

ALASKA LEGISLATURE COMMITTEE FILES 1997-1998 8672

9305 HOUSE LABOR & COMMERCE

1 Examiners established under AS 08.19.010;

2 (2) "chemical dependency counseling" means the provision of
3 intervention, assessment, counseling, and aftercare for persons who are alcoholics or
4 drug abusers or who participate in inhalant abuse or their family members who are
5 affected by the addiction of the person seeking substance abuse treatment; in this
6 paragraph, "alcoholic or drug abuser" and "inhalant abuse" have the meanings given
7 in AS 47.37.270;

8 (3) "licensed behavioral health professional" means a person licensed
9 as a

10 (A) marital and family therapist under AS 08.63;

11 (B) physician under AS 08.64;

12 (C) psychiatric or mental health advanced nurse practitioner
13 under AS 08.68;

14 (D) psychologist or psychological associate under AS 08.86; or

15 (E) clinical social worker under AS 08.95.

16 * Sec. 2. AS 08.01.010 is amended by adding a new paragraph to read:

17 (35) Board of Chemical Dependency Counseling Examiners
18 (AS 08.19.010).

19 * Sec. 3. AS 08.03.010(c) is amended by adding a new paragraph to read:

20 (21) Board of Chemical Dependency Counseling Examiners
21 (AS 08.19.010) -- June 30, 2001.

22 * Sec. 4. AS 44.62.330(a) is amended by adding a new paragraph to read:

23 (60) Board of Chemical Dependency Counseling Examiners.

24 * Sec. 5. TRANSITIONAL PROVISIONS FOR LICENSING. Notwithstanding AS 08.19,
25 enacted by sec. 1 of this Act, the board shall grant the appropriate level of license authorized
26 under AS 08.19 to a person who

27 (1) applies for the license by September 30, 1998;

28 (2) at the time of application and at the time of issuance of a license under this
29 section, holds a comparable certificate from the Alaska Commission for Chemical Dependency
30 Professionals Certification, a nonprofit organization incorporated in January 1985 and given
31 its current name in May 1993; and

1 (3) pays the required fee.

2 * Sec. 6. INITIAL BOARD MEMBERS. Notwithstanding AS 08.19.010, enacted by sec.
3 1 of this Act,

4 (1) the terms of initial members of the Board of Chemical Dependency
5 Counseling Examiners shall be those established under AS 39.05.055;

6 (2) the initial members appointed to fill seats on the Board of Chemical
7 Dependency Counseling Examiners that are designated for chemical dependency counselors
8 licensed under AS 08.19 need not be licensed until March 30, 1998; if a board member
9 governed by this paragraph is not licensed under AS 08.19 by March 30, 1998, the member
10 forfeits office and the member's seat is considered vacant until filled by another appointment.

11 * Sec. 7. DELAYED EFFECTIVE DATE. AS 08.19.050, enacted by sec. 1 of this Act,
12 takes effect March 30, 1998.

HOUSE BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVE IVAN

Introduced:
Referred:

A BILL

FOR AN ACT ENTITLED

1 "An Act regulating chemical dependency counselors; and providing for an effective
2 date."

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

4 * Section 1. AS 08 is amended by adding a new chapter to read:

5 **Chapter 19. Chemical Dependency Counselors.**

6 **Article 1. Board of Chemical Dependency Counseling Examiners.**

7 **Sec. 08.19.010. Creation and membership of board.** (a) There is created
8 the Board of Chemical Dependency Counseling Examiners consisting of five members
9 appointed by the governor, four of whom are chemical dependency counselors licensed
10 under this chapter and one of whom is a public member. The governor shall consider
11 making appointments so that the membership of the board reflects the regional and
12 cultural diversity of the state and the different levels of licensure authorized under this
13 chapter. A member's term of office is four years.

14 (b) The board shall elect annually from among its members a presiding officer.

1 a vice-chair, and a secretary.

2 **Sec. 08.19.020. Powers and duties of the board.** In addition to the powers
3 and duties conferred on the board under AS 08.01, the board shall

4 (1) review the training, education, and work experience of individuals
5 who apply for licensure under this chapter and approve the issuance of licenses to
6 those who qualify for them; the board may require a passing grade on an objective
7 examination before issuing a license under this chapter;

8 (2) establish continuing education requirements for individuals who
9 seek to renew a license under this chapter and approve courses that satisfy those
10 requirements;

11 (3) review and approve trainers and training sites that provide
12 practicums or internships for persons who intend to become licensed under this
13 chapter;

14 (4) semiannually for not more than three consecutive days to conduct
15 its business; and

16 (5) adopt regulations under AS 44.62 (Administrative Procedure Act)
17 that are necessary to carry out the purposes of this chapter.

18 **Article 2. Licensing.**

19 **Sec. 08.19.050. License required.** (a) A person who is not licensed under
20 this chapter may not

21 (1) engage in chemical dependency counseling for compensation except
22 as provided in (c) of this section;

23 (2) advertise to the public or represent oneself as being able to engage
24 in chemical dependency counseling; or

25 (3) use in connection with the individual's name any letters, words, or
26 insignia indicating or implying that the individual is a chemical dependency counselor.

27 (b) A person who is licensed under this chapter may practice chemical
28 dependency counseling only within the scope of the person's license.

29 (c) The limitation in (a) of this section does not apply to the activities and
30 services of a

31 (1) rabbi, priest, minister, Christian Science practitioner, clergyman, or

1 other similar religious practitioner of a religious denomination, or a tribally recognized
2 traditional healer if the person is engaged in activities that are within the scope of the
3 performance of the person's regular or specialized duties and the person remains
4 accountable to the established authority of the religious denomination or the ruling
5 body of the tribal group and no separate charge is made for the services;

6 (2) person who, with or without charge, performs activities under the
7 auspices or sponsorship, individually or in conjunction with others, of an established
8 church or body of spiritual believers;

9 (3) person licensed in this state under laws outside this chapter when
10 the person is performing activities that are within the scope of the person's licensure;

11 (4) student intern or trainee in alcohol or drug counseling who is
12 pursuing a course of study in an accredited institution of higher education or in a
13 training course approved by the board as long as the activities are performed under the
14 supervision of a person licensed under this chapter and are an official part of the
15 course of study;

16 (5) person engaging in or offering voluntary group-based self-help
17 assistance, such as 12-step programs like Alcoholics Anonymous, Narcotics
18 Anonymous, and similar group meetings.

19 (d) Violation of this section is a class B misdemeanor.

20 **Sec. 08.19.060. Qualifications for license.** In order to qualify for a license
21 under this chapter, a person must

22 (1) submit to the board satisfactory evidence of education, training,
23 internship experience, and work experience as required by the board for the level of
24 licensure sought by the person; and

25 (2) pass an examination, if an examination is required by the board, for
26 the level of licensure sought.

27 **Sec. 08.19.070. Counselor associate; qualifications; scope of practice.** (a)
28 The board shall issue a counselor associate license to a person who applies for
29 counselor associate licensure, pays the required fee, passes the applicable examination,
30 if any, and documents to the board's satisfaction that the person has

31 (1) at least one year of successful full-time work experience related to

1 chemical dependency treatment, as determined by the board; or

2 (2) had at least 150 contact hours of training or 10 semester hours of
3 academic education, or a combination of contact training and academic education
4 considered equivalent by the board, with the content and from a source that meets the
5 requirements established by the board in its regulations.

6 (b) In establishing the training and education requirements for a counselor
7 associate license, the board shall set standards designed to ensure that the work
8 experience, training, and education have given the applicant competency in
9 communication skills, knowledge of addictive substances, knowledge of the legal
10 aspects of chemical dependency, familiarity with sociological and cultural issues
11 related to chemical dependency, knowledge of community-based services, competency
12 in information and referral techniques, the ability to conduct intake interviews and
13 keep records, knowledge of basic treatment issues, and the ability to perform
14 appropriate aftercare and emergency care.

15 (c) The scope of practice of a counselor associate is the performance, under
16 the direct supervision of a counselor I, counselor II, or clinical supervisor, of the
17 following in relation to chemical dependency:

- 18 (1) basic community-based prevention or intervention services;
- 19 (2) initial emergency care;
- 20 (3) initial intake interviews;
- 21 (4) providing information and referrals;
- 22 (5) participation in initial treatment planning;
- 23 (6) case management services;
- 24 (7) group and community-based informational aftercare.

25 **Sec. 08.19.080. Counselor I; qualifications; scope of practice.** (a) The
26 board shall issue a counselor I license to a person who applies for counselor I
27 licensure, pays the required fee, passes the applicable examination, if any, and
28 documents to the board's satisfaction that the person has

29 (1) completed 100 hours of a practicum supervised by a counselor II,
30 a clinical supervisor, or another licensed behavioral health professional, with
31 supervised work of at least 15 hours each in screening, assessment, referral, and record

1 keeping relating to chemical dependency treatment; and

2 (2) either

3 (A) two years of successful full-time work experience related
4 to chemical dependency treatment, as determined by the board; completion of
5 a bachelor's or higher degree in an area of behavioral health, as determined by
6 the board, may be substituted for one year of the required experience; the
7 practicum under (1) of this subsection may take place during the work
8 experience that satisfies the requirement of this subparagraph; or

9 (B) 270 contact hours of specialized training related to chemical
10 dependency or 18 semester hours of academic education related to chemical
11 dependency or counseling, or a combination of contact training and academic
12 education considered equivalent by the board, with the content and from a
13 source that meets the requirements established by the board in its regulations.

14 (b) In establishing the training and education requirements for a counselor I
15 license, the board shall set standards designed to ensure that the work experience,
16 practicum, training, and education have given the applicant knowledge about chemical
17 dependency, sociological and cultural issues, theories of counseling, medical and
18 psychological aspects of chemical dependency, HIV and AIDS counseling and
19 resources, ethical standards and laws relating to chemical dependency, contemporary
20 health issues, and family dynamics and competency in intake and assessment
21 procedures, record keeping, intervention services, individual and group counseling,
22 treatment planning, aftercare planning, relapse prevention, providing information and
23 referrals, case management, suicide risk assessment, and crisis counseling follow-up.

24 (c) The scope of practice of a counselor I is the performance, under the
25 supervision of a counselor II or a clinical supervisor either directly or by means of
26 regular documented clinical consultation, of

27 (1) an activity within the scope of practice of a counselor associate; and

28 (2) in relation to treatment of a chemically dependent person, a
29 complete psycho-social assessment, assessment for social detoxification, treatment
30 planning, individual therapy, or group therapy.

31 **Sec. 08.19.090. Counselor II; qualifications; scope of practice.** (a) The

1 board shall issue a counselor II license to a person who applies for counselor II
2 licensure and pays the required fee, passes the applicable examination, if any, and
3 documents to the board's satisfaction that the person has

4 (1) completed 300 hours of a practicum supervised by a clinical
5 supervisor or another licensed behavioral health professional, with supervised work of
6 at least 15 hours each in the following 11 areas: intake screening and orientation,
7 assessment, information and referral, treatment planning, counseling, intervention
8 counseling, case management, crisis intervention, client education, case recording and
9 reports, and clinical consultation relating to chemical dependency treatment;

10 (2) three years of successful full-time work experience as a chemical
11 dependency counselor with duties and responsibilities comparable to a licensed
12 counselor I, as determined by the board; completion of a bachelor's or higher degree
13 with 20 semester hours of courses in chemical dependency, as determined by the
14 board, may be substituted for one year of the required experience; the practicum under
15 (1) of this subsection may take place during the work experience that satisfies the
16 requirement of this paragraph; and

17 (3) 270 contact hours of specialized training related to chemical
18 dependency with the content and from a source that meets the requirements established
19 by the board in its regulations.

20 (b) In establishing the training and education requirements for a counselor II
21 license, the board shall set standards designed to ensure that the work experience,
22 practicum, training, and education have given the applicant knowledge and competency
23 in the areas specified in AS 08.19.080(b) and the following additional areas: mental
24 illnesses, chemical dependency prevention strategies, community development, and the
25 history in Alaska of chemical dependency, including its history from a cultural
26 perspective.

27 (c) The scope of practice of a counselor II is

28 (1) the direct supervision of a counselor associate or counselor I;
29 (2) consultation with another person licensed under this chapter or with
30 another licensed behavioral health professional;

31 (3) the performance, under the direct supervision of a clinical

1 supervisor or with regular documented clinical consultation with either another
2 counselor II or another licensed behavioral health professional, of an activity within
3 the scope of practice of a counselor I; and

4 (4) in relation to treatment of a chemically dependent person,
5 preparation of a recommendation as to whether commitment is necessary.

6 **Sec. 08.19.100. Clinical supervisor; qualifications; scope of practice. (a)**

7 The board shall issue a clinical supervisor license to a person who applies for clinical
8 supervisor licensure, pays the required fee, passes the applicable examination, if any,
9 provides three written references from professional colleagues who are familiar with
10 the applicant's work, at least one of whom has supervised the applicant's work as a
11 supervisor, and documents to the board's satisfaction that the person has

12 (1) completed two years of clinical supervisory experience in the field
13 of chemical dependency;

14 (2) had five years of successful full-time work experience as a chemical
15 dependency counselor with duties and responsibilities comparable to a licensed
16 counselor II, as determined by the board, and with the consultation of a counselor II,
17 clinical supervisor, or other licensed behavioral health professional; completion of a
18 master's or higher degree in a human services area with 20 semester hours of courses
19 in chemical dependency, as determined by the board, and at least 400 hours of a
20 supervised clinical practicum may be substituted for two years of the required
21 experience; the supervisory experience under (1) of this subsection may take place
22 during the work experience that satisfies the requirement of this paragraph; and

23 (3) had 30 contact hours of specialized training with the content and
24 from a source that meets the requirements established by the board in its regulations.

