

State of Alaska FY2002 Governor's Operating Budget

Department of Health and Social Services
Alcohol and Drug Abuse Services
Budget Request Unit

Alcohol and Drug Abuse Services Budget Request Unit

Contact: Janet Clarke, Director, Administrative Services

Tel: (907) 465-1630 **Fax:** (907) 465-2499 **E-mail:** Janet_Clarke@health.state.ak.us

BRU Mission

The mission of the Division of Alcoholism and Drug Abuse is to promote the health and well-being of Alaskans by preventing and treating the abuse of alcohol, other drugs and inhalants.

BRU Services Provided

The mission of the Division of Alcoholism and Drug Abuse is to promote the health and well-being of Alaskans by preventing and treating the abuse of alcohol, other drugs and inhalants. In addition to the administration of a central office and two regional offices this BRU includes duties related to quality assurance activities, technical assistance, grant monitoring activities, planning and policy development, data collection for prevention, intervention and treatment services aimed at eliminating the use of illegal drugs, alcohol use by minors, problem use of alcohol, provides for treatment of alcoholics and drug abusers. Additionally, the Alcohol Safety Action Program (ASAP) provides direct services in the Anchorage area and provides oversight of the Division's statewide ASAP grant programs. Finally, the Division's Rural Services Grants component helps smaller communities design and implement local projects to reduce suicide and self-destructive behavior, funds local community agencies in coordination with local school districts to identify and train "peer helpers", and provides funding for linking rural village based staff and training via the University of Alaska Fairbanks to assure training, employment and supervision of village based human service workers.

Alcohol and drug abuse treatment and prevention grants funded through this BRU are the foundation of Alaska's effort to prevent and remedy substance abuse within the State. Grants are distributed to non-profit organizations and local government agencies through a grant-in-aid process established in AS 47.30.475. Funds are granted to support community-based substance abuse, prevention, intervention, and treatment services to provide the comprehensive system required by law. These publicly funded programs serve the poorest Alaskans, those without insurance coverage to reimburse the programs for services. These clients are not served by the private providers of substance abuse treatment services.

BRU Goals and Strategies

Support community-based processes that build partnerships and provide more effective prevention and treatment services. Encourage activities and initiatives that will change community standards and emphasize healthy lifestyles. Distribute useful and effective information to targeted populations. Promote the benefits of treatment, recovery, and sober lifestyle. Encourage traditional and alternative social activities that are alcohol and drug free. Advocate for positive change through legal and regulatory initiatives. Ensure the delivery of quality services by offering appropriate continuing education and training for chemical dependency treatment professionals. Expand awareness of substance abuse issues for allied health professionals, educators and other helping agents. Use education strategies to help youth improve critical life and social skills. Identify people with problems as early as possible and refer them for appropriate services. Improve interdisciplinary coordination and collaboration at local, regional and statewide levels. Support a continuum of care for chronic alcoholics with psychosis that focuses on intervention, treatment, and the client's long term life domain requirements. Develop sufficient resources to meet community needs for appropriate levels of treatment for adults, youth and special populations. Identify and remove barriers that prevent clients from entering treatment. Support community efforts to establish involuntary commitment procedures and to use them when appropriate. Provide appropriate services for underserved Alaskans. Use relevant research to identify and incorporate key variables that contribute to successful treatment outcomes. Address the treatment needs of persons in the criminal justice system.

Key BRU Issues for FY2001 – 2002

The high level and broad extent of substance abuse coupled with the state's steadily increasing population fuels the need for continuation of substance abuse prevention and treatment services at existing or higher levels. Unless the availability, accessibility and quality of these services are maintained and improved the long term cost of other government services will continue to increase. The Division must assure, where possible, increases in resources. At the same time the Division must continue efforts to assure that resources are used wisely and that the services show an impact on the indicators chosen to measure progress.

Over the last several years very significant efforts have been focused on increasing services for women, primarily of child bearing age. The Division has been awarded increased federal funds for services for women. Local organizations have also been successful in finding additional funds for services. By increasing women's services we not only provide benefits to today's citizens but provide significant prevention services to future generations of Alaskans. These future Alaskans, the unborn children of individuals who are now abusing or at risk of abusing substances, will have brighter futures and healthier lives as a result of our efforts today. With the changes in child protection laws and the impact of welfare reform there will be increased pressure to have easier and quicker access to treatment for adults, especially for women with dependent children.

