

ALASKA LEGISLATURE SPECIAL COMMITTEE / SUBJECT FILES 8672

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

A REPORT ON

INVENTORYING AND PLANNING FOR ALCOHOLISM
AND ALCOHOL ABUSE SERVICES IN THE ANCHORAGE MUNICIPALITY

A MEETING HOSTED BY
MUNICIPALITY OF ANCHORAGE HEALTH DEPARTMENT

July 14 - 15, 1977

By
Dr. Ron Daugherty, Director
Alaska Center for Staff Development
650 International Airport Road
Anchorage, Alaska 99502

TABLE OF CONTENTS

	Page
REPORT SUMMARY.....	i
INTRODUCTION.....	1
BACKGROUND.....	1
PROCEDURES USED FOR COLLECTING DATA.....	2
FINDINGS.....	3
Inventory.....	3
Services Needed.....	3
Services in Excess or Duplication.....	4
Recommendations.....	5
Process Outcomes.....	5
CONCLUSIONS.....	7
RECOMMENDATIONS.....	8
APPENDICES.....	
APPENDIX "A" - LETTER OF INVITATION.....	11
APPENDIX "B" - AGENCIES INVITED.....	16
APPENDIX "C" - AGENCY REPRESENTATIVES ATTENDING.....	19
APPENDIX "D" - MEETING AGENDA.....	23
APPENDIX "E" - INVENTORY OF ALCOHOLISM SERVICES.....	26

REPORT SUMMARY

Alcoholism and alcohol abuse continue as major problems within the Municipality of Anchorage to which a number of public and private agencies have focused services.

In an attempt to identify who is offering what services, to whom and what their respective target population is, the Municipal Health Department, Behavioral Health Division, hosted a meeting July 14 and 15, 1977, for individuals and agencies offering services in the alcohol field.

An inventory of services by service classifications, agency, or individual, was developed during the meeting. The inventory, incomplete at the conclusion of the meeting, was viewed as essential information to the community, and the participants recommended steps be taken to complete and verify the inventory.

Meeting participants identified a total of seven (7) services as lacking or insufficient to meet the needs of the people of the Municipality. All aspects of prevention were identified as the highest priority in needed services, and weighted considerably above the second and third priorities, early intervention, and after-care respectively.

Some services currently offered were viewed by participants as being in excess or unnecessarily duplicated for the needs of the community. A total of four (4) general areas were identified during the meeting as candidates for further consideration as being excessive or duplicative in nature.

The meeting participants made six (6) recommendations for future action by the Municipality. The author of the report includes some observations concerning the process used during the meeting, conclusions based upon findings from the meeting, and recommendations for future action.

INTRODUCTION

Alcoholism and alcohol abuse continue to be one of the Anchorage Municipality's major problems. A number of agencies, both public and private, attempt to serve municipal inhabitants with alcohol problems or provide information, education, or guidance aimed at prevention of alcohol-related problems. Yet the alcohol problem continues to increase in spite of these efforts.

Sketchy information exists which accurately reflects the true scope of the problem in alcoholism and alcohol abuse. Thus, it is difficult to accurately describe the potential target population for agencies and their corresponding programs to provide prevention, treatment, and support services. Nevertheless, alcohol continues to gain in proportion as a causative factor in death and related bereavement, monetary loss to industry and government, as well as the individual, crime, mental illness, child abuse, and failure in the educational system.

In an attempt to better identify what this larger potential target population is and how this population is being served, the Municipality of Anchorage Health Department hosted a meeting July 14 - 15, 1977. This report is an attempt to capture the more significant events, findings, and recommendations resulting from the meeting, in hopes that these will be useful in guiding our future.

BACKGROUND

During the spring of 1977, the Manager and staff of the Behavioral Health Division, Municipality of Anchorage Department of Health and Environmental Protection, examined the roles and responsibilities of their Division. A conclusion resulting from this analysis was the need to better identify the needs that could potentially be served through the resources of this Division. It was anticipated that some of the needs identified could be addressed directly by the staff of the Division. Other needs identified could better be served by delineating the scope of work needed to address the need, issuing Requests for Proposals (RFP's) and contracting with the most advantageous bidder to meet the identified need.

To identify those needs to be addressed, it was decided to hold three (3) basic meetings, one for drug abuse, the second for alcoholism and alcohol abuse, and the third for mental health. This report concentrates on the meeting for alcoholism and alcohol abuse.

On June 27, 1977, a letter from Dr. Helen Beirne, Behavioral Health Manager, was sent to 57 agencies, inviting them to send a representative to the July 14 - 15, 1977 meeting on Alcoholism and Alcohol Abuse, Prevention, and Treatment. A copy of the letter of invitation can be found in Appendix A, and a list of agencies invited can be found in Appendix B.

The Municipality of Anchorage contracted with the Alaska Center for Staff Development to assist with the planning and to conduct the meeting, and to provide this written report. Dr. Ronald Daugherty, Director, and Ms. Lynne Curry, Project Director for Substance Abuse Counselor Training of the Alaska Center for Staff Development were specifically assigned to conduct the contracted scope of work.

The meeting was convened at 9:00 A.M. on July 14, 1977, in the Fifth Floor Conference Room of the Municipal Health Building, 825 "L" Street, Anchorage. A total of 26 individuals attended all or a portion of the day and one-half meeting, representing 22 different agencies or Municipal divisions. A list is provided in Appendix C.

The meeting was facilitated by Dr. Ron Dougherty. As facilitator, he pinpointed the following meeting objectives:

1. To determine services currently being offered within the Anchorage Area for treatment or prevention of alcoholism or alcohol abuse.
2. To determine what services should be, but currently are not available within the Municipality for the treatment or prevention of alcoholism or alcohol abuse.
3. To develop recommendations for future action by the Municipality of Anchorage, Department of Environmental Protection, Behavioral Health Division.

A copy of the meeting agenda is available for reference in Appendix D.

PROCEDURES USED FOR COLLECTING DATA

Inventory. The data constituting the inventory of services currently offered was collected in two (2) ways. First, the letter of invitation was accompanied by an inventory form and a set of Service Classification Definitions to aid in explaining the major inventory categories. This inventory was to be completed by the agency representative and mailed back to the sender or brought to the meeting on July 14, 1977. A total of 25 of these inventories were returned.

Secondly, the entire first day and approximately one (1) hour of the second day of the meeting were devoted to recording data that corrected or supplemented data from the returned forms. To accomplish this, each major category and sub-category were discussed and verbal information sought from meeting participants and recorded on large wall charts. The resulting inventory can be found in the Findings section of this report.

Services Needed. On the second day of the meeting, participants were divided into small groups of three (3). They were asked to identify up to three (3) services that were non-existent or in insufficient supply as to meet the needs of those in the Municipality with alcohol problems or individuals prone to develop such problems. In addition, they were to develop the rationale and supply any relevant data to substantiate this need.

Each small group then presented their list of services and justification to the total group. The resulting list from all groups was then revised to eliminate duplication or unnecessary overlapping. Each participant was then asked to distribute 17 points on these needed services to indicate the weight of importance given each. No individual was to place more than 5 points on any one need area, but some need areas could receive 0 points if they desired. The resulting weighted needed service areas are reported in the Findings section of this report, page 14.

Services in Excess or Duplication. In a similar manner the same small groups of three (3) were asked to identify and verbally present up to two (2) services that appeared on the inventory that were excessive or unnecessarily duplicated by two or more agencies, in terms of meeting the Municipality's population needs. A list of these services appears in the Findings section of this report.

Recommendations. As a total group, participants were asked to identify specific recommendations they wished to make to the Municipality. The recommendations were recorded and can be found in the Findings section of this report.

FINDINGS

Inventory. The inventory of services currently provided in the Municipality for those having alcohol or alcohol related problems, or those with potential of having such problems, as provided by meeting participants, can be found in Appendix E.

The inventory is incomplete for a number of the agencies listed. It is also known that many private providers (physicians, psychologists, and social workers) service the alcohol using and abusing population in several capacities, but did not participate in person or in writing.

Services needed. Based upon the inventory of services currently provided and the professional judgement of meeting participants, the following areas of needed service exist in Anchorage with each need's weighted relative importance. The higher the rank order (one going highest) and the larger the relative weight, the more urgent the need for this service in Anchorage.

<u>Rank Order</u>		<u>Relative Weight</u>
1.	<u>Prevention (all aspects)</u> . Education (through additional, non-traditional alternatives), and youth (all), building on recognized, successful programs.	32
2.	<u>Early intervention</u> . Women's resource center (offering general resources), troubled employees, middle class treatment (out-patient).	21
3.	Aftercare for continued support (proposal for sheltered workshop, residential care).	20
4.	Staff training and <u>continuing</u> professional education.	19
5.	Youth resource center (comprehensive).	17
6.	Centralized (unbiased) diagnostic, evaluation, and referral center to independent, yet interrelated services.	12
7.	Decentralization of comprehensive community alcohol program.	11

Services in Excess or Duplication. Based upon the inventory of services currently provided and the professional judgement of meeting participants, the following services are thought to be in oversupply to people in Anchorage, and reduction of these services to the level of need might free some resources for use in other need areas.

1. Primary Services: Early detection and counseling. There appeared to be a wide range of agencies, mostly public in constitution, offering primary prevention, early detection, and counseling services. Most of these agencies were listed as providing preventive services for youth through information, education, and early detection services, and yet these services were the highest in priority of needed services. This would suggest that there is a need for better coordination, better definition of goals to be accomplished, and better evaluation of results.
2. Services provided to public inebriate. There appeared to be a degree of animosity relating to the expenditure of funds for the public inebriate which seemed out of proportion to that expended on the much larger population of middle income persons.
3. Number of hotlines. Recommend one hot line for the entire Municipality which would insure coordinated referral.
4. Appears to be duplication of some treatment services. Comments and behaviors displayed during the meeting indicated hostilities between participants and uncovered some apparent strong feelings about the quantity and quality of services being offered by some agencies in the Municipality.

Recommendations. Meeting participants made recommendations for future action as a result of this meeting. The following list describes them as they were made, in no priority order:

1. The Municipal Health Department form a task force to provide further guidance in pursuing the recommendations from this meeting, to make recommendations for providing services currently lacking or insufficient to meet the needs, and to identify ways to influence the reallocation of resources where excess or duplicative services exist.
2. The Municipal Health Department serve as the facilitator for convening a forum to explore legislative changes to further protect the rights of individuals and the community through expanded commitment proceedings with corresponding facilities and programs to accommodate these individuals.
3. The Municipal Health Department complete the services inventory begun in this meeting through the involvement of agency representatives not in attendance at this meeting and the verification of recorded services of those agency representatives.
4. The Municipal Health Department promote the use of resources for research to focus on problems in Alcoholism and Alcohol Abuse with emphasis on the costs to society, business, industry, and government due to alcohol problems in the middle class population, women, and Alaska Natives.
5. The Municipal Health Department utilize resources to educate professionals from non-alcohol fields such as law, medicine, education, etc., in techniques and resources available to provide prevention and treatment assistance to those they serve.
6. As the Municipal Health Department implements the recommendations and priorities coming from this meeting, preference should be given to those activities which are no additional cost items or the reallocation of existing resources to meet the needs.

Process Outcomes. Based upon observations by the meeting facilitator, the following outcomes were noted regarding the process used for this meeting:

1. This process did not develop a comprehensive current inventory or services and agencies offering these services within the Municipality of Anchorage for those people with alcoholism or alcohol abuse problems or people with the potential of developing problems in these areas.
2. The timing of the mailing of invitations allowed too short a response time between receipt of the letter and the actual meeting, thus limiting attendance.
3. Terminology, particularly sub-categories, used in the inventory, was not defined precisely enough to permit the degree of accuracy desired for the inventory.

