Agency: Commerce, Community and Economic Development

Grants to Named Recipients (AS 37.05.316)

Grant Recipient: Yukon Kuskokwim Health Corporation

Project Title:

Yukon Kuskokwim Health Corporation - Emergency Response Detox Wing

State Funding Requested: $ 1,500,000 **House District:** 38 - S

One-Time Need

Brief Project Description:

Facility expansion at the Yukon Kuskokwim Correntional Center for 15-20 bed emergency response detox wing.

Funding Plan:

Total Cost of Project: $1,500,000

Funding Secured		Other Pending Requests		Anticipated Future Need	
Amount	*FY*	*Amount*	*FY*	*Amount*	*FY*

There is no other funding needed

Detailed Project Description and Justification:

Facility expansion of 15-20 beds for an emergency response detox wing.

The Yukon Kuskokwim Correntional Center is in the proces of expanding (SB 65 2004). A resport dated Feb. 12, 2008, funded by the Alaska Mental Health Trust Authority found the Yukon Kuskokwim Delta Region Hospital is incapable of responding to the incresing demand of protective custody. One of the multiple recommendations form the report is to establish a 15-20 bed emergency response detox facility. The City of Bethel. the Yukon Kuskokwim Health Corporation and the Yukon Kuskokwim Correntional Center joint in partnership to accomplish this vital public safety issue.

The wing will provide an area for a "kids" detox. Federal rule requires Medicaid to cover all care for Medicaid-eligible youth. Medicaid covers detoxification and substance abuse treatment for youth 18 and under.

Construction of emergency response recommendations: (a) 15-20 beds sleep-off/social detox for adults only; purchase community service van with first-aid, CPR, and MANDT training; implement SBIRT in the emergency department and then at the sleepoff/social detox center.

Project Timeline:

Fall 2008

For use by Co-chair Staff Only:

Contact Name: Pat Walker
Contact Number: 5047

5:12 PM 4/29/2008

Entity Responsible for the Ongoing Operation and Maintenance of this Project:

City of Bethel, Yukon Kuskokwim Health Corporation and Yukon Kuskokwim Correctional Center

Grant Recipient Contact Information:

Contact Name: Wally Baird, City Manager
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Address: PO Box 1388, Bethel, AK 99559
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Has this project been through a public review process at the local level and is it a community priority? [X] Yes [ ] No

For use by Co-chair Staff Only:

5:12 PM 4/29/2008

Contact Name: Pat Walker
Contact Number: 5047

Bethel Detox Alternatives

February 12, 2008

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Executive Summary and Recommendations

Over a four month period, stakeholders from agencies and organizations around Bethel convened in a process to confirm the scope of the substance abuse problem in the community and region and also to identify ways to address the problem, particularly as it presents in emergency situations. The situation is grim. Over 4,400 individuals have been in the hospital Emergency Department or in the local jail under a Title 47 hold in ten years; Bethel's current population is 6,100. From what we can tell, fewer than half of those who have required emergency assistance were from outside of Bethel.

Eighty percent of individuals who end up in Title 47 holds or in the emergency room have been there only once in six years (jail) or ten years (Emergency Department). Interpretation of the data reveals that most of the individuals who have had these emergency situations are not one-time abusers of alcohol; rather, it appears that they are more likely to have family support that cares for them most times that they become intoxicated. The "high flyers"—the twenty percent of people who have been in the Emergency Department or jail more than four times in several years—are a relatively discrete, small population with few family or social supports.

It has taken a long time for the problem to become this severe, and it will take longer for the solution to be complete. In the mean time, Bethel residents and their allies are faced with revamping an emergency service system that protects inebriated people and vulnerable individuals; re-developing a substance abuse treatment system that addresses the culture, age, sex, and parental status of substance abusers; and working to protect and bolster a healthy community culture.

Immediate action

1. Support increments in the Governor's budget for JASAP and substance abuse treatment.
2. Examine proposed Medicaid regulations coming out for public comment in March 2008. Make sure that SBIRT is covered and that rates cover the cost of treatment.
3. Comment on the state's youth prevention plan to ensure that state and federal resources allocated to this issue meet Bethel's needs. http://www.hss.state.ak.us/dbh/
4. YKHC will examine core priorities and inter-agency collaborations and reallocate existing services.
5. Confirm size and operating costs of a sleep-off/social detoxification in a Phase II project proposal to the Trust.
6. Approach Senator Hoffman and Governor Palin for construction funding for a sleep-off/social detoxification.
7. Set agreement with the Trust for startup funding for sleep-off/social detoxification.
8. Mike Bricker will work with the sober people and Alcoholics Anonymous groups to reinvigorate that community.
9. YKHC will convene a group to address cultural relevance of existing treatment.

Six-Month Plan

Emergency Services

- A sleep off/social detoxification center plan will be hashed out.
- There will be a plan of how to operate community services patrol.
- Bethel Police Department will have two new officers, including a Chief of Police.

- The City of Bethel will have bonds sold.
- DOC will have the money in hand for construction of the new jail.

Treatment

- Implement SBIRT
- YKHC will clarify the available services and resources and coordinate them across systems.
- Make youth treatment a priority in the next phase.

Healthy Communities

- AVCP and City Council will make this a part of their next joint meeting agenda.

Overview of the Project

In 2007, the Alaska Mental Health Trust Authority and the State Division of Behavioral Health embarked on a project to help communities that have significant public safety and emergency room problems with alcoholism to identify solutions that they can pursue. They would like to know about solutions that they can help with.

YKHC received a grant from the Trust through the State in August. In late September 2007, YKHC entered a contract with Rider Consulting to help the community assess its current status and options. Rider Consulting includes Mary Elizabeth Rider with Anne Henry, Michelle Bartley, Summer LeFebvre, and Phil Tafs. Their job was to:

- interview key informants;
- conduct a literature review;
- identify and review data from YKHC, YKCC, and BPD about inebriated people;
- facilitate some meetings within the community and between the community and the state; and
- prepare a report detailing a plan of action including factors that affect the community's outcomes.

Following the completion of this early work, the state Division of Behavioral Health and Alaska Mental Health Trust may elect to assist the community to move on its plan of action. This may include a second contract to assist Bethel's process.

A Call to Arms

On November 13, 2007, a group of 30 residents gathered to talk about the situation of inebriated people in Bethel. They declared a crisis in emergency response, substance abuse treatment, and community health. Bob Herron and Ray Watson were identified to take the lead.

The consultants researched issues and responses, and the leaders convened a second community meeting with key policymakers in state government and with the Alaska Mental Health Trust. On January 7, 2008 a large group of people representing the State Division of Juvenile Justice, Office of Children's Services, Association of Village Council Presidents, Oritsararmiut Native Council, City of Bethel, Bethel Police Department, City Council, state Division of Behavioral Health, Department of Health and Social Services Commissioner's Office, Department of Corrections Commissioner and Deputy Commissioner, Tundra Women's Coalition, Yukon-Kuskokwim Correctional Center, Yuut Elitnarvuit, Bethel Public Health Center, Alaska Court System, Bethel Community Services Foundation, Alaska Mental Health Trust, and YKHC senior leadership as well as department directors met for the first time in ten years. The goals were to share information about the substance abuse problems affecting people living in or visiting Bethel, and to coordinate efforts among the State DHSS and DOC, City of Bethel, and YKHC around solutions to substance abuse in Bethel: strengthening emergency services, bolstering treatment options, and supporting healthy community development. The group met for four hours, beginning with an overview of the issues and data, discussion about what the data means, and some observations about community responsiveness. The large group divided into three workgroups to

consider emergency services, treatment options, and healthy community opportunities. Each workgroup reported back to the entire group, which determined next steps together.

Based on the January 7, 2008 meeting, the consultants worked with community members to prepare a report on next steps. The draft report with recommendations was made available for a ten-day review by community and state stakeholders. This final report is the result.

Literature Review

Current literature suggests high rates of mental health, substance abuse and co-occurring disorders in the American Indian/Alaska Native population. In 1999 an extensive report prepared for the Alaska Federation of Natives by the Center for Alcohol and Addiction Studies and the Institute for Circumpolar Health Studies[1] identified acculturation stress, or stress as a result of major cultural change, as one major factor that has increased native communities' rates of substance abuse, family violence and poverty. Some of the many changes identified included loss of communication patterns, changes in diet and food, and implementation of different patterns of rules and regulations foreign to the small, close knit communities. Identified solutions for healing native communities in northern areas include regaining a sense of community self-efficacy and self-esteem through reestablishing cultural pride, increasing local control of health care, and staffing programs locally. Further, the report stressed the need for programs to adopt intervention approaches that address the unique culture of their clients while at the same time being sensitive to those who have not developed a sense of cultural identity. In other words "it is essential to learn in which world the person functions, or if he or she is caught between two cultures" (p.48).

Treatment for individuals facing these issues is hampered by several factors, including diagnostic and treatment criteria that depend upon culturally contextual definitions that may not be interpreted cross culturally. Definitions from western cultures tend to be individually focused while traditional cultures depict the person in relational or social terms[2]. Treatment can also be hampered by low use rates of available resources by Native peoples, both adults and adolescences. One report cited by Manson showed that Cherokee children were more likely to receive treatment through juvenile justice system and inpatient facilities than were non-Indian children, despite the presence of treatment modalities provided by local Indian Health Services in their communities. Manson suggested cultural attitudes toward treatment may be one reason for low use rates, or that people with severe symptoms may not seek treatment because they are unaware of services or believe that they are not effective (622). Another study coming from Canada (Kirmayer, Brass, and Tait)[3] again discusses the rapid social change experienced by even the most remote areas resulting in community identity crises and large gaps between generations. It was suggested that services need to be targeted at both the individual and the larger community. Kirmayer, Brass, Tait, described low usage rates of available resources as an issue of urban services not being adapted to aboriginal needs. Other issues identified were the challenges of finding culturally aware practitioners in remote areas, and difficulties of communication and privacy where consumers may be hesitant to talk about embarrassing/sensitive issues.

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[1] Segal et al (1999), Alaska Natives Combating Substance Abuse and Related Violence through self healing: A report for the People.

