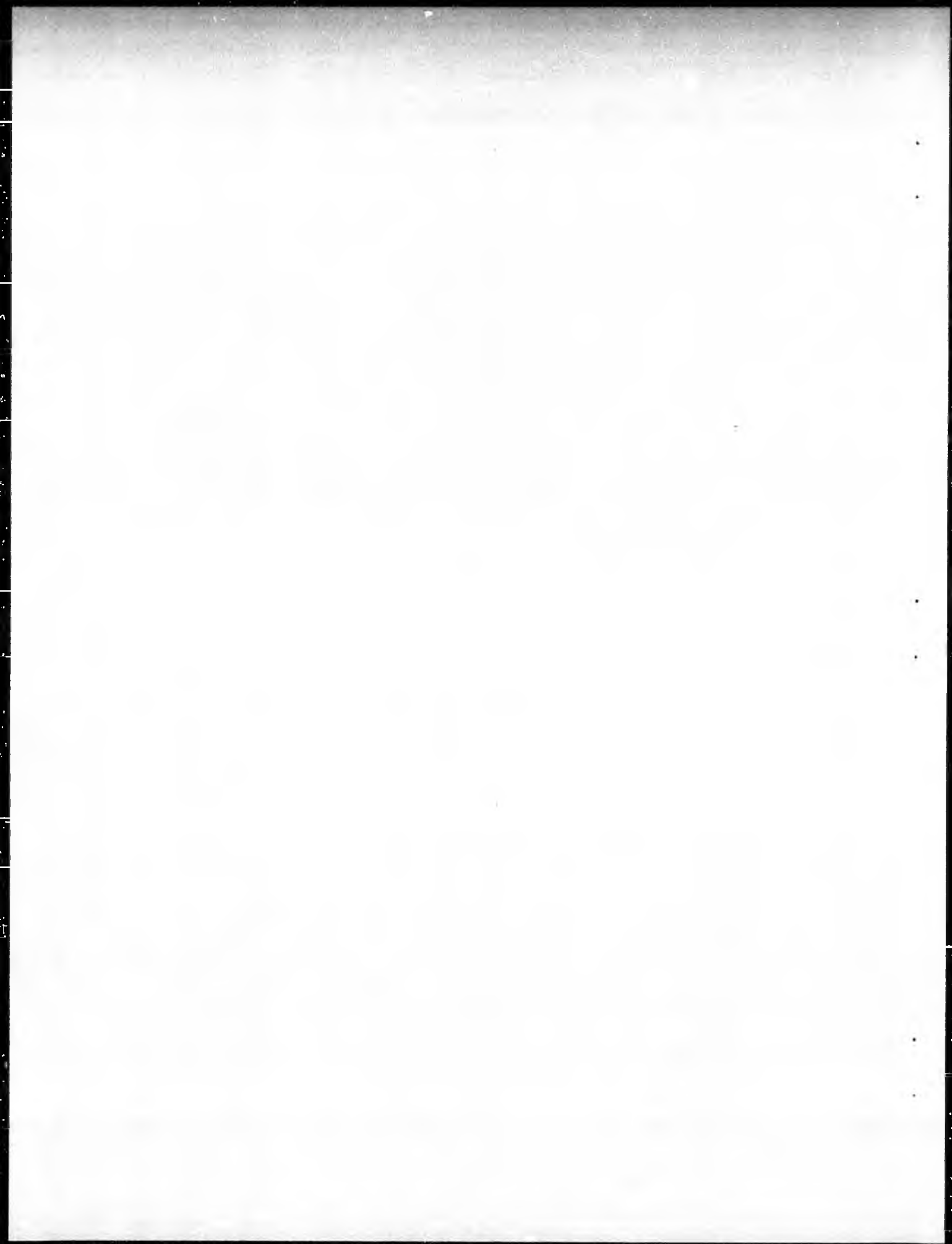


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COMMUNITY PROGRAMS



COMMUNITY SERVICES

A total of 20 communities had alcoholism projects funded under the state grants-to-communities programs in 1976. In order to encourage a cooperative, coordinated delivery system of all services available in the community, only single grant applications were accepted from those communities. In addition to those community projects, the SOA funds two projects which are statewide in nature; one is oriented toward prevention and public education and the other toward operating an occupational alcoholism program.

Alcoholism treatment services which involve direct patient contact or care are of six general types. The Office of Alcoholism has classified them for licensing purposes according to the following definitions:

1. Information and referral service: Program which provides educational materials and general information on alcoholism and alcohol abuse, limited counseling, screening and referral to appropriate helping agency.
2. Emergency intoxication shelter or "sleep-off": Temporary non-treatment facility providing minimal or limited protection and care for intoxicated person during the time required to eliminate the alcohol from the system.
3. Detoxification service: In-patient treatment facility staffed and equipped to provide medical and social services for intoxicated persons suffering from the effect of a single extended drinking episode or the long-term debilitating effects of chronic drinking.
4. Rehabilitation center: Intermediate residential care for alcoholics who are not in an acute condition, providing treatment and research, counseling, therapy, evaluation, initial vocational and educational screening, board and room.
5. Halfway house: Transitional group living for persons returning from alcoholism rehabilitation or other parts of the health care system; largely self-administered with a minimum of paid staff, and relying on community resources for continued after-care rehabilitative programs.
6. Out-patient service: Out-patient treatment for alcoholics and related individuals by medical and social service personnel, providing diagnostic evaluation, therapy, social casework, and referral to other community services.

Some alcoholism projects are equipped and staffed to offer only one type of service, some offer several types of services within the same facility. And, of course, a number of services which involve no state funding, such as Alcoholics Anonymous, are available to the person with alcohol-related problems.

ANCHORAGE

Since the beginning of fiscal year 1973, public and private agencies operating alcoholism treatment facilities in Anchorage have been funded under a unified grant. The grantee is the Greater Anchorage Area Borough Health Department, which has responsibility for management and coordination of the total program. Each of the participating agencies retains its own administration, program and development authority, as well as its own unique characteristics and selective client appeal. They all work towards a coordinated network of services with interrelationships designed for effective prevention, early intervention, treatment, and rehabilitation. The GAAB Comprehensive Alcohol Treatment Program attempts to provide services for the entire alcoholic and problem drinker population of the Greater Metropolitan Area, as well as the itinerant alcoholic who gravitates to the Anchorage area. In addition, an intensive effort has been aimed at prevention and education among youth and young adults.

One benefit of the unified approach has been the identification of the specific resources of each facility and the ability to apply the full range of treatment modalities to the needs of the individual alcoholic. The patient is now able to enter the treatment system at whatever point seems optimal for success in his individual case.

A description follows of each individual project subcontracting for state funds under the Greater Anchorage Area Borough Health Department in 1976.

<u>FUNDING</u>	<u>TOTAL CLIENTS SERVED GROUPED BY SEX AND RACE</u>				
	<u>SEX</u>		<u>RACE</u>		
				%	
S.G.F. \$	567,470	Male	1,176	White	649 39.48
P.I.	109,488	Female	328	Native	702 42.70
Title	144,896	Unknown	138	Oriental	4 .24
Federal	333,353	Out of		Black	29 1.76
Misc.	345,806	Range	2	Other	36 2.19
Total	\$1,501,013			Unknown	224 13.63
		Total	1,644	Total	1,644 100.00

ALASKA NATIVE BROTHERHOOD HALFWAY HOUSE

The ANB Halfway House is a transitional facility within the community and, as such, provides guidance, supervision, and personal services relating to the areas of adjustment which enable the alcoholic to move into independent living conditions. After initial screening, each individual is required to attend group therapy twice weekly. Room and board is provided to the client on a seven-day week basis. There is 24-hour supervision and a program designed to assist the client in overcoming alcohol addiction within the facility. Each individual coming into the ANB Halfway House has come out of a detoxification program as well as an individual treatment program and is ready to move into an aftercare facility. Each individual client is encouraged to find employment; supportive counseling and group therapy is arranged to help him adjust to the work environment and prepare him to move into independent normal living conditions upon completion of the Halfway House program.

TOTAL CLIENTS SERVED
GROUPED BY SEX AND RACE

<u>SEX</u>			<u>RACE</u>		
		<u>%</u>			<u>%</u>
Male	64	78.0	White	3	3.6
Female	17	20.7	Native	78	95.2
Unknown	1	1.3	Unknown	1	1.2
Total	82	100.0		82	100.0

ALASKA PSYCHIATRIC INSTITUTE RE-EDUCATION UNIT

The Re-Education Unit provides an intensive inpatient rehabilitation program with the primary method of treatment being group therapy. Inpatient group therapy averages forty-seven man-hours a week. Post-discharge therapy averages six hours per week. Each patient is expected to attend the scheduled group meetings with a goal of the patient learning to share his feelings and experiences with the group and to be a motivating force in helping others share their feelings and experiences to overcome alcoholism and alcohol abuse. Each individual client being admitted to the program goes through a screening process and is provided a psychological diagnostic evaluation prior to admission. There are also subsequent staffings held on a weekly basis following the patient throughout this therapeutic program. The Re-Education Unit also provides medical services throughout the treatment program and then subsequent referral services for ongoing follow-up into the Comprehensive Alcoholism Treatment Program.

