

COMMITTEE REPORT
SENATE

FURTHER:

2/24/84

Date 5/1/84

Mr. President

The Committee on FINANCE considered SB 334

health resource development aid.

and (a majority of the committee) (the committee) reports it back with the following recommendations:

- do pass
- do pass with attached amendment(s)
- replace with/or adopt CS for SB 334 (Fin)
- new title
- same title and recommends Do Pass
- and attached a "LETTER OF INTENT" NEW FISCAL NOTE
2/11/84 450.0
- reports it back without recommendation
- recommends referral to _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS

Chairman

Chairman recommendation

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: SB 334
 Title: Regional Health Resource Organizations
 Sponsor: Moss
 Requestor: _____
 Date of Request: _____

FISCAL DETAIL

Agency Affected: Health & Social Services
 Program Category Affected: Health Planning, Policy and Program Evaluation
 BRU, Program or Subprogram(s) Affected: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS		450.0	450.0	450.0	450.0	450.0
800 MISCELLANEOUS						
TOTAL OPERATING						
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND		450.0	450.0	450.0	450.0	450.0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for analysis

Prepared By: Dave Williams Phone: 465-3038
 Division: Div. Planning, Policy & Program Evaluation Date: 3-20-84
 Approved by Commissioner: Robert London Smith, M.D. Date: 4/11/84
 Agency: Dept. of Health & Social Services

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83

Fiscal Note - SB 334

\$450,000 provides for \$150,000 to be awarded to each of the Health Systems Agencies (HSAs) to support the accomplishment of the duties referenced in this Bill in Section 18.07.120 DUTIES. Projection of future fiscal year cost has been maintained at \$450,000 to provide an opportunity for evaluation of performance prior to consideration of increased levels of funding, which are being and will continue to be requested.

An estimated budget summary for the northern HSA is attached as an example.

FY 1984 federal funding for HSAs is not known at this time, but is also an important consideration. In past years federal funding for each Alaskan HSA has been as follows:

FY 1976 --	\$145,000
FY 1977 --	175,000
FY 1978 --	175,000
FY 1979 --	175,000
FY 1980 --	225,000
FY 1981 --	245,000
FY 1982 --	100,000
FY 1983 --	100,000

In addition to the above basic federal grant amounts, the Alaska HSAs have received federal matching funds for local HSA funding beginning with FY 1980. The amount of federal HSA matching funds have varied considerably from year to year, depending upon the Congressional appropriation for this purpose. The federal matching funds are allocated to the states and territories based upon two criteria: population and local funding. The federal funds to be provided during FY 1984 are not known at this time, however, Alaskan HSAs can expect to receive additional federal funds to match State funds supplied for HSA activities. The federal funds for matching local funding for HSAs have been as follows for previous years, according to the Federal Region X Office:

FY 1980 --	87 cents per State dollar.
FY 1981 --	53 cents per State dollar.
FY 1982 --	30 cents per State dollar.
FY 1983 --	38 cents per State dollar.

Original sponsor: Moss

1 IN THE SENATE

BY THE FINANCE COMMITTEE

2 CS FOR SENATE BILL NO. 334 (Finance)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to health resources development; and
7 providing for an effective date."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 * Section 1. AS 18.07 is amended by adding new sections to read:

10 ARTICLE 3. REGIONAL HEALTH RESOURCES ORGANIZATIONS.

11 Sec. 18.07.112. HEALTH SERVICE AREAS. The commissioner shall
12 designate three or more health service areas in the state. The bound-
13 aries of each health service area shall be coextensive with the bound-
14 aries of one or more adjacent organized boroughs or regional educa-
15 tional attendance areas. In designating health service areas, the
16 commissioner shall assure that each area forms a contiguous and com-
17 pact territory containing as nearly as practicable a relatively inte-
18 grated socio-economic area.

19 Sec. 18.07.114. REGIONAL HEALTH RESOURCES ORGANIZATIONS. (a)
20 The commissioner shall designate by contract a regional health re-
21 sources organization for each health service area.

22 (b) An applicant for designation as a regional health resources
23 organization shall apply on a form prescribed by the commissioner. An
24 application shall include

25 (1) a plan for the orderly assumption and implementation of
26 the duties of a regional health resources organization;

27 (2) assurances satisfactory to the commissioner that the
28 applicant meets the eligibility requirements of AS 18.07.116 and is
29 qualified to perform or is performing the duties prescribed in

1 AS 18.07.120; and

2 (3) a plan specifying how the applicant will select board
3 members.

4 (c) A contract under this section shall be for a period of four
5 years and is renewable. A contract may be terminated before its
6 expiration date

7 (1) by the regional health resources organization at a time
8 and with notice to the commissioner as the commissioner may by regula-
9 tion prescribe; or

10 (2) by the commissioner at a time and with notice to the
11 regional health resources organization as the commissioner may by
12 regulation prescribe, if the commissioner determines that the entity
13 is not complying with or effectively carrying out the provisions of
14 the contract.

15 Sec. 18.07.116. ELIGIBILITY FOR DESIGNATION. The commissioner
16 may designate as a regional health resources organization

17 (i) a nonprofit corporation incorporated under AS 10.20 for
18 the purpose of engaging in health planning and development functions;
19 or

20 (2) a unified borough government with the capacity to
21 perform health planning functions and whose planning area is identical
22 to a health service area.

23 Sec. 18.07.118. BOARD OF DIRECTORS. (a) Each regional health
24 resources organization shall be governed by a board of directors.

25 (b) A board shall include

26 (1) a representative from each regional nonprofit Native
27 corporation established under 43 U.S.C. 1601 - 1628 (Alaska Native
28 Claims Settlement Act) and located in the health service area; and

29 (2) members broadly and equitably representative of health

1 care consumers and providers in the organization's health service
2 area.

3 (c) If a regional health resources organization serves a geo-
4 graphic area that includes a first or second class borough having a
5 population greater than 25,000 based on the latest federal census, the
6 borough assembly may by resolution require that the board of directors
7 of the organization include as directors the number of borough resi-
8 dents that corresponds to the total number of directors in the same
9 proportion that the population of the borough bears to the total popu-
10 lation of the area served by the organization.

11 Sec. 18.07.120. DUTIES. (a) A regional health resources orga-
12 nization shall, within the boundaries of its health service area,

13 (1) assist communities in identifying and developing plans
14 for dealing with health problems of residents;

15 (2) provide direct technical assistance to communities for
16 implementing those plans;

17 (3) assist in the development and maintenance of public
18 information and advocacy programs for the promotion of health and the
19 prevention of disease and illness;

20 (4) assemble and analyze data relating to health matters
21 and coordinate data collection activities with state and local agen-
22 cies, regional Alaska Native corporations, and health organizations.

23 (b) A regional health resources organization shall

24 (1) in cooperation with the commissioner, review and pro-
25 vide comments and recommendations on applications and proposals made
26 to the department for

27 (A) grants of health service funds that could have a
28 significant effect on a health service area; and

29 (B) grants for construction and expansion of health

1 care facilities and nursing homes in the organization's health
2 service area;

3 (2) submit an annual report on its activities to the legis-
4 lature, the commissioner, and the residents of its health service
5 area;

6 (3) perform other duties the commissioner may by contract
7 require.

8 Sec. 18.07.122. GRANTS. (a) The commissioner shall make a
9 grant in each fiscal year to each regional health resources organiza-
10 tion. A grant under this subsection shall

11 (1) be made on the conditions the commissioner determines
12 are appropriate; and

13 (2) be available for obligation for a period not to exceed
14 the period for which the grantee is designated as a regional health
15 resources organization.

16 (b) A grant under this section may be used by a regional health
17 resources organization only

18 (1) for compensation of its personnel and the performance
19 of its duties;

20 (2) to make payments under contracts with other persons to
21 assist the regional health resources organization in the performance
22 of its functions; and

23 (3) to make grants to public and nonprofit private entities
24 and enter into contracts with individuals and public and nonprofit
25 private entities to assist them in planning and developing public
26 information and advocacy projects and programs that the regional
27 health resources organization determines are necessary for the pro-
28 motion of health and prevention of disease and illness in its health
29 service area.

1 * Sec. 2. This Act takes effect July 1, 1984.
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30

ALASKA STATE SENATE

JOE P. JOSEPHSON
DISTRICT G ANCHORAGE
1526 F STREET
ANCHORAGE ALASKA 99501
(907) 377-4419



WILEY S. LUNEAU
POUCHY
LUNEAU ALASKA 99811
(907) 465-4907
(907) 465-4925

COMMITTEES
HEALTH EDUCATION & SOCIAL SERVICES (CHAIR)
JUDICIARY (VICE CHAIR)
FINANCE
MAJORITY CAUCUS (CHAIR)

MEMORANDUM

TO: Members of the Senate Finance Committee
FROM: Senator Joe P. Josephson, Chair, Health, Education and
Social Services Committee
DATE: February 23, 1984
RE: Fiscal Note for SB 334

In considering SB 334, An Act relating to health resources development; and providing for an effective date, the Senate Health, Education and Social Services Committee heard testimony from thirty-seven people in support of the bill.

The committee felt that the testimony, relating to the duties of the health resources organization, justifies the request of the current health systems agencies for yearly funding of \$200.0 for each agency. Therefore, the Committee requests that the Senate Finance Committee increase the fiscal note from the Department of Health and Social Services from \$450.0 to \$600.0.

Introduced: 1/9/84
Referred: Health, Education and
Social Services and
Finance

1 IN THE SENATE

BY MOSS

2

SENATE BILL NO.334

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

THIRTEENTH LEGISLATURE - SECOND SESSION

5

A BILL

6

For an Act entitled: "An Act relating to health resources development; and

7

providing for an effective date."

8

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

9

* Section 1. AS 18.07 is amended by adding new sections to read:

10

ARTICLE 3. REGIONAL HEALTH RESOURCES ORGANIZATIONS.

11

Sec. 18.07.112. HEALTH SERVICE AREAS. The commissioner shall

12

designate three or more health service areas in the state. The bound-

13

aries of each health service area shall be coextensive with the bound-

14

aries of one or more adjacent organized boroughs or regional educa-

15

tional attendance areas. In designating health service areas, the

16

commissioner shall assure that each area forms a contiguous and com-

17

compact territory containing as nearly as practicable a relatively inte-

18

grated socio-economic area.

19

Sec. 18.07.114. REGIONAL HEALTH RESOURCES ORGANIZATIONS. (a)

20

The commissioner shall designate by contract a regional health re-

21

sources organization for each health service area.

22

(b) An applicant for designation as a regional health resources

23

organization shall apply on a form prescribed by the commissioner. An

24

application shall include

25

(1) a plan for the orderly assumption and implementation of

26

the duties of a regional health resources organization;

27

(2) assurances satisfactory to the commissioner that the

28

applicant meets the eligibility requirements of AS 18.07.116 and is

29

qualified to perform or is performing the duties prescribed in

1 AS 18.07.120; and

2 (3) a plan specifying how the applicant will select board
3 members.

4 (c) A contract under this section shall be for a period of four
5 years and is renewable. A contract may be terminated before its
6 expiration date

7 (1) by the regional health resources organization at a time
8 and with notice to the commissioner as the commissioner may by regula-
9 tion prescribe; or

10 (2) by the commissioner at a time and with notice to the
11 regional health resources organization as the commissioner may by
12 regulation prescribe, if the commissioner determines that the entity
13 is not complying with or effectively carrying out the provisions of
14 the contract.

15 Sec. 18.07.116. ELIGIBILITY FOR DESIGNATION. The commissioner
16 may designate as a regional health resources organization

17 (1) a nonprofit corporation incorporated under AS 10.20 for
18 the purpose of engaging in health planning and development functions;
19 or

20 (2) a unified borough government with the capacity to
21 perform health planning functions and whose planning area is identical
22 to a health service area.

23 Sec. 18.07.118. BOARD OF DIRECTORS. (a) Each regional health
24 resources organization shall be governed by a board of directors.

25 (b) A board shall include

26 (1) a representative from each regional nonprofit Native
27 corporation established under 43 U.S.C. 1601 - 1628 (Alaska Native
28 Claims Settlement Act) and located in the health service area; and

29 (2) members broadly and equitably representative of health

1 care consumers and providers in the organization's health service
2 area.

3 Sec. 18.07.120. DUTIES. (a) A regional health resources orga-
4 nization shall, within the boundaries of its health service area,

5 (1) assist communities in identifying and developing plans
6 for dealing with health problems of residents;

7 (2) provide direct technical assistance to communities for
8 implementing those plans;

9 (3) assist in the development and maintenance of public
10 information and advocacy programs for the promotion of health and the
11 prevention of disease and illness;

12 (4) assemble and analyze data relating to health matters
13 and coordinate data collection activities with state and local agen-
14 cies, regional Alaska Native corporations, and health organizations.

15 (b) A regional health resources organization shall

16 (1) in cooperation with the commissioner, review and pro-
17 vide comments and recommendations on applications and proposals made
18 to the department for

19 (A) grants of health service funds that could have a
20 significant effect on a health service area; and

21 (B) grants for construction and expansion of health
22 care facilities and nursing homes in the organization's health
23 service area;

24 (2) submit an annual report on its activities to the legis-
25 lature, the commissioner, and the residents of its health service
26 area;

27 (3) perform other duties the commissioner may by contract
28 require.

29 Sec. 18.07.122. GRANTS. (a) The commissioner shall make a

1 grant in each fiscal year to each regional health resources organiza-
2 tion. A grant under this subsection shall

3 (1) be made on the conditions the commissioner determines
4 are appropriate; and

5 (2) be available for obligation for a period not to exceed
6 the period for which the grantee is designated as a regional health
7 resources organization.

8 (b) A grant under this section may be used by a regional health
9 resources organization only

10 (1) for compensation of its personnel and the performance
11 of its duties;

12 (2) to make payments under contracts with other persons to
13 assist the regional health resources organization in the performance
14 of its functions; and

15 (3) to make grants to public and nonprofit private entities
16 and enter into contracts with individuals and public and nonprofit
17 private entities to assist them in planning and developing public
18 information and advocacy projects and programs that the regional
19 health resources organization determines are necessary for the pro-
20 motion of health and prevention of disease and illness in its health
21 service area.

22 * Sec. 2. This Act takes effect July 1, 1984.

SECTIONAL ANALYSIS OF SB 334 - AN ACT RELATING TO HEALTH
RESOURCES DEVELOPMENT; AND PROVIDING FOR AN EFFECTIVE DATE.

Section 1

18.07.112. Provides for the designation of three or more health services areas in the state

18.07.114. Provides that the commissioner of DH&SS shall designate a regional health resource organization for each area under 18.07.112. The organization must have an orderly plan to assume duties; must be able to provide duties listed; must have a board; and provides for a four year contract.

18.07.116. The Commissioner may designate either a non-profit organization or a unified borough government.

18.07.118. The Board of Directors must represent each regional nonprofit Native corporation and consumers and providers in an equitable fashion.

18.07.120. DUTIES.

assist communities in identifying health problems and developing plans to deal with them.

provide technical assistance to communities.

develop information and advocacy programs for health promotion and disease prevention.

collect and analyze data.

review and comment on certificate of need applications and health service grants.

submit an annual report.

perform other duties by contract with DH&SS.

18.07.122. Provides for yearly grants to the organizations which are to be contingent on conditions laid out by the commissioner and are available for time of contract. The R.H.R.O.'s may use the money directly or make contracts

Section 2

Effective date - July 1, 1984.

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

POUCH H 01
JUNEAU, ALASKA 99811
PHONE: 465-3037

DOCUMENT NO. #84-99

March 29, 1984

The Honorable Jan Faiks
Alaska State Legislature
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Re: Health Systems Agency Funding

Dear Senator Faiks:

In response to your request for additional information regarding funding of the three Alaska Health Systems Agencies, the Department of Health and Social Services requests that the FY 85 budget for the Division of Planning, Policy and Program Evaluation, Planning, Development, and Vital Statistics component, be amended to provide funding for the Health Systems Agencies at \$150,000 each. The three Alaskan Health Systems Agencies (HSAs) can perform the following functions in the areas of health and social services planning and resource development. Other activities may also be possible as funding permits and the State wishes.

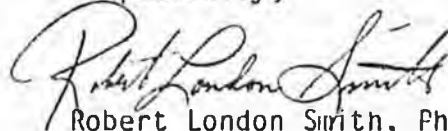
1. Development, with the State and appropriate provider and consumer organizations, of standards and criteria for reporting, review, and evaluation of the various types of human service programs. (For example, the HSAs can assist the State to revise evaluation measures for rural mental health programs.)
2. Clearinghouse functions:
 - A. Data collection, analysis, and dissemination.
 - B. Grant application review using an "umbrella," system-wide approach. All applications/applicants can be assessed from a regional perspective in their catchment context, with transagency review and analysis (i.e., all funding sources for particular agencies can be examined at once). Staff analyses can be done at the regional level, thereby cutting down on the number of analyses required at the State level. At the same time, technical assistance can be provided to all applicants in context.
3. Community-based needs assessments for the full range of health and social services; problem identification; solution definition; priority-setting; and, implementation planning; all done at the regional level in coordination with involved and concerned providers and consumers.
4. Liaison/interface and joint planning with the military, the Alaska Native Health Service, and the private sector, in addition to the State.

March 29, 1984

5. Assistance to the Department of Health and Social Services and other departments as appropriate in the development of position papers based upon direct assessments of potential impacts and implications in local areas.
6. Development of regional components of statewide plans and/or contractual development of statewide plans (that is, each of the HSAs could develop components of statewide plans, which could then be melded together at the state level, or each HSA could prepare drafts of statewide plans for mutual review and adoption at the State level).
7. Oversight of demonstration projects, including planning, coordination, technical assistance, data collection and analysis, and program evaluation.
8. Design and technical assistance in the implementation of program evaluation schemes.

The strength of the HSAs in the accomplishment of these activities lies in their non-aligned approach to the planning and program evaluation process. The HSAs are viewed as neutral parties, which enables them to bring together a variety of human service providers for purposes of systems analysis, program planning, and evaluation.

Respectfully,



Robert London Smith, Ph.D.
Commissioner

cc: Jay Hogan, Associate Director
Division of Budget Review
Office of Management & Budget

POSITION PAPER

on

Senate Bill No. 334

For an Act entitled: "An Act relating to health resources development; and providing for an effective date."

This bill recognizes an existing and continuing need for regional planning for health and provides a means for state financial support of regional health planning. The Department of Health and Social Services supports this bill as consistent with its goal to maximize public input into state-wide planning for health and social services. There currently exists a great legacy of regional health planning in Alaska. Much of the existing planning has been accomplished by the three Alaska health systems agencies (HSAs) working in conjunction with the State Health Planning and Development Agency. (SHPDA-The federally designated title for the Division of Planning, Policy and Program Evaluation, DHSS.)

A mechanism for assisting communities in identifying and developing plans for dealing with health problems of residents, to provide technical assistance to communities, to assist in the development and maintenance of programs for the promotion of health and the prevention of disease and illness and to assemble and analyze health related data is important in ensuring quality health care. The review and special study capability afforded to the Department by the establishment of regional health resource organizations would facilitate the department's activities in carrying out its responsibilities, in the physical and behavioral health and social service components.

As a result of the past assistance which the three health systems agencies have offered to the department and because these agencies are established, on-going regional planning agencies, the department believes the health systems agencies should be considered as the appropriate planning agencies to meet the duties outlined in section 18.07.120 of the bill. The three HSAs are responsible under Public Law 93-641 for most of the duties listed for the proposed Regional Health Resources Organizations (RHRs). The benefits to Alaskans and to departmental planning efforts from the federally supported HSAs have been significant.

Unfortunately, federal funding support for HSAs has been reduced to approximately one-third of the original amount. The reduction in funding has seriously limited the capabilities of the HSAs and the department to accomplish regional and statewide health planning. With increased funding supplied under section 18.07.122 of the bill, the three HSAs will be adequately staffed to provide the needed level of regional health planning.

Specific comments on SB 334 pertain to the following sections:

Section 18.07.112 HEALTH SERVICE AREAS:

Senate Bill 334 provides for the establishment of three or more regional health resource organizations, whose boundaries would be consistent with one or more adjacent organized boroughs or regional educational attendance areas. These regional health resource organizations would be responsible for assisting communities in a variety of health planning, development, technical assistance and implementation activities. The regional health resource organizations would also provide assistance to the Department in reviewing various health plans and applications and would perform other duties as specified in the contractual relationship between the Commissioner of Health and Social Services and the regional health resource organizations.

A continued capability for health planning, development and technical assistance at a regional level is a positive approach to improving health status and the health care delivery system in Alaska. Providing a contractual relationship between the Department and the regional health resource organizations permits the front-line development of predetermined products.

The Regional Corporation boundaries were previously used as the Health Service Area boundaries. The use of the boundaries of both the organized boroughs and the regional education attendance areas could allow for a multiplicity and overlap of planning organizations and increase the financing of the program to the state.

Section 18.07.114 REGIONAL HEALTH RESOURCES ORGANIZATIONS:

This section provides for a contract which has a duration of four years and is renewable to designate the regional health resources organization for each of the health service areas. Funding, however, occurs by grants awarded each fiscal year, according to Section 18.07.122. The department would need to establish specific procedures to ensure that the designation and funding processes were coordinated.

Section 18.07.120 DUTIES:

The review responsibilities under Section 18.07.120(b)(1)(A) and (B) would be more clearly specified if the words "grants of" were deleted under (A) and "grants" deleted under (B).

Recommended by:

Daniel J. Meddleton
Daniel J. Meddleton, Director
Division of Planning, Policy
& Program Evaluation

Date:

2-8-84

Approved by:

Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health and
Social Services

Date:

2/13/84

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: SB 334
Title: Regional Health Resource
Organizations
Sponsor: Moss
Requestor: _____
Date of Request: _____

FISCAL DETAIL

Agency Affected: Health & Social Services
Program Category Affected: Health
Planning, Policy and Program Evaluation
BRU, Program or Subprogram(s) Affected: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES	450.0	450.0	450.0	450.0	450.0	450.0
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING						
CAPITAL	-0-					
REVENUE	-0-					

FUNDING: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
GENERAL FUND	450.0	450.0	450.0	450.0	450.0	450.0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for analysis

Prepared By: Daniel M. McElhattan Phone: 465-3037
Division: Planning, Policy & Program Evaluation Date: 2-15-84

Approved by Commissioner: Robert London Smith Date: 2/13/84
Agency: Dept. of Health & Social Services

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83

Fiscal Note - SB 334

\$450,000 provides for \$150,000 to be awarded to each of the Health Systems Agencies to support the accomplishment of the duties referenced in this Bill in Section 18.07.120 DUTIES. Projection of future Fiscal Year cost has been maintained at \$450,000 to provide an opportunity for evaluation of performance prior to consideration of increased levels of funding, which are being and will continue to be requested.

Senate HESS

February 13, 1984
3:00 p.m.

* * * TELECONFERENCED * * *

Attendance: Josephson (in Anchorage). Sens. Moss, Halford, P. Fischer, and V. Fischer, excused.

001 Josephson called meeting to order at 3:10 p.m., from Anchorage regarding SB 334.

032 John Garvin, Anchorage, Director, Alaska Children Services: Supports bill. The State of Alaska is in need of a planning mechanism, which this bill addresses. I feel the definition of "health" should be expanded to include a broader range of human services. On page 1, the commissioner should be the one to designate three or more health service areas in the state. On page 2, line 4, a contract under this section should be for 4 years and be renewable. On page 3, line 24, subparagraph 2, the annual report to the legislature should include specific recommendations and plans for their implementation.

146 Dr. Robert Roland, Haines: Supports bill. I feel that there should be four HSA agencies as opposed to three, designating Anchorage a separate agency from the total Anchorage area. The development in the final draft would support the four agencies as presently designated.

205 Josephson: Is the Haines area covered by the Southeast Alaska Health Systems Agency?

207 Roland: That's correct.

210 Caroline Wolf, Governor's Council for the Handicapped and Gifted: Supports bill. The Council endorses SB 334 to expand the health planning concept, and favors continued funding for the regional health system agency.

246 Nina K. Dahl, Kotzebue: Supports bill. I'm a board member of the Northern Alaska Health Resources Association (NARA). NARA has no state funding this year. It is essential that the state supports health and resource development. If NARA were funded by the state directly, we wouldn't have to spend any of our program dollars. We need them.

