affected by the use of any substance.

*Sec. 28 AS 47.37 is amended by adding new sections to read:

ARTICLE 2. GRANTS-IN-AID

Sec. 47.37.300. POWERS AND DUTIES OF DEPARTMENT. The department shall:

(1) administer a community grant-in-aid program for substance abuse;

(2) submit an annual report concerning the grant-in-aid program within 10 days after the convening of the legislature in each regular session.

Sec. 47.37.310. GRANT-IN-AID PROGRAM. (a) A profit-making corporation, a non-profit corporation, a city or borough government, or other political subdivision of the state, or combination of these, is eligible to receive funds and administer local programs under sections 010 through 270 of this chapter.

(b) The department shall award funds under this chapter with the advice of the advisory board on substance abuse, in the interest of facilitating the development of local, comprehensive programs for the prevention, treatment, and rehabilitation of substance abusers. Separate budgets shall be submitted for alcohol services and other substance abuse services. Funds will be awarded on a competitive basis. In considering applications for grants/contracts the department shall, if all other factors are equal, give preference to applicants who have integrated substance abuse programs within a unified human service delivery system. Priority shall be given to those applicants who demonstrate the existence of a comprehensive local program unifying the components of alcohol and other drug services and community mental health services.

(c) The department shall purchase the services by participating 75% of the eligible costs of the services to be furnished under the plan subject to the availability of state funds to the department for implementing sections 010 through 270 of this chapter. In districts designated by the department as poverty areas, the department shall purchase the services by participating in 90% of the eligible costs.

(d) The contracts/grants for services provided for in sections 010 through 270 of this chapter shall be reviewed, revised if necessary, and approved at the expiration of each contract year. A contract shall be approved if the department finds that the community entity has complied with its plan, section 010 through 270 of this chapter, and any applicable regulations adopted by the department. Expenditures for the purchase of services shall be made in accordance with the approved contract, budgets and program projections.

(e) The department shall adopt regulations specifying the types of services and programs which are eligible for state participation. These regulations shall include (1) a provision including 50% of the cost of capital expenditures as eligible costs where state funding will allow; and (2) a requirement that the community entity contractor or applicant agrees as a condition of contract approval that it will not supplant existing local fund support of substance abuse services, in any year in which it contracts with the department, at a level that is at least equal to the local funding support in the previous year.

(f) No program is eligible for funding under this section unless it conforms to the standards adopted under the provisions of sec. 140 of this chapter, or in the case of a new program, the department de-

termines that the program will be able to conform to those standards within a period of time to be specified in the initial grant application.

(7) Eligible local community entities shall conform to a state cost accounting system showing the true cost of services rendered, collect fees for services according to a schedule based on an analysis of reasonable ability to pay, and provide that no person shall be refused services because of inability to pay for those services.

Sec. 47.37.320. GRANT-IN-AID PROGRAM REGULATIONS. The department shall adopt regulations and establish priorities, after consultation with local communities affected and in conjunction with the state substance abuse advisory board, which are necessary to carry out the purposes of sections 010 through 310 of this chapter. The regulations shall provide for the method of application, the time for consideration of the 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 grant-in-aid under section 310 of this chapter. The department shall also establish the necessary form 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.

Sec. 47.37.330. JUDICIAL NOTICE. The superior courts of this state may take judicial notice of the fact that a substance abuser who is physically dependent on alcohol or other drugs is suffering from an illness and is in need of proper treatment as defined in sec. 47.37.270(11).

Sec. 47.37.340. DEFINITIONS. In secs. 300 - 350 of this

chapter, "poverty area" means an area in which 15% or more of the population, based on the most recent US Bureau of the Census figures, is under 125 percent of the Community Services Administration poverty guidelines.

*Sec. 28. AS 44.29.100 - 44.29.150 and AS 47.30.470 - 47.30.500 are repealed.

*Sec. 29. This Act takes effect July 1, 1977.

KIINUK, INC.

1221 Copper
Fairbanks, Alaska 99701
(907) 456-4409

April 7, 1977

Representative Charles Parr
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Charlie,

Attached is a suggested revision of HB 340 (SB 242), a bill relating to the treatment of substance abusers.

The primary focus of the proposed legislation is the combining of the offices of drug abuse and alcoholism--a concept that we support wholeheartedly. Additionally, it is a concept that has gained national support and is currently being implemented by many states.

Unfortunately, we cannot support the bills as they presently stand. While the combination of offices does have the potential for better resource allocation and improved service delivery, such benefits are not apparent within the existing proposed legislation.

Using the recently passed community mental health center legislation as a model (a model we believe to be exemplary), we have attempted to re-draft HB 340 so it too will assure local participation and control. Additionally, as communities implement the integration of human service delivery components (as appropriately required by the Community Mental Health Centers Act), the present HB 340's focus on centralization would prevent consolidation and eliminate any meaningful local authority and flexibility.

We respectfully request that you consider the attached proposal, hold hearings as appropriate, and contact us as required.

Sincerely,

Paul Pesika, Coordinator

Frank J. Gold, EdD

HOUSE BILL NO. 340

**********(suggested revision)**********

For an Act entitled: "An Act relating to treatment of alcoholism and drug abuse; providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

*Section 1. AS 47.37 is amended to read: CHAPTER 37. ALCOHOLISM AND DRUG ABUSE

*Sec. 2. AS 47.37.010 is amended to read:

Sec. 47. 37. 010. DECLARATION OF POLICY. It is the policy of the state that individuals physically addicted to and/or abusing chemical substances should not be criminally prosecuted for their consumption of these substances but should be afforded a continuum of treatment so they may lead normal lives as productive members of society.

*Sec. 3. AS 47.37.020 is amended to read:

Sec. 47.37.020. OFFICE OF SUBSTANCE ABUSE. An office of substance abuse 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 has completed two years of direct-service experience in the organiza-tion and administration of treatment services for persons with problems resulting from the abuse of alcohol and other drugs. The coor-dinator is in the classified service.

*Sec. 4. AS 47.37.030 is amended to read:

Sec. 47.37.030. PURPOSE OF THE OFFICE. It is the purpose of the legislature in amending CHAPTER 37 (ALCOHOLISM AND DRUG ABUSE) to assist local communities in planning, organizing, and financing locally developed, administered, and controlled substance abuse programs. It is further intended to better utilize existing resources at both state and local levels in order to:

(1) develop and implement plans for initiating maximum substance abuse services based on demonstrated need for services in each geographical planning area, as well as regionalized comprehensive substance abuse services;

(2) improve the effectiveness of existing substance abuse services;

(3) integrate the substance abuse programs within a unified human service delivery system;

(4) provide a means for participation by local communities in the determination of the need for and the allocation of substance abuse resources;

(5) establish a uniform ratio of local and state government responsibility for financing substance abuse services;

(6) provide a means of allocating state substance abuse service funds according to community needs;

(7) encourage the full use of existing public or private agencies, facilities, personnel, and funds to accomplish these objectives; and

(8) prevent unnecessary duplication and fragmentation of services and expenditures.

