeps good track of people that are referred to him. He's very dependable that way. Cases don't just get abandoned."

"Right now we haven't got so many people coming to court with alcohol problems that the agency can't handle them, so we feel comfortable. The juvenile offenders are a different problem. I don't know how John can do much there, or who could. The kids know that they can't really be punished."

Bea Espeseth, RN, PHS

"I was on the original Board, and I know what conditions were at that time, so I can say with authority that the program has made a change in this community. We do not have as many public incidents and tragedies that we once had. And everybody in town knows about the program - that they can either go there themselves or refer someone."

"Much depends on John Rooks, who has accomplished most of what has happened by sheer dedication and character. The new lady counselor, Harriet Thompson is, I think, great. She will add a lot, particularly in the area of counseling wives and families."

"We know the city is going to have to assume greater fiscal responsibility, but I don't see how they can. The sewers, roads and docks cost so much that I think the city is actually poor. Maybe some other way can be found - other grant systems for instance."

Betty Philben, Owner-Manager, Local TV Station

"We think the local program is energetic and effective. It's a duty and a pleasure to cooperate with Mr. Rooks in his publicity work. We keep his agency ad on our mini-scanner, do his public announcements, help out with movies - things like that."

"I am a member of the Board, and so am totally familiar with the project. John keeps us well informed, not only at regular meetings but by personal contact during the month. He sees to it that we share his problems!"

Florence LeRoy, Administrator, Petersburg General Hospital

"The relationship between the alcoholism program and this hospital is excellent. As an in-kind contribution, we provide an office-space where John can see people who are here, or bring them in to talk, for that matter." (The surveyor inspected the room; it is private, attractive, and functional in all respects.)

"I can say that since the institution of the Petersburg Alcoholism Project, our doctors have much less demand on their time and services. A small study was done here at the hospital which indicated that directly."

"Our patients can use their Blue Cross policies here without difficulty; of course, this is strictly hospital and M.D. accounts - it's too bad we can't recompense John for his part of the services. They're most important."

"We have sent R.N.'s to work-shops on alcoholism in Juneau and Sitka, and feel that we benefitted greatly. We have worked out 'standing order' medical treatment techniques, and we have good success with them. Once in awhile an alcoholic patient may become a problem, but this has always been the case anywhere, and with John to help and an understanding staff, we can live with it. We have only one bed, strictly speaking, for this type of client, but we could always adjust without difficulty in an emergency."

"I feel that John has been the prime mover in many of these affairs. He has a seminar planned for here if he can find the money; I hope he can, as we plan on involving as many hospital personnel as possible."

Don Schultz, Superintendant, Petersburg Schools

"We have become very interested in this drinking problem, due to the fact that we are seeing a good deal of it among students, some of them pretty young. We are planning on working up a teacher-training program, and are searching around for a good curriculum guide as well."

"We do counseling and teaching here, in charge of Del Stockton, our Secondary Guidance Counselor. He works with Mr. Rooks whenever he can."

"We have some new material from Ohio that we feel is impressive, and we have heard about the curriculum guide produced in Anchorage by the NCA-AR. We would like to know more about that."

"John supplies us with some films, and addresses many classes."

Mr. Pete Erickson, Contractor

"I know John well, and what he does. I know most of his clients, too. Many of them have sobered up, and some were very bad cases. Nobody ever thought they could or would change, but I've seen it."

"John is well-liked around here, and one reason is that we think he knows what he is doing. He just knows his business. We respect that."

DIRECTOR'S INTERVIEW

1. What are the specific goals and objectives of your program? (If there are several components of your program, please state the goals and objectives of each component.)

See 1978 Grant Application - Attached copy.