329 D.J. Pielech, Ketchikan, Southeast Alaska Health System Agency: Supports bill. I've been with SEASHA for 3 years. We were engaged in providing regional data for the statewide data pendex. There have been a number of programs that have been drastically cut back: community planning

and review functions. This legislation is intended to salvage a system that has worked in the past and has a 9 year history of operation in this state.

401 Becky Bear, Juneau, Member of SEASHA: Supports bill. I joined the HSA board because I was impressed with the kinds of work they were able to do. We have a very large and diverse state. Our health care services are, by down south standards, inadequate. I heard concerns expressed at the Health and Social Services Regional meeting that the Governor's office conducted. The people there were asking for planning functions and review functions during the course of their grant. As we face declining dollars, it is imperative that comprehensive planning occur in order to serve the citizens of our state. The HSA's have a nine year track record, and it would be unwise to disassemble the system now, and then years later have to reassemble the system from scratch.

490 Riki Sipe, Fairbanks, Literacy Council of Alaska: Supports bill. I have been employed for 5 years by the Literacy Council. I have been impressed by the arctic alliance and the guidance and leadership provided for it by NARA. I urge reinstatement of funding for health agencies.

530 Anne Harrison, Fairbanks: Supports bill. I have been working as a public health nurse and for the last five years, I have served on the board of Northern Alaska Resource Associates (NARA). I trust that all legislators in Juneau will recognize the great job NARA is doing and pass SB 354.

546 Florence LeRoy, Petersburg, SEASHA: Supports bill. I am a member of SEASHA, and I believe in the continuance of the HSA because health planning is essential in Alaska. It increases the accessibility, acceptability and continuity of health services. There is a need for long-range planning.

570 Sandra Stringer, Fairbanks: Supports bill. I am a long time resident of the Fairbanks area, and I am in favor of continuation of the mechanism of health data and health program coordination which is provided by HSA. This legislation would extend the life of the HSA.

588 Margaret Bixby, Juneau, SEASHA: Supports bill. I am a 40 year resident of Alaska and have been involved in health planning since 1971. The money that would be saved in the elimination of the duplication services should help pay for the cost of the operation of this bill. This is the only place where consumers have a share in health planning for themselves.

607 Josephson: I noticed the fiscal note of \$450,000. The back-up material talks about an appropriation of \$200,000 for each of the three agencies. Would some one explain to me where the difference lies.

616 Dan Meddleton, Juneau, Director, Division of Planning, Department of Health and Social Services: Supports bill. The fiscal note that the commissioner endorsed, calls for a \$450,000 appropriation.

640 Josephson: Was the department cognizant that some of the proponents had asked for \$200,000 per agency.

649 Meddleton: The Department's position is that the \$200,000 was identified, but the support for it is not. We propose that there be a \$450,000 fiscal note, providing \$150,000 to be awarded to each health system agency to support the accomplishments of the duties referenced in the bill, Sec. 18.07.120.

711 Wesley Terwilliger, Ketchikan, Gateway Mental Health: Supports bill. Our mental health center serves Petersburg, Wrangell, City and Borough of Ketchikan, Prince of Wales Island, and Netiakatleet. We have needs for input because we cover such a large area, and SEASHA has been able to help us in this area. I think SEASHA is tremendously understaffed for the job that they have to do.

791 Barbara Maenhout, Wrangell: Supports bill. We have no current HSA member in Wrangell. I am a former consumer on the SEASHA board for six years. I support the concept of this bill, but I would like to see this incorporated in the current HSA in the state, because it would be a waste of time and money to start a new organization when the HSA have such a good track record.

809 Dorothy Brady, Wrangell: Supports bill. I am also a former member of SEASHA board. I support both SB 354 and HB 355, but with reservations stated by Ms. Maenhout.

820 Kathy , Yakutat: Supports bill. I've Been on HSA board as a consumer for several years. This bill is very important for the people in Southeast Alaska, especially in the rural areas.

832 Josephson: Several witnesses expressed concerns regarding who the planning agencies would be if the bill were enacted. There isn't any intent to destroy the existing agencies and create new ones where it is not needed. I hope this is reassuring to those who have that concerns.

846 End of Side A, Tape I. Turned to Side B.

001 Kurt Wells, Thornbay: Supports bill. We've been happy with the service given by SEASHA to Prince of Wales Island. They are undergoing a island-wide study of health systems and, to my knowledge, noone else is doing this, and it is much needed.

018 Leo Land, Haines: Supports bill. I have been very involved with welfare work with the state. One of my concerns with this bill is the grants for construction for expansion of health care facilities, nursing homes, etc.

030 Josephson: What page and line are you referring to?

037 Land: Page 3, line 19-23.

040 Josephson: In this section, the provision would require a regional health resources organization to review and provide comments on applications and proposals made to the Department of Health and Social Services for grants and constructions of health care facilities and nursing homes. We had testimony earlier that said that some organizations would be promoting cost effective and needed services, and the existence of a regional health resources organization could provide comments and recommendations where those groups might not otherwise be able to articulate their needs.

170 Wendy Swanson, Craig, Director, Craig Youth Center: Supports bill. The Prince of Wales Islands and communities surrounding it, need technical and community planning assistance. We need HSA to coordinate and provide this. Please reinstate funding.

222 Paula Young, Port Alexander, SEASHA Board Member: Supports bill. I feel the regional health plan is vital to the state and is cost effective.

261 Dr. Dallas Nelson, Glenallen: Supports bill. I am a chiropractic physician in Glenallen. I have a few comments on the Regional organization. The Copper Valley Base is a good social economic area. I feel the Copper River Native Association would be the best designate of the non-profit organization, because it already has a health program and would be the easiest to implement.

319 J.B. Carnahan, Fairbanks, President, NARA. Supports bill. One of the major factors that the HSA provides is that it has been able to bring together state government, federal government, military, native corporations, and other citizens at large into one common unit. I support this bill because it brings people in contact with their health systems in a meaningful way.

361 Carolyn Winters, Fairbanks, Director, Catholic Community Resources: Supports bill. I've had an opportunity to observe and work with NARA since 1979, and I'm very pleased with the help I've received from them. I agree that funding HSA saves the state money.

401 Paul Sherry, Fairbanks: Supports bill. I've worked for Tanana Chief Conference here in Fairbanks for 10 years. I would like to recommend

you to take actions to facilitate this legislation. We are concerned about the long-term federal situation and feel that, regardless of what happens, the state should bear the financial burden.

461 Judith Bush, Fairbanks: Supports bill. I'm speaking as a resident of Fairbanks who's familiar with the work of NARA. I've seen the planning that they have done in the health area and also the efforts that they have lent to the arctic alliance.

482 Charlie Laub, Ketchikan, Ketchikan Alcoholism Program. Supports bill. I coordinate the activities of the alcoholism program. The HSA have provided specific goals and objectives for many of the communities in Southeast Alaska. This bill, with additional funds, would enable them to maintain more of the resources and bring us back to a level that we had a few years previously.

524 Janet Wipfli, Ketchikan: Supports bill. I'm the Director of Women in Safe Homes on the Domestic Violence and Sexual Assault in Ketchikan, and also a board member of SEASHA for the last four years. I've had very positive experiences with the HSA. In 1976, I was working on several projects, trying to get something going for domestic violence. There was no one we could go to to get technical assistance or any help. The HSA did come to Ketchikan and provided technical assistance as well as encouragement.

560 Bill Wortman, Fairbanks, Displaced Homemakers: Supports bill. I've been associated with NARA, through Displaced Homemakers for 3 years. The data and technical assistance they've provided has been useful and helped avoid a lot of duplication.

581 Lorraine Phillips, Fairbanks: Supports bill. I've been on the board of NARA for 2½ years going from health care provided to health care consumer. I've been a registered nurse since 1953. The ability of the consumer to provide input and obtain information into NARA is good for the community.

604 Dorothy Englund, Fairbanks: Supports bill. I've been a board member of NARA since the very beginning. NARA has provided a community forum for consumers to give them an opportunity to contribute their input regarding the programs in Northern Alaska.

642 Sherry McWhorter, Fairbanks: Supports bill. I am the Executive Director of NARA. I would like to refer to some things that have been going on between the HSA's and the Department of Health and Social Services regarding the bill. The three directors met in Juneau with the Commissioner two weeks ago. They discussed the things that we need to work on, such as development with the state, standards and criteria for reporting review and evaluation of various types of human services

programs, clearing house functions in the area of data collection, and grant application review.

730 Barbara Berger, Anchorage: Supports bill. I would just like to make myself available to you to answer questions regarding the current Alaska health planning situations or items in the bill. Regarding the number of designated agencies, currently Anchorage is a council of the existing health system agency, and is equivalent in status to some of the other councils that we have who provide input to the regional body, and at the same time, put most of the energies into focusing on the health and needs of their own community.

815 Berger: Another area of concern is on page 3, line 19-23, which refer to the regional health resources organization providing project review, where we are requested to provide a review to applicants for state funds for grants as well as grants for construction of health care facilities. We feel that item A and B should be reviewed separately.

059 Side B, Tape I ends. Put in Tape II, Side A.

001 Berger: Regarding the funding level. This is the first day we have heard the position paper or the amount that was recommended for funding. It is our agency's particular concern that some kind of additional resource may be required at the state level in order to coordinate the work of two or three agencies.

065 Berger: Sen. Josephson, I would like to ask what you feel is the current level of support for this bill.

074 Josephson: I can only speak for myself, but I feel that, because of the favorable testimony and the geographical wide interest in the bill, it has an excellent chance of passage.

104 Beth Taeschner, Soldotna: Supports bill. (Problems with transmission of teleconference) I've been in Alaska since 1958 and worked in native villages. I encourage more funding for HSA than is provided for in bill. HSA need to provide to assist the state on health planning, especially with the current emphasis on the need for human services, especially in rural Alaska.

194 Jo Ann Bernier, Fairbanks, Native Association: Supports bill. I think it is apparent that statewide resources available for health services development is diminishing while the demand for health care services is increasing. I hope that the legislature will support the maintenance for this legislation.

239 Ruth Lister, Fairbanks, Women in Crisis: Supports bill. It is difficult for us to do the need assessment work that I see NARA is doing.

269 Charlotte Barnes, Thornbay: Supports bill. We are an isolated community on Prince of Wales Island. I am a former member of SEASHA board. Through the encouragement and technical assistance from SEASHA, I was able to write the first two grants into Thornbay.

275 (Problems with transmission of teleconference)

345 Josephson: Is there anyone else to testify? If not, we will close the hearing and the bill will be taken up by the committee in Juneau. Thank you.

358 Hearing was adjourned at 4:55 p.m.

northern alaska health resources association, inc.

February 28, 1984

The Honorable Joe Josephson
Alaska State Senate
Pouch V
Juneau, Alaska 99811

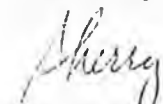
Dear Senator Josephson:

On behalf of the Northern Alaska Health Resources Association, I wish to express my appreciation to you for your support for regional health planning and resource development. It was most gratifying to us at this level to see not only the unanimous support of the Senate HESS Committee for SB 534 but also the recommended increase in the fiscal note to \$600,000.

I would also like to thank you for facilitating the statewide teleconference hearing on SB 334 on February 13. Because of the distance and the expense involved in traveling to Juneau, teleconferences are one of the most effective ways for the citizenry to let their views be heard. It is the only chance that most of us have for two-way communication with legislators. The time and energy that you put into the recent teleconference made it very meaningful to all the participants.

Thanks again.

Sincerely,



Sherry E. McWhorter
Executive Director

SEM:flr



**South Central
Health Planning and Development, Inc.**

1135 West Eighth Avenue • Suite 1 • Anchorage, Alaska 99501

(907) 278-3631

February 29, 1984

Joe Josephson
Senate Finance Committee
Pouch V
Juneau, Alaska 99811


Dear Senator Josephson:

Re: SB 334 Relating to Regional Health Resources Organizations

The full Board of South Central Health Planning and Development, Inc. met on February 25, 1984. The proposed bill to support the regional health resources organizations was discussed fully. A motion to fully support SB 334 with funding at \$600,000 passed unanimously.

I urge you to act expediently in passing this Bill on to the Senate floor for favorable action.

Sincerely,


Steve Lesko
President

Attachment

SL/ab



P.O. BOX 7015 KETCHIKAN, ALASKA 99901 907-225-9681

Senator Joe Josephson
State Capital
Pouch V
Juneau Ak. 99811

Dear Senator Joe Josephson:

During this session you will be looking at SB 334 "An act relating to health resources development; and providing for an effective date." This bill would move the state closer to co-ordinated health care planning. It would help to assure that health care services are planned for and provided for in an orderly manner that meets the needs of the specific region. Comprehensive regional planning should be of benefit to you as a legislator because provider organizations should be looking to meet the regionally defined health needs, rather than assaulting each individual legislator with a cacophony of give, no give.

This legislation is supported by the three Health Systems Agencies that currently serve the state. These Health Systems Agencies were established by federal mandate to provide planning and review services, and have established close working relationships with the Alaska Department of Health and Social Services. However, only a legislative mandate will guarantee a long term stable commitment to health care planning, and provide the necessary state funds to insure continued support from the federal health planning program. As the state faces declining oil revenues you as a legislator are going to be facing harder funding choices from competing needs. Regional Health Resource Agencies, with boards consisting of representatives of regional non-profit Native Corporations, health care providers, and consumers can provide valuable input to you as you make health funding choices for your area.

You will be contacted by the Health Systems Agency in your area to be kept abreast of their activities and planning process. I am enclosing a copy of the annual report of the Southeast Alaska Health Systems Agency, which serves the area from Yakutat to Metlakatla, so that you are familiar with how we serve the Southeast region.

Thank you for your time and thoughtful consideration of this bill.

Sincerely,

A handwritten signature in cursive script that reads "Becky Bear".

Becky Bear, Legislative Liason

northern alaska health resources association, inc.

March 8, 1984

Nancy Dietrich, Aide
c/o The Honorable Joe Josephson
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Nancy:

In follow up to our conversation this morning, I have pulled together some historical budget information for NAHRA. The first sheet, entitled "Funding Information," is a copy of some information that we provided to Senator Faiks in November. You will note that there was a large increase in funding in FY 1981 and FY 1982. At that time, agencies such as ours were on an increasing schedule of federal funding. In those two years, our funding jumped from the then-minimum of \$125,000 in federal funds to \$245,000. Following President Reagan's election, the federal government dropped its support by approximately 67%, to \$100,000 plus matching funds which vary yearly. In FY 1983, which was the time of the massive federal cut, the State also dropped its funding level from the usual \$100,000 to \$50,000. At that point, we began seeking local grants and contracts to make up the deficit. Our professional staff also dropped from five down to our current level of two.

It now appears quite likely that federal funds will continue with passage of a new federal health planning act sometime this year. In any event, NAHRA's federal base of \$100,000 is guaranteed through August 31, 1985. We are also eligible for matching funds, which I estimate to be in the neighborhood of 30¢ on the dollar next year. We have always received a considerable amount of matching funds because of our State grant. This year, however, with no State monies, our federal match will be considerably reduced. I have optimistically projected our federal matching funds to be \$14,297 for FY 1985 (for us, to begin September 1, 1984). So, the most we can expect in federal monies during the coming fiscal year is \$114,297. Also, federal law enables us to carry unexpended federal funds forward into the new year; this year we are over-extended and will not have any funds to carry forward.

The large document which I have enclosed is a copy of our federal grant application for those \$114,297. Under federal law, we have to report under what is called the "total budget concept," which means that all funding sources must be included in our federal application. You will note from the application that I have requested funding to enable replacement of two professional positions, to bring us back to four. This number of professionals is necessary for the amount of work that we anticipate next year, especially in light of Commissioner Smith's desire to expand our role beyond health services.

Nancy Dietrich
March 8, 1984
Page 2

The budget in the federal grant application (pages 8-18) builds upon a grant of \$200,000 from the State of Alaska. Even with this level of funding, we need to raise \$31,028 in local grants and contracts (see page 18).

As you are aware, without substantial funding from the State, NAHRA will have to close out operations this fall. We cannot maintain our Board and even one professional staff person and clerical support with our federal funds alone.

I realize the grant application is quite thick, even without the appendices. However, rather than delay sending it by taking the time to excerpt portions, I have included the entire body of the application.

Please call if you need any information beyond what is enclosed. I would be very happy to provide anything you might need. If I can be of assistance at a Finance Committee meeting, please request my presence and I will make arrangements to come to Juneau.

We really appreciate Senator Josephson's support for SB 334 and all the help that you and other aides have given.

Sincerely,



Sherry E. McWhorter
Executive Director

enclosures

FUNDING INFORMATION

PLEASE LIST TOTAL DOLLAR AMOUNTS RECEIVED FROM THE NOTED FUNDING SOURCES FOR THE FOLLOWING FISCAL YEARS. IF YOU RECEIVED FUNDING FOR MORE THAN ONE PROGRAM, PLEASE DUPLICATE THIS PAGE AND PROVIDE REQUESTED INFORMATION FOR EACH PROGRAM.

FUNDING SOURCE	FY80	FY81	FY82	FY83	FY84
MUNICIPAL	-0-	-0-	-0-	-0-	-0-
STATE(SPECIFY DEPARTMENT) DHSS	\$125,000	\$100,000	\$100,000	\$50,000	-0-
FEDERAL	\$175,000	\$271,463*	\$281,006*	\$227,080*	\$172,394* estimated
PRIVATE CONTRIBUTIONS	-0-	-0-	-0-	-0-	-0-
CORPORATE CONTRIBUTIONS	-0-	-0-	-0-	-0-	-0-
CLIENT FEES	-0-	-0-	-0-	-0-	-0-
OTHER(SPECIFY) Contracts with agencies and organizations for specific work	\$2,000	\$20,012	\$20,420	\$41,382	\$80,353 estimated
TOTAL BUDGET	\$302,000	\$391,475	\$401,426	\$318,462	\$252,747 estimated
APPROXIMATE NUMBER OF CLIENTS SERVED	We serve the entire population of northern Alaska -- nearly 90,000 people				

*Includes carry-over funds from previous year. The FY 1984 "new" funds equal \$100,000 base plus \$36,454 in matching funds.

ARE ANY OF YOUR FUNDS PASSED THROUGH ANY OTHER ORGANIZATION, AGENCY, OR PROGRAM? No IF YES, SPECIFY _____

DOES THE ORGANIZATION TAKE A % OF THE GRANT TO COVER INDIRECT COSTS? No IF YES, WHAT %? _____

TABLE OF CONTENTS

APPLICATION CHECKLIST.....	i
TABLE OF CONTENTS.....	v
FEDERAL APPLICATION FORMS AND BUDGET	
Face Sheet (PHS-5161-1) (Page 1).....	1
Project Approval Information (PHS-5161-1) (Page 5).....	2
HSA Annual Baseline Report Face Sheet.....	3
HSA Annual Baseline Report Assurances Checklist.....	4
Budget Information.....	6
Sections A and B (PHS-5161-1) (Page 7).....	6
Sections C, D, E, and F (PHS-5161-1) (Page 9).....	7
Proposed Budget.....	8
Key Personnel, 9-Month Budget (PHS-5161-1) (Page 11).....	9
Key Personnel, 3-Month Budget (PHS-5161-1) (Page 11).....	10
Budget Narrative.....	11
Close-Out Budget Narrative.....	14
Statement of Non-Federal Funds Currently Available.....	17
Calculation of Funding Level.....	18
Assurances.....	19
PHS Supplementary Instructions Checklist.....	21
Negative Certification of Inventions.....	22
PROGRESS REPORT: 1983-1984 PROJECT YEAR.....	23
Introduction.....	23
Public Involvement Process.....	23
Impact Report.....	24
Agency Impacts.....	24
A. Arctic Alliance for People.....	24
B. Project Review.....	24
C. Home Health.....	25
D. Health Education/Risk Reduction.....	26
E. Alcohol Awareness.....	26

F. Health Fair '83.....	27
G. Certificate of Need.....	27
H. General Technical Assistance.....	27
Planning Accomplishments.....	28
A. Maniilaq Comprehensive Health Plan.....	28
B. Child and Adolescent Mental Health Services.....	28
C. Rural Health and Social Services.....	29
D. Alcoholism Treatment Services.....	29
E. Behavioral Health Planning.....	30
F. Services for the Handicapped.....	30
G. Human Services Plan.....	30
H. Emergency Medical Services Communications Plan...	31
I. Annual Implementation Plan.....	31
Narrative Progress Report by Specific Goals and Objectives.....	32
Introduction.....	32
Function: Agency Management.....	32
Function: Health Systems Planning.....	39
Function: Health Systems Development.....	40
Function: Health Promotion and Prevention.....	41
Function: Project Review.....	42
Function: Data Management and Analysis.....	44
Function: Research and Evaluation.....	44
WORK PROGRAM, 1984-1985.....	46
Introduction.....	46
Work Program Narrative (Nine-Month).....	46
Work Program Key.....	49
Nine-Month Work Program.....	50
Agency Management.....	50
Health Systems Planning.....	57
Health Systems Development.....	60
Health Promotion and Prevention.....	61
Project Review.....	62
Data Management and Analysis.....	63
Research and Evaluation.....	64

Close-Out Work Program Narrative.....	65
Three-Month Phase-Out Work Program.....	67

APPENDIX

- A. Organization Chart
- B. Board and Committee Membership Rosters
- C. Accountant's Report and Financial Statements
- D. Annual Report, FY 1983
- E. SB 334, "An Act relating to health resources development"
- F. Proposed Activities List, Regional Health Resources Organizations
- G. Annual Implementation Plan 1984
- H. Equipment Inventory
- I. Notification of Intent to Apply for Federal Assistance.
Letter to Governor Sheffield and SPOC Agent Jay Hogan
- J. Distribution of Federal Application
- K. Public Meeting Certification
- L. Resume for New Employee Randy S. Brown
- M. Project Review Manual Revision

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE

APPLICATION FOR FEDERAL ASSISTANCE (NONCONSTRUCTION PROGRAMS)

OMB Approval No. 29-RO218

PART I		2. APPLICANT'S APPLICATION	a. NUMBER HSA-09	3. STATE APPLICATION IDENTIFIER	a. NUMBER
1. TYPE OF ACTION <input type="checkbox"/> PREAPPLICATION <input checked="" type="checkbox"/> APPLICATION <small>(Mark appropriate box)</small> <input type="checkbox"/> NOTIFICATION OF INTENT (Opt.) <input type="checkbox"/> REPORT OF FEDERAL ACTION		Leave Blank	b. DATE Year month day 1984 06 01		b. DATE ASSIGNED Year month day 19
4. LEGAL APPLICANT/RECIPIENT				5. FEDERAL EMPLOYER IDENTIFICATION NO.	
a. Applicant Name : Northern Alaska Health Resources Assoc. b. Organization Unit : Northern Alaska Health Resources Assoc. c. Street/P.O. Box : 529 Fifth Avenue, Suite #8 d. City : Fairbanks e. County : f. State : Alaska g. ZIP Code : 99701 h. Contact Person (Name & telephone No.) : Sherry E. McWhorter (907) 456-2553				PRO-GRAM (From Federal Catalog) a. NUMBER 1731294 b. TITLE	
7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT				8. TYPE OF APPLICANT/RECIPIENT	
Northern Alaska Health Resources Association, Inc. Health Systems Agency				A-State B-Interstate C-Substate D-District E-County F-City G-School District H-Community Action Agency I-Higher Educational Institution J-Indian Tribe K-Other (Specify): Non-Profit Organization Enter appropriate letter <input type="checkbox"/>	
10. AREA OF PROJECT IMPACT (Name of cities, counties, States, etc.)				9. TYPE OF ASSISTANCE	
Northern Alaska				A-Basic Grant B-Supplemental Grant C-Loan D-Insurance E-Other Enter appropriate letter(s) <input type="checkbox"/> A	
11. ESTIMATED NUMBER OF PERSONS BENEFITING				12. TYPE OF APPLICATION	
90,000				A-New B-Renewal C-Revision D-Continuation E-Augmentation Enter appropriate letter <input checked="" type="checkbox"/>	
13. PROPOSED FUNDING		14. CONGRESSIONAL DISTRICTS OF:		15. TYPE OF CHANGE (For 13c or 13e)	
a. FEDERAL	\$ 114,297.00	a. APPLICANT	Alaska	A-Increase Dollars B-Decrease Dollars C-Increase Duration D-Decrease Duration E-Cancellation F-Other (Specify): N/A	
b. APPLICANT	.00	b. PROJECT	Alaska	Enter appropriate letter(s) <input type="checkbox"/>	
c. STATE	200,000.00	16. PROJECT START DATE	19 84 09 01	17. PROJECT DURATION 12 Months	
d. LOCAL	.00	18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY	19 84 06 01	19. EXISTING FEDERAL IDENTIFICATION NUMBER 10P-5509-07	
e. OTHER	31,028.00				
f. TOTAL	\$ 345,325.00				
20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code)					21. REMARKS ADDED
DHHS/PHS/BHP Region X Seattle, Washington					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. THE APPLICANT CERTIFIES THAT		23. CERTIFYING REPRESENTATIVE			
a. To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.		b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions therein, to appropriate clearinghouses and all responses are attached: (1) State/Federal Coordinator (SPOC) <input type="checkbox"/> <input type="checkbox"/> (2) <input type="checkbox"/> <input type="checkbox"/> (3) <input type="checkbox"/> <input type="checkbox"/>			
a. TYPED NAME AND TITLE J. B. Carnahan, President		b. SIGNATURE		c. DATE SIGNED Year month day 19	
24. AGENCY NAME					25. APPLICATION RECEIVED
Department of Health, Education and Welfare, N/S 839					Year month day 19
26. ORGANIZATIONAL UNIT			27. ADMINISTRATIVE OFFICE		28. FEDERAL APPLICATION IDENTIFICATION
Public Health					
29. ADDRESS					30. FEDERAL GRANT IDENTIFICATION
1321 Second Ave. S.E., Washington 98101					
31. ACTION TAKEN		32. FUNDING		33. ACTION DATE	
<input type="checkbox"/> a. AWARDED <input type="checkbox"/> b. REJECTED <input type="checkbox"/> c. RETURNED FOR AMENDMENT <input type="checkbox"/> d. DEFERRED <input type="checkbox"/> e. WITHDRAWN		a. FEDERAL \$.00 b. APPLICANT .00 c. STATE .00 d. LOCAL .00 e. OTHER .00 f. TOTAL \$.00		Year month day 19	
				34. STARTING DATE 19	
				35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)	
				36. ENDING DATE 19	
				37. REMARKS ADDED <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. FEDERAL AGENCY A-95 ACTION		a. In taking above action, any comments received from clearinghouses were considered. If agency response is due under provisions of Part I, OMB Circular A-95, it has been or is being made.			
		b. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)			

PART II

PROJECT APPROVAL INFORMATION

Item 1.

