

ALASKA LEGISLATURE SPECIAL COMMITTEE / SUBJECT FILES 8672  
43 SCOMM 6: SENATE SPECIAL COMM. ON ALCOHOLISM 1977-78

The Comprehensive Alcoholism Treatment System (CATS): The Comprehensive Alcoholism Treatment System has been developed over a five year period and is based on the experience gained during the community's attempt to treat alcoholism and alcohol abuse. The CATS has been designed to meet the standards set forth by the Joint Commission on Accreditation of Hospitals (JCAH). The CATS as designed has eight system components which can be graphically described as an umbrella as depicted in Figure 1, (see page # b) as shown in Figure 1, the system components fall into four major groupings or interrelated service functions. The chart Figure 2 (see page #7) indicates normal patient/clients flow through the system.

Administration/Supportive/Services: This component is required by the Joint Commission on Accreditation of Hospitals and includes throughout the CATS the following functions: Governing Authority, Patients' Rights, Planning, Fiscal Management, Environment, Personnel, Evaluation, Patients' Records, Medication Control, Referrals, Dietetic Services and Research.

Information and Referral: This component embodies parts of two (2) of the Joint Commission on Accreditation of Hospitals service components. The two/JCAH components are 1) Outreach component designed to facilitate identification (within a target population) of persons and their families who have problems related to the use or abuse of alcohol, to facilitate procurement of alcoholism services, and to alert all public and private human service agencies who serve the same target population to the importance of early identification and easy access to the service delivery system. 2) Education service designed to convey on a regular and planned basis a philosophy that increases community understanding of the nature of the use and abuse of alcohol, its treatment and prevention, and the human and legal rights of the population at risk, as well as to inform the public of existing alcoholism resources and to gain public support for the development of additional resources.

Neither of these service components are required but, the Education service is strongly recommended.

Community Services Patrol: This component provides the twenty-four hour transportation support service as required by JCAH in the Emergency Care service component and provides direct outreach to the identified target population of 2,000 public inebriants in the downtown area. The Community Services Patrol provides transportation/outreach to inebriant individuals either to their homes or to an approved/appropriate community facility.

Screening/Shelter/Protection-Detoxification: This component is not required by JCAH but, is composed of two (2) of the portions of Emergency Care and Inpatient Care. The Screening/Shelter/Protection program is a walk-in or receiving station for inebriated individuals who do not have homes or do not want to use other available resources. Screening involves an interview by a counselor to assess the possible readiness of the client to enter any other component of the CATS. Shelter means a place out of the weather and out of a bar away from alcohol. Protection refers to the safety of that shelter, so a person can relax or sleep without worrying about robbery or assault. Individuals enter this facility either under their own power as walk-ins or they are transported to the facility by the Community Services Patrol.

The Detoxification program provides medical intervention that is designed to assist and support an individual through the process of removing alcohol from his/her system. In the Detoxification program an individual receives a full medical/social/psychological evaluation and a treatment plan is developed.

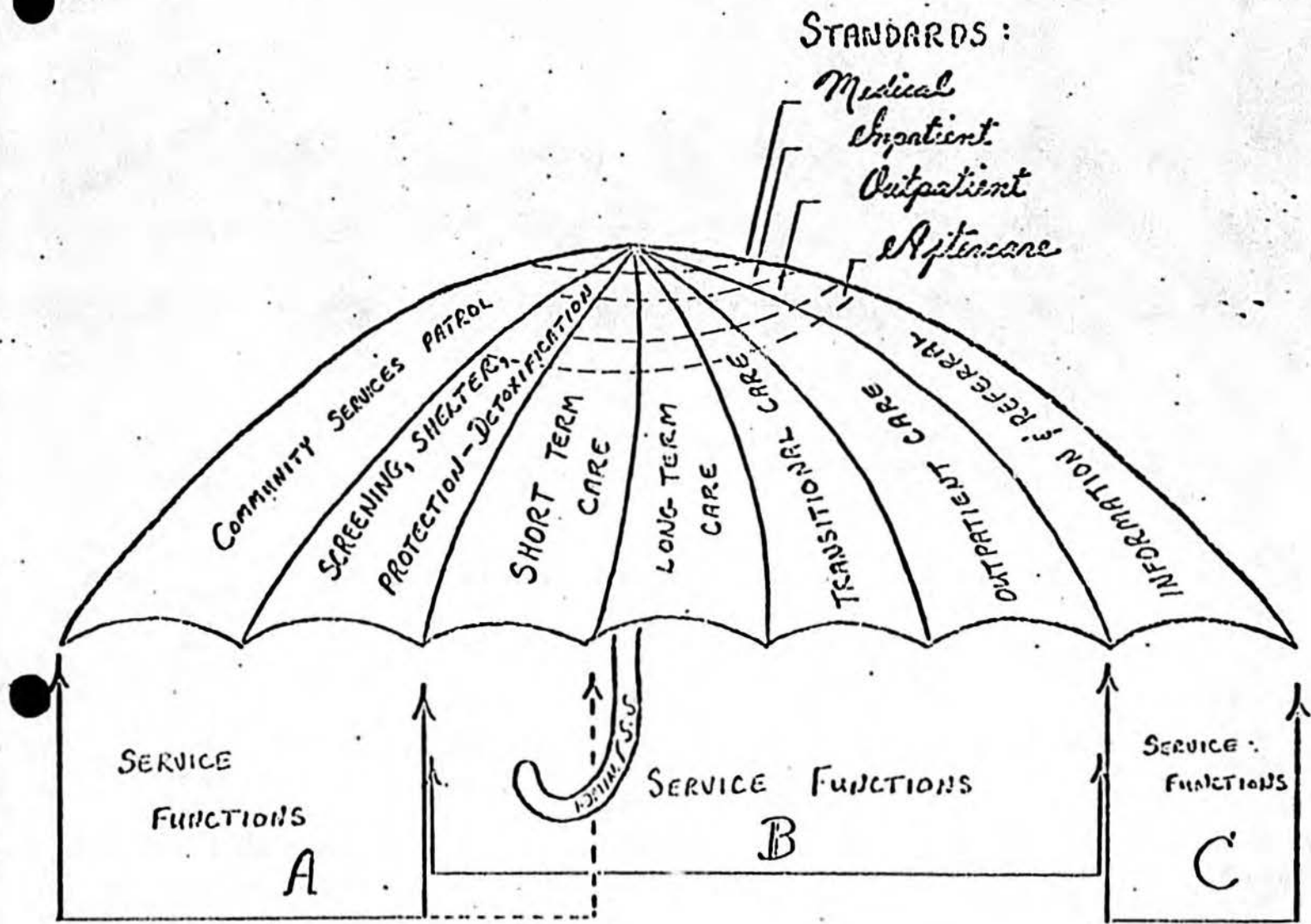
Short Term Care: This component is not required by JCAH but embodies functions of the Intermediate Care service component. Short Term Care is an intense therapeutic environment where a client receives counseling and other rehabilitative services.

The program is residential and designed as a 30-45 day treatment program with a 16 bed capacity.

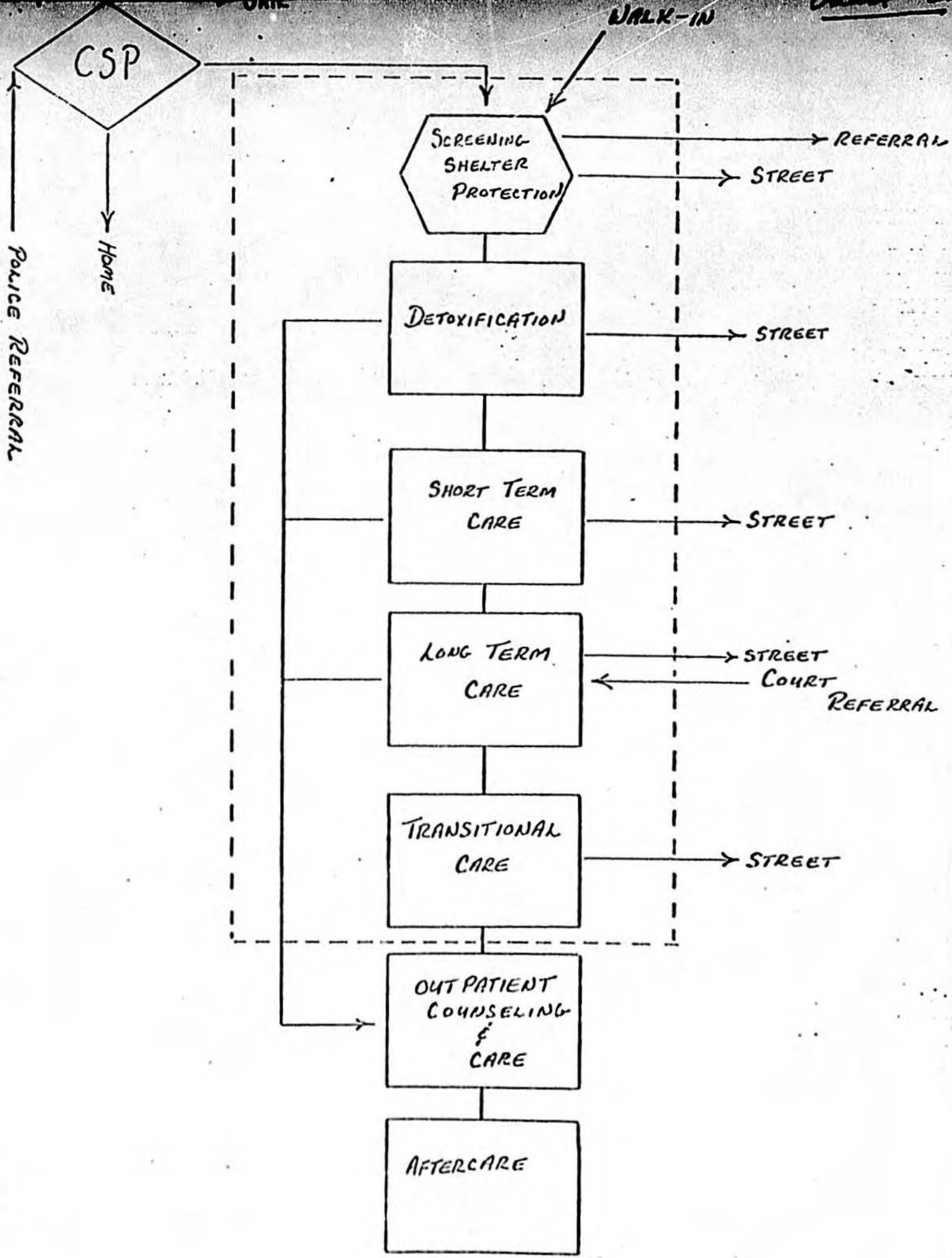
Long Term Care: This component is not required by JCAH but embodies functions of the Intermediate Care service component. Long Term Care is of low to medium intensity providing counseling, vocational/work and other rehabilitative services. The residential facility has 45 beds and is designed for a 90 day minimum stay.

Transitional Care: This component is not required by JCAH. Transitional Care is the final component designed to meet all services recommended by JCAH as Intermediate Care service component. Transitional Care is a supervised living experience designed to support individuals in their return to full function. The facility has 14 beds and the program is designed for a 90 day minimum stay.

Outpatient Care: This component embodies all the required functions of the After Care service unit that is required by JCAH. The outpatient section provides counseling and diagnosis for the individual and family that are affected by alcohol abuse. The counseling services include individual, family and group sessions. After Care provides care to patients who have progressed sufficiently through emergency, inpatient, intermediate and/or outpatient services to a point in their recovery where they will benefit from a level of continued contact which will support and increase the gains made to date in the treatment process. The central intake process occurs in the outpatient component and consists of central record keeping and management, diagnosis, referral to the proper treatment component, and case review. Follow-up function is part of the Outpatient Care component and consists of statistically valid 6-12 month tracking and follow-up of a client after he leaves the CATS. The Drivers' Alcohol Information School is a series of classes for those who have been arrested for and convicted of Operating Motor Vehicle while intoxicated and are usually court referred.



A Comprehensive Approach to  
Alcoholism



Municipality  
of  
Anchorage



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GEORGE M. SULLIVAN,  
MAYOR

Attachment #3

DEPARTMENT OF HEALTH AND ENVIRONMENTAL PROTECTION  
Behavioral Health Division  
Alcoholism Section

Summary of the Technical Assistance and Review Team's Evaluation and Comments  
on The Salvation Army's Comprehensive Alcoholism Services. December 14, 1976

Attached you will find copies of the detailed comments by each surveyor as it pertains to the components that they reviewed.

Overall, the technical review team made several positive comments about the efforts of the staff to provide a quality comprehensive alcoholism system. However, there is a definite lack of written policy and procedures for the majority of the components which is reflected throughout the comments made by each of the surveyors. I would like to summarize some of these problems and point out some critical areas that need to be addressed as well as note some of the strong points that were found in the service delivery system.

Management and Support Services, Section A--Governing Authority. There seems to be a very clear and defined chain of command, as well as governing authority, rules and regulations that is kept primarily in the administrative section. There seems to be some question as to the chain of command as it relates on down within the ranks of the employees. Most of this detailed information is kept under the purview of the administrator and although the staff did not have copies available, there was some question as to whether there actually are copies available for the staff to review. There seems to be some need to clarify the distinction between responsibilities of the Administrator and the Program Coordinator. This has also shown up in the staff comments on who is responsible for making what decisions even though they are readily willing to indicate that the final authority rests with Captain Boyd. There does need to be some clarification of the responsibility for decisions and the delegation of responsibility and authority.

Patient's Rights. In the Detox Section, the patient rights seems to be very good, although there needs to be explained in their application for services that there are possibilities that detoxification is quite hazardous to the individual client's health, and this has not been explained and probably should be written into the initial intake format. There seems to be some question about the actual participation of the patient in his own treatment plan, and there does not seem to be written documentation specifically addressing this issue, let alone for the client to actually become involved in his own treatment.

Planning. There seems to be a great deal of planning going on. It is more or



## Summary of Salvation Army's CAS Evaluation

less on a day-to-day, as needed basis, and needs to be further developed. Undoubtedly, the newness of the program serves to hamper these planning efforts, but some specific action should be written out in the planning areas of each individual component, as well as the overall program.

Fiscal Management. The evaluation team did not get into the fiscal management section, and it will be addressed at a later time.

Environment. There were several concerns throughout the environmental evaluation that dealt primarily with the Alpha Center of which we are all acutely aware. We indicate that there were several topics of discussion related to moving the Alpha Center up onto the first floor and there have been suggestions by the evaluation team that possibly the Alpha Center should be moved to another location. This will be worked out jointly with the Municipality, as it is a very serious concern, and one of our first priorities. There is some concern about the location of new clients coming in for screening and evaluation at Central Intake, who share the same waiting area as the patients in treatment. Certainly, with the addition of space and reorganization within Community Hospital, this can be alleviated.

Personnel. This is one of the most critical sections, and an area that we are quite concerned about. The detail of the personnel will be found with Margaret Wolf's comments and Andrew Linn's comments. Overall, there seems to be a very detailed and documented policy and procedure manual in personnel, although it lacks some very specific areas in affirmative action plans, employee review and evaluations, where the personnel files are kept, and they are not readily available to staff. We would like to discuss this further with the administration and review what the Hawaii Program has done in order to pass the accreditation standards, since the personnel manual is basically kept only for administrative persons.

Evaluation. There seems to be a periodic evaluation of personnel, although it is not reflected in the personnel files, and there seems to be some question as to the review and update of these evaluations. There is also a lack of training and education for the staff, as well and is not indicated in the personnel files.

Support Services. Patient Records--They seem to be fairly good towards the end of the program. Certainly, this is because additional information is picked up as a client moves through the system. However, in the Alpha Center, there is much concern over the fact that the clients' names and social security numbers are laid on the desk for everyone to see as the client enters and re-enters the Alpha Center. This needs to be looked at and perhaps another system devised, so there is better confidentiality maintained at this particular point. Detox seems to have a fairly good evaluation, and records system that is monitored fairly accurately by the staff and the physician. Certainly, Central Intake is doing a very fine job in their evaluation of the clients and recommendations; however, there seems to be some lack of communication from Central Intake on to other components, and visa versa. This needs to be addressed in the staff so that there is the proper communication where the information is gathered, who is responsible for taking that information, and where clients are to go for their beginning evaluation. This was even uncertain in the Outpatient Unit,

## Summary of Salvation Army's CAS Evaluation

The Outpatient Unit has gotten off to a very good start. There need to be some policies and procedures developed that would be reflected the the patient's records. There needs to be further documentation throughout the whole system on the family treatment and what means are being utilized to include family in the alcoholism efforts and documentation of these efforts. Again, there needs to be specific documentation on the client's involvement in each component and in writing his own plan with the counselor.