25 (b) In establishing the training and education requirements for a counselor II
26 license, the board shall set standards designed to ensure that the work experience,
27 practicum, training, and education have given the applicant knowledge and competency
28 in the areas specified in AS 08.19.090(b) and the following additional areas: clinical
29 supervision, child and adolescent counseling, community development, family systems,
30 and designing culturally sensitive services.

31 (c) The scope of practice of a clinical supervisor is

1 (1) the direct supervision of a counselor associate, counselor I, or
2 counselor II;

3 (2) the performance of an activity within the scope of practice of a
4 counselor II; and

5 (3) in relation to treatment of a chemically dependent person, use of
6 documented peer review or other documented consultation with another licensed
7 behavioral health professional.

8 **Sec. 08.19.120. Reciprocity.** If another jurisdiction allows licensure in that
9 jurisdiction of a chemical dependency counselor licensed in this state under conditions
10 similar to those in this section, the board may license as a chemical dependency
11 counselor in this state, at a level of licensing determined by the board to be equivalent,
12 a person licensed as a chemical dependency counselor in the other jurisdiction if the
13 person

14 (1) submits a written application to the board on a form required by the
15 board;

16 (2) is at least 18 years of age;

17 (3) has engaged in the practice of chemical dependency counseling for
18 at least one year or has met the internship requirements of this state within the
19 one-year period immediately before applying for a license under this section;

20 (4) presents proof satisfactory to the board that the person is currently
21 licensed as a chemical dependency counselor in the other jurisdiction and does not
22 currently have a chemical dependency counseling license suspended, revoked, or
23 otherwise restricted except for failure to apply for renewal or failure to obtain the
24 required continuing education credits; and

25 (5) pays all required fees.

26 **Article 3. License Denial; Disciplinary Sanctions.**

27 **Sec. 08.19.200. Grounds.** The board may deny a license under this chapter
28 or, after a hearing, impose a disciplinary sanction authorized under AS 08.01.075 on
29 a person licensed under this chapter when the board finds that the person

30 (1) secured or attempted to secure a license through deceit, fraud, or
31 intentional misrepresentation;

1 (2) engaged in deceit, fraud, or intentional misrepresentation in the
2 course of providing professional services or engaging in professional activities;

3 (3) advertised professional services in a false or misleading manner;

4 (4) has been convicted of a felony or has been convicted of another
5 crime that affects the applicant's or licensee's ability to practice competently and
6 safely;

7 (5) intentionally or negligently engaged in or permitted the performance
8 of counseling care by persons under the licensee's supervision that does not conform
9 to minimum professional standards regardless of whether actual injury to the patient
10 occurred;

11 (6) failed to comply with this chapter, with a regulation adopted under
12 this chapter, or with an order of the board;

13 (7) is incapable of engaging in the practice of chemical dependency
14 counseling with reasonable skill, competence, and safety for the public because of

15 (A) professional incompetence;

16 (B) failure to keep informed of or use current professional
17 theories or practices;

18 (C) addiction or severe dependency on alcohol or a drug that
19 impairs the licensee's ability to practice safely;

20 (D) physical or mental disability; or

21 (E) other factors determined by the board;

22 (8) engaged in conduct involving moral turpitude or gross immorality;

23 (9) violated state or federal laws or regulations pertaining to drugs or
24 alcohol;

25 (10) aided another person to engage in the practice of chemical
26 dependency counseling in violation of AS 08.19.050; or

27 (11) engaged in unprofessional conduct as defined in regulations of the
28 board.

29 **Article 4. General Provisions.**

30 **Sec. 08.19.990. Definitions.** In this chapter,

31 (1) "board" means the Board of Chemical Dependency Counseling

1 Examiners established under AS 08.19.010;

2 (2) "chemical dependency counseling" means the provision of
3 intervention, assessment, counseling, and aftercare for persons who are alcoholics or
4 drug abusers or who participate in inhalant abuse or for the members of their families
5 who are affected by the use or abuse of alcohol, drugs, or inhalants; in this paragraph,
6 "alcoholic or drug abuser" and "inhalant abuse" have the meanings given in
7 AS 47.37.270.

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18 under AS 08.19 to a person who

19 (1) applies for the license by September 30, 1998;

20 (2) at the time of application and at the time of issuance of a license under this
21 section, holds a comparable certificate from the Alaska Commission for Chemical Dependency
22 Professionals Certification, a nonprofit organization incorporated in January 1985 and given
23 its current name in May 1993; and

24 (3) pays the required fee.

25 * Sec. 6. INITIAL BOARD MEMBERS. Notwithstanding AS 08.19.010, enacted by sec.
26 1 of this Act,

27 (1) the terms of initial members of the Board of Chemical Dependency
28 Counseling Examiners shall be those established under AS 39.05.055;

29 (2) the initial members appointed to fill seats on the Board of Chemical
30 Dependency Counseling Examiners that are designated for chemical dependency counselors
31 licensed under AS 08.19 need not be licensed until March 30, 1998; if a board member

1 governed by this paragraph is not licensed under AS 08.19 by March 30, 1998, the member
2 forfeits office and the member's seat is considered vacant until filled by another appointment.

3 * Sec. 7. DELAYED EFFECTIVE DATE. AS 08.19.050, enacted by sec. 1 of this Act,
4 takes effect March 30, 1998.

A M E N D M E N T

OFFERED IN THE HOUSE

TO: HB 192

- 1 Page 1, lines 12 - 13:
- 2 Delete "and the different levels of licensure authorized under this chapter"

A M E N D M E N T

OFFERED IN THE HOUSE

TO: HB 192

- 1 Page 1, line 14:
- 2 Delete "presiding officer"
- 3 Insert "chair"

A M E N D M E N T

OFFERED IN THE HOUSE

TO: HB 192

- 1 Page 2, line 14, following "(4)":
- 2 Insert "meet"

A M E N D M E N T

OFFERED IN THE HOUSE

TO: HB 192

- 1 Page 3, lines 5 - 7:
- 2 Delete all material.
- 3 Renumber the following paragraphs accordingly.

A M E N D M E N T

OFFERED IN THE HOUSE

TO: HB 192

- 1 Page 7, line 24:
- 2 Delete "counselor II"
- 3 Insert "clinical supervisor"

0-LS0483\F.6
Ivan\pmw
4/22/97

AMENDMENT

OFFERED IN THE HOUSE
TO: HB192

- 1 Page 5, line 1:
- 2 Delete "(2) either"
- 3 Renumber the following paragraphs accordingly.

0-LS0483\F.7
Ivan\pmw
4/22/97

AMENDMENT

OFFERED IN THE HOUSE
TO: HB192

- 1 Page 5, line 7:
- 2 Delete "or"
- 3 Insert "and"

0-LS0483\F.8
Ivan\pmw
4/22/97

AMENDMENT

OFFERED IN THE HOUSE
TO: HB192

- 1 Page 3, line 31:
- 2 Delete "or"
- 3 Insert "and"

08-13-97P03:11 RCVD

A SPECIAL PERFORMANCE REPORT
ON THE DEPARTMENT OF
HEALTH AND SOCIAL SERVICES
STATE OFFICE OF ALCOHOLISM AND DRUG ABUSE

July 1981 - December 1982

Audit Control Number

06-4143-83-S

Commissioner, Department of
Health and Social Services

Dr. Robert L. Smith, Ph.D.

Deputy Commissioners, Department
of Health and Social Services:

Social Services
Health Services

John Pugh, (Acting)
Philip Hardie, MD.

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THE LEGISLATURE

BUDGET AND AUDIT COMMITTEE

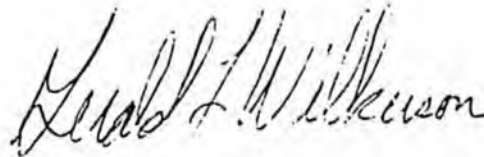
January 10, 1983

Members of the
Legislative Budget and Audit Committee:

In accordance with the provisions of Title 24 of the Alaska Statutes and your special request, the attached report is presented for your review:

A SPECIAL PERFORMANCE REPORT ON THE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
STATE OFFICE OF ALCOHOLISM AND DRUG ABUSE

July 1981 - December 1982



Gerald L. Wilkerson, CPA
Legislative Auditor
Division of Legislative Audit

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PURPOSE OF THE REPORT

In accordance with a Legislative Budget and Audit Committee request and Title 24 of the Alaska Statutes, this special report has been prepared to evaluate the performance of and discuss the issues surrounding the State Office of Alcoholism and Drug Abuse. Evaluation of performance was essentially based on activities from the beginning of the 1981 fiscal year through the end of the 1982 calendar year with particular emphasis on the 1982 fiscal year.

The policy and audit approach utilized by the Division of Legislative Audit for Performance Review can best be described as "audit by exception".

This methodology focuses audit effort on areas of an auditee's operations that have been identified by a preliminary survey as having a high degree of probability for needing improvements.

Therefore, by design, finite audit resources are used to identify where and how improvement can be made and little time is devoted to reviewing well run operations or programs. Consequently, this report highlights those areas needing improvement and does not emphasize those operations and programs that are properly functioning.

ORGANIZATION AND FUNCTION

The State Office of Alcoholism and Drug Abuse (SOADA) was a result of a merger of the Office of Alcoholism and Office of Drug Abuse in 1977. The original office of alcoholism was established by AS 47.37.020 within the Department of Health and Social Services.

SOADA meets its extensive list of statutory duties (AS 47.37.040) through the letting of contracts and awarding of grants to public and private agencies, organizations, and individuals. These agencies are typically local non-profit organizations, often affiliated with governing bodies, that provide alcohol and drug abuse treatment and counseling services. SOADA reviews grant proposals annually and provides preliminary screening and evaluation of the proposals prior to submission to the appropriate review or advisory board. Once grants are awarded and in place, SOADA is responsible for monitoring grantee activities and providing technical assistance to the local and regional grantees.

Screened proposals along with SOADA's recommendations are reviewed by either the Review Board on Alcoholism or the Governor's Advisory Board on Drug Abuse. The Boards scrutinize the proposals and make funding recommendations to the Commissioner of Health and Social Services within the limits of the respective appropriations. In recent years the recommended grant award amounts have been accepted without change by the Commissioner.

The Review Board on Alcoholism consists of nine members appointed by the Governor. AS 47.37.080 requires that the board be composed of members with particular backgrounds or professions. Requirements of membership are as follows:

1. Two shall be persons who are licensed to practice medicine in the state, one of whom shall be certified in psychiatry by the American Board of Psychiatry and Neurology or eligible for that certification, except that if a psychiatrist is not available a clinical psychologist may be appointed;
2. One shall be a practicing attorney who has been admitted to the practice of law by the State Supreme Court;
3. Two shall be persons who have evidenced an interest in the problems of alcoholism and who have knowledge of the social problems encountered in the rehabilitation of alcoholics;
4. One shall be a public health nurse;
5. One shall be a representative of the liquor industry;

SUMMARY OF REPORT CONCLUSIONS

Performance of SOADA

Evaluation of SOADA's efforts regarding the curtailing of alcohol and drug abuse has been of long-standing legislative concern. Effective evaluation requires that agency objectives be well defined and that some type of measurement indicators be identified.

We found that SOADA's objectives, as stated in the 1981-1983 State Alcoholism and Drug Abuse Plan (ASADAP), were not all well defined. Additionally, measurement data for assessment of some of SOADA's accomplishments either did not exist, or were not being collected by the agency in a systematic manner (See Recommendation No. 1) or was in the process of being developed.

The table below summarizes our assessment of the definition and measurement status of the 11 objectives we evaluated:

<u>Objectives</u>	<u>Definition</u>	<u>Measurement</u>	<u>Accomplishment</u>
<u>Primary Prevention</u>			
1. Community Awareness	poor	poor	yes
2. Community Action	fair	good	yes
3. School Curriculum Presentation	good	good	yes
<u>Secondary Prevention</u>			
1. OMVI Deaths & Destruction	good	poor	no
2. Employee Assistance Program	good	poor	indeterminate
<u>Tertiary Prevention</u>			
1. Death and Disability	good	poor	indeterminate
2. Mean Age of Clients	good	good	yes
3. Restoration of Health	fair	complex	to be determined
4. Appropriateness of Service	poor	complex	to be determined
5. Maintenance of Health	fair	complex	to be determined
6. Innovative and Unique Strategies	poor	poor	yes

Where measurement was rated poor we tried to make some evaluation of accomplishment using rudimentary assumptions or data. Measurement rated complex involved areas requiring an assessment of an individual's lifestyle at different stages of treatment and correlation with a vast array of variables. SOADA is in the process of having an extensive follow-up evaluation of individuals who have been discharged from treatment for six months. Any type of an assessment prior to the completion of the study would be superficial given the rigorous evaluative techniques being employed by the contracted researcher.

Currently, SOADA is being sued over information requirements by grantees who feel that the submission of such information is an invasion of their clients' privacy.

Training

SOADA has made a significant effort to promote flexibility in the training and certification of substance abuse paraprofessionals to meet the unique treatment and counseling needs in different parts of the State.

FINDINGS AND RECOMMENDATIONS

Recommendation No. 1

SOADA should better document, define, and catalogue information that will allow measurement of base level data and identification of subsequent changes in the data.