Does this assistance request require State, local, regional, or other priority rating?

_____ Yes X No

Name of Governing Body _____

Priority Rating _____

Item 2.

Does this assistance request require State, or local advisory, educational or health clearances?

_____ Yes X No (Attach Documentation)

Name of Agency or Board _____

Item 3.

Does this assistance request require clearinghouse review in accordance with ~~OMB Circular 495~~ Executive Order 12372, SPOC

X Yes _____ No

(Attach Comments)

Item 4.

Does this assistance request require State, local, regional or other planning approval?

X Yes _____ No

Name of Approving Agency Statewide Health

Date Coordinating Council

Item 5.

Is the proposed project covered by an approved comprehensive plan?

_____ Yes X No

Check one: State

Local

Regional

Location of Plan _____

Item 6.

Will the assistance requested serve a Federal installation?

_____ Yes X No

Name of Federal Installation _____

Federal Population benefiting from Project _____

Item 7.

Will the assistance requested be on Federal land or installation?

_____ Yes X No

Name of Federal Installation _____

Location of Federal Land _____

Percent of Project _____

Item 8.

Will the assistance requested have an impact or effect on the environment?

_____ Yes X No

See instructions for additional information to be provided.

Item 9.

Will the assistance requested cause the displacement of individuals, families, businesses, or farms?

_____ Yes X No

Number of:

Individuals _____

Families _____

Businesses _____

Farms _____

Item 10.

Is there other related assistance on this project previous, pending, or anticipated?

_____ Yes X No

See instructions for additional information to be provided.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE ³
 PUBLIC HEALTH SERVICE
 Health Resources Administration
 Bureau of Health Planning
 3700 East-West Highway
 Hyattsville Maryland 20782

Form Approved:
 OMB No. GR-F1656

HSA ANNUAL BASELINE REPORT
 FACE SHEET

AGENCY CODE _____

GRANT YEAR
 C1 C2 C3 F1 F2 F3 F4 **FE** FG

REPORT
 ANNUAL BASELINE QTR 1
 QTR 2 QTR 3 QTR 4

REPORT PERIOD
 June 1, 1983 to May 31, 1984

PART A: GENERAL PROJECT GRANT INFORMATION

AGENCY NAME AND ADDRESS
 Northern Alaska Health Resources Association, Inc.
 529 Fifth Avenue, Suite #8
 Fairbanks, Alaska 99701

TELEPHONE NO. (Include area code)
 (907) 456-2553

EXECUTIVE DIRECTOR'S NAME
 Sherry E. McWhorter

GOVERNING BODY CHAIRPERSON'S NAME
 J. B. Carnahan

1	2	3	4	5	6	7	8				9	10	11	12	13											
State Number	HSA Number	Grant Year	Report Period	Type Organ.	Date Cond. Desig.	Date Full Desig.	Total Annual Op. Budget				Authorized Professional Staff	Current Professional Staff	Minimum Professional Staff	Authorized Support Staff	Current Support Staff											
					MMDDYY	MMDDYY	MM	DD	YY	MM						DD	YY									
F	03		A	1	09	76	08	79					0	4		0	3		0	3		0	2		0	1

PART B: REPORT SUBMISSION INDEX

REPORT FORM IDENTIFICATION		HSA ANNUAL BASELINE REPORT FORM NUMBERS	SUBMITTED	
			Yes	No
SECTION I: Agency Organization and Management	Governing Body Member Data	HRA-217-1 (ABR-1)		X*
	Assurances Checklist	HRA-217-2 (ABR-2)	X	
SECTION II: Functional Budget	Part III; Budget Information	HRA-216-1 (ABR-3)	X	

* Report no longer required as per PPN 81-07.

HSA ANNUAL BASELINE REPORT
ASSURANCES CHECKLIST

ABR 2

State No. _____

HSA No. _____

Grant Year _____

A. GOVERNING BODY MEMBERS

1. Do residents of the health service area who are consumers of health care and who are not providers of health care comprise between 51% and 60% of the health systems agency's governing body and executive committee.

Yes No

2. Are consumers broadly representative of the population of their health service area with respect to the following:

	Yes	No
Geographic area	<u>X</u>	_____
Major purchasers of health care	<u>X</u>	_____
Social populations	<u>X</u>	_____
Economic populations	<u>X</u>	_____
Linguistic populations	<u>X</u>	_____
Racial/Ethnic populations	<u>X</u>	_____

3. Are not less than 1/3 of providers "direct providers of health care" (as described in section 1531(3)).

Yes No

4. Does the governing body include direct providers of health care, as defined in section 1531(3), who represent the following?

	Yes	No
Physicians, Dentists, etc.	<u>X</u>	_____
Health care institutions	<u>X</u>	_____
Health care insurers	<u>N/A</u>	_____
Health professionals schools	<u>X</u>	_____
Allied health professions	<u>X</u>	_____

5. Are public elected officials and other representatives of governmental authorities members of the governing body?

Yes No

6. Does the governing body membership include representatives of public and private agencies concerned with health?

Yes No

7. Does the membership of the governing body include individuals who reside in non-metropolitan areas within the health service area in equal proportion to their presence in non-metropolitan areas of the health service area.

Yes No

8. Is a Veterans Administration representative included on the governing body?

Yes No Does not apply

9. Is a representative of a qualified HMO included on the governing body?

Yes No Does not apply

10. Are governing body members residents of the health service area?

Yes No

11. Is the basis for appointment of governing body members directly related to health service area population characteristics?

Yes No

12. Are standing committee/subcommittee, task force, and advisory members appointed in accordance with section 1512?

Yes No Does not apply

B. SUBAREA ADVISORY COUNCIL(S)

1. Do residents of the subarea who are consumers of health care and who are not providers of health care comprise between 51% and 60% of each subarea advisory council?

Yes No No established subarea advisory councils

2. Are not less than 1/3 of providers "direct providers of health care" as described in section 1531(3); included in the membership of subarea advisory councils?

Yes No

B. SUBAREA ADVISORY COUNCIL(S) — Continued

Are consumers broadly representative of the population of their subarea and do they include individuals representing:

	Yes	No
Geographic area	_____	_____
Major purchasers of health care	_____	_____
Principal social populations	_____	_____
Principal economic populations	_____	_____
Principal linguistic populations	_____	_____
Principal racial populations	_____	_____
Principal handicapped populations	_____	_____

Are direct providers of health care, as defined in section 1531(3), included on subarea advisory councils representing the following? At least one of which is employed in the administration of a hospital.

	Yes	No
Physicians, Dentists, etc.	_____	_____
Health care institutions	_____	_____
Health care insurers	_____	_____
Health professional schools	_____	_____
Allied health professions	_____	_____

5. Are public elected officials and other representatives of units of general purpose local government members of subarea advisory councils?

Yes No

6. Do subarea advisory councils include representatives of public and private agencies concerned with health?

Yes No

7. Are subarea advisory council consumer members resident of their respective subarea?

Yes No

8. Are subarea advisory council provider members residents of, or have their principal place of business in, the subareas?

Yes No

9. Is the basis for appointment of subarea advisory council members directly related to subarea population characteristics?

Yes No

10. Do the subarea advisory councils include (through consumer and provider members) individuals knowledgeable about mental health services.

Yes No

C. CONTRACTORS

Do contractors and consultants perform entire functions as described in section 1513?

Yes No

Have contractors or consultants performed specific activities (not constituting entire section 1513 functions) in the following areas?

	Yes	No
Administration and management	_____	X
Data analysis and management	_____	X
Health economics	_____	X
Health planning	_____	X
Development and use of health resources	_____	X
Community relations	_____	X
Health education and training	_____	X
Health law	_____	X

D. STAFF

1. Does the staff have expertise in the following areas?

	Yes	No
* Administration and management	X	_____
* Gathering and analysis of data	X	_____
* Health planning	X	_____
* Development and use of health/mental health resources	X	_____
Community relations	X	_____
Health education and training	X	_____
Health law	_____	X
Environmental Health	X	_____
* Disease prevention and public health	X	_____
* Economic and financial analysis	X	_____

* Denotes statutory staff expertise requirements.

2. What is the number of professional members serving on the HSA?

(Number) 03

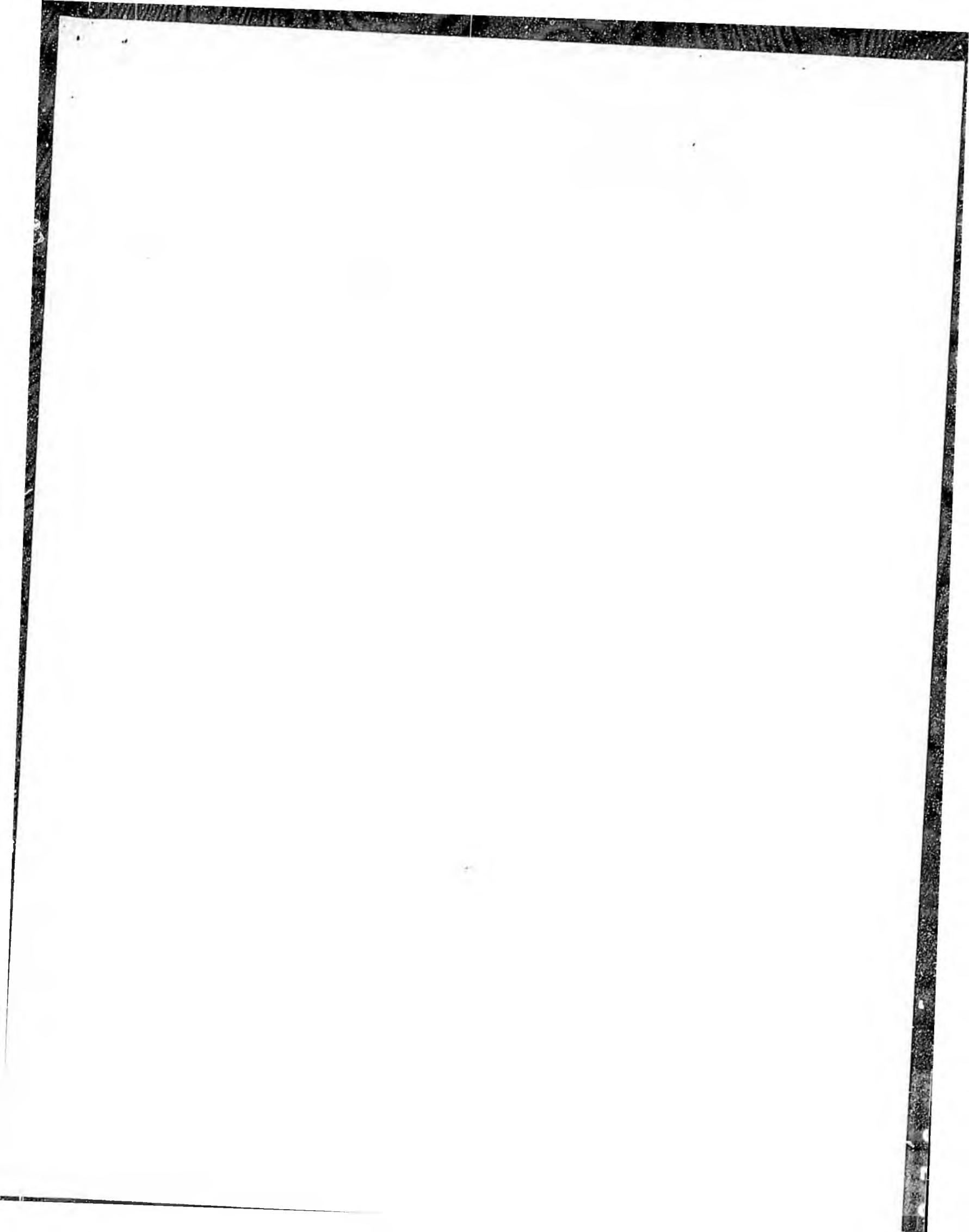
3. Are the rates of pay for all positions not less than rates of pay in the health service area for similar positions?

Yes No

The applicant certifies that to the best of my knowledge and belief, data in these Assurances are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with any of the grantor's requests for information validating these assurances.

Certifying Representative (Name and Title)

Date



PART III - BUDGET INFORMATION

SECTION A - BUDGET SUMMARY

Grant Program, Function or Activity (a)	Federal Catalog No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. TOTALS	13.294	\$ 0	\$ 0	\$ 114,297	\$ 231,028	\$ 345,325

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	- Grant Program, Function or Activity				Total (5)
	(1) DHHS/DHP	(2) State of AK	(3) Local	(4)	
a. Personnel	\$ 43,498	\$ 86,970	\$ 24,512	\$	\$ 154,980
b. Fringe Benefits	14,776	29,553	6,516		50,845
c. Travel (Staff & Board)	18,960	28,252	0		47,212
d. Equipment	0	0	0		0
e. Supplies	2,048	3,052	0		5,101
f. Contractual	0	0	0		0
g. Construction	0	0	0		0
h. Other	35,015	52,173	0		87,188
i. Total Direct Charges	114,297	200,000	31,028		345,325
j. Indirect Charges	0	0	0		0
k. TOTALS	\$ 114,297	\$ 200,000	\$ 31,028	\$	\$ 345,325
7. Program Income	\$	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) APPLICANT	(c) STATE	(d) OTHER SOURCES	(e) TOTALS
8.	\$	\$	\$	\$
9.				
10.				
11.				
12. TOTALS	\$ 0	\$ 200,000	\$ 31,028	\$ 231,028

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 114,297	\$ 28,408	\$ 28,407	\$ 28,407	\$ 29,075
14. Non-Federal	231,028	57,421	57,421	57,421	58,765
15. TOTAL	\$ 345,325	\$ 85,829	\$ 85,828	\$ 85,828	\$ 87,840

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) FIRST	(c) SECOND	(d) THIRD	(e) FOURTH
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTALS	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION

(Attach additional Sheets If Necessary)

21. Direct Charges: See attached "Proposed Budget"

22. Indirect Charges: N/A

23. Remarks: Non-federal resources include a \$200,000 cash award from the State of Alaska Department of Health and Social Services and \$31,028 in cash to be generated from local governments and other organizations. In the fourth quarter, cash needs diminish significantly except for final audit and close-out costs. These final costs are substantial enough to cause a slight increase in the overall requirements for the last quarter.

PART IV PROGRAM NARRATIVE (Attach per instruction)

Proposed Budget
September 1, 1984 - August 31, 1985

Category	Nine-Month 09/01-05/31	Three-Month 06/01-08/31	Total
Personnel	158,210	47,615	205,825
Salary	118,351	36,629	154,980
Fringe	37,859	10,986	50,845
Accounting/Audit	4,500	6,500	11,000
Accounting	4,500	1,500	6,000
Audit	0	5,000	5,000
Travel	35,409	11,803	47,212
Board	29,484	9,828	39,312
Staff	5,925	1,975	7,900
Space Rental	14,400	4,800	19,200
Supplies/Communications	19,175	6,275	25,400
Office Supplies	3,825	1,275	5,100
Postage	2,700	900	3,600
Telephone	6,300	2,100	8,400
Reproduction/Duplication	6,000	2,000	8,000
Minor Equipment	300	0	300
Equipment Rental/Maintenance	17,541	5,847	23,388
Maintenance	1,575	525	2,100
Rental	15,966	5,322	21,288
Other Costs	8,300	5,000	13,300
Dues/Subscriptions	800	0	800
Meeting Expense	600	200	800
Advertising	900	300	1,200
Board/Staff Development	500	0	500
Recruitment/Relocation	2,500	0	2,500
Insurance	3,000	0	3,000
Close-Out Costs	0	4,500	4,500
Total	257,485	87,840	345,325

SUPPLEMENT TO PART III, SECTION F
KEY PERSONNEL

NAME AND POSITION TITLE	ANNUAL SALARY RATE	NO. MOS. BUDG	% TIME	TOTAL AMOUNT REQUIRED
9-Month Budget	(1)	(2)	(3)	(4)
Executive Director	44,000	9	100	33,000
Health Resource Specialist	34,099	9	100	25,574
Health Resource Specialist	31,000	9	100	23,250
Research Analyst	31,000	9	100	23,250
Administrative Assistant	26,723	9	100	20,042
Secretary	21,980	9	100	16,485
				118,351
				39,859
			CATEGORY TOTAL	\$ 158,210

FRINGE BENEFITS (Rate _____)

SUPPLEMENT TO PART III, SECTION F
KEY PERSONNEL

NAME AND POSITION TITLE 3-Month Budget	ANNUAL SALARY RATE	NO MOS. BUDG.	% TIME	TOTAL AMOUNT REQUIRED
	(1)	(2)	(3)	(4)
Executive Director	44,000	3	100	11,000
Health Resource Specialist	34,099	2	100	5,683
Health Resource Specialist	31,000	2	100	5,167
Research Analyst	31,000	2	100	5,167
Administrative Assistant	26,723	3	100	6,681
Secretary	21,980	2	80	2,931
				<u>36,629</u>
FRINGE BENEFITS (Rate _____)				10,986
			CATEGORY TOTAL	\$ 47,615

BUDGET NARRATIVEPERSONNEL

The number of personnel budgeted is six:

Executive Director
 Health Resource Specialist (x2)
 Research Analyst
 Administrative Assistant
 Secretary

Salaries have been increased by 10% as of September 1, 1984, to account for cost-of-living increases. (The last increases in salaries occurred April 30, 1983.)

FRINGE BENEFITS

NAHRA does not have a negotiated fringe benefit rate. A list of items which are employer-paid benefits and make up NAHRA's fringe benefits are itemized below:

1. FICA	12,042
2. ESC	1,947
3. Workmen's Compensation	2,500
4. Health Insurance/Life/Disability	18,315
5. Retirement Annuity	<u>16,041</u>
	50,845

ACCOUNTING/AUDIT

In addition to monthly accounting services, this item includes a close-out audit. Expenses for the audit are allocated to the fourth quarter close-out budget.

TRAVEL

Detail of Board of Directors Travel

In-state travel for Board of Directors (30 members):

Quarterly Board meetings (x4)	23,176
Executive Committee (x2)	4,596
Plan Development Committee (x2)	5,770
Plan Implementation Committee (x2)	<u>5,770</u>
	39,312

Detail of Staff Travel

In-state travel for staff:

DPPPE/DHSS response, interagency planning, Juneau (x5)	4,000
Statewide planning, HSA and other interagency planning and coordination, Anchorage (x4)	1,400
Regional planning, technical assistance, Barrow (x2)	500
Regional planning, technical assistance, Kotzebue (x2)	500
Regional planning, technical assistance, subregional centers (x2)	500
	<hr/>
	6,900

Out-of-state travel for staff:

DHHS, Region X, Seattle (x1)	1,000
------------------------------	-------

All Travel, Total	47,212
-------------------	--------

SPACE RENTAL

Rental for 1200 square feet of office space, including utilities, is expected to rise to \$1,600 per mor. h.

SUPPLIES/COMMUNICATIONS

1. Office Supplies	5,100
Budget projection is based on actual expenditures from previous years.	
2. Postage	3,600
Based on past experience.	
3. Telephone	8,400
Based on past-experience, assuming a monthly service rate of approximately \$220 and an average monthly long distance rate of \$480.	
4. Reproduction/Duplication	8,000
Based on previous experience, with an added amount to cover publication of the new HSP.	
5. Minor Equipment	300
Based on previous experience.	

EQUIPMENT MAINTENANCE AND RENTAL

Equipment maintenance agreements and incidental repairs average \$175 per month. 2,100

Equipment rental costs are as follows: 21,288

Xerox 4500 copier - \$954/month

IBM word processor, diskette drive, and fast printer - \$777/month

Postage meter - \$60/quarter

Postage scale - \$23/month

OTHER COSTS

There are no unusual costs in this category. All estimated expenditures have been reached by reviewing past expenditures. The projected influx of State funds will allow recruitment of an additional Health Resource Specialist and a Research Analyst. Some of these State funds (\$2,500) will be allocated to cover recruitment and relocation costs. All other line items have been submitted in previous applications to DHHS.

CLOSE-OUT BUDGET NARRATIVE

The proposed budget for FY 1984 (September 1, 1984 - August 31, 1985) has been broken down into a nine-month budget and a three-month close-out budget. The nine-month budget basically reflects a business-as-usual attitude. We estimate that the first nine months of operation, with six full-time employees, will result in an expenditure of \$257,485.

The three-month close-out budget incorporates a dramatic decrease in both personnel and program activities. The following paragraphs explain the rationale for the proposed expenditures in each major category.

PERSONAL SERVICES

In the close-out budget, staff salaries are decreased dramatically. By the end of the second month of the close-out period, four staff will have been terminated or transferred to other sources of funds. A summary of the staffing pattern during phase-out is provided below.

	Percent (%) Full-Time Equivalents		
	June	July	August
Executive Director	100	100	100
Health Resource Specialist (x2)	100	100	0
Research Analyst	100	100	0
Administrative Assistant	100	100	100
Secretary/Receptionist	80	80	0

There is currently no Board-adopted severance pay policy for NAHRA. As we enter the next fiscal year and assess the future of the agency, the subject of adopting such a policy will no doubt be discussed. Before adopting such a policy NAHRA will seek the approval of the Regional Health Administrator, Region X.

FRINGE BENEFITS

Retirement Plan

NAHRA's adopted retirement annuity is completely vested with the employee as each payment is made to the annuity firm. No funds are returned to the agency upon termination.