*Sec. 5. AS 47.37.040 is amended to read:

Sec. 47.37.040. DUTIES OF THE OFFICE. The office shall

(1) define and develop standards for various levels and qualities of substance abuse service;

(2) provide fiscal and professional technical assistance in planning, organizing, developing, implementing, and administering local substance abuse services;

(3) develop budgets, receive and distribute state appropriations and funds in accordance with the provisions of sections 010 through 340 of this chapter;

(4) establish standards of education and experience for professional, technical and administrative personnel employed in substance abuse services;

(5) assist the community in establishing the organization and operation of substance abuse services;

(6) develop a standardized system for measuring and reporting to the department the types, quantities, and quality of services; and a cost accounting system which will demonstrate the cost of various levels and qualities of care;

(7) provide each local community planning and services delivery entity with statistics, reports, and other data relevant to development of indices indicating the need for substance abuse services, or relevant to evaluating the effectiveness of existing services;

(8) review each local community plan and require each plan to include

(A) an affirmative showing that the most effective and economic use will be made of all available public and private resources in the community including careful consideration of

the most effective and economic alternative forms and patterns of services;

(B) a five-year projection of needs, services and resources; and

(C) adequate provisions for review and evaluation of services provided in the local community;

(9) prepare an annual comprehensive, state-wide plan that utilizes the locally-developed community plans for the prevention, treatment, and control of substance abuse;

(10) adopt regulations and establish priorities, after consultation with local communities affected and in conjunction with a state substance abuse advisory board, which are necessary to carry out the purposes of sections 010 through 340 of this chapter;

(11) facilitate the planning, establishment, and maintenance of locally developed, administered, and controlled prevention, training, treatment, and rehabilitation programs;

(12) solicit and accept for use a gift of money or property or a grant of money, services, or property from the federal government or private sources, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for a grant;

(13) make contracts and other joint or cooperative arrangements with state, regional, and local entities or organizations to improve the substance abuse services in this and other states;

(14) provide substance abuse service programs with professional, competent, technical assistance and consultation;

(15) cooperate with the division of corrections in establishing programs to provide treatment for substance dependent individuals in or on parole from penal institutions;

(16) support the Department of Education in the, its preparation of curriculum materials at all levels of education;

(17) encourage the development and maintenance of 'troubled employees' programs in Alaska;

(18) cooperate with the Department of Public Safety and the Department of Transportation ~~Division of Highways~~ in ~~their~~ establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while under the influence of alcohol or other drugs;

(19) monitor the admissions of hospitals and other appropriate health facilities in compliance with federal law which requires that the office ensure they they admit without discrimination alcoholics and intoxicated persons and provide them with adequate and appropriate treatment;

(20) encourage all health and disability insurance programs to include alcohol and other forms of drug dependence as covered illnesses;

(21) submit to the legislature an annual report summarizing the activities of the office.

*Sec. 6. AS 47.37.050 is amended to read:

Sec. 47.37.050. INTERDEPARTMENTAL COORDINATING COMMITTEE. (a) An interdepartmental coordinating committee is created, composed of the coordinator, the director of the division of mental health, the commissioner of the department of

health and social services, and the commissioners of education, revenue, public safety, community and regional affairs, and the attorney general. Included too are representatives from the Criminal Justice Planning Agency, the Division of Budget and Management, the Alaska Court System, and the Division of Planning and Policy Development. The committee shall meet at least quarterly at the call of the commissioner of health and social services who is its chairman. The committee shall act as a permanent liaison among state departments engaged in activities affecting substance abuse as a component of human services. They shall be responsible for insuring the linkage required for the successful and cost-effective implementation of the related departmental state plans, with particular emphasis given to coordination among the division of social services, the division of mental health, the division of vocational rehabilitation, the division of corrections. and this office of substance abuse.

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

(1) all necessary medical, social, treatment, and educational services for substance abusers and for the prevention and control of substance abuse without unnecessary duplication of services;

(2) cooperate in the planning and implementation of effective systems of enforcement, adjudication, treatment, and rehabilitation appropriate to the local conditions as well as to the humane and professional provision of services to substance abusers;

(3) recommend mechanisms for the integrated and coordinated prevention, treatment, and control of substance abuse consistent with the policy of this chapter.

*Sec. 7. AS 47.37.060 is amended to read:

Sec. 47.37.060. ADVISORY BOARD ON SUBSTANCE ABUSE. There is established in the Department of Health and Social Services an advisory board on substance abuse. This advisory board shall function as a committee of the state health coordinating council, and three representatives of it shall serve as ex-officio members of the interdepartmental coordinating committee.

*Sec. 8. AS 47.37.070 is amended to read:

Sec. 47.37.070. COMPOSITION. The advisory board on substance abuse consists of nine members appointed by the governor.

* Sec. 9. Sec. 47.37.080 is amended to read:

Sec. 47.37.080. QUALIFICATIONS OF BOARD MEMBERS. Of the nine members, no more than three of which shall be providers of substance abuse services,

(1) one shall be a person who is licensed to practice medicine in the state;

(2) one shall be a person who is licensed to practice psychology in the state;

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

(4) six shall be persons who have evidenced an interest in the problems of substance abuse, one of ~~which~~ whom shall be a current provider of substance abuse services;

(5)three of the above nine members shall also represent local/regional human service advisory boards.

*Sec. 10. AS 47.37.090 is amended to read:

Sec. 47.37.090. TERM OF OFFICE. (a) The member of the board initially appointed under sec. 80(1) of this chapter serves a term of three years.

(b) The member initially appointed under sec. 80(2) of this chapter serves a term of three years.

(c) The member initially appointed under sec. 80(3) of this chapter serves a term of three years.

(d) Two members initially appointed under sec. 80(4) of this chapter serve terms of one year; two members appointed under sec. 80(4) of this chapter serve terms of two years; two members initially appointed under sec. 80(4) of this chapter serve terms of three years. Subsequent terms for all board members are three years.

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

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

*Sec. 11. AS 47.37.100 is amended to read:

Sec. 47.37.100. COMPENSATION, PER DIEM, OR EXPENSES. Members of the advisory board on substance abuse are not entitled to a salary, but are entitled to per diem, reinbursement for travel and other expenses authorized by law for other boards.

*Sec. 12. AS 47.37.110 is amended to read:

Sec. 47.37.110. DUTIES. The board shall advise and assist the commissioner in the initiating and implementing of community substance abuse services. They shall also review and approve the Alaska State plan for substance abuse prevention, treat-

ment and control on a yearly basis--reports of which shall be submitted to the governor, the legislature, the department and the Comprehensive Health Advisory Council. Grants and contracts shall be reviewed and recommended for funding by this board to and from state, local, and private agencies.

*Sec. 13. AS 47.37.120 is amended to read:

Sec. 47.37.120. SUBSTANCE ABUSE COORDINATOR. The substance abuse coordinator shall work with communities to develop and implement local, comprehensive programs dealing with the prevention, treatment and control of, research on, and education concerning substance abuse problems, as they affect the people of Alaska.

*Sec. 14. AS 47.37.130 is amended to read:

Sec. 47.37.130. COMPREHENSIVE PROGRAMS FOR TREATMENT; REGIONAL PROGRAMS. (a) The office shall assist in the establishment of comprehensive and coordinated locally-developed substance abuse programs The commisioner shall divide the state into planning regions congruent with each local community mental health center's area of jurisdiction. (b) Plans and regulations adopted under sections 010 through 340 of this chapter shall allow local programs sufficient administrative and program flexibility so that local community mental health programs may be joined with other programs such as community mental health centers, and other human service operations.

*Sec. 15. AS 47.37.140 is amended to read:

Sec. 47.37.140. PUBLIC AND PRIVATE TREATMENT FACILITIES. (a) The department shall establish standards in regulations for facilities before their licensure as public or private treatment facilities. These standards shall be adopted following the review and recommenda-

tion of the proposed standards by local advisory boards, the state advisory board, and the legislature--following statutorily required public hearings.

(b) Regulations may be developed by the department following the adoption of licensure standards.

*Sec. 16. AS 47.37.150 is amended to read:

Sec. 47.37.150. ACCEPTANCE FOR TREATMENT. The department shall establish standards for the admission of persons into treatment programs, considering available treatment resources and facilities, for the early and effective treatment of substance abusers.

*Sec. 17. AS 47.37.160 is amended to read:

Sec. 47.37.160. VOLUNTARY TREATMENT OF SUBSTANCE ABUSERS. (a) A substance abuser may voluntarily apply for treatment directly to a licensed public or private treatment facility.

(b) Subject to regulations adopted by the department, the administrator in charge of a licensed public or private treatment facility may determine who shall be admitted for treatment.

(c) All federal and state laws and regulations relating to the provision of services to substance abusers shall be strictly adhered to by all substance abuse programs funded by the office.

*Sec. 18. AS 47.37.170 is amended to read:

Sec. 47.37.170. TREATMENT AND SERVICES FOR PUBLICALLY INTOXICATED PERSONS. (a) An intoxicated person may come voluntarily to a licensed public or private 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, a licensed public treatment facility, a licensed 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 physically incapacitated by any substance 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 a licensed public treatment facility, a licensed 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 physically incapacitated by any substance 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.