4. Representatives at the meeting lacked sufficient knowledge regarding some of the agencies and services to accurately provide inventory data.
5. In some cases, individual participants having knowledge of agencies and services remained in the meeting too short a time to be of significant value to the inventorying process.
6. The motivation of some participants degenerated over the span of time devoted to completing the inventory.
7. Participants were reinforced to announce their intention to participate in the meeting a very short time, give a brief synopsis of their organization's services, and leave.
8. The lack of a complete and refined inventory of services inhibited participants in making specific and detailed lists of needed services, and services in excess or duplication.
9. Comments and behaviors displayed during the meeting indicated hostilities between participants and uncovered some apparent strong feelings about the quantity and quality of services being offered by some agencies in the Municipality.
10. Meeting facilities and conveniences appeared to accommodate the meeting participants' needs very well.

CONCLUSIONS

Based upon the findings, the following conclusions seem appropriate:

1. Additional data will need to be collected using more precisely defined terms to complete an accurate and complete inventory of agencies and services providing assistance in the fields of alcoholism and alcohol abuse.
2. There is a wide range of agencies, mostly public in constitution, offering prevention and treatment services in the fields of alcoholism and alcohol abuse throughout the Municipality.
3. There exists a need for a directory of services in alcoholism and alcohol abuse that can be used for information and referral by various individuals throughout the Municipality.
4. There appear to be some services currently in need that, once started, could be fully or nearly fully self-sustaining financially. These services are primarily within the rehabilitation or sheltered type of services for those returning from more intensive services.
5. There exists a proliferation of agencies and personnel making diagnoses, providing information about other agencies, and making referrals. Thus, clients may get conflicting information from two or more servicing agencies. Clients may also go from agency to agency using up resources that might better meet their needs or the needs of others. Simplified and more efficient procedures appear to be needed in this area.
6. No one office or person is seen as the primary source of current information regarding alcohol and alcohol related services in the Municipality of Anchorage.
7. Insufficient detailed needs data exists to provide adequate justification for any agency, public or private, to pursue added fiscal support for new services. This same data deficiency makes management decisions aimed at better servicing the prospective client somewhat more difficult and ineffective.
8. The apparent strong feelings of some individuals working in the alcohol field regarding methods or techniques to be used in providing service or the competency of individuals providing services is counter-productive to cooperation among agencies to strengthen services.
9. Meeting participants would be more inclined to attend a similar meeting for the entire agenda if the inventory of services was completed or very nearly completed prior to the meeting.

10. Sufficient well-founded needs and recommendations emerged from the meeting to guide the Municipal Behavioral Health Division in some immediate decisions and to secure additional data for more long-range decisions.
11. In addition to the data collected to meet the needs identified for this meeting, a side benefit was an apparent improvement in communications and in interpersonal relations between those in attendance at the meeting.
12. Many agencies were listed as providing prevention services through information and education of youth, and, yet, this service was highest in priority of needed services, suggesting the need for better coordination, better definition of goals to be accomplished, and better evaluation of results.
13. The quality of many existing services needs to be improved. The data which substantiates quality should be maintained by all agencies and be available for public review, at least in all cases where public funds are used in part or in full.
14. The lack of coordination, realistic and data-based goal setting, and data-based evaluation suggests the need for staff improvement in these processes.

RECOMMENDATIONS

Based upon the findings and related conclusions, the following recommendations are set forth for consideration by the Behavioral Health Division of the Municipality:

1. All recommendations, priorities for needed service, and suggestions for excess or duplicative services coming from the meeting be considered with a written rationale for the Municipality's action on each item.
2. A model be developed to provide highly coordinated or centralized diagnostic, information, and referral services to all individuals regardless of age, sex, ethnic origin, religion, or chosen life styles. Such a model should provide a variety of options for individuals to become aware of and in touch with such services, and provide 24 hour phone and walk-in service. The model should provide a simplified, but systematic non-biased system for offering services or options of services and staff with competent individuals supplied with current information necessary to carry out their jobs. The implementation of this model should be promoted by the Municipality as feasible.
3. A centralized data bank be established with standardized data and the protection of human subjects which will provide more accurate and comparable information (including unit costing) assessing what has been accomplished and more significant information on the

target population. Such a data bank could be voluntary, and those who contribute according to specifications have access to the data bank. Such information, crucial to evaluating what is being done, and determining what yet needs to be done, is essential to accountability and securing new fiscal resources.

4. A model be developed for a program and facility to serve as a sheltered residential and day care aftercare unit. Such a unit should incorporate the sheltered workshop and sheltered employment concepts which would serve to make the unit self supporting. The Municipality should consider the feasibility of financing the planning and possibly the initial start-up costs of such a unit with the goal of it becoming self supportive. Such a unit might be able to serve those from drug abuse, those with mental health problems, as well as those needing alcohol services.
5. A plan be developed for offering two or three workshops annually over the next three to five years aimed at increasing the effectiveness of managers of local programs and agencies and increasing the competency of targeted counselor groups. Many of the problems in duplication of effort, lack of services, poor accountability, and poor service to the individual client are best addressed through increased competency of the personnel responsible for such problems. The Municipality could sponsor these workshops based upon a commitment from local program people to attend.
6. An assessment be made of local program needs for such technical assistance as evaluation design, third party evaluation, needs assessments, and planning techniques, developing a team approach. If sufficient need exists, provide local program personnel with directories and guidelines for acquiring such assistance and, if necessary, make provision for such assistance through the Municipality as a last resort.
7. The Behavioral Health Division begin a feasibility study with the Parks and Recreation Department of the Municipality to determine if and how a "Youth Resource Center Program" might be developed. Such a study should identify the options as to who or what agency could and should have responsibility for developing such a program aimed at prevention and early detection/intervention for youth.
8. An annual seminar be sponsored by the Municipality for all local program people in which the latest findings from research, proven service models from other localities, evaluation results and techniques, and a "Current Status of Services From Agencies in the Municipality" are presented and discussed.

9. The "Inventory of Services" developed during the July 14 and 15, 1977 meeting be completed and verified with all agencies listed. A form be developed for acquiring each agency's update on the Inventory, at least annually, and from this a directory of services be issued with annual supplements for update.
10. The Municipality sponsor data collection or identify existing data which would both promote and discourage legislation necessary to further protect the rights of individuals and the community through expanded commitment proceedings of the persistent inebriate. This data would then serve as the basis for convening the forum to discuss this topic.

APPENDIX "A"
Letter of Invitation

Municipality
of
Anchorage



POUCH 3 650
ANCHORAGE, ALASKA 99502
(907) 279-2511

GEORGE M. SULLIVAN,
MAYOR

DEPARTMENT OF HEALTH AND ENVIRONMENTAL PROTECTION
1825 "L" Street

Many private and public providers of services in the Anchorage area are making an impact on the alleviation of problems related to alcoholism and alcohol abuse. These services cover many needs of the alcohol abuser but may leave many needs yet unmet. The Municipality is interested in joining forces with all private and public providers of alcohol services to better identify these needs and to explore alternatives in alcoholism treatment.

To begin this cooperative effort, the Municipality will be hosting a meeting July 14 and 15, 1977, beginning at 9:00 a.m., in the fifth floor Conference Room located at 825 "L" Street, Anchorage, Alaska.

It is hoped to accomplish the following:

1. to determine services currently being offered within the Anchorage area for treatment or prevention of alcoholism and alcohol abuse;
2. to determine what services should be, but currently are not available within the Municipality for the prevention or treatment of alcoholism or alcohol abuse;
3. make recommendations for alternative ways these added services could be provided.

To conserve your time in this meeting, it will be essential to gain some preliminary information concerning the services provided by your agency. A one-page inventory sheet has been enclosed for this purpose.

Please fill out this inventory sheet and mail it to my office prior to the meeting. If this is not convenient for you, bring the completed form to the meeting. A brief set of

"Service Classification Definitions" is also enclosed to aid you with the interpretation of terms used on the inventory sheet.

We look forward to receiving your program inventory and sincerely hope you can find time in your busy schedule to attend the meeting.

Your contribution to this effort is essential to making alcoholism and alcohol abuse services better serve the citizens of the Anchorage area.

Sincerely,

Helen D. Beirne, Ph.D.
Behavioral Health Manager

HDB: epw

Enclosures: 1 Inventory Sheet
1 Service Classification Definitions

SERVICE CLASSIFICATION DEFINITIONS*

PREVENTIVE: Education and activities aimed at 1) averting disease or its consequences, and 2) improving the healthfulness of the environment, the individual, and relationships conducted before the individual becomes involved with Alcoholism and Alcohol Abuse. Prevention is not a treatment intervention as are the other four service classifications.

Examples of activities are personal health awareness programs, support of alternatives to alcohol and alcohol education for non-users, community education programs.

PRIMARY: Early intervention given at the time when the client/patient first uses alcohol. Intervention is aimed at assisting the experimental alcohol user rather than the alcohol abuser. These are individuals whose alcohol use has not yet become a dominant influence affecting other areas of life -- e.g., school, job, family, and personal relationships, non-emergency treatment. Primary services may be ongoing.

Examples of activities are early detection, on-going services, and individual and group counseling for experimental alcohol users, hot lines, alcohol education for users.

SECONDARY: Services provided by a trained specialist (e.g., doctor, policeman, fireman, paramedic) for individuals in a life-threatening situation until that situation is under relatively effective control; short-term critical treatment, emergency care, usually 3 to 5 days duration.

Examples of activities are crisis intervention, critical care, detoxification, suicide intervention.

RESTORATIVE: Services provided after the crisis of critical portion of the episode has passed, to assist the individual in establishing a routine stabilized existence. Treatment in this classification is time-limited; the length of treatment will vary with the program, but does not have an end point at which time the client/patient is expected to re-enter the community.

Examples of activities are rehabilitation, limited duration therapy, short-term care, vocational rehabilitation.

CONTINUING: Services necessary to maintain the client/patient indefinitely, as opposed to restorative services which have a time limit.

Examples of activities are long-term alcohol care, long-term counseling, institutional care, life-long community based peer group supports, (e.g. Alcoholics Anonymous).

*Service Definitions are those utilized by the State of Alaska, Health Systems Agency, (H.S.A.).

ALCOHOLISM AND ALCOHOL ABUSE PROVIDERS INVENTORY

NAME OF PROVIDER _____

CHECK SERVICES YOU PROVIDE

TO WHOM DO YOU PROVIDE THIS SERVICE

AGE
RANGE

NUMBER OF
PEOPLE

*PREVENTIVE

- 1. Health Awareness Programs.
- 2. Alcohol Education for Non-users.
- 3. Community Education Programs.
- 4. Alternative to Alcohol Use Program (Recreation, etc)

5. _____

6. _____

PRIMARY

- 1. Early Detection.
- 2. Individual Counseling.
- 3. Group Counseling.
- 4. Alcohol Education for Users.
- 5. Hot Lines.

6. _____

SECONDARY

- 1. Crisis Intervention.
- 2. Critical Care.
- 3. Detoxification.
- 4. Suicide Prevention.

5. _____

6. _____

RESTORATIVE

- 1. Vocational Rehabilitation.
- 2. Limited Duration Therapy.
- 3. Medical Maintenance.
- 4. Short-term Non-Emergency Care.

5. _____

6. _____

CONTINUING

- 1. Long-term Residential Care.
- 2. Long-term Counseling.
- 3. Institutional Care.
- 4. Long-term Medical Maintenance.

