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HB

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ALASKA NATIVE COMMISSION ON ALCOHOLISM AND DRUG ABUSE

750 East Fireweed Lane
Anchorage, Alaska 99503
April 27, 1977

House HESS Committee
Representative Charles Parr, Chairman
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr and Committee:

The Alaska Native Commission on Alcoholism and Drug Abuse respectfully requests to officially go on your committee record as having endorsed and supported in good conscience, the existing House Bill 340, introduced as of March 11, 1977.

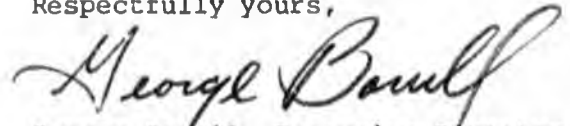
We have reviewed the bill in its entirety, section by section; and comfortably respect the professional insight of the Legislature in their objective evaluation of this bill's merits.

Optionally, this should provide for the arrangements of personnel, facilities, and technology within pre-arranged channels of communication and transportation for the effective and coordinated delivery of consistent and sequential alcoholism/drug treatment care and continuity thereof, by appropriate geographical areas, as established under recognition of Public Law 93-641, with the on-going regional development of Health Systems Agencies and Planning Groups, and Regional Native Health Organizations.

This should further organize the response capabilities of existing treatment and health services for the survival of the acutely ill alcoholism/drug dependant patient, and provide accessibility to quality recovery of patients requiring these services.

It is with this interest and the commitment of our constituents, the Native Commonwealth of Alaska, that the Alaska Native Commission be given the credibility and consideration for such an endorsement. It further would be most difficult for us to consider any novel revisions under a proposed HB-340, without the benefit of review and comment by all affected rural health entities and communities. With this we remain,

Respectfully yours,


George Barril, Executive Director

GB/aw

cc: Governor, Jay S. Hammond
Commissioner, Francis F. Williamson
Coordinator, Robert Cole, S.O.A.
Senator, Mike Colletta, Chairman, Special Committee on Alcoholism

Amended in HB 340

§ 47.37.010

ALASKA STATUTES

§ 47.37.030

Sec. 47.37.010. Declaration of policy. It is the policy of the state that alcoholics and intoxicated persons should not be criminally prosecuted for their consumption of alcoholic beverages and that they should be afforded a continuum of treatment so they may lead normal lives as productive members of society. (§ 1 ch 207 SLA 1972)

Purpose of the legislature in enacting this chapter. — See Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

This chapter establishes a comprehensive program for the treatment of alcoholism as a disease. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Public drunkenness should not be made the subject of criminal sanctions. — See Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

This chapter does not make drunkenness a defense to criminal liability for nonalcoholic substantive offenses committed by one under the influence of

liquor. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

This chapter repealed by implication 13 AAC 02.175(c), which prohibits a person from being upon or along a highway while under the influence of an intoxicating liquor. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

There is an irreconcilable conflict between this chapter, a principal purpose of which is to decriminalize public drunkenness, and 13 AAC 02.175(c), making it a misdemeanor to appear upon or along a highway or street in an intoxicated condition. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Sec. 47.37.020. Office of alcoholism. An office of alcoholism is established in the department. The office shall be headed by a coordinator appointed by the commissioner. The coordinator shall be a qualified professional who has training and experience in the organization and administration of treatment services for persons with medical-social problems. The coordinator is in the classified service. (§ 1 ch 207 SLA 1972)

Sec. 47.37.030. Powers of office. The office may

- (1) plan, establish, and maintain treatment programs as appropriate;
- (2) make contracts necessary or incidental to the performance of its duties and the execution of its powers, including contracts with public and private agencies, organizations, and individuals, to pay them for services rendered or furnished to alcoholics or intoxicated persons;
- (3) solicit and accept for use a gift of money or property or a grant of money, services, or property from the federal government, the state, or a political subdivision of it or a private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for a grant;
- (4) administer or supervise the administration of the provisions relating to alcoholics and intoxicated persons of any state plan submitted for federal funding under federal health, welfare, or treatment legislation;
- (5) coordinate its activities and cooperate with alcoholism programs in this and other states, and make contracts and other joint or

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§ 47.37.040 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.37.040

cooperative arrangements with state, local, or private agencies for the treatment of alcoholics and intoxicated persons and for the common advancement of alcoholism programs in this and other states;

(6) keep records and engage in research and the gathering of relevant statistics;

(7) do other acts necessary to implement the authority expressly granted to it;

(8) acquire, hold, or dispose of real property or any interest in it, and construct, lease, or otherwise provide treatment facilities for alcoholics and intoxicated persons; however, the office shall encourage local initiative, involvement and financial participation under grants-in-aid whenever possible in preference to the construction or operation of facilities directly by the office. (§ 1 ch 207 SLA 1972)

Sec. 47.37.040. Duties of office. The office shall

(1) develop, encourage, and foster statewide, regional, and local plans and programs for the prevention of alcoholism and treatment of alcoholics and intoxicated persons in cooperation with public and private agencies, organizations, and individuals, and provide technical assistance and consultation services for these purposes;

(2) coordinate the efforts and enlist the assistance of all public and private agencies, organizations, and individuals interested in prevention of alcoholism and treatment of alcoholics and intoxicated persons;

(3) cooperate with the division of corrections in establishing and conducting programs to provide treatment for alcoholics and intoxicated persons in or on parole from penal institutions;

(4) cooperate with the Department of Education, school boards, schools, police departments, courts, and other public and private agencies, organizations and individuals in establishing programs for the prevention of alcoholism and treatment of alcoholics and intoxicated persons, and preparing curriculum materials for use at all levels of school education;

(5) prepare, publish, evaluate, and disseminate educational material dealing with the nature and effects of alcohol;

(6) develop and implement, as an integral part of treatment programs, an educational program for use in the treatment of alcoholics and intoxicated persons which includes the dissemination of information concerning the nature and effects of alcohol;

(7) organize and foster training programs for all persons engaged in treatment of alcoholics and intoxicated persons;

(8) sponsor and encourage research into the causes and nature of alcoholism and treatment of alcoholics and intoxicated persons, and serve as a clearinghouse for information relating to alcoholism;

(9) specify uniform methods for keeping statistical information by public and private agencies, organizations, and individuals, and collect and make available relevant statistical information, including number

of persons treated, frequency of admission and readmission, and frequency and duration of treatment;

(10) advise the governor in the preparation of a comprehensive plan for treatment of alcoholics and intoxicated persons;

(11) review all state health, welfare, and treatment plans to be submitted for federal funding, and advise the commissioner on provisions to be included relating to alcoholism and intoxicated persons;

(12) assist in the development of, and cooperate with, alcohol education and treatment programs for employees of state and local governments and businesses and industries in the state;

(13) utilize the support and assistance of interested persons in the community, particularly recovered alcoholics, to encourage alcoholics to voluntarily undergo treatment;

(14) cooperate with the Department of Public Safety and the Department of Highways in establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while intoxicated;

(15) encourage hospitals and other appropriate health facilities to admit without discrimination alcoholics and intoxicated persons and to provide them with adequate and appropriate treatment;

(16) encourage all health and disability insurance programs to include alcoholism as a covered illness;

(17) submit to the legislature an annual report covering the activities of the office. (§ 1 ch 207 SLA 1972)

Sec. 47.37.050. Interdepartmental coordinating committee. (a) An interdepartmental coordinating committee is created, composed of the coordinator and the commissioners of health and social services, education, highways, labor and public safety. The committee shall meet at least twice annually at the call of the commissioner of health and social services who is its chairman. The committee shall provide for the coordination and exchange of information on all programs relating to alcoholism, and act as a permanent liaison among state departments engaged in activities affecting alcoholics and intoxicated persons. The committee shall assist the commissioner of health and social services and the coordinator in formulating a comprehensive plan for prevention of alcoholism and for treatment of alcoholics and intoxicated persons.

(b) In exercising its coordinating functions, the committee shall assure that the appropriate state agencies

(1) provide all necessary medical, social, treatment, and educational services for alcoholics and intoxicated persons and for the prevention of alcoholism, without unnecessary duplication of services;

(2) cooperate in the use of facilities and in the treatment of alcoholics and intoxicated persons;

(3) adopt approaches for the prevention of alcoholism and the treatment of alcoholics and intoxicated persons consistent with the policy of this chapter. (§ 1 ch 207 SLA 1972)

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foster home, group home, institution or other place for the regular reception or care of children under 16 years of age, or (2) engage in the business of receiving or caring for children under 14 years of age, with or without compensation, in a nursery in which five or more children not related by blood or marriage, or legal adoption, to the owner, operator or manager of the business are lodged. (§ 3 ch 17 SLA 1951; am § 3 ch 42 SLA 1973; am § 3 ch 253 SLA 1976)

Effect of amendment.

The 1976 amendment, effective July 1, 1976, deleted "nursery" preceding "institution or other place" in clause (1) and in clause (2), substituted "14 years of age"

for "16 years of age," "five or more children" for "a child," and "are lodged" for "is lodged or boarded" and inserted "in a nursery."

Chapter 37. Uniform Alcoholism and Intoxication Treatment Act.

Section

- 80. Qualifications of board members
- 170. Treatment and services for intoxicated persons and persons incapacitated by alcohol
- 250. Nonapplicability

Sec. 47.37.010. Declaration of policy.

Quoted in *In re S.D., Sup. Ct. Op. No. 1255* (File No. 2530), 549 P.2d 1190 (1976).

Sec. 47.37.080. Qualifications of board members. Of the nine members

(1) two shall be persons who are licensed to practice medicine in the state, one of whom shall be certified in psychiatry by the American Board of Psychiatry and Neurology or eligible for that certification, except that if a psychiatrist is not available a clinical psychologist may be appointed;

(2) one shall be a practicing attorney who has been admitted to the practice of law by the state supreme court;

(3) two shall be persons who have evidenced an interest in the problems of alcoholism and who have knowledge of the social problems encountered in the rehabilitation of alcoholics;

(4) one shall be a public health nurse;

(5) one shall be a representative of the liquor industry;

(6) one shall be from the public at large;

(7) one shall be a social worker. (§ 1 ch 207 SLA 1972; am § 1 ch 72 SLA 1976)

Effect of amendment. — The 1976 amendment rewrote this section.

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§ 47.37.060 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.37.090

Sec. 47.37.060. Advisory board on alcoholism. There is established in the Department of Health and Social Services an advisory board on alcoholism. (§ 1 ch 207 SLA 1972)

Editor's note. — Section 3, ch. 207, SLA 1972, provides: "Because the provisions in this Act relating to the Advisory Board on Alcoholism (AS 47.37.060 — 47.37.120) are identical to the provisions in AS 44.29.030 — 44.29.090 which are repealed in sec. 2 of this Act, nothing in this Act requires the appointment of a new board."

Sec. 47.37.070. Composition. The advisory board on alcoholism consists of nine members appointed by the governor. (§ 1 ch 207 SLA 1972)

Revisor's note (1972). — In ch. 207, SLA 1972, AS 47.37.070 — 47.37.270 were designated AS 47.37.062 — 47.37.310.

Sec. 47.37.080. Qualifications of board members. (a) Two members shall be persons who are licensed to practice medicine in the state, one of whom shall be certified in psychiatry by the American Board of Psychiatry and Neurology or is eligible for that certification, except that if a psychiatrist is not available, a clinical psychologist may be appointed.

(b) One member shall be a practicing attorney who has been admitted to the practice of law by the supreme court of the State of Alaska.

(c) One member shall be a person who has evidenced an interest in the problems of alcoholism and who has knowledge of the social problems encountered in the rehabilitation of alcoholics.

(d) One member shall be a public health nurse.

(e) One member shall be a representative of the liquor industry.

(f) One member shall be a member of Alcoholics Anonymous.

(g) One member shall be from the public at large.

(h) One member shall be a social worker. (§ 1 ch 207 SLA 1972)

Sec. 47.37.090. Term of office. (a) The members of the board initially appointed under § 80(a) of this chapter serve terms of four years.

(b) The member initially appointed under § 80(b) of this chapter serves a term of three years.

(c) The member initially appointed under § 80(c) of this chapter serves a term of two years.

(d) The members initially appointed under § 80(d)—(h) of this chapter serve terms of four years. Subsequent terms for all board members are four years.

(e) A vacancy occurring in the membership of the board shall be filled by appointment of the governor for the unexpired portion of the vacated term.

(f) Board members serve at the pleasure of the governor. (§ 1 ch 207 SLA 1972).

Sec. 47.37.100. Compensation, per diem, or expenses. Members of the advisory board on alcoholism are not entitled to a salary, but are entitled to per diem, reimbursement for travel and other expenses authorized by law for other boards. (§ 1 ch 207 SLA 1972)

Sec. 47.37.110. Duties. The board shall act in an advisory capacity to the commissioner in the following matters:

- (1) special problems affecting mental health which alcoholism may present;
- (2) educational and research activities conducted by the office in respect to the problems presented by alcoholism;
- (3) social problems which affect rehabilitation of alcoholics;
- (4) legal processes which affect the treatment and rehabilitation of alcoholics;
- (5) a program of public relations concerning the problem of alcoholism conducted by a department of the state government or by an organized group whose purpose is the rehabilitation of alcoholics. (§ 1 ch 207 SLA 1972)

Sec. 47.37.120. Alcoholism program coordinator. The alcoholism program coordinator shall carry out the development and implementation of a comprehensive program dealing with the treatment of, research on and education concerning alcoholic problems as they affect the state. (§ 1 ch 207 SLA 1972)

Sec. 47.37.130. Comprehensive program for treatment; regional facilities. (a) The office shall establish a comprehensive and coordinated program for the treatment of alcoholics and intoxicated persons. Subject to the approval of the commissioner, the coordinator may divide the state into appropriate regions to conduct the program and establish standards for the development of the program on the regional level. In establishing the regions, consideration shall be given to the city and borough lines and population concentrations and when feasible, programs shall be established with maximum local community involvement.

(b) The program of the office shall include

- (1) emergency treatment provided by a facility affiliated with or part of the medical service of a general hospital;
- (2) inpatient treatment;
- (3) intermediate treatment; and
- (4) outpatient and follow-up treatment.

(c) The office shall provide adequate and appropriate treatment for alcoholics and intoxicated persons admitted under §§ 160—190 of this chapter within the limits of available state and federal funds.

(d) The office shall maintain, supervise and control all facilities operated by it subject to the regulations of the department. The administrator of each facility shall make an annual report of its activities to the coordinator in the form and manner the coordinator specifies.

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§ 47.37.140 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.37.150

(e) If possible, the office shall coordinate the activities of the program with all appropriate public and private resources.

(f) The coordinator shall prepare, publish, and distribute annually a list of all approved public and private treatment facilities.

(g) The office may contract for the use of any facility as an approved public treatment facility if the coordinator, subject to the regulations of the department, considers this an effective and economical course to follow. (§ 1 ch 207 SLA 1972)

Sec. 47.37.140. Public and private treatment facilities. (a) The office shall establish standards for facilities before their approval as public or private treatment facilities, and fix the fees to be charged for the required inspections of those facilities. The standards shall concern only the health conditions to be met and standards of treatment to be afforded patients.

(b) The office shall inspect, on a regular basis, approved public and private treatment facilities at reasonable times and in a reasonable manner.