ANCHORAGE COUNCIL ON ALCOHOLISM

The Anchorage Council on Alcoholism is a charter chapter of the National Council on Alcoholism--Alaska Region. It functions as a vital referral and outreach component of the Comprehensive Alcoholism Treatment Program. It provides the public with up-to-date information on alcoholism. It is involved in referrals to appropriate alcoholism treatment facilities, education, and alcoholism prevention. It develops contacts with existing groups and organizations, high school and college personnel, professionals, retired persons, and interested citizens. It attempts to utilize all available educational aides and to develop literature specifically aimed at the needs of the Greater Anchorage Area Borough. It aims to provide information regarding the disease of alcoholism to the public with early intervention and prevention as one of its goals. The Anchorage Council's telephone is manned on a 24-hour basis to provide a referral point for individuals in need of alcoholism treatment and alcoholism information.

CHRISTIAN, METHODIST, EPISCOPAL WALK-IN CENTER

On September 10, 1973, the CME Church was awarded a contract for \$85,000.00 by the Borough Assembly to provide a 24-hour Walk-In Center for the indigent alcoholic and alcohol abuser. The original implementation of the Uniform Alcoholism and Intoxification Treatment Act in October of 1971, plus the lack of funding at the State level for the Act, dictated the implementation of detoxification to the Social Development Center, located at International Airport on Point Woronzof. Because of the long distance between the facility and the core of the area of downtown Anchorage, several technical problems were created relating to the pick-up of individuals incapacitated by alcohol. These individuals had to be held in the lobby of the police station as a holding room. The Loussac Library, the Alaska Native Medical Center waiting room and other public places had been utilized by intoxicated individuals seeking shelter and aversion from routine habitation of liquor dispensing establishments. Therefore, the alternative of CME Walk-In Center was funded to provide a drop-off point in the core of the downtown Anchorage area.

CME provides temporary shelter to the inebriate. It offers basic hygienic services, secondary nourishment, sleep-off facilities and the opportunity for entrance into appropriate local rehabilitative resources to the off-the-street indigent alcohol abuser through a motivational counseling unit. Arrangements with the Anchorage Police Department were made to receive incapacitated alcohol abusers who were under protective custody. The CME Walk-in Center is the primary pick-up station for any incapacitated inebriates. The Center also provides a temporary controlled and supervised shelter for the off-the-street indigent alcohol abuser, with a capacity for up to 200 individual clients per day. At the initial point of intake, a determination is made whereby alcohol victims may be referred to appropriate treatment facilities or benefit from other treatment resources. It provides a screening and holding station and emergency shelter. A motivational counseling unit is also made available whereby the indigent alcohol abuser can avail himself of the opportunity to find immediate remedial resources for various problems he may have or have encountered. Individual counseling is provided on an as-needed basis. The CME Walk-In Center is operated on a 24-hour day basis, seven days a week.

SALVATION ARMY GRADUATE HOUSE

For several years, the Salvation Army was the primary treatment facility of alcoholism within the State of Alaska. The Rehabilitation Program of the Salvation Army is a 52-bed facility that moves clients through work stations within the Salvation Army domain and prepares them to move into the Graduate House which is a residential treatment, community-based, peer-group oriented facility.

The Graduate House provides a capacity of 14 beds for individual treatment in the Halfway House setting. Services are related to those areas of adjustment which enable the alcoholic to move into independent normal living conditions on a short-term, one to twelve months supportive program. The Halfway House provides shelter, food service, individual counseling, group counseling and referral to other facilities as indicated. Treatment and discharge programs are planned for clients on an individual basis.

TOTAL CLIENTS SERVED GROUPED BY SEX AND RACE

<u>SEX</u>			<u>RACE</u>		
		<u>%</u>			<u>%</u>
Male	56	73.7	White	33	43.5
Female	1	1.3	Native	15	19.7
Unknown	19	25.0	Other	1	1.3
			Unknown	27	35.5
Total	76	100.0	Total	76	100.0

SOCIAL DEVELOPMENT CENTER, INC.

The initial program of the Social Development Center is detoxification. The detoxification program is administered at the Center as a limited sleep-off program. The client is given bed rest while being attended by a registered nurse and a detoxification orderly. The client also receives counseling while he is in detoxification, and plans are formulated as to his future care. Educational films on alcoholism and group sessions are available for persons in detoxification and referrals are made to other treatment facilities in the event the client does not elect to stay in the rehabilitative program at the Center.

If the client elects to become involved in the treatment program at the Center, he is screened by a panel of two staff members and two clients in the rehabilitation program to determine his sincerity to do something about his alcoholism. If accepted into treatment, the client can commit himself into the program for a period of thirty to sixty days. Ongoing weekly evaluations are made by the entire staff of all clients who are in treatment. Motivational counseling and group therapy are the prime focus aspects of the rehabilitation treatment plan. Group sessions are held daily by various group facilitators. Alcoholics Anonymous groups meet three times a week at the Center and one-to-one counseling is provided as needed. The Center also has, as an integral part of their treatment plan, the formation of a crafts shop; occupational therapy is also a vital part of the treatment plan. Referrals are made following the rehabilitation program for halfway house treatment or assistance in the community for continuing use of alcoholism treatment staff.

TOTAL CLIENTS SERVED
GROUPED BY SEX AND RACE

<u>SEX</u>			<u>RACE</u>		
		<u>%</u>			<u>%</u>
Male	802	80.4	White	340	34.1
Female	134	13.4	Native	506	50.7
Unknown	60	6.0	Black	12	1.2
Out of			Oriental	2	0.2
Range	2	0.2	Unknown	119	11.9
			Other	19	1.9
Total	998	100.0	Total	998	100.0

STUDIO CLUB

This facility is a Halfway House which provides halfway care and residential treatment for both men and women. It is a community-based, transitional residential facility (peer-group oriented.) It provides 24-hour supervision, room and ten days board in a supportive, non-drinking environment. Clientele are alcoholics moving out of other treatment facilities who have been provided detoxification and short-term intensive inpatient treatment. For the first thirty days each client is required mandatory attendance at group therapy, individual counseling and other therapy sessions outside the facility as arranged in conjunction with the Comprehensive Alcoholism Treatment Program. After the thirty-day period, the client has the option to further attend these meetings and other therapy sessions as they pertain to his individual treatment plan. He is required to financially support his own room and board after the initial ten days by finding some type of gainful employment to meet these ends, but continues to be involved in an individual treatment plan worked out in conjunction with the facility with his active participation.

TOTAL CLIENTS SERVED GROUPED BY SEX AND RACE

<u>SEX</u>			<u>RACE</u>		
		<u>%</u>			<u>%</u>
Male	51	46.4	White	30	27.3
Female	18	16.3	Native	19	17.3
Unknown	41	37.3	Black	2	1.8
			Unknown	59	53.6
Total	110	100.0	Total	110	100.0

BARROW

The extraction of oil and other minerals from the Prudhoe Bay area has had serious social repercussions on the people of Barrow and villages in its region. Many local people have taken advantage of the expanded opportunities for employment which has increased their economic power. Because of the "one week on, one week off" scheduling, people have a great deal of free time. This time and additional purchasing power has resulted in a staggering increase in liquor sales. With that increase has come an increase in alcohol-related problems. Approximately 50% of the 3,768 persons residing in the Borough are in need of services to some extent. Virtually all arrests in the year previous to this program were somehow alcohol related.

Through State Pipeline Impact funding to the Barrow Council on Alcoholism, programs have been started which:

1. Provide counseling services for the substance abuser.
2. Survey available community resources and educational materials for the alleviation and prevention of substance abusers.
3. Train and develop a volunteer auxiliary to amplify the director's efforts and to form a care group of staff for future programs.

In FY 76 emphasis focused on educating the population to become aware of their alcohol and drug problems.

FUNDING

P.I. \$ 54,730

BETHEL

Bethel is the largest community in Southwestern Alaska with a population of 3,100. It is located on the banks of the Kuskokwim River and is accessible only by boat or by air. It is the main trade and transportation center for an area of 155,000 square miles encompassing 52 villages and a total population of 15,000 people, 90% of whom are Eskimo.