(c) A person who voluntarily appears or is brought to a licensed public or private inpatient treatment facility shall be examined by a licensed physician within 24 hours. After the examination, he may be admitted as a patient or referred to another health facility. The licensed public or private inpatient facility which refers him shall arrange for his transportation.

(d) No person who, after medical examination, is found to be physically incapacitated by any substance at the time of his admission or to have become physically incapacitated at any time after his admission, may be detained at a facility after he is no longer physically incapacitated by that sub-

stance. No person may be detained at a facility if he remains physically incapacitated by any substance for more than 72 hours after admission as a patient, unless he is committed unders sections 180 or 190 of this chapter. A person may consent to remain in the facility as long as the physician or administrator in charge considers it appropriate.

(e) A person who is not admitted to a licensed public or private 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 licensed public or private treatment facility shall assist him in obtaining shelter.

(f) If a patient is admitted to a licensed public or private treatment facility, his family or next of kin shall be promptly notified. If an adult patient who is not physically 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 that compliance.

(h) If the examining physician or the administrator in charge of the licensed public or private treatment facility determines it is for the patient's benefit, he shall initiate either an emergency commitment procedure under sec. 180 of this chapter or an involuntary commitment proceeding under sec. 190 of this chapter, whichever is appropriate in his professional judgment.

Sec. 19. AS 47.37.180 is amended to read:

Sec. 47.37.180. EMERGENCY DETENTION AND COMMITMENT. (a) An intoxicated person who has threatened, attempted to inflict, or inflicted physical harm on another may be charged under an appropriate criminal statute, taken into custody, and transported to a state or

municipal detention facility. A person who is physically incapacitated by any substance may be committed to a licensed public or private substance abuse 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 licensed public or private substance abuse 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 committment, 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.

(d) The administrator in charge of a licensed public or private 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 advoce of his medical staff, the administrator determines that the grounds for commitment no longer exists, 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 sec. 190 of this chapter has been filed within the five days and the administrator in charge of a licensed public or private 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 person's 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.

*Sec. 20. AS 47.37.190 is amended to read:

Sec. AS 47.37.190. INVOLUNTARY DETENTION AND COMMITMENT. (a) After a hearing initiated by petition of his spouse or guardian, a relative, the certifying physician, or the administrator in charge of a licensed public or private treatment facility, a person may be committed to the custody of an appropriate licensed private or public substance abuse treatment agency by the superior court. The petition shall allege that the person is a substance abuser who habitually lacks self-control in using a particular substance or combination of substances, that unless committed is likely to inflict physical harm on himself or another, or is physically incapacitated by a substance or combination of substances. A refusal to undergo treatment does not constitute evidence of lack of judgement as to 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 licensed public or private treatment facility in which the committed person has been committed for emergency care, and any other person the court deems appropriate. A copy of the petition and certificate shall be delivered to each person notified.

*Sec. 21. AS 47.37.200 is amended to read:

Sec. AS 47.37.200. DETENTION AND COMMITMENT PROCEDURE (a) At the hearing required under sec. 190(b) of this chapter, the court or the jury, if requested under sec. 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 the 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 a licensed public or private treatment facility in which he is being held under sec. 17[illegible] of this chapter 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 licensed public or private treatment facility, 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 licensed facility. No court may order the commitment of a person except to a licensed public or private treatment facility which is able to provide adequate and appropriate treatment for him.

(c) A person committed under secs. 190 - 200 of this chapter shall remain in the custody of the licensed facility 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 facility administrator or physician, before the expiration of the period, obtains a court order for his recommitment upon the grounds set out in sec. 190(a) of this chapter for a further period of up to 90 days. If a person has been committed because he is a substance abuser likely to inflict physical harm on himself or another, the facility administrator or physician 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 facility before the end of the 90-day period shall be discharged at the expiration of that period unless the facility administrator or physician, before expiration of the period, obtains a court order on the grounds set out in sec. 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 a substance abuser likely to inflict physical harm on himself or another, the facility administrator or physician 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) TO BE INCLUDED AS IS

(f) The licensed public or private treatment facility shall provide adequate and appropriate treatment for a person in its custody. The licensed facility may transfer a person in its custody to another licensed facility if the transfer is medically advisabile.

(g) A person committed to the custody of a licensed public or private treatment facility for treatment shall, if he is a substance abuser committed on the grounds that he is likely to inflict physical harm on himself or another, 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) he no longer demonstrates the likelyhood that he will inflict physical harm on himself or another; or

(2) treatment is no longer adequate or appropriate.

*Sec. 22 AS 47.37.210 is amended to read:

Sec. 47.37.210. RECORDS OF SUBSTANCE ABUSERS

(a) The registration and other records of treatment facilities shall remain confidential and are priveliged to the patient as per existing federal and state regulations regarding confidentiality of client records.

(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 substance abuse. No unique client

identifying information shall be disclosed.

*Sec. 23 AS 47.37.220 is amended to read:

Sec. 47.37.220. VISITATION AND COMMUNICATION OF PATIENTS (a) Patients in any licensed 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 a licensed treatment facility may be intercepted, read, or censored.

*Sec. 24 AS 47.37.230 is amended to read:

Sec. 47.37.230. ESTABLISHMENT OF EMERGENCY SERVICE PATROL (a) The office of [illegible] facilitate 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 and private treatment facilities.

(b) The department, with the review and recommendation of the interdepartmental coordinating committee, shall promulgate regulations for the establishment, training, and conduct of emergency service patrols.

*Sec. 25 AS 47.37.240 is amended to read:

Sec. 47.37.240. PAYMENT FOR TREATMENT. (a) A patient in a licensed treatment facility, or the person obligated to provide for the cost of treatment of a person committed under this chapter, is liable to the licensed treatment facility which provided the treat-

ment for the cost of maintenance and treatment of the patient in accordance with rates established by the treatment facility.

(b) The office 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.

*Sec. 26 AS 47.37.250 is amended to read:

Sec. 47.37.250. NONAPPLICABILITY. (a) Nothing in the chapter affects a statute, ordinance, or regulation relating to (1) driving under the influence of any intoxicating substance, or other similar offenses involving any substance 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 on 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.

*Sec. 27 AS 47.37.270 is amended to read:

Sec. 47.37.270. DEFINITIONS. In this chapter

(1) "licensed private treatment facility" means a private agency which does not receive grants-in-aid from this office, but meets the limited standards prescribed in sec. 140(a) of this chapter for private facilities licensed under sec. 130(f) of this chapter;

(2) "licensed public treatment facility" means a treatment agency providing treatment under this chapter through a grant from or contract with the office, meeting all of the standards prescribed in sec. 140(a) of this chapter, and licensed under sec. 130(f) of this chapter;

(3) "commissioner" means the commissioner of health and social

services.

(4) "coordinator" means the coordinator of the office of substance abuse;

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

(6) "emergency service patrol" means a patrol established under sec. 230 of this chapter;

(7) "physically incapacitated" 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, or physical harm or threats of harm to others;

(8) "incompetent person" means a person who has been adjusged incompetent by the appropriate court;

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

(10) "office" means the office of substance abuse within the department of Health and Social Services;

(11)"treatment" means the broad range of emergency, outpatient, intermediate, and inpatient services and care which may be extended to substance abusers and intoxicated persons, including diagnostic evaluation, medical, psychiatric, psychological, and social service care, vocational renabilitation, and career counseling;

(12) "substance abuser" means a person addicted to or misusing any licit or illicit drug(s), such as central nervous system depressants, sedative hypnotics, anti-depressants, tranquilizers, stimulants, hallucinogens, etc.

(13) "troubled employees" means workers whose performance has been

affected by the use of any substance.

*Sec. 28 AS 47.37 is amended by adding new sections to read:

ARTICLE 2. GRANTS-IN-AID

Sec. 47.37.300. POWERS AND DUTIES OF DEPARTMENT. The department shall:

(1) administer a community grant-in-aid program for substance abuse;

(2) submit an annual report concerning the grant-in-aid program within 10 days after the convening of the legislature in each regular session.