(c) The office shall maintain a list of approved public and private treatment facilities.

(d) Each approved public and private treatment facility shall file with the office on request, data, statistics, schedules, and information which the office reasonably requires. An approved public or private treatment facility that without good cause fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent returns of them, shall be removed from the list of approved treatment facilities.

(e) The coordinator, after holding a hearing under the provisions of the Administrative Procedure Act (AS 44.62), may suspend, revoke, limit, restrict, or refuse to grant an approval for a treatment facility, for failure to meet its standards.

(f) Upon petition of the office and after a hearing held upon reasonable notice to the facility, the district court may issue a warrant to an officer or employee of the office authorizing him to enter and inspect at reasonable times, and examine the books and accounts of an approved public or private treatment facility refusing to consent to inspection or examination by the office or which the office has reasonable cause to believe is operating in violation of this chapter. (§ 1 ch 207 SLA 1972)

Sec. 47.37.150. Acceptance for treatment. The coordinator shall promulgate regulations for the admission of persons into the treatment program, considering available treatment resources and facilities, for the purpose of early and effective treatment of alcoholics and intoxicated persons. In establishing the regulations the coordinator shall be guided by the following standards:

(1) if possible a patient shall be treated on a voluntary rather than an involuntary basis;

Supplement

§ 47.37.170 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.37.170

Sec. 47.37.170. Treatment and services for intoxicated persons and persons incapacitated by alcohol. (a) An intoxicated person may come voluntarily to an approved public treatment facility for emergency treatment. A person who appears to be intoxicated in a public place and to be in need of help or a person who appears to be intoxicated in or upon a licensed premise where intoxicating liquors are sold or consumed who refuses to leave upon being requested to leave by the owner, an employee or a peace officer may be taken into protective custody and assisted by a peace officer or a member of the emergency service patrol to his home, an approved public treatment facility, an approved private treatment facility, or another appropriate health facility. If all of the preceding facilities, including the person's home, are determined to be unavailable, a person taken into protective custody and assisted under this subsection may be taken to a state or municipal detention facility in the area.

(b) A person who appears to be incapacitated by alcohol in a public place shall be taken into protective custody by a peace officer or a member of the emergency service patrol and immediately brought to an approved public treatment facility, an approved private treatment facility, or another appropriate health facility or service for emergency medical treatment. If no treatment facility or emergency medical service is available, a person who appears to be incapacitated by alcohol in a public place shall be taken to a state or municipal detention facility in the area, if that appears necessary for the protection of the person's health or safety.

(i) A person taken to a detention facility under (a) or (b) of this section may be detained only (1) until a treatment facility or emergency medical service is made available, or (2) until he is no longer intoxicated or incapacitated by alcohol, or (3) for a maximum period of 12 hours, whichever occurs first. A detaining officer or a detention facility official may release a person who is detained under (a) or (b) of this section at any time to the custody of a responsible adult. A peace officer or a member of the emergency service patrol, in detaining a person under (a) or (b) of this section and in taking him to a treatment facility, an emergency medical service or a detention facility, is taking him into protective custody and he shall make reasonable efforts to provide for and protect the health and safety of the detainee. In taking a person into protective custody under (a) and (b) of this section, a detaining officer, a member of the emergency service patrol or a detention facility official may take reasonable steps to protect himself, including a full protective search of the person of a detainee. Protective custody under (a) and (b) of this section does not constitute an arrest and no entry or other record may be made to indicate that the person detained has been arrested or charged with a crime, except that a confidential record may be made which is necessary for the administrative purposes of the facility to which the person has been taken or which is necessary for statistical purposes where the person's name may not be disclosed.

(j) For purposes of (b) of this section, "incapacitated by alcohol" means a person who, as the result of consumption of alcohol, is rendered unconscious or has his judgment or physical mobility so impaired that he cannot readily recognize or extricate himself from conditions of apparent or imminent danger to his health or safety. The definition in AS 47.37.270(8) applies to other portions of this chapter.
(am §§ 1—4 ch 101 SLA 1976)

Effect of amendment. — The 1976 amendment substituted the language beginning "or a person who appears to be intoxicated" and ending "taken into protective custody and assisted" for "if he consents, may be assisted" and inserted "a member of" preceding "the emergency service patrol" in the second sentence of subsection (a), added the third sentence of

that subsection, rewrote subsection (b), and added subsections (i) and (j).

As the rest of the section was not affected by the amendment, it is not set out.

Legislative committee report. — For report on ch. 101, SLA 1976 (CSSSSB 336 am H), see 1976 House Journal, p. 555.

Sec. 47.37.250. Nonapplicability. (a) Nothing in this chapter affects a statute, ordinance, or regulation relating to (1) drunken driving, driving under the influence of alcohol, or other similar offenses involving alcohol and the operation of a vehicle, aircraft, boat, machinery, or other equipment, (2) the sale, purchase, dispensation, possession, or use of alcoholic beverages at specified times and places or by a particular class of persons, including prohibitions against drinking intoxicating beverages in specified public places, or (3) being upon the traveled portion of a highway so as to be a hazard to the motoring public.

(b) Nothing in this chapter affects AS 11.70.030, relating to the defense of voluntary intoxication. (§ 1 ch 207 SLA 1972; am § 1 ch 186 SLA 1976)

Effect of amendment. — The 1976 amendment deleted "or" from the end of clause (1), added "including prohibitions

against drinking intoxicating beverages in specified public places, or" to the end of clause (2), and added clause (3)

Chapter 45. Alaska Longevity Bonus.

Section

10. Persons who may qualify for longevity bonus

Sec. 47.45.010. Persons who may qualify for longevity bonus. (a) A person who is 65 years of age or over, who was domiciled in the territory on or before January 3, 1959 and who has maintained a continuous domicile in the territory or state for 25 years may apply to the commissioner of administration for qualification to receive a monthly bonus of \$125.
(am § 1 ch 33 SLA 1976)

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(2) a patient shall be initially assigned or transferred to outpatient or intermediate treatment, unless he is found to require inpatient treatment;

(3) a person shall not be denied treatment solely because he has withdrawn from treatment against medical advice on a prior occasion or because he has relapsed after earlier treatment;

(4) an individualized treatment plan shall be prepared and maintained on a current basis for each patient;

(5) provision shall be made for a continuum of coordinated treatment services, so that a person who leaves a facility or a form of treatment will utilize other appropriate treatment and facilities. (§ 1 ch 207 SLA 1972)

Sec. 47.37.160. Voluntary treatment of alcoholics. (a) An alcoholic may voluntarily apply for treatment directly to an approved public treatment facility.

(b) Subject to regulations promulgated by the coordinator, the administrator in charge of an approved public treatment facility may determine who shall be admitted for treatment. If a person is refused admission to an approved public treatment facility, the administrator shall, if possible, refer the person to another approved public treatment facility.

(c) When a patient receiving inpatient care leaves an approved public treatment facility, he shall be encouraged to consent to appropriate outpatient or intermediate treatment. If it appears to the administrator in charge of the treatment facility that the patient is an alcoholic who requires help, the office shall arrange for assistance in obtaining supportive services and residential facilities. (§ 1 ch 207 SLA 1972)

Sec. 47.37.170. Treatment and services for intoxicated persons and persons incapacitated by alcohol. (a) An intoxicated person may come voluntarily to an approved public treatment facility for emergency treatment. A person who appears to be intoxicated in a public place and to be in need of help, if he consents, may be assisted by a peace officer or the emergency service patrol to his home, an approved public treatment facility, an approved private treatment facility, or another appropriate health facility.

(b) A person who appears to be incapacitated by alcohol shall be taken into protective custody by a peace officer or a member of the emergency service patrol and immediately brought to an approved public treatment facility for emergency treatment. If no approved public treatment facility is readily available he shall be taken to an emergency medical service customarily used for incapacitated persons. The peace officer or a member of the emergency service patrol, in detaining the person and in taking him to an approved public treatment facility, is taking him into protective custody and he shall make every reasonable effort to protect his health and safety. In taking the person into protective custody, the

§ 47.37.170 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.37.170

detaining officer may take reasonable steps to protect himself. Protective custody does not constitute an arrest under this section and no entry or other record shall be made to indicate that the person has been arrested or charged with a crime.

(c) A person who voluntarily appears or is brought to an approved public treatment facility shall be examined by a licensed physician as soon as possible. After the examination, he may be admitted as a patient or referred to another health facility. The approved public treatment facility which refers him shall arrange for his transportation.

(d) No person who, after medical examination, is found to be incapacitated by alcohol at the time of his admission or to have become incapacitated at any time after his admission, may be detained at a facility after he is no longer incapacitated by alcohol. No person may be detained at a facility if he remains incapacitated by alcohol for more than 48 hours after admission as a patient, unless he is committed under § 180 of this chapter. A person may consent to remain in the facility as long as the physician in charge considers it appropriate.

(e) A person who is not admitted to an approved public treatment facility, is not referred to another health facility, and has no funds, may be taken to his home, if any. If he has no home, the approved public treatment facility shall assist him in obtaining shelter.

(f) If a patient is admitted to an approved public treatment facility, his family or next of kin shall be promptly notified. If an adult patient who is not incapacitated requests that there be no notification of next of kin, his request shall be granted.

(g) Peace officers or members of the emergency service patrol who comply with this section are acting in the course of their official duty and are not criminally or civilly liable for it.

(h) If the physician in charge of the approved public treatment facility determines it is for the patient's benefit, an attempt shall be made to encourage the patient to submit to further diagnosis and appropriate voluntary treatment. (§ 1 ch 207 SLA 1972)

Section does not violate 4th amendment. — While a statute countenancing an unreasonable search would be in violation of the 4th amendment to the United States Constitution and the similar Alaska Const., art. I, § 14, the provisions of this section constitute no such violation. *Peter v. State*, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

An officer transporting a person incapacitated by drink has a valid reason to make a limited search for possible weapons which might be used to injure him. *Peter v. State*, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Items held subject of illegal search and

seizure. Where under this chapter, defendant should have been taken to a treatment facility or an emergency medical service, and where at that point the police would normally release him from custody and thus would not have direct access to items in the possession of the intoxicated person, any items that were revealed or came into the possession of the police officer solely as a result of a more detailed search performed when defendant was placed in jail were the subject of an illegal search and seizure and should be suppressed. *Peter v. State*, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Sec. 47.37.180. Emergency commitment. (a) An intoxicated person who (1) has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another unless committed, or (2) is incapacitated by alcohol, may be committed to an approved public treatment facility for emergency treatment. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment.

(b) The certifying physician, spouse, guardian, or relative of the person to be committed, or any other responsible person, may make a written application for commitment under this section, directed to the administrator of the approved public treatment facility. The application shall state facts to support the need for emergency treatment and be accompanied by a physician's certificate supporting the need for emergency treatment and stating that the physician has examined the person sought to be committed within two days before the certificate's date.

(c) Upon approval of the application by the administrator in charge of the facility, the person may be brought to the facility by a peace officer, a health officer, a member of the emergency service patrol, the applicant for commitment, the patient's spouse, the patient's guardian, or any other interested person. The person shall be retained at the facility to which he was admitted, or transferred to another appropriate public or private treatment facility, until discharged under (e) of this section. However, no person may be detained under this section for more than 48 hours unless a district or superior court judge has reviewed and approved the commitment application.

(d) The administrator in charge of an approved public treatment facility may refuse an application if in his opinion the application and certificate fail to sustain the grounds for commitment.

(e) When on the advice of his medical staff the administrator determines that the grounds for commitment no longer exist, he shall discharge a person committed under this section. No person committed under this section may be detained in a treatment facility for more than five days. If a petition for involuntary commitment under § 190 of this chapter has been filed within the five days and the administrator in charge of an approved public treatment facility finds that grounds for emergency commitment still exist, he may detain the person until the petition has been heard and determined, but no longer than 10 days after filing the petition.

(f) A copy of the written application for commitment and of the physician's certificate, and a written explanation of the persons' right to legal counsel, shall be given to the person within 24 hours after commitment by the administrator, who shall provide a reasonable opportunity for the person to consult with legal counsel. (§ 1 ch 207 SLA 1972)

Sec. 47.37.190. Involuntary commitment of alcoholics. (a) After a hearing initiated by petition of his spouse or guardian, a relative, the certifying physician, or the administrator in charge of an approved public treatment facility, a person may be committed to the custody of the office by the superior court. The petition shall allege that the person is an alcoholic who habitually lacks self-control in using alcoholic beverages and that he (1) has threatened, attempted to inflict, or inflicted physical harm on another and that unless committed is likely to inflict physical harm on another; or (2) is incapacitated by alcohol. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment. The petition shall be accompanied by a certificate of a licensed physician who has examined the person within two days before submission of the petition, unless the person whose commitment is sought has refused to submit to a medical examination, in which case the fact of refusal shall be alleged in the petition. The certificate shall set out the physician's findings in support of the allegations of the petition.

(b) After the petition is filed, the court shall fix a date for a hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of the hearing, including the date fixed by the court, shall be served on: (1) the petitioner; (2) the person whose commitment is sought; (3) the next of kin of the person whose commitment is sought; (4) the administrator in charge of the approved public treatment facility in which the committed person has been committed for emergency care, and any other person the court considers appropriate. A copy of the petition and certificate shall be delivered to each person notified.

(c) If, not less than two days before the date fixed for the hearing, the person sought to be committed or his counsel or advisor files a written request with the superior court, the court shall summon and impanel a jury of six adult residents of the judicial district in which the court officiates, preferably from the court's jury list or the last voters list, if available, to hear and consider evidence concerning the condition of the person sought to be committed. (§ 1 ch 207 SLA 1972)

Sec. 47.37.200. Hearing on petition for involuntary commitment of alcoholics. (a) At the hearing required under § 190(b) of this chapter, the court or the jury, if requested under § 190(c) of this chapter, shall hear all relevant testimony, including, if possible, the testimony of at least one licensed physician who has examined the person whose commitment is sought. The person whose commitment is sought shall be present unless the court believes that his presence is likely to be injurious to him, in which case the court shall appoint a guardian ad litem to represent him throughout the proceeding. The court may examine the person in open court, or if advisable, examine him out of court. If the person has refused to be examined by a licensed physician, he shall be given an opportunity to request examination by a court-appointed

licensed physician. If he fails to request a medical examination and there is sufficient evidence to believe that the allegations of the petition are true, or if the court believes that more medical evidence is necessary, the court may issue a temporary order committing him to the office for a period of not more than five days for purposes of a diagnostic examination.

(b) If after hearing all relevant evidence, including the results of any diagnostic examination by the office, the court or the jury finds that grounds for involuntary commitment have been clearly established, the court shall issue an order of commitment to the office. No court may order the commitment of a person unless it determines that the office is able to provide adequate and appropriate treatment for him.

(c) A person committed under §§ 190 — 200 of this chapter shall remain in the custody of the office for treatment for a period of up to 30 days. At the end of the 30-day period, he shall be discharged automatically unless the office, before the expiration of the period, obtains a court order for his recommitment upon the grounds set out in § 190(a) of this chapter for a further period of up to 90 days. If a person has been committed because he is an alcoholic likely to inflict physical harm on another, the office shall apply for recommitment if after examination it is determined that the likelihood still exists.