SOADA does not define nor document certain measures that they use when developing objectives by which to gauge their effectiveness. Measurement of performance is a key element of resource management. It is used to formulate and control budgets, ensure the accountability of individuals and organizations, and analyze and improve operations.

The primary approach used during our review of SOADA's performance was to evaluate the agency's progress on accomplishing what is termed "Action Plan Objectives" as stated in the 1981-1983 Alaska State Alcoholism & Drug Abuse Plan (ASADAP).

We believe that an evaluation of SOADA's accomplishment of these objectives provides a perspective of SOADA activity over more than one fiscal year, giving a better overall picture of the agency's accomplishments and progress.

The objectives included measures of both abstract and concrete performance standards. Some of the more abstract concepts involved in the objectives were such things as "community awareness," "employee productivity," and "appropriateness of services". Quantification of these objectives is difficult but could be facilitated by making some basic assumption and stating clear definitions.

Other measures that involve collection of more definitive data, such as Alaska youth exposed to alcohol awareness curriculum, communities taking electoral action, OMVI deaths, mean age of treatment clients, etc., are easier to identify. SOADA should specifically locate appropriate data sources and routinely record data from those sources to better assess their performance as it relates to impact on these statistical measures.

We found that SOADA personnel had some specific ideas of where to look for this information or some general ideas of how to define objectives. However, they did not quantify or record the 1980 base period level on which they sought improvement, nor have they systematically collected such data as is needed in the interim.

A partial explanation offered by SOADA for SCAODA's high administrative costs is the extensive reporting requirements associated with a Federal Indian Health Service grant.

SCAODA's FY'82 grant proposal document reports the Federal grant at \$149,531 along with a \$14,953 grant to administer these funds . The cost of the greater documentation and reporting requirements associated with these funds appear to exceed the 10% administrative grant. The excessive administrative cost is in essence subsidized by the State grant funds, which may be better utilized providing services.

If the cost of administering these Federal funds is so onerous as to negate the benefits and services they provide, SCAODA could better utilize its available funding by eliminating the Federal grant while still providing the service.

Another explanation for SCAODA's high administrative costs is that they are not affiliated with a local government, which provide centralized accounting and administrative service like some of SOADA's other grantees. However, SCAODA's FY'82 grant proposal budget document lists a contract of \$10,800 with Olympic Management Services to provide general accounting services such as program budgeting and development, tax accounting, payroll and disbursement accounting, and report compilation.

In light of these reported grants and contractual services, we feel that SOADA should carefully consider the need, extent, and reasoning for grantee administrative expenditures in order to better distribute available grant funds to those grantees which would utilize them in a more productive service delivery manner.

Recommendation No. 4

SOADA should analyze future needs and identify areas where grantees may accomplish tangible needed objectives in a relatively short period of time.

One of the most effective SOADA grantees was the Alaska Legal Services Corporation (ALSC). ALSC provided services to meet specific needs. They accomplished a great deal and then ceased their activities after 18 months. They committed much of their "service" to videotape for use after they ceased operation. ALSC also used their grant funds in a frugal and efficient manner.

When developing priorities for funding, SOADA should be cognizant of tendencies on the part of grantees to gradually expand programs or redefine needs as old objectives are accomplished. This phenomenon is often prevalent in grant programs. Grantees often strive to justify continued operations while accomplishing past objectives. By discouraging this tendency, SOADA promotes administrative and funding flexibility.

SOADA OPERATING PHILOSOPHY AND APPROACH

SOADA has patterned their approach to alcohol and drug abuse on what is termed the "Public Health Model" (PHM) approach. The first premise of the PHM is that alcoholism is a disease. The second premise is that this disease has adverse consequences upon the public's health similar to infectious diseases.

Based on these premises, the PHM asserts that alcoholism must be attacked like other infectious diseases, such as tuberculosis. The attack involves a three-pronged approach consisting of efforts aimed at the "agent," the "host," and the "environment" of the disease.

The PHM asserts that the "agent," alcohol, is more likely to be used and abused the greater its availability. Another assertion of the model is that the "host" or individual, is less likely to use substances in excess if he or she is a stable, healthy, and knowledgeable individual. The "environment" is the cultural, social, physical, and economic conditions surrounding the host, and to a large extent influences his behavior. Incorporation of the concepts of agent and environment into the attack on substance abuse suggests that prevention is the key element of this approach.

The Public Health Model is a nationally recognized approach. It is implemented by many states, endorsed by the Alaska Medical Association, promoted by the National Council on Alcoholism, and is suggested by the Alaska Statutes as an appropriate approach to be used by SOADA.

Alaska Statute 47.37.040 conferred upon SOADA the responsibility of developing and coordinating a state-wide program for the prevention of alcoholism, the treatment of alcoholic and intoxicated persons, and the establishment of an alcoholism education program. This inclusion of prevention measures in SOADA's statutory charge suggests the prevention imperatives of the Public Health Model.

In 1960, the Alaska Supreme Court, in its decision of the case of Boehl vs. Sabre Jet Room, Inc. said that the power of the State in regulating the liquor industry is not as limited as it is with other types of commerce. The court's stated rationale was that the excess use of liquor has a detrimental impact on the community at large. This decision is interpreted by SOADA as granting them very broad authority to implement an aggressive, coordinated, state-wide alcoholism prevention program aimed at all points of the PHM (See Special Projects - A Prevention Activity for discussion of specific activities regarding prevention by one grantee).

Further direction of SOADA efforts was provided by a report

SPECIAL PROJECTS - A PREVENTION ACTIVITY

One of the grantees funded by SOADA to promote preventative measures discussed in the previous section is the Alaska Council on the Prevention of Alcoholism and Drug Abuse (ACPADA).

With FY'82 State grants totaling \$1,214,000, ACPADA has initiated projects aimed at all three points of the PHM. One project of ACPADA is the Special Projects program which promotes social policy aimed at reducing the availability of liquor (the agent as discussed in SOADA Operating Philosophy and Approach section). The intent of the Special Projects program is to advocate what is termed community moderation measures such as the promotion of ballot measures to reduce bar hours, which have been voted on recently in several of Alaska's larger communities.

This Special Projects program has been initiated and implemented by Howard Scaman, an independent contractor to ACPADA. Mr. Scaman provides organizational expertise and technical assistance to community organizations promoting the restriction of alcohol availability. As a recipient of SOADA funding, he has been quite active in the larger communities of the State promoting the shortening of bar hours and other moderation measures. To some, this has been interpreted as State-assisted interference in local matters. However, under the agency's interpretation of its statute and the State Supreme Court's decision, SOADA feels that this is a mandated, logical, and necessary function (As discussed in the previous section).

Mr. Scaman is also a leading member of the Alcohol and Drug Abuse Association of Alaska (ADAAA). This organization is an association open to membership for all individuals in the alcoholism and drug abuse field. Dues are set at \$10.00 per year, and SOADA has authorized the payment of these dues for grantee employees with State grant funds. The ADAAA has also established a Political Action Committee (PAC) which is funded entirely with donations from individuals. Through this PAC, Howard Scaman was listed as a non-compensated representational lobbyist for ADAAA in FY'82.

In our review we found Mr. Scaman was well aware of the ramifications of using State funds for lobbying activities, and has gone to great lengths to properly separate and document that separation of State-supported ADAAA funds from donated PAC funds.

EVALUATION OF PERFORMANCE - ASADAP OBJECTIVES

As stated in Recommendation No. 1, we used the "Action Plan" Objectives in the Alaska State Alcoholism and Drug Abuse Plan (ASADAP) as a framework for evaluating the accomplishments and performance of SOADA. These objectives cover three fiscal years (1981-1983) and are divided into the primary, secondary, and tertiary prevention measures, discussed in the previous section.

Primary Prevention Accomplishments

The first of the primary prevention objectives suffers from the deficiency described in Recommendation No. 1. The objective seeks to increase by 30% over the 1980 level the number of Alaskan communities in which residents are made aware of the causes, consequences, and potential remedies for individual and community alcohol and drug abuse problems. The defects of this objective involve the definition of "awareness" and the "1980 level".

As stated above, SOADA did not effectively define the 1980 level of community awareness. In order to draw some inference of SOADA's progress, we examined the outreach of SOADA-funded programs in FY'80 and compared it to the agency's state-wide community coverage in FY'82. We recognize that this requires a simplistic assumption that communities do not receive "awareness" from any other source other than SOADA-funded grantees; however, we believe the result of review on such an assumption is still pertinent to evaluation.

The large increase in SOADA's alcohol abuse grant appropriation allowed the agency to increase awareness by a variety of means. Increased funding allowed SOADA to implement programs such as the following:

1. Distribute a periodical, aimed primarily at children, to all villages in the Doyon region describing causes and results of alcohol abuse.
2. Increase and coordinate training efforts that not only resulted in more and better trained alcohol counselors in rural Alaska, but also helped develop community leadership skills and awareness.
3. Provide legal information and in-person presentations to 145 villages regarding local options under Title 4 of the Alaska Statutes.

and the electoral results. The accomplishment of the first two primary prevention objectives are highly inter-related.

The third primary prevention objective is to increase by "10% over the 1980 level the number of Alaskan youth knowledgeable about the alcohol drug abuse issue and developing skills in constructive decision-making regarding the use of alcohol and drugs".

The primary strategy that SOADA uses to accomplish this goal is the implementation of a K-12 curriculum entitled "Here's Looking At You" (HLAY) in the various school districts and Rural Education Attendance Areas (REAs) throughout the State. Dr. Dennis Kelso, who has done extensive evaluative research on alcohol abuse in Alaska, estimated that 12,860 students were exposed to HLAY during the 1979-80 school year. Based on current enrollments, we estimate that by the end of the 1982-83 school year in excess of 60,000 school children will be exposed to HLAY curriculum materials.

The purpose of HLAY is four-fold. The curriculum is designed to increase the student's knowledge of alcohol and drug abuse, change the attitude of students towards substance abuse, and increase self-esteem while improving decision-making skills.

An evaluation done during the 1980-81 school year indicates a definite increase in knowledge and an improvement in desired attitudes across all grade levels tested. Apparently however, these improvements in knowledge and attitudes do not translate into improvement in student self-esteem, while there is an inexplicable decline in decision-making skills.

The grantee that is responsible for implementing HLAY has made extended efforts to modify the curriculum to make it culturally relevant in rural Alaska. Despite these efforts, many people who work with, or are familiar with, rural Alaska alcohol abuse still report that HLAY is not culturally relevant to Alaskan natives.

This perceived lack of cultural relevancy and the heretofore mixed evaluative results, suggests that HLAY is not effectively accomplishing all of its intended purposes. This record may be improved as more students are exposed to HLAY consistently year after year; resulting in the desired impact on decision-making skills as exposure accumulates.

In summary, we believe SOADA has accomplished all of their primary prevention objectives, given the assumptions and definitions as stated above. However, there is some doubt as to the effectiveness and cultural relevancy of the school curriculum, even though SOADA has accomplished the implementation goals.

Evaluation: Alcohol Safety Action Program

The Alcohol Safety Action Program (ASAP) addresses the first ASADAP secondary prevention objective. ASAP is a link between the courts and alcohol abuse counseling programs. For alcohol-related offenses especially OMVI violations, individuals are sentenced to ASAP as an alternative to traditional sanctions. Individuals are screened and evaluated by means of blood alcohol content at arrest, prior arrest record and the Mortimer-Filkins test to determine treatment referral. Based on these factors, the individual is classified as a Problem or Non-Problem Drinker. Non-problem drinkers are referred to an 8 hour alcohol education course while those determined to be problem drinkers are referred to an appropriate treatment program.

The Mortimer-Filkins Test is a diagnostic instrument which is widely recognized in the alcoholism field as a tool used to diagnose problem drinkers involved in alcohol-related traffic offenses. This test, used by ASAP units and traffic courts, is a detection technique rather than an assessment of the severity of the problem. Its wide use stems partly from its reliability in differentiating social drinkers from problem drinkers.

The test consists of two parts, the first is a 58 item yes-no, true-false questionnaire, while the second is a structured interview. When combined, these two test parts will provide a psychological profile of the person, and his propensity to drink. The individual's results are adjusted for demographic characteristics as well as the individual's experience at drinking. The detailed testing and scoring procedures, contained in the interviewer's test manual, and the reliability of the test results, combine to make the Mortimer-Filkins Test one of the most widely used problem-drinker evaluative techniques available.

This program began in Anchorage in 1978 as the Anchorage Alcohol Safety Action Program (AASAP). A research report was published in June 1980 by Dr. Dennis Kelso, as a follow-up study that evaluated the AASAP.

The research design of Kelso's evaluation compared individuals that had participated in AASAP with non-participant control groups. Non-problem drinkers and problem drinkers were analyzed separately. The outcome was based on criminal re-arrest figures of participants during the year following the 1978 arrest. The results vary for non-problem and problem drinkers. The report concluded that the ASAP program is effective in deterring problem drinkers from re-arrest, but it is inconclusive regarding AASAP's effect on social drinkers. These results were almost the exact opposite of a national follow-up study.

where statistical measures of accomplishments and definitions of success are generally more tentative. Prospectively however, it is also an area where SOADA has placed great administrative emphasis which may produce some of the best information available in the field of substance abuse.

The first of six objectives in this area is to reduce by "5% of the 1980 levels the level of alcohol and drug related death and disability" is well defined. However, when we tried to independently establish a rate for 1981 deaths compared to 1980 we found that the 1981 Alaska Vital Statistics Annual Report had not yet been released. The goal is well defined but at this time no good statistics are available for evaluation.