Objectives:

1. To reduce the incidence of alcohol abuse by obtaining figures from the Police Department, Probation Office, and Courts at the beginning of the fiscal year and at midyear and approximately year's end so as to be able to measure the accomplishment. A 25 percent reduction planned for the first year is realistic.
2. We are planning to increase the number of films, mail out literature campaigns, and lectures at all levels of school classes by December 1, 1976. We are to have at least two work shops--one in November, 1976 and one in April, '77 with at least 40 present. This number is based on past work shops in this community.
3. We will provide additional crafts as an alternative to drinking. These would be in full operation by December 1, 1976.
4. Each business house is to receive a packet of literature concerning the alcoholic and the alcoholic employee as well as personal contacts by the director and the proposed additional counselor-secretary. This would be implemented immediately upon funding of our grant for this position.
5. We plan to implement regular film showing once a month at the beginning of the next school year with increased participation of the teachers with group discussions. This will be implemented on an increased basis as needed throughout the school year.
6. At the present time we have two clients aboard the council's 25 foot trolling boat. We will attempt, as the trolling season opens, to help these clients become self sufficient in earning powers, gain community respect, and most of all--self respect, and through counseling assist these clients to obtain their own boats. Hopefully this will be completed by June 1, 1977.
7. Through the additional counselor we propose to reach at least five lace curtain alcoholics or non-public drinking alcoholics (as some would term it) by October 1, 1976 and a proposed five additional women alcoholics by May 1, 1977.
8. We plan to start an Alanon Group by September 1, 1976 with attendance approximately 8 to 12. We plan that AA group sessions will be up in attendance accordingly. We propose to have family groups once a week by September 1. No reduction in counseling hours by the counselor is anticipated until September when more time will be devoted to education and more of the counseling load will be switched to the new counselor.

Re Part III Program Plan:

The Overall Goals:

1. To reduce the incidence of alcoholism in the City of Petersburg.
2. To increase the amount of education available to the community as a whole.
3. To provide additional recreational programs to serve as an alternative to drinking and as a preventive measure.
4. To try to reach every home and business with additional information through mail out literature campaigns.
5. To implement a regular film showing and discussion group in all levels of our educational system in Petersburg.
6. We will attempt to rehabilitate one or more clients to be engaged in fishing so as to utilize the Council's 25 foot troller.
7. To hire a female counselor to attempt to reach some known lace curtain alcoholics.

2a). How and when do you assess your progress toward meeting those goals and objectives?

Examination of running log of daily activity,
compilation of monthly reports, data and activity.

b). What other agency, organization and/or person performs an assessment of your progress toward meeting your goals and objectives? How and when are these assessments made?

State Office of Alcoholism - Survey and correspondence
City of Petersburg - verbal and written reports to City
Manager and Assembly.

3a). What is your definition of "treatment" in the context of your program?

The offering of any service which bring up motivation
and help client overcome addiction or dependency.

b). How many persons are currently being "treated" in your program?

Average around 20 active files at one time.

c). What is your definition of a "client"? Any person who asks for help
and who accepts services of some type - alcohol related.

d). How do you determine and verify the number of people being treated in your program?

From active files, daily logs, or other records

e). How many clients are now being seen at least twice per week and in what type of counseling sessions? Average around ten.

f). How many clients are currently being seen once per week and in what type of counseling session? See (b) Individual Counseling, AA, and Alanon groups, etc.

- g). How many of your clients have reached six months' sobriety (beginning with their admission into your program)? Counting those who may have had later relapses, around 100
- h). What means did you use to determine the above number of clients? Project records
- i). How many of the above-mentioned clients are currently still involved in your program and in what type of treatment modality? If AA membership or frequent out-of-office contacts count, around 20.
- j). What is the average length of stay in treatment in your program? No in-patient program, but contacts as long as one year.

4. For clients currently in treatment, please provide the following:

# Adults	<u>25</u>	# Youth (under 19)	<u>5</u>
% Male	<u>80</u>	% Female	<u>20</u>
% Native	<u>35</u>	% Non-Native	<u>65</u>

Main referral source: Justice system and hospital
 Other referral sources: See narrative; BIA, KHO, HSS, public in general.

How did you arrive at the above percentage estimates? File studies.

- 5. Services (either offered by your program or referred): please describe:
 - Individual counseling Daily, 7 days if necessary, by appointment or drop-in, by Director and Counselor-Secretary. (All available staff)
 - Family counseling Same
 - Group counseling AA, Family Alanon, mixed and female group "rap sessions."
 - Vocational/Employment counseling Referral to OVR and Director's contacts with potential employers.
 - Community Education TV appearances and Scanner, regular newspaper column, appearances at Service organizations, seminars when possible, distribution of literature.