(d) A person recommitted under (c) of this section who has not been discharged by the office before the end of the 90-day period shall be discharged at the expiration of that period unless the office, before expiration of the period, obtains a court order on the grounds set out in § 190(a) of this chapter for recommitment for a further period not to exceed 90 days. If a person has been committed because he is an alcoholic likely to inflict physical harm on another, the office shall apply for recommitment if after examination it is determined that the likelihood still exists. No more than two recommitment orders may be permitted under (c) and (d) of this section.

(e) Upon the filing of a petition for recommitment under (c) or (d) of this section, the court shall fix a date for hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of hearing, including the date fixed by the court, shall be served on (1) the petitioner; (2) the person whose commitment is sought; (3) the next of kin of the person whose commitment is sought; (4) the original petitioner under § 190(a) of this chapter, if different from the petitioner for recommitment; (5) any other person the court considers appropriate. Section 180(c) of this chapter applies to hearings for recommitment under this section. At the hearing the court or the jury shall proceed as provided in (a) of this section.

(f) The office shall provide adequate and appropriate treatment for a person in its custody. The office may transfer a person in its custody from one approved public treatment facility to another if the transfer is medically advisable.

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§ 47.37.210 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.37.220

(g) A person committed to the custody of the office for treatment shall be discharged at any time before the end of the period for which he has been committed if either of the following conditions is met:

(1) when an alcoholic committed on the grounds of likelihood of infliction of physical harm on another is no longer considered an alcoholic or the likelihood of his infliction of physical harm no longer exists; or

(2) when, in the case of an alcoholic committed on the grounds of the likelihood of infliction of physical harm on another, either

(A) further treatment will not be likely to bring about significant improvement in the person's condition, or

(B) treatment is no longer adequate or appropriate.

(h) The court shall inform the person whose commitment or recommitment is sought of his right to contest the application, be represented by counsel at every stage of the proceedings relating to his commitment and recommitment, to have counsel appointed by the court or provided by the court, if he is unable to obtain counsel, and to a jury trial, if requested, as specified in § 190(c) of this chapter. If the court believes that the person needs the assistance of counsel, the court shall require, by appointment if necessary, counsel for him regardless of his objection. The person whose commitment or recommitment is sought shall be informed of his right to be examined by a licensed physician of his choice. If the person is unable to obtain a licensed physician and requests examination by a physician, the court shall employ a licensed physician for the examination.

(i) If a private treatment facility agrees with the request of a competent patient or his parent, sibling, adult child, or guardian to accept the patient for treatment, the administrator of the public treatment facility shall transfer him to the private treatment facility.

(j) A person committed under this chapter may at any time seek discharge from commitment by writ of habeas corpus under AS 12.75. (§ 1 ch 207 SLA 1972)

Sec. 47.37.210. Records of alcoholics and intoxicated persons. (a) The registration and other records of treatment facilities shall remain confidential and are privileged to the patient.

(b) Notwithstanding (a) of this section, the coordinator may make available information from patient's records for purposes of research into the causes and treatment of alcoholism. No information may disclose a patient's name. (§ 1 ch 207 SLA 1972)

Sec. 47.37.220. Visitation and communication of patients. (a) Patients in any approved treatment facility under this chapter shall be granted reasonable opportunities for adequate consultation with counsel, and for continuing contact with family and friends including the use of telephone facilities, consistent with an effective treatment program.

(b) No mail or other communication to or from a patient in any approved treatment facility may be intercepted, read, or censored. (§ 1 ch 207 SLA 1972)

Sec. 47.37.230. Establishment of emergency service patrol. (a) The office and cities and boroughs may establish emergency service patrols. An emergency service patrol consists of persons trained to give assistance in public places to persons who are intoxicated. Members of an emergency service patrol shall be capable of providing first aid in emergency situations and shall be capable of transporting intoxicated persons to their homes and to and from public treatment facilities.

(b) The coordinator shall promulgate regulations for the establishment, training, and conduct of emergency service patrols. (§ 1 ch 207 SLA 1972)

Sec. 47.37.240. Payment for treatment. (a) A patient in an approved treatment facility, or the person obligated to provide for the cost of treatment of a person committed under this chapter, is liable to the office for the cost of maintenance and treatment of the patient in accordance with rates established by the coordinator.

(b) The coordinator shall promulgate regulations governing financial ability that take into consideration the income, savings and other personal and real property of the person liable for the cost and maintenance of the patient. (§ 1 ch 207 SLA 1972)

Sec. 47.37.250. Nonapplicability. (a) Nothing in this chapter affects a statute, ordinance, or regulation relating to (1) drunken driving, driving under the influence of alcohol, or other similar offenses involving alcohol and the operation of a vehicle, aircraft, boat, machinery, or other equipment, or (2) the sale, purchase, dispensation, possession, or use of alcoholic beverages at specified times and places or by a particular class of persons.

(b) Nothing in this chapter affects AS 11.70.030, relating to the defense of voluntary intoxication. (§ 1 ch 207 SLA 1972)

This section refers only to the sale, purchase, dispensation or use of alcoholic beverages. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

And not to being intoxicated at "specific times and places". — See Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

A construction to expand the nonapplicability section to include anyone intoxicated on a highway would have the effect of emasculating the statute. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Sec. 47.37.260. Application of Administrative Procedure Act. Except as otherwise provided in this chapter, the Administrative Procedure Act (AS 44.62) applies to and governs all administrative action taken by the coordinator under this chapter. (§ 1 ch 207 SLA 1972)

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Sec. 47.37.270. Definitions. In this chapter

(1) "alcoholic" means a person who habitually lacks self-control in using alcoholic beverages, or uses alcoholic beverages to the extent that his health is substantially impaired or endangered, or his social or economic function is substantially disrupted;

(2) "approved private treatment facility" means a private agency meeting the standards prescribed in § 140(a) of this chapter and approved under § 140(c) of this chapter;

(3) "approved public treatment facility" means a treatment agency operating under the direction and control of the office or providing treatment under this chapter through a contract with the office under § 130(g) of this chapter and meeting the standards prescribed in § 140(a) of this chapter and approved under § 140(c) of this chapter;

(4) "commissioner" means the commissioner of health and social services;

(5) "coordinator" means the coordinator of the office of alcoholism;

(6) "department" means the Department of Health and Social Services;

(7) "emergency service patrol" means a patrol established under § 230 of this chapter;

(8) "incapacitated by alcohol" means a person who is unconscious or has his judgment otherwise so impaired that he is incapable of realizing and making a rational decision with respect to his need for treatment, as evidenced objectively by extreme physical debilitation, physical harm or threats of harm to others or chronic inability to hold regular employment;

(9) "incompetent person" means a person who has been adjudged incompetent by the appropriate court;

(10) "intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol;

(11) "office" means the office of alcoholism within the Department of Health and Social Services;

(12) "treatment" means the broad range of emergency, outpatient, intermediate, and inpatient services and care which may be extended to alcoholics and intoxicated persons, including diagnostic evaluation, medical, psychiatric, psychological, and social service care, vocational rehabilitation and career counseling. (§ 1 ch 207 S.L.A. 1972)

Quoted in *Peter v. State*, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Chapter 40. Purchase of Services.

| Section | Section |
|--------------------------------------------|--------------------|
| 10. Purchase of services | 50. Services |
| 20. Licensing and supervision | 60, 70. [Repealed] |
| 30. Required accounting procedures | 80. Definitions |
| 40. Determination of full cost of services | |

Repealed in HB 340

§ 47.30.470 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.30.475

Sec. 47.30.470. Powers and duties of department. The department shall:

(1) ascertain and keep current a list of all institutions in the state which have available facilities for the care and treatment of alcoholics;

(2) encourage the development and advancement of standards of treatment of alcoholics in institutions;

(3) promote and encourage educational activities to make the public aware of the effects of intemperate use of alcoholic beverages, and promote and encourage the education of the general public about scientific facts regarding alcoholism;

(4) utilize whatever facilities and services are available or can be made available through community organization for carrying out the purposes of this section,

(5) engage in research and educational activities that will aid in the understanding of alcoholism and in the treatment of alcoholics;

(6) administer a community grant-in-aid program for alcoholism;

(7) submit an annual report concerning alcoholism in Alaska and the grant-in-aid program within 10 days after the convening of the legislature in each regular session. (§ 2 ch 163 SLA 1966; am §§ 1, 3 ch 101 SLA 1970)

Revisor's note (1970). — In ch. 101, SLA 1970, effective July 1, 1970, paragraph (7) of AS 47.30.470 was not given an AS designation and just appeared as § 3 of that act.

Chronic alcoholism is no defense to a charge of public intoxication. *Johnson v.*

City of Fairbanks, 6 Alas. L.J. No. 11, p. 321 (Oct., 1968).

Stated in *Peter v. State*, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Sec. 47.30.475. Grant-in-aid program. (a) A nonprofit corporation, a city or borough government, or other political subdivision of the state, or a combination of these, is eligible for grant-in-aid funds under this section. Applications shall be sent to the department.

(b) The department shall award grants under this section with the advice of the Advisory Board on Alcoholism, in the interest of providing or developing a comprehensive program of alcoholic rehabilitation and prevention. Grants will be awarded on a competitive basis. The department shall consider the amount of money that is available for all applications and whether an application would contribute to the wise development of a comprehensive program.

(c) Grants shall be awarded in a ratio of 75 per cent state money to 25 per cent community money, except that in communities designated as poverty areas the ratio shall be 90 per cent state money to 10 per cent community money, for the purposes of providing staff and limited improvement, renovation or new construction of facilities for alcoholic detoxification, rehabilitation or "half-way house" care. No grant for improving, renovating or constructing may exceed \$50,000 except when there is a lack of applicants for available money and then only with the

approval of the Advisory Board on Alcoholism. The department is not required to award all money available under this program, or the full percentages specified in this subsection, when another source of money is available or could reasonably be made available to the applicant.

(d) Money used by the applicant to qualify for state money may be from any source other than the state. The cost of developing an application is not reimbursable from the grant. The value of real property to be used directly in conjunction with the grant may be used in calculating the required amount of community money, as allowed by regulations of the department. (§ 2 ch 101 SLA 1970; am § 1 ch 126 SLA 1975)

Effect of amendment. — The 1975 amendment, in subsection (c), substituted the language beginning "except that in communities" and ending "10 per cent community money" for "for the purpose of providing staff, and in the ratio of 75 per cent state money and 25 per cent community money" in the first sentence, inserted "staff and" in that sentence, and substituted "percentages" for "percentage" in the third sentence.

Sec. 47.30.477. Grant-in-aid program regulations. The department shall adopt regulations implementing § 475 of this chapter. The regulations shall provide for the method of application, the time for consideration of applications, the processing of applications, the type of record keeping, the requirements for reporting the progress and statistics regarding the program, the notification of the applicant as to the action taken on the application, and the issuance of licenses for facilities receiving grants-in-aid under § 475 of this chapter. The department shall also establish the necessary forms of application and may adopt other regulations considered necessary to meet the requirements of health and safety and the orderly administration of the grant-in-aid program. (§ 2 ch 101 SLA 1970)

Sec. 47.30.480. Judicial notice. The superior courts of this state may take judicial notice of the fact that an alcoholic is suffering from an illness and is in need of proper medical, advisory or rehabilitative treatment. (§ 2 ch 163 SLA 1966)

Sec. 47.30.490. Acceptance of funds. The department may accept on behalf of the state and deposit, apart from other public funds, grants from the federal government or gifts or contributions from other sources to assist in carrying out the purposes of § 470 of this chapter. (§ 2 ch 163 SLA 1966)

Sec. 47.30.500. Definitions. In §§ 470—490 of this chapter

- (1) "department" means the Department of Health and Social Services;
- (2) "alcoholism" means a condition related to alcohol and concerns a physical compulsion which exists, coupled with a mental obsession;
- (3) Repealed by § 2 ch 207 SLA 1972.

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§ 47.30.520 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.30.520

(4) "poverty area" means a district in which 15 per cent or more of the population, based on the 1970 census data, polls under 125 per cent of the Community Services Administration poverty guidelines. (§ 2 ch 163 SLA 1966; am § 6 ch 104 SLA 1971; am § 2 ch 126 SLA 1975)

Effect of amendments. — The 1971 amendment substituted "Department of Health and Social Services" for "Department of Health and Welfare" in paragraph (1).

The 1972 amendment repealed paragraph (3).

The 1975 amendment added paragraph (4).

Chronic alcoholism, per se, cannot be plead as a defense to the charge of being drunk in public, disorderly conduct, or any other crime. City of Fairbanks v. Johnson, 5 Alas. L.J. No. 12, p. 260 (Dec., 1967).

It cannot be concluded on the current state of medical knowledge, that chronic alcoholics in general suffer from such an irresistible compulsion to drink and to get

drunk in public that they are utterly unable to control their performance of either or both of these acts and thus cannot be deterred at all from public intoxication. Vick v. State, Sup. Ct. Op. No. 539 (File No. 987), 453 P.2d 342 (1969).

Defendant was not entitled to be relieved of accountability for the offense of public drunkenness because of his habits and drinking pattern in the use of alcoholic beverages. To impose a sentence of imprisonment upon conviction of that offense is not the imposition of cruel and unusual punishment in violation of the federal and state constitutions. Vick v. State, Sup. Ct. Op. No. 539 (File No. 987), 453 P.2d 342 (1969).

Article 5. Community Mental Health Services.

Section

520. Legislative purpose
530. Duties of department
540. Eligible local community entities
550. Cost-sharing formula; limitations
560. Funds for local programs
570. Eligible costs; maintenance of local effort

Section

580. Comprehensive services
590. Patient rights and the confidential nature of records and information
600. Applicability to existing programs
605. Mental Health Advisory Council
610. Functions
620. Short title

Effective date of article. — Section 3, ch. 121, SLA 1975, provides: "This Act takes effect July 1, 1975."

Editor's note. — Section 2, ch. 121, SLA 1975, effective July 1, 1975, provides: "Upon the creation of the Statewide Health Coordinating Council, as required by the

National Health Planning and Resource Development Act of 1974, PL 93-641, sec. 605(a), (c) and (d) of this Act are repealed and the duty specified under sec. 605(b) of this Act shall be assumed by the Statewide Health Coordinating Council."

Sec. 47.30.520. Legislative purpose. It is the purpose of the legislature in enacting the Community Mental Health Services Act to assist local communities in planning, organizing and financing community mental health services through locally developed, administered and controlled community mental health programs. It is further intended to better utilize existing resources at both state and local levels in order to:

Sec. 44.29.010. Commissioner of Health and Social Services. The principal executive officer of the Department of Health and Social Services is the commissioner of health and social services. (§ 12 ch 64 SLA 1959; am § 2 ch 104 SLA 1971)

Am. Jur. and C.J.S. references. — 25 Special or Local Assessments, § 1 et seq. Am. Jur., Health, §§ 3 to 41, 48; 42 Am. 39 C.J.S. Health, § 1 et seq. Jur., Public Funds, § 57; 48 Am. Jur.,

Sec. 44.29.020. Duties of department. The Department of Health and Social Services shall administer the state programs of public health and social services, including: (1) maternal and child health services; (2) preventive medical services; (3) public health nursing services; (4) sanitation and engineering services; (5) nutrition services; (6) health education; (7) laboratories; (8) mental health treatment and diagnosis; (9) management of state institutions; (10) medical facilities; (11) old age assistance; (12) aid to dependent children; (13) aid to the blind; (14) child welfare services; (15) general relief; (16) licensing and supervision of child care facilities; and (17) probation and parole supervision. (§ 12 ch 64 SLA 1959; am § 3 ch 104 SLA 1971; am § 47 ch 71 SLA 1972)

Effect of amendment. — The 1972 amendment substituted "public health and social services" for "public health and welfare" near the beginning of this section. Legislative committee report. — For report on ch. 71, SLA 1972 (HCSSB 383 am H), see 1972 House Journal, p. 898.