Medication Control. Medication controls seem to be very good. There seemed to be a need for an updated Physician's Desk Reference, and also probably some individual staff training on side effects of various medications as it relates not only to Detox, but specifically to the Alpha Center as well as the Inpatient Treatment Program. Overall, this was a very strong section and seemed to be very good. There are a few other written comments in this area by Dr. Burst and Nancy Beck, Public Health Nurse.

\* { Referrals. This seemed to be a very weak area. It would indicate that some counselors have readily accessible information on agencies available in the community, whereas other sections are totally unaware of what is available in the community for further referrals and follow-up.

Dietetic Services. This area is severely lacking. We are aware that there has not been a consultant dietitian brought on contract and we feel this certainly needs to be done in the very near future. Again, we realize the staff limitations, as well as the space limitations, and hopefully, now that Community Hospital cafeteria may be rented to the Salvation Army, this can be further developed. The staff were very amenable to suggestions, and very cooperative, and we feel this area can be strengthened with relatively minor changes.

Research. Research is addressed specifically by Margaret Wolfe, but there need to be written guidelines to address the research area, and certainly is not one of our major concerns, but an area that should be looked into in the near future.

\* { Emergency Care. Again, it would seem that the Alpha Center needs to be reorganized physically so that it provides services a little bit more adequately. There probably needs to be some training specifically addressing the motivation of the client into treatment. There is not a clear understanding by the staff on whether they should be motivating these clients towards further treatment or merely monitoring the people as they come in the door.

Detoxification. Overall seems to be fairly good. There probably needs to be some allowance for private belongings to be locked in the closet. These physical modifications can take place at a later time, but is an area that we need to move towards for more privacy to the client. Training probably needs to be arranged to address some of the side effects of medication, specifically in the areas of detoxification as well as making the clients aware of the hazards of going through detoxification.

Central Intake. This seems to have the best written documentation on their evaluation and diagnosis, and client records, but there seemed to be some lack of communication with the other systems so that they understood the function of Central Intake and how it relates to their section and what kind of information

## Summary of Salvation Army's CAS Evaluation

should be shared between these components. Again, a communication problem that could be addressed fairly readily.

Inpatient Care. Inpatient Care was just starting to get off the ground during the evaluation. There needs to be written documentation in this area of their component, how they relate to the other systems and communication of responsibility for their specific area of treatment as it relates to the overall client treatment plan. Again, an issue should be addressed about family involvement and some written organization for the treatment of family members.

Outpatient Care. Overall Outpatient has a very good program going. It is in the early stages of development and certainly could be expanded. There is a lack of written documentation, policies, and procedures, as well as planning efforts and with this improvement it can be a very functioning, very good unit. Aftercare is an area which is lightly touched upon. There does not seem to be the documentation there, and it is a critical area for accreditation standards that needs to be addressed. We are aware that not many people are moving through the System and coming out the other end, but in preparation for that, it would be better to plan for it now, rather than wait until after the people are moving out, to develop the documentation and follow-up of these clients as they leave the treatment system.

Consultation and Education. This area seems to be somewhat unorganized at this time. The documentation of their system and policies and written procedures were unavailable, although they had been presented in the past for documentation. There seems to be some lack of clarity as to the role of the Anchorage Council as it relates to the Salvation Army. They certainly have their own areas of responsibilities in the community and this needs to be defined in writing, from the Administration. They are assisting in the in-service training of the counselors and they need to become more involved in the system with specific areas of training that should be addressed. However, the bulk of the responsibility for this training should not rest on one person, but should be merely coordinated through that office.

Overall View. It would seem that the quality of services being delivered in the Comprehensive Alcoholism Services system is very good. Staff was very cooperative and immediately took recommendations and tried to implement those that could be done on the spot. There is a very serious lack of documentation for written policies and procedures. There is a very serious lack of personnel rules and regulations that are not available to the staff. There seem to be some areas of in-service training that need to be addressed very readily as they pertain to providing services in the emergency components. There needs to be better communication throughout the system so that each component understands what the other component is doing. This comes out in several different interviews with several different components and should be addressed as one of the first priorities. In light of the fact that most of the system has been in operation less than sixty days, there has been a tremendous amount of progress in the delivery of alcoholism services in the Anchorage Area, and the overall evaluation team's comments were very good in the areas of providing services. We hope to be able to come back in a few months and see many of these areas modified to provide the written documentation and communications that are necessary to improve the Program even further. We want to thank the staff of the Salvation Army and the Administration for the time they have given. It was, we feel, very rewarding to both parties, very enlightening, and hopefully, will prove to be the development of a quality Comprehensive Alcoholism Services system for the Anchorage Area as well as the State of Alaska.



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RECEIVED  
JUN 28 1977

UWE GUNNERSEN  
Director  
MARK L. FELDMAN, Ph.D.  
Associate Director

ALCOHOLISM CONTROL

DATE: June 22, 1977

CC - Helen B  
Peg B  
Bert A  
Paul K  
IA

TO: Mr. Ed C. Stewart  
Alcoholism Program Manager  
Department of Health and Environmental Protection  
Municipality of Anchorage  
825 L Street  
Anchorage, Alaska 99501

FROM: Uwe Gunnarsen  
Director  
Human Services Horizons

SUBJECT: A BRIEF EVALUATION OF THE SALVATION ARMY C.A.S.

On May 20 - 24, 1977, I conducted a brief evaluation of the Salvation Army C.A.S. This program is under contract with your office to provide comprehensive services to alcoholic people in the municipality of Anchorage. In previous years, I had the opportunity to survey the consortium of diverse programs that used to be under contract to the Health Department. At that time, I was the Director of the Alcoholism Division of the Joint Commission on Accreditation of Hospitals, and my task was to provide some consultation and accreditation for the consortium. You will remember that utter and complete sense of futility that we experienced by the consortium's inability to benefit from consultation, and consequently, failing to achieve accreditation. I do, at this time, feel much more positive about the Salvation Army program. The various components of this program benefit from unified leadership and management, and the staff is working cooperatively for the benefit of clients.

My evaluation consisted of the following:

1. Interviews with key staff
2. Review of program documentation
3. Review of patients' records
4. Site visit to all facilities
5. Patient interviews
6. Participation in budget development
7. Summation conference

All of my findings have been verbally communicated to program staff and to you. This report, therefore, is not meant to recapture all details, but merely to give some of the more significant highlights of the evaluation.

I found the staff to be quite dedicated and generally competent. The medical staff needs to be upgraded and should, ideally, involve more of the medical community in Anchorage. The general competence of staff should be enhanced by in-service training that responds to identified deficiencies. This staff does not need another ready-made course or sequence of courses that are readily available. It does, however, need training in individualized patient assessment and evaluation, treatment planning, and aftercare planning. In addition, the staff should be capable of implementing utilization review and quality assurance mechanisms.

Program documentation is well under way and should meet with state approval. If JCAH accreditation is desired, some more conceptual work on criteria for admission to the various program components needs to be done. (JCAH accreditation at this time, however, would be premature because of inadequate on-going staff training and deficiencies in some of the physical facilities.)

Patient records generally need to be organized. They do not reflect individualize assessments and treatment plans. At present, patient records do not adequately reflect a therapeutic process with the patient, and are, therefore, useless as teaching tools, or as a basis for utilization review or quality assurance. If the program and the Health Department should be sued for negligence or malpractice, patients' records, with their present contents, would constitute a poor basis for any defense.

The facility housing the long term care and walk-in components are inadequate by national standards. Bunkbeds, crowded conditions, non-personalized environment, absence of privacy and a host of other obvious issues mitigates against this facility contributing to any therapeutic process. The walk-in center is simply too small to handle all the emergencies that are referred. It is my considered professional opinion that a large number of non-alcoholism emergencies are "dumped" into the walk-in center. The Health Department should consider a general receiving and referral facility that relates to a wide spectrum of crises and emergencies. This facility would not be operated by the Salvation Army, but would refer alcoholic patients to it. (It should also be funded by other than alcoholism funds.)

The program must also develop cost centers that permit accurate determination of costs per unit of service. This would not only expedite negotiations and contracts with third party payors, but would also provide much needed regionally prevailing rates to the HSA.

In summary, it can be said that the present contractor with the Health Department for provision of services to alcoholic people in Anchorage is performing a creditable job. Considering that the life time of the contract has been less than one year, and the contractor has experienced and overcome some severe start-up problems, it is amazing that the program has progressed this far. The above noted deficiencies can be readily corrected with appropriate and experienced consultation.

ANCHORAGE HEALTH DEPARTMENT  
COMMENTS ON PROPOSED BUDGET REDUCTIONS  
July 1 to December 31, 1977 ALCOHOLISM BUDGET  
(SALVATION ARMY)

Attached are the Grant Work Sheet for the Alcoholism Grant for the period July 1, through December 30, 1977. This narrative is to point out some of the ramifications of the proposed changes and to solidify understandings between the Municipality and the contractor (the Salvation Army).

All changes listed are the result of negotiations between the Contractor and the Municipality and are to be reflected in the Grant Application. The existing contract between the Contractor and the Municipality shall be modified to reflect these changes.

NARRATIVE

The proposed budget expenditures submitted to the State of Alaska are \$1,146,558.

Proposed Reduction No. 1 Alpha Center

(\$18,000)

In the submission to the State of Alaska the Alpha Center (a walk-in center and drop-off point for the Emergency Service Patrol) was proposed to be operated for two (2) months. Discussions indicate that while there is dedication to finding suitable alternatives and some progress has been made, nothing has been solidified at this time.

This reduction envisions the phasing out of the Alpha Center immediately, resulting in a one month only operation. This further reduces the chances of finding suitable places to take the inebriated person. Without a place to take the person with alcohol abuse problems ("wet drunk") the contractor may violate the provisions of the State Statute on Alcoholism treatment.

The law states that a person with alcoholism or alcohol abuse problems must be taken home, an approved treatment facility or to jail. The choices are in that order. If the person has no home and there is no approved treatment (health) facility, or one that will accept them, the last choice is jail.

We can see some very real problems developing due to the already over-crowded detention facilities and the fact that these facilities are not now manned or geared to handle the "wet drunk". The existing excellent relationships between the law enforcement agencies, the Emergency Medical Services and the Contractor would be seriously impaired.

Current investigations indicate that there are several alternatives that could be developed.

1. Develop a "holding" facility for only those picked up by the Emergency Service Patrol

A part of the traffic in the "walk-in" center are seen as having Social Service type problems. Only a part of the people showing up at the center fit within the scope of Alcoholism Services. The walk-in center, in addition to providing a needed service, serves as a sorting/tracking point for those people who would benefit from Alcoholism services or some other type of Social Service. Also, the center serves to get a certain portion of the population off the street and out of sight. Therefore an alternative is to provide only a holding place where triage could go on.

2. Develop other agencies that may accept certain segments of the population-in-need

For instance, CINA could develop some alternative method or facility for the Native population that show up in the population-in-need. We see some tremendous problems relating to Civil Rights and discrimination when we suggest sorting out various ethnic (or other) groups for different or separate treatment alternatives provided by Public Funds.

3. Have some other Agency with adequate funding resources develop the Walk-In-Center

If we can reach agreement that the services rendered at the walk-in-center are predominately Social-Economic-Cultural related, with only a minor percentage of the problems being due alcoholism or alcohol related, then it would seem that there is a responsibility for those agencies with Social Service funding to pick up the costs or to develop alternatives for the walk-in center.

To develop this alternative would take considerable time.

4. Combinations of the above

Undoubtedly there are additional sources that could be cultivated and there are other alternatives. However, the above are seen as the most realistic and are being vigorously pursued. In all probability, the final solution will be a combination these and other resources.

Proposed Reduction No. 2 Vacancy Factor

(\$69,000)

The proposed budget as submitted has been characterized as "tight". This proposal envisions the managing of staff vacancies so that a total cash savings of \$69,000 may be realized. The worries that are attached to this reduction deal with the probable inability of staff to capture the projected revenues.

In the consideration of most service providers, services to people are of primary importance. If the choice is to hire a nurse or a billing clerk, the program manager will hire the nurse every time. Without adequate Administrative and fiscal help the probability of realizing projected potential revenues is seriously impaired. Considerable personal time must be spent in negotiating first and third party payment agreements.

Additionally, considerable time must be invested in contract and grant compliance issues in order to avoid audit exceptions, cash drain and loss of credibility at the funding source.

This reduction is seen as a total dollar reduction rather than as a percentage. The contractor must be given considerable flexibility in the application of the reduction. The staffing patterns currently adopted are seen as flexible with the following mutually agreed upon philosophy (or guideline) to be in effect for the first 45 days of the forthcoming quarter (July 1 to August 15, 1977) at which time the contract staffing patterns will be modified to reflect actual staffing patterns.

#### GUIDELINE

The primary concern of the Contractor and the Municipality is with the welfare and safety of staff and clients. Choices as to the hiring of staff and proposed unfilled vacancies will be directed towards this safety and welfare consideration, some times to the detriment of reporting and administrative requirements. If there is to be a major problem in reporting, missed deadlines for reports or in administrative affairs, then the Contractor is required to notify the Municipality in adequate time to seek acceptable solutions.

Proposed Reduction No. 4 The Anchorage Council (\$12,500)

This proposed reduction is diametrically opposed to the stated desires of the Department. The function of the Anchorage Council on Alcoholism is to provide Information, Education and Referral. This falls well within the concept of "prevention" and, as such, supports one of the tenets of Public Health ("The role of the Public Health Service is to prevent-----").

However, the reduction has the lowest immediate impact upon the existing identified treatment part of the overall program. This effort is reduced to a funding level of roughly \$20,000.

Proposed Reduction No. 5 Emergency Service Patrol (\$27,000)

In the proposed budget is a requested funding level that would allow the Emergency Patrol to operate full time (24 hours per day). The reduction of \$27,000 would cut back these services to 16 hours per day, the existing level of service, which seems adequate.

Proposed Revenue Source No. 1 (stated in application at \$80,000)

Third Party Payments

Current analysis of Revenue indicates that the sources available to the contractor are:

Veteran's Administration	\$12,000 month x 6 =	72,000
Other Third Party	2,800 month x 6 =	<u>16,800</u>
Current Generation Expected		88,800

Increases projected

Veteran's Administration	4,480 month x 6 =	26,800
Other Third Party	6,730 month x 6 =	<u>40,400</u>
		<u>156,100</u>

Discussion with the provider indicates that payments by the Veterans Administration could be increased considerably. Also, the discussions indicate that there are other third parties that could be cultivated such as the Unions, J.C. Penneys and Insurance Carriers as a fairly significant revenue source.

Concerns have been expressed in this narrative (Reduction #2) about the amount of Administrative and Clerical time that is necessary to capture these funds. Confidence in this potential revenue is strong as a funding plateau has not been reached.

Proposed Revenue Source No. 2 (stated in application at \$59,000)

Food Service Agreements \$59,000

The Food Service component of the proposal has built into it the costs of running a large food preparation service. There are existing agreements with other services of the Contractor (Meals-on-wheels, etc.) that guarantee the realization of this resource.

Proposed Revenue Source No. 4 (stated in application at \$30,000)

Food Stamps and SSA, Title XIX \$52,100

The latest figures indicate that these resources are generating the following:

Food Stamps	1,950/month x 6 =	11,700
Title XIX	3,400/month x 6 =	<u>20,400</u>
		32,100

Increases projected

Food Stamps	1,200/month x 6 =	7,200
Title XIX and XX	2,120/month x 6 =	<u>12,780</u>
		<u>52,080</u>

The increases projected are within the realm of possibility but are somewhat "softer" than other projected increases. The Title XIX possibilities must be cultivated and some effort must be invested into the agencies that handle food stamps and other Federal/State resources.

Proposed Revenue Source No. 5 (stated in application at \$53,000)

NIAAA Pipeline Impact Funds \$53,000

These funds are assured (as much as possible) by the State.

Proposed Revenue Source No. 6 (stated in application at \$74,100)

Salvation Army \$74,100

Cash put up by Contractor.

Proposed Revenue Source No. 7 (stated in application at \$125,000)

Municipality of Anchorage \$125,000

Depending upon how the cash flow of the contractor balances at June 30, 1977, this amount is assured.

Proposed Revenue Source No. 8 (stated in application at \$3,000)

Donations \$ 3,000

This is a lower level estimate of cash donations.