Education in Public Schools _____ Regular appearances at Grade and
_____ High schools, formal and informal teacher orientation.

Industrial Program _____ No regular contacts. Employer guidance
_____ furnished.

OMVI Classes/ Drivers' School _____ Not enough clients for group course,
_____ but regular referrals for counseling for DWI clients.
_____ from Courts.

Mental Health _____ Occasional referrals from HSS or Social worker.

Consultation _____ Regular with Courts, Police, Schools, and Community Hospital.

Drug Abuse counseling _____ In occasional conjunction with local
_____ Youth program.

Prevention _____ Rosters and literature distribution; preventive context
_____ of school education.

Recreation _____ Provides recreation room with pool, TV, rock collecting
_____ and jewelry-making, library, etc. in Project area. (See
_____ section on Fishing Boat.)

Legal Services _____ Referral to legal services only.

Social Services (Youth, Housing, Welfare, etc.)
_____ Referral services.

6a). How often does a client receive individual counseling? _____ On demand; can
_____ be scheduled daily.

b). Family counseling? _____ Same.

c). Group therapy? _____ Now scheduled weekly "rap sessions."

d). Work therapy (or cost recovery work) See Boat section.
Also good contact with Forestry for seasonal work.

e). Attend educational/informational classes? When permitted by budget.

7a). Are there services that you would like to provide but are currently unable to do?
Yes No

b). What are these services? More group sessions, especially for families,
in day-time.

c). For what reasons are you unable to provide these services?
Not enough room which will afford privacy

8a). What is your admissions policy? Do any characteristics affect admission to your program (such as # times in program previously)?
Services extended to anyone who verbalizes need, regardless of previous record.

b). Who does the screening for admissions? Director.

c). What are your specific intake procedures?
(No live-in program) Interview and begin DB file.

d). What is your policy and procedure on medications? (What do you do, for example, with the medications a client is taking upon admission to your program?)
No medications handled. Detox process done at local hospital. M.D.'s responsible

e). How much time does the intake process require? Any reasonable time necessary

9. Under what conditions would a client be dismissed from your treatment program (please include program completions as well as dismissals for violations of rules)

A client might be told that he is wasting Agency time if he shows up intoxicated. He will be informed that he is welcome to return sober.

10. How are discharge referrals handled? Direct contact.

11. What sort of follow-up activities do you conduct for clients who have graduated, dropped out or otherwise left treatment?

AA membership - meetings held at Center.
Drop-in and recreational center membership.
Opportunity to fish on Project Boat for fishermen or others.

12. What do you consider to be the most serious problems you have to deal with in meeting the objectives of your overall treatment program?

Budget limitations on Training and Travel
Budget limitations for additional space, although not much is actually needed in this respect.

13. What additional resources do you need to deal with these problems (such as staff, training, etc.; be very specific)?

Funds for Travel and Training for better certification.
More budget for space.

14. Are lines of authority as drawn on your organizational chart followed? If not, where do you see the breakdown?

Two-person organization
No difficulty

- 15a). What are your days and hours of operation? 0900-1730, Daily
and Evenings and Week-ends on special demand.

b). What is the daily schedule of activities for clients? (Please provide a model weekly schedule of activities, programming.)

No live-in clients

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7 am							
8 am							
9 am							
10 am							
11 am							
noon							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							
7 pm							
8 pm							
9 pm							
10 pm							
11 pm							

c). When does this schedule break down (under what conditions) and what do you do when it does?

N/A

d). What happens when a staff member is absent?

Other member carries on.

16. Are there any features of your program which you consider particularly innovative or unusual?

Use of donated commercial fishing boat to help fishermen.
Clients get back to water sober-Boat may also be used for group recreation.

17. How many of your staff members are recovered alcoholics? One (only other)
of total staff positions, including part-time and temporary 100%

18. Is your program currently receiving any third party payments for clients?
Yes No X

If yes, from which companies, agencies? VA recently changed policy-
Tlinglit-Haida Corporation negotiating

What steps have you taken toward obtaining third-party payors?

See above

Are any of your clients self-paying? Yes No

What is your fee schedule for payment for those who are able to pay and/or for third party payments?