Article 2. Advisory Board on Alcoholism.

Section 30—90. [Repealed]

Secs. 44.29.030—44.29.090. Repealed by § 2 ch 207 SLA 1972.

Editor's note. — The repealed article 6, ch. 132, SLA 1967; §§ 4, 5, ch. 104, SLA derived from § 1, ch. 163, SLA 1966; § 1 — 1971.

Article 3. Advisory Board on Drug Abuse.

| | |
|------------------------------------------------|-------------------------------------|
| Section | Section |
| 100. Advisory board on drug abuse | 140. Duties |
| 110. Composition | 150. Drug abuse program coordinato. |
| 120. Term of office | |
| 130. Compensation, per diem, and ex- penses | |

Sec. 44.29.100. Advisory board on drug abuse. There is established in the Department of Health and Social Services an advisory board on drug abuse. (§ 1 ch 198 SLA 1972)

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Sec. 44.29.110. Composition. The advisory board on drug abuse shall consist of 12 members, broadly representative of all drug-related fields, who are known for their experience or interest in drug abuse and who shall be appointed by the governor. (§ 1 ch 198 SLA 1972)

Sec. 44.29.120. Term of office. (a) Members of the advisory board on drug abuse shall be appointed for overlapping terms of three years.

(b) Of the 12 initial appointees four shall be appointed for one-year terms, four for two-year terms, and four for three-year terms.

(c) Subsequent terms for all board members are three years.

(d) A vacancy occurring in the membership of the board shall be filled by appointment of the governor for the unexpired portion of the vacated term.

(e) Board members serve at the pleasure of the governor.

(f) The governor shall replace any members who by poor attendance or lack of contribution to the board's work demonstrate their ineffectiveness as board members. (§ 1 ch 198 SLA 1972)

Sec. 44.29.130. Compensation, per diem, and expenses. Members of the advisory board on drug abuse are not entitled to a salary, but are entitled to per diem, reimbursement for travel and other expenses authorized by law for other boards. (§ 1 ch 198 SLA 1972)

Sec. 44.29.140. Duties. The board shall act in an advisory capacity to the commissioner of health and social services in the following matters:

(1) special problems affecting mental health which drug abuse or addiction may present;

(2) educational research and public informational activities conducted by the Department of Health and Social Services and others in respect to the problems presented by drug abuse;

(3) social problems which affect rehabilitation of drug users and addicts;

(4) legal processes which affect the treatment and rehabilitation of drug users and addicts;

(5) development of programs of prevention, treatment and rehabilitation for drug abusers and addicts;

(6) review of applications and subsequent recommendations to the commissioner of health and social services on use of funds for grants for local drug abuse projects and programs;

(7) evaluation of effectiveness of drug abuse programs in the state. (§ 1 ch 198 SLA 1972)

Sec. 44.29.150. Drug abuse program coordinator. The drug abuse program coordinator shall carry out the development and implementation of a comprehensive program to prevent and treat the use and abuse of drugs as they affect the people in Alaska. The comprehensive program may include educational activities, research, grants for treatment centers, or any other activities considered effective

for prevention or treatment. The drug abuse coordinator is appointed by the governor. (§ 1 ch 198 SLA 1972)

Chapter 31. Department of Labor.

Article

- 1. Organization (§§ 44.31.010 — 44.31.020)
- 2. Employment Advisor, Commission (Repealed)

Article 1. Organization.

Section

- 10. Commissioner of labor
- 20. Duties of department

Sec. 44.31.010. Commissioner of labor. The principal executive officer of the Department of Labor is the commissioner of labor. (§ 13 ch 64 SLA 1959; am § 1 ch 93 SLA 1960)

Am. Jur. and C.J.S. references. — 31 Am. Jur., States, Territories and Dependencies, § 52.
 49 Am. Jur., Labor, §§ 748, 749, 751 to 755; 35 C.J.S. Manufacturers § 1 et seq.; 98 Am. Jur., Master and Servant, § 136; 42 C.J.S. Work and Labor § 1 et seq.
 55 C.J.S. Manufacturers § 1 et seq.; 98 Am. Jur., Public Administrative Law, §§ 8 to 250; 42 Am. Jur., Public Officers, § 30;

Sec. 44.31.020. Duties of department. The Department of Labor shall:

- (1) enforce the laws, and adopt regulations under them concerning employer-employee relationships, including the safety, hours of work, wages, and conditions of workers, including children;
- (2) accumulate, analyze and report labor statistics;
- (3) operate systems of workmen's compensation and unemployment insurance; and
- (4) gather data reflecting the cost of living in the various election districts of the state upon request of the director of personnel under AS 39.27.030 — 39.27.040. (§ 13 ch 64 SLA 1959; am § 1 ch 93 SLA 1960, am § 2 ch 226 SLA 1970; am § 112 ch 127 SLA 1974)

Effect of amendment. — The 1974 amendment preceding "children" near the end of deleted "women and" paragraph (1).

Article 2. Employment Advisory Commission.

Section

- 100 — 200 [Repealed]

Secs. 44.31.100 — 44.31.200.
 Repealed by § 4 ch 74 SLA 1969.

To be put in the files
for the next hearing

Internal Medicine
Anaesthesia Services

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501 'F' Street
Anchorage, Alaska 99501
Tel (907) 279-8275

May 4, 1977.

The Hon. Charles Parr,
Chairman, House Health, Education & Social Services Committee,
Pouch V,
JUNEAU, Ak 99811.

Dear Representative Parr,

Further to my recent telegram on the subject of the bill in favor of the combination of the Advisory Boards on Drug Abuse and Alcoholism under the heading of one single advisory board, I have pleasure in indicating, in the following observations, my sentiments concerning the propriety of the amalgamation of these, and perhaps other, Boards. I am a private practitioner in the above specialties, and have taken a special interest in the origination and treatment of alcoholism since 1959, while working in anesthesia brings me virtually daily in contact with the application of narcotics, and requires some knowledge of the action of other pharmacological agents, especially vis-a-vis their influence on the behavior of anesthetics. Anesthesia is again, also coming more to the fore in the resuscitation of persons suffering from forms of shock, dehydration, and many types of overdose from medicinal and other agents.

At first sight, the bill is attractive for a number of reasons. It is taxonomically neat, in including in one unit, the Advisory Boards concerned with the problems caused by the use of abuse originally of substances classified as drugs (which tacitly to many implied narcotics), and currently by the utilization of any chemical which may give rise to dangerous physical, social and other consequences. Since alcohol would come into that category, it would seem superficially logical to deal with alcoholism under a combined Board identified with Drug or Chemical or Substance Abuse, by reasoning which is somewhat enhanced by claims from its proponents, of the increasing statistics of combined abuse and cross-addiction and tolerance. The momentum of the thrust toward some form of mixing of the Boards is further augmented by a philosophy that there is a basic psychiatric or psychological disturbance, with the implication that the ideal would be a trilogy of three Boards under the auspices of Mental Health, an idea very possibly fostered by the development of such Federal agencies as ADAMHA, with implied pressures at the state level toward the adoption of a standardized and similar title. Not the least influence in this direction may be the First Lady's involvement with Mental Health in the new Administration.

Internal Medicine
Anesthesia Services

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However, I believe that the constitution of a Board for Drug Abuse & Alcoholism, or for a trilogy of these Boards under the one title of Mental Health, might not turn out to be the ideal council that it would, at first sight, promise to become. To my mind there appear to be a number of factors which might obviate the smooth functioning of the combined board which has been proposed.

I will not bore you with a repetition of the differences in development, personality, duration, prognosis and other facets of alcoholism and addiction to central nervous systems pharmaceuticals, except to note that in the treatment of opiate and alcohol dependence the goals are clearly different, one in the substitution of a less addicting for a much more harmful agent, the other being rapid withdrawal and total sobriety, and to note that sudden withdrawal of certain medical nervous system depressants may cause convulsions. My main concern is that, while personally being acquainted with the medical utilization of narcotics and barbiturates, and with the treatment of alcoholism, and therefore being personally very interested, and willing to serve on such a combined Board, it might be a difficult undertaking to establish a combined Board of officers with a complete understanding of the problems involved in alcoholism, non-alcoholic habituation and perhaps mental disease as well. I would indicate that at nearly every meeting of the Advisory Board on Alcoholism there ^{are} definite differences of opinion on a wide range of aspects of the problem, ranging from the amount of funding appropriate to a program to questions of legislation, legality and interdepartmental proprieties. One is inclined to wonder how much more tensions might rise on a combined Drug Abuse and Alcoholism Board, especially when, I gather, the finally constituted Board would be responsible for deciding the appropriations for all the Abuse and Alcoholism programs in the state.

Should the final Board be reconstituted under the final title of Drug Abuse, Alcoholism and Mental Health, or perhaps more correctly Mental Disease (or Psychiatry)? I think that doing so would imply the assumption, which consumed some odd ten years ago some millions of Federal funds for research, that all alcoholics and users of euphorants are the victims of an underlying psychiatric condition. My understanding is that this has not been shown to be so, although it is considered that most opiate abusers are suffering from some form of depression. However, some studies in Washington would indicate that an underlying psychiatric disturbance is no more common in primary alcoholics than among the remainder of the non-alcoholic public.

Again, if such a proposed Board were constructed, it would be faced with twice the load of duty and responsibility, and perhaps find it necessary to ~~often~~ assemble as frequently as the total number of Boards that it would replace, are currently meeting. One of our members, one of them more knowledgeable ones, has indicated that he would find it impos-

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-ble to maintain an attendance at all the meetings that might result from the the recombination of the Boards. I think that if the trend generated in this way from the restructuring of the Boards were to continue, it might conceivably eventuate in the withdrawal of the busier professionals, with perhaps the emergence of a "rubber stamp" type of organization, an undesirable move in the face of the increased expertise that might be a tacit prerequisite for membership on a Board of this final type.

After noting the interpersonal psychodynamics and the parliamentary maneuvering generated at the time of the introduction to each other of the Alcoholism and Drug Abuse Boards, at the time nearly two years ago when the amalgamation was first directly proposed, my feeling is that because of the underlying differences in concepts and causology, it would be an unwise step to restructure more than one of this sort of Board into one unit, and that it would engender, as I mentioned in the POM telegram, more problems and difficulties than it would solve, and I would seriously doubt that this unification would in the long run be particularly economical.

Yours sincerely,

Stanley Austin

Stanley Austin M.D.

sa

P.S. I omitted mention of my membership
in the Advisory Bd. on Alcoholism
S.A.

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
 Bill/Resolution No. NB 340
 Title An Act relating to treatment of alcoholism and drug abuse
 Requested by Office of the Governor Date 3/10/77

II. FISCAL DETAIL
 Agency Affected Health and Social Services
 Program Category Affected Social Services
 Budget Request Unit(s) Affected Alcohol Abuse and Drug Abuse

EXPENDITURES (Thousands of Dollars)

| | FY 77 | FY 78 | FY 79 | FY 80 | FY 81 | FY 82 |
|--------------------------|-------|-------|-------|-------|-------|-------|
| 100 PERSONAL SERVICES | | | | | | |
| 200 TRAVEL | | | | | | |
| 300 CONTRACTUAL | | | | | | |
| 400 COMMODITIES | | | | | | |
| 500 EQUIPMENT | | | | | | |
| 600 LAND & STRUCTURES | | | | | | |
| 700 GRANTS, CLAIMS, ETC. | | | | | | |
| TOTAL | | 0 | 0 | 0 | | |

FUNDING (Thousands of Dollars)

| | | | | | | |
|-----------------|--|--|--|--|--|--|
| GENERAL FUND | | | | | | |
| FEDERAL FUNDS | | | | | | |
| OTHER (Specify) | | | | | | |

POSITIONS

| | | | | | | |
|-----------|--|--|--|--|--|--|
| FULL TIME | | | | | | |
| PART TIME | | | | | | |
| TEMPORARY | | | | | | |

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

This bill would combine the offices of Alcoholism and Drug Abuse, and would also combine their respective Advisory Boards. The proposed budget for a new Office of Alcoholism and Drug Abuse is attached, and in total equals the sum of the two budgets originally submitted by the Governor for the two separate offices. These original budgets were reduced by \$40.8 by the Governor's Budget Review Committee in anticipation of the proposed merger. The combined budget therefore carries forward the savings of \$40.8, but, if adopted, would not affect the total Governor's budget as originally submitted.

IV. DATE 3/10/77 PREPARED BY Rubal Eneuman
 AGENCY Alcoholism
 PHONE 586-6201
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

NB 340

March 11, 1977

The Honorable Hugh Malone
Speaker of the House
Alaska State Legislature
Juneau, Alaska 99811

Dear Mr. Speaker:

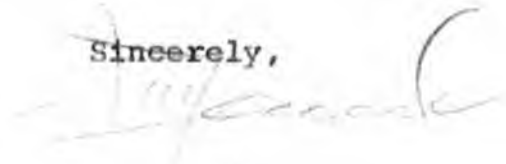
Under the authority of art. III, sec. 18 of the Alaska Constitution, and in accordance with AS 24.30.060(b) and the Uniform Rules of the Alaska State Legislature, I am transmitting a bill which would combine the Office of Alcoholism and the Office of Drug Abuse into a single agency. It would also extend the alcoholism grant-in-aid program to drug abuse treatment facilities. The bill also clarifies present ambiguities and incorporates all drug and alcohol treatment statutes into AS 47.37, the Uniform Alcoholism and Intoxification Treatment Act, which would then lose its uniformity with legislation of other states but would be better suited to the facts of Alaska life. Although AS 47.37 will no longer be the Uniform Act, since it will include drugs other than alcohol, the non-criminal approach of the Uniform Act will be retained.

Qualifications for membership on a new joint advisory board would be changed to satisfy the requirements of the federally-created State Health Coordinating Council of which the board would constitute a committee.

The bill would move non-duplicative portions of AS 47.30.470 - 47.30.500 to chapter 37 of that title, and repeal the remainder. AS 47.37.475(c) now authorizes grants to non-profit corporations and political subdivisions "in a ratio of 75 per cent state money to 25 per cent community money"; the attached bill would include profit-making corporations. A preference would be given to applications from communities which devote local government revenues generated by the sale of intoxicating liquor to the treatment of alcoholism.

It is anticipated that the changes proposed by this measure would reduce operating costs of the combined agencies, and lower the amount and number of grants-in-aid by encouraging the investment of private capital. The bill would also repeal AS 44.29.100 - 44.29.150 which contains the present brief authority for a drug treatment program.