Major BRU Accomplishments for FY2000

During FY2000 this BRU provided quality assurance activities, technical assistance, grant monitoring, planning and policy development, and data collection for prevention, intervention and treatment services aimed at eliminating alcohol and other substance abuse in Alaska. During FY2000 this BRU was responsible for successfully awarding, administering, and overseeing 175 grant awards totaling more than \$23,500.0. Grants awards ranged in value from \$3.6 to \$2,636.2.

FY2000 was the first year grants were awarded to Alaskan prevention service providers to provide the direct services for the State Incentive Grant Alaskans Collaborating for Teens (SIG/ACT) process. The primary result desired from this major prevention effort is that fewer children and youth will use alcohol and drugs.

During FY2001 this BRU was also awarded federal funding for fetal alcohol syndrome (FAS) and other alcohol related birth defects (ARBD). This five year, \$29,000.0 project is to develop a comprehensive, integrated community based system of support services and programs to address both the prevention of and services to individuals with FAS/ARBD.

In addition to the activities required to administer, monitor, and oversee the grant programs mentioned above, FY1999 was also the culmination of a structured consensus building process which produced the indicators now being used by the Division to determine the success or failure of its activities. As a result of the Division's formal adoption of outcome indicators in FY1999 and the shift to outcome based funding decisions in FY1998 a significant accomplishment of the past fiscal year has been the steps we have taken towards outcome based funding decisions. Although a significant amount of work is needed to successfully complete this evolution a framework has been developed which will be used to continue movement towards our goal of "Alaskans living free from the negative consequences of alcohol and other drug use".

Key Performance Measures for FY2002

Measure: Reduce the annual per capita alcohol consumption by people aged 14 and over from 2.55 to 2.25 gallons.

(Not yet addressed by Legislature.)

Current Status:

The twenty year old excise tax has not recently been adjusted for inflation and cost may no longer be a deterrent. The data indicates Alaska's consumption rate may not continue the decrease experienced in prior years. (From FY90 to FY98 Alaska experienced an overall decline). The rate (gallons per capita) decreased from 2.64 in FY97 to 2.51 in FY98 with a small increase to 2.67 gallons per capital for FY99.

Benchmark:

The benchmark for this measure is 3.46 gallons in FY85. Per capita consumption was 2.51 in FY98.

Background and Strategies:

We know that the prevalence and severity of alcohol-related problems among Alaskans is directly related to the amount of alcohol consumed. The data, as collected, are based on total alcohol purchased at the wholesale level and the number of Alaskans who are 14 years of age and older but does not acknowledge the state's significant (and increasing) visitor population.

The strategies that impact this indicator most readily are those that address public policy issues such as the number of licensed outlets and their hours of operation. In relation to this strategy the Division advocates for positive change through legal and regulatory initiatives. Other strategies used by the Division include but are not limited to: encourage activities and initiatives that will change community standards and emphasize healthy lifestyles; encourage traditional and alternative social activities that are alcohol and drug free.

Measure: Track the total number of new convictions and reduce the number of repeat convictions in state district and superior courts on charges of driving while intoxicated (DWI). (SB281)
(Revised from Legislature's FY2001 version.)

Current Status:

Felony DWI cases showed a slight decrease since 1997. For 1997 and 1998 convictions were 322 and 326 respectively. Convictions for 1999 were 317.

Benchmark:

227 DWI convictions in 1996.

Background and Strategies:

Driving while under the influence of alcohol (DWI) is one of the strongest indicators of the negative consequences associated with alcohol misuse. Recent DWI data for shows that approximately 45 - 48 percent of all automobile accident fatalities had alcohol or drugs as the major contributing factor. Driving while under the influence of alcohol impacts lives, not only in accidents, injuries, and deaths, but also in family suffering, employment problems, and social functioning.

DWI conviction data are collected and maintained by the State of Alaska Court System. Felony DWI data are included as a separate conviction category in regularly published reports. Misdemeanor DWI conviction data, however, are included with other misdemeanor traffic violations. To improve the measurement of this indicator misdemeanor DWI data should be collected as a separate category.