The alcohol program in Bethel offers a variety of treatment programs: Information and referral, detoxification, and rehabilitation. Early case-finding techniques are being developed to aid in the identification of persons with alcohol problems before gross symptoms present themselves. The program has attempted to foster a sense of cultural identity and self-esteem through involvement in traditional crafts and industries as a rehabilitation activity. After appropriate testing for vocational aptitude by the Kuskokwim Community College vocational training is provided. Suitable boarding facilities are found for those clients who would benefit from removal from the home atmosphere.

FUNDING

SGF	\$ 93,500
Federal	950
Misc.	<u>37,764</u>
TOTAL	\$132,214

COPPER RIVER NATIVE ASSOCIATION INC.

Copper River is one of six communities that received a special "pipeline grant" through the State Office of Alcoholism to deal with increased problems of alcohol abuse and alcoholism generated by construction of the trans-Alaska Oil Pipeline. The program received a 55,000 dollar grant in FY 76. Although there are other counseling services in the area they are mainly concerned with the pipeline workers themselves, while the Copper River Native Association Inc. is primarily aimed at the Native population and other members of the population who have been adversely affected by pipeline activities in the region.

The program delivers direct services in the form of counseling, information and referral. Counseling is performed on a one-to-one basis, and is accomplished by traveling to various villages at least once every two weeks. The stated goals of the program are as follows:

1. To continue the efforts in combating alcoholism through a preventive education program in the Copper River Area;
2. To provide counseling services in alcoholism to the communities of Chistochina, Copper Center, Gukona, Gulkana, Tanlina/Glennallen and Chitina;
3. To provide information and referral service in alcoholism to the Copper River Area.

FUNDING

P.I. \$ 55,000

DILLINGHAM

Educating the members of the Dillingham Community and twelve outlying communities as to the effects of alcohol abuse was one of the main goals of the Dillingham program in 1976. Target groups for information and referral services, and out-patient counseling were juvenile alcohol abusers, and middle-aged abusers. Efforts were also concentrated on coordinating all alcohol-related resources in the community--PHS Social Workers, Regional Technical Assistant, and Bristol Bay Health Corporation.

<u>FUNDING</u>		<u>TOTAL CLIENTS SERVED</u> <u>GROUPED by SEX and RACE</u>					
		SEX	Actual	%	RACE	Actual	%
FG	\$ 22,100						
Misc.	<u>9,405</u>	Male	12	100.0	Native	12	100.0
TOTAL	\$ 31,505						

FAIRBANKS NATIVE ASSOCIATION/COMPREHENSIVE ALCOHOLISM PROGRAM

The Fairbanks Native Association/Comprehensive Alcoholism Program is committed to providing alcoholism treatment services and public information of alcoholism and alcohol related problems to the Fairbanks North Star Borough population. The objective of the program is to provide a therapeutic environment with professional staff designed to treat all aspects of alcoholism and alcohol abuse and enable the individual to return to productive community life.

The alcoholism program consists of three service components and one medical facility. These are: a halfway house, rehabilitation center, detoxification unit and an emergency alcoholism service center.

The Rehabilitation Center is both a residential treatment center housing thirty clients and an out-patient treatment center. The Rehabilitation Center is staffed on a 24-hour basis. The residential program consists of classes, group therapy, individual counseling, Alcoholics Anonymous, and recreational activities. The outpatient treatment program is aimed at providing services to those unable to engage in a residential or day treatment program. Each program is worked out on an individual basis, but includes discussion groups, counseling, and group therapy. All rehabilitation programs take a realistic approach to therapy emphasizing the development of coping strategies to deal with life situations.

TOTAL CLIENTS SERVED
GROUPED BY SEX AND RACE

<u>FUNDING</u>		SEX	Actual	%	RACE	Actual	%
SGF	\$ 217,650	Male	238	74.6	White	80	25.1
Title	72,550	Female	63	19.7	Native	207	64.8
Federal	657,000	Unknown	17	5.3	Other	5	1.6
Misc	125,240	Out of			Unknown	27	8.5
		Range	1	0.4			
TOTAL	\$1,072,440	TOTAL	319	100.0	TOTAL	319	100.0

GALENA AAA PROJECT

Galena is an Athabascan fishing village of less than four hundred in the summer and five hundred in the winter, situated on the bank of the Yukon about two hundred miles west of Fairbanks. It is a comparatively new village, the city council having been formed less than five years ago, yet it supports a full high school, a new water plant, a new jail, a well-staffed health services clinic, a public housing development and an active community hall which is operated by the Galena Alcoholism Program and serves mainly as a prevention/alternative-to-drinking recreation program.

The city council applied for funds for the alcoholism program in 1973. More and more young people were attaching themselves to alcohol to fill the void left by not having to do the subsistence chores like packing water and chopping wood that had been such an important part of Athabascan adolescence. The alcohol program was tailored to reach into the heart of the Galena abusive drinking culture and focus on the primary cause of alcoholism, that is, nothing else to do. The program was awarded \$14,000 in FY 76.

Thus, the Galena program is rooted in the service of "prevention/alternatives-to-drinking/recreation", with counseling and other rehabilitation services offered as secondary services due to the traditional revulsion of formal counseling by Alaskan natives.

The program is perceived as highly successful by the village people. They report a noticeable decline in street fighting, in child neglect and abuse, in number of bottles strewn about, in young people taking up the liquor habit, in drunks suffering from accidents, and so on. There is an apparent consensus that Galena has enjoyed a remarkable turn-about due to the new way of life provided by the activities and services of the "AAA" program.

FUNDING

SGF	\$ 9,750
FG	4,250
Misc.	<u>4,667</u>
TOTAL	\$18,667

JUNEAU

ALCOHOLISM CENTRAL AGENCY

In 1976 the Juneau Alcoholism Central Agency (ACA) branched out into a multi-directional approach to the problem of alcoholism in Juneau. The services of the Agency were available to any individual seeking help, information, or education, relative to alcohol or alcohol abuse. The various components of the ACA worked together in such a way that the newly interviewed client seeking help or otherwise contacted was processed from initial point of contact through the various stages essential to a proper diagnosis, treatment and rehabilitation. The program consisted of the following services:

1. A full day treatment center for individual, group and family counseling;
2. An Alcohol Information School which provided a driver's education service for OMVI traffic offenders;
3. A Crisis Center which operated on a 24-hour basis as a walk-in and sleep-off facility;
4. A Law and Criminal Justice program which included an Alcohol Information School, Court Referral Agency, and group counseling at the Southeast Regional Correctional Institution;
5. An occupational program for the early identification of problem drinkers in the work place;
6. The provision of Halfway House services through a contractual agreement with the Gastineau Manor Halfway House.

KODIAK

The Kodiak Council on Alcoholism is the basic coordinating agency for the prevention and treatment of alcoholism on Kodiak Island. It works closely with all interested agencies and organizations in coping with alcohol abuse and alcoholism. In March 1976, the Kodiak Council received accreditation from the Joint Commission on the Accreditation of Hospitals. The Kodiak Alcohol Program operated on three levels in FY 76:

1. Information and Education Center which includes maintaining film, tape and literature libraries. The Center also serves as a "drop-in" facility for the public and clients. Referral and Consultation services are available on a scheduled basis. The Center is used on a regular basis by such other groups as Alcoholics Anonymous and T.O.D.A.Y. (Team of Drug Alcohol Youth)
2. Hope House Alcoholism Treatment Facility which is a four-week residential treatment program extending into a 60-day halfway house program and after-care.
3. Sleep-off Facility includes beds for ten individuals; free coffee, tea, and hot chocolate; shower and laundry facilities; and the continual care of trained personnel on duty.

<u>FUNDING</u>	<u>TOTAL CLIENTS SERVED</u> <u>GROUPED by SEX and RACE</u>						
	SEX	Actual	%	RACE	Actual	%	
SGF	\$	73,867					
FG		28,500		Male	169	83.3	
Title		15,063		Female	31	15.3	
Misc.		33,066		Unknown	3	1.4	
TOTAL	\$150,496			TOTAL	203	100.0	
					TOTAL	203	100.0

KOTZEBUE - MAUNELUK, INC. (HOPE CENTER)

Hope Center located on the main artery of Kotzebue, has been operational since 1970. It serves clients mainly as a "prevention/recreational alternative to drinking. The philosophy of Hope Center is to develop a program of prevention and treatment consistent with positive traditional Eskimo values that also reflect the realities of changing present-day lifestyles. Target groups include alcohol abusers and families in the community and outlying villages.

The center is serving a daily average of 25 clients who come to watch TV or play cards and other games. Kotzebue is lacking adequate recreational facilities, and the center serves as a viable alternative to drinking.