[2] Spero Manson (2000), Mental Health Services for American Indians and Alaska Natives: Need, Use and Barriers to Effective care. Canadian Journal of Psychiatry, Vol. 45.

[3] Kirmayer, L., Brass, G., Tait, C., The Mental Health of Aboriginal peoples: Transformation of Identity and Culture

A final study by Roberta Hall[4] reports that treatment personnel who were interviewed suggested that cultural resurgence in treatment models for alcoholism would help in the treatment of alcoholism. In this report traditional approaches were found more often in programs representing multiple Native groups. In these circumstances, treatment providers reported having traditional approaches was helpful so consumers could not reject treatment because it was not sensitive to their background. One example of adapting treatment was to make group sessions less confronting than usual so as to conform more closely to ideal patterns of local tribal interaction.

Current literature suggests that indigenous communities planning treatment priorities must use culturally based programs. These programs must target multiple layers in the society, including individuals, families, and the larger community. Attention to generational issues and differing levels of cultural identity are also important. Culturally sensitive/competent treatments have been attempted in several formats both locally in Alaska and in the lower 48. Three examples are the use of spirit camps, the use of federally sponsored programs such as the Screening, Brief Intervention, Referral, and Treatment (SBIRT) evidence based practice (translated to be more culturally competent by Cook Inlet Tribal Council, or CITC) and a community minded detoxification program provided by the Na'Nizhoozhi center in New Mexico.

Spirit camps have been around Alaska for several decades, and were based on traditional fish camps, often run on a volunteer basis with little funding. The idea focused on the natural setting and healing rhythms formed by the community's cooperation in preparing for winter.[5] Identified programs reported better outcomes for participants than traditional programs in urban areas (261). These positive outcomes were, ironically, compromised when state funding became available and camps were hampered by reporting and paperwork, at the same time that they lost of some programmatic control as required by funding agencies.

The SBIRT model, favored by SAMSHA as an evidence-based practice, has been used by CITC through several treatment programs to screen over 16,000 clients, of whom over 3,000 received services. This program uses a screening tool developed over 9 years, including supplemental questions to enhance the cultural appropriateness and relevance. This program provides two levels of brief motivational interventions to help reduce high risk behavior and stop problem drinking before it becomes dependant behavior.

New Mexico has reported similar rates of substance abuse and associated violence in some of its rural communities. Gallup New Mexico is the home of the Na'Nizhoozhi Center. This program is based in traditional Indian culture with emphasis on culture as treatment, use of traditional Native American counselors, and participating as advocates in the state and federal mental health systems. The structuring of this program has resulted in high levels of satisfaction from those who participate, as well

[4]Hall, Roberta (1986), Alcohol treatment in American Indian populations: An indigenous treatment modality compared with traditional approaches, *Annals of the New York Academy of Sciences*, 472.

[5] Hampton, M., Hampton E., Kinunwa, G., Kinunwa, L. (1995) Alaska Recovery and Spirit Camps: First Nation Community Development. *Community Development Journal*, Vol.30 #3, pp. 257-264.

as high usage rates[6]. The program has reported challenges in recruiting and maintaining qualified personnel, partially due to state certification requirements for traditionally trained counselors, while funding limits wages available to support staff.

The issue of substance abuse in Alaskan Native communities has developed over many years, and will likely take as long for affected communities to heal. In order to begin these healing processes, communities must be empowered to begin their own healing by increasing self-efficacy through increased cultural pride. Strategies must be developed from within the culture they will be addressing, and implemented with local control. Attention must be paid to the impact of funding that requires burdensome paperwork and reporting requirements. Finally, staffing programs locally helps to strengthen the cultural awareness of programs, with local training available in traditional practices and western approaches staff can increase their competence and program effectiveness.

[6] http://wellbriety-nci.org/statistics.htm

Bethel's Opportunities and Options

Emergency response

- BPD has collected data on Protective Custody Holds (PCs) from 1985 to present.
- YKCC collects data on Protective Custody holds.
- YKHC has extensive data on use of the Emergency Department for alcohol-related admissions.
- The Alaska Mental Health Trust has provided funding to help Bethel develop a community response.

Emergency services group participants 1/7/08: Marcia Coffey, YKHC; Kathy Craft, DHSS Commissioner's Office; Dwayne Peeples, Deputy Commissioner, DOC; Vince Weber, YKHC BH; Wally Baird, City Manager; Laura Baker, YKCH BH; Bill Hogan, Deputy Commissioner, DHSS; Andre Achee, Acting Police Chief; Matt Greenburg, YKDRH Emergency Department Director; Joe Klejka, YKHC Medical Director; Bob Herron, YKHC Public Relations; Gene Peltola, YKHC CEO; Jeff Jessee, Alaska Mental Health Trust CEO; W. Shane Welch, YKHC; staffed by Mary Elizabeth Rider, Rider Consulting.

Problem

Bethel has a serious problem with binge drinkers.

However, **most binge drinkers used emergency services once, twice, or three times in a ten year period.** Very few of Bethel's alcohol abusers would be categorized as "high flyers" in other communities.

Police are the first line of response

Police are mandated to address the problem under Title 47.37. Community Service Officers help. The law mandates that inebriated individuals picked up by emergency patrols and public safety officers be delivered into safety in this order:

1. home
2. public or private substance abuse treatment
3. hospital
4. jail, except for minors.

The police don't have the staffing necessary

At the time of this project, Bethel had an acting Police Chief and two officers in lieu of the 14 officers and Police Chief that it had in 2005. Although staffing is usually a problem, it has only been this severe twice in the past 40 years. It takes 0.5 to 4.5 hours for an officer to get someone admitted to the ED.

YKDRH Emergency Department is not capable of responding to demand

The Emergency Department (ED) has 11 beds, two of which are reserved for people requiring observation. It takes all youth, many women and fewer men. The ED generally admits three to four people for protective custody each day—as many as 13 per day, totaling over 1,000 in 2006. Most have another problem aside from alcohol such as being

suicidal or injured. They require special attention. In 2004 it became illegal to take youth to BYF for sleep-off, so all youth go to the Emergency Department instead.

Yukon-Kuskokwim Correctional Center has insufficient resources

DOC does 12 hour holds in two rooms, 5 per room. Those who are severely intoxicated must go to the Hospital ED for medical clearance. Often the women's room at the jail is filled with men, which forces women to be referred to the ED.

Opportunities

Support Bethel Police Department in staffing up

Bethel needs officers who see this as a priority. We need to support the City Council and City Manager in hiring a Chief of Police who can tackle the issue.

Community Service Van

Several communities in Alaska use a Community Service Patrol van with EMTs to pick up inebriates.

Social Detox/Sleepoff Center Operated by YKHC and Near YKCC

- A jail upgrade is imminent. The Department of Corrections has funding to re-develop the existing facility. Currently, there are two holding cells available for Title 47 holds. Under the new configuration, 3 to 5 cells would be available for Title 47 holds with associated medical care. In addition, the Department will add a prefabricated unit to serve women prisoners on YKHC land next door to the Correctional Center under a lease agreement. The original intent was to triple the size of the facility, but costs have risen so that is no longer feasible.
- Social detox has been found to motivate people to go to treatment in Dillingham, Anchorage (CITC) and Outside (Na'Nizhoozhi Center).

Implement Motivational Counseling in the Emergency Department and at YKCC

Screening, Brief Intervention, Referral, and Treatment (SBIRT) has met with much success in other Native communities nationally. This is a two pronged issue: addressing the immediate crisis, and prevention of future alcohol problems. If YKDRH implements SBIRT, the Behavioral Health staff will be conducting screening and brief intervention at the Emergency Department in a "teachable moment."

Medical detox

Some people will always need medical supervision coming off of alcohol. Bethel needs a place to keep them medically safe. The obvious location is the Hospital Emergency Department.

Kids detox

Kids need a safe place to come off of alcohol. Because of a federal rule requiring Medicaid to cover all care for Medicaid-eligible youth (unlike adult care, which can be limited), Medicaid covers detoxification and substance abuse treatment for youth 18 and under.

Emergency Response Recommendations

1. Establish a sleep off/social detox
    a. 15-20 beds for adults only
    b. Preferably on YKHC land near YKCC
    c. Operated by City or YKHC
    d. DHSS grants and Medicaid should pay for operations
2. Community Service Van
    a. Requires a van, staffing with first aid, CPR, and MANDT training
    b. Operated by City or YKHC w/DHSS Grant
    c. Capital costs for the vans available from the Trust
3. YKHC Behavioral Health should implement SBIRT in the Emergency Department and then at the sleepoff/social detox.
    a. YKHC can conduct training inhouse and implement with existing staff.
4. It would be good to review the stories of those who have died, 3 in last few weeks.

Questions we still have about Emergency Services

- Where and how will we accommodate for people who require medical detox?
- What will we do for youth who are inebriated and need detox? Is the Emergency Department an acceptable solution for them?
- How will we protect youth who are in homes where adults are inebriated but are not using the emergency service system?

Treatment

Treatment Options Group participants 1/7/08: Ray Watson, YKHC, ONC, AVCP; Chuck Mays, PATC/Therapeutic Court; Mike Bricker, Janice Hamrick, Kristina Wright, YKHC Behavioral Health; Steve Williams, Mental Health Trust; Michael Samuelson, ONC; Terry Hindman, DJJ; Melissa Witzler Stone, and Lynn Eldridge, State DBH.

Problem

- Bethel and the Delta have an extraordinary number of adults and children as young as 10 who drink in binges. They require services which should be both community-based and long-term.

- A discrete number of individuals could benefit from secure treatment under Title 47. Because the majority of binge drinkers use emergency services once, twice, or three times over the course of 10 years, a focus on those who are at risk of a fourth or higher number emergency event may be appropriate for secure treatment.

- There is limited stable funding source for substance abuse treatment, except through the Bethel Therapeutic Court. There is no treatment for parents with children. There is no treatment for youth.

Opportunities

Secure Treatment under Title 47

could help the people who have the worst problems. Commitment to treatment is working in Dillingham and Juneau. Title 47 has been changed to make commitment to treatment easier. SB100 is designed to support secure treatment, and the Mental Health Trust wants to understand the cost of secure treatment.