The second of the six objectives was to "reduce by 2 years the mean age of treatment clients (from 1980) in order to reduce the likelihood of more severe traumatization". Our calculations of the change in the average age of treatment clients in the first two years of the 3 year period indicates that this factor is being lowered. We calculated the mean age of clients seen in the first 6 months of 1980 as 33.9 compared to a mean age during the same period of 1981 of 33.2 years, and in November of 1982 the client age was down to a mean of 32.9 years. It appears that SOADA is accomplishing this objective.

The fourth objective of increasing by "5% the appropriateness of services for the very severely damaged addicts requiring protective custody" is in the early stages of accomplishment. The strategy employed by SOADA was to provide funding for the establishment of long-term custodial care services for at least 120 severely debilitated clients. Nugen's Ranch is a long-term care facility near Wasilla that is very near completion. It has recently opened and has a capacity of 48.

With a reasonable expected annual turnover of 2.5 clients per bed, Nugen's could achieve the strategy goal used to reach the appropriate service objective. However, evaluation of whether the 120 patient strategy represents the desired 5% increase in appropriateness is probably an issue that can best be decided and answered by reviewing statewide statistics on severely damaged clients. This is data that is hopefully upcoming once the new Management Information System is installed and yielding reliable information.

The sixth tertiary prevention objective is perhaps the most esoteric in nature. The objective was "to increase by 5 the number of rural areas or communities employing innovative or locally unique strategies to combat alcohol and drug abuse". Most grantee managers feel that their local program is a little innovative and unique from the others. To the extent that programs tailor their approaches to meet the cultural, economic, or social backgrounds of their community, they are correct.

Measurement of the third and fifth objective is of long standing legislative concern. They involve determining whether or

MANAGEMENT INFORMATION SYSTEM

In addition to providing better information on individuals who have gone through treatment, with the Client Follow-Up Study, SOADA has also developed a system to better evaluate the current programs and status of individuals undergoing treatment. The Management Information System (MIS) is a computerized data processing system that will allow SOADA to evaluate and record information on their grantees and their treatment clients.

We found that SOADA proceeded in a methodical, logical, and professional manner in the development of MIS. The agency required the contractor to consider the needs and peculiarities of all grantee programs both urban and rural in all parts of the State. SOADA made good use of a User Advisory Group and succeeded in involving grantee users in the development of the MIS forms, procedures, programs, and resolution of issues.

Presently there are six grantees that are disputing the MIS requirement that the names and social security numbers of their treatment clients be reported. The grantees dispute the requirement primarily on the grounds that such information is an invasion of their clients' privacy. Additionally, the grantees argue that the MIS submittal requirements were not adopted in accordance with statutes governing the adoption of administrative regulations. Three of these grantees have brought suit against SOADA on these grounds, after the agency threatened to withhold payment from programs for non-compliance.

It is currently the opinion of the Attorney General that SOADA has authority under AS 47.37.030(b) and AS 47.37.040(g) to collect and keep statistical information it needs for alcohol program evaluation and specify the nature and extent of that information. At present it is unclear if SOADA has both the responsibility and the power to require the same from drug programs.

SOADA states that the name and social security number is required for three reasons. Primarily, it is needed to enable the agency to determine, in the aggregate, what percentage of SOADA grantee clients are recipients of other state services. It also is needed to provide the base data for any future follow-up studies and provide the agency with the best assurance that they are identifying unduplicated counts of clients.

The State of Washington utilizes a similar state-wide reporting system for their alcohol programs, but do not require the submission of name and social security number. That State's contractor responsible for the system concedes there is a slight chance of duplication utilizing his system, but that it is adequate for management and policy decisions. SOADA's MIS advisor maintains that due to peculiarities of Alaskan use of social security numbers and the unique information requirements of this state's decision-makers, the Washington system is impractical for use in this State.

IMPACT OF INCREASED FUNDING

In FY'80 SOADA granted \$3.7 million to 31 different agencies for alcohol and drug abuse projects. In FY'82, 3 of these agencies were no longer funded while the remaining 28 were funded in excess of \$11.6 million, an increase of more than 300%. In addition, there were 25 new grantees that received \$4.0 million in grant awards. One agency, Alaska Council on the Prevention of Alcohol and Drug Abuse, received \$600,000 as a contractor in FY'80 and \$1.4 million in FY'82 as a grantee.

Our analysis of 16 of the grantees that received funding in both fiscal years produces the following results:

1. Personal service expenditures increased more than 300%. Staff positions increased from a FY'80 level of 117 to a FY'82 level of 173, an increase of 48%.
2. Reported travel expenditures increased by more than 500% to \$213,949 in FY'82. Approximately 18% of total travel expenditures were budgeted to be spent on administrative travel, 33% on employee training travel, and 49% on client service travel.
3. Budgeted salaries for grantee executive directors, or the equivalent, increased 26%, while salaries for staff that existed in both FY'80 and FY'82 increased an average of 27%.

Although not rising as rapidly as salary and travel levels, client admissions to counseling and treatment programs rose dramatically. First time admissions for the grantees in our sample more than doubled from approximately 2,400 to over 5,000. Readmissions rose slightly more than 25% from a level of 4,700 to more than 6,000.

Examination of expanded funding and accompanying changes in service on a grantee-by-grantee basis revealed that additional funds were also used for purposes other than the provision of direct services. These other activities can be characterized as fund displacement, program changes, and administrative subsidy.

The BBAHC example illustrates another impact of increased funding which was not directly reflected in more clients. The funding expansion was used by many programs to begin services that involve higher cost per client such as more regional outreach programs. Such programs extended SOADA's village coverage without an accompanying increase in client numbers.

Administrative Subsidy

In FY'80 the Sitka Council on Alcoholism and Other Drug Abuse (SCAODA) reported total State expenditures of \$89,956 while in FY'82 reported \$365,264. The primary area that increased during the two years was personal services and staffing.

The FY'80 staffing consisted of 5 people, 4 service providers such as counselors, and one administrative person. In FY'82 the staffing had increased to the equivalent of 13 full-time service providers and 8 administrative employees.

SOADA responded with two reasons for the relatively large SCAODA administrative staff:

1. Unlike other large community program grantees, SCAODA is not a part of a local governmental unit and therefore can not utilize the central administrative staff available to similar programs in Juneau, Anchorage, and Bethel.
2. The second reason is that SCAODA must comply with extensive reporting requirements to the Federal Government for alcohol treatment services it supplies to the Public Health Service Hospital at Mt. Edgecumbe. In effect, a portion of the increased State funding is subsidizing the administrative costs associated with other funding sources.

If these reasons account for SCAODA's large administrative staff, the local agency and SOADA should reevaluate the need and desirability of providing these services given the compensation received (See Recommendation No. 3 for further discussion).

During our audit, we also reviewed several of the new grantees funded since FY'80 as a result of SOADA's expanded appropriations. These grantees were funded by SOADA in an effort to comply with the extensive responsibilities required of them by Alaska Statute 47.37. Some of the more notable newly funded grantees' activities are summarized below:

1. Aleutian - Pribilof Association - A final grant of \$29,000 was awarded to the Aleutian-Pribilof Association to conduct a needs assessment and to develop a plan to deliver treatment and counseling services to the resi-

TRAINING

AS 47.37.040 requires SOADA to "organize and foster training programs for all persons engaged in treatment of alcoholics and intoxicated persons and establish standards for training paraprofessional alcoholism workers". In addition, the statute requires the agency to "develop and implement a training program on alcoholism for employees of state and municipal governments, and private institutions".

In 1978 SOADA funded a training needs assessment to evaluate how and what type of training they needed to develop. A recommendation of this study led to the establishment of the Manpower Development Advisory Committee (MDAC). The MDAC is comprised of members representing various areas in the substance abuse field. The MDAC is responsible for developing training standards, curriculum, and certification requirements for abuse counselors throughout the State.

A significant result of the expanded SOADA funding in FY'81 was the funding of three regional training programs. Regional trainers operate out of Bethel, Fairbanks, and Sitka. The programs were intended to be flexible, addressing particular training needs of each region while also providing a certification-linked curriculum developed by the State's Center for Alcohol and Addiction Studies and approved by MDAC. The developed curriculum essentially reflects the traditional, accepted counseling theory and practice in the field today.

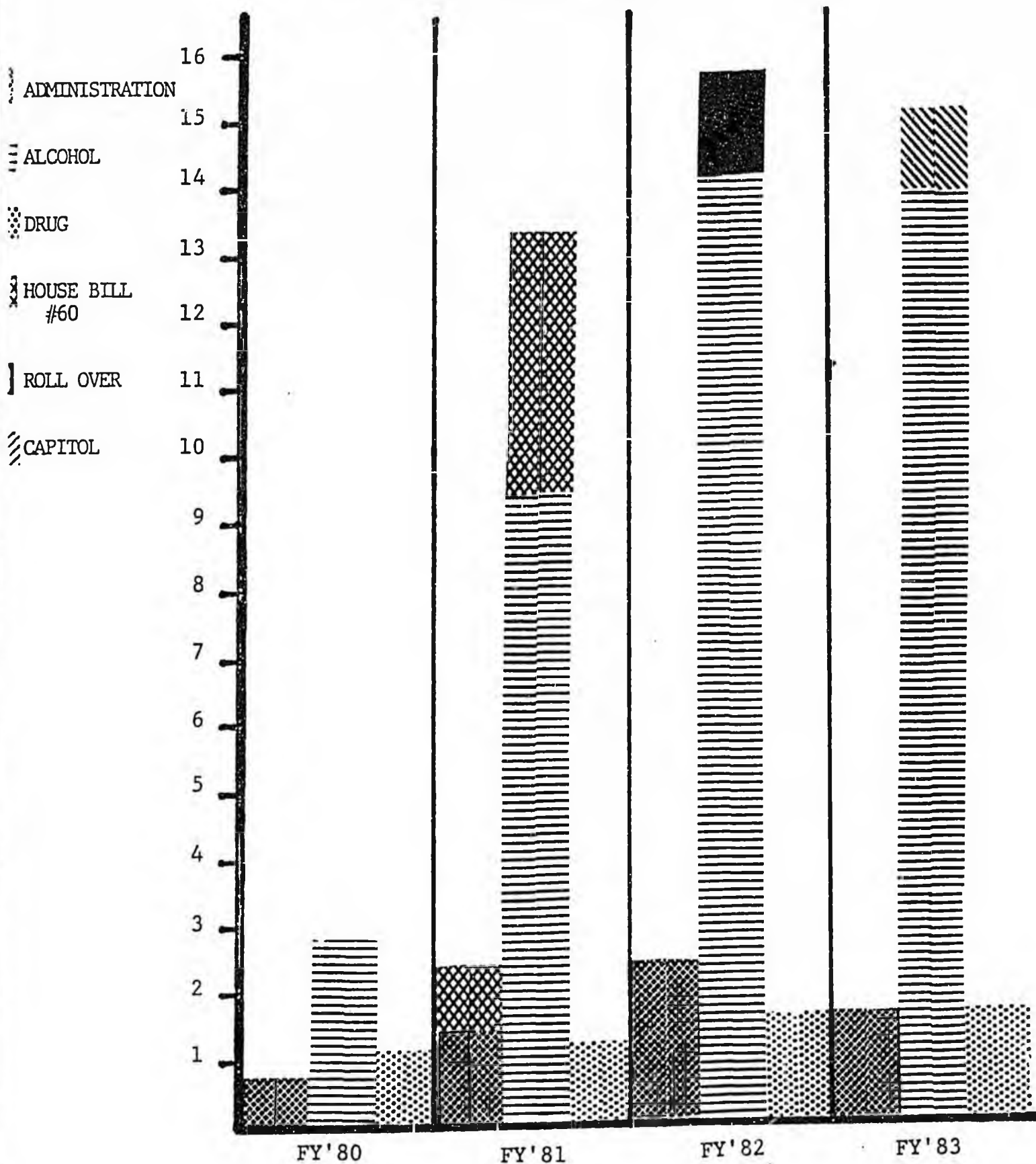
It is the generally accepted policy to deliver abuse counseling services to individuals as near to their residence as possible. Thus, the training of counselors, the primary service providers, must be done at the local level. The restrictions of travel, the isolation and ethnic diversity of rural Alaska creates a unique environment for service delivery. Research reviewed in the course of this audit, suggests that traditional counseling methods may be foreign, often offensive, and ineffective in isolated, predominantly-Native communities. Thus, flexibility in course presentation and teaching methods are very necessary to overcome these problems.

We contacted all regional trainers and asked them about their feelings and perceptions of how flexible SOADA has been in allowing them to modify their presentations to meet the unique requirements of their region. All trainers expressed satisfaction with SOADA's efforts at promoting flexibility of curriculum presentation.