There are many variables that have an impact on a reduction in the number of DWI convictions, including enforcement efforts and prosecutor caseloads. However, we know that reductions in DWI also correlate with successful prevention efforts, particularly in terms of public awareness of the consequences of DWI. Other strategies used by the Division include but are not limited to: distribution of useful and effective information to targeted populations; Identification of people with problems as early as possible and referral for appropriate services; improvement of interdisciplinary coordination and collaboration at local, regional and statewide levels.

Measure: Reduce the number of state criminal convictions on alcohol or drug-related charges.
(Not yet addressed by Legislature.)

Current Status:

Drug & alcohol related misdemeanor offenses increased from 2,404 in FY97 to 3,067 in FY98. Felony offenses also increased to 836 in FY98 from 791 in FY97.

Benchmark:

FY93, misdemeanor convictions totaled 2,317. Felony convictions totaled 478.

Background and Strategies:

Convictions for drug and alcohol-related offenses, like DUI convictions, offer a clear picture of the negative consequences of use of alcohol and other drugs. Between FY93 and FY97, felony convictions increased from 478 to 791. Misdemeanor convictions have increased from 2,317 to 3,067.

There are a number of factors that impact this indicator including local and statewide enforcement, changes in laws, and prosecution. A reduction in the number of alcohol and other drug related charges can be attributed to early intervention and appropriate, timely treatment for offenders. Other strategies used by the Division include but are not limited to: support community-based processes that build partnerships and provide more effective prevention and treatment services; identify people with problems as early as possible and refer them for appropriate services; develop sufficient resources to meet community needs for appropriate levels of treatment for adults, youth and special populations; and, addressing the treatment needs of persons in the criminal justice system.

Measure: Reduce the number of alcohol-related injuries requiring hospitalization.

(Not yet addressed by Legislature.)

Current Status:

Alcohol related injuries increased from 898 in FY 96 to 1028 in FY97 and 1040 in FY98. Data from previous years is as follows: 1991, 732; 1992, 789; 1993, 805; 1995, 734. Given the generally upward trend and the nature of the data being collected to measure this indicator the Division along with the Advisory Board are deliberating on whether to continue with this indicator in its current form.

Benchmark:

732 cases in FY91.

Background and Strategies:

Injuries involving the use of alcohol represent a significant and costly negative impact consequence.

The Alaska Trauma Registry, which collects the information from every hospital in the state, tracks all injuries requiring hospitalization. It collects data on involvement with alcohol. The number seemed to peak in 1993 and start a downward trend. However, the number of injuries in 1998 showed sharp increase from 1997. These injuries typically involve young people. They affect the injured individuals, families, and sometimes, entire villages. They require the most expensive level of medical care provided in an emergency room or trauma center.

The efforts that are most likely to impact this indicator are those which seek to restrict access to alcohol or other drugs through public policy advocacy. Early intervention and treatment services have also been shown to have a positive impact on this indicator.

Measure: Reduce the number of 12-hour protective custody holds.

(Not yet addressed by Legislature.)

Current Status:

Protective custody holds declined from 2,273 in FY98 to 2,109 in FY99, but significantly increase to 2322 in FY00. The data collected for FY00 may be in part due to the need for increased treatment capacity in Alaska rather than an upward trend. The newest data remains well under the benchmark.

Benchmark:

FY91, 2,878 12 hour protective custody holds.

Background and Strategies:

AS 47.37 provides that persons incapacitated by alcohol may be taken into custody in order to protect them and others from the negative consequences of their incapacitation. If suitable detoxification facilities are not available, they are taken to Department of Correction facilities. They are held until protective custody is no longer necessary or for up to twelve hours. During 1996 the Division began to place more emphasis on early intervention for late stage, chronic alcoholics. This is the population most likely to require protective custody.

As treatment programs work with communities to provide more appropriate services and timely interventions, the number of protective custody holds should decrease. Community partnerships, resource expansion and community training in involuntary commitment procedures contribute to the reduction in the number of 12-hour protective custody holds.

Measure: Reduce the rate of binge or chronic drinking by adults.

(Revised from Legislature's FY2001 version.)

Current Status:

The CDC has changed the information that is being collected. The Division along with the Advisory Board are deliberating on whether this indicator will continue to be used.

Measure: Monitor the indicators in the Governor's Advisory Board on Alcoholism and Drug Abuse (Advisory Board) State Plan for Alcohol and Drug Abuse Services, 1999-2003.

(Not yet addressed by Legislature.)