Sincerely,



Jay S. Hammond
Governor

Budget Submission

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MAR 8 1977

BUDGET & MANAGEMENT

FY 78

BUDGET REQUEST UNIT Alcohol and Drug Abuse

BRU CODE (Found on top of Form 4) _____

CATEGORY: Social Services

AGENCY: Health and Social Services DIVISION: _____

Name and Position of Program Manager: Robert Cole/Mary Beth Hilburn Phone: 586-6201

Name and Position of Agency Contact: Marsha Hubbard, Budget Analyst IV Phone: 465-3094

DATE February 25, 1977

Francis St. Williamson
(Signature of Agency Head)

Commissions and/or Advisory Boards which have been contacted for input:

Advisory Boards on Alcoholism and Drug Abuse have had input into combining of Offices of Alcoholism and Drug Abuse but time did not permit review of this combined budget.

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MAR 8 1977

BUDGET & MANAGEMENT

REVISED _____

BUDGET SUBMISSION

Definition Statement

STATUTORY BASIS: AS 47.37.010-270
 AS 47.37.470-500
 AS 47.37.060-069
 AS 44.29 Section 1 Article 3

GOALS: The primary goals of this BRU are:
 1) The prevention, treatment and control of alcohol and drug abuse in Alaska; and
 2) the reduction of alcohol and drug related costs on units of State government, individuals, and local communities.

DESCRIPTION: The Office of Alcoholism and Drug Abuse is responsible for administration of grants to local alcoholism and drug abuse programs, encompassing outpatient counseling, detoxification, halfway houses, 15-30 day residential treatment, methadone maintenance, and education and referral services. "Administration" includes program and financial planning, coordination of programs, plus regulating and evaluating local programs. In addition, the goal of prevention of abuse and related problems is pursued through on-going analysis of alcohol and drug impacts, leading to periodic policy and legislative recommendations aimed at reducing the incidence of abuse. Finally, prevention is pursued through a public information campaign, funds for which are requested in HB 241 (SB 158).

RATIONALE FOR THIS PROGRAM:
 As of January, 1977, our best estimates on the extent and nature of alcohol impacts is contained in the Interdepartmental Coordinating Committee (ICC) report. A sample of findings is as follows:
 1) "Alcohol dependence" was judged to be a significant contributing factor in 45% of child neglect cases reported to state social workers in 1975.
 2) The Division of Public Assistance estimates that in 15% of all AFDC cases, alcohol contributes significantly to such eligibility factors as lowered income or one parent absent or incapacitated.

OBJ. NO. RELATED BUDGET YEAR OBJECTIVE(S):
 In general, the goal of the Alcohol and Drug Abuse program is to reduce the incidence of alcohol and drug related problems and costs. Specific objectives concerning reduction of problem indicators have not been developed basically for two reasons:
 1) Though there is broad consensus in State government that current drug and alcohol problems are unacceptably high, there is no consensus concerning what level of drug and alcohol problems would be "acceptable" and therefore constitute a legitimate target.
 2) We do not presently have a management information system capable of reporting most problem

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

* LISTED IN ORDER OF DESCENDING IMPORTANCE.

| RATIONALE FOR THIS PROGRAM: | OBJ. NO. RELATED BUDGET YEAR OBJECTIVE(S): |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>3) Approximately 30% of law enforcement effort in the Department of Public Safety is traceable to alcohol-related offenses, including OMVI, disorderly conduct, and a significant portion of violent crime.</p> <p>4) Further impact of alcohol on society is evident from the following figures on catastrophic accidents:</p> <p>a) According to the Fire Marshal, approximately 30% of deaths due to fire were alcohol-related in 1975. (10 of 31)</p> <p>b) According to the Coast Guard, approximately 60% of deaths by boating accident in 1975 were alcohol-related. (30 of 47)</p> <p>c) According to the Alaska Traffic Safety Bureau, 46% of traffic fatalities in 1975 were alcohol-related.</p> <p>5) A report done for the Office of Alcoholism in 1973 estimated that there were 15,610 alcoholics in Alaska at that time. The figure was derived by the Jellinek formula based on cirrhosis death rates.</p> <p>6) A recent needs assessment concluded that there are at least 700 individuals addicted to opiate derivatives in the Anchorage area. This figure is based primarily on information from municipal police. The 35 methadone maintenance slots in Anchorage were used last year to capacity, though advertising of the program is primarily word of mouth.</p> <p>7) Amphetamine use in the Fairbanks area is observed to be extremely high by people working long hours and operating dangerous machinery.</p> | <p>indicators each year such that legitimate comparisons can be made with prior years. Per capita alcohol consumption can be monitored each year with some precision, and may serve as a proxy measure for alcohol problems generally. However, even this is not available for other drugs for which sale is often illegal. Monitoring the involvement of alcohol and other drugs in the area of crime, for example, would require a routine reporting system established for the police at least, and would need to rely on police participation and judgment criteria consistent through time. Estimation formulas for, say, the number of alcoholics in a society produce order of magnitude estimates based on such data as cirrhosis death rates. Use of cirrhosis rates entails a significant lag between changes in the size of an alcoholic population and detection of change by use of the formula. We presently have no reliable way of knowing whether and to what extent Alaska's alcoholic population is changing from year to year. Until some of these data problems are overcome, we are left with one-time snapshots of alcohol and drug impacts, but little basis for setting annual targets such that marginal changes in problem indicators can be measured.</p> |

BRU - Alcohol and Drug Abuse

BRU CODE

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* LISTED IN ORDER OF DESCENDING
IMPORTANCE.1a DEFINITION STATEMENT
p. 2 of 3

RATIONALE FOR THIS PROGRAM:

8) In Fairbanks there have been two armed holdups of pharmacies in the last six months. There have been six break-ins of pharmacies, and numerous forged prescriptions.

OBJ.
NO.

RELATED BUDGET YEAR OBJECTIVE(S):

BRU Alcohol and Drug Abuse

BRU CODE

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* LISTED IN ORDER OF DESCENDING IMPORTANCE.

Special Definitions:

Alcoholism means the condition of being physically and/or psychologically addicted to ethyl alcohol.

Alcohol Abuse means the condition of consuming ethyl alcohol to the extent that either physical/mental damage to the user can or does occur or that the user has ingested ethyl alcohol to such extremes that he poses a threat to himself or others.

Alcohol-related event (e.g., "crime", "child abuse", etc.) means behavior acted out by a human being under the influence of ethyl alcohol which common sense, observation, and statistical analysis has determined would probably not have occurred, had the individual not been under the influence.

Under the Influence means having one's mood and/or behavior altered to a visible degree as a result of the ingestion of ethyl alcohol. Visible may mean: 1) as determined by blood-alcohol content, urinalysis or similar clinical methods or, 2) as agreed upon as a result of direct observation by one or more persons.

Addiction: a condition caused by a substance which has the following characteristics:

- a. tolerance to the substance develops, more is needed to attain some results and avoid withdrawal.
- b. physical symptoms occur when the substance is withheld abruptly.

Drug Abuse is the use of drugs to the extent that they interfere with physical, mental or social functioning.

Multidrug Abuse is the abuse of more than one drug.

Methadone: a synthetic narcotic which prevents the onset of symptoms of withdrawal from opiates. There is no euphoria, no needle, no nodding connected with taking this drug instead of heroin.

Methadone Maintenance: a treatment for heroin addicts which replaces a low dose of methadone for heroin while the addict is being rehabilitated, gets a job, finishes his (her) education, re-establishes contact with family, then the replacement drug is gradually withdrawn.

In the absence of a functioning management information system, the key proxy measure we wish to establish this year for the extent of alcohol-related problems is per capita consumption. Due to the time lag in receiving data, the Form 3 will show the most recent three years for which data is available, in this case 1973-1975.

FY 76 client statistics from local alcoholism treatment programs were too often incomplete to be useful in the aggregate. Spot checks on FY77 client reports indicate that they are much improved. However, FY 77 data has not yet been aggregated due to a variety of delays, including coding and keypunch delays. State Office plans for FY 77 call for 3000 existing cases of alcohol addiction and abuse to be treated through the community grant-in-aid program as follows:

1. Diagnoses of the 3,000 cases of alcohol addiction and/or alcohol abuse.
2. Emergency care to 2,000 cases of public inebriance.
3. In-patient care to 1,500 cases of alcohol addiction and abuse.
4. Out-patient care to 1,000 cases of alcohol abuse and addiction.
5. Aftercare and follow-up to 3,000 cases of alcohol abuse and alcoholism.
6. Counseling to 1,000 spouses and children of abusers and addicts.
7. Rehabilitate at least 750 of the 3,000 alcohol addicts and abusers treated through the system.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

| OBJ. NO. | ALTERNATE STRATEGIES WEIGHED IN PROCESS OF FORMULATING THIS BUDGET PROPOSAL. | CY AUTH | MAINT. | BY REQUEST | | BY LEG. APPROP. |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------|------------|------|-----------------|
| | | | | AGCY | GOV. | |
| | <p><u>Alternative A</u></p> <p>Reduce alcohol abuse and related problems by reducing per capita alcohol consumption. There is a considerable body of research (summarized in the ICC report) indicating that the incidence of excessive drinking increases and decreases in direct proportion to per capita alcohol consumption. Per capita consumption may be reduced in several ways, including price increases and restrictions on advertising, both of which are being pursued through legislation this session.</p> <p><u>Alternative B</u></p> <p>Reduce per capita alcohol and drug consumption and/or abuse through educational efforts conducted through media and/or the schools. Alcohol and drug abuse education has been carried out primarily through workshops and the distribution of films and literature. Additional funds (\$416.0) requested in HB 241 would be used primarily to finance state involvement in media education (stressing information rather than dramatizations), and would also finance development of an alcohol education curriculum for the public schools.</p> <p><u>Alternative C</u></p> <p>Treatment and rehabilitation of alcoholics through outpatient counselling, halfway house services, and/or 30 day residential treatment may reduce the number of individuals suffering from alcohol dependence. Detoxification services are funded as a protective measure for those incapacitated by alcohol; and as a (hopefully) early screening system allowing local treatment and counseling programs to make contact with those in need of help. Most of the State's effort has traditionally been in this area. This alternative is an appropriate way to help existing alcoholics. It is not a</p> | | | | | |

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____



| OBJ. NO. | ALTERNATE STRATEGIES WEIGHED IN PROCESS OF FORMULATING THIS BUDGET PROPOSAL. | CY AUTH | MAINT. | BY REQUEST | | BY LEG. APPROP. |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|------------|------|--------------------|
| | | | | AGCY | GOV. | |
| | <p>prevention strategy and does not, by itself, appear to significantly affect the incidence of most alcohol-related problems in areas such as crime and personal injury accidents throughout Alaskan society.</p> <p><u>Alternative D</u></p> <p>The State's primary approach for the individual abusing drugs other than alcohol (aside from legal sanctions) has been a somewhat comparable array of treatment and rehabilitation services. These range from counseling to methadone maintenance for heroin addicts.</p> <p><u>Alternative E</u></p> <p>Provide recreational alternatives where they are presently scarce. The idea is that drug use can be diminished as other and more satisfying means of fulfilling human need, or filling leisure time, become accessible. Recreational activities such as dances, skiing parties, and trips have been provided in areas such as Petersburg (when kids help raise the money), and the local police believe that a subsequent drop in alcohol and drug related offenses occurred as a result.</p> <p>The Office Of Alcoholism and Drug Abuse plans to be involved in all of these alternative strategies in FY 78. In future years budgets, we expect to quantify State involvement in these various alternatives, and hope eventually to develop criteria for comparing the cost-effectiveness of each.</p> | | | | | |

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

| OBJ. NO. | MEASURE | PRIOR YEAR (PY) | | CURRENT YEAR PLAN (CY) | BUDGET YEAR (BY) | | | |
|----------|-------------------------------------------------------------------------------------------------|-----------------|--------|------------------------|------------------|----------------|-------------------|--------------------|
| | | PLAN | ACTUAL | | MAINTENANCE | AGENCY REQUEST | GOVERNOR'S BUDGET | LEGISLATIVE INTENT |
| | Number of persons obtaining drug free status through drug abuse programs | 182 | 236 | 200 | 236 | | | |
| | Number of heroin addicts in treatment discharged as drug free, or entering drug free modalities | 88 | 89 | 97 | 97 | | | |
| | | | 1973 | 1974 | 1975 | | | |
| | Per capita consumption of absolute alcohol in Alaska in gallons. (18 years and older) | | 4.13 | 4.40 | 4.54 | | | |

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3 PROGRAM ACCOMPLISHMENT PLAN

Alcohol and Drug Abuse - Administration

ROI-02J-2070 STATE OF ALASKA COMPONENT OPERATING EXPENDITURES BY OBJECT GROUP RUN DATE 09/02/76

BUDGET COMPONENT

BUDGET REQUEST UNIT

| OBJECT GROUP | OBJECT GROUP DESCRIPTION | FISCAL YEAR 1976 | | | FISCAL YR-1977 | | FISCAL YEAR 1978 | | | |
|--------------|--------------------------------|------------------|-------------|--------|----------------|---------|------------------|--------|---------|-----------|
| | | LEG. APPROP. | FINAL AUTH. | ACTUAL | AUTHORIZED | REVISED | MAINTENANCE | CHANGE | REQUEST | GOV. BUDG |
| 00 | PERSONNEL SERVICES | 190.1 | 447.9 | 396.7 | 326.5 | 12.1 | 533.8 | 42.4 | 576.2 | |
| 00 | TRAVEL | 73.5 | 117.8 | 62.7 | 90.7 | 1.1 | 79.2 | | 17.2 | |
| 00 | CONTRACTUAL SERVICES | 165.1 | 259.3 | 207.5 | 311.1 | | 125.8 | | 125.8 | |
| 00 | COMMODITIES | 17.0 | 24.6 | 13.6 | 19.5 | | 19.7 | | 19.7 | |
| 00 | EQUIPMENT | 5 | 6.2 | 4.3 | 3 | | 3.0 | | 3.0 | |
| 00 | LANDS, BUILDINGS, IMPROVEMENTS | | | | | | | | | |
| 00 | GRANTS, CLAIMS, SHARED REVENUE | | | | | | | | | |
| 00 | MISCELLANEOUS | | | | | | | | | |
| | | 446.2 | 855.8 | 683.4 | 748.3 | 13.2 | 761.5 | 42.4 | 803.9 | |
| 01 | INTER-AGENCY TRANSFERS | | | 6.3 | | | | | | |
| 02 | FEDERAL RECEIPTS | 122.3 | 355.9 | 290.0 | 222.0 | | 250.8 | | 250.8 | |
| 03 | RECEIVED GEN. FUND MATCHING | 70.6 | 70.6 | 69.0 | | | | | | |
| 04 | OTHER GENERAL FUND | 118.1 | 342.7 | 290.3 | 526.3 | 13.2 | 510.7 | 42.4 | 553.1 | |
| 05 | INTER-AGENCY RECEIPTS | | 22.9 | 17.6 | | | | | | |
| 128 | OTHER- Prog. Receipts | | 20.7 | 18.5 | | | | | | |
| 142 | OTHER- Fed. Title III and RUI | 135.2 | 42.0 | | | | | | | |
| | OTHER- | | | | | | | | | |
| | OTHER- | | | | | | | | | |
| POSITIONS | | | | | | | | | | |
| 70 | PERMANENT FULL TIME | 10.0 | 10.0 | 10.0 | 14.0 | | 20.0 | 2.0 | 22.0 | |
| 71 | PERMANENT PART TIME | | | | | | 1.0 | | 1.0 | |
| 72 | TEMPORARY (FULL TIME EQUIV.) | | | | | | | | | |
| 73 | NUMBER OF MAN MONTHS | 120.0 | 120.0 | 120.0 | 168.0 | | 246.0 | 24.0 | 270.0 | |