5. _____

6. _____

REMARKS:

APPENDIX "B"
Agencies Invited

AGENCIES INVITED

1. Salvation Army Comprehensive Alcoholism Services
2. Studio Club, Inc.
3. Alaska Alcoholism Treatment Center
4. Family Resource Center
5. Phoenix House
6. Alaska Children's Services
7. Center for Alcohol and Addiction Studies
8. National Council on Alcoholism, Alaska Region
9. Anchorage Council on Alcoholism
10. Women's Resource Center
11. Anchorage Child Protection Association
12. Social Services Program, Cook Inlet Native Association
13. State Office of Alcoholism
14. Division of Vocational Rehabilitation
15. Alaska Labor and Management
16. Alaska Native Council on Alcohol and Drug Abuse
17. Alaska Youth Advocates
18. Alaska Hospital and Medical Center
19. Veteran's Administration
20. Providence Hospital
21. Alaska Care Center
22. Catholic Social Services
23. Alaska Cabaret, Hotel and Restaurant Association
24. Court System
25. Public Defenders Office

AGENCIES INVITED - CONTINUED

26. Alaska Center for Staff Development
27. Base Social Action
28. New Start
29. Open Door Clinic
30. Narcotic Drug Treatment Center
31. State Correctional Center Annex
32. Division of Social Services, State of Alaska
33. Anchorage School District
34. Suicide Prevention and Crisis Center
35. Alaska Baptist Family Service Center
36. Alcohol and Drug Control Office
37. Anchorage Community Mental Health Center
38. Future House, Inc.
39. Langdon Psychiatric Clinic
40. Metropolitan Community Church of Anchorage
41. Urban and Rural Ministry
42. Alaska State Troopers
43. Anchorage Police Department
44. Human Support Services
45. Emergency Medical Services
46. Nursing
47. Physical Health

APPENDIX "C"

Agency Representatives Attending

AGENCY REPRESENTATIVES ATTENDING

1. Sue Trice
Anchorage Council on Alcoholism
P.O. Box 2972
Anchorage, Alaska 99510
2. Bernard Segal
Center for Alcohol and Addiction Studies
2651 Providence Drive
Anchorage, Alaska 99504
3. Samuel G. Cornell
Commission on Youth
600 West 6th
Anchorage, Alaska 99501
4. Sr. Dorothy Forest
Urban Ministry, Catholic Archdiocese of Anchorage
P.O. Box 2239
Anchorage, Alaska 99510
5. Emily McKenzie
Anchorage Alcohol Safety Action Program
941 West 4th
Anchorage, Alaska 99501
6. Dennis Kelso
State Highway Safety Planning Agency
Box 42
Anchorage, Alaska 99510
- 7. Lynne Curry
Alaska Center for Staff Development
650 International Airport Road
Anchorage, Alaska 99502
8. George Barrel
Alaska Native Commission on Alcohol and Drug Abuse
750 East Fireweed
Anchorage, Alaska
9. L.E. Brown, Sr.
Anchorage Emergency Medical Services(Municipal)
211 West 7th
Anchorage, Alaska 99501
10. Dorothy Osborne
Department of Health and Environmental Protection (Municipality)
825 "L" Street
Anchorage, Alaska 99501

11. Rita Schmidt
Department of Health and Environmental Protection (Municipality)
825 "L" Street
Anchorage, Alaska 99501
12. Judy Hart
National Council on Alcoholism - Alaska Region
4510 International Airport Road
Anchorage, Alaska 99502
13. Ardi Bury
Salvation Army Comprehensive Alcoholism Services
825 "L" Street
Anchorage, Alaska 99501
14. Nancy Beck
Community Health Nursing
Department of Health and Environmental Protection (Municipality)
825 "L" Street
Anchorage, Alaska 99501
15. Bruce Garberding
Cook Inlet Native Association Social Services
670 West Fireweed
Anchorage, Alaska 99503
16. William Hogg
Veteran's Administration
429 "D" Street
Anchorage, Alaska 99501
17. Paul Jones, M.D.
Veteran's Administration
P.O. Box 1288
Juneau, Alaska
18. Thomas Stoner
Alaska Native Commission on Alcohol and Drug Abuse
750 East Fireweed
Anchorage, Alaska
19. Gavin Vilander
Family Resource enter
2311 Boniface Parkway
Anchorage, Alaska 99504
20. Ed C. Stewart
Department of Health and Environmental Protection (Municipality)
825 "L" Street
Anchorage, Alaska 99501

21. Barbara Hoffmann
Anchorage Council on Alcoholism
825 "L" Street
Anchorage, Alaska 99501
22. Marty Margeson
Task Force on Women and Alcoholism
2360 Homestead #A
Anchorage, Alaska 99507
23. Jeannine Lyerly
Alaska Area Native Health Service
A-MH
Box 7-741
Anchorage, Alaska 99510
24. Bill Stokes
Municipal Human Support Services
225 Cordova
Anchorage, Alaska 99501
25. Henrietta Nugen
Studio Club
546 East 15
Anchorage, Alaska
26. Margaret Wolfe
Department of Health and Environmental Protection (Municipality)
825 "L" Street
Anchorage, Alaska 99501

APPENDIX "D"
Meeting Agenda

ALCOHOL SERVICES MEETING
AGENDA

July 14, 15, 1977
Municipality Health Bldg
5th Floor Conference
Room

Convene Meeting
(Hand in Providers Inventory)

Introductions:

Pair up with person next to you.

One minute for the person on right to tell you about themselves. (How you feel about being at this workshop). Now split pairs and do the same.

Everyone introduce the person who introduced themselves to you.

Purpose of Meeting:

1. To determine what services are currently offered in the Municipality for treatment or prevention of alcoholism and alcohol abuse.
2. To determine what services should be, but currently are not available within the Municipality for the treatment or prevention of alcoholism and alcohol abuse.
3. To make recommendations as to alternative ways these added services could be offered.

Preview Agenda:

Note: We will take as long as it takes to get the job done -- up to 2 days.

Ground Rules:

1. We are here to accomplish the objectives stated - I will chair the proceedings and keep us on the track (task) even if I need to be rude.
2. We are not here to evaluate each others' programs or services, but to find out what services truly exist for the client and how those services are made available.
3. There seems to exist major questions concerning what is an "ideal" program and I doubt this can be resolved during this two day meeting. Therefore, we will work towards an orderly consensus as to what services are lacking and what alternatives exist for offering these added services.
4. I will serve as the norm for communications in this group. If I can understand what you are communicating, everyone should be able to understand. I do not know your programs nor do I know the fields of Alcoholism and Alcohol Abuse.

5. We must deal with the areas of Alcoholism and Alcohol Abuse in a manner which is somewhat manageable. To do this we have chosen the "Service Classifications" as the major categories we will operate within - Preventive -- Primary -- Secondary -- Restorative -- Continuing (Definitions handed out to those who did not bring theirs) Review?

Description of End Products:

1. List of what is offered - by service classification
2. List of what services should be offered - by service classification
3. List of options for providing needed services

Alcoholism and Alcohol Abuse Inventory:

(Staff will take information from inventories handed in and place on charts) ie., wall chart

Prevention

Services Provided	Providing Agency	Who Uses This Service	Age Range	# of People	Comments

Begin with Prevention Inventory of what is.

Read definition

Review what appears on chart and get questions answered

Others who should be listed on chart

Summarize

Primary Inventory of what is.

Read definition

Review what appears on chart and get questions answered

Others who should be listed on the chart

Summarize

Secondary Inventory of what is.

Same

Restorative Inventory of what is.

Same

Continuing Inventory of what is.

Same

What Should Be?

Groups of five (5) -

Come up with:

- a. No more than 3 services that should be provided which appear to be insufficient or totally lacking within the inventory just completed.
- b. Provide as much proof as possible that need exists for each of these services.
- c. Identify one or two services that appear in the inventory that you feel is unnecessary duplication or unnecessary service and why you feel that to be the case.

Each group present their case to the total group.

After all groups have presented - total group discussion.

Review and test apparent concensus.

What are your priorities for these added needs - use value chip approach.

How Should These Services Be Provided?

Brainstorm by total group

(Categorize needed services by service classification and priority).

Vote on most appropriate alternatives

3 = 1st choice

2 = 2nd choice

1 = 3rd choice

Summarize

Next Steps:

Municipality plans for future action

APPENDIX "E"

Inventory

PREVENTIVE

INVENTORY

SERVICE	PROVIDERS	AGES	# SEEN
Health Awareness Programs	Alaska Children's Services Native Health Corporations Anchorage Council on Alcoholism Anchorage Commission on Youth Center for Alcohol and Addiction Studies - University of Ak. Municipal District Nursing Veteran's Administration Municipal Home Health Services Open Door Clinic Anchorage Drug Abuse Services Cook Inlet Native Association Salvation Army Comprehensive Alcoholism Services Alaska Native Health Service National Council on Alcoholism Family Resource Center	12 - 18 All 9 - 70 All (Primarily 0-22) All (Primarily adult) All All All All 18+ 18+ All All All Anyone requesting	30 homes/day
2. Alcohol Education for non-users	Anchorage Council on Alcoholism Urban Ministry, Catholic Arch- diocese of Anchorage Alaska Native Commission on Alcohol and Drug Abuse University of Ak. School of Nursing U of A - Criminal Justice Center Family Resource Center National Council on Alcoholism Drinkwatchers (Beginning 10/77) Alaska Native Health Service Native Health Corporations Alaska Children's Services Veteran's Administration	9 - 70 All All All All All All 12 - 18 all	22/month
Community Education Programs	Anchorage Council on Alcoholism Suicide Prevention and Crisis C'tr Native Health Corporations Anchorage Commission on Youth Center for Alcohol and Addiction Studies Urban Ministry, Catholic Archdio- cese of Anchorage Alaska Native Commission on Al- cohol and Drug Abuse Church youth groups APD, State Troopers Cook Inlet Health Department Family Resource Center	9-70 9-65 All (primarily 0-22) All All All All	

PREVENTIVE

SERVICE	PROVIDERS	AGES	# SEEN
Community Education Programs, cont.	National Council on Alcoholism Alaska Native Health Service Alaska Labor and Management Employee Affairs, Inc.	All 16 - 65	
4. Alternative to alcohol use (recreation, etc)	Alaska Native Commission on Alcohol and Drug Abuse Cook Inlet Social Services Community Services Youth Department Cook Inlet Manpower Employment Assistance Family Services Native Health Corporations Alaska Children's Services	18+ 18+ Primarily 13-18 12-18	
5. Teacher Training Program	Center for Alcohol and Addiction Studies Anchorage Council on Alcoholism Center for Staff Development	18+ All 18+	
6. Training	Center for Staff Development Anchorage Council on Alcoholism Cook Inlet Health Department Alaska Native Alcoholism Training Institute Center for Alcohol and Addiction Studies	15+ 18+ 18+ Adults	80+ ancillary/yr
7. Technical Assistance	Alaska Native Commission on Alcohol and Drug Abuse Veteran's Administration National Council on Alcoholism Family Resource Center	18+ 18+ 18+	
8. Public Information Media and Publications	National Council on Alcoholism	All	
9. Community Organization - Program	National Council on Alcoholism Veteran's Administration	All 18+	
10. Responsible drinking as alternative to alcohol abuse	Drinkwatchers (beginning 10/77)	18+	

PRIMARY

SERVICE	PROVIDERS	AGES	# SEEN
Early Detection	Anchorage Council on Alcoholism Urban Ministry, Catholic Archdiocese of Anchorage Alaksa Division of Vocational Rehab Court Alcohol Screening Veteran's Administration Alaska Labor and Management Employee Affairs, Inc. Individual industries Native Corporations Salvation Army's Comprehensive Alcoholism Services Family Resource Center (TLC) Cook Inlet Native Association District Nurses Future House Open Door Clinic Youth Advocates Private Providers Schools Corrections Junior Chamber of Commerce Family Medical Centers Community Mental Health Center Alaska Native Health Service Neighborhood Health Center Postal Program (PAR) Turning Point Boy's Ranch Army DARE Center Air Force - Social Action McLaughlin Youth Center Catholic Social Services Booth Memorial Home Alaska Children's Services	16 - 60 All All Driving age All 12 - 70 Primarily youth Primarily youth Primarily youth All All All Youth Military Military Youth All Youth 12 - 18	584 in '76 - '77
Individual Counseling	Urban Ministry, Catholic Archdiocese of Anchorage Division of Vocational Rehab. Alaska Native Commission on Alcohol and Drug Abuse (as coordinator with RuralCAP) Veteran's Administration Cook Inlet Native Association Salvation Army's Comprehensive Alcoholism Services Alaska Labor and Management Employee Affairs, Inc.	All All All 18 - 90 All. - primarily Native Adult 12 - 65	