Substance abuse treatment should be culturally specific

and culturally specific treatment should be covered by state grants and Medicaid.

State Medicaid rates and programs covering substance abuse treatment are about to change

- The cost of services is much higher than Medicaid rates allow.
- Treatment for youth is payable by Medicaid, but the cost of services is much higher than Medicaid's rates: it's not financially feasible. The same is true for treatment for women with children.
- The state Department of Health and Social Services/Division of Behavioral Health (DHSS DBH) is preparing Medicaid regulation changes that will increase the rate for substance abuse treatment.
- DHSS DBH is preparing a Medicaid Waiver study to determine whether adult males with alcohol problems should be a population covered by Medicaid.

PATC and TWC can coordinate services

to provide treatment for women with children, as they do in Dillingham.

Expand substance abuse treatment options

- Family treatment models: identify models that are helping Native families stay sober.
- Identify elements of culturally specific treatment, and work with the state to make sure that the costs of such treatment are covered by grants and Medicaid.
- Identify how many people could benefit from secure treatment, and what that treatment would look like.
- Work with the Alaska Mental Health Trust and DHSS to make sure that the costs of treatment is covered by grants and Medicaid.

Treatment Recommendations

1. Implement the Screening, Brief Intervention, Referral and Treatment (SBIRT) model at the Emergency Department and at the jail.
    a. A federal SBIRT grant is currently available: apply for the grant.
    b. Form a working committee to "Bethelize" SBIRT and the screener.
2. Identify needed services and resources that are currently available in the community. Some activities could be implemented now with under-utilized counseling staff. Some examples:
    a. Establish family services for outpatient treatment and residential treatment. Family interventions can be done by people in recovery or treatment professionals. OCS may have funds for family support.
    b. Bridging/pre-treatment groups. Staff could facilitate introductory, educational, group sessions several times per week for an hour each at different times of the day to catch working and non-working individuals who are waiting for intensive outpatient.
    c. Provide home-based brief intervention to people who have not been admitted to the ER or jail.
        i. These are people who have someone at home that can take responsibility for them when they are intoxicated. The police could call YKHC with the name and contact information for the individual; this is not confidential information at that point. YKHC staff then visit with the person, ask if they can do a screening and then follow with the motivational education and pretreatment if possible.
    d. Offer intensive outpatient treatment with daytime and evening options.
    e. Coordination with courts to assure services ordered are available.
    f. Coordinate and align services across agencies and departments for faster implementation of services.
    g. Put counselors on the air (radio) to offer solutions and hope.
3. Develop new treatment capacity to meet the demand.
    a. Make existing treatment more culturally relevant with steams, and talking circles.
    b. Detox, treatment and aftercare for youth
    c. Treatment for families together

d. Transitional housing in support of families receiving treatment: coordinate between AVCP Housing and YKHC Behavioral Health; Tundra Women's Coalition and YKHC Behavioral Health.
e. Expand the Family Spirit program to Bethel.
f. Develop Family dependency court (address mothers' treatment needs).
g. Tribal court for families before OCS intervention.
h. Create intensive outpatient treatment opportunities to fit the needs of working people.

4. Build prevention/education efforts in Bethel and the villages.
    a. Engage with the churches and school systems.
    b. Address stigma/anonymity issues.
    c. Public announcements and Counselors on the Air—Radio call-in show that combines education with on-air AA meeting that people can call in to, make announcements about sober activities, have guest speakers, play recordings of inspiring sobriety lectures, etc.
5. Build aftercare and support.
    a. Cultural activities to support sobriety (spirit camps/steam baths).
    b. Continuing care/transitional care/mentoring program.
    c. Increase sober activities—AVCP/ONC, including dances, game nights, steams.

Questions we still have about treatment

1. Will we have detox, treatment and aftercare for youth and if so, where?

Healthy Community Support

Healthy communities engage their members in productive, culturally relevant activities and work. Look at Alakanuk. Healthy communities protect children when their parents aren't able to care for them.

Healthy Community Development group participants 1/7/08: Sally Russell, Bethel Therapeutic Court; Jerry Drake BCS Foundation; Tiffany Zulkosky, Yuut Elitnaurviat/ City Council; Carolyn Peter, TWC; Bing Santamour, ONC/Tribal courts Administrator; Sophie Jenkins YKHC Family Spirit; Winifred Kelly-Green YKHC SECEL; Mary Johnson YKHC; Louis Mallette YKHC BH; Trish Naughton PHN Bethel Public Health; Richard Nault, OCS; Myron P, Naneng AVCP; staffed by Summer LeFebvre and Phil Tafs.

Problem

The community accepts alcohol abuse and drunkenness.

Opportunities

Support efforts to keep kids and adults alcohol-free.

- Survey the kids: what should things be like in 20 years?
- Support the Multi-purpose Center proposal.
- Make a pipeline for job training for sober and non-drinking people at Yuut Elitnarviat. Sober people are good employees.
- DJJ has provided 2 years funding for MCA coordinator.
- Nationally there is a call to action on preventing youth drinking. The federal government is underwriting a state-by-state prevention planning effort. There is now a state underage drinking initiative in Alaska, with a plan that is available for public comment. http://www.hss.state.ak.us/dbh/.
- The Governor's proposed budget expands Juvenile ASAP to Bethel. This program provides alcohol safety education to youth who have alcohol-related criminal problems.

Healthy Community Development Recommendations

1. Public/Community/Local Government statements about tolerance by supporting current efforts.
2. Community leaders should support the development of after school community options, i.e. Community Rec. Center, Teens Acting Against Violence, Big Brothers & Big Sisters
3. Develop alcohol education and treatment for kids who have MCAs.
4. Deliver education about the effects of alcohol to all youth
    a. Alcohol use and constructive lifestyles education
    b. Messages should be kid-friendly
    c. Making education efforts applicable to today's generation
    d. Take advantage of every opportunity to educate kids.
5. Elders and youth should discuss this together. Almost half of this community is 24 years of age or younger.

    a. Creating leaders at a young age will perpetuate healthy communities.
6. Continue to infuse local cultural traditional values in schools. This gives kids a foundation in culture to know who they are.

Questions we still have

1. What's working great with kids in rural communities?
2. How do we help kids sustain their treatment when they come back?
3. What's going to happen to youth even with the development of a detox center for adults?

Understanding the problem and how it affects the community

On October 29 and 30, 2007, the consulting team interviewed about 25 key people who deal with the issue of inebriated people, their safety, their health care, and their families. When we couldn't meet with an individual in person, we pursued interviews by telephone. We interviewed additional people at the state level.

Binge drinking

- Everyone agrees that people here drink in binges. The data from the Hospital Emergency Department appears to back this up.
- Bingers get drunk occasionally, get taken in and when they sober up everything is back to being ok. They are often high functioning except when intoxicated.

Who drinks

Alcohol problems are experienced by all ages, from early teens to 50s & 60s. The distribution seems to be about 2/3 adult, 1/3 youth, equally distributed between genders.

Youth are drinking

- Youth here start drinking younger. In the 6th grade kids know where to get it. Some youth are chronic.
- At night, packs of kids roam around. For some they are high, for others it is not safe to be at home with intoxicated parents and relatives.

Public intoxication

It is widespread. There is a normalizing experience with public intoxication due to its prevalence.

People do things they wouldn't if they weren't drinking

People who are intoxicated release anger or other feelings. Alcohol escalates things that are usually underlying issues. People do bad things they wouldn't ordinarily do and use alcohol as the excuse.

Drinking people are dealing with lots of issues

- Unemployment
- Mental health concerns
- Self-esteem problems
- Multi-generational issues (grief/personal loss/loss of culture).

Drinking people are injured

Alcohol involved accidents and violent acts include assault, sexual assault, falls and drowning.

Substance abuse affects kids

- Parents who are drinking aren't available to their kids. There is a problem with the lack of supervision.
- About 1/3 of students drop out of school, and many have low attendance. A large percentage of the kids that drop out are children of parents who use substances.
- Kids are damaged by violence in the home, and are also targets of abuse and neglect.
- Kids don't want to stay home in unsafe environments. A significant group of kids don't go home at night when unsupervised. Between their parents and visiting relatives drinking, it's not safe. They lack sleep.
- Kids in these situations are more prone to suicide.
- Kids have fetal alcohol effects because of substance abuse.

It affects families

- Family systems hold long term generational trauma.
- We have multigenerational FAS/FASD—it makes it hard to parent.
- It is hard to keep elders or kids with disabilities at home when alcohol is in the family.

Everyone is affected

- Bethel has increased poverty because of alcoholism. People lack opportunity, options for programs that address cultural differences, education and housing.
- People have a general lack of purposefulness.
- It impacts people spiritually, emotionally, culturally, financially.

State Title 47 order of priority taxes community resources

- People are dying because the police must take people home instead of taking them to a detox center.
- The Emergency Department is over-stretched. The jail is inadequate.

The legal and social consequences are nominal

The kids don't get into trouble. Kids are charged with MCA only after 30-40 incidents.

Adults don't think getting arrested means much.

YKHC has workforce and funding shortages

Even so, there are some internal opportunities to improve services.

A strong leader on this topic could make the difference

This will take a long time to change.

What has been done before

- 20 years ago, there was a sleep-off center. It closed because of liability issues.
- 10 years ago, the Title 47 work group came up with a proposal to develop a community service patrol, to provide secure treatment, to provide sub stance abuse screening in the Emergency Department, and to provide detox beds.

What Bethel does now

YKHC Behavioral Health

- Provides some screening in the ED
- McCann Treatment Center: Inhalant Abuse Treatment Center, Boys' Group Home
- Integrated Outpatient Clinic
- Family Spirit Project
- Phillips *Ayagnirvik* Treatment Center
- Bethel Therapeutic Court Treatment Program
- Camai Case Management

Bethel Therapeutic Court

The Bethel Therapeutic Court (BTC) targets repeat DUI offenses. This court is a post-adjudication plea or pre-sentence program designed to supervise defendants who are substance-abusing adult probationers and parolees placed in the program as a condition of probation or due to a violation of probation/parole.