No fee-schedule has been established.

Please explain any other system (such as in-kind work) you have developed as a means of reimbursement by clients for services provided:

Investigating only - possibility of Forest Service work
for certain clients.

What is preventing you from charging clients who are able to pay for services?

We provide counseling - no in-patient costs. This was
policy to get program established. Hospital collects direct
where possible for detox and medical services.

19. What steps have you taken toward getting the community to assume a degree of responsibility for your treatment program?

Talked repeatedly to Manager and Assembly. City's position is
that it is as generous as city means presently allow. City in
poor financial position. Negotiations still going on.

20. What do you feel your relationship with your governing body and/or administration is effectively managing the affairs of your program? How could it be improved or changed? Do you feel that your governing body and/or administration is effectively managing the affairs of your program?

Relations with SOA - good. Normal give-and-take about budget. I understand their position. Need detailed guidance at times and would appreciate more. We could all use more dollars.

Relations with local political and social community who are the real responsibility, excellent. Again, trying to get them to understand that some day they will have to underwrite whole program. May succeed. They are sympathetic, but broke.

21. Whom would you like me to interview in your community (antagonists as well as supporters of your program)?

Name	Agency/Organization	Phone #
(List supplied and attached)		

22. Please use the following chart to present an example of an "average" day of work for you:

7:00 am		4:00 pm	
8:00 am		5:00 pm	CLOSE AT 1730
9:00 am	OPEN CENTER	6:00 pm	
10:00 am	CLIENTS & DESK	7:00 pm	MEETINGS, SPECIAL
11:00 am	WORK	8:00 pm	CLIENTS, JAIL OR HOSPITAL
noon		9:00 pm	OR PERSONAL CALLS
1:00 pm	LUNCH	10:00 pm	ETC.
2:00 pm	CLIENTS AND	11:00 pm	
3:00 pm	OTHER-AGENCY CONTACTS		

AVERAGE WORK WEEK = 50/55 HOURS

LIST OF PERSONS FOR INTERVIEW
AS SUPPLIED BY PCA DIRECTOR

City Manager	David Moffatt
Chief of Police	Bob Harrington
Public Health Service Nurse	Bea Espeseth
Mayor	Ted Smith
TV Station	Betty Philbin
Petersburg Hospital	Florence LeRoy
Harbor Master	Dek Fromer
Magistrate	Jack Eady
Salvation Army	Bob Wilson
Assembly of God	George Page
Teacher	Chuck Larson
School Superintendent	Don Schultz
Principal	Sid Wright
Public Works	Dussey Rhodes
Physician	C. W. Coons, H. D.
School Counselor	Hel Stockta

AGENCY PERSONNEL INTERVIEW

STAFF QUESTIONNAIRE

Name Harriet Thompson Age 45 Sex F
Job Title Counselor-Secretary
Length of Employment in this Position 4 months

1. Length of Experience:

- a). In this alcoholism treatment program? Years _____ Months 4
- b). In other alcoholism treatment programs? Years 5 Months _____
Where were these programs located?

<u>Name</u>	<u>Location</u>
<u>Central Alcoholism Agency</u>	<u>Seattle, WA</u>
<u>No. End Referral</u>	<u>Seattle, WA</u>
<u>Long Term Care Facility</u>	<u>Seattle, WA</u>
_____	_____
_____	_____

- c). Describe any work experience you have had which is related to alcoholism treatment: _____
14 + years active, sober member AA.

12th step work and active study motivated
by personal interest.

2. Education and Training:

- a). Describe special alcoholism treatment training you have had and where you received that training: _____
Seattle University
Alcoholism Studies Program - Certificate awarded.

When did you receive this special training? 6/75 thru 6/76

- b). How many years of high school did you complete? 4 CED? _____
- c). How many years of college have you completed? 0
What field did you concentrate on in college? _____

d). Describe any informal training or informal work experience you have had which has helped you to better understand alcoholism treatment: _____

SEE (1-C)

e). Would you like more training? Yes No

If yes, in what areas: _____ Group Therapy skill, particularly
with non-alcoholics.