Proposed Revenue Source No. 9 (stated in application at \$3,900)

United Way \$ 3,900

This revenue source is assured and is dedicated to the Anchorage Council of Alcoholism.

Proposed Revenue Source No. 10 (stated in application at \$54,600)

In Kind \$54,600

This is the value of the donated or pledged facility at 6th & C used for the Alpha Center and the Long Term Care component of the Treatment System.

There is also an impact on this resource due to the closure of the Alpha Center. What this would be is unknown at this time but, is estimated as a possible reduction of \$8,000 to \$10,000.

Proposed Revenue Source No. 11 (stated in application at \$360,000)

State of Alaska

\$360,000

This amount is reasonably assured.

SUMMARY

The above budget and revenue projections are the best possible effort of the Municipality and the contractor reaching a negotiated agreement after some discussion. All parties realize that the proposal is not the best of all possible worlds but is the best utilization of the existing funds for the benefit of the Community.

Additionally, it is mutually understood and agreed that the projections of funding and program are subject to the availability of funds. This analysis must be on-going with a critical review and negotiation to be conducted during the first two weeks in October for the quarter ending September 30, 1977.

We are confident of developing and realizing additional sources of revenue. As (and if) these funds become available the priority to reinstate the services and budget cuts are as follows:

1. Vacancy Factor \$69,000
2. Emergency Service Patrol 27,000
3. Alpha Center 18,000
4. Anchorage Council 12,500
5. Or combination of the above to reflect negotiated needs as these needs become more clearly identified.

*Agreed & negotiated - June 30, 1977*

*Robert C. Hall, Director, Anchorage Dept  
of Health & Environmental  
Protection*

*Reviewed and understood - June 30, 1977*

*Paul H. Jor, Program Director/acting Director  
The Salvation Army Comprehensive  
Alcoholism Services*

COSTS PER COMPONENT  
BASED ON FULL SERVICE PROGRAM SIX MONTHS

<u>COMPONENT</u>	<u>Personnel</u>	<u>Other</u>	<u>Total Raw Costs</u>	<u>Aver/No Cost</u>	<u>Income total</u>	<u>Net Raw total</u>	<u>Aver Raw/No</u>
Emergency Services Patrol	75,690	13,750	89,440	14,910	000	89,400	14,910
Alpha Center	106,550	39,070	145,620	24,220	27,300	118,320	19,720
Detox	193,210	82,240	275,450	45,910	76,600	198,850	33,141
Short Term	40,340	63,810	104,150	17,360	48,940	55,210	9,201
Long Term	77,010	79,480	156,490	26,080	170,960	[14,470]	[2,410]
Outpatient Central Intake/ TCU	108,700	23,510	132,210	22,035	77,900	54,310	9,050
Information & Education	000	28,880	28,880	4,800	3,900	24,900	4,150
Administration	143,020	32,270	180,290	30,048	000	180,290	30,048
Fiscal	86,210	21,210	107,420	17,903	000	107,420	17,903
<b>Totals</b>	<b>830,730</b>	<b>389,140</b>	<b>1219,870</b>	<b>203,310</b>	<b>405,600</b>	<b>814,270</b>	<b>135,710</b>

\*ESTIMATED COSTS FOR SHIFTING SPECIFIC PROGRAMS

ALPHA WALK - IN CENTER - Scheduled to be phased out by August 1

To re-instate - 24 hrs/day; 7 days/week \$16,200 x 5 Cost \$ 81,000

To operate - 16 hrs/day; 7 days per week \$11,000 x 5 Cost \$ 55,000

To operate - 8 hrs/day; 7 days/week \$ 4,000 x 5 Cost \$ 20,000

EMERGENCY SERVICES PATROL - Scheduled for 16 hrs/day; 7 days/week

To operate 24 hrs/day; 7 days/week \$ 3,500 x 6 Cost \$ 27,000

To operate 8 hrs/day; 5 days/week \$ 2,290 x 6 Save \$ 48,300

To eliminate entirely \$ 0 Save \$ 62,000

\* Does not match exactly with above as reductions were based on earlier estimates.

# Municipality of Anchorage

## MEMORANDUM

DATE: July 12, 1977  
TO: Mayor  
FROM: Director, Department of Health and Environmental Protection  
SUBJECT: History of State Funding for Local Alcoholism Programs

In response to your request, the following chart represents a history of State funding for local programs in the recent past.

<u>State Fiscal Year</u>	<u>State Grant</u>	<u>Increase or Decrease</u>	<u>NIAAA Pipeline Impact</u>	<u>Increase or Decrease</u>	<u>State C &amp; RA Pipeline</u>	<u>Increase or Decrease</u>
1976	713,000	--	109,500	--	121,000	--
1977	687,000	-3.6%	105,800 +92,207*	-3.4% (+79% total)	-0-	-100%
1978	719,000	+4.7%	108,520	+2.5% (-84% total)	-0-	--

\*NIAAA -- 1976 Carryover funds awarded in Spring of 1977

Total State funds decreased from 1976 to 1977 -6.3%  
State grant increase between 1976-1978 +0.8%  
NIAAA grant decrease between 1976-1978 -0.9%

*Hall*  
Robert A. (Bert) Hall, Director

RAH/dg

cc: Doug Weiford

STATISTICAL INFORMATION

Salvation Army Comprehensive Alcoholism Services  
October 1, 1977 - June 2, 1977

The total number of clients served since the inception of the Salvation Army's Comprehensive Alcoholism Services is 1,200.

The total clients seen by each component are as follows:

1. ALPHA CENTER

Total Different Clients.....1,436  
Total clients served once only.... 140  
Total Contacts.....4,067

2. DETOXIFICATION COMPONENT

A total of 417 clients have been served 700 times; of the 700 detoxes, 527 completed treatment and 173 left against medical advice. Average number of admissions 1.67.

3. CENTRAL INTAKE

April, May only have received 133 clients of which 107 were new assignments to treatment units.

4. SHORT TERM TREATMENT (TERRA FIRMA)

December - May Total clients since inception..... 68  
Clients completing treatment..... 32  
Clients left against medical  
advice..... 32  
Total number still sober..... 26

5. LONG TERM TREATMENT (ARC)

Total clients since inception..... 424  
Average monthly bed count..... 53  
Clients left program with a plan..... 31  
clients left program against advice..... 92  
clients still in contract with program after  
discharge but still remaining sober..... 19  
Average length of treatment..... 78

6. OUTPATIENT

Total clients since inception (October - May).....	307
Clients discharged with plan.....	49
New Referrals April & May.....	115

7. TRANSITIONAL CARE UNIT

Total clients since inception (March - May).....	29
Clients discharged with plan.....	5
Average in treatment (capacity is 14).....	12

STATISTICAL SUMMARY  
of the Emergency Services Patrol

March through June, 1977

Since its inception on March 14, 1977, the Emergency Services Patrol has transported 1,868 clients. The highest month of service was April when 1,150 clients were transported. We have used the month of June as a sample of the percentage of clients transported to other facilities and where calls for transportation were received. This detail is as follows:

Sample Month - June, 1977

**Total of 156 calls for transportation received:**

Anchorage Police Department.....	44 calls or 23%
Bars.....	5 calls or 3%
Businesses.....	17 calls or 9%
Emergency Medical Services.....	1 call or .5%
Personal Residences.....	7 calls or 4%
Emergency Services Patrol pick-ups...	110 calls or 59%
Salvation Army Comprehensive Alcoholism Services.....	124 calls

**Of the 337 calls for transportation, the clients were transported to the following:**

Alpha Center.....	151 clients or 45%
Detox (Medical Clearance).....	45 clients or 14%
Hospitals (API, 5040th, Alaska Hospital, Providence).....	27 clients or 8%
AHS Hospital.....	60 clients or 17%
Personal Residence.....	13 clients or 4%
Salvation Army Comprehensive Alcoholism Services.....	18 clients or 5%
Other.....	23 clients or 6%

Statistical Summary  
Emergency Services Patrol  
Page 2

It should be noted that during April, the Patrol was receiving many requests primarily for informational purposes since it had just started operation in mid-March. Thus, June was used as the sample month, since it was the month that reflected the typical usage of the Emergency Services Patrol.

SALVATION ARMY COMPREHENSIVE ALCOHOLISM SERVICES --- GRADUATES\*

Case #541: Client entered Detox in February, 1977, for normal seven day stay. Screened by Central Intake and accepted to Short Term for six weeks of intensified therapy. Graduated from Short Term and enrolled in Transitional Care Unit where he presently is engaged in job hunting with the Teamster's Union. This is the longest period of sobriety he has had in the past few years.

Cases #297 and #319: Husband and Wife who came to Detox in February, 1977. After normal stay in Detox, bed space was not available and clients stayed in hotel for a period of three weeks while checking daily for opening in program. Both accepted in Long Term Residential Treatment. Completed treatment with individual and couple therapy. Husband was transferred to Transitional Care Unit and Wife followed two weeks later. Husband has been working since Transitional Care Unit in April in kitchen of SACAS. Wife is going to take courses at the University and has applied at ANS Hospital for position as a Licensed Practical Nurse and is now doing volunteer work at CINA and peer counseling in SACAS treatment. During the course of treatment the Wife made an important decision and relinquished her children from a previous relationship. They are now legally adopted by their foster parents.

Case #443: Client was transferred to SACAS from AATC Detox in October of 1976. Client was accepted in Long Term and completed program and then transferred to Transitional Care Unit in March, 1977. Due to medical problems with his feet, client has not applied for work. He receives disability monies and is in-house worker for this unit at present. Client resolved problems with spouse while in treatment and is seeking supportive funds through food stamps and Social Security One to help himself.

Case #361: After having completed treatment, client was working as a truck driver for the Salvation Army. He relapsed and started a drinking period in April. In May, he re-entered Detox and stayed seven days. From there he entered Short Term and completed six weeks of treatment. He is now back at his old job and appears to be more aware of how to cope with problems than before. Client is presently seeking counseling in the Outpatient Unit.

Case #306: Entered Detox in December of 1976 and Short Term treatment. Was one of the first Transitional Care Unit clients in March. Client has left Transitional Care Unit on own and is working as a fiberglass worker in Anchorage.

\*The above represents only a few of the clients that have graduated from the Salvation Army Comprehensive Alcoholism Services program. These cases were chosen at random, but are indicative of the types of clients served and the successes made.

# Fourth Avenue regulars may be left out in the cold

by Rodger Painter

Anchorage Fourth Avenue whom soon may be sleeping on the street again, victims of major budget overruns in the municipal alcoholism program.

Employees at the Alpha Center, Anchorage's alcoholism walk-in center, have been notified that they'll be laid off on July 31. However, alcoholism officials say they are scrambling to piece together a proposal that keeps Alpha Center open at least part-time. They hope to submit it to the assembly within two weeks.

Some \$2,000 persons can be considered part of the Fourth Avenue population during an average year, according to statistics gathered by Capt. David Boyd, director of the Suburban Army's Comprehensive Alcoholism Services. He estimates the normal population at any one time at 150.

A spokesman for the Anchorage Police Department said there is no alternative to Alpha Center and that its closing would create one "suburban problem" for officials.

One obstacle in the first phase of the 18-month comprehensive services contract amounted to more than \$100,000. The final six months of the program would cost \$600,000 more than originally projected under the latest official estimates.

The comprehensive program had been plagued by problems since it started a year ago. The first phase of the program, from mid-1976 to mid-1977 cost the city \$170,000, which is \$100,000 more than the original budget. But, the cost for the final six months will be still higher.

The budget approved by the assembly a year ago called for the municipality to contribute \$125,000 for the final phase. But the city health commission last week adopted a resolution strongly supporting the concept of the comprehensive program and accepting state alcoholism funds contingent on the city funding the program at a full level of service. The budget the commission approved would have the municipality's share increased by \$200,000 to a total of \$325,000.

Alpha Center would be closed at the end of the month and the public information program cut in half under the budget the city administration submitted to justify the state aid.

Burr Hall, director of the municipality's Department of Health and Environmental Protection, has a strong interest in keeping within the \$125,000 figure since he presided over the assembly he would not come in with a request exceeding that amount. He now admits he may have made a mistake.

"We've GOT to prove to this commission that you can have a good alcoholism program without federal resources," Hall said. "That's why I made the proposal I did."

Hall addressed questions on whether he would have to break that promise, but he did not have a comprehensive plan would cost the \$200,000 construction request was likely to emerge.

"My guess is some portion of Alpha Center will be retained," he said. The notice was given to employees, Hall said, to cover legal requirements in case the center is closed.

Alpha Center is the initial point of contact for the street drunk to Anchorage's alcoholism treatment program — the back-bone of the strategy to clean up the human wreckage and business owners of Fourth Avenue.



Alpha Center—the street drunk's first contact with Anchorage's alcoholism program

Paul Roper, who helped put together the Suburban Army's Comprehensive Alcoholism Services, said: "I want to talk about his responsibility."

Boyd said the center has been highly effective as a co-ordinating point for the Suburban Army's treatment program. At least 81 persons have been treated as members of the Suburban Fourth Avenue population have been dry and "self-sufficient" for 60 days or longer because of Alpha Center, Boyd said. Another 15 persons in treatment are considered hopefuls, he said.

The Advertiser spent a night at Alpha Center last March and a subsequent story outlined overcrowded, deplorable conditions (see Advertiser March 17, 1977). Hall and Boyd admit the conditions at Alpha Center are "cruddy" but under the state, privately funded business team some government safety codes.

The Advertiser incorrectly said the center failed to meet state fire codes. Alpha Center does have two emergency exits, contrary to what the article reported. The legal occupancy had for Alpha Center is 55, not eight as a question for the state fire marshal's office earlier said the Advertiser.

Even Hall and Boyd concede that, despite working state and local safety codes, Alpha Center poses a real fire danger and is a grossly inadequate as a sleep-off area for 50 people. However, it also is recognized by everyone concerned that Alpha Center is better than having 150 drunks sleeping in the streets at 20 degrees below zero.

There is no alternative to Alpha Center, said Chuck Bann of the Anchorage Police Department. Without some place to take human drunks all officers can do is to keep them moving like a bunch of conkeys (hurdling carts). That's ridiculous," Bann said.

The department spokesman said he didn't "even want to think about" what would happen next when without a walk-in center.

Since the department would have to relocate a few people in the downtown area to handle the drunks, it appears likely the

municipality will end up footing the cost of carrying for the drunks even if Alpha Center is closed.

Hall said he had already "reped my budget" in trying to fund the alcoholism program and his staff was working considerable time in trying to find alternatives to closing Alpha Center. The budget figures will be juggled, corners put and alternative funding explored until a satisfactory operating plan emerges, he said.

Underestimated personnel costs played a major role in the budget crunch, according to Paul Roper, who just resigned as coordinator of the comprehensive program.

A key factor in the Suburban Army's successful bid to land the 18-month comprehensive contract was its low salary range for personnel. Roper said he was having problems hiring the most qualified students and turnover was high in most phases of the program.

Roper declined to discuss his resignation, but Boyd said it was not demanded or

there other inspectors had submitted their resignations in sympathy with Roper, a move that could be viewed as a pressure tactic.

Also cited as primary reasons for the higher cost to the municipality were:

- A vicious squabble over debiting funding sources between alcoholism and drug treatment programs resulting from the sins of Lyndon Johnson's "Great Society";
- Among a long list of remaining problems is \$70,000 in public, headache funds tied up by the Alaska Alcoholism Treatment Center, which operates in no longer handling adult alcoholism problems; Hall and Boyd say that money could be used to keep Alpha Center open;
- Less than anticipated revenue from the state, primarily because Gov. Jay Hammond's proposal to raise Alaska's alcohol excise tax failed to make it through the legislature;

- The inability of the staff to pursue "cut revenue" — such as billing and collecting from clinics — when tied up by budget battles, red tape and juggling with competing agencies.

The strong endorsement of the comprehensive program by the health commission was a boost to the chance for increased funding and a morale lift for Hall and Boyd in the face of continued criticism. A favorable evaluation last month from a prominent national consultant also helped.

Name of that impressive critics such as Leonard Nugent, director of the Seattle Club, a private Anchorage halfway house that generally is considered one of the best alcoholism treatment programs in the state. Nugent and the municipality failed to arrive at a mutually acceptable funding agreement for the Seattle Club to contract for halfway house services under the comprehensive program. Nugent managed to obtain state funds if any, and is turning down renewed approaches by the city.