PRIMARY

SERVICE	PROVIDERS	AGES	# SEEN
	Alaska Native Health Service Catholic Social Services Postal Program (PAR) Turning Point Boy's Ranch Air Force - Social Action Army DARE Center Mc Laughlin Youth Center Family Resource Center Studio Club Youth Advocates Private providers Schools Corrections Junior Chamber of Commerce Alaska Children's Services Booth Memorial Home	All All Adults Youth Primarily ad. Milit. Primarily ad. Milit. 10 - 18 All Adult Youth All Youth All Primarily adult Youth Youth	
Group Counseling	Urban Ministry, Catholic Diocese of Anchorage McLaughlin Youth Center Veteran's Administration Alaska Native Health Service Youth Advocates Private providers Schools Alaska Labor and Management Employee Affairs, Inc. Corrections Salvation Army Comprehensive Alco- holism Services Studio Club Alaska Children's Services Turning Point Boy's Ranch Air Force - Social Action Army DARE Center Mc Laughlin Youth Center Postal Program (PAR) Catholic Social Services Open Door Clinic Cook Inlet Native Association Alaska Children's Services	All Youth 18 - 90 All Youth All Youth 12 - 70 All Adults Adults Youth Youth Primarily ad. Milit. Primarily ad. Milit. Youth Adults All Primarily youth All - Native 10 - 18	Varies (584 in '76 - '77)
Alcohol Education for users	Urban ministry, Catholic Archdio- cese of Anchorage Alaska Native Commission on Al- cohol and Drug Abuse(RuralCAP) Veteran's Administration Salvation Army's Comprehensive Alcoholism Services	All All 18 - 90 Adults	(584 in '76-'77)

PRIMARY

SERVICE	PROVIDERS	AGES	# SEEN
Alcohol Education for Users, cont.	National Council on Alcoholism Anchorage Council on Alcoholism Family Resource Center Cook Inlet Native Association Women's Task Force AA, Alanon, Alateen University of Alaska Public schools Drinkwatchers (beginning 10/77) Alaska Native Health Service Alaska Children's Services Alaska Labor and Management Employee Affairs, Inc.	All All 14+ All Primarily adults All All Youth Primarily adult All 12 - 18 12 - 70	
Hot Lines: (Emergency)	Suicide Prevention and Crisis Center Salvation Army's Comprehensive Alcoholism Services Open Door Clinic AA, Alanon, Alateen Anchorage Council on Alcoholism Medical Services Poison Control Center Police (911) Emergency Medical Service Alaska Native Health Services Air Force Hospital Alaska Labor and Management Employee Affairs, Inc.	All All All All All All All All All All All - military All 12 - 70	
Information and Referral	Cook Inlet Native Association - Social Services and others Drinkwatchers (beginning 10/77)	All All	20+ per week

SECONDARY

SERVICE	PROVIDERS	AGES	# SEEN
Crisis Intervention:	Emergency Medical Service Suicide Prevention & Crisis Cntr. CIHA SACAS Medical Services Public Health Nurses Private Providers Open Door Police Home Health Aid Clergy Community Mental Health Neighborhood Health Center Abused Women's Aid in Crisis Alaska Youth Advocates	All All All All All All All All All All All All All All	
Critical Care (medical):	Emergency Medical Services SACAS Hospitals Open Door Public Health Nurses Private Providers Alaska Native Health Service	All 18 years or older All " " " "	
Detoxification:	SACAS Hospitals AA Private physicians (limited #) Alaska Native Health Service	18 years or older All " " "	
Suicide Intervention:	Emergency Medical Service Urban Ministry, Catholic Archdiocese of Anchorage CIHA Open Door Paramedics Drug Central Intake Abused Women's Aid in Crisis Clergy Policemen, Firemen Suicide Prevention & Crisis Alaska Native Health Service Hospitals	All All " " " " " " " " "	

SECONDARY

SERVICE	PROVIDERS	AGES	# SEEN
Transporation:	Emergency Medical Service CINA (when possible) SACAS Police Cabs REACT Abused Women's Aid in Crisis FISH	All " 18 years or older All " " " "	

RESTORATIVE

SERVICE	PROVIDERS	AGES	# SEEN
1. Vocational Rehabilitation	Urban Ministry, Catholic Arch-diocese of Anchorage Veteran's Administration Division of Vocational Rehab Human Support Services (Munic.) Job Services Alaska Retarded Citizens Ass'n Future House Salvation Army Comprehensive Alcoholism Services work therapy SACAS Transitional Care Studio Club Alaska Skill Center Cook Inlet Employment Assistance Manpower Palmer Adult Camp Eagle River Corrections Alaska Labor and Management Employee Affairs, Inc.	All 18-90 Adults primarily Youth and adults All Adults Adults Adults Adults Adults Adults Adults Adults Adults 16-65	
2. Limited Duration Therapy- non residential, out-patient	Veteran's Administration Cook Inlet Native Association Family Resource Center Salvation Army Comprehensive Alcoholism Services - Outpatient Unit Studio Club Alaska Clinic Private Providers Alaska Native Medical Center Open Door Clinic Alaska Labor and Management Employee Affairs, Inc. Youth Advocates Corrections Division of Social Services(State) Mental Health Clinic(Community) Clergy	All (18-90) All All Adults Adults All All All Primarily youth Primarily adult 10-18 Adult All All	
3. Medical Maintenance	Hospitals/API Private providers Neighborhood Health Center Alaska Native Health Service Veteran's Administration	18+ All All All 18 - 90	

RESTORATIVE

SERVICE	PROVIDERS	AGES	# SEEN
4. Short-term, non-emergency care (Residential)	Alaska Native Health Service Studio Club Future House Salvation Army Comprehensive Alcoholism Services - Transitional Care Unit, Short Term Veteran's Administration	All Adult Adult Adult All, primarily adult	
5. Group Counseling	Family Resource Center Salvation Army - CAS	16+ 18+	
6. Individual Counseling	Family Resource Center Salvation Army - CAS	16+ 18+	
7. Non-service connected and service connected compensations	Veteran's Administration	18+	

CONTINUING

SERVICE	PROVIDERS	AGES	# SEEN
1. Long-term residential (6 mo. +)	Salvation Army - Comprehensive Alcoholism Services Future House Studio Club Veteran's Administration	18+ 18-40 18+ All, primarily adult	Capacity 40 15 5/year
2. Long-term counseling	Cook Inlet Native Association Salvation Army Comprehensive Alcoholism Services Alaska Native Medical Services Private Providers AA, Alanon, Alateen Mental Health Clinic (Community) Cook Inlet Native Association Veteran's Administration Alaska Labor and Management Employee Association, Inc.	35-60 18+ 35-50 All All All All All 16+	10-15/week Capacity 40 10-15/week
3. Institutional care	Alaska Psychiatric Institute Correctional Institutions Quasi-institutions Nursing homes Veteran's Administration	10+ 18+ 18+ 18+ All, primarily adult	
4. Long-term medical Maintenance	Alaska Native Medical Center Private providers Public Health Nurses Alaska Native Health Service Veteran's Administration	All All All All 18-90	
5. Aftercare	Family Resource Center AA, Alanon, Alateen Churches Salvation Army Comprehensive Alcoholism Services	All (9-67, primarily) All All Adults	



The Salvation Army's COMPREHENSIVE ALCOHOLISM SERVICES

DAVID G. BOYD, Captain
Director

CLARENCE WISEMAN
GENERAL

RICHARD E. HOLZ
TERRITORIAL COMMANDER

ARTHUR SMITH, Major
DIVISIONAL COMMANDER

July 15, 1977

To All Members
Advisory Board of Anchorage
Social Center Advisory Council

From: Roy Norquist, Chairman
Social Service Advisory Council

re: FUNDING HEARING - ANCHORAGE MUNICIPAL ASSEMBLY

The Salvation Army Comprehensive Alcoholism Services contract covers a period of 15 months, October 1, 1976 to December 31, 1977. Because of the many funding sources it was divided into two budget cycles - October 1 through June 30 and July 1 through December 31st. We have been in a long series of negotiations on this and this is an update report.

Our staff and the Municipal Office of Management and Budget both prepared budgets that totaled out to within a thousand dollars of each other at \$1,268,370 for this six months to present to the State. The State has offered \$360,000 (5% increase) which left the budget \$323,920 short. The only increases of program in the budget are two additional positions and increasing the Community Service Patrol from 16 hours daily to 24 hours.

In order to meet the State mandate that a balanced budget be presented by June 30th or lose the State funds for July (about \$60,000) we reluctantly agreed to a budget of \$1,020,058. To do this the following cuts have to be instituted:

1. Alpha Center would be closed on July 31st.
2. Anchorage Council on Alcoholism allocation would be cut from \$25,000 to \$12,500.
3. Elimination of new positions and with a built in 10% vacancy factor in staff would save \$69,000
4. Emergency Service Patrol kept at 16 hours operation
5. \$80,000 added to Third and First Party payment revenue

We were unhappy with this budget as the level of service would be greatly reduced below the community expectation and the revenue source lacked credibility.

For the Municipality to receive the State Fund, it is necessary for the Assembly to formally accept them. It appears this will be on the Agenda of the Assembly, July 26th. Prior to this hearing, it was necessary for this to be reviewed by the Municipal Health Commission. They passed the following resolution on July 6th:

CONT:

FUNDING HEARING - ANCHORAGE MUNICIPAL ASSEMBLY - Cont:

"THE MUNICIPAL HEALTH COMMISSION RECOMMENDS THAT THE COMPREHENSIVE ALCOHOLISM TREATMENT PROGRAM BE APPROVED IN CONCEPT, AND THAT THE ASSEMBLY ACCEPT THE STATE GRANT MONIES FOR FY 77-78 CONTINGENT UPON THE MUNICIPALITY PROVIDING ADDITIONAL FUNDING TO SUPPORT THE ALPHA CENTER FUNCTION, 24 HOUR EMERGENCY SERVICES PATROL, STAFF EDUCATION AND TRAINING, PUBLIC INFORMATION AND EDUCATION, AND THE DELETION OF THE VACANCY FACTOR."

In further negotiation with the Municipality since then they have suggested the following additions to the \$1,020,058 Budget be presented to the Assembly.

1. Restore Anchorage Council on Alcoholism Contract to \$21,000.	\$ 8,500.
2. Reduce Vacancy Factor from 10% to 3% and eliminate \$11,000 in administrative positions.	35,000
3. Eliminate \$40,000 from projected revenues	40,000
4. Restore Training and Vacation accrual account	39,270
5. Continue Alpha Center from August 1 - December 31 at 16 hours	<u>55,000</u>
	\$177,770"

Although this is a good step, it still will give us a program below our current level of operation and cause some problems such as:

1. Closing Alpha Center 8 hours a day will put the public inebriate back on the street for that time each day. Since this programatically would be during the day, it would visibly compound the problem we have been trying to handle.
2. Four components of our C.A.S. operates 24 hours a day, 7 days a week. This, coupled with a very sparse staff, does not allow for any percentage of vacancy factor without hurting the program .
3. Our salary scale needs upgrading to attract the competent help we need and to hold those we have. In this budget period, funds will be needed to handle the first annual increases. As no funds are added for this purpose, we face greater morale and turn over problems in staff.
4. We can live with a continued 16 hour Community Services Patrol, but we will not be able to fulfill the community expectation of a 24 hour service.

FUNDING HEARING - ANCHORAGE MUNICIPAL ASSEMBLY - Cont:

We are attaching a list of the Anchorage Municipal Assembly for your reference. We urge you to contact several of them by telephone or personal contact and present our concerns. For further information, contact me at 279-0514 or Major Smith at 276-2515.