MCA Diversion Panel

DA dismisses charges for 1st time offenders who go through MCA program. MCA CDP sees 100 youth per year.

Oxford House

- There is one Oxford House at present.
- AVCP Housing worked with the Alaska Mental Health Trust on another Oxford House, but it closed. When the Oxford House closed the community lost 5 beds.

Emergency Services: The numbers

We used data from three sources to identify the breadth and depth of the substance abuse problem in Bethel as it affects the emergency services system:

- Excel spreadsheets kept by the Bethel Police Department to track their calls from 2004-2007.
- YKHC RPMS data on each individual's use of the Hospital Emergency Department in which alcohol or an alcohol-related event was the primary or secondary diagnosis from November 1997 to October 2007. Data included unduplicated individuals, dates of birth, and their unduplicated Emergency Department events. Data was delivered to the project team in two Excel spreadsheets.
- State Department of Corrections OBSIS data on each individual held in a non-criminal hold at Yukon-Kuskokwim Correctional Center between September 2001 and December 2007. OBSIS data included unduplicated individuals identified only by offender number, sex, ethnicity, and age at intake. Data was delivered to the project team in one Excel spreadsheet.

We were unable to secure the actual data from the Bethel Police Department, which was hampered by staff shortages. We did not analyze the Bethel Police Department data but present the data we were able to access in tabular form and in charts.

We unduplicated the YKHC RPMS data and the OBSIS data by individual, by year, and by event using SPSS. We unduplicated the YKHC RPMS data for youth by age. SPSS is a statistical program for the social services, widely used by researchers nationally and internationally. We analyzed for frequency of events by individual and by year. For more information about SPSS and its capabilities, please see http://www.spss.com/spss/data_analysis.htm.

We were unable to unduplicate data across RPMS and OBSIS only because the data fields were incompatible. For example, we had data on age at intake from OBSIS and on date of birth by YKHC.

Bethel Police Department Protective Custody

When a protective custody pickup is required, Bethel Police Department first tries to take the individual home to a responsible party. Usually this is not possible. Bethel Police Department collects some data about Protective Custody holds described below. However, it is clear that this is not the full picture as demonstrated by the Correctional Center and Hospital Emergency Department (Table 2).

Figure 1 Bethel Police Department Protective Custody Pickups

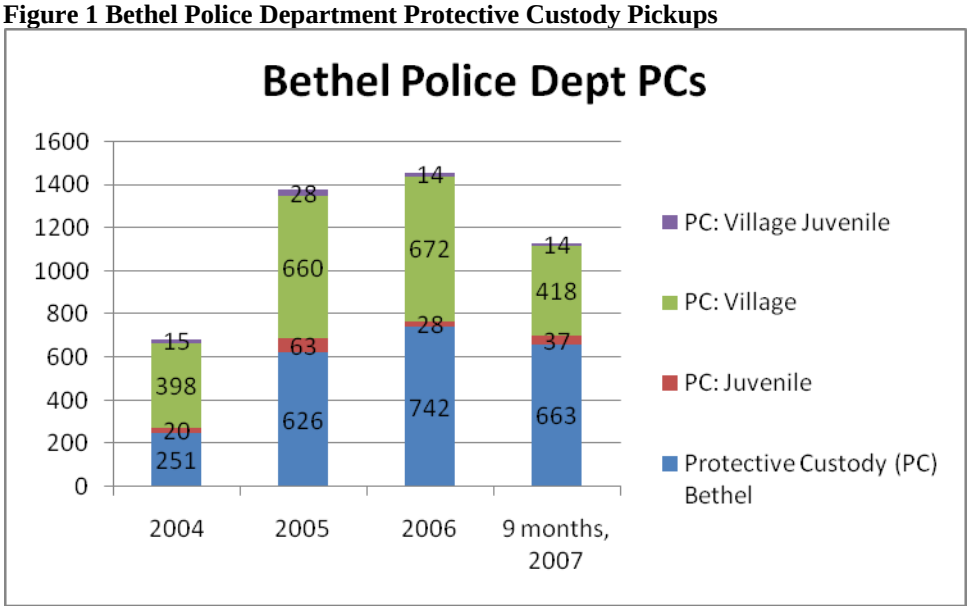


Table 1 Bethel Police Department Protective Custody Holds 2004-2007

	2004	2005	2006	9 months, 2007
Protective Custody (PC) Bethel	251	626	742	663
PC: Juvenile	20	63	28	37
PC: Village	398	660	672	418
PC: Village Juvenile	15	28	14	14
Total	***684***	***1377***	***1456***	***1132***

All Title 47 holds and Alcohol-related Emergency Department visits

Yukon-Kuskokwim Correctional Center and the Yukon-Kuskokwim Delta Regional Hospital receive the bulk of Protective Custody holds. Below are the YKCC Title 47 hold data for 2001-2007 (partial years 2001 and 07), and the unduplicated emergency department visits in which alcohol abuse or dependence was the primary diagnosis for ten years. In total, there were more than 18,471 separate emergency events. Because the Department of Corrections data was not available for 1997 through most of 2001, the analysis is incomplete.

The data reveals that the total number of alcohol-related emergency visits and Title 47 holds increased by almost 50% in 2005, and that the number continues to stay substantially higher than in the prior three years. Chart * shows the data graphically, while Table 2 shows the data specifically.

Figure 2 Title 47 Holds & Alcohol-Related Emergency Dept Visits 97-07

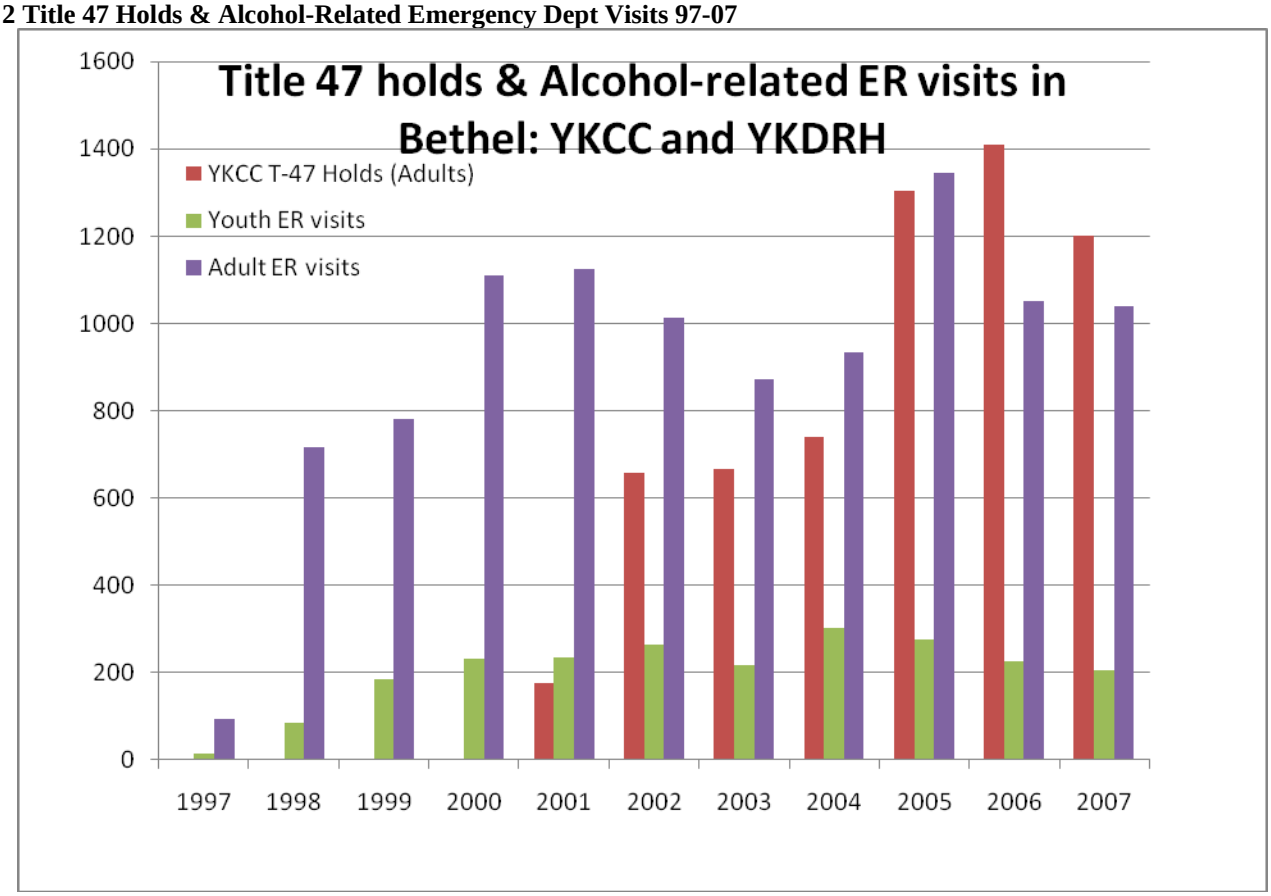


Table 2 Unduplicated Title 47 holds & Alcohol-related ER visits in Bethel: YKCC and YKDRH

Year	YKCC T-47 Holds (Adults)	Youth ER visits	Adult ER visits	Total ER visits	Total unduplicated T-47 holds & Alcohol-related ER visits
1997		15	94	*109*	109
1998		85	717	*802*	802
1999		185	780	*965*	965
2000		232	1109	*1341*	1341
2001	*176*	234	1124	*1358*	1534
2002	*657*	265	1012	*1277*	1934
2003	*665*	218	872	*1090*	1755
2004	*739*	303	933	*1236*	1975
2005	*1303*	277	1345	*1622*	2925
2006	*1409*	226	1052	*1278*	2687
2007	*1200*	206	1038	*1244*	2444
TOTAL	*6149*	*2246*	*10076*	*12322*	18471

Title 47 holds in Yukon-Kuskokwim Correctional Center

Under Title 47, public safety officers or an emergency patrol should take the individual to a public or private substance abuse treatment program. However, there is no capacity to provide service to individuals who require detox at PATC.