Sec. 47.37.310. GRANT-IN-AID PROGRAM. (a) A profit-making corporation, a non-profit corporation, a city or borough government, or other political subdivision of the state, or combination of these, is eligible to receive funds and administer local programs under sections 010 through 270 of this chapter.

(b) The department shall award funds under this chapter with the advice of the advisory board on substance abuse, in the interest of facilitating the development of local, comprehensive programs for the prevention, treatment, and rehabilitation of substance abusers. Separate budgets shall be appropriated for alcohol services and other substance abuse services. Funds will be awarded on a competitive basis. In considering applications for grants/contracts the department shall, if all other factors are equal, give preference to applicants who have integrated substance abuse programs within a unified human service delivery system. Priority shall be given to those applicants who demonstrate the existence of a comprehensive local program unifying the components of alcohol and other drug services and community mental health services.

(c) The department shall purchase the services by participating in 75% of the eligible costs of the services to be furnished under the plan subject to the availability of state funds to the department for implementing sections 010 through 270 of this chapter. In districts designated by the department as poverty areas, the department shall purchase the services by participating in 90% of the eligible costs.

(d) The contracts/grants for services provided for in sections 010 through 270 of this chapter shall be reviewed, revised if necessary, and approved at the expiration of each contract year. A contract shall be approved if the department finds that the community entity has complied with its plan, section 010 through 270 of this chapter, and any applicable regulations adopted by the department. Expenditures for the purchase of services shall be made in accordance with the approved contract, budgets and program projections.

(e) The department shall adopt regulations specifying the types of services and program costs eligible for state participation. These regulations shall include (1) a provision including 50% of the cost of capital expenditures as eligible costs where state funding will allow; and (2) a requirement that the community entity contractor or applicant agrees as a condition of contract approval that it will not supplant existing local fund support of substance abuse services, in any year in which it contracts with the department, at a level that is at least equal to the local funding support in the previous year.

(f) No program is eligible for funding under this section unless it conforms to the standards adopted under the provisions of sec. 140 of this chapter, or in the case of a new program, the department de-

termines that the program will be able to conform to those standards within a period of time to be specified in the initial grant application.

(g) Eligible local community entities shall conform to a state cost accounting system showing the true cost of services rendered, collect fees for services according to a schedule based on an analysis of reasonable ability to pay, and provide that no person whall be refused services because of inability to pay for those services.

Sec. 47.37.320. GRANT-IN-AID PROGRAM REGULATIONS. The department shall adopt regulations and establish priorities, after consultation with local communities affected and in conjunction with the state substance abuse advisory board, which are necessary to carry out the purposes of sections 010 through 310 of this chapter. The regulations shall provide for the method of application, the time for consideration of the 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 grant-in-aid under section 310 of this chapter. The department shall also establish the necessary form 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.

Sec. 47.37.330. JUDICIAL NOTICE. The superior courts of this state may take judicial notice of the fact that a substance abuser who is physically dependent on alcohol or other drugs is suffering from an illness and is in need of proper treatment as defined in sec. 47.37.270(11).

Sec. 47.37.340. DEFINITIONS. In secs. 300 - 350 of this

chapter, "poverty area" means an area in which 15% or more of the population, based on the most recent US Bureau of the Census figures, is under 125 percent of the Community Services Administration poverty guidelines.

*Sec. 28. AS 44.29.100 - 44.29.150 and AS 47.30.470 - 47.30.500 are repealed.

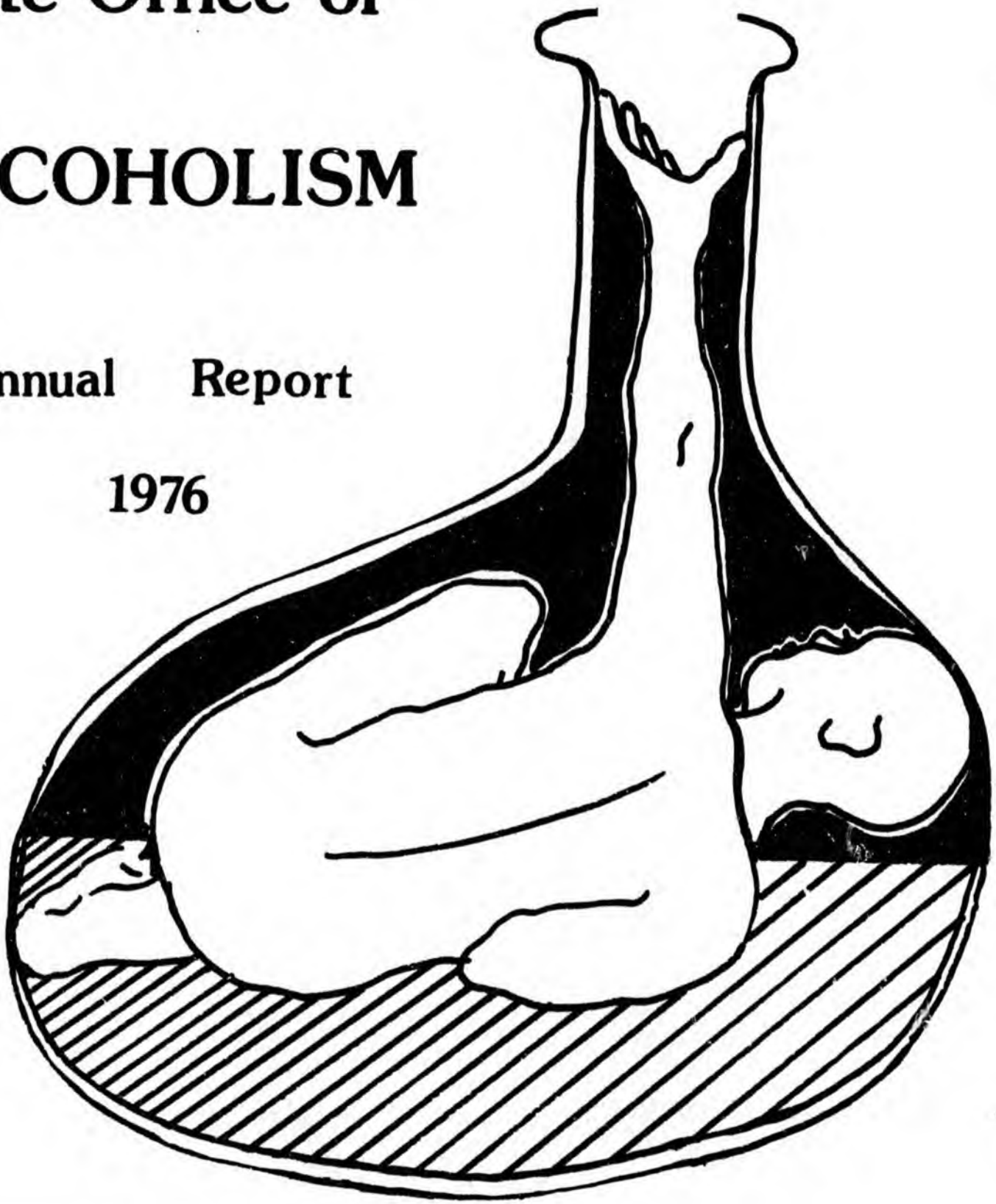
*Sec. 29. This Act takes effect July 1, 1977.

Department of Health and Social Services

State Office of ALCOHOLISM

Annual Report

1976



ANNUAL REPORT

Office of Alcoholism
Department of Health & Social Services
Pouch H-05F
Juneau, Alaska 99811

This annual report for Fiscal year 1976 was prepared under the supervision of Robert Cole, Coordinator, Alaska State Office of Alcoholism.