A potential drawback to this flexibility is the inability to establish uniform standards for certification of counselors. Certification of counselors is often critical for establishing validity and credibility for a program. It is evidence that provides some assurance of quality. SOADA has expressed

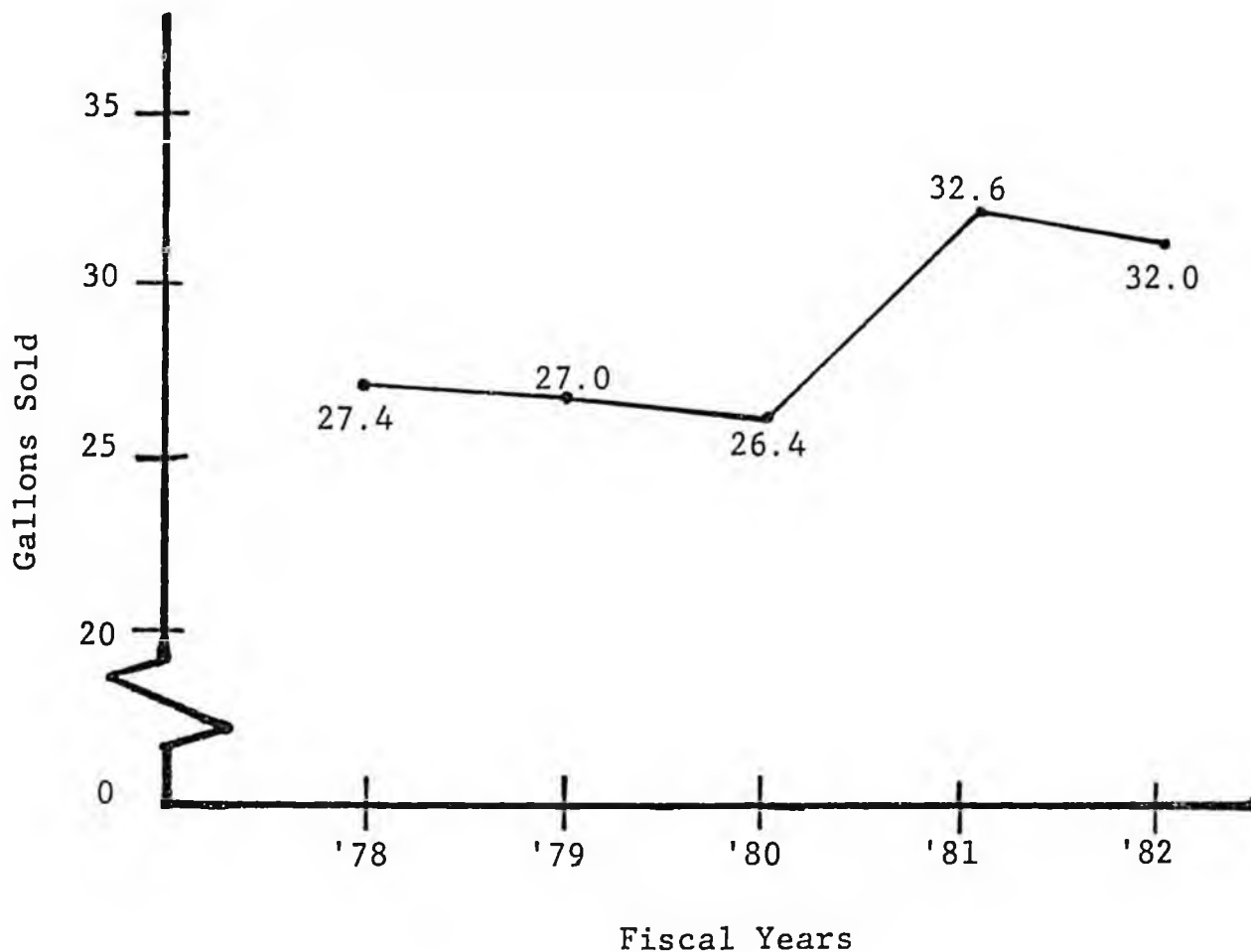
APPENDIX A

STATE OF ALASKA
STATE OFFICE OF ALCOHOLISM AND DRUG ABUSE
FOUR YEAR FUNDING LEVELS



APPENDIX B

STATE OF ALASKA
ALCOHOL SALES PER CAPITA
For the Fiscal Years 1978 - 1982



Sources of Information

Alcohol Sales: Department of Revenue.
Population Statistics: Department of Community and Regional Affairs.

LAW OFFICES OF
ALASKA LEGAL SERVICES CORPORATION
615 "H" STREET, SUITE 100
ANCHORAGE, ALASKA 99501
TELEPHONE (907) 272-9431

RECEIVED
JAN 24 1983

LEGISLATIVE
AUDIT

MEMORANDUM

TO: Persons Interested in the Current Status of Rural Communities With Respect to the State Title 4 Alcohol Local Option Law

FROM: Alaska Legal Services Corporation Alcohol Project

RE: Statewide Village Status Report

DATE: January 14, 1983

The ALSC Alcohol Project was funded by the State Office on Alcoholism and Drug Abuse ("SOADA") to provide statewide on-site community legal education and technical legal assistance on the state Title 4 alcohol local option law. During its existence, the ALSC Alcohol Project worked closely with rural communities throughout Alaska. The ALSC Alcohol Project has terminated.

Approximately 130 rural communities were visited and 50 other rural communities were assisted in some fashion. "Assistance" means a community either requested a petition form, cover letter, and memorandum explaining the law, or a legal opinion of their local village ordinance concerning alcohol control. This Statewide Village Status Report from the ALSC Alcohol Project is a final attempt to provide an adequate profile of individual rural community activity with respect to the state Title 4 alcohol local option law.

Presently, 74 alcohol local option elections have been held. Some communities have now held two elections, with differing results. The present tally is: 1 community has voted for a community liquor license, 51 communities have voted to forbid the sale and importation of alcoholic beverages, 10 communities have defeated the sale and importation option, 2 communities approved and 1 defeated the no sale option, and 1 community defeated the private liquor license option. Several more elections are presently scheduled and many other petitions are being circulated.

If you have any additional information or questions on specific communities, please contact Vivian Kortie at the Alcoholic Beverage Control Board, 201 East 9th Avenue, Anchorage, Alaska, 99501, or call (907) 277-8638.

STATE OF ALASKA
SUMMARY OF TITLE 4 STATUS

APPENDIX C

Village (Municipality or Village)	Petition Sent (ALSC Visit*)	Option Considered or Voted Upon	Election Results ₂ (yes/no ₂)	Effective Dates	Notes
Dot Lake (V)	10/01/82*	Ban Sale (C)	--	--	
Eagle (V)	9/30/82*	--	--	--	
Fort Yukon (M)	12/01/81	Ban Sale & Import (C)	--	--	
Huslia (M)	3/02/82*	Ban Sale & Import (V)	40/53	12/1/82	Second election; changed vote.
Kaltag (M)	11/11/82*	Ban Sale & Import (V)	50/27	1/3/83	Second election; same vote.
Mentasta (V)	10/05/82*	--	--	--	
Minto (V)	6/23/81*	--	--	--	
Northway (V)	9/29/82*	Ban Sale & Import (C)	--	--	
Nulato (M)	1/07/82	--	--	--	Petitions sent 1/7/82.
Ruby (M)	8/02/82	--	--	--	Petitions sent 8/2/82.
Stevens Village (V)	4/28/82*	Ban Sale & Import (C)	--	--	Petitions sent 4/28/82.
Tanacross (V)	9/28/82*	--	--	--	
Tanana (M)	9/23/82*	Community Liquor Store (V)	90/15	--	Applying for a liquor license
Tetlin (V)	10/04/82*	Ban Sale & Import (V)	54/7	1/1/83	
<u>JUNEAU/SEALASKA REGION</u>					
Angoon (M)	4/06/82*	Ban Sale & Import (V)	72/94	--	ALOL ³ did not pass.
Hydaburg (M)	2/24/82*	Selected Liquor Lic. (V)	43/63	--	ALOL ³ did not pass.
Klawock (M)	10/20/82*	Community Liquor Store (C)	--	--	
Metlakatla (Reservation)	2/14/81*	--	--	--	ALOL ³ not applicable.
Thorne Bay (M)	12/01/82	Ban Sale (V)	--	--	Election improprieties; selected liquor license ap- plied for in January, 1983.
<u>KODIAK REGION</u>					
Larsen Bay (M)	7/19/82*	Ban Sale & Import (V)	17/38	--	ALOL ³ did not pass.
Old Harbor (M)	6/19/81*	--	--	--	Emergency ordinance to ban sale and import, 7/20/82.

Village (Municipality or Village)	Petition Sent (ALSC Visit*)	Option Considered or Voted Upon	Election Results ₂ (yes/no ²)	Effective Dates	Notes
Wales (M)	7/05/81*	Ban Sale & Import (V)	29/21	9/1/81	
White Mountain (M)	7/16/81*	Ban Sale & Import (V)	29/16	4/1/82	Not officially recorded.
<u>NORTH SLOPE REGION</u>					
Anaktuvuk Pass (M)	11/11/81*	Ban Sale & Import (V)	78/11	1/1/83	
Point Hope (M)	9/15/81*	Ban Sale & Import (V)	62/39	8/1/82	
Point Lay (V)	2/09/82*	--	--	--	Within incorporated borough; ALOL ³ not applicable.
Wainwright (M)	6/11/81*	Ban Sale & Import (V)	61/42	8/1/82	
<u>YUKON/KUSKOKWIM REGION</u>					
Akiachak (M)	2/02/82*	--	--	--	
Akiak (M)	2/02/82	Ban Sale & Import (V)	--	--	Election improprieties.
Akolmiut (M)	--	Ban Sale & Import (V)	106/35	10/1/81	Not assisted by ALSC.
Alakanuk (M)	3/25/82	Ban Sale & Import (V)	92/24	8/1/81	
Aniak (M)	7/22/82*	Ban Sale & Import (V)	42/129	--	ALOL ³ did not pass.
Atmautluak (M)	9/01/81*	Ban Sale & Import (V)	60/12	6/1/82	
Brevig Mission	8/26/82	--	--	--	Petitions sent 12/82.
Chefornak (M)	9/08/82*	Ban Sale & Import (V)	48/29	11/1/82	Second election.
Chevak (M)	--	Ban Sale & Import (V)	--	--	Election improprieties.
Chuathbaluk (M)	10/08/81*	Ban Sale & Import (C)	--	--	
Crooked Creek (V)	12/09/81*	--	--	--	
Eek (M)	10/19/81*	Ban Sale & Import (V)	90/15	12/1/82	
Emmonak (M)	9/03/81	Ban Sale & Import (V)	54/12	11/1/81	
Goodnews Bay (M)	4/21/82	--	--	--	
Grayling (M)	12/02/81	Ban Sale & Import (V)	34/34	--	ALOL ³ did not pass; needs majority.

Village (Municipality or Village)	Petition Sent (ALSC Visit*)	Option Considered or Voted Upon	Election Results ² (yes/no ²)	Effective Dates	Notes
Sheldon Point (M)	9/03/81*	--	--	--	
Sleetmute (V)	8/10/82*	Ban Sale & Import (V)	23/20	8/1/82	
Stony River (V)	8/12/82*	--	--	--	
Toksook Bay (M)	10/03/81*	Ban Sale & Import (V)	78/32	12/1/81	
Tuluksak (M)	9/09/82*	Ban Sale & Import (V)	61/16	11/1/82	
Tununak (M)	5/21/81*	Ban Sale & Import (V)	90/11	9/1/81	
Tuntutuliak (V)	12/01/81*	Ban Sale & Import (V)	47/20	9/1/82	
Upper Kalskag (M)	1/15/82*	--	--	--	

NOTE¹: The four option choices for municipalities (first and second-class and home rule cities) are:

1. Selected liquor license;
2. Community liquor license;
3. Banning the sale of alcoholic beverages;
4. Banning the sale and importation of alcoholic beverages.

Established villages may choose option 1, 3, or 4.

NOTE²: For those villages which have chosen the option to ban sale and importation, a "yes" vote means that a voter wishes to stop the sale and importation of alcoholic beverages. A "no" vote means that a voter does not wish to stop the sale and importation of alcoholic beverages under the state alcohol local option law.

NOTE³: ALOL -- Alcohol Local Option Law.
 ALOE -- Alcohol Local Option Election.
 CRA -- Community and Regional Affairs; Division of Local Government Assistance.

NOTE⁴: As of May 18, 1982, the United States Department of Justice approved the Alaska State Title 4 alcohol local option law submission under Section 5 of the Voting Rights Act. The state of Alaska is a "Voting

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

POUCH H 01 - JUNEAU 99811

465-3030(GM)

RECEIVED
FEB 21 1983

**LEGISLATIVE
AUDIT**

Gerald L. Wilkerson, CPA
Legislative Auditor
Division of Legislative Audit
Pouch W
Juneau, Alaska 99811

Dear Mr. Wilkerson:

This is in response to the document entitled "A Special Performance Report on the Department of Health & Social Services State Office of Alcoholism and Drug Abuse" that you forwarded with your letter of February 2, 1983.

Your report is particularly useful to me at this time to assist me, as the newly appointed Commissioner of this department, to improve the efficiency and effectiveness of the programs delivered by the State Office of Alcoholism and Drug Abuse (SOADA), along with other programs for which this Department is responsible. In that regard, the next review and report rendered by your agency's staff on the SOADA would be even more helpful if two additional major areas were covered:

Greater detail with respect to the approach to dealing with drug abuse problems. As you know, SOADA was formed, in 1977, by merger of the two offices which previously had dealt with alcoholism separately from drug abuse.

In addition to the review in relation to the "1981 - 1983 State Alcoholism and Drug Abuse Plan" objectives covered in the "Summary of Report Conclusions," review and report on the performance of the duties mandated in the following would prove beneficial:

AS 47.37, "Uniform Alcoholism and Treatment Act"; and

The legislative directive entitled "Special efforts in Response to Alcoholism and Drug Abuse Problems."

Department of Health and Social Services response to the Legislative Auditor's report entitled "A SPECIAL PERFORMANCE REPORT ON THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES STATE OFFICE OF ALCOHOLISM AND DRUG ABUSE."