"All the money's gone and all the big things they've promised to do haven't been done," Nugent said. "Before I go through that headache again, I'll tell my boss that and there'll be no other treatment in Anchorage."

Boyd has a severe "no comment" on the situation, signaling that one of the major obstacles to meeting Anchorage's alcoholism problem will be a difficult budget.

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SOCIAL SERVICE SECRETARY



TELEPHONE  
279-0522

MAJOR MARIAN PECK  
ADMINISTRATOR

# THE SALVATION ARMY

## *Booth Memorial Home*

3600 EAST TWENTIETH AVENUE  
ANCHORAGE, ALASKA

MAIL ADDRESS  
BOX 3-063  
ANCHORAGE, ALASKA 99501

June 24, 1977

Not knowing where to go,  
    running, running, running,  
I have no one who cares  
And I no longer care.

There seems to be nothing I can do,  
    but I really want  
To try now,  
Because I care.

I'm tired of going with no place to go;  
It does me no good;  
    it does me much harm.  
I finally realize that I do care.

And I'm out to find someone  
    who cares about me.

-Booth Resident-

Dear Gentleperson:

We are writing to bring you up to date on Booth happenings of 1976, and share some of our future plans for 1977.

### Residents

In 1976, the Booth Memorial Home residential treatment program served a total of forty-six residents (fourteen girls were presently residing in the home in January of 1976). Of the thirty-two admissions, fourteen also participated in the maternity section of our program. So far in 1977, we have provided residential treatment for a total of thirty-six residents, twelve of whom participated/are participating in the maternity portion of our program.

In 1976, twelve residents returned home after treatment, three residents enrolled in boarding school in congruence with their goal of emancipation, six residents were referred to more structured settings, three ran away with no follow up contact, four were discharged to less structured settings (group home/foster home), and four are presently in placement. The average length of placement for non-pregnant residents for 1976 was one hundred twenty-four days; the average length of placement for pregnant residents was seventy three days. Fifty-three percent (seventeen) of this population were Native. Seventeen members of this population were from outside the Anchorage area.

### Services

The summer of 1976, through Title I ESEA funding, Booth Home instituted an in-house accredited school due to the demonstrated social and academic needs of our residents. This school year, in-house school continued with one full-time and one part-time teacher, and a full-time teacher's aide. In January 1977, it was supplemented by another Title I Grant providing reading tutors and various motivational activities.

On-going staff training in the house and within the community, we feel, is the foundation of program growth. Staff training has been widely expanded this year including utilization of outside resources for first aid course work, crisis intervention, psychomotor therapy, women in treatment, understanding mind altering drugs, abuse counseling, expanded constructive confrontation skills, understanding and use of problem solving and grief processes, and goal orientated behavior. We have developed, as a staff, a stronger staff orientation sequence. Due to your support, we have been financially able to assist them in their learning.

Two new roles have been added within counseling positions: activities coordinator and group leader. In addition to these, the Booth Home Advisory Council appointed a program review committee which has acted as a research and evaluation body for administrative staff this year bringing growth recommendations to the Advisory Council.

### School

This summer the in-house school will be funded by the Anchorage School District with one full-time teacher, one student teacher, and one full-time teacher's aide. We will be expanding academic areas to include more science and physical education activities by loan of equipment from the District and the Whaley Center gym.

This summer will also bring summer jobs coordinated through federal funding and offering residents various levels of responsibility.

### Maternity Education

The maternity education program continues its refinement. With support from the Public Health Service, we have utilized many new materials for discussions of child abuse and movies illustrating the alternatives and feelings within each. In addition, we have coordinated with the Women, Infants, and Children Program to further the nutritional awareness and health of our maternity residents. We continue to offer each girl the support of a labor coach for the time of delivery.

Activities

Through the hard work and planning of the activity coordinator of our counseling staff, we have expanded our recreational activities to include gym and pool usage, roller skating, bowling, theater arts, and various timely community activities. We are continuing to expand these and are open to suggestions.

Activities are varied from the Clam Gulch expedition (that was Booth in the Anchorage Times) to some beautiful International Dinners. One such dinner was put on completely by the residents to say "thank you" to the Zonta Club for their financial support as Santa Claus and of the craft and reading programs this year.

Camping trips to Birchwood Camp, Homer, and Nancy Lake are planned for this summer. We are also hoping to coordinate scholarships with the YMCA and Camp Fire. We'll be doing lots of all-day outside activities.

Groups

Group education and therapy have been varied and enhanced by the addition of a group leader to our counseling staff. Groups have included body awareness, health education, and explorations of sexuality in addition to straight therapy and problem solving groups. Our next segment of groups will deal with career capabilities, alternatives, and lots of practice in "how to" (act in an interview, accept supervision, handle discrimination, use your talent for you), utilizing Strong Campbell testing, community resource persons, and field trips.

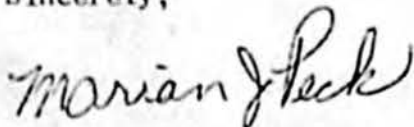
Residents also conduct their own policy making meetings, House Meeting, on Thursday nights and, through the support of counseling staff, are learning to plan and conduct various house activities as well as make concrete recommendations on program policy. One such recommendation now in operation is the incorporation of a long term resident into the orientation of a new resident.

\* \* \*

In summary, we continue to serve our residents, your clients, and community with a purposeful program to build upon the strengths of each individual, accept her weaknesses and help her to learn more functional behaviors in order that she may be better able to attain her individual goals.

We invite you to come and visit us, take a tour of the facility, and talk with the staff and residents over a cup of coffee. Thank you for your continued support of our program.

Sincerely,



Marian J. Peck, Major  
Administrator

THE SALVATION ARMY  
BOOTH MEMORIAL HOME  
P.O. Box 3-063  
Anchorage, Alaska 99501

BOOTH PHILOSOPHY

Each adolescent woman is of worth by virtue of her own personhood. Each young woman has the ability, responsibility, and need to be an accepted, contributing member of her community. It is our goal, as a residential treatment program, to utilize and structure each day's events/relationships for the growth and learning of the individuals involved. Specifically, our goals are: to facilitate each resident's recognition and acceptance of herself and others as persons of worth; to help her learn to directly and appropriately ask for what she needs; to give her, in appropriate and helpful ways, the relationship of past and present experiences in terms of her own life processes; and, to teach her more functional, rewarding ones; to provide and encourage meaningful and varied relationships of male/female adults and peers; in total, to recognize and develop each individual's power in coping, growing, and directing her life situations.

We view dysfunctional and destructive behavior as the consequence of the individual's discouragement with herself within her life experiences, the most basic of these experiences being her relationships with family adults and, as an adolescent, with peers. Her perception of these experiences is developed from her perception of herself, her processes of dealing with relationships, and the various life situations she encounters. We serve the more discouraged adolescent woman who has not been able to cope with and/or be accepted by the constructive youth alternatives of her community (i.e., family, school, church, youth groups). We provide a residential treatment program in which she may, through being herself and living with others, gain a greater understanding of her own processes, learn more functional, rewarding behaviors, and recognize her worth as an accepted, contributing member of the Booth community. The development of a therapeutic environment is for and begins with the individual.

After an orientation of two weeks at Booth, an individual's treatment plan is completed. The goals of a treatment plan are established by the referring agency's social worker in conjunction with the goals as seen by the individual herself and her primary counselor and social worker here at Booth. Treatment goals are based on the individual's goals (both long-term and immediate) and deal with everything from education to personal growth areas to future living arrangements. Incorporated in a typical treatment plan are the resident's strengths and needs in each specific area expressed via her individual processes and their use, as well as clearly delineated helping techniques to aid in the attainment of the various goals by the treatment team.

Each month, treatment plans are reviewed and contracts (concrete steps to each goal) are drawn up between the resident and her primary counselor. Contracts are integrated with the level system by crediting contract completion with the largest number of points available. Contracts are reviewed by the individual and her primary counselor weekly, and are modified as needed depending on the specific areas being emphasized at any given time.

Plans and contracts form the framework of treatment, and all members of the Booth treatment team work together to implement progress toward attainment of the individual's goals within all aspects of her daily functioning.

At Booth, we have a total living environment in which our young women can re-learn behaviors, and develop alternatives to unacceptable behaviors. Our goal is to build on the strengths of each individual by her interaction with her present environment, primary social systems, and the community at large.

The parameters of our agency include:

Knowledge of internal agency and referring agency structure, function, and purpose (i.e., type of custody of client, purpose of agency, type of services eligible for intra- and inter-agency/inter-community communication and procedures) (i.e., perception and understanding of program goals) (i.e., perceptions of "how people learn").

Interpretation and understanding of legal/professional boundaries (i.e., licensing, sponsoring agency, advisory council, law, children's code).

A level-point system provides common expectations for all the young women in the house. For the facility it is a management tool by which house up-keep and daily routine are established and credited. For the residents it provides a standardized, predictable base from which to earn privileges and a concrete way of seeing individual progress through the program.

Booth offers an accredited in-house school program with a full-time teacher, one half-time teacher, and a full-time teacher's aide. Residents are expected to attend this program until Level III in the point system is reached and maintained for one quarter. This requirement allows time for a stabilization of behavior, at which time the individual will begin her re-entry into public school on a gradual basis.

Each girl is involved in two therapy groups each week. Defined as, "Where we deal with our feelings about each other, our parents, and staff", these groups provide each resident with caring feedback, an opportunity for expression of feelings, and a safe place to try out new behaviors.

Each Thursday evening, all residents, social work staff, and administrative staff meet to discuss and decide on house management procedures, activities, and other house problems. Girls chair the meetings themselves, new officers being elected every four weeks. Girls make recommendations as to changes in policy and deal with all-house situations of the previous week.

As Booth is an open facility, we endeavor to insure that the girls have frequent contact with the public. House activities such as bowling, movies, picnicing, skating, skiing, or camping are planned for four evenings a week. Girls have the option of participation or planning an alternative outing with friends. We are coordinating library use and attendance at extra-curricular activities with East High School. Transportation is also provided for shopping trips twice each week.

Each girl has an individual log which is open to the resident and all staff. It includes staff daily progress notes, appointments, treatment plan, weekly level system, and a section for resident-staff written interaction. Each girl also has a file in which social histories, medical and psychological reports, and school evaluations are kept. These are available to the girl at appropriate times.

As mentioned previously, each girl has group twice weekly, also intensive counseling with her social worker, her primary counselor, as well as all staff on duty with whom the girl chooses to interact.

Ultimately, the helping process has as its parameters the following inherent, individual parameters of the individual client:

Self Image: The filtering system used to experience the world.

Role Perception/Script: Script in the system of program developed telling "Where I will end up?", and "What will be my satisfactions and frustrations from life?". "Am I a winner, loser, persecutor, victim, rescuer?"

There are a limited number of roles available to each person: female, friend, daughter, sister, worker, girl friend, student.

Primary Data Sources About Self Image: (Currently most valued information sources.)

Vary with age.

Parents and family were original. Currently sources are used by each person to provide data about self. To help a person alter their self image, they need to start getting data from sources which are not duplicates of the original. Know who a person listens to for what, then plan intervention/interruption.

### Problem Solving/Decision Making Process:

When perceive self in a corner, how does the person go about getting out of it (e.g., play helpless and have someone else solve it; defer to person with most power; see what an "expert" says to do; jump based on old assumptions that I'm always wrong; run away, get sick)?

### Goal Process:

Define the problem/individualize the person or situation.  
Gather data.  
Define alternatives.  
Define ramifications of each alternative.  
Choose alternative and implement.

### Techniques for Expressing Feelings:

The verbal and non-verbal vehicles used to communicate most important ways to express feelings to another (i.e., voice tone, script, non-verbal) (e.g., anger, frustration, loneliness, satisfaction, caring, fear).

### Techniques for Getting and Giving Strokes:

Verbal and non-verbal (e.g., physical proximity, illness, teasing/kidding, less noise, harsher noise, politeness, less resistance, touch, doing something with, doing something for, give room to retreat).

### Perceived Sources of Satisfaction and Frustration:

Standardize the sources to be checked: peers, family, adults, male peers, work/vocation, recreation, creativity, school/learning, physical, spiritual.

UNITED STATES GOVERNMENT

# Memorandum

*Received from Helen Burns*  
*9/16/77*

TO : Chief, Social Work Service (122)

DATE: July 1, 1977

FROM : Program Planning Specialist (122A)

SUBJECT: Proposal for a no-cost community rehabilitation center (Sheltered Workshop - Residential Care Unit).

There is a definite need for an after-care unit in Anchorage which would serve a population of veterans in need of a structured environment and provide purposeful, directed activities of economic value to the veterans and community. It would also provide an attractive sheltered living arrangement. This would be a no-cost to agency situation. The population served would be those who have been in multiple rehabilitation programs and half-way living situations as well as in boarding homes, nursing homes and hospitals. The population would necessarily be limited, at the onset, to those who have individual income in small amounts such as VA pension, Supplemental Social Security income, State Welfare funds and/or small compensations from other sources.

The setting would be one of a live-in sheltered work-shop arrangement which would eventually become a producing unit of marketable materials manufactured by the individuals living in the facility and therefore sharing in the income derived from the sale of those commodities.

It is projected that social service agencies all have many clients they support, who are very possibly living in poor environments and do not receive the proper follow-up care, therefore becoming candidates for further rehabilitative or medical problems. The bulk of these clients are supported by monies from some source. Those monies might very well be directed toward their own self support, therefore returning a degree of integrity to them and possibly returning some to the main stream in time. I would establish a semi-permanent residence for those not able to return to regular community living.

The depth of talents and dormant skills in both alcoholics and other individuals who have become non-productive is often great. These individuals may not be utilizing any of their skills to any degree. They have sometimes lost many of their skills but may very possibly be able to regain some of them and put them into proper use in a sheltered work-shop living situation.

I will report here-in, facts in establishing such a unit.

Purpose is to fill a void which has been created by a lack of reinforcement in present rehabilitation programs and to serve a population of those in need which has not previously been properly done. We wish to prevent further disintegration of individuals from mental, physical and social incapacities. This will establish a method to maintain gains which individuals have made in previous rehabilitation programs and very possibly enhance those gains to a



point where they can re-establish in the community. This method will attempt to stop the recycling of individuals entering the rehabilitation system and make a more purposeful use of monies spent by agencies toward rehabilitation. We wish to create an environment which is conducive to preventing development of dependencies and produce an attitude and environment which may very possibly do exactly the opposite. It will also alleviate much of the further costs of hospitalization. Built into the program would be a method to maintain and/or rebuild the family stability with a distinct possibility of re-establishing family and social relationships which very possibly might have been lost otherwise. In a sheltered workshop the clients would work on contracts which would afford them a percentage of the profits on each commodity sold, and therefore would maintain a feeling of productivity. Within the unit would be a native craft area wherein native individuals would be allowed to work on their individual items and thus sell them on the market for a proper price; and also afford a training area to enhance the inherent skills of many native men in the art and carving area.

The unit is a semi-self supporting unit with payment for care coming from the individual, SSI, possible VA, State Welfare, Office of Vocational Rehabilitation and/or the Municipality. Also native organizations may very well be able to have voluntary input, these would include BIA, CINA and other regional native corporations. Other possibilities in the future are direct grants, possibly from the State Legislature and several othersources.

In this type of unit volunteer help would be solicited from various agencies, such as Veterans of Foreign Ward, Disabled American Veterans, Alcoholics Anonymous and service organizations such as the Lions Club, Elks Club, Shrine, Salvation Army, Catholic Charities and Jaycees.

The recycling of individuals in rehabilitation programs has become an almost laughing matter, in that it appears many individuals receiving rehabilitation do nothing with what they have learned or gained after they leave the programs. A large void is in the employment area. No agency, to my knowledge, is doing a great deal about re-employing individuals which they have "rehabilitated" and they pay very little or no attention to their living arrangements. Therefore, the work which has been accomplished is by and large lost.

Most of the individuals placed in the unit, would be those which rehabilitation programs would find rather unacceptable. Those who have small incomes and are able to pay for their own care, would also be able to gain more income from the sale of whatever commodities would be made and sold in the unit. Those who do not have incomes would very possibly be able to pay for their own care from the income derived from the sale of their products.

In summary, the purpose of this report is to indicate a willingness and desire to establish such a unit to both enhance the Veterans Administration Programs and to assist other agencies in having some logical after-care for individuals who otherwise would not gain a great deal from whatever efforts are being made in their behalf by other agencies. It will require a great deal of cooperation between agencies and it will require, of course, a staff of individuals who are knowledgeable, willing and capable of using their innovative

3.

abilities in a proper way. A further report of the physical structure, cost factors and staff requirements will be submitted.