Yukon-Kuskokwim Correctional Center is the next point of disposition. YKCC currently has two cells with 5 bunks each. In theory, one cell is reserved for men, and the other for women; however, when the 6th male arrives the second cell is made available for men only. Women are then transported only to Yukon-Kuskokwim Delta Regional Hospital's Emergency Department.

Table 3YKCC T-47 Holds 9/01-12/07 (partial month 12/07)

Year	Unduplicated Individuals in T-47 Holds	T-47 Holds
2001	133	176
2002	396	657
2003	405	665
2004	453	739
2005	690	1303
2006	710	1409
2007	667	1200
TOTAL	*1949*	*6149*

Who goes into Title 47 Holds at YKCC?

Men are held at YKCC twice as often as women. The average age is 35 ½, with a standard deviation of 12.69: generally, the Title 47 holds at YKCC are ages 23 to 48, with a range of 18 to 83.

Table 4 Gender of Title 47 holds in YKCC 2001-07

Male	1221	62.6%
Female	728	37.4%

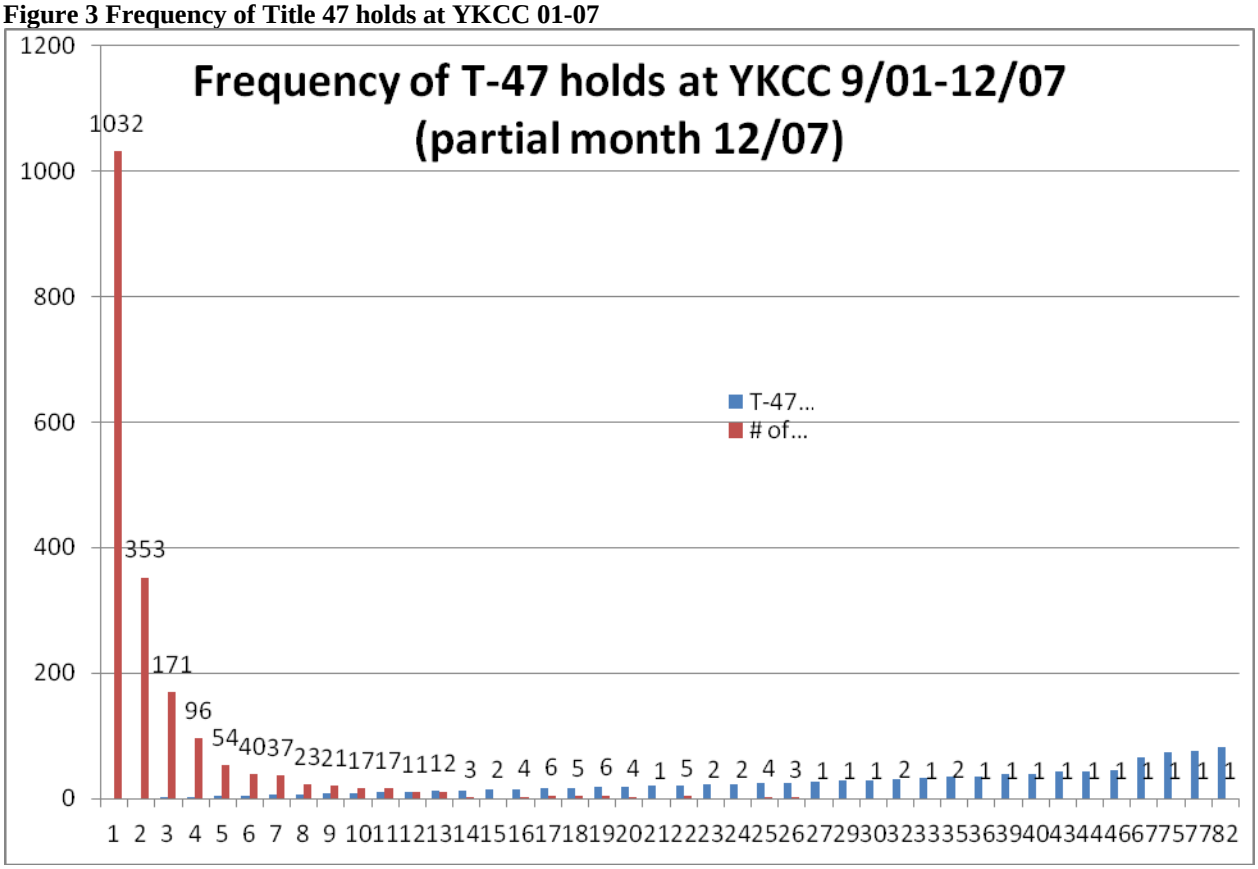
Table 5 Age at first Title 47 holds in YKCC 2001-07

Average	35.48
Standard deviation	12.69
Range	18-83

How often do individuals go into Title 47 Holds at YKCC?

More than half (1032) of the 1949 individuals who have been in T-47 holds at YKCC in almost seven years have been held there only once. 18 percent (353) have been held twice, and almost 9 percent (171) have been held three times in seven years. The other 20.1 percent have been held 4 to 82 times over seven years. Four individuals have been placed in T-47 holds at YKCC for more than 45 times in seven years: these are the most frequent flyers, with 67 to 82 holds. The average number of T-47 holds per person is 3.15; the median and mode are both 1.

Figure 3 Frequency of Title 47 holds at YKCC 01-07



When do people enter YKCC for a Title 47 hold?

The low months have been in mid-winter half the time High months have been July and October. The minimum and maximum numbers of holds per month have grown over time.

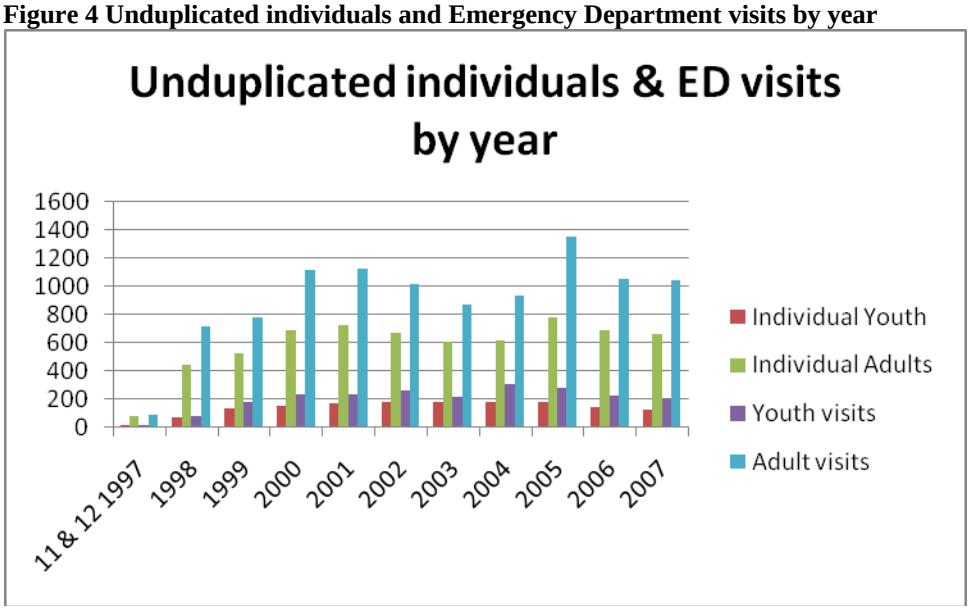
Table 6 YKCC Monthly T-47 holds 9/01-12/07 (partial month 12/07)

	2001	2002	2003	2004	2005	2006	2007
January		39	29	38	61	90	109
February		50	35	45	83	98	123
March		55	42	62	101	110	129
April		65	49	63	117	71	126
May		65	44	51	124	131	98
June		49	49	41	113	133	101
July		77	55	88	128	149	97
August		74	57	53	108	124	87
September	39	36	58	66	94	139	88
October	55	54	122	76	158	118	90
November	26	51	65	83	109	119	104
December	56	42	60	73	107	127	48
TOTAL	176	657	665	739	1303	1409	1200

Emergency Department admissions with alcohol abuse or dependence in Yukon-Kuskokwim Delta Regional Hospital

Yukon-Kuskokwim Delta Regional Hospital's Emergency Department is the 3rd option selected by PBD, and, since a 2004 statute change, the only location in which youth may be held. In October 2007, YKHC staff pulled RPMS data on patients admitted to the ER with a primary admitting diagnosis of alcohol abuse or alcohol dependence. This data was analyzed using SPSS, and is examined in the next several tables.

Figure 4 Unduplicated individuals and Emergency Department visits by year



In 2004, state law changed and inebriated youth could no longer be held in Juvenile Justice facilities. The corresponding jump in alcohol-related Emergency Department visits by youth in 2004 would appear to be related. However, in 2005 the number of youth at the Emergency Department was only slightly higher than that in 2002. In 2005, the number of alcohol-related Emergency Department visits by adults jumped to an all-time high of almost 40% more than in either of the prior 2 years.

It has been reported anecdotally that the number of Emergency Department visits increases and decreases based on the rise and fall in the number of police offers working in the City of Bethel.

Table 7 YKDRH Alcohol-related Emergency Dept Visits 11/97-9/07

Year	Individual Youth	Individual Adults	Youth visits	Adult visits	Total individuals	Total visits
11 & 12 1997	14	84	15	94	*98*	*109*
1998	72	444	85	717	*516*	*802*
1999	134	524	185	780	*658*	*965*
2000	154	689	232	1109	*843*	*1341*
2001	170	724	234	1124	*894*	*1358*
2002	184	671	265	1012	*855*	*1277*
2003	183	609	218	872	*792*	*1090*
2004	177	618	303	933	*795*	*1236*
2005	182	777	277	1345	*959*	*1622*
2006	148	685	226	1052	*833*	*1278*
2007	124	662	206	1038	*786*	*1244*
TOTAL	*1082*	*3396*	*2246*	*10076*	*4478*	*12322*

Who visits the Emergency Department?

Youth who first visit the Emergency Department with alcohol-related problems are usually in their older teens, although they come in at very young ages. Each year, youth come into the Emergency Department at age 10, 11, 12, or 13.