5 Analysis of Maintenance Level

| ITEM & EXPLANATION | AMOUNT | FUNDING SOURCE | 100 PERSONAL SERVICES | 200 TRAVEL | 300 CONTR. SERVICES | 400 COMM. | 500 EQUIPMENT | OTHER |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------|-----------------------|------------|---------------------|-----------|---------------|-------|
| <u>01 - Administration Component</u> | | | | | | | | |
| FY 77 Authorized | 748.3 | 222.0 Fed. 526.3 GF | 326.5 | 90.9 | 311.1 | 19.5 | .3 | |
| FY 77 Salary and Per Diem Increase | 13.2 | GF | 12.1 | 1.1 | | | | |
| Subtotal | 761.5 | 220.0 Fed. 539.5 GF | 338.6 | 92.0 | 311.1 | 19.5 | .3 | |
| FY 77 Cash Vacancy | 5.0 | GF | 5.0 | | | | | |
| FY 78 Salary Adjustments | 5.7 | GF | 5.7 | | | | | |
| Inflation - 6% | .6 | GF | | .4 | | .2 | | |
| Less FY 78 Cash Vacancy Assessment | (5.0) | GF | (5.0) | | | | | |
| Subtotal | 767.8 | 222.0 Fed. 545.8 GF | 344.3 | 92.4 | 311.1 | 19.7 | .3 | |
| Reallocation of funds for office rent expense in Anchorage | -- | GF | | (12.6) | 12.6 | | | |
| Purchase of office furniture and equipment for Anchorage regional office | 2.7 | GF | | | | | 2.7 | |
| Deletion of training funds due to inclusion of training in HB 241 | (12.9) | GF | | | (12.9) | | | |
| Deletion of funds for consultants to work on third-party reimbursement for local alcoholism programs. (Cost Accountant position in Personal Services will be performing this function.) | (14.5) | GF | | | (14.5) | | | |

BRU Alcohol and Drug Abuse

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5 Analysis of Maintenance Level

| ITEM & EXPLANATION | AMOUNT | FUNDING SOURCE | 100 PERSONAL SERVICES | 200 TRAVEL | 300 CONTR. SERVICES | 400 COMM. | 500 EQUIPMENT | OTHER |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------|-----------------------|------------|---------------------|-----------|---------------|-------|
| Changes resulting from combination of offices: | | | | | | | | |
| Deletion of travel funds saved as a result of combining the Advisory Board on Alcoholism and the Drug Abuse Advisory Board | (10.3) | GF | | (10.3) | | | | |
| Miscellaneous other changes such as decreased Printing and Advertising requirements, etc. | (5.7) | GF | | | (5.7) | | | |
| Subtotal | 727.1 | 222.0 Fed. 505.1 GF | 344.3 | 69.5 | 290.6 | 19.7 | 3.0 | |
| Federal Funding | | | | | | | | |
| Pipeline Impact Response Project funds for FY 77 were transferred by RP 77-55 into Personal Services for two Regional Alcoholism Program Coordinators. The numbers identified here reflect the change between FY 77 Authorized and anticipated FY 78 requirements. FY 78 Salary Adjustments for these positions are included. | (35.3) | Fed. | 36.3 | (1.7) | (69.9) | | | |
| Alcohol Information System grant requirements for FY 78 necessitate distribution of the funds between Personal Services and Travel, indicated as the change from FY 77 | | | | | | | | |

BRU Alcohol and Drug Abuse

BRU CODE _____

REVISED _____

5 Analysis of Maintenance Level

| ITEM & EXPLANATION | AMOUNT | FUNDING SOURCE | 100 PERSONAL SERVICES | 200 TRAVEL | 300 CONTR. SERVICES | 400 COMM. | 500 EQUIPMENT | OTHER |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------|-----------------------|------------|---------------------|-----------|---------------|---------|
| <p><u>Authorized.</u> This amount represents one month of the second grant period (initially authorized in FY 77) and eleven months of the final grant period.</p> | 70.0 | Fed. | 116.6 | 3.4 | (50.0) | | | |
| <p>Less IDARP Grant from the National Institute on Drug Abuse. This grant provided \$71.1 for the support of 1 1/2 positions and training funds. It will expire at the end of FY 77.</p> | (71.1) | Fed. | | | (71.1) | | | |
| <p>Receipt of additional Federal NIDA Formula Funds provides funds to continue to maintain the positions funded by the IDARP grant. These funds were added to the budget in FY 77 by RP 77-96.</p> | 50.8 | Fed. | 36.6 | 8.0 | 6.2 | | | |
| <p>Increase in training grant. The National Institute on Drug Abuse awards a training grant to the Office of Drug Abuse to develop a training system and provide training to drug abuse personnel. In FY 77 these funds were added to the budget by RP 77-96.</p> | 20.0 | Fed. | | | 20.0 | | | |
| <p>FY 78 Maintenance Level</p> | 761.5 | 256.4 Fed. 505.1 GF | 533.8 | 79.2 | 125.8 | 19.7 | 3.0 | |
| <p><u>02 - Alcoholism Grant Component</u></p> | | | | | | | | |
| <p>FY 77 Authorized</p> | 2,657.7 | 801.0 Fed. 1856.7 GF | | | | | | 2,657.7 |

BRU Alcohol and Drug Abuse

BRU CODE _____

REVISED _____

5 Analysis of Maintenance Level

| ITEM & EXPLANATION | AMOUNT | FUNDING SOURCE | 100 PERSONAL SERVICES | 200 TRAVEL | 300 CONTR. SERVICES | 400 COMM. | 500 EQUIPMENT | OTHER |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------|-----------------------|------------|---------------------|-----------|---------------|---------|
| Allowance for anticipated population increases of 5% in Anchorage and 4% in Fairbanks in FY 78 to provide existing level of service. | 53.5 | GF | | | | | | 53.5 |
| Allowance for inflationary increases of program costs | 31.1 | GF | | | | | | 31.1 |
| Federal Funding | | | | | | | | |
| Pipeline Impact Response Project Grant funds will decrease in FY 78 according to the original grant award notification. | (36.1) | Fed. | | | | | | (36.1) |
| Alcohol Information System Grant requirements for FY 78 will not require any funds in this component. (The Grant Component funds in FY 77 were transferred to the Administration Component by RP 77-26X.) | (70.0) | Fed. | | | | | | (70.0) |
| FY 78 Maintenance Level | 2,636.2 | 694.9 Fed. 1941.3 GF | | | | | | 2,636.2 |
| <u>03 - Drug Abuse Grant Component</u> | | | | | | | | |
| FY 77 Authorized | 680.0 | 100.0 Fed. 580.0 GF | | | | | | 680.0 |
| Increase grant funds to allow for a projected 5% population increase in Anchorage and a 4% increase in Fairbanks. Because all existing community-based drug abuse programs are meeting | | | | | | | | |

BRU Alcohol and Drug Abuse

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5 Analysis of Maintenance Level

| ITEM & EXPLANATION | AMOUNT | FUNDING SOURCE | 100 PERSONAL SERVICES | 200 TRAVEL | 300 CONTR. SERVICES | 400 COMM. | 500 EQUIPMENT | OTHER |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------|-----------------------------|---------------|---------------------------|--------------|------------------|-------|
| demonstrated needs which will increase, and have received positive evaluations, no funds are available for the population increases in the urban areas. | 14.1 | 14.1 GF | | | | | | 14.1 |
| Increase grants component in order to meet rising program costs as well as to allow programs to meet the demands for client services. | 74.4 | 64.7 Fed. 9.7 GF | | | | | | 74.4 |
| FY 78 Maintenance Level | 768.5 | 164.7 Fed. 603.8 GF | | | | | | 768.5 |

BRU Alcohol and Drug Abuse

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REVISED _____

6 Analysis of Change

| ITEM & EXPLANATION | AMOUNT | FUNDING SOURCE | 100 PERSONAL SERVICES | 200 TRAVEL | 300 CONTR. SERVICES | 400 COMM. | 500 EQUIPMENT | OTHER |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------|-----------------------|------------|---------------------|-----------|---------------|-------|
| 01 - Administration Component | | | | | | | | |
| The functions of one Associate Coordinator from the Office of Alcoholism will be absorbed by other individuals after reorganization. It is proposed that this existing position be reclassified to a Health Facilities Surveyor, in order to expand this office's effort in the area of on-site program evaluation. (See Position D on organization chart) | 28.4 | GF | 28.4 | | | | | |
| Request for new position--Clerk Typist II. (See Position F on organization chart). It is anticipated that additional clerical support will be needed for the regional coordinator and two facilities surveyors assigned to the Northern/Southeastern regions. | 14.0 | GF | 14.0 | | | | | |
| FY 78 Change | 42.4 | GF | 42.4 | | | | | |

BRU Alcohol and Drug Abuse

BRU CODE

REVISED

6

ANALYSIS OF CHANGE FROM MAINTENANCE LEVEL

10 Personal Services Summary

| ITEM | PRIOR YEAR (PY) ACTUAL | CURRENT YEAR (CY) AUTHORIZED | BUDGET YEAR (BY) | | | | |
|----------------------------------|------------------------------|------------------------------------|------------------|---------------|----------------|----------------------|-------------|
| | | | AGENCY | | | GOVERNOR'S BUDGET | LEGISLATURE |
| | | | Maintenance | Change | Request | | |
| CURRENT PERSONAL SERVICES | | | | | | | |
| SALARIES | 345,094 | 283,934 | 246,678 | 22,668 | 269,346 | | |
| OVERTIME | 1,990 | | | | | | |
| BENEFITS | 49,742 | 59,626 | 62,903 | 5,780 | 68,683 | | |
| VACANCY | | (5,000) | (5,000) | () | (5,000) | () | |
| SUB-TOTAL | 396,826 | 338,560 | 304,581 | 28,448 | 333,029 | | |
| NEW PERSONAL SERVICES | | | | | | | |
| SALARIES | | | 182,607 | 11,136 | 193,743 | | |
| OVERTIME | | | | | | | |
| BENEFITS | | | 46,565 | 2,840 | 49,405 | | |
| VACANCY | | | () | () | () | () | |
| SUB-TOTAL | | | 229,172 | 13,976 | 243,148 | | |
| TOTAL Pers. Svcs. | 396,826 | 338,560 | 533,753 | 42,424 | 576,177 | | |
| FUNDING SOURCE | | | | | | | |
| FEDERAL RECEIPTS | 117,336 | 19,300 | 208,851 | | 208,851 | | |
| REQUIRED G. F. MATCHING | | | | | | | |
| OTHER GENERAL FUND | 262,182 | 319,300 | 324,902 | 42,424 | 367,326 | | |
| INTER-AGENCY TRANSFERS | | | | | | | |
| OTHER: | 17,308 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| POSITIONS | | | | | | | |
| PFT: POSITIONS & (MONTHS) | 10 (120) | 14 (168) | 20 (240) | 2 (24) | 22 (264) | () | |
| PPT/SEAS: POS. & (MONTHS) | () | () | 1 (6) | () | 1 (6) | () | |
| TEMP: POS. & (MONTHS) | () | () | () | () | () | () | |
| TOTAL MONTHS | 120 | 168 | 246 | 24 | 270 | | |

BRU Alcohol and Drug Abuse

BRU CODE

REVISED

10 PERSONAL SERVICES
SUMMARY



| | PCN (2) | PAY RGE. (3) | MO. SAL. (4) | CURRENT YEAR (CY) AUTHORIZED | | | BUDGET YEAR (BY) | | | |
|----------------------------------|------------|--------------------|--------------------|---------------------------------|-------------------|-------------------------|--------------------|-------------------|---------------------|----------------|
| | | | | NO. POS. (5) | NO. MO. (6) | ANNUAL AMOUNT (7) | NO. POS. (8) | NO. MO. (9) | ANNUAL AMOUNT | |
| | | | | | | | | | Maintenance (10) | Change (11) |
| (1) 01 Administration | | | | | | | | | | |
| 1 | | | | | | | | | | |
| 2 Supervisory | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 Alcoholism Program Coordinator | 0274 | 22B | | 1 | 12 | 31,560 | | | | |
| 5 Reclass-Coordinator | | 23A | | | | | 1 | 12 | 32,760 | |
| 6 | | | | | | | | | | |
| 7 Associate Coordinator (Alc.) | 0275 | 18A | | 1 | 12 | 22,668 | | | | |
| 8 Reclass-Admin. Off. II | | 19A | | | | | 1 | 12 | 24,408 | |
| 9 | | | | | | | | | | |
| 10 Subtotal | | | | 2 | 24 | 54,228 | 2 | 24 | 57,168 | |
| 11 | | | | | | | | | | |
| 12 3.5% Salary Increase FY 77 | | | | | | 1,898 | | | | |
| 13 7.0% Salary Increase FY 78 | | | | | | | | | 4,602 | |
| 14 | | | | | | | | | | |
| 15 Subtotal Supervisory | | | | 2 | 24 | 56,126 | 2 | 24 | 61,170 | |
| 16 | | | | | | | | | | |
| 17 Other Bargaining Units | | | | | | | | | | |
| 18 | | | | | | | | | | |
| 19 Drug Abuse Prog. Coordinator | 0238 | 22F | | 1 | 12 | 36,576 | | | | |
| 20 Reclass-Associate Coordin. | | 18A | | | | | 1 | 12 | 22,668 | |
| 21 | | | | | | | | | | |
| 22 Grant Administrator | 0276 | 17A | | 1 | 12 | 21,048 | 1 | 12 | 21,048 | |
| 23 Administrative Assistant I | 0282 | 12A | | 1 | 12 | 14,772 | 1 | 12 | 14,772 | |
| 24 Research Analyst I | 0284 | 13A | | 1 | 12 | 15,744 | 1 | 12 | 15,744 | |
| 25 Clerk Typist III | 0277 | 8A | | 1 | 12 | 11,484 | 1 | 12 | 11,484 | |
| 26 Clerk Typist II | 0278 | 7B | | 1 | 12 | 11,136 | 1 | 12 | 11,136 | |
| 27 Clerk Typist II | 0279 | 7B | | 1 | 12 | 11,136 | 1 | 12 | 11,136 | |
| 28 Health Facilities Surveyor | 0280 | 18A | | 1 | 12 | 22,668 | 1 | 12 | 22,668 | |
| 29 Health Facilities Surveyor | 0281 | 18A | | 1 | 12 | 22,668 | 1 | 12 | 22,668 | |
| 30 Associate Coordinator (Alc.) | 0265 | 18A | | 1 | 12 | 22,668 | | | | |
| 31 Reclass-Health Fac. Survey. | | 18A | | | | | 1 | 12 | | 22,668 |
| 32 | | | | | | | | | | |