WILLIAM V. HOGG

## STAFF REQUIREMENTS

- I. Resident Director
  - A. College graduate- Masters Degree/Social Sciences
  - B. Over 35 years of age
  - C. Capable of innovating- see job description.
- II. Assistant Director
  - A. Degree- Social Science
- III. Administrative Officer
- IV. Vocational Training Staff
  - A. Public Relations- Sales and Promotion  
Acts as salesman, ideaman and community liason.
  - B. Shop foreman (Supr.)  
Runs wood shop and arts and crafts area
  - C. Vocational Rehabilitation Specialist  
Planning projects and coordinating abilities with work.
  - D. Social Worker (SWA)  
Acts as Counselor and advisor
  - E. Resident shift personnel  
2 for each day shift & for swing. 1 for graveyard and 2 relief.
- V. Cooks (2)
  - A. Chief cook
  - B. Assistant Cook
- VI. Maintenance Staff
- VII. Director of Volunteers (Non-paid)
- VIII. Executive Secretary

## PHYSICAL STRUCTURE - PROJECT CHUGIAK ELEMENTARY SCHOOL - TWO FLOORS

- + Has
- Has not

- + 1. Kitchen, Dining and Serving Capacity.
- + 2. Recreational (Multi-Purpose Room).
- + 3. Adequate Lavatory Facilities.
- 4. Needs Installation of Showers.
- 5. Needs Floor Tile Replacement - Upstairs and Downstairs.
- 6. Repairs to Stage.
- + 7. Has Adequate Office Space
- + 8. Nursing Station (Convert Front of Old Principal's Office or Use Existing Nurses Station).
- 9. Void of Furnishings.
- + 10. Occupational Therapy Area or Crafts Area in Old Kindergarden.
- 11. Emergency Lighting Needs Battery Replacement.
- 12. No Sprinkler System.
- 13. No Laundry Facilities.
- 14. Roof Needs Repair.
- + 15. Grounds are Spacious and Ideal for Outside Activities.
- + 16. Large Storage Area.
- + 17. Heating Facilities are Adequate
- 18. Large Rooms Need Dividers for Living Area, Beds etc.
- 19. Inside Painting Necessary.
- 20. No Wheel Chair Access Ramps.

SCOMM

#6:43

Don Ryder

272-5656

Good Going on


Alcoholism →

amb. good write up  
This mornings news

favorable received

size trees - will  
help

Don Ryder

3rd Party  
payors 

4/13  
TMS

SB 545

Health Insurance

will send info  
in writing

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED  
AS A UNIT IN THE ORIGINAL DOCUMENT.



From the desk of:

**DON RYDER**

Sen. Callette,

Because of a snafu  
up on dates Federal Funding  
will not be coming to us  
until April 79. In 5  
years this the State has  
advanced us \$25,000 in 1973  
which was matched w/ labor  
and management money. Right now  
we \$25,000 to stay alive pending  
Federal money. Thank You.  
Don

345

Clients EMPLOYED on the Alaskan Workforce - Representing  
80% of ALMEA's Clients.

\$20.00 Average HOURLY Wage - This figure is low, because of time  
an a half, and double time for over 40 hrs.

70 Hrs Average Work WEEK - Alyeska Pipeline Workers.

\$1,400.00 Average WEEKLY Salary - Based on the above, per worker.

\$419.00 Average WEEKLY IRS TAXES Paid PER WORKER - Based on married,  
claiming two deductions.

\$1,676.00 Average MONTHLY IRS TAXES (four weeks) - Based on the above.

\$578,220.00 Average MONTHLY IRS TAXES PAID - Based on 345 ALMEA Clients.

\$15,667.00 MONTHLY NTAAA Federal Grant - Based on the \$200,000 yearly  
Grant to ALMEA.

\$561,553.00 The DIFFERENCE between what the ALMEA Clients PAID IN  
TAXES and what the ALMEA Program COST the Federal  
Government - MONTHLY.

\$6,738,636.00 The DIFFERENCE between what the ALMEA Clients PAID IN  
TAXES and what the ALMEA Program COST the Federal  
Government - ANNUALLY.

\$121,426.00 The Average MONTHLY ALASKA TAX PAID - Based on the 345  
Employed ALMEA Clients.

\$1,457,114.00 The Average YEARLY ALASKA TAX PAID - Based on the 345 Employed  
ALMEA Clients.

This Federal and Alaskan Tax monies are coming in from these Clients  
Because of the ASSISTANCE THEY HAVE RECEIVED FROM THE ALMEA PROGRAM  
enabling them to become or remain EMPLOYED.

2.88% This represents the percentage of the Federal Tax monies  
that the 345 employed ALMEA Clients paid in taxes that  
was used by ALMEA for assisting these clients.

97.12% Represents the percentage of the Federal Tax monies paid  
by the ALMEA Clients that was used by the Federal  
Government for other than the ALMEA Program.

According to the Alaska Department of Labor the work force as of April 1975 was 165,300 persons. Of this, 16,000 were unemployed, leaving 149,300 workers (45,000 are pipeline related). Based on these findings by the State Impact Office of the State Office of Alcoholism, 15% of these workers have alcohol related problems and 10% are alcohol abusers - which equals 37,325 workers with alcohol related problems. Using a low estimated figure based on one-eight-hour-day, @ \$10 per hour, loss through alcoholism--the amount of money would be \$2,986,000.00 per year.

A National survey credits \$16,000,000,000 lost nationally to industry through alcoholism and this is based on 10% of the work force as abusers. Using this figure the State of Alaska's portion would be approximately \$320,000,000. However, the State Office of Alcoholism also states that in Alaska the per capita consumption of alcohol is 44 per cent above the national average.

# FOOTHILLS PIPE LINES LTD.

1600 BOW VALLEY SQUARE II  
205 FIFTH AVENUE S.W., BOX 9083  
CALGARY, ALBERTA T2P 2W4

PHONE (403) 265 8100

April 2, 1976

Mr. Don Ryder  
Alaska Labor & Management  
Employee Affairs, Inc.  
503 W No. Lights Blvd. Rm. 205  
ANCHORAGE, Alaska 99503  
U.S.A.

Dear Mr. Ryder:

I would like to congratulate you on the apparent success you have had in implementing a comprehensive and well co-ordinated industrial alcohol program in Alaska. Your information packet has reinforced my own belief that a joint management and labour alcohol program can help to alleviate many of the problems associated with alcohol abuse for the individual and employer.

It is my intention to recommend to Foothills Pipe Lines Ltd. that they strive to implement a similar program in the N.W.T. should their application to build the Mackenzie Valley Pipeline be successful.

I would appreciate your placing my name on your mailing list for all further reports etc.

Yours truly,

FOOTHILLS PIPE LINES LTD.

  
Maureen Jensen  
Consultant

MJ:keg

ALASKA LABOR & MANAGEMENT  
EMPLOYEE AFFAIRS, INC.

STATISTICS

Client base number (Total)	602			
Occupation	Number	% of Total	Number	% of Total
<u>State workers</u>	<u>27</u>	4.4%	Female	109 18.1%
Federal workers	14	2.3%	Female Natives	23 3.8%
Military personnel	8	1.3%	Male Natives	141 23.4%
Teamsters 959	84	13.9%	Sober	457 75.9%
Laborers	83	13.7%	Sober/working	422 70.09%
Operating Eng. 302	62	10.3%	Lower states	79 13.12%
Management	41	6.8%	Deceased	4 .66%
Culinary workers	39	6.4%	Back to village	17 2.82%
Housewives	26	4.3%	Lost Contact	62 10.29%
Welders 798	21	3.5%	Ref. from court	45 7.47%
Carpenters	20	3.3%	Rehired	169 28.07%
Cooks	14	2.3%		
Pipefitters	14	"	<u>Age breakdown</u>	
Electricians	13	2.1%	20's	161 26.7%
Secretaries	13	"	30-34	120 19.9%
Counselors	11	1.8%	35-39	90 14.9%
Unemployed	9	1.5%	40-44	84 13.9%
Ironworkers	8	1.3%	45-49	75 12.4%
Small Business	6	.99%	50-54	42 6.9%
Sales	6	"	55-59	22 3.6%
Fishermen	5	.83%	60 + over	8 1.3%
Native Counselors	5	"		
Roofers	5	"	<u>Occupation (continued)</u>	
Security	5	"	Piledriver	1 .16%
Mechanics	4	.66%	Sheetrocker	1 "
Plumbers	4	"	Steamfitter	1 "
Retired	4	"	Radio Operator	1 "
Welders Helpers	4	"	Teletype Operator	1 "
Asbestos workers	3	.49%		
Drillers	3	"		
Linemen	3	"		
Municipal workers	3	"		
Sheetmetal	3	"		
Surveyors	3	"		
Tri-Trades	3	"		
TV-Radio workers	3	"		
309	2	.33%		
Cement Finishers	2	"		
Bartenders	2	"		
Engineers	2	"		
Infantes	2	"		
Nurses	2	"		
Painters	2	"		
Auto Repair	1	.16%		
Instructor	1	"		
Guide	1	"		
Musician	1	"		
Neurologist	1	"		

**EMPLOYEES AFFAIRS, INC.**  
W. Northern Lights Blvd. - Room 205  
Telephone 272-5656  
Anchorage, Alaska 99503



**PAID**  
**PERMIT NO. 172**  
**ANCHORAGE**  
**ALASKA**

**NON-PROFIT**  
**ORGANIZATION**

# ALASKA LABOR & MANAGEMENT EMPLOYEES AFFAIRS, INC.

503 W. Northern Lights Blvd. - Suite 205  
Telephone (907) 272-5656  
Anchorage, Alaska 99503

**Don Ryder**  
*Executive Director*

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*Alaska Chapter, General Contractors Assoc.*
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Paul B. Jones, Attorney at Law  
Rev. Norman Elliott  
Les Gunderson, Contractor  
Dr. A. H. Parker  
Leo Walsh, Contractor

October 1 through December 31, 1977

**ANCHORAGE OFFICE**

Clients were referred to ALMEA from the Anchorage Community Hospital personnel; Alaska Native Service Hospital personnel; the courts; friends; other clients; and, self referral.

ALMEA referred clients to A.A.; Al-Anon; Victory House; Studio Club; Mental Health Clinic; Salvation Army Comprehensive Program; Future House; and, physicians.

Executive Director, Don Ryder testified at Senator Mike Colletta's public hearings. His text centered around keeping politics out of alcoholism, and having the State of Alaska set an example by having a troubled employees program for their personnel.

ALMEA's program was presented to Connie Wayland, Director of Nursing at Anchorage Community College; nurses in training at A.C.C.; Alaska Oil & Gas Association; Labor Relations Personnel; Anchorage Municipality; Alaska Public Employees Association; Mr. Ivey, Alaska Native Service Hospital; and, John Pile of the Open Door Clinic.

Program presentations included letters of introduction, literature and posters presented to Foothills Pipe Lines, Ltd.; Northwest Pipeline; Alcan Pipeline Co.; Occupational Alcoholism Division, NIAAA; 26 physicians in the Anchorage Area; ten new members of Alaska Chapter, Associated General Contractors.

ALMEA personnel gave presentations of alcoholism education to 8th grade classes at Service High School and Wendler Jr. High School.

Personnel from ALMEA attended A.A.'s 30th Anniversary in Anchorage. Over 200 members were present. Refreshments were served and plaques were awarded to five individuals.

Liaison was continued with Physicians, Nurses, Social Worker, and Chaplain Obed Nelson at the Alaska Hospital; Physicians, Nurses, and other personnel at the Alaska Native Service Hospital; Major Cook; Kodiak Council on Alcoholism; Anchorage Council on Alcoholism; State Office of Alcoholism; Anchorage Court System; Sen. Stevens' Office; The Advisory Board of the Valdez Alcohol Commission; NIAAA Personnel; National Council on Alcoholism; Dr. Witt, Providence Hospital Program; Salvation Army Comprehensive Program; Studio Club; Alaska Chapter, Associated General Contractors; Dean Berg, Teamster Public Relations Director; Bob Crane, Postal Alcoholism Recovery Program; Boilerworkers' Union Business Agent and staff; University of Alaska Center for Alcohol and Addiction Studies; Alyeska Medical Office; Office of Vocational Rehabilitation; Western Trades Council; Howard Scaman; Cook Inlet Native Association; Attorneys; Social Workers; Governor's Office; Health Department, Municipality of Anchorage; Teamsters Local No. 959; National Bank of Alaska; Comp Care Program; Emily McKenzie, Anchorage Alcohol Safety Action Program; Gail Shortell, Regional Program Coordinator, State Office of Alcoholism and Drug Abuse.

Meetings were held with Robert Cole, Coordinator, State Office of Alcoholism; Senator Mike Colletta's Special Senate Committee on Alcoholism; Members of the Municipality of Anchorage Health Commission; Program Manager, Salvation Army Comprehensive Alcoholism Program; CINA Personnel; Alaska Native Commission on Alcoholism and Drug Abuse (ANCADA); Labor Relations Personnel of the Municipality of Anchorage; William Bailey, Director of the Day Hospital, A.N.S. Hospital; Helen Bierne, Health Director, Municipality of Anchorage; and Mr. Ivey, Alaska Native Service Hospital. Board meetings of the Anchorage Council on Alcoholism were also attended.

ALMEA's Policy on the Illness of Alcoholism was signed by the Alaska Public Employees Association.

Alcoholism films were provided to the Studio Club for viewing by their clients. ALMEA has films that are available to anyone who has need — please call the Anchorage Office at 272-5656.

ALMEA personnel attended an Inservice Training Session held in the Psychiatric Dept., Alaska Clinic, providing a Hazelden Tape, "Revolution in Psychotherapy" which explains the therapeutic values of attendance at A.A. meetings to patients undergoing alcoholism treatment.

The Anchorage ALMEA Office furnishes a combined Alcoholics Anonymous, Al-Anon and Alateen schedule, revised monthly, to interested persons, hospitals, rehabilitation centers, and other alcoholism programs in the Anchorage Area upon request.

Meetings were held with Dean Short, Manager, Municipality of Anchorage, and other personnel regarding a pilot project for a Troubled Employees Program to encompass all departments of the Municipality. At their request, ALMEA has provided one full-time Occupational Specialist to assist in getting the pilot program underway. The pilot project currently serves, and is located within the Health Department, and is to be expanded to include all Municipality Departments early in 1978. Working with the existing training arm of the Municipality, the OAS will introduce the troubled employee concept of work performance evaluation and referral to Employee Assistance Program.

ALMEA personnel provided input to Senator Mike Colletta's "Write Their Own" Alcoholism Legislation Proposal.

The Executive Director, Don Ryder, was elected to membership on the Salvation Army Comprehensive Alcoholism Program's Advisory Board.

ALMEA's alcoholism brochures were mailed to 863 members of Alaska Chapter, Associated General Contractors; 115 Alaska health agencies; 471 miscellaneous interested persons; 194 unions; 187 physicians; 146 court and judicial personnel; 113 members of the news media; 307 Alaskan businesses; 8 Government agencies; 33 hospitals; and, 107 alcoholism programs throughout the State of Alaska.

ALMEA personnel attended the Job Symposium sponsored by Senator Bill Sumner at the Captain Cook Hotel in Anchorage. Many outside speakers and five prominent Alaskan speakers reviewed (1) how jobs are created, (2) who are the unemployed, (3) alternatives to unemployment, (4) training or re-training for Alaskans who are underemployed or unemployed, (5) helping small businesses to help trainees, and (6) preparing students for the job market. A very small segment dealt with handicapped persons, but very little resulted from that segment. Recommendations toward solving Alaska's employment problems were presented to Governor Hammond.

Continued alcoholism education at both the Alaska Hospital and the Alaska Native Service Hospital, through discussions with staff regarding non-medical aspects of treating alcoholics in the hospital setting.

A news article covering ALMEA and the First Annual Governor's Safety Conference was published in the National Council on Alcoholism Newsletter in November.

**FAIRBANKS OFFICE**

Clients were referred to ALMEA from unions, friends; through the news media; nurses; hospital personnel; self referral; physicians; half-way house; and, the courts.

ALMEA referred clients to Alcoholics Anonymous; Al-Anon; unions; ALMEA intergroups; ALCENAS in Kirkland, Washington; Fairbanks Memorial Hospital; and, Comprehensive Alcoholism Program.

ALMEA's program was presented on the KFAR Radio talk show, "Steve Agbaba at Large," for one hour in October. Several listeners called in and the response to the program was well received.