We need your assistance now!.

ANCHORAGE ASSEMBLY MEMBERS

Paul Baer
3622 Weslewan St.
Anchorage, AK. 99504 279-7564

Bill Besser
Box 991
Anchorage, AK. 99510 272-4491

Ernie Brannon
Box 80
Fish Hatchery Road
Eagle River, AK 99577 265-5376

Fred Chiei
Box 148
Anchorage, AK 99510 272-1113

Tony Knowles
1319 Key Street
Anchorage, AK 99501 274-0027

Ben Marsh
2926 Drake Road
Anchorage, AK 99504 279-3195

Dave Rose
4326 E. 5th
Anchorage, AK 99504 274-7366

Liddia Selkregg
5811 Radcliff Dr.
Anchorage, AK 99504 279-4523

Don Smith
Box 57 S.R. "A"
Anchorage, AK 99507 279-4531

Arlis Sturgulewski
2957 Sheldon Jackson
Anchorage, AK 99504 n/p

David Walsh
3104 Brookside
Anchorage, AK 99503 277-8622

*file
the Comprehensive
Program*
OK ↗

**Minutes of Meeting
Crime Prevention Committee
8/18/77**

Meeting was called to order by Chairman Frank Reed at 4:10 p.m.

Present were: Frank Reed; Adam Johnstone; Evelyn Phillips; Dr. Dexter from the Salvation Army Comprehensive Alcoholistic Services; and Dean Ehrich of the Chamber Staff.

Purpose of the meeting was to discuss the recent cut back in the hours of operation of the Salvation Army's Walk-In Center for inebriates from 24 hours to 16 hours. Dr. Dexter explained that the Municipal Assembly had voted to cut back funds for that operation on recommendation of the Mayor. The effect of this cut back was to force the center to reduce its services both in the operation of the patrol which picks up persons incapacitated by alcohol and in the availability of the center to house these persons. Presently, the hours of operation for the pickup service and the Walk-In Center are between 5:00 p.m. and 9:00 a.m. During all other hours of the day, the inebriates must be put back on the street. Dr. Dexter emphasized that the other aspects of the Alcohol Treatment Program have not been affected by the budget cut. He estimated that a total of \$16,000.00 would be needed to fund a 24 hour operation of the "pickup" and "walk-in" service for the balance of this calendar year.

Dr. Dexter also stated that the Anchorage Police Department had urged the Assembly not to cut back the Emergency Patrol Service because the presence of the inebriates on the street would create a problem for the police.

According to Dr. Dexter, the fund cut back was probably caused by the fact that certain funds anticipated to come from the state of Alaska were not forthcoming. Accordingly, he felt that the curtailment of the emergency service and the hours of the Walk-In Center was not because of any wish on the part of the city but, rather, because the necessary funds are simply not available.

Chairman Frank Reed requested that a further meeting on this subject be scheduled for Wednesday, August 24th at 4:00 p.m. and that Bert Hall of the Municipal Health Department be invited to discuss the matter with the committee.

There being no further business at this time. The meeting was adjourned at 5:10 p.m.

Burt Hall

COMPREHENSIVE ALCOHOLISM
TREATMENT PROGRAM



MUNICIPALITY OF ANCHORAGE

ASSEMBLY MEMORANDUM

No. _____

Meeting Date:

From: Mayor
Subject: Salvation Army's Alcoholism Contract

Background

In May of 1976, during the final budget reviews for the transitional budget period of July 1 -- December 31, 1976, it was obvious that the existing system for delivering alcoholism services in Anchorage was a drastic failure. We lost our JCAH accreditation, the Board of Health was calling for major cuts, the agencies were unable to work cooperatively and there was an obvious shortage of funds to operate a comprehensive program -- although an acceptable one had been designed.

In June, 1976, programs were put on notice that there was no guarantee of continued funding beyond July 1; the Assembly authorized month-to-month contracts to continue detoxification services, a walk-in program and a half-way house. A Request for Proposals was developed and published. They were received and professionally evaluated resulting in the rejection of all proposals. A new RFP was designed and published and competing proposals received. Following similar reviews and much public input, a contract was approved and entered into with the Salvation Army to provide a major portion of the community's Comprehensive Alcoholism Services Programs.

Attachment #1 is a copy of the Department's presentation to the Assembly last September outlining the project.

The priorities included in the RFP and supported by the State and local alcoholism advisory boards, the State Office of Alcoholism and the Assembly were aimed at the public inebriate and prevention by way of information and education. It was recognized that there was less government money available than in the past but still a comprehensive program requiring several new components was needed and desired. Subject to future funding, the Assembly authorized the Department to enter into a 15 month contract with the Salvation Army which included a budget only through June 30 and a provision to negotiate the final six-months budget by June 30 based upon availability of funds. Related levels of service included in the original contract would be re-defined accordingly.

The outpatient and aftercare programs including the drunk driving program, the information and education component through a subcontract with the Anchorage Council on Alcoholism, the Alpha Center and Long-Term Care were underway at the beginning of the contract period. Halfway house services were continued in the interim with Studio Club and later a transitional care facility was developed by the Salvation Army when a subcontract could not be satisfactorily negotiated.

The new system called for several major new components to be designed and established. Central Intake along with a related tracking system was begun immediately. A holding component was developed as state regulations were implemented and the facility was renovated. An Emergency Services Patrol was established in March following a long period of negotiating with the State for rules and guidelines required before State approval could be granted. Attachment #2 describes each of the components.

Implementation Obstacles

Attachment #1 reflects the most current statistics regarding the program.

It should be emphasized that Anchorage now has in place a complete, comprehensive program in spite of many obstacles, some of which were mammoth in size.

For instance, we had much less government money to use. The State grant was reduced by 4%; the Municipality's program received no NIAAA Public Inebriate money, the Community and Regional Affairs Pipeline Impact money was eliminated. We balanced a higher budget reflecting increased costs by a combination of the following: elimination of higher overhead and duplication by dealing with a prime contractor instead of many groups; the infusion of \$111,000 in cash and more value in-kind by the Salvation Army; and by using some of the local dollars that we had hoped to save for the final six months.

Another obstacle relates to the Woronzof facility which we expected would be available for use in the program. Its unavailability did not cost as much in dollars as it did in inconvenience. Fortunately, we were able to use space at 825 "L" Street which resulted in dual positive effects but we lost time in getting detoxification going. In a related area, the equipment held by former contractors took months of legal maneuvers to obtain.

Another major obstacle related to the inability of the State to promulgate several regulations, some of which were required by law over three years ago. This delayed the holding facility, the Emergency Patrol and frustrated the total "approval" process. Developing a capacity to earn program revenues through Veteran's Administration, insurance, etc. has also been a long hard battle.

June 30 Status

By March, for the first time in the history of Anchorage, there was in place a complete, operational comprehensive alcoholism treatment program that we believe is beginning to prove its effectiveness, that meets our short range high priority of the public inebriate with some prevention/education, that we believe is capable of meeting all the State standards required by law and that can be the foundation for building alternative programs to meet more of Anchorage's serious alcohol abuse problems.

The program has been evaluated by the Department's evaluation team, by the Salvation Army and by Dr. Uwe Gunnerson, former Director of the Alcoholism Section of JCAH. The Department's early evaluation was completed in December and reflects many observations and recommendations, most of which have now been implemented. It is summarized as Attachment #3. The Salvation Army's evaluation was done recently and has not yet been received. Dr. Gunnerson's brief report is included as Attachment #4. We share Dr. Gunnerson's optimism and excitement.

Financial Reviews

Our contract provides for a review of funding and budgets following December 31, 1976 and June 30, 1977. We have met regularly with the contractor to review finances. When we looked at this year's first quarter closing figures it became obvious that we would be hard pressed to maintain the level of service, now a full program, unless more revenues were found.

A budget was developed for the final six months at the end of April in the form of an application to the State for grant-in-aid and Pipeline Impact funds for the period July 1, 1977 -- June 30, 1978. We requested that half be awarded through December 31 with the rest to be held for the next cycle.

It was our sincere belief that we would be able to demonstrate sufficient progress and management capability along with our documented need to generate a substantial increase in State support. In mid April, the State proclaimed that it would accept applications for no more than 5% above last year's award and they held fast! We challenged this but our application was returned and we had to re-submit. The final award was for the 5% increase and the same level of NIAAA Pipeline Impact dollars although we applied for double the amount. The final application was worked on until the last minutes and did not have prior Health Commission review so we agreed to not request Assembly approval until after Commission review, which we have done.

The State, in granting us the funds, required that we re-balance the budget and submit by June 30. We then met with the Salvation Army, completed final negotiations on the budget on June 30 and transmitted same immediately to Juneau. The adjustments in budget items and proposed revenues along with our rationale at the time are found in Attachment #4. In essence we revised the projected income figures downward and reduced \$126,500 from the earlier budget submitted to Juneau. We have some anxiety with some of the final revenue figures. The results of the "cuts" are: require a 10% vacancy factor for personnel, reduce the subcontract with Anchorage Council by \$12,500, close down Alpha Center on August 1 instead of September 1 and retain the Emergency Patrol at 16 hours instead of expanding to 24 hours. We also agreed to review and renegotiate if necessary on August 15 and finally on September 30.

It is important to note here that the move to balance the budget was required in the contract, represented fiscal accountability and was necessary in order to obtain the State grant. It is the only budget for which we have any fiscal responsibility or the Salvation Army has a level of service obligation. Attachment #5 describes the adjustments reflected in the budget balancing process along with our rationale at the time. It is "signed off" by both the Department and the Salvation Army on Page Six.

Subsequent to the negotiations required to balance the budget, the entire Comprehensive Alcoholism Treatment Program and its related application for State funds was reviewed by the Project Review Committee and the Health Commission itself. (Attachment #6.)

The Commission approved the concept of the Comprehensive Alcoholism Treatment Program and recommended the acceptance of State funds contingent upon the Assembly's appropriation of additional funds necessary to refrain from reducing the present level of services and beyond that to support the basic budget originally proposed to operate the program at the level of service defined in the original Request for Proposal.

With the assistance of the Office of Management and Budget, it has been calculated that the amount needed to support the Commission's recommendation would be \$287,610. (Their \$260,000 + \$27,000 to increase the Patrol to 24 hours.) Attachment #7 describes the costs per component and shifting some programs.

The Department and the Salvation Army have again re-evaluated the entire project and have jointly concluded that over \$100,000 of that amount could be reduced from the budget total without destroying the basic goals of the project.

(The following items, therefore, reflect) the highest priorities of items which should be restored if additional funds are available.

*Consider
the
Account
to Restore*

- | | | |
|----|--|------------------|
| 1. | Restore Anchorage Council on Alcoholism Contract to \$21,000. | \$ 8,500 ✓ |
| 2. | Reduce Vacancy Factor from 10% to 3% and eliminate \$11,000 in administrative positions. | 35,000 - |
| 3. | Eliminate \$40,000 from projected revenues | 40,000 ✓ |
| 4. | Restore Training and Vacation accrual account | 39,270 ✓ |
| 5. | Continue Alpha Center from August 1 - December 31 at 16 hours. | 55,000 ✓ |
| | | <u>\$177,770</u> |

C9 30'

Justification

when out to job

Anti Rerouting ← 424 M

238

It is reason that,

not appear in 287.

but except the cut joint

see (177)

And, see an article

The use of ~~some~~ joints in
is especially justified in favor
of the joint the open

Phonetic Alphabet

1.

COMPREHENSIVE ALCOHOLISM

TREATMENT PROGRAM

PRESENTATION TO THE MUNICIPAL ASSEMBLY

SEPTEMBER 14, 1976

Mr. Chairman and members of the Assembly, I believe that we in Anchorage are on the threshold of one of the most exciting times in the history of providing alcoholism services in this community. Over the years, a lot of good people and organizations in difficult situations and with very limited resources have accomplished many good things. Alcoholism is Anchorage's number one health and social service problem. You have by your past action indicated a policy direction to respond to that problem. We believe that the following proposal reflects that policy.