Table 8 Average age of Youth at first contact

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	Overall
Mean	17.67	17.01	17.02	16.76	16.99	17.32	17.30	16.89	17.33	17.60	17.31	17.2
SD	1.95	1.91	2.14	2.15	1.93	1.84	1.88	2.14	1.87	1.90	1.92	1.97
Min	13	12	10	10	12	13	12		12	11	12	11.67
Max	20	20	20	20	20	20	20	20	20	20	20	20

How often do they visit the Emergency Department with an alcohol-related event?

Youth visit the Emergency Department for alcohol-related problems substantially less often than do adults. Although this is not unexpected, what is surprising is the similarity in the average number of Emergency Department visits for youth and adults. Bethel's adult users show up in emergency situations far less frequently than in other communities with serious alcohol problems.

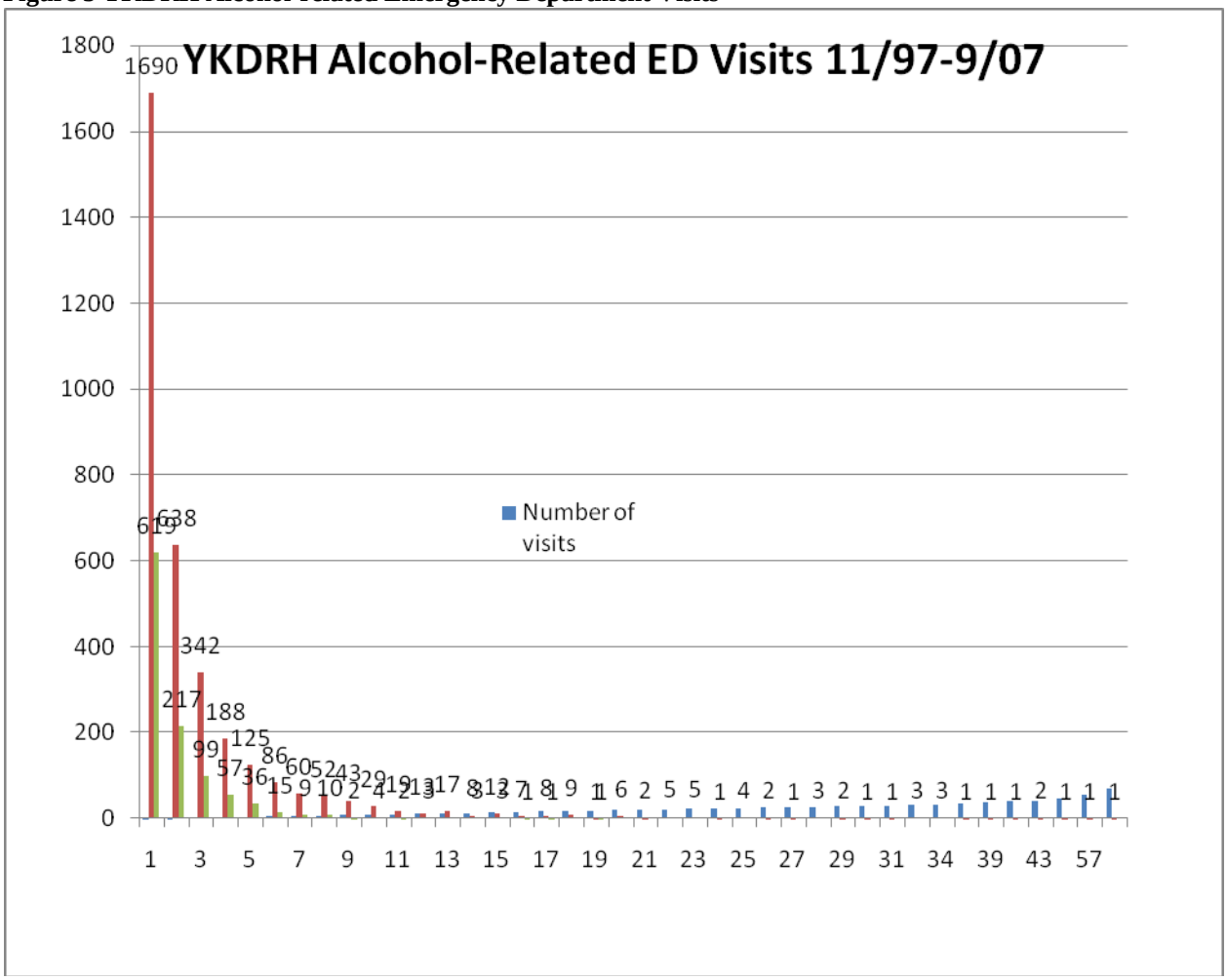
Table 9 Frequency of Alcohol-related ED Visits 11/97-9/07

	Youth	Adult
Average number of visits	2.1	2.9
Standard Deviation	2.1	4.3
Median	1	2
Mode	1	1

Most adults and youth visited the Emergency Department for alcohol-related events only once in the ten years of data reviewed. More than half of the youth (57%, or 619) and almost half the adults (49.8%, or 1690) visited once. Twenty percent of youth (217) and almost 19 percent of adults (638) visited only twice in the same time period. Another ten percent of youth (342) visited three times in 10 years, while 9 percent of adults (99) visited three times in 10 years.

Bethel's "high flyers" are a small and distinct group of youth and adults with considerably fewer emergency room events than is typical of "high flyers" in other cities.

Figure 5 YKDRH Alcohol-related Emergency Department Visits



When do people visit the Emergency Department with an alcohol-related event?

Alcohol-related youth visits to the ER have increased somewhat since the 2004 statute change, but reflect an overall growth trend since 1999. BPD officers state that they do not take in minors consuming until they have been seen 30 to 40 times. Highs are marked in yellow, lows in green in Table 7 below. The highs and lows are not consistent for adults, although for youth the highs occur generally in the fall and lows generally in the beginning of the year.

Table 10 YKDRH ED Monthly Youth T-47 Visits 11/97-9/07 (undup. contacts, duplicated youth)

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
January		6	8	7	14	11	21	12	19	15	19
February		6	8	12	23	14	15	18	8	8	34
March		6	20	14	16	21	15	13	15	15	17
April		7	9	14	20	19	13	30	24	15	17
May		5	11	17	9	23	17	37	33	10	25
June		4	20	11	13	21	26	23	24	13	22
July		5	21	27	24	39	23	34	37	26	30
August		8	21	38	13	23	16	29	26	19	23
September		9	16	19	33	31	13	28	28	12	19
October		9	12	41	31	22	23	31	22	28	
November	10	6	23	14	25	24	20	28	18	30	
December	5	14	16	18	13	17	16	20	23	35	
TOTAL	*15*	*85*	*185*	*232*	*234*	*265*	*218*	*303*	*277*	*226*	*206*

High and low numbers of unduplicated adult Emergency Department visits vary over the past ten years, but reflect a general growth trend. Highs are marked in yellow, lows in green in Table 7 below.

Table 11 YKDRH ED Monthly Adult Alcohol-Related ED Visits 11/97-9/07

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
January		85	54	77	75	74	67	58	72	104	116
February		53	53	78	112	81	64	59	77	94	134
March		73	59	112	113	101	61	73	111	105	144
April		70	51	106	106	89	75	56	120	89	116
May		57	57	83	69	80	89	70	104	70	98
June		32	42	78	110	74	92	57	109	69	131
July		39	60	106	108	95	68	86	157	58	106
August		45	63	71	81	100	79	101	114	49	76
September		53	72	82	101	74	60	101	115	66	1
October		84	101	124	94	81	101	96	141	91	
November	45	62	71	90	99	82	66	90	113	132	
December	49	64	97	102	56	81	50	86	112	125	
TOTAL	94	717	780	1109	1124	1012	872	933	1345	1052	1038

How do people with alcohol-related events arrive at the Emergency Department?

The data for means of arrival is incomplete; however, it's clear that the Bethel Police Department is the major referral source for alcohol-related Emergency Department visits.

Figure 6 Mode of transportation to Emergency Department: Youth

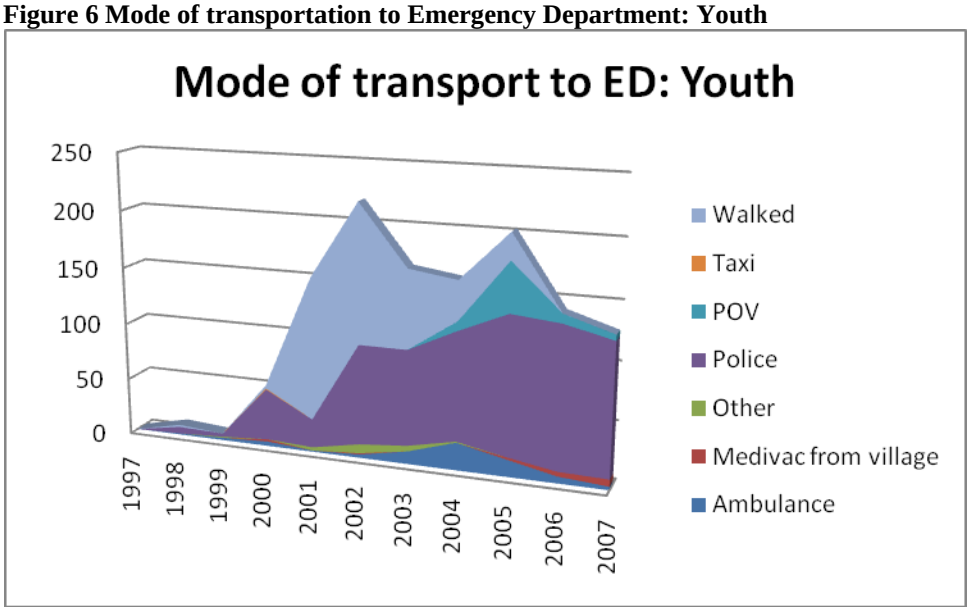
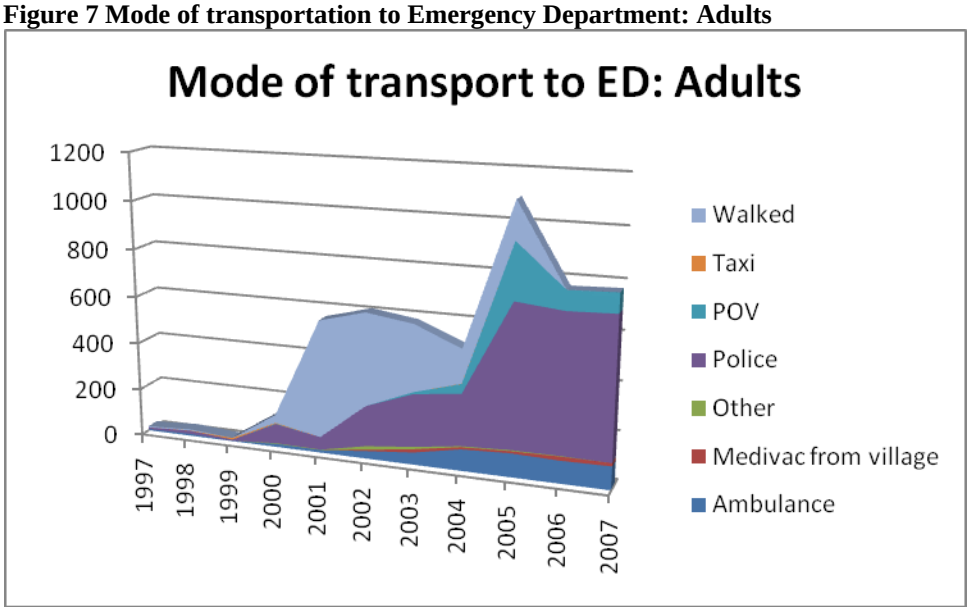