TOTAL CLIENTS SERVED
GROUPED by SEX and RACE

<u>FUNDING</u>		SEX Actual %		RACE Actual %			
SGF	\$ 31,403	Male	43	69.4	Native	57	91.9
Federal	5,578	Female	14	22.6	White	1	1.6
Misc.	<u>15,719</u>	Unknown	<u>5</u>	<u>8.0</u>	Unknown	<u>4</u>	<u>6.5</u>
TOTAL	\$ 52,700	TOTAL	62	100.0	TOTAL	62	100.0

NOME - NORTON SOUND HEALTH CORPORATION

In general, the Nome Alcoholism program is one of the most highly functioning programs in the state, largely because of its comprehensive design. The alcohol/mental health program is rooted in a network of primary case counselors based in the twelve surrounding villages who are tightly integrated into a total, overall continuum of care plan for delivery of services. The program is unique in many aspects. It is operated by a Native regional health corporation, and the alcohol program is totally integrated with the mental health program. All staff are provided eight weeks per year of highly technical in-service training by the program's director.

The overall program goal is a 20% reduction each program year in:

1. Deaths due to suicide.
2. Deaths due to excessive drinking.
3. Days spent in hospital due to mental illness, alcohol or drug abuse.

The alcoholism program had a total budget of \$126,121 in FY 76, \$85,430 of this state funds and \$40,691 of in-kind contributions.

An on-site evaluation conducted by the State Office of Alcoholism in March of 1976, found the Nome project to be extremely receptive to the need of its clients. Program people in the villages and in Nome provide twenty-four hour emergency counseling and transportation services with 100% medical back-up.

<u>FUNDING</u>	<u>TOTAL CLIENTS SERVED</u> <u>GROUPED by SEX and RACE</u>					
	SEX	Actual	%	RACE	Actual	%
State Grant \$85,430	Male	6	60.0	Native	7	70.0
	Female	2	20.0			
Misc. 40,691	Unknown	2	20.0	Unknown	3	30.0
TOTAL \$126,121	TOTAL	10	100.0	TOTAL	10	100.0

PETERSBURG COUNCIL ON ALCOHOLISM

The goal of the Petersburg Council on Alcoholism is to "initiate, foster, and operate programs designed to alleviate and prevent alcohol and other dangerous drug abuse in the Petersburg area." Adult alcoholism is the prime focus. However, there is a highly-functioning youth center directly across the alley from the alcoholism center, and both programs work toward similar objectives for the two target groups, youth and adults.

The following services are offered by the program:

1. Information, education, and referral
2. Out-patient
3. Prevention
4. Community planning development.

In 1975, a twenty-eight foot commercial trolling vessel was donated to the program. The boat was donated to be used in the rehabilitation process and the clients have painted and insulated it and equipped it with additional trolling gear. The boat has proved to be a valuable therapy tool in enabling clients to obtain recreation, as well as obtaining fish and game.

The State Office of Alcoholism conducted an on-site evaluation of the Petersburg program in December of 1975. It was found that the program was integrated into the community and no major problem existed.

<u>FUNDING</u>	<u>TOTAL CLIENTS SERVED</u> <u>GROUPED by SEX and RACE</u>					
	SEX	Actual	%	RACE	Actual	%
FG \$27,070	Male	137	81.1	Native	107	63.3
	Female	28	16.6	White	59	34.9
Misc. <u>9,023</u>	Unknown	<u>4</u>	<u>2.3</u>	Unknown	<u>3</u>	<u>1.8</u>
TOTAL \$36,093	TOTAL	169	100.0	TOTAL	169	100.0

SEWARD COUNCIL ON COMMUNITY SERVICES

The Seward Council on Community Services is located in the heart of downtown Seward, adjacent to City Hall. The Council has both an Alcoholism Unit and a Mental Health Unit. Comprehensive Alcoholism services are offered through the Council, including alcoholism education, a drop-in center, silent drinkers program, and counseling. There were no other alcoholism services offered in Seward in FY 76. The Council reports that people are augmenting their use of available services for more than just crisis situations. More and more family members are frequenting the center to receive aid in helping relatives with alcohol-related problems.

<u>FUNDING</u>	<u>TOTAL CLIENTS SERVED</u> <u>GROUPED by SEX and RACE</u>					
	SEX	Actual	%	RACE	Actual	%
State Grant \$34,700	Male	16	76.2	White	5	23.8
	Female	1	4.8	Native	4	19.0
Misc. 9,200	Unknown	4	19.0	Oriental	1	4.8
				Unknown	11	52.4
<u>TOTAL</u> \$43,900	<u>TOTAL</u>	<u>21</u>	<u>100.0</u>	<u>TOTAL</u>	<u>21</u>	<u>100.0</u>

SITKA COUNCIL ON ALCOHOLISM AND OTHER DRUG ABUSE, INC.

The Sitka Council on Alcoholism and Other Drug Abuse, Inc. serves the Greater Sitka Borough whose population is approximately 7,000. Its basic philosophy is that alcoholism is a complex disease affecting body, mind and spirit. Because the illness expresses itself differently in each individual, treatment must be tailored to meet individual needs.

The Council's purpose is to provide information referral, education, out-patient and in-patient services for the treatment and prevention of alcoholism and alcohol and drug abuse for the people of Sitka and outlying areas. The approaches used are 30-day in-patient treatment, one-to-one counseling, halfway house residence, Alcoholics Anonymous, or a combination of these.

There are three separate facilities:

1. Information and Referral and Out-patient Counseling Center
2. Alcoholism Therapy Services is a rehabilitation unit at the Mt. Edgecumbe Hospital funded through a federal PHS grant and administered by the Sitka Council.
3. Aurora's Watch, the halfway house.

<u>FUNDING</u>		<u>TOTAL CLIENTS SERVED GROUPED BY SEX AND RACE</u>					
		SEX			RACE		
		Actual	%	Actual	%		
SGF	\$ 66,536	Male	194	69.4	White	95	34.1
Title IV	12,844	Female	73	26.4	Black	2	0.7
Misc.	26,071	Unknown	12	4.2	Native	167	59.8
PHS	80,000				Other	3	1.1
					Unknown	12	4.3
TOTAL	\$185,451	TOTAL	279	100.0	TOTAL	279	100.0

TOK (UPPER TANANA REGIONAL COUNCIL ON ALCOHOLISM, INC.)

The Tok Alcoholism Program provided outpatient counseling treatment to about 100 clients in Tok and in surrounding villages of Northway, Mentasta, Tetlin, Dot Lake and Tanacross. By December 1976 the program began expanding into the area of recreation in the town's new community hall.

Although State Office of Alcoholism granted only \$13,700 for FY 76, the Federal Government through NIAAA has been funding and will be funding the program at about \$114,000 per year for six years from 1972.

Services provided include: Drop-in, individual and family counseling, information and referral.

Tok's program centered around outpatient counseling services, which are offered in five village counselors' homes and/or the village community hall, and in the small, new administrative building in Tok.

<u>FUNDING</u>		<u>TOTAL CLIENTS SERVED</u> <u>GROUPED by SEX and RACE</u>					
		SEX			RACE		
		Actual	%	Actual	%		
SGF	\$ 13,700	Male	47	66.2	White	2	2.8
		Female	22	31.0	Native	67	94.4
Federal	<u>114,900</u>	Unknown	2	2.8	Unknown	2	2.8
TOTAL	\$128,600	TOTAL	71	100.0	TOTAL	71	100.0

UNALASKA ALCOHOLISM PROGRAM, INC.

Unalaska is a picturesque fishing village located in the Aleutian Islands. It has a population of 750 year round, with an influx of about 24% during fishing season.

The Unalaska Alcoholism Program was incorporated in 1974 for the purpose of initiating, fostering, and operating programs to alleviate and prevent alcoholism. Aside from an alcoholism program at St. Paul, this is the only alcoholism program on the Aleutian chain. It is the focal point for both the Aleutian and Pribilof Islands, serving a population of approximately 8,000 persons located in 29 communities.

The basic goal of Unalaska Alcoholism Program, Inc. is to provide a non-judgemental setting in which clients can learn to cope with normal day to day stresses without resorting to alcoholism. The services offered are education, prevention, recreation, emergency sleep-off, non-medicated detoxification, out-patient and referral. Follow up and referral are also an integral part of the program. A three year follow up program has been instituted whereby frequent contact is maintained with the client either by phone, personal contact, or a visit to the center by the client. An emergency shelter handles detoxification and in-patient clients. A recreational center was established for the purpose of prevention and social reintegration.

Development of the alcoholism program has been successful for Unalaska. The program would like to expand its services to meet the needs of the Aleutian chain villages. Ideally, each community would establish its own alcoholism program and use Unalaska Alcoholism Program, Inc. as an information and training base for the chain.