February, 1977

Office of Alcoholism
Pouch H-05F
Juneau, Alaska 99811

STATE OF ALASKA
DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER
JAY S. HAMMOND, GOVERNOR
POUCH H 01 – JUNEAU 99811

February 1977

Speaker of the House
President of the Senate

We are pleased to present to you this Annual Report on the State Office of Alcoholism Program covering operation of the Program during FY 1976. We have attempted to provide you with a comprehensive overview of our office structure, policies and new directions. Special focus has been directed toward descriptions of individual community programs.

If more information is desired concerning the alcohol programs in Alaska or the State Office of Alcoholism, we will be pleased to honor the request.

Respectfully submitted,

Francis S. L. Williamson

Francis S. L. Williamson
Commissioner

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THE OFFICE

THE OFFICE

The State Office of Alcoholism was established in 1967, when the legislature appropriated $25,000 for the development and implementation of an alcoholism program. The Governor designated the Department of Health and Social Services as the single state agency responsible for the administration of the State Plan for Alcoholism. The mission of the office is to implement the provisions of AS 47.37 so as to accomplish "the reduction in incidence and severity of alcoholism and alcohol abuse, and its related social consequences."

Authority establishing the State Alcoholism Program is cited as AS 47.30.460-500. Additional authority includes the Grant-in-Aid program, whereby the Office of Alcoholism gives monetary aid to local alcoholism projects (AS 47.30-474-.477); The Governor's Advisory Board on Alcoholism (AS 47.30.060-069); and the Uniform Alcoholism and Intoxication Treatment Act (AS 47.37.10-210).

The State Office does not deliver direct services to alcoholics or alcohol abusers; rather, the Office provides services to agencies throughout the State who themselves provide direct services. The State Office is the coordinating, regulatory and evaluative body for the State effort. It administers the State Grant-in-Aid program and the associated reporting and monitoring systems. The Office provides technical assistance to communities, and is the focal point for coordination statewide.

Local control over the local alcoholism programs is the intent and policy of the Department and of the State Office which exerts sufficient control over those local endeavors to establish and maintain appropriate standards and to guarantee adequate linkages and continuity of care for the benefit of the client. This control is obtained through the Grant-in-Aid process and its attendant application, reporting, monitoring and evaluation systems.

The Office provides staff services to the Governor's Advisory Board on Alcoholism and maintains a degree of liaison with statewide organizations whose objectives are similar. It is headed by a coordinator appointed by the Commissioner of the Department of Health and Social Services.

GOVERNOR'S ADVISORY BOARD ON ALCOHOLISM

AS 47.37.070 authorizes the Governor's Advisory Board on Alcoholism. This board has nine members appointed by the Governor to four-year staggered terms.

Throughout FY 76, the Board played an active role in the development of policy for the implementation of legislation and the administration of programs related to alcohol abuse problems. With the staff of the Office of Alcoholism acting in an advisory capacity to the membership, the Board reviewed, evaluated and assisted in determining the direction of activities for the Office.

Individually and collectively, the Board has been instrumental in assisting the Office to develop its program effectiveness and efficiency as it seeks to meet the needs of local communities and the entire state in the resolution of problems related to alcohol abuse.

The membership has provided an important advocate role in support of the Office's proposed budget request to both the Administration and the Legislature.

In combined meetings with the Governor's Board on Drug Abuse and a statewide conference with representatives from Drug Abuse, Mental Health and Alcoholism, the membership has provided essential input in behalf of policy problems related to alcohol abuse programs in the planning activities of the ADAMHA project known as "State Plan Development."

CURRENT MEMBERS OF GOVERNOR'S ADVISORY BOARD
OFFICE OF ALCOHOLISM

Dr. Stanley Austin, M.D.
2412 W. Marston Dr.
Anchorage, Alaska 99503
Office 279-8275
Home 279-8039

Joseph Fuller
1438 Medfra
Anchorage, Alaska 99501
Home 279-7931
Office 276-9849

Rev. Paul Jordan
Lutheran Church of Hope
Box 4-1930
Anchorage, Alaska 99509
Office 279-7714
Home 279-4833

A. Fred Miller
Attorney At Law
426 Main Street
Ketchikan, Alaska 99901
Phone 225-6666

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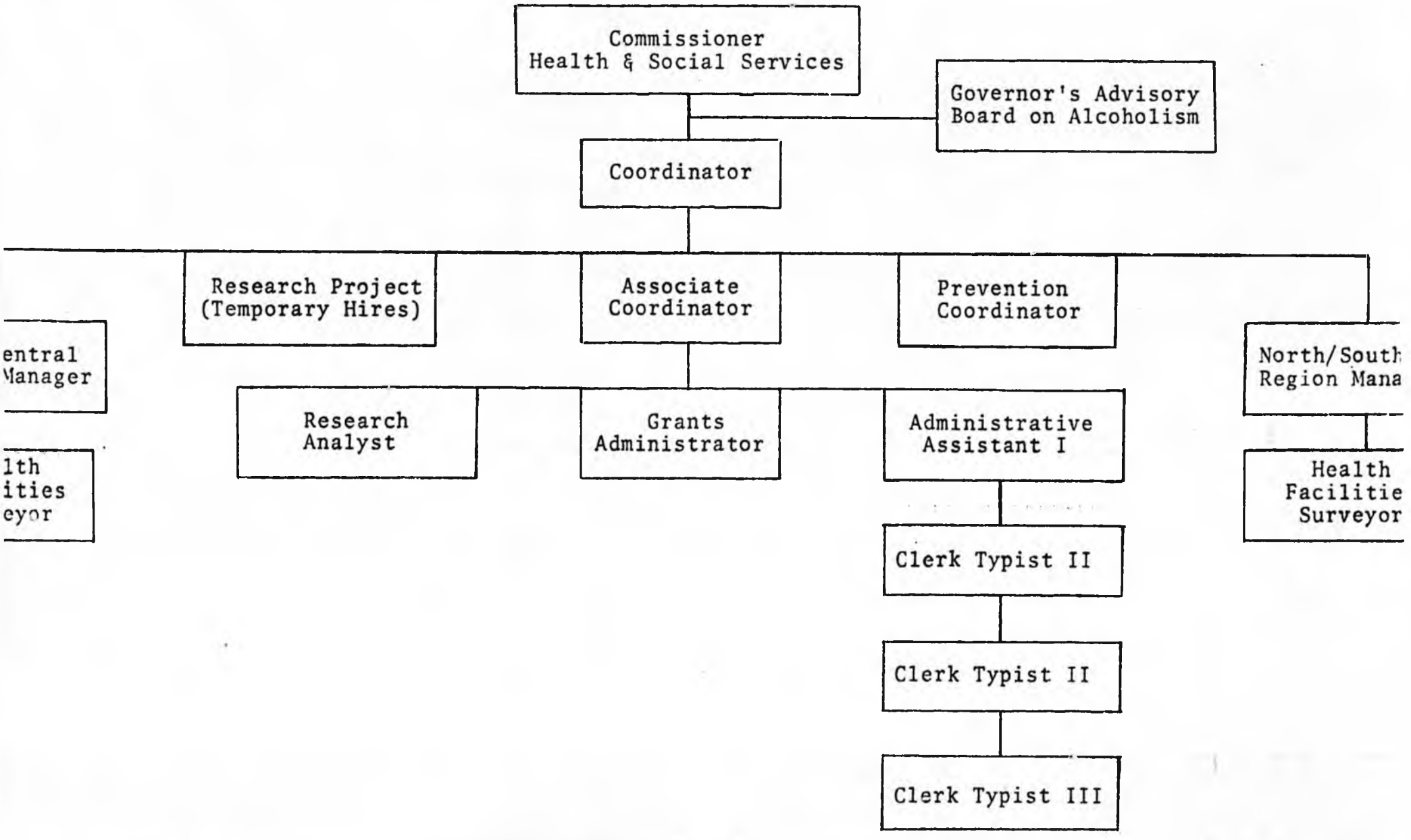
Home 479-3788

Jacqueline Pflaum
Box 188
Bethel, Alaska 99559

Herman Schroeder, Sr.
Box 216
Dillingham, Alaska 99576
Office 842-3833

ORGANIZATIONAL CHART FY 1976



STATE PLAN

In 1973, the Office of Alcoholism completed development of the Alaska State Plan for the Reduction of Alcoholism and Alcohol Abuse. The plan was published in April of that year and has been updated annually.