Figure 7 Mode of transportation to Emergency Department: Adults



Appendix

Table 12 YKDRH Alcohol-Related ED Visits: Number of visits per individual 11/97-9/07

Number of visits	Number of Adults	Percentage of adults	Number of youth	Percentage of youth	Total visitors
1	1690	49.80%	619	57.20%	*2309*
2	638	18.80%	217	20.10%	*855*
3	342	10.10%	99	9.10%	*441*
4	188	5.50%	57	5.30%	*245*
5	125	3.70%	36	3.30%	*161*
6	86	2.50%	15	1.40%	*101*
7	60	1.80%	9	0.80%	*69*
8	52	1.50%	10	0.90%	*62*
9	43	1.30%	2	0.20%	*45*
10	29	0.90%	4	0.40%	*33*
11	19	0.60%	2	0.20%	*21*
12	13	0.40%	3	0.30%	*16*
13	17	0.50%			*17*
14	8	0.20%	3	0.30%	*11*
15	12	0.40%	3	0.30%	*15*
16	7	0.20%	1	0.10%	*8*
17	8	0.20%	1	0.10%	*9*
18	9	0.30%			*9*
19	1	0.00%	1	0.10%	*2*
20	6	0.20%			*6*
21	2	0.10%			*2*
22	5	0.10%			*5*
23	5	0.10%			*5*
24	1	0.00%			*1*
25	4	0.10%			*4*
26	2	0.10%			*2*
27	1	0.00%			*1*
28	3	0.10%			*3*
29	2	0.10%			*2*
30	1	0.00%			*1*
31	1	0.00%			*1*
33	3	0.10%			*3*
34	3	0.10%			*3*

35	1	0.00%			*1*
39	1	0.00%			*1*
41	1	0.00%			*1*
43	2	0.10%			*2*
48	1	0.00%			*1*
57	1	0.00%			*1*
71	1	0.00%			*1*
TOTAL	*3394*	*100%*	*1082*	*100%*	*4476*

The Bethel Police Department is the major referral source for alcohol-related Emergency Department visits. The high numbers per year are highlighted in yellow in tables 12 (youth) and 13 (adults).

Table 13 Means of arrival to ED: Youth

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Ambulance		1	2	4	1	3	11	24	15	6	3
Medivac from village				2		1			2	4	6
Other			1		3	8	5	1			
Police		6	3	45	25	87	83	94	120	123	114
POV								8	43	8	5
Taxi				1							
Walked		2		3	124	120	68	34	23		

Table 14 Means of Arrival to ED: Adults

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Ambulance	6	8	2	13	11	32	51	90	99	94	97
Medivac from village						6	14	9	9	17	13
Other				3	2	15	10	4	4	2	
Police	7	14	5	83	54	170	220	216	594	573	583
POV				2			8	40	232	81	81
Taxi		1	7	3				1			
Walked	5	5		35	492	387	279	141	157		

Eighty percent of the individuals who have been in Title 47 holds in a six-year period have been in a hold one to three times in that period.

Table 15 Frequency of T-47 holds at YKCC 9/01-12/07 (partial 12/07)

Number of visits	Number of Adults	Percentage of adults
1	1032	53%
2	353	18.10%
3	171	8.80%
4	96	4.90%
5	54	2.80%
6	40	2.10%
7	37	1.90%
8	23	1.20%
9	21	1.10%
10	17	0.90%
11	17	0.90%
12	11	0.60%
13	12	0.60%
14	3	0.20%
15	2	0.10%
16	4	0.20%
17	6	3%
18	5	0.30%
19	6	3%
20	4	0.20%
21	1	0.10%
22	5	3%
23	2	0.10%
24	2	0.10%
25	4	0.20%
26	3	0.20%
27	1	0.10%
29	1	0.10%
30	1	0.10%
32	2	0.10%
33	1	0.10%
35	2	0.10%
36	1	0.10%
39	1	0.10%
40	1	0.10%

43	1	0.10%
44	1	0.10%
46	1	0.10%
67	1	0.10%
75	1	0.10%
77	1	0.10%
82	1	0.10%
TOTAL	1949	100%

YUKON-KUSKOKWIM HEALTH CORPORATION

"Working Together to Achieve Excellent Health"

February 29, 2008

The Honorable Lyman Hoffman
Alaska State Senator
Senate Finance Committee Co-Chairman
Alaska State Capitol
Juneau, AK 99811

Co-Chairman Hoffman,

The Yukon Kuskokwim Health Corporation (YKHC) respectfully requests your favorable consideration of a $1.5 million appropriation for an emergency response sleep off facility near the Yukon Kuskokwim Correctional Center (YKCC) for inebriates.

Within the Bethel Detox Alternatives final report dated, February 12, 2008, funded by the Alaska Mental Health Trust Authority (AMHTA) through the State of Alaska, Department of Health & Social Services (DHSS), Division of Behavior Health, the Yukon Kuskokwim Delta Region Hospital is incapable of responding to the current demand of protective custodies.

One of the multiple recommendations from this report, an emergency response recommendation is to establish a 15-20 beds sleep off facility located on YKHC land and attached to YKCC that is operated by the City of Bethel or YKHC with grants from AMTHA and DHSS with Medicaid funding for operations.

Attached is page 14 that details the sleep off emergency response recommendation. Also, the full report will be forwarded to your office.

If there are questions concerning this request, please call at your convenience.

Sincerely,

Gene Peltola
President & CEO
Yukon Kuskokwim Health Corporation

P.O. Box 528 • Bethel, Alaska 99559 • 907-543-6000 • 1-800-478-3321

Kids detox

Kids need a safe place to come off of alcohol. Because of a federal rule requiring Medicaid to cover all care for Medicaid-eligible youth (unlike adult care, which can be limited), Medicaid covers detoxification and substance abuse treatment for youth 18 and under.

Emergency Response Recommendations

1. Establish a sleep off/social detox
    a. 15-20 beds for adults only
    b. Preferably on YKHC land near YKCC
    c. Operated by City or YKHC
    d. DHSS grants and Medicaid should pay for operations
2. Community Service Van
    a. Requires a van, staffing with first aid, CPR, and MANDT training
    b. Operated by City or YKHC w/DHSS Grant
    c. Capital costs for the vans available from the Trust
3. YKHC Behavioral Health should implement SBIRT in the Emergency Department and then at the sleepoff/social detox.
    a. YKHC can conduct training inhouse and implement with existing staff.
4. It would be good to review the stories of those who have died, 3 in last few weeks.

Questions we still have about Emergency Services

- Where and how will we accommodate for people who require medical detox?
- What will we do for youth who are inebriated and need detox? Is the Emergency Department an acceptable solution for them?
- How will we protect youth who are in homes where adults are inebriated but are not using the emergency service system?

CITGO fuel donation aids 4,000 homes in the YK Delta

For the second year in a row, CITGO (CITies service Gas and Oil) offered Yukon-Kuskokwim Delta residents a special gift. One hundred gallons of free stove oil.

In a region where gas prices are soaring at over $5.00 a gallon, the 400,000 gallons of fuel that filled tanks this past month is estimated to be valued at over $2 million dollars.

In partnership with the Association of Village Council Presidents, YKHC's Grant Development Department administered the fuel donation program to households in 46 villages, a total of 4,147 households. Vouchers were mailed to fuel vendors the third week in February.

YKHC handled the allocation for 17 villages—Alakanuk, Aniak, Chevak, Emmonak, Hooper Bay, Kotlik, Marshall, Mekoryuk, Mountain Village, Nighmute, Pilot Station, Pitka's Point, Quinhagak, Russian Mission, Saint Mary's, Scammon Bay, and Toksook Bay.

For residents of Lime Village, where a gallon of stove oil is $7.75, the donation arrived just in time for the last stretch of cold winter temperatures.

"YKHC appreciates the cooperation of various organizations and Tribal Councils to make this fuel donation program possible," said Gene Peltola, YKHC President/CEO. "The fuel provides heat against the frigid temperature that can contribute to many respiratory illnesses during this season."

CITGO is a refiner and marketer of transportation fuels and other industrial products owned by PDV America, Inc., a subsidiary of the national oil company of Venezuela.

Bethel Detox Alternatives

YKHC Public Relations

Executive Summary and Recommendations

From October 2007 through January 2008, stakeholders from agencies and organizations around Bethel convened in a process to confirm the scope of the substance abuse problem in the community and region and also to identify ways to address the problem, particularly as it presents in emergency situations.