We are here before you today to outline a war plan for the immediate future. We are here specifically to seek your continued concept approval for the overall direction that we believe you want to go; to seek your specific approval to submit the proposal we are about to describe to the State Office of Alcoholism for their concurrence, approval and funding; to seek the Assembly's approval to accept the expected state award, and to contract with the Salvation Army for the provision of these services.

This presentation is designed to take less than 45 minutes and to be used in conjunction with the tables and charts which have been distributed. (Because of the complexity of the topic we are discussing, it is necessary that we raise certain questions in your minds during part of the presentation fully intending to answer as many of them as possible during later parts. It would be appreciated if we could go through the entire presentation and then respond to questions). We intend to bring you up-to-date by way of review on what has happened in recent years; to review the reasons why it has been necessary for us to fall back and regroup at this time; to share with you a general idea of the overall plan for a comprehensive alcoholism treatment program for Anchorage; to discuss the specific plan that we have as part one for the immediate

future, to share with you the proposal of the Salvation Army as it fits into that plan and to speak for just a few minutes about the immediate future and the steps of implementation.

It was less than a decade ago that alcoholism was considered more of a crime than a disease and it has been only in recent years that government and the public have attempted to respond to this terrible disease with treatment instead of with penalty. During the past few years, there has been developed in this state a grant-in-aid program for providing dollar assistance to municipalities and programs around the state to assist in funding their local alcoholism programs. A good deal of money has been made available in recent years. Some of it has been spent well and some of it not so well. Table No. 1 shows that in fiscal year 1976, the state provided \$943,900 and local government \$346,600. In the year that we are now in, the state has set aside \$796,500 and the Municipality has available, if we annualize the six-month figure in the transitional budget, \$371,400. On the one hand, that is a lot of money. On the other hand, there is a tremendous amount of need yet to be met. Table No. 2 describes the recent history of the state grant-in-aid program to the Municipality for alcoholism programs. You will note that the total funds available for distribution statewide have increased over last year by 12.8% to a little over two million dollars. At the same time, the funds to be distributed to the Municipality from this source have been reduced by 4% from \$713,000 to \$687,000. Additionally, the state has an increase in available NIAAA pipeline impact funds of some \$164,400. To date---- Anchorage has been advised that it will receive the same \$109,500 as last year although the possibility exists that \$60,000 more may be available.

Table No. 3 speaks to the total amount of funds available to the Municipality for the current year and compares them to last year. You will note in this table that in addition to a reduction in state grant-in-aid dollars set aside, that we no longer will be receiving the Community and Regional Affairs Pipeline Impact monies which accounted for \$121,400 just last year.

A couple of conclusions ought to be made from the figures reflected in these tables. Number one, Anchorage is not getting as much of the share of the state pie as it was in the past and one of the reasons for this, I firmly believe, is that we just haven't done a good enough job with what we had. Second, of course, is the unavailability of state pipeline impact money although some of feel very strongly that the pipeline impact has continued even though the funding has ceased.

Table No. 4 will give you some kind of an idea of how the monies were expended last year from the several sources. Up until this past year, the state received applications directly from the programs, analyzed, reviewed, made its recommendations and allocations, and then made the money available through the Municipality for the program's use. This year there has been a change in that procedure. The Municipality is being looked to as the overall coordinator of the programs in the area and as such would submit a comprehensive program to the state and then the state would fund that program through the Municipality. In addition to the monies listed in Table No. 4 for the state funding, the Municipality provided direct services through its own personnel for outpatient treatment, the drunk driving program and administration. Chart A illustrates what services were provided last year, by whom, and how they have been or have not been inter-related.

Legislature and the State Office of Alcoholism and the desire of the Municipality to further develop this philosophy of local decision making and local control with the state providing the basic resources under certain parameter and local government making the specific decision of how those monies would be spent.

To this end and by way of another historical piece, there was a lot of work done by a lot of people including the mayor's Alcoholism Advisory Group along with our own staff who developed in cooperation with the state an extensive plan for the delivery of a comprehensive alcoholism treatment program for the Anchorage area. This plan has been approved by the state and endorsed locally. Chart B describes that plan. In that plan, there are several program elements which have never been provided in the Anchorage area. We have not had a central intake component. We have not had a tracking system, We have not had an emergency service patrol. We have not had a holding facility. We have not had an effective long term care program.

Table No. 5 is a compilation of the dollar figures which were developed and proposed in the plan to the state to reflect the costs of implementing the comprehensive alcoholism treatment program for Anchorage. Budgets reflecting these figures were proposed through both the state and the local funding mechanisms. You will note that of the \$1,192,000 requested of the state, only \$796,500 has been set aside. Likewise on the local level, of the \$665,700 hoped for, only \$371,400 was budgeted. The obvious total expected funding of \$1,857,000 was short by almost \$700,000.

Now by reviewing the tables that you have seen, some preliminary conclusive judgments can be made. Number one, for the twelve-month state fiscal year that we are now in, we face a reduction of state dollars both in grant-in-aid and in pipeline impact monies at a time when we are recognizing a 15% increase in personnel costs among the programs that have been funded. Second, that in order to develop a comprehensive program for Anchorage, there are a number of components which need to be established which obviously means that we are going to have to redistribute the available resources if we are going to be able to accomplish anything profound. Third, while there was a time in the past when the local government provided a little bit more than half of the total government dollars, there has been a reluctance to make local dollars available in spite of the seriousness of the alcoholism problem in our area.

The logical question for us to ask is why has this happened? What has caused us to fall back and regroup? There are three or four obvious reasons and a few more subtle. Last fall the State Office of Alcoholism did an evaluation on the programs in the Anchorage area, a copy out of that evaluation came the conclusion that our system was failing, that some dollars were not being well spent and that we were in danger of losing our accreditation if we did not take those necessary steps to develop the comprehensive program that was required and needed. I am advised by the State that the evaluation also contributed substantially to the reduction of state funding for the overall program and is further evidenced by the reluctance of the state to allow any state dollars to be spent presently for certain existing local programs.

A second major factor was the evaluation done by the Joint Commission on Accreditation of Hospitals which was done late in March of this year. The official notification of nonaccreditation was received on August 5th. However, the exit interview in March advised the Municipality that we were about to lose our accreditation and many reasons for that were provided in the preliminary evaluation report. While losing accreditation may not be the worst thing in the world, it certainly points out very clearly that we were not moving in the right direction in improving the management quality of our programs and developing the comprehensiveness and coordination which is both required and beneficial.

Our third reason for falling back and regrouping has already been spoken to in the recognition that there are less dollars available with which to work and we must, therefore, reassess how those dollars are spent. Another consideration has been that evidenced by the local Chamber of Commerce and the special committees which were established to look into the public inebriate problem and their continued demonstration of and interest in helping us solve that part of the alcoholism problem. Just yesterday, Bob Hartig, the Chamber's new President told me that Alcoholism was his number one priority. Another factor was the reaction of the statutorily created Board of Health which early in the budget cycle last spring made the recommendation that 30% of the local funding for the alcoholism program be cut out with the net effect being a reduction of the entire program since the local share is used in the match to get the 75% state funds. Still another, was the concern expressed by the mayor's advisory group on alcoholism who during the budget sessions on May 18th presented a resolution which spoke to either fully fund the comprehensive program with substantial additional local dollars, contract with a new non-profit group in a comprehensive way or have the monies put into a contingency fund until a whole new plan could be developed.

Finally, the Assembly by its action of May 20th made it very clear to me that we were given the mandate to reestablish our priorities and develop a comprehensive program which is both efficient and effective.

One of the proposals that seemed to make sense was the concept that the agencies providing the services under contract would get together and form a new corporation and submit a jointly prepared proposal. Many meetings were held with advisory boards and staff and some progress was made in this direction.

Let me add, at this point, that the department does not claim infallibility. We have made mistakes, lots of them. We have been accused of not giving technical assistance at certain times, of not getting additional resources, of getting too involved at some times and not getting involved enough at others.

Of course, we have erred but we have learned a lot from those mistakes. But somehow, I have to reject the notion that just because we made some mistakes or changed our mind when circumstances changed that we ought to continue doing a poor job of meeting a critical need.

Through a series of meetings between the Department, the Board of Health and the Alcoholism Advisory Group it became obvious that there was common ground in developing a priority for the immediate short range future, specifically, the public inebriate. There were three main reasons for making this determination Number one, the public inebriate is a human being, a person for whom no comprehensive program has effectively been developed in the past but who instead has been more a part of a

- 3 -

revolving door program. Second, while the public inebriate is recognized as the tip of the iceberg, he is also that tip of the tip of the iceberg for whom public funds ought to be expended. Third, more of a practical political reality, we realize that if we did not make some dent in the public inebriate problem or the Fourth Avenue problem, then our ability to obtain resources for the other important alcoholism problems would not be there. The Grand Jury report just released speaks to this issue. In addition to this problem the public inebriate, it was recognized that we must always spend some of our resource for prevention and education.

In the above context, it became obvious that the way that we were spending our monies had to change. That if we were to have a short range high priority of the public inebriate in the framework of a comprehensive program which required us to establish additional new components that we could not continue to fund programs at the same level or necessarily in the same manner. With this in mind, in early June we advised those organizations with whom we had contracts that they had no assurance for continued funding beyond June 30th. We made the decision that the outpatient program we were providing directly was of a lower priority and established a schedule to phase it out as a direct service and include it in the contract.

We parted from our past practice of just negotiating with existing providers and went out with a public "request for proposal" through the Purchasing Department which was advertised in the newspaper. We received a number of proposals which we had evaluated through four different mechanisms and came to the conclusion that none were sufficiently responsive to the request so we recommended that this body reject

all of the proposals. During the interim period, with this body's concurrence and direction we have been funding the basic programs of detoxification/treatment, half-way house and walk-in center on a month-to-month basis. We then upgraded the request for proposal and went back out for new publication and received four proposals. Those were given an intensive evaluation in the same four mechanisms as the first group and the unanimous recommendation was that the proposal submitted by the Salvation Army was the best. We immediately entered into negotiations with the Salvation Army in an attempt to develop a proposal which would be both acceptable and approvable by both local and state entities.

We have gone just about as far as we can in finalizing those negotiations and would like to present at this time a summary of that proposal.

Contractor

The proposed contractor is the Salvation Army, Alaska Division. The Army has been providing humane services in Alaska since 1898 when Evageline Booth first arrived at Skagway. They are incorporated in four major headquarters of the United States, with the Western Region incorporated in the state of California. They are licensed to do business in the State of Alaska.

Over the years, the Salvation Army has performed numerous services to the Alaska public through contracts with local, state and federal governments in such areas as Day Care, Nutrition, Aging, Corrections, Vocational Rehabilitation and Alcoholism. They have met all of the provisions required by government in carrying out a contract relationship.

The Salvation Army has been active in Anchorage since 1941 and has built a fine reputation for effectively and efficiently providing services often under difficult circumstances. They have an enviable Social Service program and considerable real assets to bring to such a contract relationship.

In the specific area of alcoholism rehabilitation, the Salvation Army has been providing varying groups and types of services (with public and private funds) all over the United States including similar Comprehensive Alcoholism programs in about 150 communities including Honolulu, Denver, and Chicago. The Director of their Honolulu Comprehensive Alcoholism program spent a week here in Anchorage assisting them in the development of their proposal. That program is the only two-year accredited comprehensive alcoholism program recognized by the JCAH.

They are including in their proposal their reputation and credibility, their experience in rehabilitation and social services, their dedication to the people being served as well as a belief that they can accomplish something. Beyond that, the Salvation Army will be contributing a substantial amount of dollars, \$111,000 in cash, their building at 8th and "C" Streets and their reputation for stretching the dollar as far as possible. Additionally, they will be involving their other assets such as vehicles, furnishings, etc. in different ways.