TOTAL CLIENTS SERVED
GROUPED by SEX and RACE

<u>FUNDING</u>		SEX	Actual	%	RACE	Actual	%
State Grant	\$ 31,800	Male	24	77.4	White	4	12.9
Fed. Grant	86,220	Female	6	19.4	Black	1	3.2
Misc	23,000	Unknown	1	3.2	Native	22	70.9
					Other	3	9.7
					Unknown	1	3.2
TOTAL	\$141,020	TOTAL	31	100.0	TOTAL	31	100.0

VALDEZ ALCOHOLISM COMMISSION

The Valdez Alcoholism Commission officially began in October of 1975. Originally a small town of under one thousand persons, Valdez rapidly increased in population to over four thousand due to the influx of pipeline personnel and their families. In addition, another four thousand employees of pipeline contractors are employed and reside across the bay from Valdez at the Terminal Camp Site. These people are also being serviced by the over crowded city facilities. The town received a special "pipeline grant" of \$65,260 in FY 76 to deal with increased problems of alcoholism and alcohol abuse generated by this increase in population.

The present program is limited to an educational referral center. There has been wide-spread distribution of alcohol related materials in the community, thus creating an awareness of the services offered by the agency. The initial goal of coming into contact with the schools has been realized. A Drivers Alcohol Information School (DAIS) for driving while-intoxicated offenses and all alcohol related offenses has been started. A local AL-ANON group has been established, as well as an AL-Atteen group. FY 77 plans include increased counseling services.

FUNDING

P.I. \$65,260

WRANGELL

The Council of Alcoholism and related Drug Dependencies in Wrangell's stated purpose is to reduce the incidence of alcohol abuse and alcoholism in the community and to teach family members how to cope with the alcoholic. Their overall objective is to help people who want help with alcohol related and drug related problems.

The Wrangell program offers a variety of services. The drop-in center is available for individual and group counseling both day and evening, and also offers weekly AA meetings. There is a 24-hour crisis intervention counseling service. Educational programs, information, and referral, out-reach counseling and consulting services are also an integral part of the program.

The council offers a comprehensive program to the community. The school education program is especially well developed and effective. This program is presented to all junior and senior high school students for approximately one week. It is well accepted by the students and the community as a whole, and is a highly visible educational service.

TOTAL CLIENTS SERVED
GROUPED by SEX and RACE

<u>FUNDING</u>	SEX	Actual	%	RACE	Actual	%
SGF \$26,860	Male	17	70.8	White	11	45.8
Misc. <u>8,953</u>	Female	5	20.8	Native	5	20.9
	Unknown	2	8.4	Unknown	8	33.3
TOTAL \$35,813	TOTAL	<u>24</u>	<u>100.0</u>		<u>24</u>	<u>100.0</u>

YAKUTAT ALCOHOLISM PROJECT

Although the Yakutat Alcoholism Program is funded as an information referral out-patient program, many diversified services are offered. Clients are counseled on a one-to-one basis in the office, on the street, or whenever they call on the phone at any hour of the day or night. AA meetings are held once a week, and an arts and crafts workshop meets at least that often. There is an established teen-age level group where movies are shown, sometimes on a nightly basis. All of these various services compliment each other well.

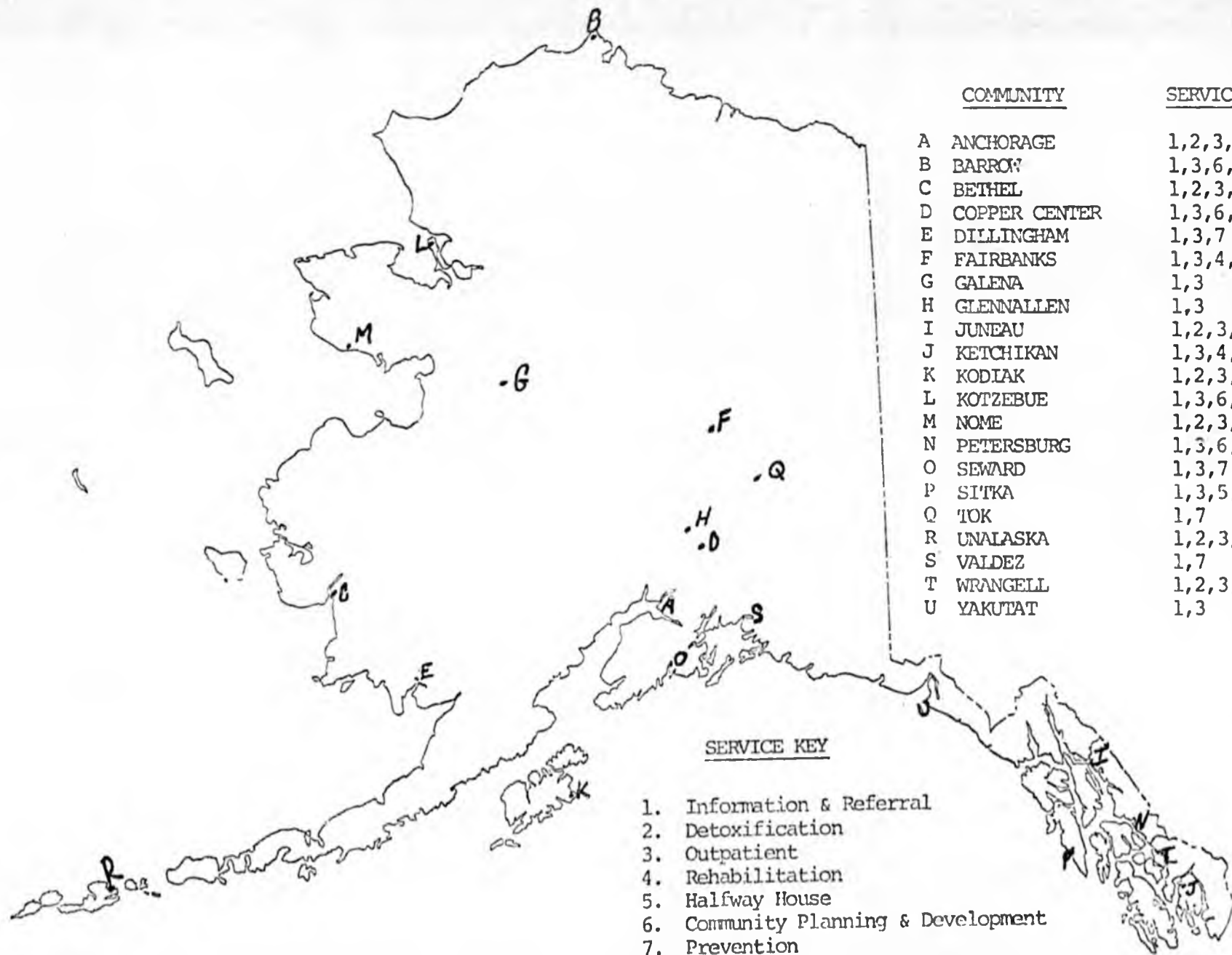
Because the Alcoholism program is an integral part of community activities, the program is involved in almost all aspects of community life. The Native Health Corporation recognizes the Alcoholism program as a valuable entity to the community. The program maintains a totally involved operating relationship with other local related agencies, such as the police, courts, school system, AA, AL-ANON, health center, Welfare, etc.