The situation is grim. More than 4,400 individuals have been in the YKHC Hospital Emergency Room (ER) or in the Yukon-Kuskokwim Correctional Center (YKCC) under a Title 47 hold or protective custody in the last 10 years. And, from research data, less than half of those requiring emergency assistance were from outside of Bethel.

Most of the individuals (80 percent) who end up at YKCC or the ER do so only once in six years, indicating that they are not one-time abusers of alcohol but are more likely to have family support that cares for them, most of the time, when they become intoxicated. "Frequent flyers" or "high flyers," people who have been in the YKCC or ER more than four times in the same research time period, account for 20 percent of admissions, or almost 900 between 1997 and 2007. Unlike the others, these men and women have few family or social supports.

It has taken a long time for the problem to become this severe. It will take a long time for the solution to be complete.

ER is not capable of responding to demand

YKHC's Emergency Room has 11 beds, two of which are reserved for people requiring observation, admitting all youth, many women and fewer men—generally three to four people for protective custody each day, sometimes as many as 13 per day, totaling over 1,000 in 2006. Most of these people have another problem aside from alcohol, such as being suicidal or injured, requiring special attention. Since 2004, state law has not allowed youth to be admitted to the Bethel Youth Facility for sleep-off; they must go to the ER instead.

Yukon Kuskokwim Correctional Center has insufficient resources

YKCC has two 12-hour holding rooms with one for each sex, five people per room. The severely intoxicated must go to the YKHC ER for medical clearance. When the women's room at YKCC is needed for men due to overflow, women must be referred to the ER. A jail upgrade is imminent, with funding to modify the existing facility by adding three to five cells. These will be available for Title 47 holds and associated medical care. With this, a 15-bed sleep-off addition to the jail is recommended, benefiting all agencies that interact with inebriates.

Six-Month Plan for Emergency Services (submitted to the Alaska Legislature)

- Sleep-off/social detoxification center planned, $1.5 million capital budget request.
- Fund and operate a community services patrol, $333,800 FY09 operating budget request.

Community & Partner Satisfaction

The next issue?

When will the YK Delta have alcohol detox, treatment and aftercare for youth?

CITY OF BETHEL
P.O. Box 1388 Bethel, Alaska 99559
907-543-2047
FAX # 543-3817

February 25, 2008

Senator Lyman Hoffman
AK State Capitol
Room # 518
Juneau, AK 99801

Dear Senator Hoffman,

The City of Bethel is well into the process of coordinating with the Department of Corrections for the expansion of the Yukon Kuskokwim Correctional Center (YKCC) to alleviate the current overcrowding and to allow inmates from the region to remain in the local area. Several months ago, during discussions between the Department of Corrections staff, Yukon Kuskokwim Correctional Center staff and the City of Bethel Administration, ideas began to develop about amending the expansion plans to include an additional wing to facilitate added detoxification cells and an area for medical staff to perform medical evaluations. The City of Bethel is requesting the legislature include $1.5 million in the State's capital budget to fund the additional wing.

One of the most significant public safety issues for the City of Bethel Police Department are inebriates, and more specifically inebriates who are unable to care for themselves. Under the current system, individuals under protective custody (PC) are taken to YKCC for medical evaluation and protective custody during detox. In the event medical personnel are not on staff, Bethel police officers must take the PC to the Yukon Kuskokwim Regional Hospital Emergency Department. Because of the nature of an emergency department, medical staff must attend to critical medical cases before assessing PCs. Officers regularly have to wait with the PC at the Emergency Department for up to an hour, and in some cases, if the PC's behavior is considered a threat to themselves or to others, an officer may have to remain with the PC for up to 4 ½ hours. Not only is this a very costly way to operate, but it removes officers from the streets and detains them from responding to other emergency calls. Providing an alternative to processing PC through the Emergency Department at the hospital and allow medical evaluations to occur at the Yukon Kuskokwim Correctional Center would greatly reduce the time Bethel police officers are tied up with PCs.

February 25, 2008

The City of the Bethel fully supports the concept of a "sleep off center" and is committed to working with Department of Corrections, Yukon Kuskokwim Correctional Center and Yukon Kuskokwim Regional Hospital to explore all options.

We thank you for your consideration of this request.

Sincerely,

Don Baird
City Manager

Cc: Joe Schmidt, Department of Corrections
Representative Mary Nelson
Paul Richards, City of Bethel Lobbyist

YUKON - KUSKOKWIM CORRECTIONAL CENTER

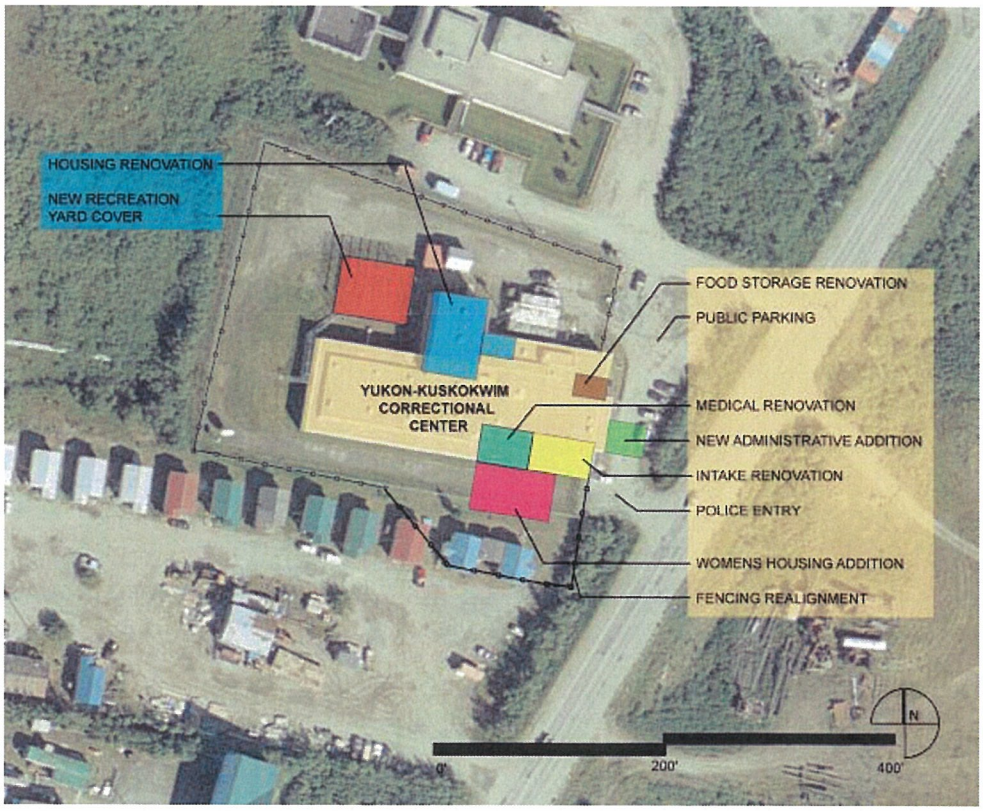
The mixed use Yukon-Kuskokwim Correctional Center (YKCC) was constructed in 1984 to house 88 male and female sentenced and unsentenced inmates. As a regional facility, YKCC's primary occupants are individuals who reside in the Yukon Kuskokwim River drainage areas. The 25,500 square foot structure is located on a 2.5 acre site between the Bethel Airport and Bethel's community center and has remained relatively unaltered in 25 years. During this period, the primary change has been to add 45 additional bunks to deal with increased population needs. This resulted in more beds with no additional infrastructure support or additional space.

Yukon-Kuskokwim Correctional Center is chronically overcrowded. Prisoners are occupying all the original design beds plus the additional 45 "extra" beds on a regular basis. This condition taxes the entire building infrastructure, creates safety issues for inmates and staff and violates national standards for population densities in prisons and jails. Most of the residents are awaiting trial or serving short jail sentences. Long term prisoners from the region are sent to other facilities in or out of the state. The Yukon-Kuskokwim Correctional Center accommodates as many as 20 inebriated individuals in the facility's intake area. This population compounds the overcrowding and further taxes the staff. Expansion of the intake and medical area to service the protective custody inmate population is addressed in the expansion plan.

The Department is working with the City of Bethel to determine the best method for constructing and operating an inebriate holding area.

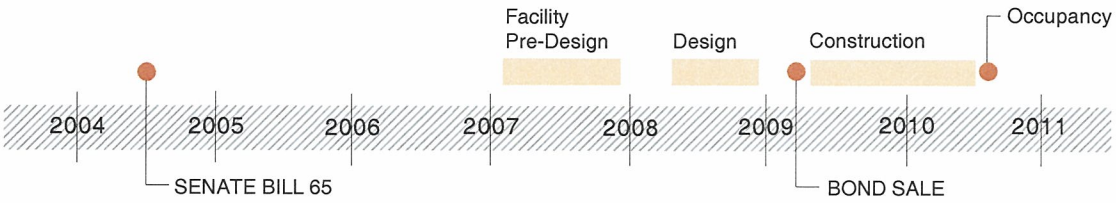
PROJECT

- Modify existing gym into 48 bed male housing unit.
- Construct new 20 bed female housing unit.
- Expand intake and medical services units.
- Expand kitchen to displace existing administrative office.
- Provide modular structure for administrative offices.
- Upgrade outdoor recreation space.
- Upgrade utilities for increased population.



YUKON - KUSKOKWIM CORRECTIONAL CENTER

TIME



PRELIMINARY COST ESTIMATE

▸ Construction Contract	$	8,284,011
▸ Design Contract	$	994,000
▸ Legal, Procurement, Project Management and Bond Sale	$	3,086,640
Total Bond Sale Amount	$	12,364,651

FUTURE

This planned facility expansion will reduce the existing over crowding, provide accommodations for public inebriates and reduce the current safety concerns found in the facility. The Department of Corrections has no current plans to expand YKCC beyond this project. As previously noted, the Department is working with the City of Bethel to construct and operate a "Title 47" inebriate holding facility.