Their corporate headquarters are in Los Angeles but they do have and use effectively a local advisory board for the Anchorage programs and a specific advisory council for this program. We feel comfortable in dealing with this entity and have reason to believe that they can accomplish what they set out to do and would be the last to mismanage a program or walk out on a failing project leaving the Municipality to pick up the pieces or pay the bill.

Proposal

The Salvation Army proposes to provide the basic elements of Comprehensive Alcoholism Treatment Program for the Municipality.

Chart "C" describes the program as proposed. You will note that all of the components which we indicated earlier as comprising our plan for Anchorage are included.

Let me just outline briefly the plan.

1. An Emergency Services Unit which, when fully implemented, will include an Emergency Services Patrol or Community Patrol, a Holding Facility and an initial client contract point which they call "Alpha Center". The Community Patrol will function as a facilitator for entry of patients into a total care program. Controlling force will be used only in clearly identifiable life threatening situations. The patrol will work cooperatively with the Anchorage Police and the Emergency Medical Service of the Fire Department.

The Holding Facility will be a secured room specifically furnished to enable inebriated individuals to remain in the facility while they are considered a threat to themselves or others.

The Alpha Center will function as a collection and pick-up point for inebriated individuals wishing to be transported to detoxification and as a community outreach station enabling motivational counseling to occur at street level as opposed to providing welfare services.

Eventually, the program will develop to a point where existing state legislation regarding the public inebriate can be tested. The law, though never used in Anchorage, allows for a public inebriate to be picked up by a peace officer or a member of an approved Emergency Service Patrol, taken to his home or an approved medical or alcoholism treatment facility and held for a period not to exceed 48 hours or until no longer incapacitated. During that period and under certain circumstances, a court order can be obtained to hold the person for evaluation and treatment for five days and then for 30 day increments. The State is developing regulations for facilities and emergency patrols.

The use of such a tool or just the knowledge that it exists and can be used, will go a long way in eliminating the revolving door situation we have so much of at present.

2. The Detoxification Unit which will have available medical consultation, will be supervised by a Nurse Practitioner or Physician's Assistant and will have a registered Nurse on duty 24 hours a day, seven days. This unit will provide evaluation and supervision of individuals referred for non-hospital care for intoxication or withdrawal in an emphetic environment with careful observation and supportive care. Daily monitoring and evaluation of the client's progress will be done jointly with both medical and clinical staff to assist the client on a daily basis to confront his life situation realistically and to develop a creative plan for immediate needs. Appropriate evaluation and referrals for other institutional, psychiatric or social services observed will be accomplished.

3. The Residential Services Unit will include four major functions:

(a) Short term treatment is designed for persons who need less than 40 days of residential care or who are unable or unwilling to undertake therapy in a long-term residential treatment center. It is a highly structured model with heavy emphasis on family and employment counseling and is designed primarily for persons who have available an intact family and/or community support system and who are willing to be involved in the treatment process. Included in this component is the evaluation which provides an on-going standard of self evaluation, therapist's appraisal and psychometrics to be collected throughout the entire program.

(b) Long term or extended care--designed for people needing over 40 days in a residential setting.

(c) Transitional care or halfway house services will be provided by preferably sub-contract with existing agencies such as the Studio Club or Phoenix House. Traditional halfway house services are defined as a community based facility with a peer group operation in a supportive non-drinking environment. The Salvation Army has established paramata for sub-contract compliance.

(d) Intake and Case Management includes the gathering of pertinent data, the initiation of a personal comprehensive treatment plan, the coordination of all treatment services on behalf of any client, monitoring and control for the entire case load.

4. After Care & Out-Patient Services will focus on three different client groups: persons completing treatment in any or all of the residential program components and who need continued assistance, support or treatment; out-patient services for those still able to function in the community setting but who have identified themselves as having an addiction problem which they wish to alter and for whom the service is deemed appropriate; and court referrals or placements as a result of convictions involving alcohol and motor vehicles.

5. The Community Education Program will focus on raising the awareness of the general public on the causes, symptoms, typical progress and treatability of alcoholism. Much effort will be focused in the schools. This component will also seek to assist in the development and expansion of industrial alcoholism programs. These services will be provided through a subcontract with the Anchorage Council on Alcoholism.

6. The Administrative Unit will provide appropriate comprehensive, fiscal and program control and accountability systems. Existing models will be refined for this specific program. Additionally, the evaluation component will be established to monitor the effectiveness of all program components.

The Department will be the basic evaluation mechanism and provide on-going technical assistance and coordination with other alcoholism efforts within the state as well as develop additional opportunities and resources.

Budget and Control

The total budget for the nine-month period beginning October 1, for the Salvation Army program amounts to \$1,129,771. Funds to support that come from the following sources:

A.	Salvation Army - - Cash - -	\$111,150
B.	Third Party Payments - -	152,767
C.	Municipality of Anchorage - -	65,000
D.	State - - Grant-In-Aid - -	523,974
E.	State - - NIAAA - - (Pipeline Impact) --	169,100
F.	NIAAA - - Public Inebriate - - To be	107,780

applied for

Additionally, the Salvation Army will be providing in-kind contributions such as their facility, rent free at 8th and "C", six vehicles, auxillary staff, etc., estimated to exceed \$200,000 in kind.

Assuming that we are successful in being awarded the anticipated known state and federal dollars through June of 1977, then the only amount which would be included as "subject to appropriation" would be the \$62,500 from the Municipality for the January 1 - - June 30, 1977 period. Currently included in the Department's proposed budget.

We requested proposals for the 15 month period beginning October 1, 1976 and would enter into a contract for that period with special provisions relating to availability of funds to be appropriated at a later date and for budget review and changes as appropriate before December 31, 1976 and July 1, 1977.

The Department has developed a new contract for use with all of its contractors. It responds to the many concerns which have been expressed in recent years especially in accountability and evaluation. The Salvation Army has agreed to the terms and conditions of that contract.

Facilities

The Salvation Army has indicated its willingness to provide its building at 8th and "C" for the project with free rent.

The present plan would provide, at that facility, residential rehabilitation for thirty men and eight women, appropriate lounges, recreation area and group treatment space, the Alpha Center, kitchen, dining room, chapel and some office space.

The third floor of the Old Community Hospital would house detoxification for 26-30 patients, short-term treatment for 18-20, the holding facility and appropriate lounges, recreation and therapy space.

The intake unit, case management section, facilities management, fiscal services and records and support services would be located in the Hospital basement.

Originally, the Salvation Army proposed using the Point Woronzof facility now leased by AATC. The Department and the Army were led to believe that the facility would be available for the community's public program. As it turns out, many of our negative concerns about the location of the Woronzof facility some 15 miles from the high priority public inebriate problem have been alleviated.

The Salvation Army and the Administration have been negotiating with the Community Hospital for space when they move to their new hospital next month. Consideration of the third floor for detoxification has been discussed for over a year and a half.

In the event that the hospital should not be available for some reason, the Salvation Army has explored several alternatives and has a contingency plan.

Time Schedule

There is unanimous concern shared by almost all involved in the alcoholism program concerning the time crunch. It is easy to accept the logical conclusion that we did the right thing in stopping what was recognized as a falling system; it makes sense to agree that we had to fall back and re-group in light of all that has occurred if we really mean to do a good job and stop spinning our wheels and wasting much of our resource. But at the same time, we are concerned because there are people who desperately need these services.

Following the instructions of this body, we deferred presenting the Municipality's amended application for state funds and this specific proposal until approved by the body. We have requested that the State Alcoholism Advisory Board reconvene September 20, next Monday, to hear our proposal. They have agreed that and if all is approvable before this body and the State, we can have a grant award next week and be into a contract before October 1.

The Salvation Army would then begin several services on October 1 including long-term care, transitional care, administration, fiscal, etc. By October 15, the Alpha Center, Emergency Services Patrol, Detoxification, Holding, Short-term Care and Community Education and Information would be off the ground. The remaining elements of Case Management and Central Intake would be operative by November 1st.

We would propose to continue the interim detoxification program with AATC until the Salvation Army is ready.

Summary

By way of summary, the Department has responded to the mandate of the Assembly and the specific concerns of the State Office of Alcoholism, the JCAH, the Municipality's Alcoholism Advisory Group, the State's Alcoholism Advisory Group, the Board of Health, the Chamber of Commerce, the public and most especially to its own charge to get services to people.

We have recognized that there is less resource with which to work, that there are elements of a CATP which need to be instituted for anything profound to occur, that the public inebriate would be the short range high priority, that we would have public education and prevention, that we would propose to do only that which we believe we can accomplish effectively and efficiently, and that we will have a system which is accountable and which can be effectively evaluated.

We realize that the proposal which we have submitted will not please everyone, especially some who have been providing services for a long period under difficult times and with limited resources -- and to them we owe a debt of gratitude but we rest assured that the failure of our system demanding a redistribution of the resources, a sound overall plan, a clearly identified objective and a commitment to get on with the business of working together to make the plan work and to obtain sober drunks.

ANCHORAGE DEPARTMENT
OF
HEALTH AND ENVIRONMENTAL PROTECTION

TABLE #1

HISTORY OF AVAILABLE FUNDS

FOR

LOCAL ALCOHOLISM PROGRAMS

<u>YEAR</u>	<u>LOCAL \$</u>	<u>%</u>	<u>*STATE \$</u>	<u>%</u>	<u>TOTAL</u>
7-1-75 - 6-30-76	346,600	26.9	943,900	73.1	1,290,500
7-1-76 - 6-30-77	*371,400	31.8	796,500	68.2	1,167.900

* - Annualized (7-1-76 - 12-31-76 x 2)

x - Includes NIAAA and State Community and Regional Affairs Pipeline Impact Grants

OBSERVATION: Total Dollars Available Reduced By \$122,600 9.4%

TABLE #2
HISTORY OF STATE GRANTS
TO MUNICIPALITY OF
ANCHORAGE

	1976 APPROPRIATION	1976 AVAILABLE ANCHORAGE	1976 %	1977 STATE APPROPRIATION	1977 AVAILABLE TO ANCHORAGE	1977 %
STATE GRANT	1,822,400	713,000	39.1	2,056,000	687,000	33.4
NIAAA PIPE- LINE IMPACT	347,600	109,500	31.5	531,000	¹ 109,500	20.6
	2,170,000	822,500	37.9	2,587,000	796,500	30.8

OBSERVATIONS:

- State Grant to Municipality reduced by \$26,000 - 4%
- Total State Grant Appropriation Increased by \$233,600 - 12.8%
- Total State Funds Increased by \$417,000 - 19.2%

¹ - Possibility exists that additional \$59,600 might be available to Municipality from this source.