Current Status:

To the extent possible all indicators have been updated. In their current form several indicators require reassessment as indicators. These indicators include drug and alcohol related convictions, injuries requiring hospitalization, and the rate of chronic and binge drinking.

Benchmark:

The project was begun in FY99.

Background and Strategies:

In FY99 a structured consensus building process culminated in the Governor's Advisory Board on Alcoholism and Drug Abuse (Advisory Board) State Plan for Alcohol and Drug Abuse Services, 1999-2003. This plan defines the results adopted by the Division that same year. As a consequence, the Division evaluates its effectiveness by measurable outcomes for the result "Alaskans living free from the negative consequences of alcohol and other drug use".

To continue our early success continued structured consensus building processes which integrate and positively address all the needs of the state's population negatively affected by alcohol and other drug abuse are needed.

Measure: By the FY 2002 competitive grant cycle monitor, using the Management Information System and grants management processes, funded programs compliance with program performance (outcome) reporting.

(Not yet addressed by Legislature.)

Current Status:

Programmatic and administrative grant management functions are beginning the second year of redesign and testing to provide decision makers with quality program outcome information.

Benchmark:

The evolution and benchmark of outcome based grant funding for the Division began in FY98. This was the first year of a competitive grant cycle in which outcome requirements were in solicitations for grant applications.

Background and Strategies:

In FY98 the Division began to fund alcohol and other drug treatment and prevention services based upon a funded program's proposed outcomes and impacts on target populations. Prior to the implementation of outcome based funding, reporting on program impacts focused on the quantity of services delivered rather than client and community well being, or outcomes which have better meaning.

An extensive audit conducted by the Legislative Audit Division in FY99 documented several weaknesses in our reporting and monitoring functions. Since completion of the audit the Division has been in the process of rewriting the policies and procedures which are used to monitor and administer the Division approved substance abuse treatment and prevention programs.

Several work groups made up of Division staff and external stake holders continue their work on the Division's revised policies and procedures. These efforts have produced positive results in making the substantial change required to use outcome based measurement as the measure of success or failure. The Division intends to continue this structured consensus building process which promotes outcome based monitoring and compliance management practices.

Measure: Reduce the number of infants affected by prenatal exposure to alcohol as reported to the Alaska Birth Defects Registry. (SB281)

(Added by Legislature in FY2002 version.)

Current Status:

The current data used is based on birth year 1998. Since this is a new reporting system, and because reports can be made on a child through the sixth birthday, this data will change as more reports are made.

Benchmark:

134 children, born in 1998, have been reported to the Alaska Birth Defects Registry with the prenatal exposure to alcohol code number, as of November 1999.

Background and Strategies:

The Alaska Birth Defects Registry began collecting data on infant birth defects in 1996. Prenatal exposure to alcohol became a reportable birth defect/condition in 1998. Unlike all other birth defects that must be reported within the first year following birth, alcohol-related birth defects (ARBD) can be reported up through the age of six. Data collection procedures are fairly recent so benchmark numbers are for reports made for birth year 1998.

In an effort to increase our knowledge regarding the true number of children born with alcohol-related birth defects, we have, since 1998, been increasing the capacity for diagnosis of FAS/ARBD across the state. For this reason we expect to see an increase in the number of reports to the Alaska Birth Defect Registry over the next five years and then beginning in FY06, we will begin to see a steady decrease in births prenatally exposed to alcohol. Over the next 5 years we are implementing a statewide public education campaign to change the public norm about drinking during pregnancy-no amount of alcohol during pregnancy is safe. We also will be developing targeted interventions aimed at women identified at-risk of giving birth to a child with FAS/ARBD-increasing treatment, health care and other appropriate services for this population.

Measure: Track the number of new admissions as a percentage of total admissions to treatment programs for alcohol and drug abuse. (SB281)

(Added by Legislature in FY2002 version.)