Vacation Leave

NAHRA's policy on annual leave (adopted in 1977) provides that employees will be paid in full for their unused annual leave at the time they leave the organization. Payment is made at the current rate of salary and cannot exceed 20 working days. Funds to cover annual leave are encumbered on a pay-period basis such that final payment does not show up as a "direct expense" at the end of the close-out period. Employees would either be paid out for their accumulated annual leave or the encumbered amount would be transferred to the successor organization. Further projections on the specific costs involved in paying out vacation and sick leave will be provided to Region X at a later date.

Sick Leave

NAHRA's policies (adopted in 1977) provide for payment of one-half of all unused sick leave (not to exceed 20 days) upon resignation or termination due to lack of funds. Funds to cover accumulated sick leave are encumbered on a pay-period basis such that final payment does not necessitate a direct expense to the program at the end of the close-out period.

Payment for unused sick leave is generally unallowable unless the agency has received prior approval. NAHRA's sick leave policy has withstood the test of several DHHS financial and program audits. In addition, we have sought and have been granted specific approval for payment of accumulated sick leave from the Regional Health Administrator.

Life Insurance

NAHRA's life insurance policy is straight term insurance and therefore no funds are reimbursable to the agency.

Health Insurance

The close-out budget provides for a one-month extension of coverage beyond the phase-out of each employee.

CONSULTANTS

No consultants are budgeted in either the nine-month or three-month close-out budgets.

TRAVEL

The travel budget has been increased this year to reflect greatly increased airfares and a more realistic approach to meeting the needs of our vast region. We considered this to be a conservative budget. We anticipate using options such as state teleconference network to offset travel expenses throughout the entire year.

EQUIPMENT

No equipment purchases are anticipated during the phase-out period.

The following equipment rentals are proposed as a continuation of current practice, except that we plan to replace our IBM word processor slow printer with a fast printer. Secretarial time saved will offset the cost differential. Because of the lead time we have in negotiating leases for the coming year, we do not foresee any penalties as a result of termination.

Xerox 4500 Copier	954/month	No penalty
IBM Displaywriter	777/month	No penalty
Postage Meter	60/quarter	No penalty
Postage Scale	23/month	No penalty

Equipment (cost of \$1,000 or greater)

A copy of NAHRA's current furniture and equipment inventory is provided in Appendix H. The only item purchased during the life-time of the project which had an acquisition cost of more than \$1,000 was an IBM Mag Card II purchased in 1980 for \$3,790. This equipment was sold in November, 1983, for \$1,500. Permission was granted by Region X to reprogram those funds into the current operating budget. Therefore, we now have no "major" equipment in our possession.

Equipment (cost of \$0 - \$999)

The inventory of equipment purchased during the span of this project is provided in Appendix H. Disposition of this equipment is projected, at this time, to be to the HSA successor organization. Records will be kept on any equipment which might be sold as we consolidate space and activities. Funds from the sale of this equipment will be programmed into the agency budget during the close-out period.

SUPPLIES

Supply costs during the phase-out period are projected to be \$1,275. Because the phase-out period will begin a year from this date (June 01), a more accurate cost estimate can be provided to the Regional Office as we draw closer to that time.

OTHER COSTS

Other costs which were included in the close-out budget included:

1. Record storage (3,000)
2. A post-termination agent (1,500)

STATEMENT OF NON-FEDERAL FUNDS
CURRENTLY AVAILABLE

The following non-federal funds were available and spent during NAHRA's fiscal year September 1, 1983 through August 31, 1984. None of these funds have been previously reported for purposes of matching.

Source	Type of Organization	Amount
Maniilaq Association	Non-Profit	10,000
Tanana Chiefs Conference	Non-Profit	3,600
Governor's Council for the Handicapped & Gifted	State Government	6,645
Department of Health and Social Services	State Government	19,892
Interior Region EMS Council	Non-Profit	4,520
Interest Income	Other (Self-Generating Funds, Undesignated)	3,000
Total		47,657

CALCULATION OF FUNDING LEVEL
1984-1985 BUDGET YEAR

FEDERAL FUNDS (DHHS)

Minimum Funding Level	100,000
Federal Match (at 0.30/dollar based on 1983-1984 non-federal revenues)	<u>14,297</u>

114,297

STATE OF ALASKA

200,000

OTHER FUNDS

Local Grants and Contracts	<u>31,028</u>
----------------------------	---------------

Total

345,325



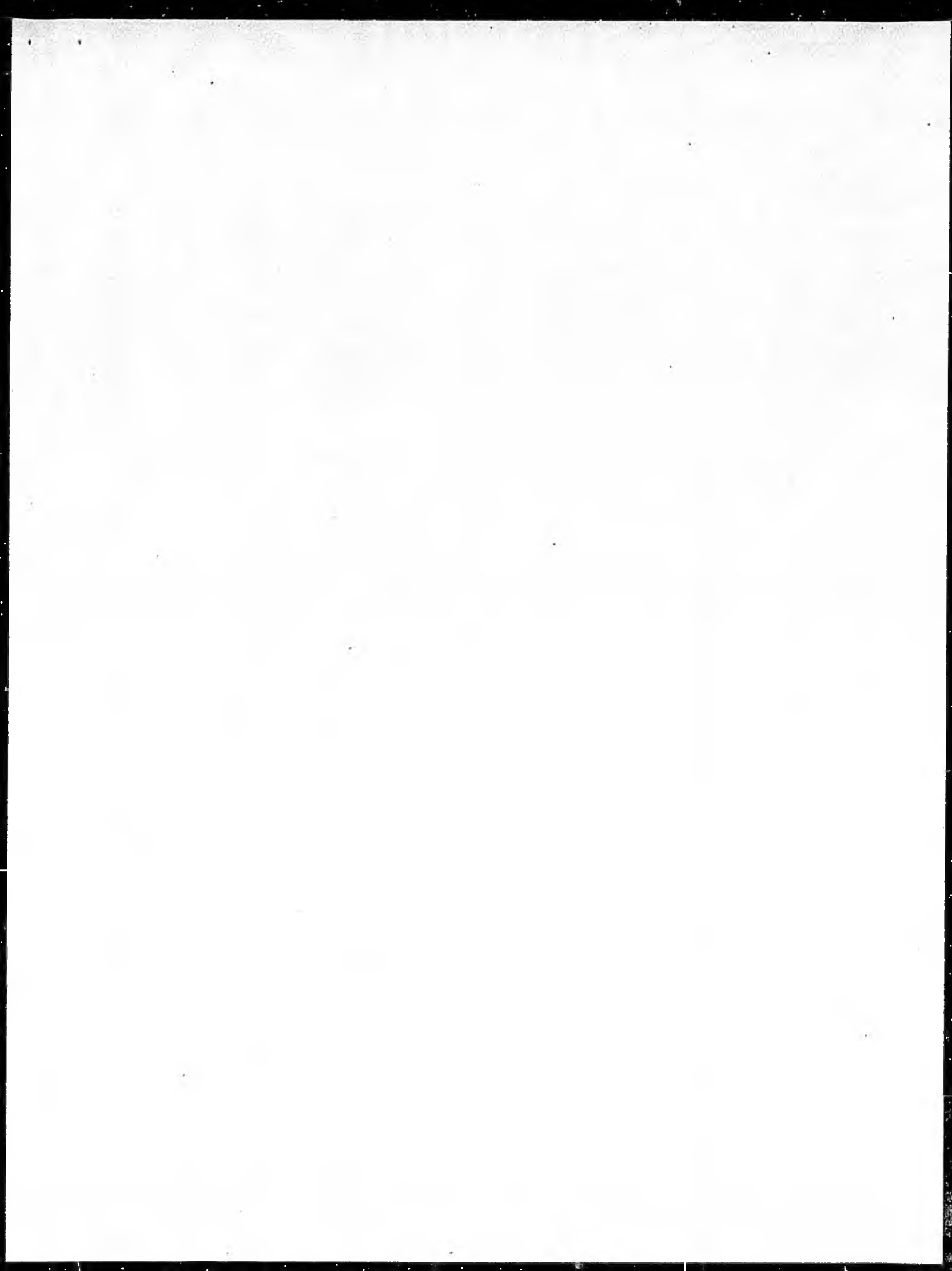
ASSURANCES

NAHRA hereby assures and certifies that it will comply with the regulations, policies, guidelines, and requirements, including OMB Circulars A-87, A-95, and A-102 and Executive Order 12372, SPOC, as they relate to the application, acceptance and use of Federal funds for this federally assisted project. Also, NAHRA assures and certifies that, with respect to the grant, it meets or will comply with the assurances described in PHS 5161-1 (page 14, revised 03-79, attached).

ASSURANCES

The Applicant hereby assures and certifies that he will comply with the regulations, policies, guidelines, and requirements including OMB Circulars Nos. A-87, A-95, and A-102, as they relate to the application, acceptance and use of Federal funds for this Federally assisted project. Also the Applicant assures and certifies with respect to the grant that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with Title VI of that Act, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance and will immediately take any measures necessary to effectuate this agreement.
3. It will comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the grant-aided activity.
4. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and federally assisted programs.
5. It will comply with the provisions of the Hatch Act which limit the political activity of employees.
6. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, as they apply to hospital and educational institution employees of State and local governments.
7. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
8. It will give the grantor agency or the Comptroller General through any authorized representative the access to and the right to examine all records, books, papers, or documents related to the grant.
9. It will comply with all requirements imposed by the Federal grantor agency concerning special requirements of law, program requirements, and other administrative requirements approved in accordance with Office of Management and Budget Circular No. A-102.



PHS SUPPLEMENTARY INSTRUCTIONS

CHECKLIST

NOTE TO APPLICANT: Complete and forward this sheet with your application.

Type of Application

- New Noncompeting Continuation Competing Extension Supplemental

CHECKLIST

- Proper Signatures and Dates (Item 23 on face page)
- Human Subjects Certification (when applicable)
- Staff and Position Data (biographical sketch(es) with job description when required)
- State and areawide Clearinghouse Review (as required by OMB Circular A-95) - Attach comments or evidence of submission to A-95 Clearinghouse(s). Executive Order 12372, SPOC.
- Health Systems Agency Review if required by Federal regulations - Attach evidence of submission to Health Systems Agency.
- Civil Rights Assurance on File with HEW (45 CFR 80)
- Assurance Concerning the Handicapped on File with HEW (45 CFR 84)
- Assurance Concerning Sex Discrimination on File with HEW (45 CFR 86)

A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence: On file at Region X

- (a) A reference to the organization's listing in the Internal Revenue Service's most recent cumulative list of organizations.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body or the State Attorney General certifying that the organization is a nonprofit organization operating within the State and that no part of its net earnings may lawfully inure to the benefit of any private shareholder or individual.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date filed must be indicated.

Previously filed with: DHRD, PHS, Region X on June 01, 1979
(date)

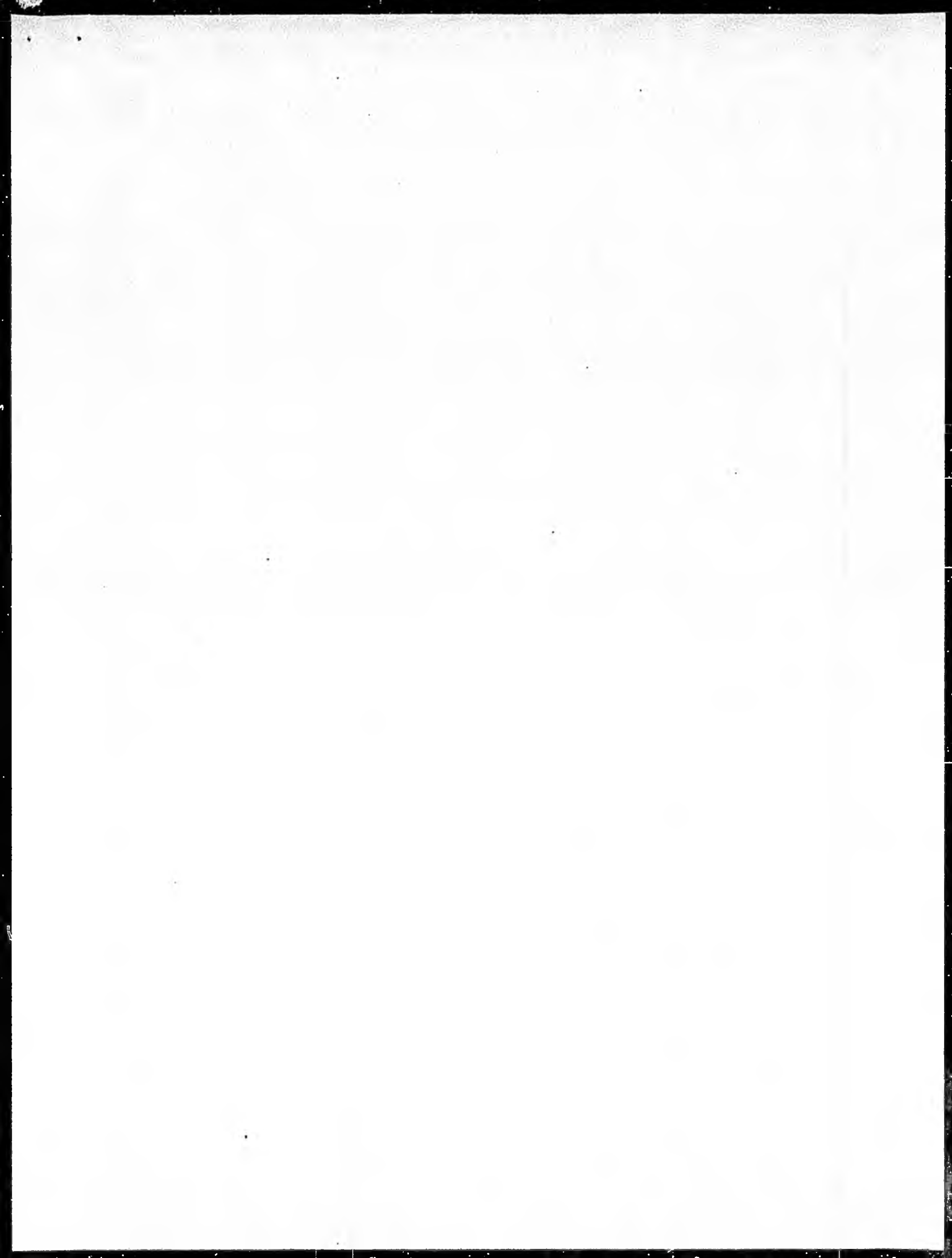
Name, title, address and telephone number of official in business office to be notified if an award is made.

Sherry E. McWhorter, Executive Director
529 Fifth Avenue, Suite #8
Fairbanks, Alaska 99701 (907) 456-2553

Name, title, address and telephone number of official responsible for carrying out the proposed project.

Sherry E. McWhorter, Executive Director
529 Fifth Avenue, Suite #8
Fairbanks, Alaska 99701 (907) 456-2553

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported; or (3) a negative certification.



NEGATIVE CERTIFICATION OF INVENTIONS

The Northern Alaska Health Resources Association has neither conceived nor reduced to practice any inventions under the auspices of the federal government or any other funding source.



PROGRESS REPORT1983-1984 PROJECT YEARINTRODUCTION

This report covers NAHRA's activities for the project period of June 01, 1983 (date of previous application), to May 31, 1984. Projections are also made for anticipated progress for the remainder of the current project year (June 01, 1984 - August 31, 1984). This report has been developed in two separate sections:

I. Impact Report

Describes measurable planning impacts and planning accomplishments.

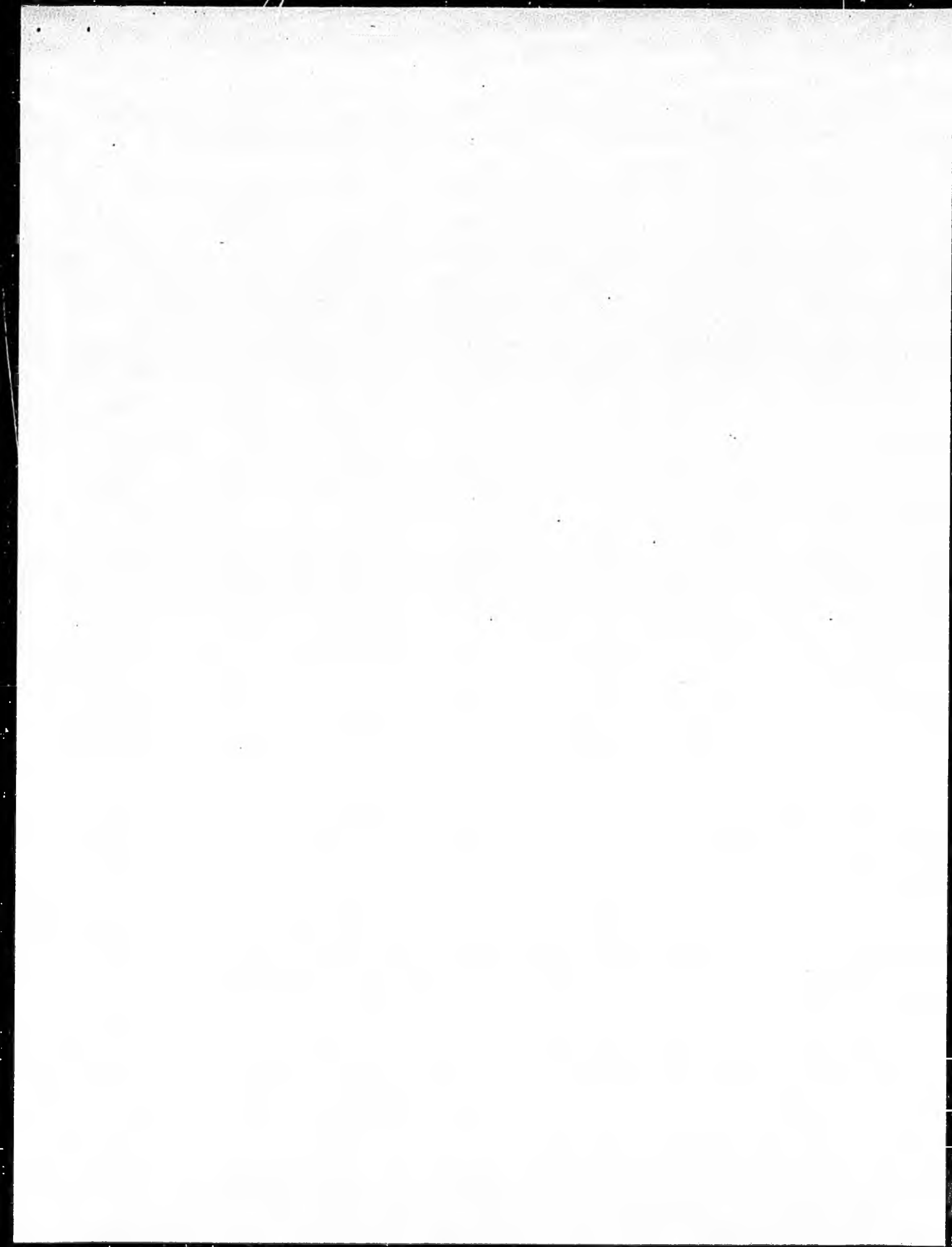
II. Narrative Progress Report

Describes NAHRA's activities as they relate to the specific goals and objectives of the agency work program.

PUBLIC INVOLVEMENT PROCESS

NAHRA expends considerable effort in the solicitation of public comments and in-depth participation of citizens from throughout northern Alaska. Every plan and position paper is designed with maximum participation of the Board of Directors and committee members and is also widely distributed for public review and comment. All documents undergo a 30-day public review period prior to Board adoption, and most receive much more public scrutiny. Our efforts in this line are described in the following pages. The Progress Report also outlines our general public awareness activities, including publication of newsletters, the Annual Report, press releases, and meeting notices. The selection process for the Board of Directors is also noted. Involvement by local elected officials is significant.

The public and local elected officials were also consulted in the development of this application. The Governor, SHPDA, SHCC, and SPOC agent Jay Hogan were notified of NAHRA's intent to apply for federal funds by letter dated February 15, 1984. (See Appendix I.) Completed copies of the application were sent to the Governor and SPOC agent Jay Hogan on March 01, 1984. (See Appendix J.) A public notice was published in two newspapers of general circulation two weeks prior to the public hearing on the application on March 26, 1984. (See Appendix K.) The public review period extended from March 01, 1984, to April 28, 1984.



IMPACT REPORT

I. AGENCY IMPACTS

A. Arctic Alliance for People

Throughout the project year, NAHRA was the prime sponsor for the Arctic Alliance for People, an association of human service providers in Interior Alaska. With NAHRA's leadership, the Alliance developed the Human Services Plan for the Fairbanks North Star Borough, a pioneering document which is becoming a model for municipalities across the state. The Fairbanks City Council has adopted the plan as its guide for funding and support of human services over the next few years. The Borough mayor is using the plan as his basis for lobbying for human services funding at the State level. The human service providers themselves have begun interagency coordination activities in ways undreamed-of two years ago. All of these accomplishments are spin-offs from the Alliance and would not have occurred without NAHRA's leadership.

Impacts

Human service providers are better equipped to evaluate the service delivery system and to tailor their programs to meet high priority needs.

Because of increased interagency coordination and joint planning, program dollars are used more effectively and duplication is avoided.

Widespread publicity about the Alliance and its priorities has increased the awareness of elected officials at the local and State levels of the value of human services and the need for increased funding.

B. Project Review

NAHRA assumes responsibility for conducting reviews of proposed health-related projects which seek State and/or federal funds. The reviews are a means of encouraging and evaluating changes in the health care system and influencing control of costs. Decisions about proposed projects are based on policy recommendations contained in adopted plans.

Listed below and organized by categorical area are the programs and associated awards which NAHRA reviewed during the 1983 grant cycle. NAHRA recommended lower funding levels for some grant applications and no funding whatsoever in some cases.

Projects Reviewed, with State
Grant Awards, 1983

Type of Project	Number of Proposals	FY 1984 Award
Mental Health	6	1,042,800
Alcohol	22	3,861,000
Drug Abuse	4	490,000
Total, All Categories	32	5,393,800

Impact

NAHRA's project review activity prevents duplication of services, enhances coordination among service providers, and targets diminishing State funds to areas and programs of established need. Objective reviews of health service applications also save the State money. A conservative estimate of the dollars saved or not awarded by the State of Alaska as a result of NAHRA's project review activities in 1983 is \$2,703,486.

C. Home Health

NAHRA continued to be active on the Fairbanks Home Health Care Advisory Committee in 1983 and 1984, aiding the Committee with marketing strategies, design of recordkeeping tools, and program assessment, with the aim of assisting the agency to become Medicare-certified in the event that State funding is reduced. NAHRA is also looking into regulatory and funding changes which may be needed to enable the provision of home health aide and homemaker services in the bush.

Impacts

Fairbanks Home Health Care now collects appropriate data in accessible ways to ensure that adequate planning can occur for program expansion and for initiation of third-party reimbursement. The service has become well known in the community, and referrals are being made from an increasing number of physicians. As the program has gained in credibility, elderly and disabled citizens have been able to be dismissed from the hospital sooner than they otherwise would have, and a number of terminally-ill patients have been able to die at home. The service has resulted in an overall cost savings while promoting the quality of life and of dying for participants and their families.

NAHRA is also helping to lay the groundwork for changes that will enable in-home services in the bush.

D. Health Education/Risk Reduction

NAHRA is conducting a Health Education/Risk Reduction Project with secondary school students in the Fairbanks North Star Borough. The project focusses on the areas of: 1) substance abuse; 2) stress; 3) fitness; 4) nutrition; and, 5) accident prevention. Activities involve students in every phase of planning and implementation. The first stages included planning and implementation of a Boroughwide Student Health Forum in December, 1983, and a Fitness Fest at the University of Alaska in February, 1984. Spring projects are underway in several schools. This project is occurring in conjunction with the Cooperative Extension Service, the University of Alaska, and the Tanana Valley 4-H Program.

Impacts

Students have become more aware of healthy behaviors and more knowledgeable about their own bodies and choices available to them.

Spin-off activities are occurring in various secondary schools as a result of the interest generated by this project.

E. Alcohol Awareness

NAHRA again assisted agencies and organizations in Fairbanks in the implementation of alcohol awareness activities. We also provided information and assistance to the various Chemical People task forces. Related activities which have developed in the community partly because of public awareness efforts included the organization of two separate groups -- Mothers Against Drunk Drivers and Bartenders Against Drunk Drivers.