ANCHORAGE DEPARTMENT
OF
HEALTH AND ENVIRONMENTAL PROTECTION

TABLE #3
FUNDS AVAILABLE TO MUNICIPALITY
FOR ALCOHOLISM PROGRAMS

	<u>AVAILABLE</u> <u>7-1-75 - 6-30-76</u>	<u>PROPOSED</u> <u>7-1-76 - 6-30-77</u>
STATE GRANT	713,000	687,000
STATE NIAAA - Pipeline Impact	109,500	109,500
STATE - CRA - Pipeline Impact	121,400	-0-
	<hr/>	<hr/>
	943,900	796,500
Local Appropriated	346,600	* 371,400
	<hr/>	<hr/>
	1,290,500	1,167,900

* Annualized

Observations:

State Grant-In-Aid Reduced 4% by \$26,000

State CRA Pipeline Impact Eliminated \$121,400

ANCHORAGE DEPARTMENT
OF
HEALTH AND ENVIRONMENTAL PROTECTION

TABLE #4

STATE ALCOHOLISM FUNDS USED
7-1-75 - 6-30-76

	STATE GRANT-IN-AID	STATE NIAAA - PI	STATE CRA - PI	TOTAL
ALASKA ALCOHOL TREAT- MENT CENTER	343,400	60,000	59,000	462,400 ✓
CME WALK IN CENTER	147,600	35,100	9,400	192,100 ✓
STUDIO CLUB	72,300	-0-	11,100	83,400 ✓
ALASKA COUNCIL ON ALCOHOLISM	61,200	-0-	5,000	66,200 ✓
SALVATION ARMY	20,000	-0-	-0-	20,000
TAHETA HOUSE	33,000	-0-	-0-	33,000
HEALTH DEPARTMENT USED	25,700	-0-	37,000	62,700 ✓
	<hr/> 703,200	95,100	121,500	<hr/> 919,800
ALLOCATED	713,000	109,500	*121,400	*943,900

NOTE * Figures Rounded

ANCHORAGE DEPARTMENT
OF
HEALTH AND ENVIRONMENTAL PROTECTION

TABLE #5

ORIGINAL PROPOSED PLAN TO FUND THE COMPREHENSIVE ALCOHOLISM TREATMENT PLAN FOR 12 MONTHS
JULY 1, 1976 THROUGH JUNE 30, 1977

<u>STATE RESOURCES</u>		<u>LOCAL RESOURCES</u>	
ALASKA ALCOHOLISM TREATMENT CENTER	516,700	ALASKA COUNCIL ON ALCOHOLISM	24,400
SALVATION ARMY	131,700	CME - WALK IN CENTER	158,000
CENTRAL INTAKE	380,700	CENTRAL INTAKE	45,000
TAHETA HOUSE	74,700	STUDIO CLUB	66,900
MANAGEMENT	88,200	DEPT. BUDGET	371,400
	\$1,192,000		\$665,700
SET ASIDE	\$ 796,500	BUDGETED	\$371,400
SHORT	\$ 395,500	SHORT	\$294,300

TOTAL ESTIMATED COSTS	\$1,857,700
TOTAL SET ASIDE OR BUDGETED UNAVAILABLE FUNDS	<u>1,167,900</u> <u>\$ 698,800</u>

ANCHORAGE DEPARTMENT
OF
HEALTH AND ENVIRONMENTAL PROTECTION

TABLE #6

CURRENT FUNDING ANTICIPATED
FOR MUNICIPALITIES ALCOHOLISM PROGRAMS
7-1-76 - 12-31-76

FUNDS EXPECTED

STATE SET ASIDE:	\$398,250
* LOCAL APPROPRIATION	210,710
TOTAL	\$608,960

* Includes \$25,000 By Emergency Ordinance of 8-24-76

OBLIGATED THROUGH 9-30-76

	<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>	<u>TOTAL</u>
CME WALK-IN-CENTER	16,309	16,309 ✓	16,500 ✓	49,118
ALASKA ALCOHOLISM TREATMENT CENTER	39,094	38,844	39,999	117,937
STUDIO CLUB	9,857	8,857	8,500 ✓	27,214
LOCAL EXPENDITURE	32,500	27,000	27,000	86,500
TOTALS	\$97,760	\$91,010	\$91,999	\$280,769

DISTRIBUTION OF ABOVE

	<u>OBLIGATED</u>	<u>REMAINING</u>
STATE FUNDS	150,804	247,446
LOCAL FUNDS	129,965	80,745
	\$280,769	\$328,191

Less Estimated Local Expense Through 12-21-76 61,500

Available for Contract Services 10-1-76 Through 12-31-76 \$266,691

ANCHORAGE DEPARTMENT

of

HEALTH AND ENVIRONMENTAL PROTECTION

TABLE #7

ESTIMATED GOVERNMENT DOLLARS AVAILABLE FOR CONTRACTS
10-1-76 - 6-30-77

AVAILABLE FOR CONTRACTS 10-1-76 - 12-31-76		\$266,691
January 1, 1977 THROUGH June 30, 1977		
STATE SET ASIDE	\$398,250	
ESTIMATED LOCAL FUNDING (SAME LEVEL)	<u>62,500</u>	
TOTAL		\$460,750
ESTIMATED TOTAL AVAILABLE 10-1-76 - 6-30-77		<u>\$727,441</u>

NOTE:

OTHER POTENTIAL REVENUE NOT INCLUDED ABOVE:

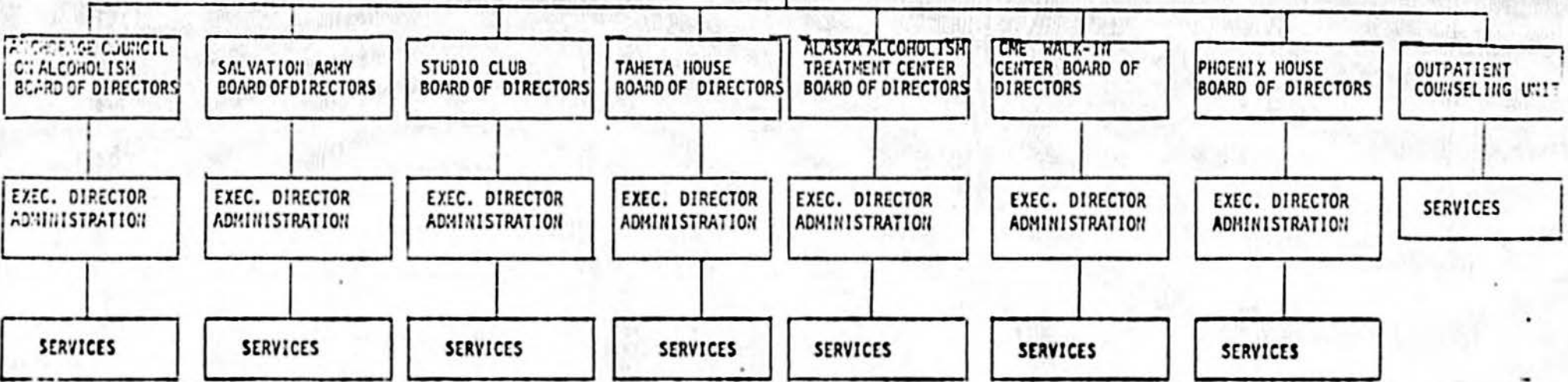
1. Possible additional \$59,600 NIAAA PIPELINE IMPACT MONIES
NOT YET ALLOCATED.
2. Possible Transfer of NIAAA Public Inebriate Staffing Grant of \$107,150
Now Awarded to ALASKA ALCOHOLISM TREATMENT CENTER.
3. Possible refunds from existing Contractors for Government Dollars
not Expended.

MAYOR OF ANCHORAGE

HEALTH AND ENVIRONMENTAL PROTECTION DEPARTMENT

BEHAVIORAL HEALTH DIVISION

ALCOHOLISM PROGRAM MANAGER



ANCHORAGE COUNCIL ON ALCOHOLISM BOARD OF DIRECTORS

SALVATION ARMY BOARD OF DIRECTORS

STUDIO CLUB BOARD OF DIRECTORS

TAHETA HOUSE BOARD OF DIRECTORS

ALASKA ALCOHOLISM TREATMENT CENTER BOARD OF DIRECTORS

CME WALK-IN CENTER BOARD OF DIRECTORS

PHOENIX HOUSE BOARD OF DIRECTORS

OUTPATIENT COUNSELING UNIT

EXEC. DIRECTOR ADMINISTRATION

EXEC. DIRECTOR ADMINISTRATION

EXEC. DIRECTOR ADMINISTRATION

EXEC. DIRECTOR ADMINISTRATION

EXEC. DIRECTOR ADMINISTRATION

EXEC. DIRECTOR ADMINISTRATION

EXEC. DIRECTOR ADMINISTRATION

SERVICES

SERVICES

SERVICES

SERVICES

SERVICES

SERVICES

SERVICES

SERVICES

PROPOSED PLAN FOR THE
ANCHORAGE ALCOHOLISM
TREATMENT PROGRAM

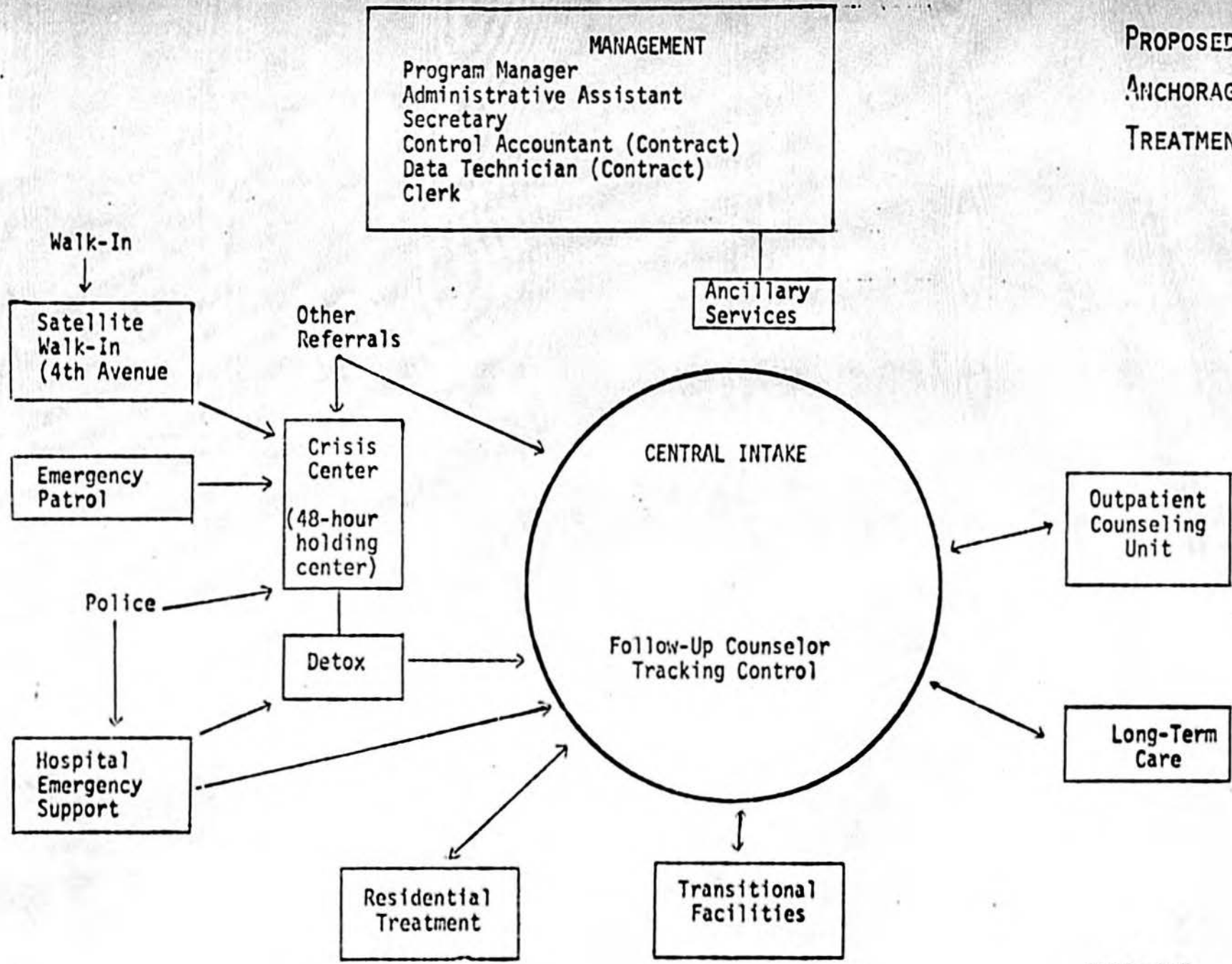


CHART "B"

SALVA ARMY'S
PROPOSED PLAN FOR THE
ANCHORAGE ALCOHOLISM
TREATMENT PROGRAM