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BRU Alcohol and Drug Abuse BRU CODE REVISED



| (1) | PCN (2) | PAY RGE. (3) | MO. SAL. (4) | CURRENT YEAR (CY) AUTHORIZED | | | BUDGET YEAR (BY) | | | |
|-----|------------|--------------------|--------------------|---------------------------------|-------------------|-------------------------|--------------------|-------------------|---------------------|----------------|
| | | | | NO. POS. (5) | NO. MO. (6) | ANNUAL AMOUNT (7) | NO. POS. (8) | NO. MO. (9) | ANNUAL AMOUNT | |
| | | | | | | | | | Maintenance (10) | Change (11) |
| 1 | 0233 | 18A | | 1 | 12 | 22,668 | | | | |
| 2 | | 17A | | | | | 1 | 12 | 21,048 | |
| 3 | | | | | | | | | | |
| 4 | 0234 | 12B | | 1 | 12 | 15,240 | | | | |
| 5 | | 7B | | | | | 1 | 12 | 11,136 | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | 12 | 144 | 227,808 | 12 | 144 | 185,508 | 22,668 |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| 11 | | | | 14 | 168 | 283,934 | 14 | 168 | 246,678 | 22,668 |
| 12 | | | | | | | | | | |
| 13 | | | | | | | | | | |
| 14 | | | | | | 59,626 | | | | |
| 15 | | | | | | | | | 62,903 | 5,780 |
| 16 | | | | | | | | | | |
| 17 | | | | 14 | 168 | 343,560 | 14 | 168 | 309,581 | 28,448 |
| 18 | | | | | | | | | | |
| 19 | | | | | | (5,000) | | | (5,000) | |
| 20 | | | | | | | | | | |
| 21 | | | | 14 | 168 | 338,560 | 14 | 168 | 304,581 | 28,448 |
| 22 | | | | | | | | | | |
| 23 | | | | | | | | | | |
| 24 | | | | | | | | | | |
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BRU Alcohol and Drug Abuse BRU CODE REVISED



11 Current Position Summary

| (1) | PCN (2) | PAY RGE. (3) | MO. SAL. (4) | CURRENT YEAR (CY) AUTHORIZED | | | BUDGET YEAR (BY) | | | | |
|-------------------------------------------------------|------------|--------------------|--------------------|---------------------------------|-------------------|-------------------------|--------------------|-------------------|---------------------|----------------|--------|
| | | | | NO. POS. (5) | NO. MO. (6) | ANNUAL AMOUNT (7) | NO. POS. (8) | NO. MO. (9) | ANNUAL AMOUNT | | |
| | | | | | | | | | Maintenance (10) | Change (11) | |
| 1 | | | | 14 | 168 | 338,560 | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | 14 | 168 | 304,581 | 28,448 | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
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| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
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| 19 | | | | | | | | | | | |
| 20 | | | | | | | | | | | |
| 21 | | | | | | | | | | | |
| 22 | | | | | | | | | | | |
| | | | | 23 | SALARY | | 283,934 | | | 246,678 | 22,568 |
| | | | | 24 | OVERTIME | | | | | | |
| | | | | 25 | BENEFITS | | 59,626 | | | 62,903 | 5,780 |
| | | | | 26 | SUB-TOTAL | | 343,560 | | | 309,581 | 28,448 |
| | | | | 27 | VACANCY | | 5,000 | | | 5,000 | |
| TOTAL ANNUAL AMOUNTS | | | | 338,560 | | | | | 304,581 | 28,448 | |
| PERMANENT FULL TIME: POSITIONS & (months) | | | | 14 (168) | | | 13 (156) | | 1 (12) | | |
| PERMANENT PART TIME/SEASONAL: POSITIONS & (months) | | | | () | | | () | | () | | |
| TEMPORARY, FULL TIME EQUIVALENT: POSITIONS & (months) | | | | () | | | () | | () | | |
| TOTAL MONTHS | | | | 168 | | | 156 | | 12 | | |

BRU Alcohol and Drug Abuse

BRU CODE

REVISED

11

PERSONAL SERVICES
CURRENT POSITION
SUMMARY

12A New Position Summary

| CLASSIFICATION TITLE (1) 01 Administration | LOCATION | P R I O R I T Y (2) | P C N (3) | P A Y R A N G E (4) | M O N T H L Y S A L A R Y (5) | R E V I S E D P R O G R A M N O. (6) | T O T A L P O S I T I O N C O S T F R O M F O R M 1 3 (7) | BUDGET YEAR (BY) | | | | |
|-----------------------------------------------|-----------|---------------------------------------------|--------------------|---------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------|-------------------------------------------------------------|------------------------------------|----------------------------------------------|
| | | | | | | | | N O. P O S. (8) | N O. M O. (9) | A N N U A L A M O U N T | | G O V E R N O R (12) |
| | | | | | | | | | | M A I N T E N A N C E (10) | C H A N G E (11) | |
| 1 | | | | | | | | | | | | |
| 2 Supervisory Unit | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 Regional Alcoholism Program | Anchorage | | 0313 | 21 | 2,356 | 77-55 | 38,965 | 1 | 12 | 28,272 | G | |
| 5 Coordinator | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 Regional Alcoholism Program | Juneau | | 0312 | 21 | 2,356 | 77-55 | 39,965 | 1 | 12 | 28,272 | C | |
| 8 Coordinator | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 Program Assessment and | Juneau | | | 22 | 2,534 | | 41,833 | 1 | 12 | 30,408 | T | |
| 11 Development Officer | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 Subtotal | | | | | | | | 3 | 36 | 86,952 | | |
| 14 | | | | | | | | | | | | |
| 15 7% Salary Increase FY 78 | | | | | | | | | | 6,087 | | |
| 16 | | | | | | | | | | | | |
| 17 Subtotal Supervisory | | | | | | | 120,763 | | | 93,039 | | |
| 18 | | | | | | | | | | | | |
| 19 General Government Unit | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| 21 Cost Accountant | Juneau | | | 20 | 2,187 | | 34,436 | 1 | 12 | 26,244 | U | |
| 22 | | | | | | | | | | | | |
| 23 Research Analyst III | Juneau | | | 18 | 1,889 | | 28,948 | 1 | 12 | 22,668 | V | |
| 24 | | | | | | | | | | | | |
| 25 Associate Coordinator (drug A) | Anchorage | | | | | | | | | | | |
| 26 Reclass-Facilities Surveyor | | | 0302 | 18 | 1,889 | 77-57 | 31,448 | 1 | 12 | 22,668 | J | |
| 27 | | | | | | | | | | | | |
| 28 Statistical Clerk III (PPT) | Juneau | | 0301 | 10 | 542 | 77-57 | 8,163 | 1/2 | 6 | 6,504 | Q | |
| 29 | | | | | | | | | | | | |
| 30 Clerk Typist III | Juneau | | | 8 | 957 | | 14,412 | 1 | 12 | 11,484 | W | |
| 31 | | | | | | | | | | | | |
| 32 Clerk Typist II | Juneau | | | 7 | 928 | | 13,976 | 1 | 12 | 11,136 | F | |

BRU: Alcohol and Drug Abuse

BRU CODE

REVISED

12 New Position Summary

| CLASSIFICATION TITLE (1) | LOCATION | P R I O R I T Y (2) | P C N (3) | P A Y R G E (4) | M O N T H L Y S A L A R Y (5) | R E V I S E D P R O G R A M N O. (6) | T O T A L P O S I T I O N C O S T F R O M F O R M 1 3 (7) | BUDGET YEAR (BY) | | | | |
|-------------------------------------------------------|----------|---------------------------------------------|--------------------|-----------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------|-------------------------------------------------------------|------------------------------------|----------------------------------------------|
| | | | | | | | | N O. P O S. (8) | N O. M O. (9) | A N N U A L A M O U N T | | |
| | | | | | | | | | | A G E N C Y | | G O V E R N O R (12) |
| | | | | | | | | | | M A I N T E N A N C E (10) | C H A N G E (11) | |
| 1 Subtotal-General Govt. | | | | | | | 129,883 | 5½ | 66 | 89,568 | 11,136 | |
| 2 | | | | | | | | | | | | |
| 3 Subtotal-Sup. and GG | | | | | | | 250,646 | 8½ | 102 | 182,607 | 11,136 | |
| 4 | | | | | | | | | | | | |
| 5 FY 78 Benefits, 25.5% | | | | | | | | | | 46,565 | 2,840 | |
| 6 | | | | | | | | | | | | |
| 7 Component Total | | | | | | | 250,646 | 8½ | 102 | 229,172 | 13,976 | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
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| 20 | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | |
| | | | | | | | 23 SALARIES | | | 182,607 | 11,136 | |
| | | | | | | | 24 OVERTIME | | | | | |
| | | | | | | | 25 BENEFITS | | | 46,565 | 2,840 | |
| | | | | | | | 26 SUB-TOTAL | | | | | |
| | | | | | | | 27 VACANCY | | | | | |
| TOTAL ANNUAL AMOUNT | | | | | | | | | | 229,172 | 13,976 | |
| PERMANENT FULL TIME: POSITIONS & (months) | | | | | | | | | | 7 (84) | 1 (12) | () |
| PERMANENT PART TIME/SEASONAL: POSITIONS & (months) | | | | | | | | | | 1 (6) | () | () |
| TEMPORARY, FULL TIME EQUIVALENT: POSITIONS & (months) | | | | | | | | | | () | () | () |
| TOTAL MONTHS | | | | | | | | | | 90 | 12 | |

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

12 PERSONAL SERVICES
 NEW POSITION SUMMARY

13 Request for New Positions

| POSITION TITLE Regional Alcoholism Program Coordinator | | | 21 RANGE | Sup. BARG. UNIT | LOCATION Anchorage | APPROV. | DISAPPROV. |
|---------------------------------------------------------------|--------|----------------|-------------------|--------------------|--------------------------------------------------------------------------------|----------------------|------------|
| TYPE OF POSITION (PFT, PPT, SEAS.) <u>PFT</u> | | NEW | RP# 77-55 | MAINT. X | BRU | FORM 12 | |
| | | | PCN # 0313 | CHARGE | PRIORITY | PAGE/LINE 1/4 | LEG. |
| TYPE OF EXPENDITURE | AMOUNT | FUNDING SOURCE | | | DETAIL OF RELATED EXPENSES | | |
| | | GF | OTHER | RECEIPT CODE | | | |
| PERSONAL SERVICES | 37,965 | 28,474 | 9491 | 829 | | | |
| TRAVEL | 1,000 | | | | Transportation and per diem expenses for program assistance and evaluation. | | |
| CONTRACTUAL | | | | | | | |
| COMMODITIES | | | | | | | |
| EQUIPMENT | | | | | | | |
| OTHER | | | | | | | |
| TOTAL | 38,965 | 29,474 | 9,491 | 829 | BRU COMPONENT Administration | | |

JUSTIFICATION: AS 47.37.040 states that the Office of Alcoholism shall

- 1) Develop and encourage statewide, regional and local plans and programs for prevention and treatment of alcoholism and provide technical assistance and consultation services for these purposes; and
- 2) coordinate the efforts of all public and private agencies interested in prevention and treatment of alcoholism.

The National Institute of Alcohol Abuse and Alcoholism (Department of Health, Education and Welfare) required as a condition of the Pipeline Impact Response Project Grant award that two consultants be hired, subject to NIAAA approval, to assist in the implementation, development, and supervision of the Pipeline Grant program.

This position will serve a dual function as a Regional Alcoholism Program Coordinator for the southcentral region and a supervisor of the federal Pipeline Grant funds disbursed to local community programs. The personnel requirement initially was handled on a contract basis and then temporary hire status in FY 76. RP 77-55 established the permanent position in FY 77. This position is one-quarter funded by the Federal grant with an equivalent amount of Federal funding used to partially support several existing positions in the office which perform work on this grant.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

The Regional Alcoholism Program Coordinator position is essential to supervise services provided by the office to state-funded alcoholism and drug abuse programs within the assigned region. The position will be responsible for the operation of the regional office and supervision of two Health Facilities Surveyors, a Grant Administrator and a Clerk Typist II. Duties of the position will include responsibility for compliance of the programs with State and Federal requirements; training and assistance to the programs in the areas of prevention, treatment, financial management, and third party reimbursement; and extensive work with local community leaders, State employees in related fields, other public and private agencies and organizations, and various concerned citizens to work toward comprehensive treatment, education, and prevention programs in each local area.

BRU: Alcohol and Drug Abuse

BRU CODE

REVISED

13 Request for New Positions

| POSITION TITLE Regional Alcoholism Program Coordinator | | | 21 RANGE | Sup. BARG. UNIT | LOCATION Juneau | APPROV. | DISAPPROV. |
|---------------------------------------------------------------|---------------|----------------|--------------------|---------------------------|------------------------------------------|-----------------------|------------|
| TYPE OF POSITION (PFT, PPT, SEAS.) PFT | | NEW | RP# 77-55 | MAINT. X | BRU | GOV. | |
| | | | PCN # 0312 | CHANGE | PRIORITY | LEG. | |
| | | FUNDING SOURCE | | | FORM 12 PAGE/LINE 1/7 | | |
| TYPE OF EXPENDITURE | AMOUNT | GF | OTHER | RECEIPT CODE | DETAIL OF RELATED EXPENSES | | |
| PERSONAL SERVICES | 37,965 | 28,474 | 9491 | 829 | | | |
| TRAVEL | 2,000 | | | | Transportation and per diem expenses for | | |
| CONTRACTUAL | | | | | program assistance and evaluation. | | |
| COMMODITIES | | | | | | | |
| EQUIPMENT | | | | | | | |
| OTHER | | | | | | | |
| TOTAL | 39,965 | 30,474 | 9491 | 829 | BRU COMPONENT | Administration | |

JUSTIFICATION: AS 47.37.040 states that the Office of Alcoholism shall

- 1) Develop and encourage statewide, regional, and local plans and programs for prevention and treatment of alcoholism and provide technical assistance and consultation services for these purposes; and
- 2) coordinate the efforts of all public and private agencies interested in prevention and treatment of alcoholism.

The National Institute of Alcohol Abuse and Alcoholism (Department of Health, Education and Welfare) required as a condition of the Pipeline Impact Response Project Grant award that two consultants be hired, subject to NIAAA approval, to assist in the implementation, development, and supervision of the Pipeline Grant programs.

This position will serve a dual function as a Regional Alcoholism Program Coordinator for the southeastern and northern regions and a supervisor of the federal Pipeline Grant funds disbursed to local community programs. The personnel requirement initially was handled on a contract basis and then temporary hire status in FY 76. RP 77-55 established the permanent position in FY 77. This position is one-quarter funded by the Federal grant with an equivalent amount of Federal funding used to partially support several positions in the office which performs work on this grant.

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This Regional Alcoholism Program Coordinator position is essential to supervise services provided by the office to state-funded alcoholism and drug abuse programs within the assigned regions. The position is responsible for the operation of the regional office and supervision of two Health Facilities Surveyors and a Clerk Typist. Duties of the position will include responsibility for compliance of programs with State and Federal requirements; training and assistance to the programs in the areas of prevention, treatment, financial management, and third party reimbursement; and extensive work with local community leaders, State employees in related fields, other public and private agencies and organizations, and various concerned citizens to work toward comprehensive treatment, education, and prevention programs in each local area.