GENERAL COMMENTS

It is gratifying to note that the report finds that the State Office of Alcoholism and Drug Abuse (SOADA) has acted "within the scope and purpose of its statutory responsibilities" and that SOADA programs are justifiable, adequate and accomplishing the objectives established. The report did not address adequately the document entitled "Special Efforts in Response to Alcoholism and Alcohol Abuse Problems" authored by the House Finance Committee during the 1980 Legislative session. That document formed the third part of DHSS's directives, (i.e. Statutory Authority, the State Plan and the Legislative directives) that has guided this Department's programs for the past three fiscal years and the report would have been even more helpful if it had taken it into account while analyzing the approach taken to the problems of alcohol and drug abuse.

It is recognized that under "Purpose of the Audit", on page 1 of the Report, it is explained that the report highlights only "...those areas needing improvement and does not emphasize those operations and programs that are properly functioning"; however, the absence of such discussion could easily be misconstrued. Consequently, for the benefit of the grantees operating programs through SOADA funding, the point is made that it takes all grantees, working as a diverse but unified in purpose network, to provide these comprehensive services indicative of a truly statewide program.

ORGANIZATION AND FUNCTION

The Office of Drug Abuse and the Office of Alcoholism were combined by legislative budget action effective in FY 77. The 1980 session of the Legislature amended AS 47.37.020 to change the name from the Office of Alcoholism to the Office of Alcoholism and Drug Abuse.

There is a major point of disagreement with respect to the conclusions reached regarding the Alcohol Safety Action Program (pp. 20-22 Secondary Prevention Accomplishments):

Data presented on page 20 relating to alcohol-related highway deaths does not present possible adjustments that may be applicable. First, the data may have been skewed by population growth in the State if miles driven increased faster or slower than the average per capita population increase, which may have had an effect on fatalities. Second, had data been collected for the period (1975 to 1978) and compared to 1979, it would have shown a major decrease in fatalities for that year. The question of whether the increase reported by the audit for 1980-1982 is at a lesser rate than was predicted by the 75-78 data is not addressed.

On pages 21-22 of the Report, the evaluation done on the Alcohol Safety Action Program (ASAP) in Anchorage is accepted as valid but there seems to be a question as to whether ASAP itself is valid. It would appear that ASAP does reduce rearrests (p. 21) and is providing a mechanism for the courts to not only jail a person but to also get that person into a treatment program (p. 22).

The implication that a reduction in rearrest "...may not have a real impact on alcohol related fatalities or property damage..." (page 20) does not seem to be supported elsewhere in the report.

The suggestion that the SOADA grantee programs, the Department of Public Safety, local police and tougher laws have not reduced first offenders may be valid. However, the focus of the ASAP project is to aid in the early identification and intervention that leads to the appropriate education or treatment response to prevent repeat offenses. To this end, the report validates the ASAP approach and its apparent success.

While the SOADA objective of reducing OMVI deaths may not have been achieved, major progress has been made in reducing rearrests and in getting offenders into treatment programs.

Recommendation No. 2

SOADA should improve fiscal review over grantees by having more responsibility for directing audit efforts and following up on audit results.

Response

Concur. The Director of Budget and Administration distributes the tentative audit schedule to all divisions/separate office heads of the Department of Health and Social Services (DHSS), and then revises the audit schedule after consideration of their recommendations.

A number of SOADA grantees put administrative costs in their budgets. Costs of clerical staff, bookkeepers, accountants, and contract items such as accounting or legal firms are common items for many of the small not-for-profit grantees. SOADA staff routinely examine these items carefully in the grant review process.

Many SOADA grantees, however, also recover an indirect cost percentage per 7 AAC 78.160(t). This regulation allows the grantee to charge to the SOADA the indirect cost rate approved agreed upon by the federal government. 7 AAC 78.160(u) states that a grantee that has no federally approved indirect cost rate may include administrative costs in the direct cost of the grant.

Listed below are several FY 82 grantees and their indirect cost rates:

<u>Grantee</u>	<u>FY '82 Indirect Cost Rate</u>
Bristol Bay Area Health Corporation	19.3%
Municipality of Anchorage	13.9%
Fairbanks Native Association	13.9%
City and Borough of Juneau	0
Ketchikan Alcoholism (City)	0
Seward Life Action Council	0
McGrath/Anvik Family	0
Tanana Chiefs Conference	33.3%
Norton Sound Health Corporation	28.0%
Tanana Chiefs Conference/Ft. Yukon	36.7% and *25.8%
North Slope Borough	15.1%
Yukon-Kuskokwim Health Corporation	17.7%
Cook Inlet Council on Alcoholism	0
Kodiak Council	0
Sitka Council	0
City of Bethel	0
Maniilaq Association	**53.0%
Galena	0
Southeast Alaska Regional Health Corp.	34.3%
Center for Alcohol and Addictions Studies University of Alaska/Anchorage	***10.0%

*Based on on-site or off-site rates.

**Percent of personal service cost including fringe.

***Negotiated down from approximately 53% of personal services costs.

Grantees are encouraged to lower their administrative costs to better use SOADA funds for direct services. As a result, some grantees have lowered their indirect rates over the past years, while others have found alternate funding sources for necessary or required administrative costs. In summary SOADA and DHSS staff have endeavored to prevent excessive administrative costs, while at the same time maintaining greater fiscal and programmatic accountability.

Recommendation No. 5

The legislature should consider passage of a resolution to provide SOADA with priorities for grant funding.

Response

The SOADA currently operates under three statutes; AS 47.37, AS 44.29 and AS 47.30. These three statutes prescribe the duties of the office, appointment to advisory boards, services that should be provided Alaskans and the review process prior to the award of grant funds. Rather than a resolution, if the mandates of the statutes are to be modified in a way that would affect all potential grantees, city/municipal governments, local health planning agencies, regional health corporations, etc., amendment to the statutes would be appropriate after appropriate hearings involving all affected parties.

In the document entitled "Special Efforts in Response to Alcoholism and Alcohol Abuse Problems," that was issued by the House Finance Committee during the 1980 legislative session, it is stated in part on page 1, "The provisions of the Uniform Alcoholism, Intoxication and Treatment Act are reaffirmed. The nature and extent of alcoholism and alcohol abuse problems in the state require a broad-ranged comprehensive and intensive counteraction, . . . The single state agency is directed to undertake special efforts during the next FIVE YEARS (emphasis added) to develop and coordinate prevention, treatment, research and administrative programs that are commensurate with the high prevalence and incidence of alcohol problems in the state." The "Special Efforts" document was developed after numerous hearings that began in 1978 under the auspices of the Senate Committee on Alcohol Problems, chaired by then Senator Mike Colletta. Further hearings were held in 1980 by the House Finance Committee. Any statutory change or resolution considered should capitalize on the valuable work documented as the result of the efforts of these two committees.

The review process used under the governing statutes has resulted in a well developed approach to programming and the funding of needed, unduplicative and appropriate services that will serve the people of this state.

Additional Comments

SOADA OPERATING PHILOSOPHY AND APPROACH

The discussion in the report surrounding the legality and appropriateness of use of the Public Health Model (PHM) to address problems of alcohol and drug abuse is helpful. The validity of the PHM approach has been questioned by some members of the public and airing the matter in the report serves a very useful purpose.

A second evaluation is now being conducted by the Municipal Prosecutors Office/Municipality of Anchorage. This study should answer some of the questions raised regarding the effectiveness of the ASAP services.

Of interest is that, on the national level, new highway safety funds are available only to states that meet certain criteria. Of major import are criteria such as: Providing courts authority to conduct presentence screening of convicted drunk drivers (what ASAP does now); providing for creation and operation of rehabilitation programs (which local treatment programs do now); establishing local alcohol traffic safety programs controlled at the local level (ASAP programs are operated by local programs); and establishing a minimum drinking age of 21 years. These criteria are supported by Congress, the President and the Presidential Commission on Drunk Driving.

To suggest that a reduction in re-arrest does not "have a real impact on alcohol related fatalities or property damage" (page 20) seems to be inappropriate. One could argue that if re-arrests were not reduced the one statistic used by the audit could or should be higher.

Tertiary Prevention Accomplishments

The report seems to imply that the death and disability rate stated in one of the objectives could not be measured. This is true, but the problem resulted from a change in the summer of 1982, when the method of data analysis was changed to conform to a more standard international nomenclature. Thus, the 1980 Vital Statistic report that was revised according to the new system was incompatible with all previous reports, and the SOADA baseline was lost. Also lost was a specific count of alcohol and drug related information. Information that it was possible to collect, unfortunately, had to be obtained by a special analysis and could not be separated by age, sex or race.

MANAGEMENT INFORMATION SYSTEM

It is a pleasure to learn that this major development, spanning some eighteen months, was found acceptable by the audit team. Staff of SOADA are confident that subsequent legal and ethical problems will be resolved, and that data necessary for program managers and policy makers will be available covering the alcohol and drug abuse field.

IMPACT OF INCREASED FUNDING

Concern in the basic premise that administrative cost should be kept low and that the Legislature increased the funding so that increased services could be provided was noted in the report. There is a real need for the services provided and often this need was not met prior to the increase in funding. As the report states on page 27, 49% of the travel dollars were designated for client travel. Such costs may not result in an increase in the number of

to local concerns and needs, has changed its focus and, within the funding level awarded, is constantly improving the services it delivers.

Rather than an example of increased funding not producing increased clients, as noted by the report, the BBAHC performance illustrates the lack of consideration given to other than client specific services. The report does not acknowledge the value of community education, community attitude change (Title 4 election), Fetal Alcohol Syndrome education, and school education. These strategies may have as great an impact on present and future generations as the successful treatment of currently sick individuals. Primary prevention is not only provided Alaska by the Alaska Council or Alaska Legal Services, but also by a Village Health Aide in one of BBAHC's 32 villages showing a film, talking with a person whose spouse is drunk, or talking to an expectant mother. Promoting Wellness, Preventative Health and/or Holistic Health are often used to describe an attitude or approach that has been a DHSS priority for many years as a vital task found in most programs funded by SOADA.

It would be helpful to SOADA grantees if the report would make clear that BBAHC is not an example of similar problems in all grantees visited.

Administrative Subsidy

This section has been addressed earlier in this response.

TRAINING

The findings stated in the report that the SOADA training program has made satisfactory progress is appreciated. Training program progress is another result of the increased funding, as stated on page 31 of the report.

For the assistance to readers of this report and the Department's response, attached as an appendix to this response is the document prepared by the House Finance Committee entitled "Special Efforts in Response to Alconolism and Alcohol Abuse Problems."

SPECIAL EFFORTS IN RESPONSE TO
ALCOHOLISM & ALCOHOL ABUSE PROBLEMS

Representative Russ Meekins
Chairman, House Finance Committee

POLICY STATEMENT

The provisions of the Uniform Act* are reaffirmed. The nature and extent of alcoholism and alcohol abuse problems in the state require a broad-ranged comprehensive and intensive counteraction. Special attention is hereby directed to the rapid and intensive development of the full range of comprehensive alcoholism and alcohol services on a statewide basis which are equally available and accessible within the three primary health service regions of the state.

Single State Agency

The single state agency is directed to undertake special efforts during the next five years to develop and coordinate prevention, treatment, research and administrative programs that are commensurate with the high prevalence and incidence of alcohol problems in the state.

Special Consideration - Target Groups

Special emphasis should be given to assisting local communities develop more appropriate community responses to alcohol problems and to the development of effective prevention and treatment programs for alcoholism and alcohol abuse among younger employed males, women, persons under eighteen, Alaskan Natives and public inebriates.

Special Program Development

Special encouragement should be provided by the single state agency for: intervention programs for the criminal justice system, particularly alcohol screening and alternative sentencing for drunk drivers; intervention programs for the medical and mental health care delivery system; intervention programs for chronic public inebriates; intervention programs in work settings that include families of workers in addition to the worker; alcohol education programs for public school students; a mass media alcohol abuse prevention campaign; and a training process for the necessary manpower to operate and maintain programs.

Special encouragement should also be provided for systematic and continuous research to be conducted in Alaska regarding the nature and extent of adverse individual and social consequences of alcoholism and alcohol abuse, the individual's drinking attitudes and behavior, the distribution and availability of alcohol, and the setting in which it is used.

Program Evaluation

In order to monitor and evaluate the efforts of the single state agency, and the nature of community program responsiveness and effectiveness, including client treatment outcomes, a separate and independent evaluation effort will be conducted through the single state agency. This evaluation effort will exist on a continuing basis, due to the nature of this type of activity, and develop an efficient and effective management information system to regularly monitor program effectiveness, as well as the changes in the nature and extent of alcohol problems in the state, and will provide regular and periodic evaluation reports.