TOTAL CLIENTS SERVED
GROUPED by SEX and RACE

<u>FUNDING</u>	SEX	Actual	%	RACE	Actual	%
State Grant \$11,875	Male	87	79.8	Native	103	94.5
	Female	17	15.6	Black	1	0.9
Misc. 4,625	Unknown	5	4.6	Unknown	5	4.6
TOTAL \$18,500	TOTAL	109	100.0	TOTAL	109	100.0

LOCATION SOA PROGRAMS

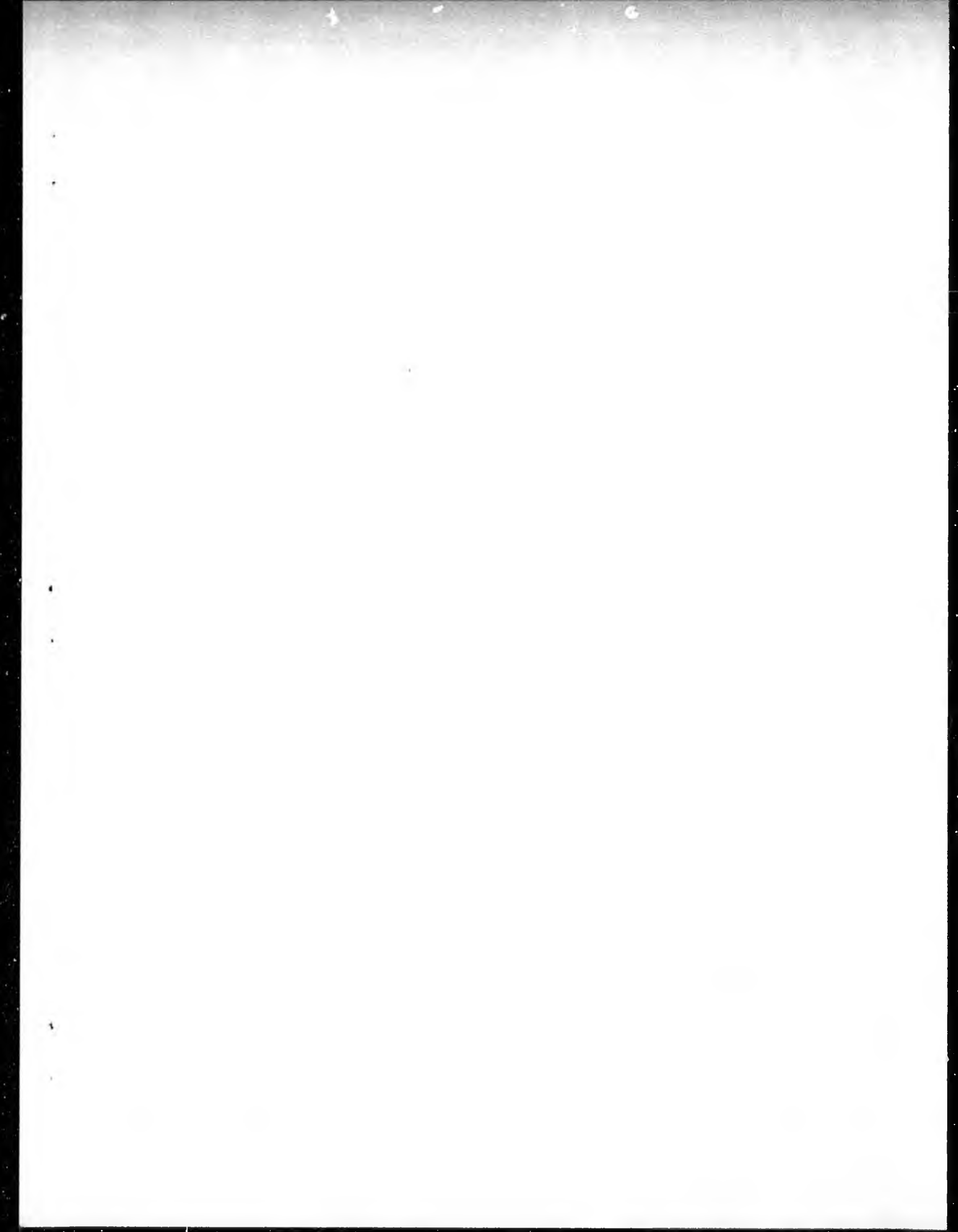
67



<u>COMMUNITY</u>	<u>SERVICES</u>
A ANCHORAGE	1,2,3,4,5,6,7,9,11
B BARROW	1,3,6,7
C BETHEL	1,2,3,7
D COPPER CENTER	1,3,6,7
E DILLINGHAM	1,3,7
F FAIRBANKS	1,3,4,6
G GALENA	1,3
H GLENNALLEN	1,3
I JUNEAU	1,2,3,4,5,6,7
J KETCHIKAN	1,3,4,5,7
K KODIAK	1,2,3,4,5,7
L KOTZEBUE	1,3,6,7
M NOME	1,2,3,6,7,8
N PETERSBURG	1,3,6,7
O SEWARD	1,3,7
P SITKA	1,3,5,6,7
Q TIK	1,7
R UNALASKA	1,2,3,4,5,7
S VALDEZ	1,7
T WRANGELL	1,2,3,7
U YAKUTAT	1,3

SERVICE KEY

1. Information & Referral
2. Detoxification
3. Outpatient
4. Rehabilitation
5. Halfway House
6. Community Planning & Development
7. Prevention
8. Training of Special Personnel
9. Research
10. New Construction
11. Renovation, limited improvement



H.S.S.

Pub.

4-77

State of Alaska

JAY S. HAMMOND
GOVERNOR

FRANCIS S. L. WILLIAMSON
COMMISSIONER



KIINUK, INC.

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

April 7, 1977

Representative ~~Don Bennett~~
House of Representatives
Pouch V
Juneau, Alaska 99811

Charlie Ferr

Dear ~~Don~~,

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

Paul Pesika, Coordinator

Frank

Frank J. Gold, EdD

Alaska Family House

A THERAPEUTIC COMMUNITY

2825 WEST 42nd PL. ANCHORAGE, ALASKA 99503
(907) 279-5502 OR 279-5503

March 30, 1977

Rep. Charles H. Parr
Pouch V
Juneau, Alaska 99811

Dear Rep. Parr:

RE: House Bill 340

I have recently obtained a copy of House Bill 340 which I understand is identical to Senate Bill 242 that I would appreciate the opportunity of testifying in regards to.

I, the other staff members, and members of Alaska Family House basically support the idea of consolidating the drug abuse and alcoholism programs. Our particular program has not faired well in terms of support by the past State Office of Drug Abuse. Consequently, we feel that any change for us and our addict population would be better than the existing situation.

On Page 1, Section 47.37.020 wherein it states that the coordinator shall be a qualified professional, I ask the question why not consider a paraprofessional? There are many individuals who have actually been there themselves that have the necessary educational background to fill such a position.

On Page 7, Section 47.37.080 qualification of Board members and following that it lists where the nine members should come from and what kind of people they should be. Herein I strongly recommend that you have at least one or two exaddicts that have successfully completed treatment on that Board. They could add invaluable input to the other seven Board members. A recovered alcoholic should also be on that Board. I think that it behooves the legislature to finally put somebody on the Board that can give the other Board members the kinds of information that they need to adequately address the decision making processes that are necessary if this Board is in fact going to rehabilitate addicts and/or alcoholics.

ADVISORY BOARD

Virginia Beirne, *MSW, ACSW*
Bill Bittner, *Atty.*
Charlotte Bowers
Harry Branson, *Atty.*
Rudy Ebenbeck
Mike Ellis, *Field Underwriter*

BOARD OF DIRECTORS

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Brian Byrd, *Dr. of English*
Teresa Stahlman, *Exec. Dir. F.H.*
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E. O. Hansen, *Pres. S&S Furniture*
Mrs. Robinson
Dave Rogers, *Insurance*
Capt. George Weaver, *APD*

My next question is, I have never seen the "appropriate standards" established under Section 140A of this chapter. I do not have those standards and wonder if I could get a copy of them.

On Page 11, Section F, there is the following statement: "No treatment facility may be operated in the State without a license and no facility may receive State funds under a contract or grant made unless it is licensed as a public treatment facility". In regards to the first half of that sentence, "no treatment facility may be operated in the State without a license", I do not know who wrote this section of the Bill, but that language does preclude Alcoholics Anonymous, and it would preclude the Alaska Family House structure. We are not licensed now and we do not want to be licensed. Our whole concept is "the family" structure. We are an anti-program that stresses such things as self-help, the work ethic, and making the best out of bad situations as done in everyday life. The day that the Alaska Family House program is licensed, there will be psychiatrists here, nutritionalists here, volumes of paperwork that must be done, never ending reams of forms to be filled out, a fantastic increase in the cost per day of our clients, the need for more staff, and we will see the end of the addict helping addict concept. My next statement in regards to the last half of that sentence which reads "and no facility may receive State funds under contract or grant made unless it is licensed as a public treatment center", I am very glad that this was not law in 1973 when Alaska Family House was first founded or it wouldn't be here. My next question in regards to this statement is, what constitutes a treatment facility? What do you do about the situation where three or four or five individuals rent an apartment or a house and "treat" themselves with the AA type concept or the addict helping addict concept? Is that classified as a treatment facility?

On Page 13, Section B wherein it states, subject to regulations adopted by the Department "if a person is refused admission to a licensed or public treatment facility, the administrator shall if possible refer the person to another licensed approved public or private facility". My question in regards to that is simply, why? Why couldn't this individual be referred to an unlicensed treatment facility such as an AA group or Alaska Family House or to that apartment where the four people decided to band together to do something about their alcoholic and/or drug addiction problem?