The objective of the Plan is to present a coordinated comprehensive program for the orderly development and provision of needed alcoholism prevention, treatment, and rehabilitation programs for the State. In order to attain this objective, the Plan:

1. Presents information about alcohol problems in Alaska;

2. Describes the resources available for implementation of the Plan;

3. Suggests a program for the concerted utilization of these resources to accomplish specific yearly objectives;

4. Serves as a base for action, coordination and communication by and among persons and organizations implementing these objectives;

5. Fulfills Federal requirements pertaining to state plans;

6. Establishes the opportunity for continuity of effort over the years as an historical document, as a work plan, and as a legitimate base for planning.

REGIONS AND DISTRICTS

As part of the State Plan, a region and district service-area concept was developed around the existing transportation net. Alaska has a vast expanse of land, limited population, and lack of roads. Therefore, the time and cost of air transportation, rather than miles, were taken as the critical factors in identifying three major regional areas for service delivery. Their corresponding centers in Fairbanks, Anchorage, and Juneau offer a range of alcoholism treatment facilities, from information and referral, to emergency services, to rehabilitation, to transitional (half-way house) living, to out-patient care.

Further examination of the contemporary transportation net identified 22 district centers which act as collecting points for the surrounding communities. Each of these satellite stations relates to one of the three regional hubs.

At the village or small community level, there should be at least one alcoholism counselor, providing out-patient diagnosis, counseling, education and referral services for one or a number of villages or communities. When a client is in need of services which the counselor is unable to provide, he is referred to the nearest center where such services are available. This might be at the district center in the case of limited treatment or at a regional center in the case of extensive rehabilitation.

SOA-SUPPORTED ALCOHOLISM PROGRAMS

Location	Name	Address & Telephone	Program Manager
Anchorage	National Council on Alcoholism	4510 Int. Airport Rd. Suite I Anchorage, Alaska 99503 279-3575	Sue Perry
Anchorage	ALMEA	503 W. Northern Lights Rm 205 Anchorage, Alaska 99503 272-5656	Don Ryder
Anchorage	Municipality of Anchorage	825 "L" Street Room 504 Anchorage, Alaska 99501	Ed Stewart
Barrow	Barrow Council on Alcoholism	Box 118 Barrow, Alaska 852-7470	Nancy Ahsogeak
Bethel	Bethel Alcohol Treatment Center	Box 388 Bethel, Alaska 99559 543-2128	Eugene Strickland
Copper Center	Copper Valley Alcoholism Program	Drawer G Copper Center, Alaska 99573 822-3333, 822-3497	Clara Peters
Dillingham	Dillingham Alcoholism Program	Box 191 Dillingham, Alaska 99576 842-3933, 842-3483	Ivan Widum
Fairbanks	Fairbanks Native Assn. Alcoholism Program	1318 Kalakaket Street Fairbanks, Alaska 99701 479-6271	Banarsi Lal

Location	Name	Address & Telephone	Program Manager
Galena	City of Galena	Box 149 Galena, Alaska 99741 656-1281	Roger Huntington
Juneau	City/Borough of Juneau	155 South Seward Street Juneau, Alaska 99801 586-3300	Mar Winegar
Ketchikan	Ketchikan Council on Alcoholism Program	3134 Tongass Avenue Ketchikan, Alaska 99901 225-4135	LaPrele Rasmussen
Kodiak	Kodiak Council on Alcoholism	Box 497 Kodiak, Alaska 99615 486-3535	Brian Kelly
Kotzebue	Mauneluk Associantion, Inc.	Hope Center Box 256 Kotzebue, Alaska 99615 442-3207	Loretta Eakan
Nome	Norton Sound Health Corporation	Box 966 Nome. Alaska 99762 443- 443-2261	William Dann
Petersburg	Petersburg Council on Alcoholism	Box 1066 Petersburg, Alaska 99833 772-3552	John Rooks
Seward	Seward Council on Alcoholism	Box 1045 Seward, Alaska 99664 224-5275	Gene DeGooyer
Sitka	Sitka Council on Alcoholism	Box 963 Sitka, Alaska 99835 747-3636	Bennett Stower

Location	Name	Address & Telephone	Program Manager
Tok	Upper Tanana Regional Council on Alcoholism	Box 155 Tok, Alaska 99780 883-4201	Charlie Biederman
Unalaska	Unalaska Alcoholism Program	Box 182 Unalaska, Alaska 99685 581-1208, 581-1260	Frank Poplawski
Valdez	Valdez Alcohol Commission	128 Pioneer Drive Suite #5 Valdez, Alaska 99686 835-2364	Pat Ruther
Wrangell	Wrangell Council on Alcoholism	Box 1108 Wrangell, Alaska 99929 874-3149	Betty Johnston
Yakutat	Yakutat Alcoholism Program	Box 113 Yakutat, Alaska 99689 784-3323, 784-3256	Rosemary Riley

EVALUATION AND MONITORING

Alcoholism programs across the country vary in size and scope. They vary in treatment philosophy, they vary by the population they serve, and they vary by location. Nevertheless, there are certain basic principles common to all such programs. For that reason, basic standards have been established on a national basis to indicate how such programs should operate, no matter what their variation.

Through NIAAA funding, the Alcoholism Division of the Joint Commission on Accreditation of Hospitals developed a set of national standards for the accreditation of alcoholism programs. Because of their scope, national standards are not subject to fragmentation by inconsistencies in state or local laws or regulations.

Public hearings were held in five areas of the state during March, 1976 to discuss adoption of standards. In December, 1976 the standards as set forth by the Joint Commission on Accreditation of Hospitals (JCAH) were adopted by Alaska. Urban programs throughout the state have until July 1, 1977 to comply with these standards. A less stringent set of program standards will be developed for less potentially sophisticated programs in smaller communities.

In order to be accredited, alcoholism programs must meet certain minimal or basic criteria, which help to insure a high quality of care. Besides providing an objective evaluation of a program's services, some of the advantages of accreditation are that it provides a form of recognition that is respected by health professionals and consumers, it can help raise the level of professional performance, it attracts qualified professionals who wish to work in and for programs that are known to offer services of recognized quality, it provides an incentive for the continual upgrading of a program's services, and it identifies, for the public, programs and services of quality in the field of alcoholism.

Evaluators perceive their role as analysts and teachers, rather than as inspectors and judges. Their function is not to find shortcomings in order to mete out punishment, but rather to act as consultants to programs, helping them to identify both their strong and weak points, and to provide guidelines to correct their weaknesses.

In addition to the evaluation program of the SOA there exists also a program for monitoring expenditures of programs funded through grants from the State. Payment request and expenditure reports are reviewed on a quarterly basis to ensure compliance with the Grant-in-Aid program.

INTERAGENCY COORDINATING COMMITTEE

The reduction of alcoholism, alcohol abuse and alcohol-related problems is a priority goal for Governor Hammond's administration. Alaska Statute 47.37.050 creates a state level "Interdepartmental Coordinating Committee" (ICCS). This coordinating committee is charged with assisting the Commissioner of Health and Social Services and the Coordinator of the State Office of Alcohol and Alcohol Abuse in formulating a comprehensive plan for the prevention of alcoholism and for treatment of alcoholics and intoxicated persons.

Membership on the committee includes the Commissioners of Health & Social Services (Chairman), Highways, Education, Labor and Public Safety. The Coordinator of the Office of Alcoholism serves as an ex-officio member. To complete the review of policy, the Governor included the Attorney General, Commissioner of Community and Regional Affairs, and representatives of the Criminal Justice Commission, ABC Board, and Governor's Office.

The first intensive ICC effort will be directed towards a series of management, treatment, prevention and control policy recommendations to the Governor. These will be translated into appropriate administrative, legislative, and budgetary proposals to be presented to the legislature for their consideration. To assist in the realization of this goal, the governor has attempted to use already existing tools. The ICC is such a tool.