3. How many hours per week do you work? 48 plus (40 officially)

4. How do you define a "client"? Anyone who has a need and
who asks for services

5. How many clients do you see on an average day? Four

How many of these clients have asked for help with their drinking problem?
All, if spouse's drinking problems count.

How many of those you see on an average day have case files?
About half.

How much time do you spend with each client you see on an average day?

Varies from 15 minutes to two hours.

6. Do you have an office? Yes No
If no, where do you do your counseling?

If yes, where is your office located?

In Petersburg Alcoholism Program office.

7. Do you have a regular caseload of clients? Yes No

If yes, how many clients are in your current caseload?

Perhaps 20; many shared with Director

In your judgment, is your current caseload of clients: Too many _____
Too Few _____ Just about right (Presently)

8. What do you do on an average day? Please use the following table and be as specific as possible. (Examples: counsel individual clients; counsel clients in groups; visit public schools; visit families; make home visits; help break up fight; etc.)

Time	Activity
7:00 am	
8:00 am	
9:00 am	OPEN OFFICE : TEND TO MAIL,
10:00 am	CORRESPONDENCE, WORK WITH
11:00 am	MR. ROOKS ON CLIENT AND/OR
noon	FISCAL MATTERS, SEE CLIENTS.
1:00 pm	LUNCH
2:00 pm	
3:00 pm	SEE CLIENTS, TYPE LETTERS,
4:00 pm	ANSWER PHONE, MAKE CALLS
5:00 pm	FOR FOLLOW-UP, COUNSEL, ETC.
6:00 pm	GO HOME
7:00 pm	
8:00 pm	MEETINGS WHEN SCHEDULED
9:00 pm	
After 9:00 pm	

9. What percentage of your work time per week do you spend counseling clients either in your office, home or any other location? 60% - 75%

10. What do you think is the strongest feature of your alcoholism Program?

The respect and trust of the Community.

I am accepted as useful.

11. What do you think is the weakest feature of your alcoholism program?

Need more space for groups in daytime.

12. What problems do you have in performing your job duties? What more do you need to overcome these problems? No particular problems..

More training is always a good thing. I want to be sure that I can be qualified under JC&H.

I think my certificate is a good one; the training is put to work daily.

13. Does your program have a Policy and Procedures Manual? Yes No

Have you seen it and are you familiar with it? Yes No

BEING PUT TOGETHER

Does your program have a Personnel Policy Manual? Yes No

Have you seen it and are you familiar with it? Yes No

14. Is your relationship with your supervisor satisfactory? Yes No

How would you want to improve your relationship with your supervisor?

We work well together. As fellow AA members,

we have a good understanding.

15. Please give additional comments on your work, your problems areas, your needs, and on whatever else you want to know:

See # 12.

I would like an opportunity to trade ideas and experiences with others who do my kind of work.

Quite happy with Petersburg program. Am sure matters will be even better as my stay here grows longer.

STAFF TURNOVER

STAFF TURNOVER

Please complete the following table for the past and the current Fiscal Year.

	Full-time Positions Budgeted FY <u>76</u>	Full-time Positions Filled FY <u>76</u>	Part-time Positions Budgeted FY <u>76</u>	Part-time Positions Filled FY <u>76</u>	Full-time Positions Budgeted FY <u>77</u>	Full-time Positions Filled FY <u>77</u>	Part-time Positions Budgeted FY <u>77</u>	Part-time Positions Filled FY <u>77</u>
July	1	1	1	1	1	1	1	0 ✓
August	1	1	1	1	1	1	1	0 ✓
September	1	1	1	1	1	1	1	1
October	1	1	1	1	1	1	1	1
November	1	1	1	1	1	1	1	1
December	1	1	1	1	1	1	1	1
January	1	1	1	1	1	1	1	1
February	1	1	1	1	1	1	1	1
March	1	1	1	1	1	1	1	1
April	1	1	1	1	1	1	1	1
May	1	1	1	1	1	1	1	1
June	1	1	1	1	1	1	1	1
TOTAL	12	12	12	12	12	12	12	10

One person (Secretary) left to fill other position.

One person (Secretary-Counselor) hired.

CURRENT MEMBERS

PETERSBURG COUNCIL ON ALCOHOLISM BOARD