Impact

These efforts have increased public awareness of the alcohol abuse problem. This increased knowledge and understanding on the part of the citizenry has helped unite the community in support of State funding for a comprehensive alcoholism treatment facility in Fairbanks. It has also resulted in several "solution-seeking" activities, including the Mayor's Blue Ribbon Commission on Alcohol Abuse.

F. Health Fair '83

NAHRA assisted the Fairbanks community to organize, publicize, and implement Health Fair '83.

Impacts

Over 500 people were screened and received information at the Fair. A number received additional follow-up when potential problems were noted. One result is early intervention in health problems before they become major. Another is increased public awareness about healthful practices and about personal responsibility for health.

G. Certificate of Need

In conjunction with the other two Alaskan health systems agencies, NAHRA wrote "Certificate of Need: Revision or Repeal?" This paper analyzed the efficacy of the CON program in Alaska and described various ways to improve it.

Impact

This position paper provided primary information and suggestions which were instrumental in the Alaskan Legislature's decision not to repeal existing CON legislation but rather to amend it to be more workable. Every amendment made was in accordance with the suggestions in the position paper. The outcome was a CON law which accomplishes the intent of P.L. 93-641 while also gaining the concurrence of the hospital industry.

H. General Technical Assistance

NAHRA provides technical assistance to health and social service agencies and to consumer-oriented advocacy groups in a myriad of ways. We provided assistance to numerous organizations throughout the year in the development of applications for health service funds, preparation of objectives and work programs, design of budgets, and institution of program evaluations. Other forms of assistance included data provision and analysis; program planning; needs assessments; and, advice and assistance on community education.

Impacts

All these activities increase the efficiency and effectiveness of the health care delivery system and of citizen advocacy groups, leading ultimately to improvements in all aspects of health in northern Alaska.

II. PLANNING ACCOMPLISHMENTS

A. Maniilaq Comprehensive Health Plan

In conjunction with the Maniilaq Association, NAHRA revised and updated Maniilaq's Comprehensive Health Plan, first published in 1979. Responsibilities included data collection and analysis; development of goals, objectives, and action strategies in conjunction with Maniilaq staff and Board members; and, analysis of resource requirements. The Plan is designed to be used as a management tool by the Maniilaq Association and a development guide by the region as a whole.

Impact

The plan provides a consolidated source of information on health status, service availability, and community needs and priorities. Therefore, it helps the Maniilaq Association, the Indian Health Service, and other local and regional service providers to target their resources in the most efficient and effective manner. The plan also provides a basis for legislative action. Finally, the plan furthers the goals of P.L. 93-638 by assisting the people in the NANA region in self-determination about their own health and social services.

B. Child and Adolescent Mental Health Services

NAHRA has developed two papers addressing the mental health needs of children and adolescents. The first paper, "Primary Prevention: Planning for Mental Health," defines prevention activities and describes ways to plan such endeavors. The second paper, "An Investigation of Emotionally Disturbed Students and Services for These Students in Alaska," describes the prevalence of serious emotional disturbance among the school-aged population statewide and examines available services for these young people. Finally, it includes a series of observations and recommendations. Both papers were developed with considerable consumer input as well as provider participation.

Impact

Both papers have attracted attention across the state and have generated a great deal of discussion about appropriate types and locations of mental health services for seriously emotionally disturbed young people. They have increased both public and provider awareness of mental health concerns. The papers form the basis for statewide community-based planning and implementation.

C. Rural Health and Social Services

NAHRA has prepared a position paper which examines issues and problems in rural human service delivery and funding/management of existing programs. The paper, "Rural Health Care: An Analysis of Current Policy and Practices in Alaska," recommends that an identifiable State-level commitment should be established to resolve rural health care delivery problems. Its basic purpose was to start statewide discussion of the problems and possible solutions.

Impact

Considerable interest has been roused statewide and discussions are on-going about ways to improve rural human service delivery. Eventually, these discussions will lead to implementation on the State level of ways to streamline funding and evaluation of rural services. Ultimately, services will improve in terms of quality, continuity, availability, and efficiency.

D. Alcoholism Treatment Services

In two separate contracts with the Regional Center for Alcohol and Other Addictions in Fairbanks and the North Slope Borough Alcohol Program in Barrow, NAHRA assessed the need for alcoholism treatment services in the two subregions. NAHRA also designed a program evaluation kit for youth drug abuse services and conducted a needs assessment for substance abuse counselor training.

Impact

These efforts have resulted in more appropriate program and facilities planning on the part of the agencies involved. The needs assessments are also being used to document requests for State capital construction and operating funds for facility construction, thereby channelling State monies most effectively.

The counselor training needs assessment also is enabling an identification of the types of counselors needed in various locations, enabling the provision of appropriate courses.

The program evaluation kit is a tool which can be used statewide for internal evaluations and program planning. Through its application, existing projects can modify their programs to achieve desirable objectives.

E. Behavioral Health Planning

In conjunction with the Tanana Chiefs Conference and behavioral health service providers in Interior Alaska, NAHRA convened a three-day conference on Interior Region Behavioral Health Services. Using the outcomes of that conference and other resources, NAHRA then prepared an Interior Region Behavioral Health Plan.

Impacts

This planning effort increased interagency coordination and referrals among provider organizations. It is now being used by the Tanana Chiefs Conference and other rural service providers to reshape their mental health and substance abuse programs to make them more culturally relevant, as well as more efficient. Some of the information and issues have been further expanded in the discussions of an "office of rural health and social services" which have resulted from the rural health position paper described above.

F. Services for the Handicapped

NAHRA provided major assistance to the Governor's Council for the Handicapped and Gifted in the development of the 1984-1986 Alaska State Plan of Services for People with Developmental Disabilities and Other Substantial Handicaps. This new edition of the plan takes a fresh approach to statewide planning and is serving as the template for the development of services for the handicapped, especially in rural communities.

Impact

Through this planning process, current information and projections are available in a single source on the needs of various handicapped populations and the services available and appropriate for them. Programs can now be designed or altered to deal with the priority needs of the handicapped population. Because of the priorities documented in the plan, efforts are occurring that will shift the State's service emphasis away from institutional placements and toward community-based services and early intervention.

G. Human Services Plan

NAHRA provided major assistance to the Arctic Alliance for People in the development of the Human Services Plan for the Fairbanks North Star Borough. This activity is described above under "Arctic Alliance for People."

Impacts

See "Arctic Alliance for People" above.

H. Emergency Medical Services Communications Plan

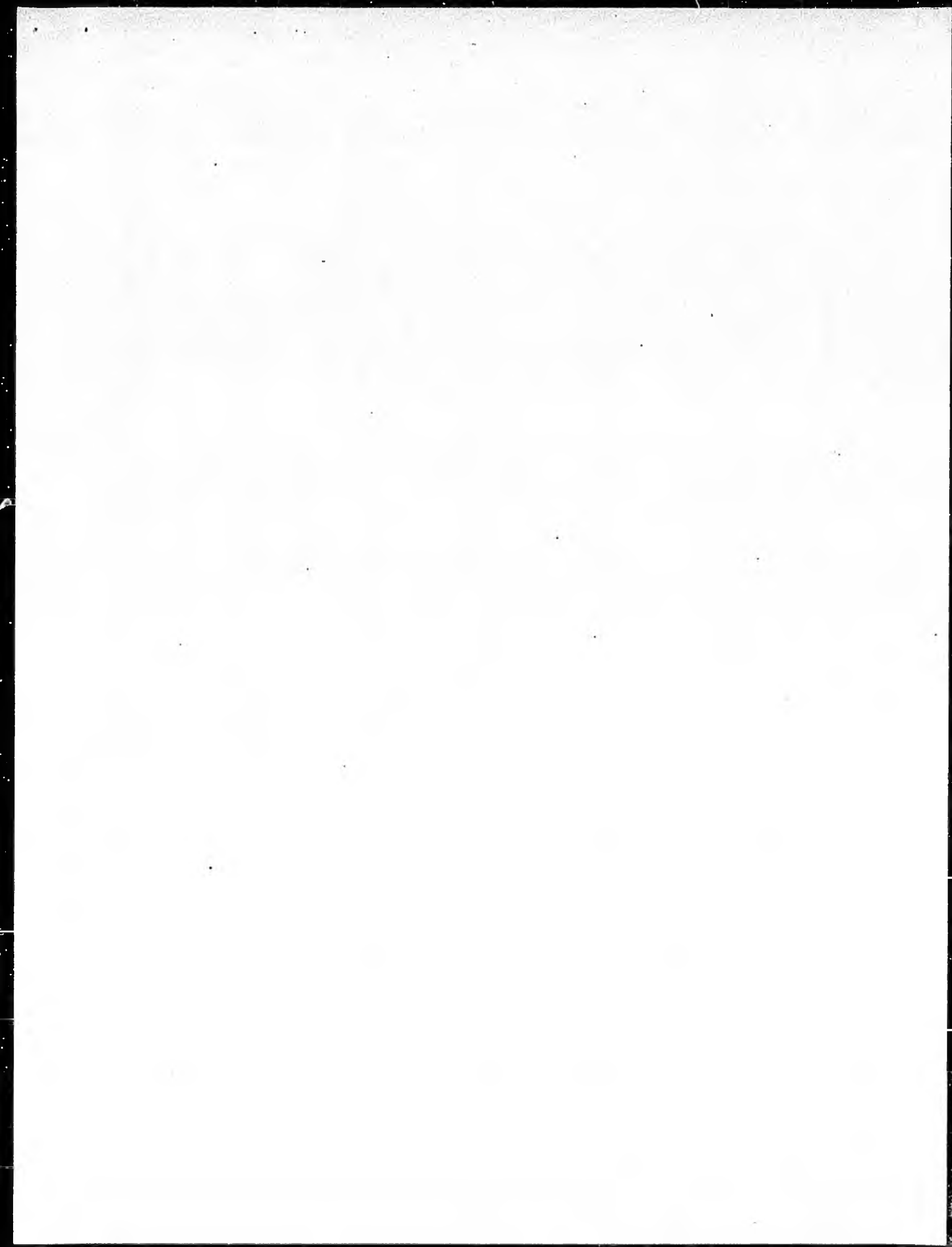
In conjunction with the Interior Region Emergency Medical Services Council, NAHRA prepared the "Emergency Medical Services Communications Plan for Rural Interior Alaska." This plan assesses current emergency communications capabilities in the rural Interior and points out areas where improvements are needed. It identifies gaps and weak links in the communications system and suggests resources and training to strengthen the system. Specific pieces of equipment are recommended, and costs are detailed for each subregion.

Impacts

This document is being used by the Legislature to make decisions about upgrading the communications network in Interior Alaska. It will lead to purchase of practical equipment for priority areas, with the ultimate impact of more rapid and appropriate emergency response and medical evacuations.

I. Annual Implementation Plan

NAHRA developed and oversaw the accomplishment of our 1983 Annual Implementation Plan. A complete description of these activities is contained in the "Progress Report by Specific Goals and Objectives," below, as well as in Appendix D.



NARRATIVE PROGRESS REPORT
BY SPECIFIC GOALS AND OBJECTIVES

I. INTRODUCTION

Northern Alaska Health Resources Association, Inc. (NAHRA) is applying to the Department of Health and Human Services for operating funds to support health planning and development activities in northern Alaska. The following is a self-evaluation of NAHRA's progress toward meeting the goals and objectives of the work program submitted to DHSS for the 1983-84 project year; the reporting period covers activities from September 01, 1983, to June 01, 1984. Projections are also included regarding anticipated progress from June 01, 1984, to August 31, 1984.

Activities are reported based upon the seven functional areas within the work program: 1) agency management; 2) health systems planning; 3) health systems development; 4) health promotion and prevention; 5) project review; 6) data management and analysis; and, 7) research and evaluation.

The work program which was submitted with NAHRA's application for 1983-84 program funds included a nine-month "project" work program and a three-month "phase-out" work program. Because action by the U.S. Congress extended the health planning program for another year, the "phase-out" work program was never implemented. Therefore, the progress report which follows addresses only the nine-month "project" work program which has been extended to cover the full twelve months of operation in the 1983-84 project year.

II. FUNCTION: AGENCY MANAGEMENT

Objective 1. Review, update, and maintain policies and procedures and by-laws for operating and governance of the agency.

There were no changes this year in either the policies and procedures or the by-laws. Copies of all these documents are on file at the State and federal regional offices.

Objective 2. Maintain appropriate governing Board and committee membership.

At the annual meeting of the NAHRA Board of Directors on October 22, 1983, the following officers were elected to serve during the current year:

President	J. B. Carnahan
Vice President	John Blower
Treasurer	Norman MacPhee
Secretary	Dood Lincoln

Committee chairmen include:

Plan Development	Marguerite Stetson
Plan Implementation	Paul Sherry
Credentials	Dora Wolgemuth
Finance	Norman MacPhee

Members are appointed to the NAHRA Board by the chief-elected officer of two Native corporations and the mayors of two borough governments in northern Alaska.

Resignations from and appointments to the NAHRA Board of Directors during the past year are provided.

A. Resignations:

1. Fairbanks North Star Borough

<u>Member</u>	<u>Date</u>	<u>Reason</u>
Scott Carnahan (C)	05/83	Time commitment
Rose Lawson (C)	07/83	Illness
Kathy McGinty (P)	05/83	Moved
Sharon White (P)	10/83	Change of provider status

2. Maniilaq Association

None

3. North Slope Borough

Sonya Leavitt (P)	01/84	Change of provider status
-------------------	-------	---------------------------

4. Tanana Chiefs Conference

None

B. New Appointments:

1. Fairbanks North Star Borough

Keryl Lee Bauer (P)	10/83
Grant Carlin (C)	10/83
Robert Estrella (C)	10/83
Richard Reem (P)	02/84
Michael Robertson (P)	10/83

2. Maniilaq Association
None
3. North Slope Borough
Ida Olemaun 01/84
4. Tanana Chiefs Conference
Marie Hailey 07/83

An organization chart and a list of all NAHRA Board members appear in Appendices A and B.

Objective 3. Develop and implement an ongoing governing Board and committee membership education program.

Education/orientation sessions are provided for all new Board members immediately preceding their first Board meeting. In addition, educational information is formally presented during Board meetings. In July, 1983, the Board participated in a discussion of health-related legislation passed or pending in the Alaska State Legislature. In October, 1983, there was a videotape and discussion of the Maniilaq Tribal Doctors Program. The January, 1984, educational session was a panel discussion entitled, "Perspectives on Appropriate Mental Health Services." In April, 1984, the presentation concerned Native corporation assumption of management responsibilities for Indian Health Service facilities.

Objective 4. Monitor, evaluate, and revise personnel requirements.

The staff resources of the agency have diminished due to withdrawal of support from the State government. The collective expertise among the professional staff continues to meet the requirements set out in P.L. 93-641 as amended by P.L. 96-79.

Staff changes during the year included:

Resignations

Charles M. Kaltenbach, Dr. P.H.
Executive Director
October 07, 1983

Jo Ann Bernier, M.A.
Coordinator, Plan Implementation
October 31, 1983

New Employee

Randy S. Brown, M.S.
Health Resource Specialist
December 01, 1983

(See Appendix L for resume.)

Sherry E. McWhorter, M.S.S.W., formerly in the position of Health Resource Specialist, was promoted to the position of Executive Director, effective October 07, 1983.

Objective 5. Maintain an ongoing staff development program.

An attempt is made to hold staff meetings on a regular basis. Although not formally organized, educational opportunities are provided during these sessions.

Training/continuing education activities attended by NAHRA staff included:

- A. Alaska Public Health Association, 06/83
Executive Director
- B. Alaska Science Conference, 09/83
Coordinator, Plan Implementation
- C. Close-Out Workshop, Seattle, 06/83
Executive Director
- D. Effective Writing Workshop, 09/83
Administrative Assistant
- E. Effective Writing Correspondence Course
Coordinator, Plan Implementation
- F. Subregional Conference on Needs of the Handicapped
Coordinator, Plan Implementation

Objective 6. Maintain agency financial management system.

The financial management system has operated satisfactorily. Monthly accounting services are provided by a local CPA firm, Stock, Inc.

An annual audit was performed in September, 1983, on the 1982-83 budget year. A copy of the audit can be seen in Appendix C.

Monthly financial reports were prepared and mailed to the Board of Directors and the respective funding agencies. Quarterly reports based on federal funds awarded were prepared and submitted to the Federal Assistance Financing Branch. An annual "Report of Expenditures" was prepared and submitted to DHHS, Region X.

Objective 7. Monitor and evaluate organizational structure and accomplishment of activities.

A monthly reporting system is established which requires each program coordinator to submit to the Executive Director a monthly report based upon the various objectives in the work program for which each is responsible. The reports are used to measure progress against the objectives in the work program and to formulate quarterly reports.

An Annual Report of NAHRA's activities for the 1982-83 grant year was published and circulated to all interested parties in February. A copy of the report is enclosed (Appendix D).

Objective 8. Prepare and submit annual applications to DHSS and DHHS for funding.

An application for continued support from the Alaska Department of Health and Social Services was not submitted this spring due to the Department's decision not to offer a Request for Proposal for health systems agencies. The decision was based on budget considerations within the Department. An appeal has been made to the State Legislature for reinstatement of the funds. In conjunction with that appeal, NAHRA submitted a letter of intent, a budget, and a list of possible activities to the Commissioner of DHSS in January, 1984.

An application for continued support of regional health planning will be prepared and submitted to the DHHS by June 01, 1983, following public review and comments.

Objective 9. Design and implement a health planning and resources development program within the State of Alaska which will be viable in the absence of federal funds.

NAHRA has been working with the other two Alaska HSAs to obtain passage of enabling/authorizing legislation at the State level. The Thirteenth Alaska Legislature is currently in session and is considering two identical bills which would continue health planning and resource development activities on the regional level. SB 334 has passed the Senate Health, Education, and Social Services Committee with a fiscal note of \$150,000 per agency. We have exerted considerable effort to gain demonstrations of local support for that bill and have been quite successful in doing so. A copy of SB 334 is included as Appendix E.

Staff from all three Alaska HSAs have met with the Commissioner of the Department of Health and Social Services and staff from the Office of the Governor, the Division of Public Health, and the Division of Policy, Planning, and Program Evaluation (a.k.a. SHPDA). We reached preliminary agreement on an activities list for HSAs which expands our role into a broadened human services planning arena. A copy of that list is enclosed as Appendix F. The

Commissioner has prepared a position paper in support of SB 334. In addition to this type of support for the proposed legislation, we are seeking reinstatement of funds in the State operating budget.

It is difficult to predict the outcome of these efforts at this point in time.

Objective 10. Develop and maintain a system for regular public involvement in agency activities.

An Annual Report of the agency (Appendix D) was prepared and widely distributed. The report highlighted the activities of the previous year, described the agency and its Board of Directors, and presented the most recent financial statement.

The agency newsletter, "Way Up North Health Planning News," was published on a bimonthly schedule during the past year. The distribution list is made up of some 735 agencies, organizations, and individuals from throughout the region, state, and nation.

Press releases, public notices, and public service announcements have been written or published about a variety of agency activities. These have included: articles describing NAHRA activities; notices of Board meetings and committee meetings; notices of vacancies on the Board of Directors; and, notices informing the public of the opportunity to review and comment on NAHRA's application for continued designation and the Annual Implementation Plan. Various topics have also been addressed in the public interest through the broadcast media. A complete file of all articles that have appeared in the regional newspaper concerning NAHRA are catalogued in our office.

NAHRA staff and board members participated in a number of local, regional, and statewide organizations. NAHRA staff participated with the following organizations as members or volunteers: Alaska Health Coalition, Alaska Health Education Consortium, Arctic Alliance for People, Fairbanks Memorial Hospital Planning Committee, Alcohol Awareness, Inc., Interior Region Emergency Medical Services Council, Chena-Goldstream Volunteer Fire Department, Fairbanks Chapter-Alaska Public Health Association, Fairbanks Home Health Care Advisory Committee, and the Fairbanks City Commission on Health and Social Services.

The Board of Directors met on October 22, 1983, January 20, 1984, and April 28, 1984, and will meet again in July, 1984.

NAHRA continues to monitor health-related legislation during the time the Alaska State Legislature is in session. Legislation which we believe will be of special interest to residents of the area is analyzed and the information brought to the attention of interested parties.

Activities projected over the next few months requiring public involvement will include final review of the Annual Implementation Plan and review of NAHRA's application for continued designation.

Objective 11. Maintain coordination and working agreements with local and statewide organizations.

NAHRA continues to maintain coordination and working agreement with many local and statewide organizations. Memos of agreement or letters of understanding currently exist with: State of Alaska A-95 Clearinghouse, Statewide Health Coordinating Council, and the ESRD Network Coordinating Council #2. In addition, NAHRA, along with the other two Alaska HSAs, has a memorandum of understanding with the Commissioner, DHSS, which describes the relationship DHSS and the HSAs will have in the project review process.

NAHRA continues to work closely with the Division of Planning, Policy, and Program Evaluation (formerly the Division of State Health Planning and Development). During the past year, NAHRA contributed to the development and review of the fifth generation State Health Plan (SHP₅), which was finalized and distributed in April 1984.

NAHRA continued to publish a bi-monthly newsletter Way Up North Health Planning News. This newsletter contains information about NAHRA's activities as well as other health-related happenings. The newsletter and NAHRA's meeting announcements are sent to all interested individuals and agencies.

NAHRA has maintained a close working relationship with a variety of local, regional, and statewide organizations:

1. Statewide Organizations: Alaska Council for the Prevention of Alcohol and Drug Abuse, Alaska Health Coalition, Alaska Health Project, Alaska Department of Health and Social Services and its many components, Governor's Council for the Handicapped and Gifted, Alaska Native Health Service, Alaska Lung Association, Alaska PTA, etc.
2. Hospitals: Fairbanks Memorial Hospital, Bassett Army Hospital, ANHS Hospitals (Barrow, Kotzebue, Anchorage).
3. Native Health Authorities: Maniilaq Association, Kotzebue; North Slope Borough Department of Health and Social Services, Barrow; Tanana Chiefs Conference, Fairbanks.
4. Clinics: Fairbanks Health Center, Fairbanks Clinic, Medical Dental Arts, Tanana Valley Medical/Surgical Group, Eielson AFB Clinic, Interior Alaska Service Unit Clinic, Tanana Clinic (formerly ANHS Hospital and Clinic), Tanana; health clinics in Fort Yukon, Galena, McGrath, etc.
5. Other agencies, organizations, and municipalities too numerous to list.

III. FUNCTION: HEALTH SYSTEMS PLANNING

Objective 12. Conduct plan development activities.

The changing nature of the health planning program in Alaska called for a reassessment of NAHRA's plan development activities this past year. Because of scarce financial resources from both the Federal and State level, NAHRA sought planning activities which met identified needs in the region and at the same time brought revenue into the organization for NAHRA's continued operation. Specific planning activities in line with the work program were as follows:

- A. Comprehensive health plan for the NANA region. Completed in December, 1983. (See "Planning Accomplishments" above.)
- B. Comprehensive health plan for the North Slope Borough. An outline for this plan was developed and planning was about to begin when major, unanticipated personnel changes at the upper levels of the North Slope Borough Health and Social Services Agency delayed action. We still hope to pursue this project, but it is uncertain at this time.
- C. Domestic violence plan for the North Slope Borough. (See B above.)
- D. Mental health inpatient services for children and adolescents. Completed in April, 1984. (See "Planning Accomplishments" above.)
- E. Rural health care delivery and funding. Completed in April, 1984.

In addition to these planning activities, several other planning activities were undertaken. These projects are described under "Planning Accomplishments" above. In list form, they were:

- A. Alcoholism Treatment Services, completed in October, 1983.
- B. Behavior Health Planning, completed in September, 1983.
- C. Services for the Handicapped, completed in September, 1983.
- D. Human Services Plan, completed in September, 1983.
- E. Emergency Medical Services Communications Plan, completed in February, 1984.

Another planning project, a plan for community services for severely disabled individuals, is in the preliminary stages and should be completed by August, 1984.

All draft planning documents and position papers received wide distribution for public review and comment. Appropriate revisions were made based on comments received prior to Board adoption.

Objective 13. Develop 1984-1985 Annual Implementation Plan (AIP₇).