Liaison was continued with Joe McLain of the Fairbanks Council on Alcoholism concerning the educational workshop in regard to the curriculum for alcohol education in the schools. Also continued liaison with Steve Tiller, CAP Program; Steve Smith of KJAC TV/Radio; Steve Barber, Northern Alaska Health Planning Resources; ALCENAS; Fairbanks Memorial Hospital; KJAK Station Manager; KTUV Radio Manager; Anchorage Council on Alcoholism; Medic from Chandalar Camp; Judge Connelly; Dr. Creps; Dr. Storrs; Father L. McKernan; Dr. Hanley; and, 15 labor unions in the Fairbanks area.

presented at a staff meeting of the "Crisis Line." The Fairbanks OAS also attended the monthly meetings of the Fairbanks Council on Alcoholism. Meetings were held with Steve Alexander concerning the Educational Prevention, Fairbanks School Curriculum. The OAS also participated in both the Alcoholism Task Force meetings and the Community Advisory Committee meetings.

Public Service Announcements were provided by KIAK Radio and KTVK Radio concerning ALMEA's program.

In October, the Fairbanks OAS met with Dr. Hardie, Alyeska Medical Director. Dr. Hardie assisted ALMEA by sending letters to all of the Alyeska Physicians' Assistants stationed along the Trans-Alaska Pipeline corridor, continuing to make them aware of our program.

ALMEA's program was presented to Mrs. Thomas, Probation Officer; J. Jansen, S. Alexander, and J. Janeck of the Northern Alaska Health Resources Association; students at the University of Alaska; and, Job Service Administrator, State Department of Labor.

In November, the OAS in Fairbanks was asked to teach a class at the University of Alaska concerning the needs of alcoholics in various stages of recovery.

Assistance was provided to Steve Barber, Northern Alaska Health Planning Resources, with the rough draft of suggestions for the Health Planning Association. All aspects of the alcohol program in the Fairbanks area were discussed, and some assistance was given in calculating the cost of time lost due to alcoholism among State Employees. ALMEA was asked to join a task force on alcoholism, so that a 5-year plan can be developed for the region.

ALMEA's Policy on the "Illness of Alcoholism" was signed by Northern Alaska Health Resources Association.

## **VALDEZ OFFICE**

Clients were referred to ALMEA from the courts; self referral. ALMEA referred clients to Alcoholics Anonymous and DWI school in Valdez.

Liaison was continued with the District Court; Cook Inlet Native Council on Alcoholism; Anchorage Council on Alcoholism; State Office of Alcohol and Drug Abuse; National Council on Alcoholism; Seward Council on Alcoholism; Valdez Senior High School Principal; Harbor Fuel and, the Clerk of the Court.

ALMEA's Valdez OAS made program presentations to personnel of Valdez Social Services; Valdez Senior High School Principal; and, a reporter from Valdez Vanguard.

A booth displaying alcoholism literature and information was set up at the Valdez School Carnival through the cooperation of the Carnival Chairperson. Literature is on display continuously at the school.

Letters of introduction and requesting community support for ALMEA's program were sent to the Alaska State Troopers; Office of the District Magistrate; Attorney James Ginotti; Attorney Paul Barrette; Attorney George Small; Stihnia-Churach & Voss; Alyeska Pipeline Service Company; Editor, Valdez Vanguard; Harbor Fuel; State of Alaska Highway Department; City of Valdez; U. S. Coast Guard; Valdez Fire Department; Principal, Valdez Senior High School; Valdez Medical Clinic; Valdez Community Hospital; Church of the Epiphany, Pastor A. Price; Seward Council on Alcoholism; and, the Dept. of Health and Welfare Family Services.

The Valdez OAS conducted Driver Alcohol Information classes (DWI School), which were attended by 6 persons referred to ALMEA by the courts. In the course of these classes, alcoholism information movies were shown, discussions were held regarding the dangers of driving while intoxicated, and tests were conducted.

**ALMEA-Anchorage**  
503 W. N. Lts. Blvd., Suite 205  
Anchorage, AK 99503  
272-5656

**ALMEA-Health Dept.**  
835 L Street, 4th floor  
Anchorage, Alaska 99501  
264-4767

**ALMEA-Fairbanks**  
501 Fifth Ave., No. 1  
Fairbanks, AK 99701  
456-3912

**ALMEA-Valdez**  
128 Pioneer Dr. No. 8  
Valdez, AK 99686  
835-4796

# STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF THE COMMISSIONER

POUCH N - JUNEAU 55111

March 10, 1978

Don Ryder  
Executive Director  
Alaska Labor and Management  
Affairs, Inc.  
503 W Northern Lights Boulevard  
Suite 205  
Anchorage, Alaska 99503

Dear Mr. Ryder:

The Highway Safety Planning Agency is in full support of efforts which will further the safety of the citizens of the State of Alaska on the highways of this state and alcohol related problems are of great significance in highway safety.

Your program, which is not duplicated by any other agency, is an essential link in reaching individuals with alcohol problems before they get on our highways. It is essential that alcohol troubled individuals be reached by programs where they can be effective and that means through job related programs where the person with an alcohol problem affects so many people and is in turn so critically effected by his fellow workers, employer and labor organization.

In addition, I would like to thank you for your participation and hard work on the alcohol and safety sub-committee for the Governor's Annual Safety Conference.

Sincerely yours,

RICHARD L. BURTON  
COMMISSIONER

*Charles A. Smith*  
Charles A. Smith, Director  
Highway Safety Planning Agency

A cooperative effort of...

**ALASKAN**

**MANAGEMENT and LABOR**

**A.G.C.**

**Unions**



**What Every Alaskan  
Employee and Employer  
Should Know About  
ALCOHOLISM**



**ALASKA LABOR & MANAGEMENT  
EMPLOYEES AFFAIRS, INC.**

503 W. Northern Lights Blvd. — Suite 205

Telephone 272-5656

Anchorage, Alaska 99503

Don Ryder, Director

## WHY PEOPLE DRINK

When a thing gets out of hand it usually becomes a problem.

This is true of a flood-swollen river or a car in a traffic jam.

It's also true of drinking.

Alcoholic beverage isn't a bad thing in itself. But like a river at flood stage or a car in a traffic snarl, it can lead to problems if misused.

Nearly 100 million Americans drink. The great majority of them drink for purposes of sociability, relaxation, and pleasure. For them drinking is a personal choice; a matter of individual taste. Moderation, common sense, and a respect for both self and others determine when and how they drink. The person who can stop at one or two drinks is not an alcoholic, even if he or she occasionally drinks to excess. Nor is the steady but moderate drinker.

## WHAT AN ALCOHOLIC IS

He is one of an estimated 9 million Americans whose drinking interferes with his daily life.

He is a sick person. He can no more control his compulsion to drink than a diabetic can control his reaction to sugar. When he sobers up, the alcoholic intends to stay sober. But a single drink can start him on the same downward spiral.

He and 9 million others, who have lost the freedom of choice in determining when they will drink, how they will drink, or how much they will drink constitute one of the Nation's top health problems.

## WHAT THE ALCOHOLIC IS NOT

The alcoholic is not a moral weakling, but a victim of a progressive, insidious disease. He has a physical and psychological addiction to the drug alcohol. Once he takes a drink he can't stop drinking, no matter what the consequences to himself, his family, his friends or his job.

The majority of alcoholics are not "bums" types. They are not found in the Monday morning court lineup, or wandering dazed and shocked through back streets, or discovered in the emergency ward of the city hospital. Quite the contrary.

Over 95 percent of them on the surface lead normal lives, have homes and families, are employable and usually working. They often have exceptional skills.

Alcoholics do not represent any single group in our population. They are professional people, government officials, tradesmen, executives, skilled craftsmen, and workers. Like all disease, alcoholism cuts across all lines, reaches all segments of society.

## SOME IMPORTANT CLUES

The National Council on Alcoholism lists these early warning signals of alcoholism:

- Difficult to get along with when drinking.
- Drinks "because he is depressed."
- Drinks "to calm his nerves."
- Drinks until he is "dead drunk" at times.
- Can't remember parts of some drinking episodes.
- Hides liquor.
- Lies about his drinking.
- Neglects to eat when he is drinking.
- Neglects his family or job when he is drinking.

The important thing to keep in mind is that alcoholism can be treated. And the earlier the alcoholic gets help, the better his chances of recovery.

The very first step for the alcoholic is to recognize that alcoholism is his problem. A second step is the realization that he must lead a life without alcohol from now on.

This may be easier said than done. For to stop drinking is not necessarily to end inner pressures and anxieties, or to solve other problems or change circumstances that may face the excessive drinker. To accomplish this objective various kinds of assistance are available.

## WHAT CAN BE DONE TO HELP?

We can check our own attitude toward the problem drinker. Here are some things to remember about alcoholism.

First, the alcoholic needs help.

Second, Alcoholism is another form of illness. It can be successfully treated.

Third, the alcoholic is not morally or mentally less a man than others. He should not be an object of ridicule or contempt. He should not be shunned, scorned or hidden. Rather, he should be treated with understanding and urged to seek help.

Our Organization which consists of management and labor is making every effort to assure that every employee suffering from alcoholism will receive the same careful consideration and offer of treatment presently being offered to all employees suffering from any other illness.

Management and union co-operation in detecting early job symptoms of problem drinking and subsequent early referral to Labor and Management Group, alcoholism personnel will materially assist to maintain optimum productivity, derive tangible economic benefits for employer and the community, and most important, preserve the full potential of some of the most experienced and skilled employees.

Our basic statewide program consists of the following:

1. Management and labor recognizing alcoholism as a disease which is treatable and can be arrested.
2. Alaska Labor and Management Employee Affairs, Inc.'s first line of approach is early identification; this is determined to a large extent by deteriorating work performance.
3. Supervisor's taking decisive action to correct the situation, based on work performance; avoid discussion of drinking problems unless intoxication was observed on the job.
4. Our concern with alcoholism is strictly limited to its effect on the employees performance on the job. It is not concerned with the social drinker.
5. Usually when confronted by his record of on-the-job performance, (tardiness, absenteeism, etc.)

an individual will become conscious that others are aware of his/her condition and ask for help if his job is on the line knowing that labor and management is trying to help, and that the chances of promotion will not be hindered, nor firing of the employee, if the individual consents to seek help.

6. To assure that every employee suffering from alcoholism will receive the same careful consideration and offer of treatment presently being offered to all employees suffering from any other illness.

7. Managers, superintendents, business agents, stewards, foremen and safety personnel will be educated in identification and follow through in regards to this problem.

8. Our approach is important for a number of reasons. First, it offers an opportunity for the identification, recovery and rehabilitation of alcoholics in far greater numbers than any other approach.

Alaska Labor and Management Employee Affairs, Inc. is a direct-service approach program to industrial alcoholism and the brief span of our operations has conclusively demonstrated that our direct service is effective in actual practice.

Our office is on call 7 days a week, 24 hours a day.

Alaska Labor and Management Employee Affairs, Inc.  
501 5th Avenue, Suite 1  
Fairbanks, Alaska 99701  
Phone (907) 456-3912

Alaska Labor and Management Employee Affairs, Inc.  
128 Pioneer Drive, Suite 8 - P. O. Box 1390  
Valdez, Alaska 99686  
Phone (907) 835-4796

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Dr. A. H. Parker  
Leo Walsh, Contractor

**ALASKA LABOR & MANAGEMENT  
EMPLOYEES AFFAIRS, INC.**

503 W. Northern Lights Blvd. - Room 205

Telephone 272-5656

Anchorage, Alaska 99503

Don Ryder, Director



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ANCHORAGE  
ALASKA

NON-PROFIT  
ORGANIZATION



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From the desk of:

**DON RYDER**

Sen. Smith,

The clients listed  
here are backed up  
with individual files in  
our office and the  
State Office on Alcoholism.



*Alaska file*  
JAY S. HAMMOND  
GOVERNOR



STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
JUNEAU

March 23, 1978

Mr. Don Ryder, Executive Director  
Alaska Labor & Management Employee Affairs  
503 West Northern Lights Boulevard, Suite 205  
Anchorage, Alaska 99503

Dear Don:

I would like to sincerely express my gratitude for your letter of support.

As you know, this administration has always tried to use every method to reduce the incidence of alcohol-engendered social and health problems. We think that troubled employees' programs, such as yours, are among the most efficient and rewarding systems that may be utilized.

Thanks very much for the thoughtful comments in your letter. Please do not hesitate to contact me in the future about any similar matter.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read "Jay S. Hammond".

Jay S. Hammond  
Governor

# FOOTHILLS PIPE LINES LTD.

PHONE (403) 265 8100

1600 BOW VALLEY SQUARE II  
205-FIFTH AVENUE S.W., BOX 9083  
CALGARY, ALBERTA T2P 2W4

April 2, 1976

Mr. Don Ryder  
Alaska Labor & Management  
Employee Affairs, Inc.  
503 W No. Lights Blvd. Rm. 205  
ANCHORAGE, Alaska 99503  
U.S.A.

Dear Mr. Ryder:

I would like to congratulate you on the apparent success you have had in implementing a comprehensive and well co-ordinated industrial alcohol program in Alaska. Your information packet has reinforced my own belief that a joint management and labour alcohol program can help to alleviate many of the problems associated with alcohol abuse for the individual and employer.

It is my intention to recommend to Foothills Pipe Lines Ltd. that they strive to implement a similar program in the N.W.T. should their application to build the Mackenzie Valley Pipeline be successful.

I would appreciate your placing my name on your mailing list for all further reports etc.

Yours truly,

FOOTHILLS PIPE LINES LTD.

  
Maureen Jensen  
Consultant

MJ:keg

United States Senate

WASHINGTON, D.C. 20510

February 22, 1978

Mr. Paul Norton  
Occupational Alcoholism Division  
National Institute on Alcohol Abuse  
and Alcoholism  
5600 Fishers Lane  
Rockville, Maryland 20852

Dear Mr. Norton:

A three year renewal grant designed to combat occupational alcoholism has recently been submitted to the Institute by Alaska Labor & Management Employee Affairs, Inc. of Anchorage, Alaska. The purpose of this letter is to indicate my support for continued funding of this project.

As you know, the State of Alaska has the dubious distinction of having an alcoholism rate far in excess of the national average. In the past the "boom and bust" cycle of the State's economy has contributed to this problem. With the increased development of Alaska's natural resources the situation is exacerbated by long working hours in remote locations which usually require the worker to be separated from his family.

Looking down the road, we will see increased activity in the Outer Continental Shelf and construction of the gas pipeline. I believe that these projects combined with the already apparent need for alcoholism services in Alaska warrant continued support from the Institute.

Your consideration of this matter is appreciated.

With best wishes,

Cordially,

TED STEVENS  
United States Senator

bcc: Don Ryder

# STATE OF ALASKA

JAY S. HAMILTON, GOVERNOR

DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF THE COMMISSIONER

POUCH M - JUNEAU 95811

March 10, 1978

Don Ryder  
Executive Director  
Alaska Labor and Management  
Affairs, Inc. . .  
503 W Northern Lights Boulevard  
Suite 205  
Anchorage, Alaska 99503

Dear Mr. Ryder:

The Highway Safety Planning Agency is in full support of efforts which will further the safety of the citizens of the State of Alaska on the highways of this state and alcohol related problems are of great significance in highway safety.

Your program, which is not duplicated by any other agency, is an essential link in reaching individuals with alcohol problems before they get on our highways. It is essential that alcohol troubled individuals be reached by programs where they can be effective and that means through job related programs where the person with an alcohol problem effects so many people and is in turn so critically effected by his fellow workers, employer and labor organization.

In addition, I would like to thank you for your participation and hard work on the alcohol and safety sub-committee for the Governor's Annual Safety Conference.

Sincerely yours,

RICHARD L. BURTON  
COMMISSIONER

  
Charles A. Smith, Director  
Highway Safety Planning Agency



ASSOCIATED GENERAL CONTRACTORS  
OF AMERICA, INC.



SKILL  
RESPONSIBILITY  
INTEGRITY

BOX 4-2500 • ANCHORAGE, ALASKA 99509  
TELEPHONE (907) 276-9384

3201 STENARD ROAD  
ANCHORAGE  
GEORGE ED. SMITH  
MANAGER

March 8, 1978

The Honorable Mike Colletta  
Alaska State Senate  
Pouch "V" State Capitol Building  
Juneau, Alaska 99811

Dear Senator Mike:

As you remember, in the past we have talked about my involvement with the Alaska Labor and Management Employee Affairs, Inc. (ALMEA). It is unfortunate, but today I have to add another problem to the many you face in the legislature.