BUDGET & EXPENDITURES

THE BUDGET

The Office of Alcoholism administered a budget totaling $3,000,800 for FY 76. The following table divides this sum according to source and function:

	SGF	NIAAA	Title IVA & XVI	Program Receipts	Total
Admin - general	70,600	-0-	135,000	-0-	205,800
Projects:					
Prevention		25,000			25,000
Pipeline Impact		111,400			111,400
Special Grant		120,000			120,000
Total Admin Component	70,600	256,400	135,200	-0-	462,200
Projects, Grants & Contracts	329,300	200,000 538,600 738,600	1,192,600	278,100	2,538,600
Total Budget	399,900	995,000	1,327,800	278,100	3,000,800

FY 77

	SGF	NIAAA	Total
Admin - general	369,300		369,300
Projects:			
Pipeline Impact		90,900	90,900
Special Grant		120,000	120,000
Total Admin	369,300	210,000	581,200
Projects, Grants & Contracts	1,856,700	731,000*	2,587,700
Total Budget	2,226,000	941,900	3,167,900
Pipeline Impact Formula Grant		531,000 200,000 731,000*	

FUNDING SOURCES FOR STATE OFFICE OF ALCOHOLISM PROJECTS

SOA Statewide and Regional Programs	Total Project Cost	State Alcoholism Award	State General Fund	NIAAA Formula Pipeline		Titles IVA VI,XVI	Total Other Federal Income	Misc. Funding
ALMEA	$ 200,000	$ 200,000	$ -0-	$200,000	PI	$ -0-	$ -0-	$ -0-
Barrow	54,730	54,730	-0-	54,730	PI	-0-	-0-	-0-
Bethel	132,214	93,500	93,500	-0-		-0-	950	37,764
Copper Center	55,000	55,000	-0-	55,000	PI	-0-	-0-	-0-
Dillingham	31,505	22,100	-0-	22,100	FG	-0-	-0-	9,405
Fairbanks	1,072,440	290,200	217,650	-0-		72,550	657,000	125,240
Galena	18,667	14,000	9,750	4,250	FG	-0-	-0-	4,667
GAAB	1,501,013	821,854	567,470	109,488	PI	144,896	333,353	345,806
Juneau	349,329	90,360	4,880	85,480	FG	-0-	132,826	126,143
Ketchikan	142,147	58,101	49,405	-0-		8,696	40,120	43,926
Kodiak	150,496	117,430	73,867	28,500	FG	15,063	-0-	33,066
Kotzebue	52,700	36,981	31,403	-0-		5,578	-0-	15,719
NCA-AR	736,158	79,478	64,576	-0-		14,902	656,680	-0-
Nome	126,121	85,430	85,430	-0-		-0-	-0-	40,691
Petersburg	36,093	27,070	-0-	27,070	FG	-0-	-0-	9,023
Seward	43,900	34,700	-0-	34,700	PI/FG	-0-	-0-	9,200
Sitka	185,451	79,380	66,536	-0-		12,844	80,000	26,071
Tok	128,600	13,700	13,700	-0-		-0-	114,900	-0-
Unalaska	141,020	26,800	26,800	5,000		-0-	86,220	23,000
Valdez	65,260	65,260	-0-	65,260	PI	-0-	-0-	-0-
Wrangell	35,813	26,860	26,860	-0-		-0-	-0-	8,953
Yakutat	18,500	13,875	13,875	-0-		-0-	-0-	4,625
TOTAL	$5,277,157	$2,306,809	$1,345,702	$691,578		$274,529	$2,102,049	$863,299

FUNDING SOURCES

AIS PROJECT

In FY 75, the Alaska State Office of Alcoholism was awarded Special Incentive Grant monies through NIAAA. These funds are granted to states as a means of assisting them in implementing the Uniform Alcoholism and Intoxication Treatment Act. Funding is based on $100,000 per qualified State, plus ten per cent of the Formula Grant monies to which they are entitled. On this basis, Alaska was granted $120,000 for FY 75 and FY 76 each.

The goal of this project is to provide the State of Alaska with a formative, but comprehensive "Alcoholism Information System." The grant allows the State to obtain essential information on the relationship between alcohol use and abuse. The project is expected to continue through the end of FY 78 with annual funding of $120,000.

The project has been prepared under the direction of Dr. Dennis Kelso; completion is expected in February, 1977 and will appear in five published volumes. These volumes are briefly described below:

VOLUME I: The Economic Impact of Alcoholism and Alcohol Abuse in Alaska, 1975

Volume I investigates and describes the economic impact on Alaska of alcoholism and alcohol abuse. Major goals of the volume include the identification and estimation of financial benefits deriving from the sale and consumption of beverage alcohol, and determination of the economic cost of alcoholism and alcohol abuse for the state as a whole.

VOLUME II: An Analysis of State Legislation Pertaining to Regulation and Control of Beverage Alcohol and Alcoholism and Alcohol Abuse, Alaska, 1975

Volume II identifies and analyzes all Alaska legislative statutes and administrative codes which are in any way concerned with the sale and consumption of beverage alcohol, or with alcoholism or alcohol abuse problems.

VOLUME III: Alcoholism and Alcohol Abuse Programs, Services Delivery System, Alaska, 1975

Volume III presents the findings of an analysis of the major elements of the alcohol services delivery system in Alaska. Statewide and local organizations providing direct and indirect alcoholism services are described with respect to their various administrative and programmatic dimensions.

VOLUME IV: Social Systems Indicators of Alcoholism and Alcohol Abuse in Alaska, 1975

Volume IV assembles and discusses a range of current data and information regarding the social impact on Alaska of alcoholism and alcohol abuse. The data compiled are regarded as conventional social system indicators, and are discussed accordingly.

VOLUME V: Executive Summary: Descriptive Analysis of the Impact of Alcoholism and Alcohol Abuse in Alaska, 1975

As an executive summary, Volume V synoptically treats the findings contained in the four primary volumes preceding it. Additionally, it integrates various portions of these findings to provide alternative descriptions of the impact on Alaska of alcoholism and alcohol abuse. Overall policy-level recommendations extrapolated from the study's findings are suggested for more effective implementation of Alaska's Uniform Alcoholism and Intoxication Treatment Act.

PIPELINE GRANT

The trans-Alaska oil pipeline is the largest private construction project ever undertaken. Since the beginning of construction in April, 1974, thousands of construction workers, their families, support staff, technical personnel, and entrepreneurs have been drawn to Alaska, with the total new population expanding to as high as 39,000 people.

Construction camps are situated along the 790 miles of pipeline corridor, and the major urban centers of Anchorage and Fairbanks grew at an increasing rate. As the population of impacted areas increased, the need for alcoholism services increased. The camps themselves experience a special kind of alcohol abuse and alcoholism problem - expecially in the near endless dark of winter - and have their own need for services.

There are three principal types of pipeline impact on the need for alcoholism services: a) increased demand for services resulting from population increases caused by the pipeline, b) the need for services for workers on the line, and c) increased stress on existing community populations. These impacts have been adequately described in a document intitled "Pipeline Impact Project for Alcohol Abuse and Alcoholism", prepared in October 1974 by the Office of Alcoholism.

The purpose of the Pipeline Impact Grant was to provide a coordinated response to increased statewide problems of alcohol abuse and alcoholism generated by construction of the Trans-Alaska Oil Pipeline. Prevention and treatment efforts are directed towards impact-related problems in the work camps and towards those impact-related problems in pipeline corridor communities and urban centers, to which people and problems gravitate.

The goal of this special project is the amelioration of alcohol abuse and alcoholism problems attendant upon pipeline construction and, in particular, the extension of care to those individuals (pipeline personnel and corridor community residents) th impact-related alcohol problems.

The Pipeline Grant is expected to continue until the end of FY 78. The grant for FY 76 was $650,000. Of this total, $538,600 was awarded as direct grants to six projects: ALMEA, Copper River, Seward, Barrow, Anchorage and Valdez. The remaining $111,400 was for administrative costs which included the salaries and travel for two program managers.