The Plan Implementation Committee of the Board of Directors selected five AIP objectives for the 1984-85 Annual Implementation Plan. Areas of emphasis for next year will be:

- A. Child sexual abuse regionwide.
- B. Consolidation of alcoholism treatment services in Fairbanks.
- C. Assessment of the appropriate distribution of resources within statewide projects for services at the community and regional levels.
- D. Assessment of the acceptability of health services for Alaska Natives regionwide.
- E. Planning for a children's receiving home in Interior Alaska.

A draft plan was reviewed and released by the PIC at a meeting in early March. Following a public hearing and a 30-day review period, the Board gave final approval of the AIP at the April 28, 1984, Board meeting. A copy of the 1984-85 AIP is attached (Appendix G).

IV. FUNCTION: HEALTH SYSTEMS DEVELOPMENT

Objective 14. Implement the Annual Implementation Plan.

Implementation of the 1983-84 AIP has progressed very satisfactorily. A complete description of the accomplishments obtained for each of the objectives can be found in the Progress Report Section of the 1984-85 AIP (Appendix G). Objectives which were emphasized this year included school health education, behavioral health planning, office of rural health, maternal and child health education, home health care, child abuse and neglect services, and environmental safety. Significant progress was recorded.

Objective 15. Assist local and regional agencies, organizations, institutions, and governmental units in identifying and planning for special needs, as requested.

NAHRA provided technical assistance to numerous individuals, agencies and organizations during the past year.

Significant time and effort has gone to assisting the Fairbanks City Commission on Health and Social Services, the Arctic Alliance for People, Alcohol Awareness, and the Alaska Health Coalition in establishing and maintaining many of their activities. These activities are all described elsewhere in this progress report.

On request, we assisted the Alaska Native Health Center and the Tanana Chiefs Conference regarding evaluation and revamping of their prenatal education program.

NAHRA provided technical assistance to United Way of the Tanana Valley concerning service needs and availability and funding levels of Fairbanks-based agencies. This assistance resulted in an improved resource allocation process based on community needs and priorities.

On request, NAHRA provided assistance to the Senate Advisory Committee on Women about the human service needs and priorities of women in the Fairbanks North Star Borough.

As described in the "Impact Report" section above, we provided in-depth assistance in planning and resource development to the following organizations: Tanana Chiefs Conference, Governor's Council for the Handicapped and Gifted, Interior Region Emergency Medical Services Council, Fairbanks Native Association, Maniilaq Association, and the North Slope Borough Alcohol Program.

Some of the other organizations which NAHRA assisted in various ways were: Women in Crisis-Counseling and Assistance, North Star Council on Aging, Fairbanks Counseling and Adoption, Family Focus, Fairbanks Health Center, Protection and Advocacy for the Developmentally Disabled, Mothers Against Drunk Drivers, Fairbanks Association for the Mentally Ill, Fairbanks Rehabilitation Association, Chemical People, Fairbanks Memorial Hospital, the Community Schools Program, Wilmer Eye Institute, Catholic Community Resources, the Cooperative Extension Service, the Tanana Valley 4-H Program, North Pole Refinery, Resource Center for Parents and Children, Literacy Council of Alaska, Alaska Legal Services, Alaska Native Health Center, Kotzebue Senior Citizens Cultural Center, Tok Community Mental Health Center, McGrath/Anvik Community and Family Services, Upper Yukon Behavioral Health, Fairbanks Youth Correctional Facility, Fairbanks North Star Borough School District, and various committees and individuals within the Alaska Legislature.

V. FUNCTION: HEALTH PROMOTION AND PREVENTION

Objective 16. Promote the development of health education, wellness, selfcare, nutrition, and related prevention and health promotion programs.

NAHRA continued to be the lead agency in northern Alaska behind establishing a child car seat safety program. The purpose of the volunteer group is to develop a car seat loaner program for parents

of young children and to promote a public awareness campaign for their use.

The major health promotion activity was implementation of the Health Education/Risk Reduction Project. This project focussed on the areas of substance abuse, stress, fitness, nutrition, and accident prevention. Designed for students in grades 7-12, it aimed to increase the knowledge and awareness of the youth about the specific topic areas and ways they can take charge of their own health. The ultimate goal was to change behaviors and attitudes. Students from throughout the Fairbanks North Star Borough planned and participated in a series of activities, including two Borough-wide events (the Student Health Forum and the Fitness Fest) and several school-based projects. These activities are also described in the "Impact Report" above. Wrap-up and final evaluation of this project will occur in June and July, 1984.

As spin-offs to the HERR project, NAHRA has reviewed and screened great quantities of health promotion materials appropriate for secondary students. We have reviewed the draft junior high health curriculum at the request of the Fairbanks North Star Borough School District. We have also provided technical assistance regarding organization, programs, and materials for the Fort Wainwright and North Pole Chemical People Task Forces, the Upper Tanana Elders Program, the Youth Drug Abuse Prevention Program, the University of Alaska Physical Education Department, the Tanana Valley 4-H Program, the Barrow PHS Hospital, and the Juvenile Probation Office.

Other activities that NAHRA either co-sponsored or participated in included Alcohol Awareness Week, Health Fair, Volunteers Appreciation Day, and the City of Fairbanks Blue Ribbon Commission on Alcoholism.

VI. FUNCTION: PROJECT REVIEW

Objective 17. Conduct local reviews of grant applications and proposals for local or State human service funds in cooperation with the Commissioner of Health and Social Services.

NAHRA's project review activities were greatly reduced this past year (1983) due to a reduction in staff resources. The 1984 review process will be abbreviated even further. NAHRA continues to believe that the most effective role the agency can play in the project review process is to provide technical assistance to a potential applicant during the development of an application rather than at the time the application is reviewed. In addition to direct program assistance as described in Objective 15, NAHRA also provided technical assistance to many service providers in the course of developing their application for State and federal funding.

NAHRA no longer performs reviews of proposals for federal funds; however, we do anticipate that we will be reviewing several applications from local providers for State funds. These reviews are scheduled for April and May.

Listed below and organized by categorical area are the programs and associated awards which NAHRA reviewed during the 1983 grant cycle.

Projects Reviewed
1983

Type of Project	Number of Proposals	FY 1984 State Grant Award
Mental Health	6	1,042,800
Alcohol	22	3,861,000
Drug Abuse	4	490,000
Total, All Categories	32	5,393,800

NAHRA recommended lower funding levels for some grant applications or no funding whatsoever in other cases. Frequently, the funding agency concurred with NAHRA's recommendations. The total reduction of costs to the State as a result of the review process was \$2,703,486.

NAHRA also made one minor change in the Project Review Manual. A copy of the revised page is contained in Appendix M.

Objective 18. Conduct reviews of proposals for construction or expansion of institutional health facilities and services.

NAHRA conducted one Certificate of Need review in 1983. The Board of Directors recommended approval of Fairbanks Memorial Hospital's application for replacement of a gamma camera, at a projected cost of \$217,000. Due to the timing of events, our review occurred two days prior to the Governor's signing of a bill which, among other things, raised the threshold of review to \$1 million. As a result, the gamma camera project was no longer subject to review and was never pursued at the State level.

VII. FUNCTION: DATA MANAGEMENT AND ANALYSIS

Objective 19. Maintain a regional capability to provide current, accurate, health-related data for planning, review, and resource development activities.

NAHRA's data library continues to be the regional resource for current health-related information for the public. Much of the technical assistance we have provided throughout the year involved providing data to numerous individuals, agencies and organizations.

VIII. FUNCTION: RESEARCH AND EVALUATION

Objective 20. Conduct studies and research activities in response to local, regional, or state priorities.

Several agencies requested NAHRA to provide planning and research activities which were otherwise beyond the scope of the work program. Each of these projects has been mentioned elsewhere in this report. In summary, the products were:

- A. Maniilaq Association Comprehensive Health Plan.
- B. Behavioral Health Plan for Interior Alaska.
- C. Alaska State Plan of Services for People with Developmental Disabilities and Other Substantial Handicaps, 1984-1986.
- D. Human Services Plan for the Fairbanks North Star Borough.
- E. Emergency Medical Services Communications Plan.
- F. Community Services Plan for the Severely Disabled (in progress).

Following discussions with the Primary Care Division of DHHS, Region X, NAHRA worked with the Fairbanks Health Center to assess the need for designation of Fairbanks as a medically underserved area. It was determined that the area does not qualify.

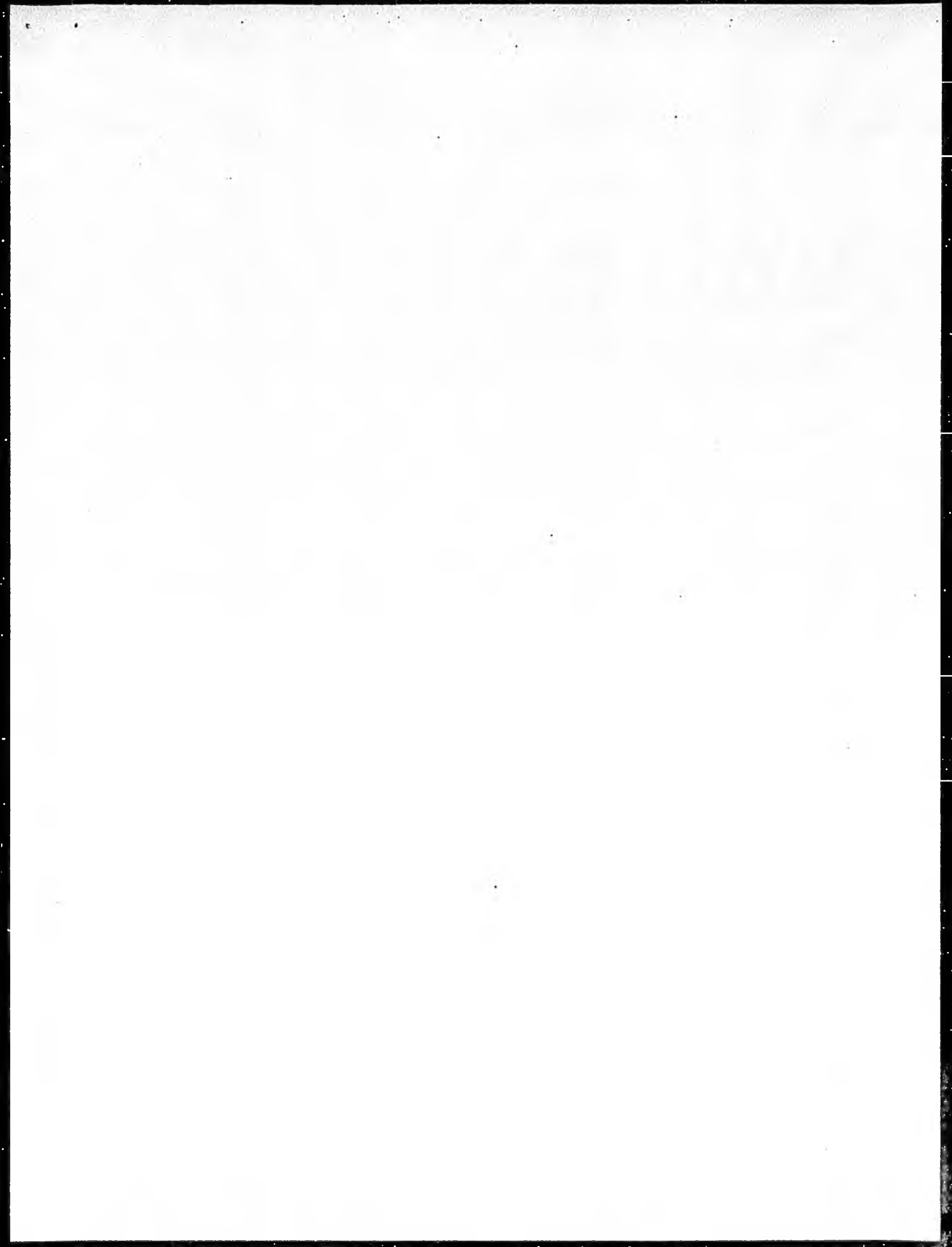
Objective 21. Encourage evaluations of health service programs.

NAHRA designed a program evaluation kit for use by youth drug abuse prevention programs. Although the kit was designed on contract with the Fairbanks Native Association for its Youth Drug Abuse Prevention Program, it has general applicability.

NAHRA assisted the Alaska Native Health Center and the Tanana Chiefs Conference to evaluate their joint prenatal education program. We also helped Women in Crisis-Counseling and Assistance to design an internal evaluation plan.

NAHRA continued to work with Fairbanks Home Health Care in the implementation of a data gathering process which will help them to determine the feasibility of becoming a free-standing certified home-health care agency.

Project review criteria which are used in the review of applications from service providers seeking State funds emphasize the need for a well-designed internal evaluation process. If such a process is not evident in a proposal, suggestions are made to the funding agency that conditions should be attached to any award of funds requiring the program to design and implement an evaluation process.



WORK PROGRAM
1984-1985

INTRODUCTION

Again this year, as in the past two years, NAHRA is submitting a nine-month activity work program and a three-month close-out work program. The former covers the beginning of the fiscal year, September 1, 1984, to May 31, 1985. The latter three-month work program covers the fourth quarter of the fiscal year, June 01, 1985, to August 31, 1985.

WORK PROGRAM NARRATIVE (NINE-MONTH WORK PROGRAM)

The work program is composed of 22 objectives, each of which has been broken down into individual tasks and subtasks. Each task has been referenced by the person, committee, task force, or other entity responsible for its accomplishment. Moreover, each task has been evaluated as to the product or output expected.

Proposed activities are briefly described in narrative form in the paragraphs immediately below. A detailed work program follows the narrative section.

A. AGENCY MANAGEMENT

The future of regional and state health planning in Alaska is continuing to be debated. Attempts to create an Alaska-specific health planning program through the most recent legislative session were unsuccessful. However, the Alaska Legislature and State Administration are both reconsidering the fate of health planning, and bills for continuation have been introduced in both the House and the Senate. The outcome of this debate will determine the course the agency will take over the next months. Moreover, the federal presence in local and state health planning continues to be discussed. Although this work program anticipates close-out of activities supported by federal funds on August 31, 1985, the situation may change depending upon action by the U.S. Congress and the State of Alaska.

Suffice it to say that, regardless of the outcome, the agency management staff and Board of Directors will be busy trying to anticipate change and revising agency bylaws and policies to provide for whatever transitional phase we may experience.

In addition, management staff will continue to explore other revenue sources to support NAHRA's health resources development and planning activities.

B. HEALTH SYSTEMS PLANNING

NAHRA's most recent Health Systems Plan (HSP) was adopted in March, 1982. We anticipate a major revision of the plan during the summer and fall of 1984, with adoption by the Board in early 1985. Also, NAHRA will continue to undertake some subject-specific planning topics, although these will be restricted in number because of the resources which must be devoted to HSP development. Currently under consideration are: 1) a continuation of planning for mental health treatment and prevention services, particularly for children and adolescents; 2) a feasibility study on the establishment of small group homes in rural communities; and, 3) planning for a children's receiving home in Interior Alaska.

C. HEALTH SYSTEMS DEVELOPMENT

The 1984-85 Annual Implementation Plan (AIP) contains high-priority objectives. Areas of emphasis include: child sexual abuse, alcoholism treatment services, appropriate geographic distribution of statewide project resources, cultural acceptability of health services, and a children's receiving home. The 1985-86 AIP will be drafted in January, 1985, with Board adoption in April, 1985, and will build on prior years' efforts. The 1985-86 AIP will be closely related to the 1985-1987 HSP.

Regional involvement will continue to be encouraged by maintaining communications and working agreements with the Native corporations in our area, as well as by providing technical assistance to villages and sub-regional centers.

D. HEALTH PROMOTION AND PREVENTION

NAHRA will continue to coordinate and to provide technical assistance to developing or existing health promotion programs.

As a special effort, NAHRA will work with other agencies, organizations, and consumers to design and pilot a community-based health promotion "curriculum" for senior citizens.

E. PROJECT REVIEW

NAHRA will continue to exercise its responsibility for reviewing health service proposals for State grant funds. Due to cutbacks in staffing and program review, only competing, new, or unusual proposals will be reviewed. Applications which pertain to statewide programs will be reviewed in a coordinated manner by all three of Alaska's HSAs.

Continued review of proposals for new or expanded health facilities or services will occur in accordance with the State's Certificate of Need law.

F. DATA MANAGEMENT AND ANALYSIS

NAHRA will continue to provide the region with up-to-date, accurate information on the population, the health care system, and socio-economic issues. Considerable effort will be devoted to upgrading in-house data and information collection in conjunction with revising the HSP.

G. RESEARCH AND EVALUATION

NAHRA will continue to contract with local, regional, and statewide agencies and organizations for appropriate studies on health-service and health-policy issues of local, regional, and statewide interest. We will also continue to encourage and assist agencies and funding sources with program evaluation.

WORK PROGRAM KEY

X	=	Key milestone or date when product expected
---	=	Time span of activities
AIP	=	Annual Implementation Plan
AMS	=	Agency Management Staff
Board	=	Board of Directors
CC	=	Credentials Committee
DHHS	=	U.S. Department of Health and Human Services
EC	=	Executive Committee
ED	=	Executive Director
FC	=	Finance Committee
HRS	=	Health Resource Specialist
PDC	=	Plan Development Committee
PIC	=	Plan Implementation Committee
PIS	=	Plan Implementation Staff
RA	=	Research Analyst
Region X	=	Regional Office of the U.S. Department of Health and Human Services (formerly DHEW), Seattle
SHCC	=	State Health Coordinating Council
SHPDA	=	State Health Planning and Development Agency (in Alaska, recently named State Division of Planning, Policy, and Program Evaluation)
TF	=	Task Force
TTF	=	Transition Task Force

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: AGENCY MANAGEMENT

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	O	N	D	J	F	M	A	M			
OBJECTIVE 1. REVIEW, UPDATE, AND MAINTAIN POLICIES AND PROCEDURES AND BY LAWS FOR OPERATION AND GOVERNANCE OF THE AGENCY.													
A. Review Policies and Procedures and revise as appropriate.	AMS EC											2	Policies and Procedures which are current and satisfy the operating needs of the Agency.
B. Maintain an updated Policies and Procedures Manual for Governing Board members.	AMS Board											2	Each Board member has updated copy of Policies and Procedures manual.
C. Review and revise Agency Bylaws as appropriate and necessary to the mission of the agency.	AMS Board											2	Bylaws which accurately reflect intent of the Board of Directors and federal and state law.
OBJECTIVE 2. MAINTAIN APPROPRIATE GOVERNING BOARD AND COMMITTEE MEMBERSHIP.													
A. Maintain current membership and attendance records.	AMS											2	Membership is current.
B. Periodically review membership attendance and advise Board and Committees of excess absences.	AMS EC CC											3	Members with excess absences are notified of Board policies governing attendance.
C. Facilitate new appointments to the Board by the appointing authorities.	AMS EC CC											3	Board membership is representative of the population of northern Alaska and satisfies the intent of P.L. 96-79. Notices of Board vacancies announced.
D. Review, recommend, and implement revised Board and Committee membership policies as appropriate.	AMS EC											2	Committee membership conforms with the intent of federal and state laws.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: AGENCY MANAGEMENT

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	O	N	D	J	F	M	A	M			
OBJECTIVE 3: DEVELOP AND IMPLEMENT AN ONGOING GOVERNING BOARD AND COMMITTEE MEMBERSHIP EDUCATION PROGRAM.													
A. Determine educational needs and update as necessary.	AMS											2	Board needs documented.
B. Develop educational programs.	AMS											4	Education sessions provided at quarterly Board meetings.
C. Promote educational opportunities for board at workshops, seminars, and meetings.	AMS											2	Board members participate in education sessions.
D. Prepare and carry out orientation programs for new members.	AMS											2	New Board members with working knowledge of agency's mission at first meeting.
OBJECTIVE 4. MONITOR, EVALUATE, AND REVISE PERSONNEL REQUIREMENTS.													
A. Maintain required staff capabilities and recruit new personnel as necessary.	AMS											8	Staff capabilities and expertise which satisfy designation agreement and mission of the agency.
B. Periodically review staff organization and assigned responsibilities to maintain consistency with agency functions and objectives.	AMS											2	Clear understanding of staff responsibility and authority.
C. Perform periodic personnel evaluations.	AMS											3	Staff evaluated on an annual basis by known criteria.
D. Review, recommend, and implement changes, as appropriate, in personnel policies.	AMS EC											1	Personnel policies and procedures which are current and administered fairly and consistently.
E. Determine the need for and obtain consultant services or contract personnel as appropriate and feasible.	AMS											3	Contract personnel hired to perform specific tasks in any functional area of the agency.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: AGENCY MANAGEMENT

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products
		S	O	N	D	J	F	M	A	M		
OBJECTIVE 5. MAINTAIN AN ONGOING STAFF DEVELOPMENT PROGRAM.												
A. Promote in-service education sessions.	All Staff	-----	-----	-----	-----	-----	-----	-----	-----	-----	2	Staff with expanded knowledge of health system.
B. Involve staff in relevant conferences and workshops conducted by external organizations.	All Staff	-----	-----	-----	-----	-----	-----	-----	-----	-----	10 ¹	Staff with expertise required to perform agency functions.
C. Review and purchase, as appropriate, current references and library materials.	All Staff	-----	-----	-----	-----	-----	-----	-----	-----	-----	2	Current reference materials available to the staff.
D. Engage staff members in course work and readings, as appropriate.	All Staff	-----	-----	-----	-----	-----	-----	-----	-----	-----	10	Staff with expertise required to perform agency functions and contribute new ideas.
OBJECTIVE 6. MAINTAIN AGENCY FINANCIAL MANAGEMENT SYSTEM.												
A. Maintain routine cash disbursement system.	AMS	-----	-----	-----	-----	-----	-----	-----	-----	-----	8	Bills paid on a timely basis.
B. Monitor monthly cash requirements.	AMS	-----	-----	-----	-----	-----	-----	-----	-----	-----	4	Cash flow meets agency needs.
C. Prepare monthly financial statement.	AMS	-----	-----	-----	-----	-----	-----	-----	-----	-----	6	Monthly financial reports developed and distributed to Directors.
D. Review and recommend transfer of funds between accounts as necessary.	AMS Treasurer	-----	-----	-----	-----	-----	-----	-----	-----	-----	3	Budget reflects true needs of the agency.
E. Prepare and submit financial reports to State and Federal funding sources.	AMS	-----	-----	-----	-----	-----	-----	-----	-----	-----	8	Accurate reports filed on a timely basis.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
 NINE-MONTH WORK PROGRAM
 1984-1985

FUNCTION: AGENCY MANAGEMENT

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	O	N	D	J	F	M	A	M			
OBJECTIVE 7. MONITOR AND EVALUATE ORGANIZATIONAL STRUCTURE AND ACCOMPLISHMENT OF ACTIVITIES.													
A. Collect information to evaluate agency impact.	All Staff											10	Intra-agency impact evaluation reports collected and compiled on a monthly basis.
B. Report evaluation findings to the Board of Directors, DHHS, and State, as required.	AMS											4	Agency impact reports submitted to Board of Directors, State of Alaska, and Regional Office as required.
C. Recommend and implement actions necessary as a result of findings.	AMS EC											4	Agency performs at a level which allows successful completion of the work program; full designation status not jeopardized.
OBJECTIVE 8. PREPARE AND SUBMIT ANNUAL APPLICATIONS TO DHSS AND DHHS FOR FUNDING.													
A. Identify agency objectives and activities for tenth year of operation.	All Staff Board					X						5	Realistic and accomplishable work program developed for tenth year of operation.
B. Prepare work program, budget, and application forms.	AMS						X					10	Application developed.
C. Submit State and Federal Grant Applications.	AMS							X		X		1	State and Federal grant applications submitted.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: AGENCY MANAGEMENT

