

State of Alaska FY2002 Governor's Operating Budget

Department of Health and Social Services
Rural Services Grants
Component

Component: Rural Services Grants

Contact: Janet Clarke, Director, Administrative Services

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

Component 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.

Component Services Provided

The Rural Services Component focuses on insuring that needed services are both available in and culturally appropriate to the villages and towns of rural Alaska.

The Community Based Suicide Prevention Program makes grants available to the smaller communities of Alaska to design and implement their own programs to reduce suicide and self-destructive behavior.

The Rural Human Services System Project enables rural agencies to hire, train and supervise a network of village-based counselors. It works with three campuses of the University of Alaska to insure the training is of high quality, appropriate, culturally informed, and fully accredited.

The Peer Helper Program funds local community agencies in coordination with local school districts to identify and train "peer helpers" in listening and problem solving skills, and accessing local resources.

Component Goals and Strategies

Support community based processes that empower local communities to develop programs to address their own needs. Encourage partnerships and collaboration among communities and between communities, agencies, educational institutions and government. Serve as a resource for information and training. Encourage communities to recognize and promote the benefits of a sober, drug free lifestyle, and encourage traditional and alternative healthy, drug free activities. Support an increase in the number of villages that have rural human services trained resident counselors and continue to develop and enhance the training those counselors receive. Increase the number of rural Alaskans seeking substance abuse treatment by both removing barriers to treatment and enhancing the ability of treatment programs to effectively serve clients from rural areas. Support the number and variety of alternative treatment programs, including family treatment camps and village interventions.

Key Component Issues for FY2001 – 2002

The Rural Human Services System Project does not yet serve every region of the state and there are still many villages without trained counselors. The Project needs to grow to fill in these gaps. The Project also needs to explore ways of assisting Rural Human Services graduates pursue higher education and move into positions of increasing responsibility in their agencies.

The Community Based Suicide Prevention Project needs to develop new ways to enhance training for project coordinators and establish and/or broaden links among projects.

Major Component Accomplishments for FY2000

During FY2000 the Community Based Suicide Prevention Program awarded 63 grants totaling approximately \$792.1. Grant awards ranged in value from \$3.6 to \$20.0. This component of service is designed to help smaller rural communities design and implement local projects to reduce suicide and self-destructive behavior. An initial evaluation of the project suggests that communities that sustain projects for three or more years can reduce their rate of suicide.

In FY2000 the Peer Helper Program funded 9 grant awards totaling \$305.8. Grant awards varied in amount from \$5.0 to \$60.0. This program funds local community agencies, in collaboration with local school districts, to identify and train "peer helpers" in listening and problem solving skills, and accessing local resources to help youth.

Finally, in FY2000 the Rural Human Services Project funded 14 grant awards totaling \$1,431.4. Awards ranged in value from \$9.0 to \$380.1. At the end of FY2000 there were one hundred thirty-six trained Rural Human Services counselors working in eighty-eight different communities across Alaska. The University of Alaska, Rural Human Services (RHS) training program was offered on three different campuses. In addition, a second RHS curriculum is being developed to prepare counselors to take on supervisory and mentoring responsibilities.

Statutory and Regulatory Authority

AS 47.30.470-500 Mental Health
7 AAC 78 Grant Programs

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 data indicates that Alaska's consumption rate is continuing to decline. Since FY90 Alaska has experienced a steady decline with the most recent years rates of 2.64 and 2.51 gallons per capita for FY97 and FY98 respectively.

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: 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. 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, that 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 rate of binge or chronic drinking by adults.

(Not yet addressed by Legislature.)

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 an indicator.

Status of FY2001 Performance Measures

	Achieved	On track	Too soon to tell	Not likely to achieve	Needs modification
<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 alcohol-related injuries requiring hospitalization. • Reduce the rate of binge or chronic drinking by adults. 			X		

Rural Services Grants
Component Financial Summary

All dollars in thousands

	FY2000 Actuals	FY2001 Authorized	FY2002 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	0.0	0.0	0.0
72000 Travel	0.0	0.0	0.0
73000 Contractual	0.0	0.0	0.0
74000 Supplies	0.0	0.0	0.0
75000 Equipment	0.0	0.0	0.0
76000 Land/Buildings	0.0	0.0	0.0
77000 Grants, Claims	2,674.0	2,596.0	3,346.0
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	2,674.0	2,596.0	3,346.0
Funding Sources:			
1037 General Fund / Mental Health	2,529.3	2,596.0	3,346.0
1092 Mental Health Trust Authority	144.7	0.0	0.0
Authorized Receipts			
Funding Totals	2,674.0	2,596.0	3,346.0

Estimated Revenue Collections

Description	Master Revenue Account	FY2000 Actuals	FY2001 Authorized	FY2001 Cash Estimate	FY2002 Governor	FY2003 Forecast
Unrestricted Revenues						
None.		0.0	0.0	0.0	0.0	0.0
Unrestricted Total		0.0	0.0	0.0	0.0	0.0
Restricted Revenues						
Mental Health Trust Authority Auth.Recs.	51410	144.7	0.0	0.0	0.0	0.0
Restricted Total		144.7	0.0	0.0	0.0	0.0
Total Estimated Revenues		144.7	0.0	0.0	0.0	0.0

Rural Services Grants

Proposed Changes in Levels of Service for FY2002

The Division is requesting the following increment: an increment of \$750.0 GF for ten additional Rural Human Services workers to expand program services.

Summary of Component Budget Changes

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	2,596.0	0.0	0.0	2,596.0
Proposed budget increases:				
-Rural human services program expansion - alcohol & substance abuse counselors	750.0	0.0	0.0	750.0
FY2002 Governor	3,346.0	0.0	0.0	3,346.0