* The Uniform Alcoholism and Intoxication Treatment Act (A.S. 47.07.010-270)

MANPOWER TRAINING

<u>Purpose</u>	<u>Target Groups</u>	<u>Types of Programs</u> *	<u>Budget Projection</u> <u>FY 81</u>
Pre-service and in-services preparation programs for the development and growth of staff for alcoholism and alcohol abuse program effort, consistent with professional standards and certification and/or licensing agencies	Potential alcohol treatment counselors for urban and rural programs and current program staff	Counselor training program that provides necessary information and also provides credit for academic degrees and allows for professional advancement, and is consistent with professional standards and certification requirements (already developed -- waiting implementation)	
	Potential and current staff of rural programs-- primarily Native Alaskan counselors	Field based counselor training program integrated with primary counselor training program (described above)	
	Professionals in related fields (teachers, nurses, social workers, mental health counselors, etc.)	Components of primary counselor training program	
		A certification review agency (committee of peers) a steering committee, and authority to operate	
			TOTAL: \$500,000

Conducted in association with a rigorous evaluation program (See Evaluation Section)

INTERVENTION PROGRAMS

<u>Purpose</u>	<u>Target Groups</u>	<u>Types of Programs</u> *	<u>Budget Projection FY 81</u>
To facilitate early identification of persons and their families, within designated target populations, who have problems related to the use of alcohol, to facilitate obtaining the appropriate alcoholism services, and to inform and assist all public and private agencies that deal with the target populations.	Troubled employees:	Occupational Employee Assistance programs-- identification, information referral services provided in the work setting. Initial development would be three regional programs for state workers	\$ 200,000
	Initial emphasis on State government employees and workers in the construction, trade, and transportation industries		
	Convicted drunk drivers	Court referral of convicted offenders for screening and referral and monitoring for alcohol treatment (ASAP) in major urban areas in each service region	450,000
	Misdemeanor Court Offenders	Court referral of convicted offenders for screening and referral and monitoring for alcohol treatment in "rural-cities" in each service region (5-0 programs)	350,000
	Public Inebriates	Health care maintenance street facility to reduce adverse consequences of lifestyle and encourage treatment and recovery. Conduct initial demonstration program in Anchorage and Fairbanks.	450,000
			TOTAL:
			\$1,450,000

Conducted in association with rigorous evaluation program (See Evaluation Section)

-65-

TREATMENT (Continued)

Purpose

Target Groups

Types of Programs *

Budget Projection
FY 81

Inpatient-residential
Care

The process of providing care to persons who require 24-hour supervision in a hospital or suitably equipped medical setting as a result of acute or chronic medical and/or psychiatric illnesses associated with alcohol abuse and/or alcoholism.

Persons with problems related to alcohol use who require 24-hour supervision and support, for short and long terms, and in particular, women and youth.

Non-hospital based short and long term residential care in each of the three regions with separate programs/facilities for women and youths

Hospital based short and long term residential care, in each of the health service regions

Trained inpatient counselors

TOTAL:

\$750,000

* Conducted in association with a rigorous evaluation program (See Evaluation Section)

TREATMENT (Continued)

<u>Purpose</u>	<u>Target Groups</u>	<u>Types of Programs</u> *	<u>Budget Projection</u> <u>FY 81</u>
Outpatient Care			
The process of providing nonresidential diagnostic and alcoholism treatment on both a scheduled and non-scheduled basis	Persons whose problems with alcohol do not require 24-hour attention-- the great majority of persons identified early through intervention programs, such as troubled employee programs, drunk driver screening and referral programs (ASAP's), misdemeanor court referral programs, etc.	Outpatient alcohol counseling programs and trained outpatient counselors in all major urban areas, and in each of the "rural-cities" in each health service region of the state, and in additional locations determined by geography and population concentration to warrant services to be more available and accessible.	
	Persons with alcohol problems who are: <ul style="list-style-type: none">• in jail• youthful offenders (McLaughlin Youth Center)• persons on probation or parole• convicted drunk drivers• youth (under 18)• employees or family members of employees	More trained outpatient counselors	
	Patients, clients in other care facilities-- hospitals, nursing homes, pioneer homes, etc.	More trained outpatient counselors	

TOTAL:

\$1,500,000

Conducted in association with a rigorous evaluation program (See Evaluation Section)

TREATMENT (Continued)

Budget Projection
FY 81

Purpose

Target Groups

Types of Programs *

Aftercare

The process of providing continued contact which will support and increase the gains made during the treatment process

All persons who have completed some form of alcoholism or alcohol abuse treatment

Post treatment activities and program staff to maintain contact and communication with clients through personal visits, telephone calls, aftercare self-help groups, and routine and periodic follow-up checking procedures and surveys

TOTAL:

\$500,000

* Conducted in association with a rigorous evaluation program (See Evaluation Section)

PROGRAM OUTCOME EVALUATION

Purpose

To provide regular and routine monitoring and evaluation of funded alcoholism and alcohol abuse programs based on a management information system that includes data on program operations, fiscal matters, client outcomes, and societal measures of nature and extent of alcohol problems in the state

Such information would be reported periodically and regularly and include cost-efficiency and cost effectiveness measures for use in decision making on future program planning and funding.

Target Groups

Program efforts and activities of the single state agency, and all programs funded by it --

- education
- information
- intervention
- occupational
- court
- public inebriate
- training
- treatment
- research

Types of Programs

The establishment of a separate agency, independent of the single state agency, but working in conjunction with it, to operate on a continuous basis, but through the contract/grant process.

Budget Projection
FY 81

TOTAL:

\$750,000

MANAGEMENT - ADMINISTRATION

Budget Projection
FY 81

Purpose

Target Groups

Types of Programs *

As the single state agency designated in the Uniform Act, to provide planning, policy and program development to coordinated programs, administer the grant-in-aid program and maintain fiscal accountability

(N/A)

A central office, and a regional office in each health service region, and additional staff, and stability in location of offices and staff positions for the next five years -- to be able to effectively administer the potentially larger than usual funding and to provide the necessary short term intensive assistance for local program response for rapid program development, and to effectively administer multiple special demonstration programs.

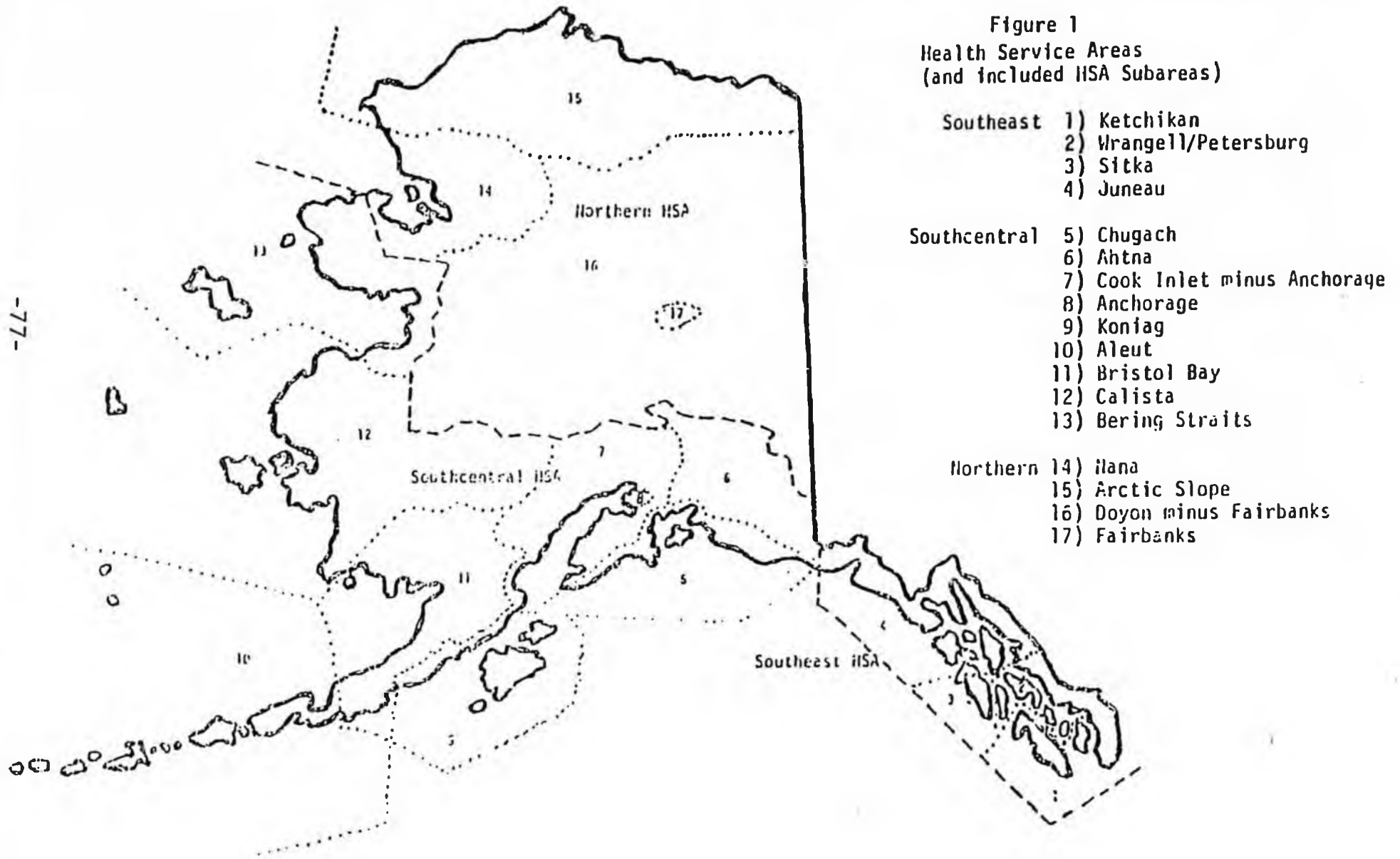
The formation of an independent program evaluation and monitoring agency. (See Evaluation Section)

TOTAL:

\$1,600,000

*
Conducted in association with a rigorous evaluation program (See Evaluation Section)

Health Systems Agencies and Health Systems Agencies Subareas



08-13-97P03:10 RCVD

A SPECIAL REPORT ON THE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
STATE OFFICE OF ALCOHOLISM AND DRUG ABUSE
ALASKA NATIVE COMMISSION ON ALCOHOLISM AND DRUG ABUSE

August 15, 1985

Audit Control Number

06-4223-86-S

RP. ROKEBERG

Per Ben Brown,
Senator Kelly's
office, and

JEAN ANN KUSEL
PACIFIC RIM CON-
SULTANTS

Commissioner, Department of
Health and Social Services

John Pugh

Deputy Commissioner, Department
of Health and Social Services

Connie Sipe

STATE OF ALASKA

AUDIT DIVISION
POUCH W
JUNEAU, ALASKA 99811

THE LEGISLATURE

BUDGET AND AUDIT COMMITTEE

August 19, 1985

Members of the Legislative Budget
and Audit Committee:

In accordance with the provisions of Title 24 of the Alaska Statutes and a special request by the Legislative Budget and Audit Committee, the attached report is submitted for your review.

A SPECIAL REPORT ON THE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
STATE OFFICE OF ALCOHOLISM AND DRUG ABUSE
ALASKA NATIVE COMMISSION ON ALCOHOLISM AND DRUG ABUSE

August 15, 1985

Audit Control Number

06-4223-86-S



Gerald L. Wilkerson, CPA
Legislative Auditor
Division of Legislative Audit

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PURPOSE OF THE REPORT

In accordance with a Legislative Budget and Audit Committee request and Title 24 of the Alaska Statutes, this special report has been prepared to:

1. Audit expenditures made by the Alaska Native Commission on Alcohol and Drug Abuse (ANCADA) under an \$175,000 FY 84 grant from the Commissioner's office of the Department of Health and Social Services and administered by the State Office of Alcohol and Drug Abuse.
2. Review the circumstances under which ANCADA ceased operations during 1984, and determine to what extent, if any, the State may be liable for the grantee's outstanding obligations.

ORGANIZATION AND FUNCTION

The Alaska Native Commission on Alcoholism and Drug Abuse (ANCADA) was a nonprofit corporation first established in 1972 with Federal grant funds. The corporation, governed by a Board of Directors, was originally established to represent the interests of Alaska Natives in gaining access to alcohol and drug abuse prevention, treatment, and rehabilitation services.

In recent years ANCADA acted as an advocate of alcoholism prevention, treatment, and rehabilitation programs at the community level for designated Alaska Native villages and regional health corporations. In 1983 ANCADA and the Alaska Native Training Institute merged. With the merger ANCADA's function expanded to include training alcoholism and drug abuse counselors.

The State Office of Alcoholism and Drug Abuse (SOADA) has an extensive list of statutory duties (AS 47.37.040) in the field of alcoholism and drug abuse programs. A large part of SOADA's responsibilities are met through the letting of contracts and the awarding of grants to public and private agencies, organizations, and individuals. These agencies are typically local nonprofit organizations, such as ANCADA, that provide alcohol and drug abuse treatment and counseling services. SOADA reviews grant proposals annually and provides preliminary screening and evaluation of the proposals prior to submission to the Review Board on Alcoholism. Once grants are awarded and in place, SOADA is responsible for monitoring grantee activities and providing technical assistance.

SUMMARY OF FINDINGS

Prior to beginning field work it was learned that Internal Audit within the Department of Health and Social Services (DHSS) was beginning their own review of the FY 84 grant to the Alaska Native Commission on Alcoholism and Drug Abuse (ANCADA). As a result, we decided to await the completion of DHSS's audit, review the workpapers and documentation gathered, and determine if the audit request interests of the Legislative Budget and Audit Committee were adequately addressed.

Purpose, Findings, and Results of the DHSS Audit

Internal Audit, DHSS stated that the purpose of their review was twofold:

1. To examine the financial records of ANCADA as they related to DHSS State Office of Alcoholism and Drug Abuse (SOADA) grant for FY 84; to determine compliance by ANCADA with applicable laws, regulations, and grant provisions governing fiscal activities; and to recommend settlement of the grant.
2. To summarize or reconstruct as necessary the financial records of ANCADA of July 1, 1983 through September 20, 1984 to determine the status of the entity's assets and liabilities.