On Page 14, Section D, there is a sentence that reads "except for diagnosis and referral, alcoholism treatment programs shall be separate and distinct from treatment programs for drug addicts". Again, I wonder why? I have had alcoholics in Alaska Family House that have gotten a lot of good out of the program working right along with the addicts. I have also seen many addicts that participate in AA and get something out of it. Why, by law and legislation must these two people with basically the same problem, i.e., chemical dependency, be separated through the legislative process? It is my opinion that if it works, do it. Again, I have seen drug addicts use alcohol programs, a multitude of treatment centers, religion, and all kinds of things to change and simply ask the question why exclude anything that might work. In that same paragraph there is a sentence of "no person addicted to an opium derivative may be treated except at a licensed

drug addiction center". Again a person addicted to an opium derivative should be allowed to seek treatment anywhere he or she feels that there is some help.

On Page 22, Section 47.37.220, wherein it states visitations and communication of patients. "Patients in any licensed treatment facility under this chapter shall be granted reasonable opportunities for adequate consultation with counsel." We can agree with that wholeheartedly as the right to counsel is imperative and means that the individual must have some problems or there would be no question of counsel. That sentence does, however, continue with the words, "and for the continuing contact with family and friends including the use of telephone facilities consistent with an effective treatment program". I have seen many addicts who have members of their immediate family using drugs. Most addicts that I have seen come into this program have nothing but addict friends. It is imperative that the addict in treatment be separated from the addict still using. No matter if they are related or "friends". If that is not done you will invariably have two addicts using and not one in treatment.

In regards to Section B of that same Section, wherein it states that "no mail or other communication to or from a patient in a licensed treatment facility may be intercepted, read or censored", again you have problems in that area. We do in fact open mail here at Alaska Family House. Each resident who comes in signs a waiver allowing us to do that and you would not believe the drugs we have intercepted, plans to bring drugs into the program, pornography, and other seriously upsetting information. At Family House and most other major therapeutic communities such as Delancey Street in California and Habilitat in Hawaii, there is an initial black out period that is important. Most therapeutic communities are and must be drug free at all times. All avenues of its coming into the facility must be constantly explored investigated and halted wherever possible. These particular sections would totally tie our hands at Alaska Family House.

In regards to again on Page 22, this time Section 37AS47.37.24A, most clients, which we prefer over the word patient, have no funds and we are concerned that some people with funds might decide to delay treatment until they have expended their revenues (probably by the purchase of more drugs and possibly O.D.) and also pass the time when the urge for treatment has passed.

On Page 24, numbers 13 and 14, wherein drug addict and drug abuser are being defined, I have known many barbituate addicts but very few barbituate drug abusers. Another point is, what of methadone and other synthetics that are even more addictive than opium derivatives? They too should be classified as drug addicts.

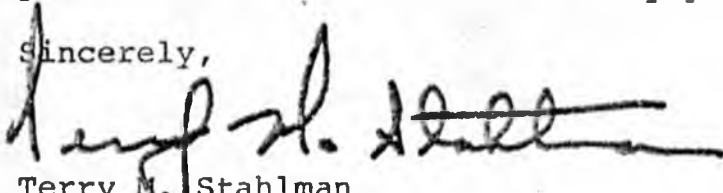
On Page 24, Section D, last sentence wherein it says all community match contributions to grants shall be in the form of cash and I wonder why not goods and services? If we get a \$100 worth of canned vegetables from BiLo, isn't that the same as \$100 cash in so far as the program is concerned?

In closing this correspondence, I again would appreciate an opportunity to verbally testify in front of your committee and again we wish to state that we can support the concept of joining the drug and alcohol Boards. I would, however, not like to see legislation passed that would make treatment less accessible and that would make our jobs here at Alaska Family House more difficult than they are presently.

For the past three years, we have been involved in an almost constant fight with a very small group of bureaucrats that are constantly thinking in terms of new forms, new requirements, new criteria that in fact takes away from the treatment process. Most of these ideas are gleaned from Federal guidelines and recommendations through the National Institute of Drug Abuse, etc. Most of those programs are no longer even in existence. One of the things that attracted me personally to the State of Alaska was the possibility of working directly with people without the tons of bureaucratic redtape, licensing requirements, etc., etc., that is the trend in the lower 48. I would hope that Alaska would not get sucked into that kind of mentality.

If I can be of any further assistance in regards to this matter, please feel free to contact me by phone (907-279-5502) or by mail.

Sincerely,

A handwritten signature in dark ink, appearing to read "Terry M. Stahlman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Terry M. Stahlman
Executive Director
Alaska Family House

KIINUK, INC.

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

April 7, 1977

Representative Fred Brown
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Fred,

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

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

JAY S. HAIMMOND, GOVERNOR

POUCH H 01 - JUNEAU 99811

April 28, 1977

Document# House HESS #5

Honorable Charlie Parr
H. & S.S. Committee Chairman
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

Mr. Cole, in the State Office of Alcoholism; Mike Waltnie and Rae Ann Hickling, from Anchorage; and Ms. Hilburn, in the State Office of Drug Abuse have discussed proposed changes in this bill. The proposed changes are:

...Page 1, Line 26 ... Add the word "abuse" after the word "drug"

...Page 4, Section 10 ... Should read: "Coordinates with Local Communities, the Regional Health Systems agencies, and the State Health Coordinating Council on the Preparation of an Annual Comprehensive Plan for the Prevention, Treatment and Control of Alcohol and Drug Abuse; to be Submitted to the Commissioner and the Citizens of the State of Alaska for Review and to the Governor for Approval."

...Page 5, Line 20 ... Delete the word "intoxicated", add the word "drug abusing."

...Page 7, Section 9 ... (47.37.080) Should be amended to read: "Of the nine members, no person having a monetary interest in the outcome of the recommendations of the Board shall serve as a Board Member." (All other language should be deleted.)

...Page 9, Section 47.37.110 ... The following changes are proposed:

110... Duties.. add "The State Health Coordinating Council" after the word "Commissioner"

110 (1) Add the words "and physical" between "Mental" and "Health"

110 (3) Should read: "Social factors which affect the causation, treatment and rehabilitation of alcoholism and drug abuse"

110 (4) Should read: "Legal processes and legislation which affect the rehabilitation and treatment of alcoholics and drug abusers"

110 (5) Should read: "Programs of public relations, prevention and education concerning the problem of alcoholism and drug abuse conducted by a department of state government or by any organized group"

...Page 10, Section 130; Lines 13-15 ... Delete the words "and when feasible"; include an amended sentence to read: "Programs shall be established with maximum local community and native health corporation involvement."

Section 130 (D)... Delete

...Page 14... Delete (D) ... Replace (D) with the following:
"Based upon local determination of need, there may be alcoholism treatment programs, drug abuse treatment programs, or integrated treatment programs for both alcoholism and drug abuse. There may be integrated prevention programs for all forms of substance abuse. All State and Federal laws and regulations relating to requirements for methadone maintenance for persons addicted to an opiate derivative shall be strictly adhered to by all affected treatment facilities licensed or funded by the office. There shall be state regulations which establish standards for licensure for all classes of treatment programs."

...Page 25, Lines 3 & 4 ... Should read: "Grants will be awarded on the basis of demonstrated need and the merit of the application. In considering applications for alcoholism programs, the department shall, if all other factors are equal, give preference to applications in political sub-divisions which devote local government revenues generated by the sale of intoxicating liquor to the treatment of alcoholism."

...Page 25, Section "D".. Should be amended to read: "All community match contributions to grants shall be in the form of cash, except grants to "poverty" communities for the first three years of state grant support may meet the match requirements through the provision of in-kind contributions."

...Page 24, Section 310, Line 21: Delete (A) "Profit making corporation" from the list of eligible entities for grants in aid support.

...Page 27, Section 43, Line 29: Should have included the following definitions:

..."Drug Abuser"... means a person who misuses a drug or drugs to the detriment of his/her health and social well-being.

..."Cross Addicted Person"... means a person who is addicted to more than one class of drugs.

(Note: Existing AS 47.37 definitions of "Alcoholic", should be retained. All references to "Drug Addicts" should be stricken from the language of the bill.)

All of the above changes have been found acceptable by the Southeast Alaska Alcoholism Program Managers, the Petersburg Youth Council and the Petersburg Alcoholism Board, as well as the persons mentioned from the drug field in the first paragraph in this memo.

The Department would like to suggest one more addition to the bill which might facilitate the plan to reorganize the offices. That provision would read as follows:

"There shall be created a "Technical Advisory Panel" to advise the

April 28, 1977

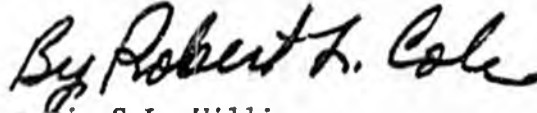
Coordinator and the Advisory Board on all matters having to do with the impact of office policy on the administration of local programs. The Advisory Panel shall be composed of two alcoholism program managers, two drug abuse program managers, and one representative each from the "Alaska Native Commission on Alcoholism and Drug Abuse" and "The National Council on Alcoholism - Alaska Region."