FORMULA GRANT

The federal government awards a sum of money based on population to each state which has a State Plan. Alaska has adopted the Alaska State Plan for The Reduction of Alcoholism and Alcohol Abuse and is thereby entitled to a maximum annual grant of $200,000. The State need not match these funds, but they must guarantee that these funds will not be used to supplant state or local funding for particular projects.

In FY 76, the total was divided and awarded as community grants; none was allocated for administrative costs. The grants were generally awarded to smaller programs which have difficulty coming up with a catch match. For example, federal regulations which allow the use of volunteer services as an "in-kind" contribution for matching purposes permit the funds to go to programs which rely on a volunteer work force and need to use that for matching purposes.

STATEWIDE SERVICES

STATEWIDE SERVICES

The office of alcoholism is the legislated lead agency for the development and provision of alcoholism services in Alaska. Other agencies within Alaska concerned with and taking action against alcohol problems include two programs which are statewide in nature, receive State funds, and are subject to SOA monitoring and evaluation. They are: The National Council on Alcoholism - Alaska Region, and Alaska Labor Management Employee Affairs, Inc.

NCA-AR

The National Council on Alcoholism-Alaska Region (NCA-AR) is a private non-profit corporation dedicated to the goal of the adoption by Alaskans of a positive, supportive and knowledgeable attitude toward the solution of the problems of alcoholism and alcohol abuse. The Council has its office in Anchorage.

Funding Source	
State General Fund	$ 64,576
Title	14,902
Direct Federal Grant	656,680
	$736,158

The project objectives of NCA-AR fall into two categories: education and consultation.

EDUCATION

The Council serves as the public relations/alcohol information arm of alcohol programs in Alaska. To this end, they prepare and distribute news releases, photos, films and tapes. Feature items about alcohol are developed and released. Mailing lists of organizations and persons concerned with alcohol programs are developed and maintained. Assistance is given to radio and television stations in the development and presentation of programs concerning alcoholism.

The office conducts a State Alcoholism Forum as a training program for the public, for their own board, and for other related groups. They also monitor and provide information regarding pertinent legislation at local, state and federal levels.

CONSULTATION

A large function of the office is to assist other alcoholism programs in the areas of personnel management, financial management, and general administrative functions. They provide program consultation to all chartered chapters, and continue the development of Export Packages for chartered chapters.

Assistance upon request is given to all alcoholism programs on publicity and other public relations matters.

ALMEA

Funding Source	
Pipeline Impact	$200,000

Alaska Labor and Management Employee Affairs, Inc. (ALMEA) is a state-wide, non-profit corporation founded by the Alaska Chapter of Associated General Contractors and the major labor unions of Alaska. The program has a broad approach embracing industrial alcoholism under the concept of a "Troubled Employee Program", including drug abuse, mental illness, and other employee problems. Alcohol accounts for approximately 80% of the problems dealt with.

ALMEA's objective is to mobilize managers, superintendents, safety representatives, foremen, job stewards, and business agents in a cooperative effort to detect and refer personnel with early symptoms of drinking problems. If medical treatment is not indicated, an alcoholism program is recommended by the Occupational Alcoholism Specialist, with the concurrence of the employees' immediate supervisors in Labor and Management.

ALMEA's specific objectives are: prevention, referral, individual contact and counseling, and education and training.

Other alcohol-related programs, though statewide in nature, do not receive SOA monies. These programs are described briefly below.

THE ALASKA NATIVE COMMISSION ON ALCOHOLISM AND DRUG ABUSE

The Commission was formed to focus special attention on alcohol problems of Alaska Natives, and to provide technical input and quality control to program development relating to Alaska Natives and Native communities. The ANCADA Board of Directors is comprised of representatives of each of the 12 Native regions and six Native members-at-large. As ANCADA develops its expertise, it is strengthening its role from one of "after-the-fact" advisor to that of planner, developer, and coordinator.

STATISTICAL REVIEW

DATA COLLECTION SYSTEM

The Data Collection System of the State Office of Alcoholism, like many other data systems in Alaska, is quite young; as such, it has yet to be fully developed. During Fiscal Year 1976, the SOA began direct operation of data collections, which previously was operated by the Center for Alcohol and Addiction Studies, University of Alaska, Anchorage, under contract from the State Office. This first year of operation proved to be a valuable learning experience for the Office and for the alcoholism programs required to report their activities to the SOA.

During this year, the SOA was able to monitor and evaluate the data collections system on a much closer level than previously. The system was found to have some major deficiencies, a few of which were corrected by the addition of a Monthly Activities Report required from each program during the last half of FY 76.

During FY 76, the data collection system relied most heavily for information on the "Data Base Form for Alcoholism Problems," a client-oriented form which contains both demographic and treatment data. This form has proved to be inadequate and confusing, but neither time, money, or personnel were available to develop a new system, so it was used during all of FY 76. At the end of the year, the Data Base Form was coded, keypunched, and computerized and some simple counting of the occurrences of a number of variables was performed by the computer.

When the computerized tallies were examined, it became obvious that the alcoholism programs were underreporting. The SOA received information on only 3,500 clients. Some programs were not computerized because they do not submit the Data Base Form: Copper Center, Valdez, ALMEA, and Barrow because they are pipeline programs and have different reporting requirements; Bethel is not included because their records were confiscated when there were some internal problems with that program. So five programs were not a part of the computer tally. This reduces the total number of clients known to have received services, but we also know that the other 15 or so programs served more than the reported 3,500 clients during the year.

Because of the obvious deficiencies in the data collection system, in terms of accuracy and completeness of reporting by the alcohol programs, and the type and format of the data collected, a number of long range and short range goals have been developed. These goals are all directed toward developing a data system that is more accurate in depicting the number and types of services given to clients by programs, and more useful in making management decisions by the SOA and the alcohol programs. The long range goals require research into the specific needs of the SOA and the programs. The goals are as follows:

1. A complete revision and simplification of the "Data Base Form for Alcohol Related Problems" is necessary for a more accurate reflection of the status and progress of a client in a program.

2. Revision of the Monthly Activities Report so as to more accurately reflect the activities of a program during a month.

3. Revision of the computer program now based on the data base form to include those programs which do not submit the data base form.

4. Computerization of the Monthly Activities Report in order to provide a comparison to the data base form.

5. Development of a process by which the computer may generate routine reports for the use of both the SOA and the programs.

The research into and planning for these goals has begun. Revision of the Monthly Activities Report is nearly ready for implementation. The projected date for implementation of the revised data base form (or some similar instrument for the gathering of client statistics) is July 1, 1977. The other goals do not have specific implementation dates, but the aim is for sometime during Fiscal Year 1978.

TABLE 1

TOTAL CLIENTS SERVED

City	Number Clients	%
Anchorage	1,644	43.6
Dillingham	12	0.3
Fairbanks	319	8.5
Juneau	452	12.0
Ketchikan	365	9.7
Kodiak	203	5.4
Kotzebue	62	1.6
Nome	10	0.3
Petersburg	169	4.5
Seward	21	0.6
Sitka	279	7.4
Tok	71	1.9
Unalaska	31	0.8
Wrangell	24	0.6
Yakutat	109	2.9
Other	2	0.1
	3,773	100.0

TABLE 2

TYPE & FREQUENCY OF SERVICE

Type of Service	Number Patients	%
Sleepoff	128	3.4
Halfway House	541	14.3
Rehabilitation	606	16.1
Detoxification	917	24.3
I & E Outpatient	1,579	41.8
	3,773	100.0

TABLE 3

TOTAL CLIENTS BY SEX

Sex	Number Clients	%
Male	2,785	73.8
Female	761	20.2
Unknown	222	5.9
Out of Range	5	0.1
	3,773	100.0

TABLE 4

CLIENTS SERVED BY RACE

Race	Number Clients	%
Aleut	252	6.7
Eskimo	623	16.5
Oriental	7	0.2
Indian	810	21.5
White	1,349	35.8
Athabascan	131	3.5
Black	44	1.2
Other	55	1.5
Unknown	502	13.3
	3,773	100.0