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	O	N	D	J	F	M	A	M			
<p>OBJECTIVE 9. DESIGN AND IMPLEMENT A HEALTH PLANNING AND RESOURCES DEVELOPMENT PROGRAM WITHIN THE STATE OF ALASKA WHICH WILL BE VIABLE IN THE ABSENCE OF FEDERAL FUNDS.</p>													
A. Review impact of the current health planning program within the State.	Board TTF SHIPDA DISS SHCC AMS		X									3	Documented impact of current programs justifies interest in maintaining most appropriate functions of health planning network.
B. Monitor the actions of the U.S. Congress and the Alaska State Legislature.	"											2	Congressional and Legislative actions are noted and Alaska plans future of health planning network in accordance with these actions.
C. Determine the most appropriate functions, structure, and financing to maintain a health planning-resources development program within the State.	"	X										6	Functions, structure, and financing of a State health resources development program is developed and supported by State leaders.
D. Develop the appropriate enabling legislation to effectively support the program.	"	X										8	Legislation to enable the program to operate effectively in the absence of Federal initiative drafted and supported by area Legislators and State administration.
E. Seek executive, administrative, and legislative support for the proposal.	Board Staff					X						15	Support for the proposal sought.
F. Implement the modified health planning and resources development program under State sponsorship.	Board Staff							X				--	A State-developed program of health planning and resources developed is operational.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: AGENCY MANAGEMENT

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	O	N	D	J	F	M	A	M			
OBJECTIVE 10. DEVELOP AND MAINTAIN A SYSTEM FOR REGULAR PUBLIC INVOLVEMENT IN AGENCY ACTIVITIES.													
A. Continue to carry out a community relations program of news releases, newsletter, dissemination of informational brochures, public speaking engagements, public notices of meetings, participation in local community organizations, and special presentations to local government and interested groups. Continue to provide adequate and appropriate notice of NAHRA's activities to minority and handicapped individuals and organizations.	AMS											10	Increased community awareness and participation in NAHRA planning and implementation activities; minority and handicapped persons afforded equal opportunity to participate in NAHRA planning and implementation activities.
B. Conduct periodic meetings of the Board of Directors and all committees and encourage public attendance to identify and discuss issues of local concern.	AMS											12	Quarterly board and standing committee attendance by interested citizens.
OBJECTIVE 11. MAINTAIN COORDINATION AND WORKING AGREEMENTS WITH LOCAL AND STATEWIDE ORGANIZATIONS.													
A. Monitor, review, and revise as needed the Memoranda of Agreement with A-95 Clearinghouse, DISS, and appropriate Native Corporations.	AMS PIS											2	Relationships with appropriate local and State agencies and organizations defined.
B. Continue to participate in statewide health planning and resource development activities.	AMS PIS PDS											10	Levels of care criteria consistent; statewide implementation initiatives cooperatively addressed; review of statewide health service proposals accomplished.
C. Routinely send meeting announcements and other materials to interested groups.	AMS PIS											2	Provider and consumer organizations aware of planning and review activities; increased participation in planning and implementation activities.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
 NINE-MONTH WORK PROGRAM
 1984-1985

FUNCTION: AGENCY MANAGEMENT

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products
		S	O	N	D	J	F	M	A	M		
D. Maintain routine contact with other key local, regional, and statewide agencies, organizations, and institutions, including minority and handicapped agencies and organizations, for coordination with and involvement in agency activities.	AMS PIS										15	Increased participation of local and regional consumer-based organizations.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: HEALTH SYSTEMS PLANNING

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	O	N	D	J	F	M	A	M			
OBJECTIVE 12. DEVELOP THE 1985-1987 HEALTH SYSTEMS PLAN.													
A. Review the 1982-1984 HSP and all planning documents prepared since January, 1982.	PDS RA	---	X									5	Existing documents reviewed.
B. Identify areas where in-depth attention is needed. Areas from which topics will be selected include:	PDC PDS		-X									5	Topic areas selected for in-depth attention.
1. Health care personnel.													
2. Health maintenance and education.													
3. Behavioral health.													
4. Emergency medical services.													
5. Hospital facilities.													
6. Primary care services.													
7. Long term care alternatives.													
8. Health care costs.													
C. Determine data and information needs.	PDS	-----		X								4	Data and information needs identified.
D. Establish and maintain task forces or technical advisory panels as needed.	PDS		-----			X						15	Task forces established and maintained.
E. Collect data and information.	RA		-----			X						20	Data and information collected.
F. Incorporate material from interim, subject-specific plans into the new HSP as appropriate.	PDS		-----	X								10	Material from existing plans incorporated.
G. Prepare and circulate a draft of the plan for public review and comment.	PDS PDC				-----	X						30	Draft prepared and circulated.
H. Conduct a 30-day public review period with public hearings.	PDS PDC								---			2	Public review period and hearing held.
I. Review all comments received and amend the plan accordingly.	PDC PDS								-----	X		5	Comments reviewed and draft revised.
J. Adopt the final version of the 1985-1987 HSP.	Board										X	1	1985-1987 HSP adopted.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: HEALTH SYSTEMS PLANNING

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products			
		S	O	N	D	J	F	M	A	M					
K. Publish and distribute the 1985-1987 HSP.	PDS AMS										---	X	5	HSP published and distributed to regional and state agencies and organizations, and interested citizens.	
OBJECTIVE 13. CONDUCT OTHER PLAN DEVELOPMENT ACTIVITIES.															
A. Solicit recommendations from the regional community regarding priority health planning needs.	PDC PDS					X						X	4	Community priorities established.	
B. Develop plans or issue papers on priority topics.	PDC PDS AMS RA												55		
1) Plan for mental health treatment and prevention services, particularly for children and adolescents.						X								Plan for Mental Health Prevention and Treatment Services completed.	
2) Feasibility study on the establishment of small group homes in rural communities.												X		Feasibility study completed.	
3) Plan for the development of a children's receiving home in Interior Alaska.												X		Plan for children's receiving home completed.	
C. Distribute draft planning documents to interested individuals and agencies for review and comment; incorporate revisions as appropriate.	PDS											X	5	Citizens provided an opportunity to review and comment on planning documents.	
D. Present planning documents for final approval by NAIHA Board and by other boards, as appropriate.	PDC									X	X		X	4	Board approval of planning documents.
E. Publish approved documents.	PDS							X	X			X	3	Plans distributed for use.	

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: HEALTH SYSTEMS PLANNING

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	O	N	D	J	F	M	A	M			
OBJECTIVE 14 DEVELOP 1985-86 ANNUAL IMPLEMENTATION PLAN (AIP).													
A. Review and evaluate the 1984-85 AIP; meet with Plan Implementation Committee to review project review and other implementation activities.	PDC PIC PDS PIS	-	-	-	-	-	-	-	-	-	-	3	Discussion/analysis of AIP and HSP continuity; assessment of AIP community work projects; identification of priorities for AIP development.
B. Identify topics to be addressed in the 1985-86 AIP.	PDC PDS					X						2	Areas of emphasis identified.
C. Select task force members to address topic areas, as appropriate.	PDC					X						1	Task forces selected for identified topics.
D. Prepare for and conduct task force meetings.	PDS					X						5	Task force meetings held.
E. Draft AIP and distribute for review and comment.	PDS					X						10	AIP drafted and distributed.
F. Conduct public hearing on the 1985-86 AIP.	PDS						X					1	Comments received from interested citizens.
G. Incorporate and revise the 1985-86 AIP for final approval.	PDC							X				1	Recommend changes analyzed and adopted by PDC.
H. Adopt the 1985-86 AIP.	Board									X		1	Board adoption of AIP.
I. Distribute AIP to appropriate individuals, agencies, and organizations throughout the region.	PDS									X		1	AIP distributed to regional agencies, organizations, and interested citizens.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: HEALTH SYSTEMS DEVELOPMENT

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	O	N	D	J	F	M	A	M			
OBJECTIVE 15. IMPLEMENT THE 1984-85 ANNUAL IMPLEMENTATION PLAN (AIP).													
A. Distribute AIP to local and regional provider and consumer groups affected by or interested in the AIP.	PIS	X										1	AIP distributed to area providers and other health-related organizations. Progress documented toward implementation of AIP goals and objectives.
B. Continue to identify community organizations and individuals who can contribute to the implementation of the objectives and actions described in the AIP.	PIC PIS											6	Technical assistance provided to agencies/organizations and potential applicants which emphasizes objectives of the AIP.
C. Promote implementation of AIP objectives by providing technical assistance to and coordination of community organizations and individuals identified in Objective B.	AMS PDS PIS											20	AIP objectives met.
D. Maintain an effective system for documenting impact of plan implementation activities.	PDS PIS AMS	X			X			X			X	6	Impact documentation system maintained.
OBJECTIVE 16. ASSIST LOCAL AND REGIONAL AGENCIES, ORGANIZATIONS, INSTITUTIONS, AND GOVERNMENTAL UNITS IN IDENTIFYING AND PLANNING FOR SPECIAL NEEDS, AS REQUESTED.													
A. Provide direct technical assistance to individuals, agencies, service programs, and communities in: <ul style="list-style-type: none"> - defining needs - identifying resources - preparing grant applications - assisting with program implementation and evaluation 	PIS AMS RA											45	Community assistance and problem solving.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: HEALTH PROMOTION AND PREVENTION

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	O	N	D	J	F	M	A	M			
B. Provide program management assistance and support to human service agencies.	AMS PIS											10	Stability of health service programs improved.
OBJECTIVE 17. PROMOTE THE DEVELOPMENT OF HEALTH EDUCATION, WELLNESS, SELF-CARE, NUTRITION, AND RELATED PREVENTION AND HEALTH PROMOTION PROGRAMS.	AMS PIS												
A. Coordinate prevention and health promotion efforts among existing programs.			X									4	Health promotion programs working in a more coordinated manner.
B. Act as a resource for existing prevention and health promotion programs.			X									2	Technical assistance provided to health promotion programs.
C. Assist in developing new programs to meet high priority needs.			X									5	Programs are developed which meet the high priority needs of the region.
D. Design and pilot a community-based health promotion "curriculum" for senior citizens.									X			40	Senior citizens health promotion "curriculum" designed and piloted.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: PROJECT REVIEW

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products
		S	O	N	D	J	F	M	A	M		
OBJECTIVE 18. CONDUCT LOCAL REVIEWS OF GRANT APPLICATIONS AND PROPOSALS FOR LOCAL OR STATE HUMAN SERVICE FUNDS, IN COOPERATION WITH THE COMMISSIONER OF HEALTH AND SOCIAL SERVICES.												
A. Provide technical assistance to applicants.	PIS	-----									6	Technical assistance provided to applicant in advance of application.
B. Encourage public participation in the reviews.	PIS		-----								2	Public comments received on proposals.
C. Review and comment on high-priority health service applications.	PIC PIS	-----									10	Applications reviewed on timely basis.
D. Forward comments to the Commissioner of NISS and to appropriate State advisory boards.	PIS	-----									1	Commissioner and advisory boards have comments to use in making funding decisions.
E. Monitor implementation of new approved projects.	PIC	-----									3	Assurance that State funds are used as proposed.
OBJECTIVE 19. CONDUCT REVIEWS OF PROPOSALS FOR CONSTRUCTION OR EXPANSION OF INSTITUTIONAL HEALTH FACILITIES OR SERVICES.												
A. Provide technical assistance to potential applicants.	PIS	-----									4	Technical assistance provided in advance of application.
B. Conduct reviews and develop recommendations on individual projects.	PIC Board		-----								4	Review process completed and recommendations developed.
C. Forward recommendations to the appropriate agency.	PIS	-----									1	Recommendations forwarded to appropriate agency.
D. Monitor implementation of approved proposals.	PIC PIS	-----									2	Assurance that project is completed as proposed.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: DATA MANAGEMENT AND ANALYSIS

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products
		S	O	N	D	J	F	M	A	M		
<p>OBJECTIVE 20. MAINTAIN A REGIONAL CAPABILITY TO PROVIDE CURRENT, ACCURATE, HEALTH-RELATED DATA FOR PLANNING, REVIEW, AND RESOURCE DEVELOPMENT ACTIVITIES.</p> <p>A. Maintain a regional data cache containing current information on population, health status, health-care system, and socio-economic status for use by all citizens of health service area.</p> <p>B. Collect new data as needed to support the plan development and project review functions.</p> <p>C. Assist individuals, communities, service programs, and State agencies to define data requirements to support regional and statewide program and planning activities and to obtain necessary data.</p> <p>D. Coordinate data collection activities with local agencies, regional Native corporations, and statewide agencies and organizations,</p>	<p>PIS AMS</p> <p>RA</p> <p>PIS AMS</p> <p>PIS AMS</p>										<p>10</p> <p>20</p> <p>10</p> <p>5</p>	<p>Current, accurate health service data available to citizens of health service area.</p> <p>New and updated data collected.</p> <p>Data requirements defined and provided for.</p> <p>Collection of data accomplished in coordinated manner.</p>

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
 NINE-MONTH WORK PROGRAM
 1984-1985

FUNCTION: RESEARCH AND EVALUATION

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products
		S	O	N	D	J	F	M	A	M		
OBJECTIVE 21. CONDUCT STUDIES AND RESEARCH ACTIVITIES IN RESPONSE TO LOCAL, REGIONAL, OR STATE PRIORITIES.												
A. Conduct research on health-service and health-policy issues of local, regional, and state interest.	PDS PIS AMS	-----	-----	-----	-----	-----	-----	-----	-----	-----	30	Information collected, analyzed, and presented in appropriate form to support decisions on health-service and health-policy issues.
B. Provide a community/regional perspective to the legislative and executive branches of state government on health-related issues not otherwise addressed through agency activities.	PDS PIS AMS	-----	-----	-----	-----	-----	-----	-----	-----	-----	10	Legislative and executive branches of government aware of regional or local issues of concern.
OBJECTIVE 22. ENCOURAGE EVALUATIONS OF HEALTH SERVICE PROGRAMS.												
A. Assist health service programs to evaluate their own activities and impacts.	PDS PIS	-----	-----	-----	-----	-----	-----	-----	-----	-----	5	Health service programs with mechanisms for demonstrating impact of their services.
B. Assist local and State funding agencies in conducting evaluations of health service programs.	PDS PIS	-----	-----	-----	-----	-----	-----	-----	-----	-----	5	Health service programs are evaluated objectively by external reviews.
C. Assist the Alaska NISS in designing appropriate evaluation criteria for programs funded by the State through grants and/or contracts.	PDS AMS PIS	-----	-----	-----	-----	-----	-----	-----	-----	-----	30	Evaluation criteria designed.

CLOSE-OUT WORK PROGRAM NARRATIVE

A phase-out work program and budget have been prepared based upon the guidelines provided by DHHS and the direction given by NAHRA's Board of Directors. It is the intent of the Board to seek State, regional, and local support for many of the health planning and resources development activities in the absence of federal support. In other words, as we begin to phase out the federal presence within the agency, we will gradually transfer the support for high priority activities to alternative sources of funds.

In the following paragraphs, we have attempted to describe, from our current knowledge of the future, the actions which we intend to take regarding the phase-out of federal support for our agency.

AGENCY MANAGEMENT

Structure

Any policy or bylaw changes regarding the structure, function, or governance of the organization will be accomplished prior or subsequent to the three-month phase-out period.

Governance

It is our intent to terminate our designation agreement with DHSS on August 31, 1985. At this time, however, we do not plan to dissolve the organization. We anticipate that regional health planning will continue as a State-supported activity.

Post-Termination Activities

Provisions will be made with the "successor organization" to store the required records for three years and to complete all of the post-termination reporting requirements.

Staff

During the close-out period, both the professional and support staff will be phased-out over the first two months. Exceptions will be the Executive Director and the Administrative Assistant, who will be working 100% FTE. As positions are phased out, they will, at the same time, be transferred or phased into the successor organization whose budget and activities will be distinct from the phase-out budget and work program.

Coordination

All formal coordination agreements with other agencies will be reviewed. Those which require specific reference to designated HSAs will be terminated or re-negotiated to be effective with the HSA successor.

Other cooperating agencies will be notified of our changing status and will be encouraged to maintain a similar relationship with the HSA successor agency.

Public Involvement and Education

During the phase-out period, the public will be informed of NAHRA's changing status. Public involvement and education will continue to be a function of this agency in the absence of federal support.

HEALTH SYSTEMS PLANNING

During the 1984-1985 project year, we will be involved in several planning activities which should be completed by the end of the nine-month work program or shortly into the phase-out period. High priority activities which are more long term in nature will be transferred to the support of the successor agency.

HEALTH SYSTEMS DEVELOPMENT

Implementation activities will remain a high priority function in NAHRA's work program during FY 85. Activities will either be completed during the first two months of the phase-out period or will be supported by the HSA successor organization.

HEALTH PROMOTION AND PREVENTION

All health promotion and prevention activities will be terminated or supported by the successor agency.

PROJECT REVIEW

Any agencies who may be under review by NAHRA (e.g., CON) will be notified of our pending termination agreement at least 90 days prior to termination. Review of applications will continue through the first nine months of the fiscal year, with the final funding decision being made by the State in June, 1985. Pending continuation of funds from the Alaska Department of Health and Social Services, an HSA successor organization will probably have local and regional review responsibilities based upon a negotiated memorandum of agreement with the Commissioner of Health and Social Services. Certificate of Need reviews will be dependent upon the SHPDA's designation agreement and the status of the State CON law.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
THREE-MONTH PHASE-OUT WORK PROGRAM
1985

Objectives/Tasks	Primary Responsibility	1985			Staff Days	Output/Products
		June	July	August		
OBJECTIVE 1. PROVIDE FOR THE PHASE-OUT OF FEDERAL PRESENCE IN THE AGENCY'S ORGANIZATION AND MANAGEMENT.						
A. Maintain agency policies and by-laws in accordance with federal closeout criteria.	AMS EC	-----		-----X	2	Agency policy and procedures and by-laws consistent with federal expectations.
B. Complete resolution on withdrawal of agency from operation under designation agreement with the Secretary of the Department of Health and Human Services.	AMS Board	X			2	Board-passed resolution to terminate designation agreement with Secretary of Health and Human Services.
C. Provide for the storage and access to the agency's federal records, including financial, personnel, equipment inventory, and records related to contracts exceeding \$10,000.	AMS		X		3	Federal records stored in safe, accessible place.
D. Provide for completion of all post-termination reports and activities.	AMS Board		X		15	Post-termination agent designated to complete post-termination activities and provide access to federal records.
E. Obtain ongoing financial support and transfer professional and support staff to alternate sources of funds.	AMS Staff	-----	-----X		20	Funds obtained and staff financial support transferred from federal support to alternate source of funds.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
THREE-MONTH PHASE-OUT WORK PROGRAM
1985

Objectives/Tasks	Primary Responsibility	1985			Staff Days	Output/Products
		June	July	August		
OBJECTIVE II. MAINTAIN FINANCIAL MANAGEMENT SYSTEM.						
A. Maintain routine financial management activities (see nine-month work program).	AMS	-----X			10	Routine financial management activities.
B. Arrange for and assist in annual audit.	AMS FC		-----X		5	Audit completed within 90 days of termination of federal funds.
C. Provide for final financial audit to be submitted to federal and State officials.	AMS			X	2	Final financial audit.
OBJECTIVE III. CONCLUDE PLAN DEVELOPMENT ACTIVITIES.						
A. Complete high priority plan development activities and transfer appropriate documents and information to SHPDA.	PDS	-----X			40	SHPDA in possession of appropriate regional planning documents and information.
B. Transfer the support for continuing high priority planning activities to alternate source of funds.	AMS PDS		-----X		8	Local/regional health planning continues in absence of federal support.
OBJECTIVE IV. COMPLETE PLAN IMPLEMENTATION ACTIVITIES.						
A. Complete high priority plan implementation activities.	PIS	-----X			40	Plan implementation activities completed or transferred to alternate funding source.
B. Transfer the financial support for continuing implementation activities to alternate source of funds.	AMS PIS		-----X		10	Transfer financial support for implementation activities.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
THREE-MONTH PHASE-OUT WORK PROGRAM
1985

Objectives/Tasks	Primary Responsibility	1985			Staff Days	Output/Products
		June	July	August		
OBJECTIVE V. CONDUCT LOCAL REVIEWS OF GRANT APPLICATIONS AND PROPOSALS FOR LOCAL OR STATE FUNDS.						
A. Negotiate a memorandum of understanding with the Commissioner of Health and Social Services to provide for local/regional review of state-funded health service proposals.	AMS PIS		X		3	State of Alaska seeks and supports local review of health service proposals.
B. Incorporate project review activities within new organization structure.	AMS			X	8	Local review of health service proposals provided for.
OBJECTIVE VI. PROVIDE FOR THE TRANSITION OF DATA ACTIVITIES TO SUCCESSOR AGENCY.						
A. Guarantee the maintenance of a health-related data cache for use by all citizens of the health service area.	AMS PDS	-----	-----X		10	Data gathering, analysis, and storage activities transferred to successor agency or data files available for public use.
OBJECTIVE VII. PROVIDE NOTICE OF TERMINATION TO COOPERATING ORGANIZATIONS.						
A. Provide notice of termination to agencies with which NAIIRA has specific coordination agreements (A-95 Agency, SHPDA, HSAs, etc.).	AMS			X	2	Agencies aware of NAIIRA's termination activities.



P.O. BOX 7015 KETCHIKAN, ALASKA 99901 907-225-9681

Memorandum to: SEAHSA Board of Directors
From: D. J. Pielech, Director JP
Date: March 13, 1984
Re: Proposed Work Program

Attached, you will find a draft work program for the 1984-85 Federal Grant Application that must be submitted in final form by May 1, 1984.

After you have reviewed the work program items contained here, revisions will be made based on your comments, a draft produced complete with staff day allocations and timeframes, and a public comment period will commence.

Following this public comment period, a final grant application will be developed and submitted. This, then, is your chance to review the work program. You will, of course, have additional time to comment during the public comment period.

The work program is ambitious. It is based on 4 professional full-time staff. If our funding situation is different than we expect, a new work program will be developed.

Thank you for your help.

Southeast Alaska Health Systems Agency

Function: Agency Organization and Management

Function Statement: Perform all agency activities directly related to the organization and governance SEAHSA, management of agency resources, provision of administrative and support activities

B = Board of Directors

D = Director

HP/CE - Community Educator

HP/PRS - Project Review Specialist

HP/SPS - Special Plans and Studies

HP/DMA - Data Management and Analysis

Total year 09 Professional Staff Elys
For AOM Function =

Responsibility

REQUIRED OBJECTIVES AND ACTIVITIES

M A M J O A S O N D J F M A M J J

- B, D
- A1.0 Maintain policies and procedures pertaining to SEAHSA organizational structure, governance and operation
- A1.1 Provide necessary fiscal and personnel administration
 - A1.2 Review and evaluate organizational structure, policies and procedures and recommend revisions when necessary
 - A1.3 Periodic review and update of Bylaws, Personnel Policies, organizational chart, and all other Board and administrative policies, and recommend revisions when necessary
 - A1.4 Maintain an accessible record of Board established policies, procedures and State and Federal regulations
 - A1.5 Maintain Board and Committee composition in compliance with Federal guidelines and Board policies

- B, D
- A2.0 Provide necessary personnel administration
- A2.1 Conduct screening/recruitment of program and support staff positions, as well as consultants
 - A2.11 Recruitment and placement of HP/Project Review Specialist
 - A2.12 Recruitment and placement of HP/Special Plans and Studies
 - A2.13 Recruitment and placement of HP/Data Management and Analysis
 - A2.14 Recruitment and placement of Secretary I
 - A2.15 Recruitment and placement of Accountant I
 - A2.2 Conduct periodic individual staff performance evaluations per personnel policies

Continuous line indicates periodic and/or ongoing activity.

Large X indicates deadlines or Focus.

KEY

Southeast Alaska Health Systems Agency
Function:
Function Statement:

Total Year _____ Professional Staff Days
For _____ function = _____

Responsible Party:

REQUIRED OBJECTIVES AND ACTIVITIES

- A5.2 Arrange for assist in external audits
- A5.3 Review accounting manual annually to assure appropriate internal control procedures for cash receipts, cash disbursements, payroll acquisition, and disposal of assets; recommending revisions when necessary
- A5.4 Provide regular financial reports to the Board

B, D, Staff

- A6.0 Provide staff development opportunities to enable satisfactory accomplishment of SEAHSA activities
 - A6.1 Continue review of current periodicals and literature
 - A6.2 Conduct weekly staff meetings to foster cross-disciplinary exchange
 - A6.3 Provide opportunity for each staff member to attend one continuing education program per year, based upon available resources

Continuers line indicates continuation of activity.