This Panel shall meet quarterly with the Governor's Advisory Board on Alcoholism and Drug Abuse and the Coordinator for the purpose of discussing issues which impact on the administration of local programs.

Travel and Per Diem: Should read the same as the "Travel and Per Diem" provisions for the Governor's Advisory Board.

Your consideration of the proposed charges will be greatly appreciated.

Sincerely yours,

A handwritten signature in cursive script that reads "By Robert L. Cole". The signature is written in dark ink and is positioned above the typed name of the signatory.

Francis S.L. Williamson
Commissioner

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)

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

JAYS. HAMMOND, GOVERNOR

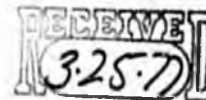
POUCH H 01 -- JUNEAU 99811

Legislature

March 24, 1977

Document # General 492

Honorable Charles H. Parr
House Representative
Capital Building - Room 110
Juneau, Alaska 99801



Dear Representative Parr:

We have reviewed both the letter and application you recently received from Henrietta Nugen, Assistant Director, of the Anchorage Alcohol and Drug Rehabilitation Center, Inc. (Studio Club). In response to that letter, we are enclosing as Attachment A the documentation provided to legislators previously contacted by the Studio Club. This material was prepared by the Municipality of Anchorage Health Department to inform all concerned of the on-going communication and negotiations between the Municipal Health Department, the Salvation Army, and the Studio Club in their effort to reach a satisfactory agreement that would include the Studio Club's Half-Way House services in the Municipality's comprehensive alcoholism program. This material should provide a clear description of what has occurred in the negotiation process; however, Staff of the Office of Alcoholism will be happy to answer any questions or clarify any issues you may have regarding this material.

Briefly, the Municipality of Anchorage is and has been the recipient of State Office of Alcoholism grant and/or contract funds since 1974. The Municipality has sub-contracted funds received from this office to the various alcoholism service providers in the Anchorage area. In 1975, the Greater Anchorage Area Borough Comprehensive Alcoholism Program received a conditional one year accreditation from the Joint Commission on the Accreditation of Hospitals. In December of 1975, evaluators from the State Office of Alcoholism conducted a comprehensive evaluation of all the sub-contractors providing services under the grant to the Municipality and noted several major deficiencies in the service delivery system. In March of 1976, the evaluators from the JCAH conducted a follow-up evaluation of these sub-contractors to determine the progress made in correcting the previously noted areas requiring up-grading. The result of that site visit was the loss of their JCAH accreditation. At that point, the Municipal Health Department began an intensive effort to review, evaluate, and reorganize the

Honorable Charles H. Parr
March 24, 1977
Page 2

provision of alcoholism services in Anchorage. The result of these efforts was the decision to sub- contract grant funds received from the SOA to a single contractor. They requested proposal bids and the proposal accepted by the Municipality was the one offered by the Salvation Army. This was accomplished by September, 1976.

Under this arrangement, the Salvation Army is responsible for providing direct services for a walk-in-center, emergency service patrol, non-medical detoxification, 30-day in-patient rehabilitation, aftercare, and long-term care services. Grant funds were also provided for the Salvation Army to sub-contract for the provision of Information and Education Services and Half-Way House services to complete the comprehensive program. They were successful in sub-contracting with the Anchorage Council on Alcoholism for educational services and, as you are aware, unsuccessful in reaching an agreement with the Studio Club for Half-Way House services.

The position of this Department has been one which supports the Municipality's right and responsibility to govern its own affairs. As a home rule municipality that has accepted the responsibility of the area's health powers, the State Office of Alcoholism has supported the Municipal Health Department's right to decide how a comprehensive system of alcoholism services can best be provided and who can best provide those services.

It is also the position of the Office and the Department that to grant funds directly to a service provider, by-passing the Municipal system, would seriously undermine and jeopardize the Municipality's rights, as well as set a dangerous precedent for other home rule governments. Funds are available for the operation of the Studio Club through a sub-contract arrangement with the Salvation Army.

In regard to Ms. Nugen's remarks regarding the funds available for supplemental awards to currently funded programs, these funds became available as a result of the de-funding of the City and Borough of Juneau's Alcoholism Central Agency in January, 1977. The total amount of State General Funds available is \$71,100. Of this amount, \$10,000 is committed to the City and Borough of Juneau for the purpose of planning and reorganizing their alcoholism services and \$10,000 is committed to fund the Cook Inlet Council on Alcoholism. The Cook Inlet Council is a new program in that it has not received financial support from this office in the past. However, at the May, 1976, funding meeting the Governor's Advisory Board on Alcoholism recommended the funding of their application "upon the availability of funds." These funds have not been available until this time. The remaining \$51,100 is to be awarded as supplemental funds to the following community programs: Bethel, Dillingham, Gastineau Manor (Juneau), Kodiak, Ketchikan, Kotzebue, Nome, Petersburg, Sitka, Tok, Unalaska, Wrangell, and Yakutat. Each program

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was advised that the maximum available to their program would be \$3,930.

The decision to make these funds available to current grantees as a supplement to their initial award was based primarily on two factors. The first was that it did not appear reasonable to fund new programs considering that funding would only be available for April, May, and June, 1977, and that no commitment could be made to continue funding in FY 78.

The second factor in determining who should be eligible for these funds was the consideration that the initial applications from currently funded grantees were cut in the award process due to insufficient funds to meet all of their needs. In order to meet the increasing operating costs of our grantees, no funds were allowed for training of staff or for purchase of needed equipment. It is probable that training and equipment funds will again have to be viewed as "luxury" items in FY 78. Therefore, it was felt that the additional funds available at this time would enable our grantees to meet some of their needs in these areas.

In addition to the State General Funds available for Supplemental funds, we are anticipating approval from the Legislative Budget and Audit Committee for the expenditure of \$109,000 in NIAAA Pipeline Impact funds unexpended in FY 76. Of this amount, \$65,300 is already committed to the Municipality of Anchorage by Board recommendation during the May, 1976, funding meeting. The balance is considered available to the Anchorage Labor and Management Employee Affairs (ALMEA), Barrow Council on Alcoholism, Copper River Native Association, Seward Council on Community Services, Valdez Commission on Alcoholism, Municipality of Anchorage and the Fairbanks Native Association. These programs, with the exception of the Fairbanks Native Association, are current NIAAA Pipeline Impact Grant funds. Fairbanks is deemed eligible for these funds in that they do fall within the geographic boundaries stipulated in the grant. Studio Club could be included as eligible for these funds through the Municipality of Anchorage's eligibility. However, they have not been considered eligible for a direct grant from this source for the same reasons they are not being considered eligible for State General Funds: (1) Funds are available for the operation of Studio Club through the grant to the Municipality of Anchorage (2) the Office of Alcoholism is supportive of the Municipality's home rule authority in health matters and feels that a direct grant to the Studio Club, by-passing the Municipal system would be inappropriate. Therefore, supporting the Municipality's Home Rule Authority health powers, and recognizing that Anchorage had made a legitimate attempt to negotiate a sub-contract with Studio Club and concern with grantees' needs in other communities, an application for supplemental funding was not sent to the Studio Club.


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The procedure to be followed in awarding all grants from the Office is as follows: (a) applications are received and reviewed by SOA staff and recommendations are prepared for presentation to Governor's Advisory Board members. (b) Board members receive copies of all applications for their individual review. (c) a Board meeting is scheduled to present SOA recommendations to the Board and give the applicant an opportunity to present their application to the Board and SOA staff, and answer any questions regarding their program. (d) the Board recommends approval or disapproval of the application and the level of funding for the program.

If there are differences between the recommendation of the Board and the Office, every attempt is made to resolve those differences and arrive at a unified recommendation at that meeting. At no time does the Office disregard or ignore the Board's recommendations, and no one from the Office has ever advised Ms. Nugent or any other applicant or grantee that the "Office of Alcoholism will place monies where they please." In the event a unified recommendation could not be achieved, the matter would then be brought to my attention for a further attempt to reach a resolution, however, in the end, the final decision would be made by myself as Commissioner, in line with the statute authority granted to the Department under AS 47.30.477 and Title 7, Chapter 28, Section 10.030 of the Administrative Code.

We hope this will clarify any questions you may have concerning Studio Club or the Office of Alcoholism. If you have any questions, please contact me at your convenience. Thanks very much for your interest in this matter.

Sincerely yours,


for Francis S.L. Williamson
Commissioner

Enclosures

cc: All Legislators