As shown on page 5 of Appendix A (page 13 of this report), the DHSS auditors disallowed \$23,292.63 in costs for FY 84 and found an additional \$1,338.07 in disallowed costs in the previous year's FY 83 grant. These amounts, when added to the outstanding disallowed costs of \$13,723.93 that ANCADA owed from an audit of their FY 83 grant, brought the total owed DHSS to just over \$38,400.

The DHSS auditor also found evidence that ANCADA owed over \$11,000 to the U.S. Department of Health and Human Services, under terms of a Public Health Services Contract.

In addition to the more than \$49,000 owed to State and Federal governmental agencies, it was determined that ANCADA had in excess of \$10,000 of outstanding accounts payable as of September 20, 1984 when they closed their doors. As presented on page 10 of Appendix A (page 18 of this report), total current liabilities for ANCADA as of September 20, 1984 were \$60,623 against total assets of \$4,315, leaving a deficit of \$56,308.

Advice From the Attorney General

Pursuant to the recommendation made by the DHSS auditors (see page 5 of Appendix A, page 13 of this report) the Commissioner consulted the Attorney General to determine

APPENDIXES

APPENDIX A

A REVIEW

OF

ALASKA NATIVE COMMISSON ON ALCOHOLISM AND DRUG ABUSE

STATE OFFICE ON ALCOHOLISM AND DRUG ABUSE

GRANT NUMBER 06-4480

FOR THE PERIOD JULY 1, 1983 THROUGH JUNE 30, 1984

ISSUED JULY 9, 1985

BOARD OF DIRECTORS

President
Vice-President
Secretary
Treasurer
Sergeant-at-Arms
Member
Member
Member
Member
Member
Member
Member

Loretta Kenton
Frank O. Williams
Catherine Curry
Jimmy Araver
Wassilie Evan
Charles Green
Andrew Isaac
Robert Olsen
George Peratrovich
Marie Simmons
Kathleen Sutcliffe
Mike Zacharof

State of Alaska

Department of Health
and Social Services

PURPOSE OF THE REVIEW

The purpose of the review was twofold:

1. To examine the financial records of ANCADA as they relate to DHSS SOADA Grant Number 06-4480 for the fiscal year ended June 30, 1984; to determine compliance by ANCADA with applicable laws, regulations and grant provisions governing fiscal activities; and to recommend settlement of the grant; and
2. To summarize or reconstruct as necessary the financial records of ANCADA from July 1, 1983 through September 20, 1984 to determine the status of assets and liabilities.

FINDINGS AND RECOMMENDATIONS

RECOMMENDATION NUMBER ONE:

ANCADA should refund to Department of Health and Social Services \$23,292.63 for disallowed costs for Grant Number 06-4480, FY 84 plus an additional \$1,388.07 disallowed costs for Grant Number 06-3480, FY 83

After our examination of the FY 84 financial transactions, we concluded that ANCADA did not comply with grant provisions in that:

1. The cumulative fiscal report filed for June 30, 1984 was misstated and not in agreement with the general ledger;
2. Expenditures were made for personal services, travel, legal fees and other expenses which were not included in the budget; and
3. The grant award was for the specific purpose of phasing out ANCADA. The Executive Director was notified of this in writing as early as October 17, 1983, when the first payment of \$75,000 was made; she was notified of this fact repeatedly, both in writing and verbally, thereafter. Despite this notice, the Executive Director continued to manage ANCADA and make expenditures as though the agency were on-going. As late as June 6, 1984, the Executive Director reported during a teleconference to ANCADA Board of Director's Executive Committee regarding FY 85 funding, "Our funding request has passed both the House and the Senate and is now sitting on the Governor's desk. We will know by the end of this month as to (sic) the status of our budget."

The disallowed costs amounted to \$23,292.63 for FY 84 and an additional \$1,388.07 for FY 83 costs.

Further, the Executive Director totally ignored the fact that ANCADA owed DHSS \$13,723.93 for disallowed FY 83 SOADA grant costs (AR #228124 dated 5/22/84) and the U.S. Department of Health and Human Services \$10,647.72 for disallowed costs on Public Health Service Contract Number N01-AA-0001 in accordance with an April 18, 1984 letter found in ANCADA files.

It is our recommendation that ANCADA repay DHSS these funds; further, it is our recommendation that DHSS seek legal counsel to determine whether or not the Executive Director and/or the Board of Directors acted in such a way as to be held personally liable for disallowed costs.

Alaska Native Commission on Alcoholism and Drug Abuse
 State Office on Alcoholism & Drug Abuse Grant Number 06-4480
STATEMENT OF REVENUE AND EXPENDITURES
 For The Fiscal Year Ended June 30, 1984

	<u>Budgeted Amount</u>	<u>Reported Amount</u>	Adjustments (See Schedule of Adjustments)				<u>Adjusted Amount</u>
			<u>#</u>	<u>Debit</u>	<u>#</u>	<u>Credit</u>	
<u>REVENUE:</u>							
State Grant Funds	\$ <u>175,000</u>	\$ -0-	5	\$ <u>23,292.63</u>	1	\$ <u>175,000.00</u>	\$ <u>151,707.37</u>
<u>EXPENDITURES:</u>							
Personal Services	\$ 118,536	\$ 118,536.00			3	\$ 17,187.26	
					2	4,106.18	\$ 97,242.56
Travel	3,000	3,000.00	2	\$ 11,540.35	4	11,240.35	3,300.00
Facility Expense	39,730	39,730.00	2	6,931.48	4	6,431.48	40,230.00
Supplies	3,800	3,800.00			2	885.85	2,914.15
Equipment	6,555	6,555.00			2	2,251.34	4,303.66
Other Operating Exp	<u>3,379</u>	<u>3,379.00</u>	2	<u>18,440.93</u>	4	<u>18,102.93</u>	<u>3,717.00</u>
TOTAL EXPENDITURES	\$ <u>175,000</u>	\$ <u>175,000.00</u>		\$ <u>36,912.76</u>		\$ <u>60,205.39</u>	\$ <u>151,707.37</u>

State of Alaska

Department of Health
and Social Services

Alaska Native Commission on Alcoholism and Drug Abuse
 SOADA Grant Number 06-4480
COMPUTATION OF STATE SHARE
 FY 84

State Grant Award	\$ <u>175,000.00</u>
State Funds Paid ANCADA	\$ 175,000.00
Allowable Costs per Statement of Revenue & Expenditures, p. 6	<u>151,707.37</u>
Refund Due DHSS	\$ <u>23,292.63</u>

SOADA Grant Number 06-3480

ADDITIONAL DISALLOWED COSTS

FY 83

Accounts Payable allowed on prior audit of FY 83 grant, JE 78, June 30, 1984, to accrue audit costs. NEVER PAID, therefore disallowed	\$ 4,000.00
Less: Amount disallowed per FY 83 audit because ANCADA was our budget in this line item	<u><2,611.93></u>
Balance disallowed per this review	\$ <u>1,388.07</u> =====

Alaska Native Commission on Alcoholism and Drug Abuse
BALANCE SHEET - Note 1
at September 20, 1984

ASSETS

Current Assets

Cash in Bank - General Account	\$	1,720.94
Cash in Bank - Payroll		58.50
Accounts Receivable - Daisy May Lamont		<u>586.50</u>
Total Current Assets		2,365.94

Fixed Assets - at Cost	\$ 24,388.89	
Less: Accumulated Depreciation	<u><22,440 08></u>	<u>1,948.81</u>
Total Assets	\$	<u>4,314.75</u>

LIABILITIES AND FUND BALANCE

Current Liabilities

ESC Payable	\$	437.97
Accounts Payable		10,676.93
Due to U.S. Gov't. - DHHS - PHS		11,103.29
Due to State of Alaska - DHSS - SOADA		<u>38,404.63</u>
Total Liabilities		60,622.82

<u>Fund Balance <Deficit></u>		<u><56,308.07></u>
Total Liabilities and Fund Balance	\$	<u>4,314.75</u>

Note 1: Unaudited

State of Alaska

Department of Health
and Social Services

Alaska Native Commission on Alcoholism and Drug Abuse
COMBINED BALANCE SHEET - Note 1
at June 30, 1984

ASSETS

Current Assets

Cash in Bank - General - SOADA		\$ 12,255.65
Cash in Bank - Judicial Council		409.93
Cash in Bank - Liaison Media		6,554.97
Cash in Bank - Payroll		610.75
Cash in Bank - Savings		1,386.21
Petty Cash		200.00
Advances		4,150.00
Accounts Receivable - Employees		1,167.00
Prepaid Rent		2,472.98
Due from NIAAA		<u>16.51</u>

Total Current Assets 29,224.00

Fixed Assets - Cost	\$ 24,388.89	
Less: Accumulated Depreciation	<u><22,440.08></u>	<u>1,948.81</u>

Total Assets \$ 31,172.81

LIABILITIES AND FUND BALANCE

Current Liabilities

Due to Dept. of Health & Human Svcs. - PHS		\$ 11,321.99
Accounts Payable		8,415.46
Refund Due State DHSS - SOADA		38,404.63
IRA Payable		272.95
ESC Payable		899.51
Unearned Revenue - Judicial Council		1,539.24
Unearned REvenue - Liaison Media		<u>9,008.45</u>

Total Current Liabilities 69,862.23

Fund Balances <Deficit>

Fund Balance <Deficit>-General Fund	\$ <39,503.59>	
Fund Balance <Deficit>-Judicial Coun.	<235.83>	
Fund Balance-Liaison Media Fund	<u>1,050.00</u>	<u><38,689.42></u>

Total Liabilities and Fund Balance <Deficit> \$ 31,172.81

Note 1: Unaudited

State of Alaska

Department of Health
and Social Services

Alaska Native Commission on Alcoholism and Drug Abuse
STATEMENT OF REVENUE, EXPENDITURES AND
CHANGES IN FUND BALANCE <DEFICIT>
GENERAL FUND - Note 1
For The Fiscal Year Ended June 30, 1984

REVENUE

Grant Income DHSS - SOADA	\$ 151,707.37
Tuition Income	10,765.00
Interest Income	<u>293.32</u>
Total Revenue	<u>162,765.69</u>

EXPENDITURES

Grant Expenditures - SOADA

Personal Services	\$ 97,242.56
Travel	3,300.00
Facility Expense	40,230.00
Supplies	2,914.15
Equipment	4,303.66
Other Direct Grant Costs	<u>3,717.00</u>

Total Grant Expenditures	151,707.37
Disallowed Grant Costs	23,292.63
Non-Reimbursable Expenses	<u>37,436.67</u>
Total Expenditures	212,436.67

Excess <Deficit> Revenue over Expenditures <49,670.98>

Fund Balance - Beginning 38,572.36

Prior Year Adjustments

Decreases - Prepaid Rent	1,848.09	
Accounts Receivable	30.34	
Due To/From ANTI	199.52	
Advance DHHS - PHS	18,571.41	
Disallowed Costs -		
FY 83 SOADA Grant	<u>13,723.93</u>	<34,373.29>
Increases - Accounts Payable		<u>5,968.32</u>

Fund Balance - <Deficit> Ending \$ <39,503.59>

Note 1: Unaudited; includes DHSS SOADA funds

State of Alaska

Department of Health
and Social Services

Alaska Native Commission on Alcoholism and Drug Abuse
 Judicial Council Fund
STATEMENT OF REVENUE, EXPENDITURES AND
CHANGES IN FUND BALANCE <DEFICIT> - Note 1
 For The Period December 1, 1982 Through June 30, 1984

<u>REVENUE</u> - IHS		\$ 30,260.76
<u>EXPENDITURES</u>		
Personal Services	\$ 17,663.25	
Travel	11,922.08	
Supplies	<u>675.43</u>	
Total Expenditures		<u>30,260.76</u>
Excess of Revenue over Expenditures		-0-
Fund Balance - Beginning		-0-
Adjustment to Inter-Agency Account		<235.83>
Fund Balance <Deficit> - Ending		<u>\$ <235.83></u>

Note 1: Unaudited

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Honorable John Pugh
Commissioner
366-534-85

July 5, 1985
Page 2

and Joe Betit, liability of this nature is often difficult to prove.

I would appreciate receiving copies of your correspondence and other documents which are produced as a result of your proceeding on the collections process.

If you have any further questions, please feel free to let me know.

ES:prm:bap

cc: Karen Purdue
Joe Betit

November 20, 1985



Honorable John R. Pugh, Commissioner
Department of Health and
Social Services
Pouch H-01
Juneau, Alaska 99811

Matthew Felix, Coordinator
State Office of Alcohol and
Drug Abuse
Pouch H-01
Juneau, Alaska 99811

Re: Alaska Native Commission on
Alcoholism and Drug Abuse

Dear Commissioner Pugh and Mr. Felix:

I am writing in my capacity as former Board member and Treasurer of the Alaska Native Commission on Alcoholism and Drug Abuse (ANCADA) in connection with the recent audits completed by the Department.

On October 23, 1985 Mr. Felix met with some of the former ANCADA directors (including myself) as well as other representatives of some of the regional nonprofit health organizations to discuss the Department's audit, the conclusions reached in the audit, and the general events which have taken place since the final closeout of ANCADA's operations. Although it had no direct involvement in ANCADA operations, representatives of the Alaska Native Health Board were also present at the meeting as facilitators of the discussion.

In my capacity as former Treasurer, it is my responsibility to respond to matters involving the fiscal affairs of the Corporation, including the results of the Department's audit and subsequent correspondence between the Department and the Office of the Attorney