BRU Alcohol and Drug Abuse

BRU CODE

REVISED

13 Request for New Positions

| | | | | | | | | | | |
|---------------------------------------|--|----------------------------------|----------------|---------|--------------|-----------------------------------------------------------------------|-----------|--------|---------|------------|
| POSITION TITLE | | Program Assessment & Development | | Officer | 22 | Sup. | LOCATION | Juneau | APPROV. | DISAPPROV. |
| TYPE OF POSITION (PFT, PPT, SEAS.) | | NEW | RP# | MAINT. | X | BRU | FORM 12 | GOV. | | |
| PFT | | X | PCN # | CHANGE | | PRIORITY | PAGE/LINE | LEG. | | |
| | | | | | | | 1/10 | | | |
| TYPE OF EXPENDITURE | | AMOUNT | FUNDING SOURCE | | | DETAIL OF RELATED EXPENSES | | | | |
| | | | CF | OTHER | RECEIPT CODE | | | | | |
| PERSONAL SERVICES | | 40,833 | | 40,833 | 829 | Transportation/per diem for informational requirements as they arise. | | | | |
| TRAVEL | | 1,000 | | | | | | | | |
| CONTRACTUAL | | | | | | | | | | |
| COMMODITIES | | | | | | | | | | |
| EQUIPMENT | | | | | | | | | | |
| OTHER | | | | | | | | | | |
| TOTAL | | 41,833 | | 41,833 | | BRU COMPONENT Administration | | | | |

JUSTIFICATION:

This position would supervise a federally funded management unit, comprised of this and three other positions: Cost Accountant, Research Analyst III, and Clerk Typist III. The federal "Alcohol Information System" grant is available to states adopting The Uniform Alcoholism and Intoxication Act. In Alaska, the grant amounts to \$120,000 and has been used during the past two years to fund a major research effort concerning economic, human, and social impacts of alcohol in Alaska, legal provisions on all levels of government relating to alcohol sales and use, and an attempt to set up traceable indicators of alcohol impacts through time. The project was accomplished by hiring on contract and temporary assignments. It is requested that the federally funded management unit be established with permanent positions for the duration of the federal grant. FY 78 grant should equal \$120.0. FY 79 funding is unknown.

FY 78 projects anticipated for this unit include: 1) Implementation of a system to routinely monitor alcohol impacts through time. 2) Determine the potential for third-party reimbursement for local treatment programs and determine what local programs must do in order to qualify and collect payments. Assist programs in meeting these requirements. 3) Preparation of required reports and State Plan. 4) Plans developed for both federal and state authorities (e.g. the budget) have not been successful in identifying management objectives concerning alcohol impacts in such a way that State office activities can be properly evaluated. The management unit will attempt to incorporate research results

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____



from the past two years into State office plans such that plans may relate directly to alcohol problem impacts rather than deal exclusively with planned inputs or activities of the office.

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13 Request for New Positions

| POSITION TITLE Cost Accountant | | '20 RANGE | GG BARG. UNIT | LOCATION Juneau | | APPROV. | DISAPPROV. |
|--------------------------------------------------|--------|-----------------|------------------|---------------------------|--------------------------------------------------------------------------------------------------|---------|------------|
| TYPE OF POSITION (PFT, PPT, SEAS.) PFT | | NEW X | RP# | MAINT. X | BRU | FORM 12 | GOV. |
| | | PCN # | CHARGE | PRIORITY | PAGE/LINE | 1/21 | LEG. |
| TYPE OF EXPENDITURE | AMOUNT | FUNDING SOURCE | | | DETAIL OF RELATED EXPENSES | | |
| | | GF | OTHER | RECEIPT CODE | | | |
| PERSONAL SERVICES | 32,936 | | 32,936 | 829 | | | |
| TRAVEL | 1,500 | | | | Travel for meetings with potential third party contributors and examination of cost information. | | |
| CONTRACTUAL | | | | | | | |
| COMMODITIES | | | | | | | |
| EQUIPMENT | | | | | | | |
| OTHER | | | | | | | |
| TOTAL | 34,436 | | 34,436 | | BRU COMPONENT Administration | | |

JUSTIFICATION:

One of four positions requested for federally funded management unit. Primary responsibility for the cost accountant in FY 78 would be to determine the potential for third party reimbursement for local treatment programs, and determine what local programs must do in order to qualify and collect. This position also would assist the programs in meeting these requirements.

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13 PERSONAL SERVICES
REQUEST FOR NEW POSITION



13 Request for New Positions

| | | | | | | | | | | | |
|---------------------|--|----------------------|----------------|--------|--------------|------------------------------|--|-----------|------|---------|------------|
| POSITION TITLE | | Research Analyst III | | 18 | GG | LOCATION | | Juneau | | APPROV. | DISAPPROV. |
| TYPE OF POSITION | | NEW | RP # | MAINT. | X | BRU | | FORM 12 | | GOV. | |
| (PFT, PPT, SEAS.) | | X | PCN # | CHARGE | | PRIORITY | | PAGE/LINE | 1/24 | LEG. | |
| TYPE OF EXPENDITURE | | AMOUNT | FUNDING SOURCE | | | DETAIL OF RELATED EXPENSES | | | | | |
| PERSONAL SERVICES | | 28,448 | GF | OTHER | RECEIPT CODE | | | | | | |
| TRAVEL | | 500 | / | | | | | | | | |
| CONTRACTUAL | | | | | | | | | | | |
| COMMODITIES | | | | | | | | | | | |
| EQUIPMENT | | | | | | | | | | | |
| OTHER | | | | | | | | | | | |
| TOTAL | | 28,948 | | 28,948 | | BRU COMPONENT Administration | | | | | |

JUSTIFICATION:

One of four positions requested for federally funded management unit. It is anticipated that this position would work closely with the Program Assessment and Development Officer in the implementation of the alcohol information system, preparation of the State Plan, and incorporation of the system into annual plans developed by the State office for state and federal authorities.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

13 PERSONAL SERVICES
REQUEST FOR NEW POSITION



13 Request for New Positions

| POSITION TITLE Health Facilities Surveyor | | 18 RANGE | GG BARG. UNIT | LOCATION Anchorage | | APPROV. | DISAPPROV. |
|--------------------------------------------------|---------------|----------------|-------------------|---------------------------|-------------------------------------|-----------------------|------------|
| TYPE OF POSITION (PFT, PPT, SEAS.) <u>PFT</u> | | NEW | RP# 77-57 | MAINT. X | BRU | FORM 12 | |
| | | | PCN # 0302 | CHARGE | PRIORITY | PAGE/LINE 1/26 | LEG. |
| TYPE OF EXPENDITURE | AMOUNT | FUNDING SOURCE | | | DETAIL OF RELATED EXPENSES | | |
| | | GF | OTHER | RECEIPT CODE | | | |
| PERSONAL SERVICES | 28,448 | | 28,448 | 829 | | | |
| TRAVEL | 3,000 | | | | | | |
| CONTRACTUAL | | | | | | | |
| COMMODITIES | | | | | | | |
| EQUIPMENT | | | | | | | |
| OTHER | | | | | | | |
| TOTAL | 31,448 | | 31,448 | | BRU COMPONENT Administration | | |

JUSTIFICATION:

RP 77-57 provided interim approval for establishment of an Associate Coordinator position in Anchorage for the Office of Drug Abuse, funded on a federal grant from The National Institute of Drug Abuse (NIDA). The Associate Coordinator position was primarily involved in program evaluation in FY 77. For FY 78 we request that the position be reclassified as a Health Facilities Surveyor, which is the same range, and continue to perform program evaluations in the field. Federal funds from NIDA will be available in FY 78 to fund this position.

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13 PERSONAL SERVICES
REQUEST FOR NEW POSITION



13 Request for New Positions

| | | | | | | |
|--------------------------------------------------|--------|-------------------|------------------|------------------------|----------------------------|----------------|
| POSITION TITLE Statistical Clerk III | | 10 RANGE | GG BARG. UNIT | LOCATION Juneau | APPROV. | DISAPPROV. |
| TYPE OF POSITION (PFT, PPT, SEAS.) <u>PPT</u> | | NEW | RP# 77-57 | MAINT. X | BRU | FORM 12 |
| | | PCN # 0301 | CHARGE | PRIORITY | PAGE/LINE 1/28 | LEG. |
| TYPE OF EXPENDITURE | AMOUNT | FUNDING SOURCE | | | DETAIL OF RELATED EXPENSES | |
| | | GF | OTHER | RECEIPT CODE | | |
| PERSONAL SERVICES | 8,163 | | 8,163 | 829 | | |
| TRAVEL | | | | | | |
| CONTRACTUAL | | | | | | |
| COMMODITIES | | | | | | |
| EQUIPMENT | | | | | | |
| OTHER | | | | | | |
| TOTAL | 8,163 | | 8,163 | | BRU COMPONENT | Administration |

JUSTIFICATION:

RP 77-57 provided interim approval for establishment of a Statistical Clerk III position in The Office of Drug Abuse funded by NIDA. The position is responsible for compiling, editing, tabulating, cross tabulating and analyzing data associated with the data system for alcoholism and drug abuse programs. She/he then prepares tables, graphs, charts and texts explaining the data.

Federal funds from NIDA will be available to fund this half-time position in FY 78.

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13 PERSONAL SERVICES
 . REQUEST FOR NEW POSITION



13 Request for New Positions

| | | | | | | | |
|--------------------------------------------------|--------|-----------------|------------------|---------------------------|------------------------------|---------|------------|
| POSITION TITLE Clerk Typist III | | 8 RANGE | GG BARG. UNIT | LOCATION Juneau | | APPROV. | DISAPPROV. |
| TYPE OF POSITION (PFT, PPT, SEAS.) <u>PFT</u> | | NEW X | RP# | MAINT. X | BRU | FORM 12 | |
| | | PCN # | CHANGE | PRIORITY | PAGE/LINE | LEG. | |
| | | FUNDING SOURCE | | | DETAIL OF RELATED EXPENSES | | |
| TYPE OF EXPENDITURE | AMOUNT | GF | OTHER | RECEIPT CODE | | | |
| PERSONAL SERVICES | 14,412 | | 14,412 | 829 | | | |
| TRAVEL | | | | | | | |
| CONTRACTUAL | | | | | | | |
| COMMODITIES | | | | | | | |
| EQUIPMENT | | | | | | | |
| OTHER | | | | | | | |
| TOTAL | 14,412 | | 14,412 | | BRU COMPONENT Administration | | |

JUSTIFICATION:

One of four positions requested for federally funded management unit. Clerical support for the other three positions.

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13 PERSONAL SERVICES
REQUEST FOR NEW POSITION



13 Request for New Positions

| | | | | | | | |
|-----------------------------------------------|---------------|----------------|-----------|------------------------|-------------------------------------|---------|-----------|
| POSITION TITLE Clerk Typist II | | 7 | GG | LOCATION Juneau | | APPROV. | ISAPPROV. |
| TYPE OF POSITION (PFT, PPT, SEAS.) PFT | | NEW X | RP# | MAINT. | BRU | FORM 12 | |
| | | PCN # | CHARGE | PRIORITY | PAGE/LINE 1/32 | LEG. | |
| TYPE OF EXPENDITURE | AMOUNT | FUNDING SOURCE | | | DETAIL OF RELATED EXPENSES | | |
| | | GF | OTHER | RECEIPT CODE | | | |
| PERSONAL SERVICES | 13,976 | 13,976 | | | | | |
| TRAVEL | | [Hatched Area] | | | | | |
| CONTRACTUAL | | | | | | | |
| COMMODITIES | | | | | | | |
| EQUIPMENT | | | | | | | |
| OTHER | | | | | | | |
| TOTAL | 13,976 | 13,976 | | | BRU COMPONENT Administration | | |

JUSTIFICATION:

This position would provide clerical support to the Regional Alcoholism Program Coordinator and two Health Facilities Surveyors serving the northern and southeastern regions.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

13 PERSONAL SERVICES
REQUEST FOR NEW POSITION



| CODE | TRAVEL CLASSIFICATION | PRIOR YEAR (PY) ACTUAL | CURRENT YEAR (CY) AUTHORIZED | BUDGET YEAR (BY) | | | GOVERNOR'S BUDGET |
|---------|----------------------------------|------------------------------|------------------------------------|------------------|--------|---------|----------------------|
| | | | | AGENCY | | | |
| | | | | Maintenance | Change | Request | |
| 000 | TOTAL TRAVEL | 62.3 | 92.0 | 79.2 | | 79.2 | |
| 210/220 | FIELD/ADMINISTRATIVE TRAVEL | 57.8 | | | | | |
| | IN-STATE TRANSPORTATION | | 43.3 | 34.5 | | 34.5 | |
| | IN-STATE PER DIEM | | 33.4 | 28.1 | | 28.1 | |
| | OUT-OF-STATE TRANSPORTATION | | 3.0 | 3.3 | | 3.3 | |
| | OUT-OF-STATE PER DIEM | | 1.8 | 2.1 | | 2.1 | |
| 230 | CONVENTIONS AND MEETINGS | 4.5 | | | | | |
| | IN-STATE TRANSPORTATION | | 4.2 | 4.5 | | 4.5 | |
| | IN-STATE PER DIEM | | 3.6 | 3.9 | | 3.9 | |
| | OUT-OF-STATE TRANSPORTATION | | 1.5 | 1.6 | | 1.6 | |
| | OUT-OF-STATE PER DIEM | | 1.2 | 1.2 | | 1.2 | |
| 920 | INTER-AGENCY TRANSFERS (Non-Add) | | | | | | |

EXPLANATION: FY 77 Authorized included approximately 216 days of supervisors per diem @ \$5/day increase = \$1,100 (entered in revision column of Form 4A)

FY 78 Maintenance - 01 Component

Field/Administrative Travel

Travel is required for office personnel to conduct site visits of all State funded local programs for inspection, evaluation, monitoring, and technical assistance. This function is essential to ensure compliance with State and Federal standards, guidelines, and regulations as well as to assist the local programs in providing quality alcoholism services. In addition the Office must maintain a careful knowledge of each program so that decisions on funding are based on the effectiveness and efficiency of the program.

Legislation submitted this year would combine The Governor's Advisory Board on Alcoholism with The Advisory Board on Drug Abuse. Travel funds are budgeted for quarterly meetings of the combined Board. Travel savings of \$10.3 are realized due to the combination of boards.

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Out-of-state travel is required to send Coordinator, Associate Coordinator, or other staff members as appropriate, to meet with Federal officials regarding grant applications, State Plan, and Federal regulations to ensure compliance.

| | |
|-----------------------------|----------|
| In-State Transportation | \$34,500 |
| In-State Per Diem | 28,100 |
| Out-of-State Transportation | 3,300 |
| Out-of-State Per Diem | 2,100 |

Conventions and Meetings

Travel is required to attend meetings and training sessions not sponsored by the State and provide consultation with organizations such as:

1. Joint Commission on Accreditation of Hospitals - Alcohol Program Division
2. Alcohol and Drug Problems Association of America
3. National Council on Alcoholism
4. Council of State and Territorial Alcoholism Authorities
5. The annual meetings of the Alcohol, Drug Abuse, and Mental Health Authority

| | |
|-----------------------------|----------|
| In-State Transportation | \$ 4,500 |
| In-State Per Diem | 3,900 |
| Out-of-State Transportation | 1,600 |
| Out-of-State Per Diem | 1,200 |

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