Because of a lack of federal funding for the ALMEA statewide alcohol and drug program until April of 1979, we are in dire need of at least \$85,000 to keep the Anchorage office open and operating in the interim. Our Board feels that it is essential to keep open the lines of communication with labor, management, other programs, and most importantly, the State agencies during this funding crisis.

In the five years the program has been in operation, the only State monies received was \$25,000 matching funds in 1973. I would point out that this is the only occupational program in the state, and our high rate of success, clientwise, is due to early identification of the troubled individual.

On behalf of the Alaska Labor and Management Employees Affairs, Inc., I would sincerely appreciate your consideration and assistance in procuring the necessary funding to keep this most worthwhile program operating and visible for the many thousands of people who have, and continue to seek help.

Sincerely,

ALASKA CHAPTER  
ASSOCIATED GENERAL CONTRACTORS

*George Ed Smith*  
George Ed Smith  
Manager

GES/RMP/ec

Enclosure

*Copy: Don Ryder*

WESTERN ALASKA BUILDING and CONSTRUCTION TRADES COUNCIL

AFFILIATED WITH

A.F.L. - C.I.O.

BUILDING AND CONSTRUCTION TRADES DEPARTMENT

DAVID E. CHESS

PRESIDENT

407 Denali Street

ADDRESS

ANCHORAGE, ALASKA 99501

GEORGE ROBERTS

SECRETARY

407 Denali Street

ADDRESS

ANCHORAGE, ALASKA 99501

February 16, 1978

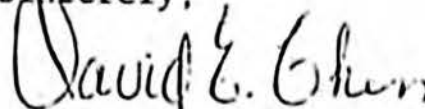
To: Occupational Alcoholism Division NIAAA

Dear Director and Board Members,

The members of the Western Alaska Building and Construction Trades Council of the State of Alaska, would hope (3) three year funding for Alaska Labor & Management Employees Affairs, Inc. Occupational Alcoholism Program be approved to enable them to continue the ongoing valuable service due to the outer-continental shelf activity and impact and in preparation for the oncoming gas line.

Very valuable ground work between Union, Management, various agencies, the workers and population of Alaska has been established to let it die-out now.

Sincerely,



David E. Chess  
President

Western Alaska Building and Construction  
Trades Council

DEC/dlh

# AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS

## EXECUTIVE COUNCIL

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HARRY R. POOLE  
FRED J. KROLL



815 SIXTEENTH STREET, N.W.  
WASHINGTON, D.C. 20008

(202) 637-8000

March 14, 1978

Mr. Don Ryder, Executive Director  
Alaska Labor & Management Employee Affairs  
503 W. No. Lights Boulevard, Suite 205  
Anchorage, Alaska 99503

Dear Don:

I have your letter of March 10 and the material. We'll see what we can do.

All the best.

Sincerely,

Leo Perlis, Director  
Department of Community Services

LP:mm

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED  
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# Alaska Labor & Management Employee Affairs, Inc.

A NON-PROFIT ORGANIZATION

503 W. No. Lights Blvd. Suite 205  
Anchorage, Alaska 99503  
Phone (907) 272-5656

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*Alaska Chapter, Associated General Contractors*

Vice Pres. — Jesse Carr;  
*Sec. Treas. Teamster Local No. 959*

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*Area Representative  
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Trustee — B. Gil Johnson;  
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G. H. Lundell, Alyeska Pipeline Service Co.  
Paul B. Jones, Attorney-at-Law  
Rev. Norman Elliott  
Les Gunderson, Contractor  
Dr. A. H. Parker  
Leo Walsh, Contractor

## ALMEA - Board of Directors Meeting

Ramada Inn - Shinook Room

April 18, 1978

### Members Present:

Ed Smith  
Pat O'Malley  
Paul Jones  
Rev. Elliott  
E. Webb  
Glenn Lundell  
Don Ryder, Director

Motion was made by Pat O'Malley - seconded by Paul Jones and passed unanimously to seat Ernie Webb as a member of the Board.

Ernie Webb is going to contact Mr. Ivy of the Alaska Native Hospital; Rev. Elliott is going to contact a staff member of the Air Force Hospital; Pat O'Malley is going to contact a staff member of Providence Hospital; Paul Jones is going to contact Judge Kalarmides, for new members for the Board to replace Dr. Parker; L. Gunderson; and, Judge C. J. Occhipinti.

It was requested by the Board that part of ALMEA's funding be put into a savings account to accumulate interest.

Don Ryder explained the funding situation from the State and Federal levels.

The next board meeting will be June 13th.

The Board congratulated Senator Colletta on the Senate Bills on alcoholism and offered there support.



STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
JUNEAU

April 17, 1978

Mr. Don Ryder  
Executive Director  
Alaska Labor & Management  
Employee Affairs, Inc.  
503 W. Northern Lights Blvd.,  
Suite 205  
Anchorage, Alaska 99503

Dear Don:

Please accept my apologies for being so late in getting back to you; however, I determined it was best to wait until something more definitive was in sight. You are correct in your assumption that nothing positive has been done about adopting the troubled employees' program; however, this has been under active discussion and consideration, and I believe that while things seem to be very slow in materializing, this will eventually become reality in state government. I personally believe that the troubled employees' program has a tremendous amount of merit and will give my own advocacy to it.

As to your question about what is happening with the Governor's alcohol package, there has been a great deal of work and interaction between the Department of Health and Social Services and the legislative branch on this issue. Senator Colletta has recently introduced a series of bills, and we have been working with him to determine where accommodation might be reached between the Governor's package and Senator Colletta's. Additionally, we are making progress with the alcohol tax bill that was passed by the Senate last year and is now awaiting action in House Rules. There are some very positive things happening, but regretfully until these actions are finalized by the Legislature, it's very difficult to be positive. In my view, this issue is receiving more than its fair share of attention here. The Governor is very concerned about seeing a substantial amount of progress in alcohol-related activity, and I believe that we will have favorable action on the part of the legislative branch.

Mr. Don Ryder  
April 17, 1978

Page 2

Don, I hope this isn't too vague, but I would like for it to be in the form of reassurance that your efforts are not being disregarded as they are a very important part of the advocacy for state government to do something positive on this issue.

Don, I do look forward to a get-together one of these days and hope that we will see more of each other in the future than we have for the past year or two.

Highest personal regards,

*Keith*

Keith W. Specking  
Legislative Assistant  
to the Governor



# Alaska Labor & Management Employee Affairs, Inc.

A NON-PROFIT ORGANIZATION

503 W. No. Lights Blvd. Suite 205  
Anchorage, Alaska 99503  
Phone (907) 272-5656

## Board of Directors

- Ms ALMEA file*
- President — George "Ed" Smith;  
*Alaska Chapter, Associated General Contractors*
- Vice Pres. — Jesse Carr;  
*Sec. Treas. Teamster Local No. 959*
- Sec. Treas. — J. J. "Pat" O'Malley;  
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Paul B. Jones, Attorney-at-Law  
Rev. Norman Elliott  
Les Gunderson, Contractor  
Dr. A. H. Parker  
Leo Walsh, Contractor

April 20, 1978

Senator Mike Colletta  
Alaska State Legislature  
Pouch V  
Juneau, Alaska 99811

I have had my pension with ALMEA from the beginning five years ago. We have been audited by the State several times and no questions of my pension have been asked during those audits.

My secretary and myself are both Teamsters and covered by the Health & Welfare plan. The rest of ALMEA's staff was covered by medical and dental insurance with Penn Mutual Ins.


My salary is \$30,000 a year, a far cry from what was listed in the "Advocate" for teamsters salaries. We are not affiliated with the Teamsters any more than any other Union or construction co. We have been shot at before and expect to be in the future. Our books and activities are open for anyone to see for themselves and my Board of Directors backs me on this.

We enjoy a reputation for being honest and most of all accomplishing something in our field, helping the alcoholic. We are the only referral program that is open 24-hrs-a-day, 7 days-a-week, available to anyone for help.

I'm through spouting off, Senator, but that letter frosted me somewhat! Thank you for sending it on to us. If there is anything we can do to help please let us know.

Also enclosing some items that may be of interest to you.

Sincerely,

  
Don Ryder  
Executive Director

Enclosures

# in Demo rift?

By ROSEMARY SHINOBUARA  
Daily News Staff Writer

The role of highly paid Teamsters Union employees in the political rift plaguing Southcentral Alaska Democrats is being cited by some party officials as an indication that the union is trying to splinter the party.

Jefferson Barry, director of ALIVE, the political education arm of Teamsters Union Local 909, says it isn't true.

**THE STATE** Central Committee of the Democratic Party Sunday met in Juneau and declared the Southcentral convention to be null and void because of alleged irregularities in who was allowed to vote and be seated as delegates.

Marlene Neve of Seward, a member of the Southcentral committee, said, "I think we had a kangaroo court" in Juneau. "I thought we had been very fair at the Southcentral convention."

Mike Ross, former Southcentral committee chairman, called the central committee "a lame duck committee with about one week left in its existence."

**ALL PARTICIPANTS** in the dispute acknowledge that the state convention next week in Kodiak will be the ultimate authority, and the dispute is sure to be aired.

Ross, Neve, and other Southcentral convention leaders think the core of the problem lies with a faction that wants to shake up the party, splitting it into little groups.

That faction, they say, was organized as the conservative Jeffersonian Democrats in the 1976 election campaign, and they charge it is largely led by Democrats who are also on the Teamster payroll.

**THEY CHARGE** the means being used to split up the

party is to take control of individual House district organizations and make them as autonomous as possible.

Under a change in the "party plan," if more than half of the precincts in a House district choose to do so, they can organize and elect delegates to the state convention, essentially bypassing regional conventions such as the southcentral one.

While eight of the 11 House districts involved in the convention were presented as having been organized, Neve said the evidence hasn't been presented to back up the contention that more than half of the precincts in each of the districts has agreed to organize.

**SOUTHCENTRAL** leaders list a number of Teamster employees as ringleaders in the protest, among them:

—Rose Palmquist, listed on latest available union reports to the federal government as a \$40,100 business agent, including salary and allowances. The latest reports are from 1976.

—Howard Baber, a Teamster expediter with \$41,900 annual salary and benefits, according to the union reports.

—Ed Moses, a \$44,900 business agent.

—Pammy Mitchell, a \$10,500 Teamster clerk.

Beryl Johnson, a Southcentral convention delegate, said that at a meeting called by Southcentral leaders after the convention to discuss the complaints that had been made to the central committee, a party official quoted Jefferson Barry as having told Teamster members that the Teamsters were backing Republican Walter Nichol for governor, and the strategy would be to keep the Democrats in disarray.

(Continued on Page 2)

By SUZAN NIGHTINGALE  
Daily News Staff Writer

It seems the ideal crime; with the cash you burn the evidence as you can. Then the authorities spray water over, sometimes shovel it over, making it hard to find.

It's no wonder that arson—with conviction rates of any crime—was \$1 of fire damage in Anchorage last year, million worth.

**BUT ANCHORAGE** is fighting although the municipality's four-man Investigation Unit is only 16 months that fight may make a difference.

Already, Anchorage's arson arrest rate is better than the national average. For every 100 fires in the Lower 48, only 17 are arrested, and of those only two ever go to court. Anchorage's 124 arson cases last year were cleared by arrest, and four of 11 who've been tried so far were convicted.

But it's not easy.

Contrary to popular belief, exclusive purview of insurance companies and businessmen. It is, experts say, a passion.

**THERE'S** the distraught wife, from her husband, who sets a series of fires; the teenage girl who sets four fires to eliminate her father before going to

today



# • Booze bill

(Continued from Page 1)

THOSE ARE the most controversial measures in the sweeping Senate package, but other bills would boost the amount of money the state spends on alcoholism treatment and prevention, require alcohol and drug abuse education courses at all levels of public school, establish a \$50 tax credit for contributions to alcoholism programs, and require that all health insurance policies issued in Alaska offer benefits for treatment of alcoholism as any other disease.

A Washington - based liquor distributor which serves wide areas of Alaska has also reportedly come in for criticism from liquor dealers in Alaska because it has not taken an active enough stance against the alcohol legislation.

Gary Levin, an executive with K & L Distributors in Bellingham, Wash., acknowledged Wednesday he had "heard stories that they (liquor dealers) are mad at us. My assumption is it is because we're not retaining a full - time lobbyist there,

and they apparently think we're acquiescing to a tax increase. That's not true. We're opposed to an increase in taxes ... It is unnecessary for Alaska to tax to any greater extent."

LEVINE SAID he saw no indications that K & L's business had been hurt because of the disgruntled dealers.

Calotta said the boycott against his company will not have a major effect on the company's business because it deals with relatively few bars. But he said the effort to dissuade him from pushing for the tax increase would backfire.

"I got pretty bull - nosed about these tactics," he said. "This isn't going to work. That package is going to pass."

7/20/78  
Anch. Daily News

## ANCHORAGE DAILY NEWS

Published every morning except Sundays and certain holidays by the Northern Publishing Co. and printed under an agency agreement by the Anchorage Times Publishing Co., 555 Fourth Ave., Anchorage, Alaska, 99501. All mail subscriptions \$12 monthly, including postage.

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Daily News phone numbers are: newspaper 375-8551; classified advertising, 375-7455; circulation, 375-8554.

**A THOUGHT FOR TODAY**

Man must always adjust to remain happy and effective.

Anonymous

**DATSUN Sales & Service**  
**SUNSET MOTOR CO.**  
4748 Seward Hwy.

**Your Jewelry Headquarters**  
The Quality Jewelry Store to Serve You  
Diamonds, Watches, Gifts, Alaskan Jewelry

**REMEMBER**  
"If We Can't Repair Your Watch or Jewelry  
THROW IT AWAY"

*Carl's*

Main Store Northern Lights Shopping Center 375-3723  
Carl's Boutique 540 E. Northern Lights 333-4222  
Carl's Golden Lion Hotel 34th & N. Seward 278-4551 Ext. 271

*Rec'd from Jim Cobbe*  
12/12/77



# A Guide for NON-PROFIT INSTITUTIONS

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**Cost Principles and Procedures  
for  
Establishing Indirect Cost and Other Rates  
for Grants and Contracts with the  
Department of  
Health, Education, and Welfare**

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**U.S. DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
August 1974**

wages, directors' and executive committee members' fees, bonuses, incentive awards, employee insurance, fringe benefits, and contributions to pension, annuity, and management employee incentive compensation plans.

(b) *Allowability.* Except as otherwise specifically provided in this subsection, the costs of compensation for personal services are to be treated as allowable to the extent that:

(1) Compensation is paid in accordance with policy, programs, and procedures that effectively relate individual compensation to the individual's contribution to the performance of grant or contract.

~~Such policy, programs, and procedures must effectively relate compensation paid to the performance of the grant or contract for similar services.~~

(2) Total compensation of individual employees is reasonable for the services rendered; and

(3) Costs are not in excess of those costs which are allowable by the Internal Revenue Code and regulations thereunder.

(c) *Reasonableness*

(1) When the institution is predominantly engaged in activities other than those sponsored by the Federal Government, compensation for employees on Federally-sponsored work will be considered reasonable to the extent that it is consistent with that paid for similar work in the institution's other activities;

(2) When the institution is predominantly engaged in Federally-sponsored activities, and in cases where the kind of employees required for the Federally-sponsored activities are not found in the institution's other activities, compensation for employees on Federally-sponsored work will be considered reasonable to the extent that it is comparable to that paid for similar work in the labor markets in which the institution competes for the kind of employees involved.

(d) *Review and Approval of Compensation of Individual Employees.* In determining the reasonableness of compensation, the compensation of each individual employee normally need not be subject to review and approval. However, special consideration shall be made in those instances in which a general review reveals amounts or types of compensation which appear unreasonable.

(e) *Special Considerations in Determining Allowability.* Certain conditions require special consideration and possible limitation as to allowability for grant

and contract cost purposes where amounts appear excessive. Among such conditions are the following:

(1) Compensation to share holders, members, trustees, directors, associates, officers or members of the immediate families thereof, or to persons who are contractually committed to acquire a substantial financial interest in the enterprise. Determination should be made that such compensation is reasonable for the actual personal services rendered rather than a distribution of earnings in excess of costs.

(2) Any change in an institution's compensation policy resulting in a substantial increase in the institution's level of compensation, particularly when it was concurrent with an increase in the ratio of Government awards to other business, or any change in the treatment of allowability of specific types of compensation due to changes in Government policy.