Current Status:

This is a new measure for FY2002. The Division will need to analyze and review all implications of the measure in order to establish base line statistics and a benchmark.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> Reduce the annual per capita alcohol consumption by people aged 14 and over from 2.55 to 2.25 gallons by FY2001. Reduce the number of convictions in state district and superior courts on charges of driving while under the influence (DUI) of alcohol. Reduce the number of state criminal convictions on alcohol or drug-related charges. Reduce the number of alcohol-related injuries requiring hospitalization. 			X		
			X		
			X		
			X		

Budget Request Unit — Alcohol and Drug Abuse Services

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> • Reduce the number of 12-hour protective custody holds. • Reduce the rate of binge or chronic drinking by adults. • Monitor the indicators in the Governor's Advisory Board on Alcoholism and Drug Abuse (Advisory Board) State Plan for Alcohol and Drug Abuse Services, 1999-2003. • By the FY 2002 competitive grant cycle monitor, using the Management Information System and grants management processes, funded programs compliance with program performance (outcome) reporting. 		X	X		

Alcohol and Drug Abuse Services
BRU Financial Summary by Component

All dollars in thousands

	FY2000 Actuals				FY2001 Authorized				FY2002 Governor			
	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds
Formula Expenditures None.												
Non-Formula Expenditures												
Administration	1,201.2	1,044.8	278.4	2,524.4	1,269.4	1,818.0	441.4	3,528.8	1,268.4	2,037.6	389.5	3,695.5
Alcohol Safety Action Program	1,065.6	0.0	0.0	1,065.6	1,106.4	0.0	0.0	1,106.4	2,542.4	0.0	0.0	2,542.4
Alcohol/Drug Abuse Grants	11,719.4	5,546.5	1,325.2	18,591.1	11,734.2	6,412.9	1,903.3	20,050.4	17,261.7	5,092.9	1,483.3	23,837.9
Community Grants - Prevention	0.0	1,193.2	0.0	1,193.2	0.0	8,023.2	0.0	8,023.2	0.0	8,250.2	0.0	8,250.2
CAASA Grants	177.3	0.0	0.0	177.3	177.3	0.0	0.0	177.3	603.3	0.0	0.0	603.3
Corrections' ADA Services	563.6	0.0	0.0	563.6	563.6	0.0	0.0	563.6	563.6	0.0	0.0	563.6
Rural Services Grants	2,529.3	0.0	144.7	2,674.0	2,596.0	0.0	0.0	2,596.0	3,346.0	0.0	0.0	3,346.0
Totals	17,256.4	7,784.5	1,748.3	26,789.2	17,446.9	16,254.1	2,344.7	36,045.7	25,585.4	15,380.7	1,872.8	42,838.9

Alcohol and Drug Abuse Services

Proposed Changes in Levels of Service for FY2002

Alcohol Safety Action Program (ASAP) component increment: an increment of \$1,429.6 GF for stabilization and restoration of the adult ASAP program and establish Juvenile program.

Alcohol/Drug Abuse Grants component increments: increments for Recovery Camps (\$357.0 GF), Transitional Housing for recovering adults (\$200.0 MHTAAR), Mini-grants for chronic alcoholic Beneficiaries (\$40.0 MHTAAR), Adult alcohol treatment expansion (\$2,000.0 GF), and Juvenile alcohol treatment services (\$1010.5 GF). There is also a fund switch of \$1,500.0 from federal to general funds to replace anticipated loss of federal SYNAR funding.

Community Action Against Substance Abuse (CAASA) grants component increment: an increment of \$426.0 GF to establish Juvenile assessment and referral services.

Rural Service Grants component increment: an increment of \$750.0 GF for ten additional Rural Human Services workers to expand program services.

Alcohol and Drug Abuse Services

Summary of BRU Budget Changes by Component

From FY2001 Authorized to FY2002 Governor

All dollars in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2001 Authorized	17,446.9	16,254.1	2,344.7	36,045.7
Adjustments which will continue current level of service:				
-Administration	-1.0	219.6	-51.9	166.7
-Alcohol Safety Action Program	6.4	0.0	0.0	6.4
-Alcohol/Drug Abuse Grants	2,160.0	-1,500.0	-660.0	0.0
-Community Grants - Prevention	0.0	-173.0	0.0	-173.0
Proposed budget increases:				
-Alcohol Safety Action Program	1,429.6	0.0	0.0	1,429.6
-Alcohol/Drug Abuse Grants	3,367.5	180.0	240.0	3,787.5
-Community Grants - Prevention	0.0	400.0	0.0	400.0
-CAASA Grants	426.0	0.0	0.0	426.0
-Rural Services Grants	750.0	0.0	0.0	750.0
FY2002 Governor	25,585.4	15,380.7	1,872.8	42,838.9