(3) The institution's activities are such that its compensation levels are not subject to the restraints normally occurring in the conduct of competitive business.

(f) Notwithstanding any other provisions of this subsection, compensation is not allowable to the extent that it results from provisions of labor-management agreements that, as applied to work in the performance of Government grants or contracts are determined to be unreasonable because they are warranted by the character and circumstances of the work or because they are discriminatory against the Government. The application of the provisions of a labor-management agreement designed to apply to a given set of circumstances and conditions of employment (for example, work involving extremely hazardous activities or work not requiring recurrent use of overtime) is unwarranted when applied to a Government grant or contract involving significantly different circumstances and conditions of employment, (for example, work involving less hazardous activities or work continually requiring use of overtime). It is discriminatory against the Government if it results in individual personnel compensation (in whatever form or name) in excess of that being paid for similar non-Government work under comparable circumstances. Differences of costs will not be considered under this subparagraph unless:

(1) The institution has been authorized in writing to secure the data; and

(2) Due consideration has been given to whether there are unusual conditions pertaining to the Government work which impose burdens, hardships, or hazards on the institution's employees, for which compensation that might otherwise appear unreasonable is required to attract and hold necessary personnel.

(1) In addition to the general requirements (a) through (f) of this subsection, certain compensation are subject to further requirements specified in (2) through (9) below.

## 2) Salaries and wages

Salaries and wages for current services as compensation paid to employees in the form of cash, products, or services, and are allowable under section G.25 as it relates to compensation for

## 3) Incentive Compensation

Incentive compensation to employees for cost reduction, or efficient performance, awards, safety awards, etc. are allowable to the extent that the overall compensation is determined to be reasonable and such costs are paid or accrued pursuant to an agreement entered into in good faith between the institution and the employees before the services are rendered, or pursuant to an established plan followed by the institution so consistently as to constitute an agreement to make such payment. Incentive compensation when deferred are allowable to the extent provided in (4) below.

## (4) Deferred Compensation

(a) As used herein, deferred compensation includes all remuneration, in whatever form, for which an employee is not paid until after the lapse of a specified period of years or the occurrence of other events specified in the plans; except that it does not include the cost of accounting period accruals for regular salaries and wages. It includes (i) contributions to pension and annuity plans, (ii) contributions to disability, health, insurance, survivorship, and similar benefit plans, and (iii) other deferred compensation.

(b) Deferred compensation is allowable to the extent that (i) except for past service pension and other costs, it is for services rendered during the contract period; (ii) it is subject to an agreement entered into in good faith between the institution and its employees before the services are rendered, or pursuant to an established plan followed by the institution so consistently as to imply, in effect, an agreement to make such payment; (iv) the benefits of the plan are vested in the employees or their designated beneficiaries and no part of the deferred compensation reverts to the institution; (v) in the case of past service costs, it is amortized over a period of ten years; and (vi) for a plan which is subject to approval by the Internal Revenue Service, it complies with the

requirements of the Internal Revenue Code and the regulations of the Internal Revenue Service.

(c) In determining the cost of deferred compensation allowable under the grant or contract, appropriate adjustments shall be made for credits or gains, including those arising out of both normal and abnormal employee turnover, or any other contingencies that can result in a forfeiture by employees of such deferred compensation. Adjustments shall be made only for forfeitures which directly or indirectly inure to the benefit of the institution; forfeitures which inure to the benefits of other employees covered by a deferred compensation plan with no reduction in the institution's costs will not normally give rise to an adjustment in grant/contract costs. Adjustments for normal employee turnover shall be based on the institution's experience and on foreseeable prospects, and shall be reflected in the amount of cost currently allowable. Such adjustments will be unnecessary to the extent that the institution can demonstrate that its contributions take into account normal forfeitures. Adjustments for possible future abnormal forfeitures shall be effected according to the following rules:

(i) Abnormal forfeitures that are foreseeable and which can be currently evaluated with reasonable accuracy, by actuarial or other sound computation shall be reflected by an adjustment of current costs otherwise allowable; and

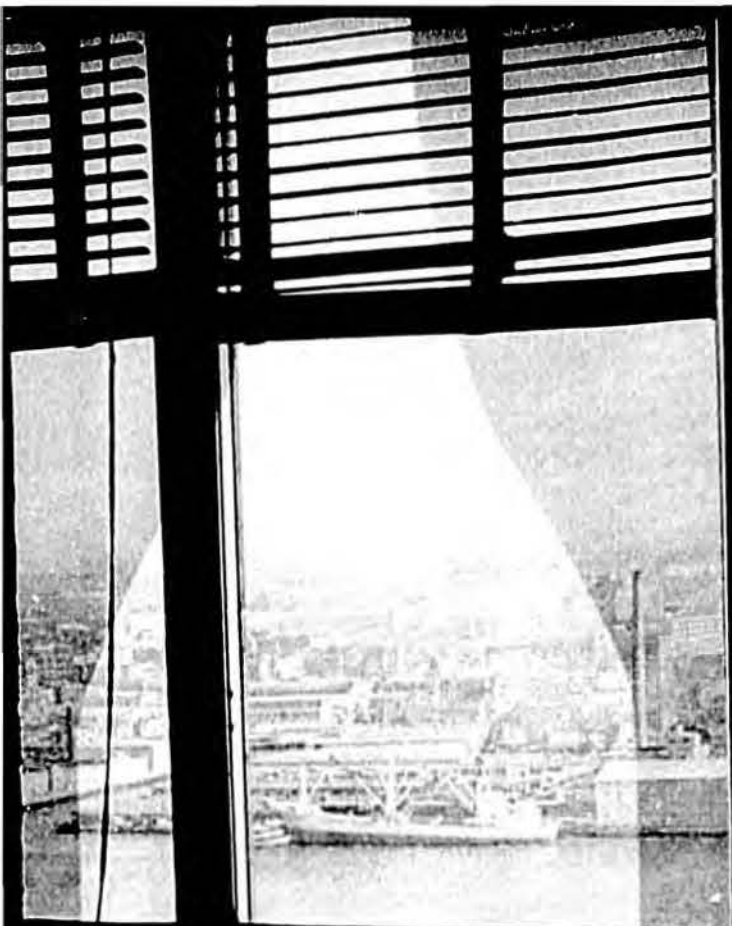
(ii) Abnormal forfeitures, not within (i) above, may be made the subject of agreement between the Government and the institution either as to an equitable adjustment or a method of determining such adjustment.

(d) In determining whether deferred compensation is for services rendered during the agreement period or is for future services, consideration shall be given to conditions imposed upon eventual payment, such as requirements of continued employment, consultation after retirement, and covenants not to compete.

## (5) Fringe Benefits

allowances and services provided by the institution to its employees as compensation in addition to regular wages and salaries. Costs of fringe benefits, such as pay for vacations, holidays, sick leave, military leave, employee insurance, and supplemental unemployment benefit plans, are allowable to the extent required by law, employee agreement, or an established policy of the institution.

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED  
AS A UNIT IN THE ORIGINAL DOCUMENT.



Business,  
Industry &  
Time  
In A Bottle.

## The cost

### ALCOHOLISM IS COSTING AMERICAN INDUSTRY 17 BILLION DOLLARS ANNUALLY.

The National Council on Alcoholism's research figures indicate 8-10 percent of all employees nationwide suffer from the disease of alcoholism in its early, middle or late stages.

Each alcoholic employee costs your company, conservatively estimated, 25% of his or her salary in absenteeism,\* tardiness, spoiled materials, reduced efficiency and effectiveness, on-the-job accidents and medical benefits.

\*usually 25% of salary is lost to absenteeism cost alone

#### In addition...

50% of all fatal accidents involve alcohol, two-thirds of these involve alcoholics

37.4% of admissions to state and county mental hospitals are due to alcoholism

Violent behavior attributed to alcohol misuse accounts for:

60% murders, 42% assaults, 34% rapes, 30% suicides, 60% child abuse and 33% of cases in family courts.

#### Alcoholism Is Treatable

65-85% recovery rates have been documented in business and industry where effective employee alcoholism programs have been developed

75-85% recovery rates in Air Force and Navy rehabilitation programs

85-75% recovery rates with leading clinical therapists

#### Treatment Is a Sound Investment

Billions of dollars can be saved to industry alone

Consider the facts...

## Consider your company's probable cost...

Total number of employees (Salaried and hourly)	1	
Multiply by 6%	2	x .06
Equals probable minimum number of alcoholics	3	
Average annual pay rate (Salaried and hourly)	4 \$	
Multiplied by 25%	5	x .25
Equals estimated cost per alcoholic	6 \$	
Multiply 3 by 6 for your com- pany's conservative annual cost due to alcoholism	7 \$	

## ...& potential savings.

Assuming only a 60% recovery rate after developing a Labor-Management Employee Alcoholism program

Multiply 7 by 60%	8	x .60
Equals conservative savings estimate	9 \$	

## Your company's contributor history

	Corporate Contribution	Corp. per capita per alcoholic (6% of emp.)	Corp. Contrib. Increase/ Decrease	agency costs due to inflation
2 YEARS PRIOR			%	%
LAST YEAR			%	%
THIS YEAR			%	%

Your company's high priority financial support to alcoholism programs is important to the: Individual, Family, Community, Business and Industry.

Please consider these levels of support and join key leadership.

1. Conservative Savings Estimate*	\$	
Times: one percent		x .01
<b>National Key Leader</b>	\$	
2. Conservative Savings Estimate*	\$	
Times: five-tenths percent		x .005
<b>Advanced Key Leader</b>	\$	
3. Conservative Savings Estimate*	\$	
Times: one-tenth percent		x .001
<b>Committed Key Leader</b>	\$	
4. Last year's Contribution	\$	
Times: Goal percent increase		x
<b>Concerned Key Leader</b>	\$	

\*Number (8) on Page Three

The solution

Money

Labor Management Services

The Proofs of Success

## What Labor & Management say...

**William P. Taveularous, President, Mobil Oil Corporation**

"When an employee controls a drinking problem, there are many winners—family, company, union and society as a whole. And when excessive drinking goes uncontrolled, every one of them is a loser."

"Helping employee problem drinkers help themselves—that is, being supportive of their efforts to overcome alcoholism—is one of the best and most needed programs a concerned company can undertake these days."

**George Meany, President of AFL-CIO**

"We in the AFL-CIO have been aware for some years that the alcoholic is a problem not only to himself but also to his family, fellow workers and society. It is because of our deep concern for the welfare of all Americans that we have encouraged, through our community service activities, labor participation in community-wide and industry-wide programs for the prevention and treatment of alcoholism."

**Malcolm Baldrige, Chairman of the Board and Chief Executive Officer, Scovill Manufacturing Company**

"We are... convinced that any financial investment we make in trying to help people who have this problem (alcoholism) is repaid many times over per year..."

**I.W. Abel, President of United Steel Workers**

"The trade union movement in the United States is primarily dedicated to furthering the best interest of all Americans. That is why the disease of alcoholism which has such a broad and deep impact on our society, is one of our primary concerns, and why we support the efforts of the National Council on Alcoholism."

**Walter A. Fallon, President and Chief Executive Officer, Eastman Kodak Company**

"Eastman Kodak Company has had an alcoholism program since 1942. We realized very early that a company which recognizes alcoholism as an illness and which offers support for treatment and rehabilitation fulfills an obligation to the sick employee, his or her family, the community and itself. Recovered alcoholics are often happier, healthier, and more productive persons than they were prior to their illness."

**Al H. Chesser, President, United Transportation Union**

"Alcoholism is a terrible waste of otherwise capable and productive people. It is the duty of those of us who are fortunate enough to escape this illness to help restore our afflicted friends to normal health and happiness once again. Labor management cooperation in Employee Alcoholism Programs is one of the best ways to arrive at our common goal."

NATIONAL COUNCIL ON ALCOHOLISM, INC.  
733 Third Avenue/New York, N.Y. 10017/(212) 986-4433

by Arnold L. Crevett © National Council on Alcoholism, Inc. 1977

# occupational alcoholism

## Some Problems and Some Solutions

# NIAAA

The National Institute on Alcohol Abuse and Alcoholism is charged with responsibility for formulating and recommending national policies and goals for the prevention, control, and treatment of alcohol abuse and alcoholism, and for developing and conducting programs and activities to achieve these goals.

The Occupational Programs Branch of the National Institute on Alcohol Abuse and Alcoholism is concerned with alcohol abuse and alcoholism as they affect employed people—whether they work for business or industry within the private sector, for Federal, State or local governments within the public sector, or are self-employed.

It can be assumed that well over two-thirds of the persons in the United States suffering from alcoholism or having problems centered on their use of alcohol can be classified as employees or their dependents.

This paper concerns itself with the working person or his dependents in trouble with alcohol and what can be done for them to benefit the employer, the employee, and the community.

## **INTRODUCTION**

Alcoholism, or problem drinking, is today assumed to affect some five percent of our adult population. However, only three to five percent of the alcoholic population are found in the skid row environment. More than two-thirds of the remainder are workers or members of their households. It would certainly appear to be in the interest of those concerned with the well-being and productivity of our working population to provide effective means for the identification and treatment of those among them who are in trouble with alcohol.

Yet, at the time when vast sums were being directed toward the control and eradication of such human cripples as polio, tuberculosis, and heart disease, alcoholism was traditionally treated as moral depravity of the sufferer, rather than the treatable disease which it is. Physicians were not trained to treat it, hospitals refused their services to alcoholics, and "public drunkenness" was a crime.

At the same time, a reflection of this attitude prevailed in business and industry where relatively little was done by employers as a class to provide help to the alcoholic employee—whether the employee was working in private enterprise or for a government agency. The prevailing belief of the community that the alcoholic could not, or would not, be treated was a literal dogma in the work world.

Today, however, the picture is changing rapidly. Above all, we have a national commitment to a coordinated attack on problems related to the use of alcohol. That is what the National Institute on Alcohol Abuse and Alcoholism is about. Within the Institute, its Branch on Occupational Programs devotes its energies and skills, together with its Federal funding capabilities, to those problems as they apply to the work world.

## **AN HISTORICAL PERSPECTIVE OF INDUSTRIAL ALCOHOLISM PROGRAM ACTIVITY**

Because of the traditional stigmatic attitudes which attach to alcoholism, the person suffering from it has been understandably loath to admit his problems with alcohol. The employer, in turn, has been reluctant to admit that his work force might harbor alcoholic employees. Consequently, identification did not generally occur until the disease had reached such an advanced stage as to make the recovery rate extremely low and the cost of impaired performance extremely high.

Yet the structured characteristics of the work world, if properly utilized, make it an ideal environment for identification as well as for motivation toward treatment. This was recognized as early as 1940 by a very few corporate organizations which became concerned with the effect of alcoholism among their work force. They instituted policies and programs intended to identify the alcoholic employee with a view toward his rehabilitation. These pioneers were commended for their efforts to deal with what most of their contemporaries considered to be a "social evil." However, the number of concerned companies remained very small despite the appearance of research studies by Maxwell of Rutgers University and others revealing the impressive size of the costs involved through ignoring a problem assumed to affect some five percent of the national work force.

As is usually the case in an innovative undertaking, these early efforts did not initially hit upon the optimum design for their programs.

By using methods designed to identify only the employees clearly marked by alcoholic behavior, for the most part they

succeeded in identifying only those in the later stages of the disease whose condition had become so conspicuous that their plight could no longer be concealed. Supervisors were later given training in the early identification of those in the work force who were "alcoholics;" but with the feelings born of community attitudes, they were not comfortable in this new, unfamiliar responsibility of diagnosing what they basically felt was a matter of moral weakness or character deficiency. Consequently, they avoided taking this unpleasant action, often covering up for the employee while lecturing him about his drinking. This ambivalent attitude often continued for months and years, while the employee's health, work performance, and chances for recovery deteriorated. In many cases, the employee would eventually be quietly retired or, more often, terminated.

As further research was applied to the problems being encountered in the implementation of these early programs, especially that done by Trice, Roman, Belasco, et al. of Cornell University under grants by the Smithers Foundation, a greater understanding of identification procedures by management developed. Education and consultation efforts by a Labor-Management Services Department of the National Council on Alcoholism sought to apply these findings in developing programs during the 1960's, while striving simultaneously to reduce the effect on management policies and procedures of the stigma surrounding the employee identified as alcoholic.

Job impairment as demonstrated by repeated illness or unauthorized absenteeism, decreased productivity, and personal distress gradually became the criterion and supervisors were trained in better techniques of observing job performance in view of these factors rather than in the science of alcoholism diagnostics. Supervisory action was