Large 'r' indicates deadline or focus.

AEI

Total Year _____ Professional Staff Days
 For _____ Function = _____

Southeast Alaska Health Systems Agency

Function: Plan Development

Function Statement: Perform agency activities directly related to development of long range and short term plans that address goals, recommendations, and priorities for the region or areas within the region

- B- Board of Directors
- D- Director
- HP/CE - Community Educator
- HP/PRS - Project Review Specialist
- HP/SPS - Special Plans and Studies
- HP/DMA - Data Management and Analysis

Responsible Party

REQUIRED OBJECTIVES AND ACTIVITIES

1 2 3 4 5 6 7 8 9 10 11 12

- B, Staff B 1.0 Periodic review/revision or update of adopted agency health plans.
 - B1.1 Continuous monitoring and final progress Report on 1983-1984 Annual Implementation Plan (AIP)
 - B1.2 Develop and Adopt Draft 1985-1986 Annual Implementation Plan
 - B1.3 Revise ^{Draft} and Adopt official 1985-1986 Annual Implementation Plan, prepare for printer, and final distribution.
 - B1.4 Continuous monitoring, mid-year and final progress reports on 1985-1986 Annual Implementation Plan.
 - B1.5 Complete preliminary work on 1985-1989 Health Systems Plan
- B, Staff B2.0 Develop health planning position papers or documents on topics of high priority for the region.
 - B2.1 Identification of priority topics for position paper development.
 - B2.2 Research and analysis of issues.
 - B2.3 Publication and/or presentation of documents with opportunities for public input
 - B2.4 Dissemination of position papers.

Continuous line indicates activity in progress or ongoing activity.

Large X indicates deadline or focus.

KEY

Southwest Alaska Health Systems Agency
Function: Plan Implementation/Review Activity
Function Statement: Perform all agency activities directly related to the project review function, develop procedures and criteria and perform actual reviews of health programs and facility construction

- B- Board of Directors
- D- Director
- HP/CE- Community Educator
- HP/PRS- Project Review Specialist
- HP/SPS- Special Plans and Studies
- HP/DMA- Data Management and Analysis

Total Year _____ Professional Staff Days
For _____ function = _____

Responsible Party

REQUIRED OBJECTIVES AND ACTIVITIES

- B, D, PRS C1.0 Develop and maintain procedures and criteria for conduct of agency review responsibilities that meet all federal and state requirements.
 - C1.1 Periodic review/revision of adopted external procedures for conduct of health program and construction/capital project reviews
 - C1.2 Provide consultation and technical assistance to all applicants and prospective applicants
- PRS, Staff C2.0 Conduct local or regional reviews of grant applications and proposals for local, state, or federal health service funds.
 - C2.1 Provide technical assistance to prospective applicants.
 - C2.2 Review and comment on applications according to Board policies and procedures.
 - C2.3 Forward comments on to appropriate authorities.
- B, D, PRS, Staff C3.0 Conduct reviews of proposals for construction or expansion of institutional health facilities or services.
 - C3.1 Provide technical assistance to prospective applicants.
 - C3.2 Review the project proposal and develop recommendations, according to Board policies and procedures.
 - C3.3 Forward recommendations on to the Commissioner and SHPDA.

Continuous line indicates no split and no other activity.

_____ indicates dead time or focus.

Southeast Area Health Systems Agency

Function: Plan Implementation/Health Systems Development

Function Statement: Perform agency activities directly related to resources development whereby the agency seeks the assistance and support of others towards development of new, expanded, or modified health resources

B- Board of Directors

D- Director

HP/CE- Community Educator

HP/PRS- Project Review Specialist

HP/SPS- Special Plans and Studies

HP/DMA- Data Management and Analysis

Total year _____ Professional Staff Days
for _____ function = _____

Table F-1

REQUIRED OBJECTIVES AND ACTIVITIES

1 2 3 4 5 6 7 8 9 10 11 12

- B, SPS, CE, Staff D1.0 Promote the implementation of the 1985-1986 Annual Implementation Plan
- D1.1 Distribute AIP to all interested of affected agencies
 - D1.2 Engage additional agencies or individuals to promote the AIP wherever possible.
 - D1.3 Provide technical assistance and coordination towards implementation of objectives.
 - D1.4 Document accomplishments of AIP objectives, and disseminate information in the region
- B, SPS, Staff D2.0 Provide technical assistance or consultation to area agencies, organizations, community groups and institutions in identifying or planning for health services, as requested
- B, SPS, CE D3.0 Complete health systems plan for Lynn-Canal area
- D3.1 Develop and adopt framework for Lynn Canal Health Plan
 - D3.2 Visit local health councils and interested individuals, groups, and agencies to refine health plan framework and begin work on needs assessment and identification of planning issues
 - D3.3 Conduct all necessary research, coordination and public involvement meetings in the affected communities
 - D3.4 Draft Lynn Canal Health Plan
 - D3.5 Solicit public comment on plan and revise accordingly
 - D3.6 Prepare final draft for Board approval, printing, and public dissemination

Continuous line indicates permanent and/or ongoing activity.

Letter X indicates deadlines or focus.

REF:

Southeast Alaska Health Systems Agency
Function: Plan Implementation/Health Systems Development
Function Statement:

Total year _____ Professional Staff Days
for _____ function # _____

Approximate hours:

REQUIRED OBJECTIVES AND ACTIVITIES

B, CE, SPS

- D4.0 Work with local health councils in the rural areas to strengthen planning functions and linkages with the regional health planning process
 - D4.1 Identify rural health councils based on interest and available agency resources
 - D4.2 Meet with local health councils and assist them in determining community needs
 - D4.3 Advise local health councils on availability of funds and options for program and services development
 - D4.4 Strengthen mechanisms for local health council input into regional health planning process

Continuous time indicates iterative and/or ongoing activity.
Large # indicates activities in focus.

Southeast Alaska Health Systems Agency
Function: Data Management and Analysis

Function Statement: Perform agency activities directly related to the acquisition, maintenance and analysis of information required to develop and implement agency plans

- B- Board of Directors
- D- Director
- HP/CE- Community Educator
- HP/PRS- Project Review Specialist
- HP/SPS- Special Plans and Studies
- HP/DNA- Data Management and Analysis

Total Year _____ Professional Staff Days
 For _____ Function = _____

Responsible Party

REQUIRED OBJECTIVES AND ACTIVITIES

DATA MANAGEMENT AND ANALYSIS

DNA, Staff

E1.0 Provide a basic data clearinghouse service which supports plan development and implementation activities

- E1.1 Assess current program library and data files, consolidate, revise and update as necessary
- E1.2 Compile and distribute current demographic and health status data by hospital service area
- E1.3 Work with SHPDA on the improvement of current data and information capacities (regional and Statewide)

E1.0 Provide data support services to SEANSA staff.

COORDINATION

B, D, Staff

F1.0 Maintain memorandums of agreement with appropriate local, regional, and state agencies to coordinate health planning activities

- F1.1 Monitor Memorandums of Agreement with the SHCC, SHPDA, DHSS, A-97 Clearinghouse
- F1.2 Monitor Memorandum of Agreement with the Southeast Alaska Regional Health Corporation
- F1.3 Maintain regular contact and exchange with SCHPDA and NAHRA

Continuation line indicates continuation of activities.

Events indicated deadlines or figures.

3/12/84

FY 85 Federal Grant Application

Proposed Budget

Budget CategoriesGeneral

A. Personnel	\$ 215,000
B. Fringe (.236)	50,740
C. Travel	64,430
D. Equipment	3,000
E. Supplies	13,250
F. Contractual	2,000
G. Other	<u>31,350</u>
	\$ 379,770

Sources of Funds

Non-federal	\$ 200,000	grant from State
Non-federal	50,000	other contracts w/State
Federal	100,000	basic operating grant
Federal	22,500	Match on non-fed. monies
Unrestricted monies	<u>7,000</u>	carryover and interest
	\$ 379,500	

Budget detail by categories on following pages.

BUDGET DETAIL

<u>A Personnel</u>	<u>Annual Salary Rate</u>	<u>No. Mos. Budget</u>	<u>% Time</u>	<u>Total Amount Req'd</u>
<u>Name and/or Position Title</u>				
D. J. Pielech - Director	\$37,500	12	100%	\$ 37,500
Carolyn Epple - HP/Community Educator	30,000 (range 28-32)	12	100%	30,000
Kathy Bryant ? - HP/Project Review Specialist	30,000 (range 28-32)	12	100%	30,000
Vacant - HP/Special Plans & Studies	28,000 (range 26-30)	12	100%	28,000
Vacant - HP/Data Mgm. & Analysis	26,000 (24-28)	12	100%	26,000
Mabel Monrean - Administrative Assistant	27,500 (range 25-29)	12	100%	27,500
Vacant - Accountant I	24,000	12	50%	12,000
Vacant - Typist/Secretary	24,000	12	100%	<u>24,000</u>
				\$215,000

B. Fringe

Annuity 7.5%

Health Insurance 6.7

FICA 7.0

Workers Compensation 1.08

AUT 1.31

23.59

C. Travel

Board:

4 meetings at \$7,000	\$ 28,000
2 Executive Committee meetings @1,620	3,240

Staff:

6 trips to Lynn Canal @ \$697.00	4,182
-------------------------------------	-------

6 trips to Juneau (State Coord.) x 2 staff members @ \$459.00	5,508
---	-------

10 trips to rural SE communities for Health Council meetings x 2 visits x 2 staff @ \$450.00	18,000
--	--------

6 trips for Cont'g. Education for Staff	<u>5,500</u>
--	--------------

\$ 64,430

D. Equipment

Duplicating machine	\$ 3,000
---------------------	----------

E. Supplies

Office	\$ 2,500
Duplicating	2,000
Printing	3,500
Advertising	1,750
Professional Newsletters & Periodicals	1,000
Service Contracts	<u>2,500</u>

\$ 13,250

F. Contractual

CPA Consultation	\$ 800
Office Maintenance	<u>1,200</u>

\$ 2,000

G. Other

Rent (\$1250 x 12)	\$ 15,000
Insurance	2,000
Telephone	7,200
Postage	3,000
Audit	4,000
Bonding	<u>150</u>
	\$ 31,350



**South Central
Health Planning and Development, Inc.**

1135 West Eighth Avenue • Suite 1 • Anchorage, Alaska 99501

(907) 278-3631

March 8, 1984

Senator Joe Josephson
Pouch V
Juneau, Alaska 99811

Attention: G. Birkett

Dear Georgia:

Attached is a copy of a letter sent to the House Finance Committee last year regarding reinstatement of State support for HSAs through HB355. It offers a cursory overview of the financial support our HSA has received since 1978.

To add more recent information, SCHPD has received \$135,915 in FY 1984 from Federal funds (\$100,000 basic grant plus 35¢ match on every non-Federal dollar earned through additional grants or contracts). Our anticipated Federal funding for FY 1985 is \$156,637, based upon the same formula. With these funds we are only able to hire 1.5 technical staff and 1.0 clerical staff.

The reinstatement of \$200,000 from State funds would allow the HSAs to provide the regional health planning and community resource development services which our communities are requesting. We are currently underfunded to meet the requests we receive.

Please contact me or our Board President, Steve Lesko (561-5335), with any further questions. I have also attached a list of our Board of Directors in case other HESS Committee members have questions from their local constituencies.

Sincerely,

Barbara Berger
Executive Director

attachments

February 16, 1983

This letter sent to: Representatives Al Adams, Don Clocksin, & Mae Tischer.

Dear

The Executive Committee of South Central Health Planning and Development, Inc., met on February 14 to consider our future as a regional health planning agency. In order to continue our activities beyond May 31, 1983, the end of our grant year, we need to have some assurance of funding from the State. We are asking that an amount of \$200,000 for each of the three Health Systems Agencies be reinstated in the budget.

As we understand it, your subcommittee is now in the process of reviewing the DHSS budget. Alaskan Health Systems Agencies, established in 1976, have received Federal and State grants each year of our operation. Commissioner Beirne told us HSAs were not included in the proposed budget this year for two reasons. First, the Division of Corrections was consuming an increasing portion of the Department's resources. Since then, the new administration has proposed changes in the organization with respect to Corrections services. Second, at the time the budget was drafted, there was no indication Federal money was going to be available. However, Congress has since passed a continuing resolution providing for funding of HSAs at last year's levels.

Continuation of Federal funding at last year's levels means a basic grant of \$100,000 plus \$15,000 in match (at 30¢ on the dollar for the \$50,000 State grant). The chart on the next page shows grant amounts received for the last six years. In addition to the \$200,977 in Federal and State money received this last fiscal year, we had approximately \$40,000 in carry-over. Therefore, a \$200,000 grant from the State would mean a reduction in funding from FY 1980, 1981, 1982 levels. It would mean a slight increase from the latest year. During the past year all staff (except one) are working on a half-time basis due to the budget cuts.

Page two

February 16, 1983

Amount	Federal	State	Total
FY 1983	150,977	50,000	200,977
FY 1982	298,377	100,000	398,377
FY 1981	353,310	100,000	453,310
FY 1980	234,902	125,000	359,902
FY 1979	175,000	125,000	300,000
FY 1978	175,000	125,000	300,000

We urge you to rectify the error made by the Department in excluding funding for the three organizations that provide a forum for public involvement in health care decisions. (See attached page for brief summary of our responsibilities.)

If you have any questions about our organization do not hesitate to call me or the President of the Board, Lillie McGarvey.

Sincerely,

Margaret M. Wilson
Executive Director

MMW/ab

Enclosure

What is South Central Health Planning and Development, Inc. (SCHPD)? South Central Health Planning and Development, Inc., like the other two Health Systems Agencies in Alaska, is a non-profit corporation run by a volunteer board of directors established for the purpose of improving the health of residents, increasing the accessibility, acceptability, continuity and quality of health services provided to the population, restraining increases in the cost of providing health services, and preventing unnecessary duplication of health services.

SCHPD serves the 270,000 residents of south central and western Alaska. The service area encompasses eight of the twelve Native regional corporation areas: Norton Sound, Yukon-Kuskokwim, Kodiak, Bristol Bay, Copper River, Cook Inlet, North Pacific Rim, Aleutian/Pribilof Islands. The Municipality of Anchorage is designated as a ninth subarea in the total service area.

While all the residents of the area are affected by the decisions of the agency, SCHPD works most closely with: 1) health care providers, including physicians, nurses, representatives from the 16 hospitals in our area, staff from the 8 non-profit health corporations in the area, directors of mental health and alcohol/drug abuse programs, Indian Health Service representatives (on health care cost and health promotion at the workplace issues), community residents who desire technical assistance for the development of proposals for new health services, Boards of health programs who desire training on effective functioning, and others.

The volunteer Board members of SCHPD with help from the staff they hire, provide a process for public involvement in the decisions as to how public money is to be spent in health care. With an ever increasing portion of public (State and Federal) dollars being spent on health services through Medicare, Medicaid, revenue-sharing, mental health and alcoholism programs, risk reduction grants, direct appropriations for capital expenditures (to name a few) public input into the form and organization of those services becomes even more critical.

The public involvement process as implemented by SCHPD has meant:

- continual coordination with providers and consumers on health care delivery issues in the development of planning documents, on committees and task forces, public meetings;
- publication, at least annually, of short-range plans listing high priority areas of concern in south central and western Alaska;
- publication and distribution of periodically updated long-range plan that analyzes health problems and establishes a framework for development of health services by size of community;
- public review of any Certificate of Need proposals (the only opportunity for the public to review and comment on any analysis of proposals submitted);
- provision of data to communities, elected officials, health care providers to justify and/or evaluate health care expenditures;
- public meetings in communities, technical assistance to communities;
- other involvement in health issues, such as sponsorship and organization of a Health Promotion at the Worksite conference attended by over 200 participants.



**South Central
Health Planning and Development, Inc.**

1135 West Eighth Avenue • Suite 1 • Anchorage, Alaska 99501
(907) 278-3631

BOARD OF DIRECTORS

Sharon Anderson
112 Fish Hatchery Road
Eagle River, AK 99577
Home: 688-9064
Work: 276-1131 (ext.330)

Bob Appel
Box 2779
Dillingham, AK 99576
Home: 842-5214
Work: 842-5266

Laura Lee Calhoon
Star Route A, Box 2048L
Anchorage, AK 99507
Home: 344-7463
Work: 276-1333

Karen Carpenter
Star Route, Box 40
Anchor Point, AK 99556
Home: 235-6381

Louise Charles
P.O. Box 663
Bethel, AK 2954
Work: 543-2954

Bill Faulkner
2011 Atwood Drive
Anchorage, AK 99503
Home: 272-5091
Work: 272-2557

Peter Gallagher
1766 Morningtide
Anchorage, AK 99501
Home: 279-4187
Work: 786-1426

Rose Ida Hendricks
P.O. Box 874471
Wasilla, AK 99687
Home: 376-3334
Work: 376-3334/562-3148

Steve Lesko
6419 Blackberry
Anchorage, AK 99502
Home: 243-7438
Work: 274-1581

Lillie McGarvey
4230 Tahoe Drive
Anchorage, AK 99502
Home: 243-1078

Bonnie McGee
4812 Sundi Drive
Anchorage, AK 99502
Home: 243-5566

Carolyn Michels
P.O. Box 966
Nome, AK 99762
Home: 443-2026
Work: 443-5411 ext. 202

Julie Miller
3701 Eureka Space 57A
Anchorage, AK 99503
(TTY) 276-1600
Home: 561-0588

Robert Niebrugge
P.O. Box 365
Glennallen, AK 99588
Home: 822-3256
Office: 822-3823

Gloria Okeson
Box 86
Palmer, AK 99645
Home: 745-3091

Bill Orfitelli
P.O. Box 42327
Anchorage, AK 99509
Work: 345-2813

Marie Osterback
P.O. Box 156
Sand Point, AK 99661
Home: 383-2363

George Peratrovich
Yukon-Kuskokwim Health Corp.
Box 528
Bethel, AK 99559
Home: 543-2476
Work: 543-3321

Jonathan Sewall
Box 1184
Seward, AK 99664
Home: 224-3577
Work: 224-5205 (ext. 207)

Beth Taeschner
Box 56
Soldotna, AK 99669
Home: 262-4287 T,Th
Work: 262-4344 M,W,F

Betty Thielson
Box 40744
Anchorage, AK 99509
Home: 276-1255

Dan Van Wieringen
P.O. Box 1187
Kodiak, AK 99615
Home: 486-5959
Work: 486-3281

IHS Representational Liaison

Diane Muri
AK Area Native Health Service
P.O. Box 7-741
Anchorage, AK 99510
Work: 265-3312

Military Representational Liaison

Colonel Lester Parker
Hospital Administrator
Elmendorf AFB Hospital
Elmendorf, AK 99506
Work: 205-9312

**Fairbanks
North
Star
Borough**

Mayor B.B. Allen

INDIVIDUAL LETTERS SENT TO INTERIOR DELEGATION
AS WELL AS SENATORS FERGUSON, VIC FISCHER,
JOSEPHSON & SACKETT, REPS. ADAMS & DUNCAN

April 25, 1984

Dear

I would like to express my strong and continuing support for the Northern Alaska Health Resources Association (NAHRA) and urge your support for funding for this agency.

NAHRA is our only resource in the northern region for locally-based planning and health service development. As you know, the Fairbanks North Star Borough is a second-class borough and, as such, does not have health and social service powers. It is unlikely that we will assume these powers in the foreseeable future. Therefore, NAHRA provides the only forum for public participation in the decision-making process about human service delivery for this community. NAHRA coordinates planning and community organization activities on a wide range of issues -- responsibilities which the Borough would have to assume, at increased cost, were NAHRA to cease operations.

Over the past two years, NAHRA provided support and leadership in the formation and operation of the Arctic Alliance for People. At my suggestion, the Arctic Alliance prepared a plan for human services for the Fairbanks North Star Borough. This plan would never have been possible were it not for NAHRA's technical assistance. I consider this plan and surrounding activities as major accomplishments in the Borough and in the best interests of all the people. There are many other examples of their contribution to the community as well. Continuation of this kind of effort is essential, especially as revenues decline.

As Mayor of the Fairbanks North Star Borough, I am responsible for appointing fifteen of NAHRA's thirty board members. This linkage provides a significant avenue for the Borough government and NAHRA to interface, for the general good of the citizens. This interface also ensures accountability of both parties in the area of human services. I have read and concur totally with a letter dated April 25, 1984, from J.B. Carnahan, President of NAHRA. NAHRA is a strong, accountable and effective agency serving all the people of northern Alaska.

Once again, I would reiterate the crucial nature of state funding

OFFICE OF THE MAYOR



The Golden Heart City

April 25, 1984

Senator Vic Fischer
Alaska State Legislature
POUCH V
Juneau, AK 99811

Dear Senator Fischer:

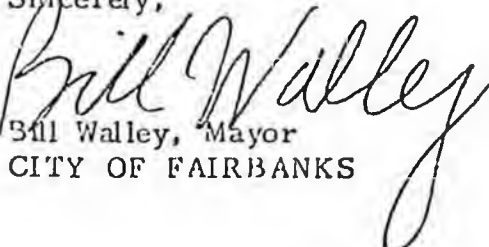
The Northern Alaska Health Resources Association (NAHRA) is one of the most important agencies in the interior. Continuation funding for their activities is crucial, if there is to be a rational planning process in the northern region.

I am most concerned about recent accusations that the NAHRA Board of Directors is not representative because I do not make appointments. We in the City have always felt that the Fairbanks North Star Borough, which encompasses all the people of the urbanized area of which Fairbanks is the center, is the appropriate appointing body. NAHRA staff and volunteers have talked with us about this issue in the past, and we have assured them that we find the appointment process to be an acceptable one. We do not wish to change that system in any way. I want to be on record that the City of Fairbanks has no quarrel with NAHRA in any way, nor do we have a quarrel with the Borough on this matter.

NAHRA, as a non-aligned entity, is in a unique position to provide technical assistance and planning support to all the agencies and local governments in the northern region. They have assisted both the City Commission on Health and Social Services and the Arctic Alliance for People, upon whose plan the City Council set its priorities for human services funding. I can assure you that their role is a vital one, which must not be jeopardized.

Thank you.

Sincerely,


Bill Walley, Mayor
CITY OF FAIRBANKS



TANANA VALLEY MEDICAL-SURGICAL GROUP, INC.

(A PROFESSIONAL CORPORATION)

1001 NOBLE STREET • FAIRBANKS, ALASKA 99701 • PHONE 452-1611

STAFF MEMBERS

January 16, 1984

OBSTETRICS & GYNECOLOGY
LAWRENCE I. DUNLAP, M.D.
RICHARD C. HESS, M.D.
RALPH A. WELLS, M.D.
BARBARA L. CLUTTER, M.D.
JAN SWANSON, CNP

SURGERY
ANCEL EARP, M.D.
MICHAEL J. FLANNERY, M.D.

ORTHOPEDIC SURGERY
JOHN W. JOOSSE, M.D.
RANDY LIPPINCOTT, P.A.C.

INTERNAL MEDICINE
DANIEL C. DAVIS, JR., M.D.
ROSS E. MORGAN, M.D.
JEANNE M. CLARK, R.N., P.A.C.

PEDIATRICS
RICHARD C. REEM, M.D.
J. ALAN MAC FARLANE, M.D.
MARY C. MAC FARLANE, M.D.
NANCY J. SCHULTZ, M.D.
JAMES D. BRIGGS, M.D.
J. TIMOTHY FODTE, M.D.
CATHY BINDER, C.P.N.P.

GENERAL PRACTICE
& FAMILY MEDICINE
JAMES A. LUNDQUIST, M.D.
DONALD E. THIEMAN, M.D.
JEFFREY S. TRILLING, M.D.
JEAN M.W. TSIGONIS, M.D.
DAVID L. LEWIS, P.A.C.
ROY E. HOWARD, P.A.C.
THOMAS H. WILSON, P.A.C.

DERMATOLOGY
THOMAS P. SENTER, M.D.

ADMINISTRATION
RON DAVIS, MANAGER
JAN WIESE, ASST. MGR.
SANDRA J. FARMER,
COMPTROLLER

ADMINISTRATOR
G. L. SEELIGER

Senator Don Bennett
Pouch V
Juneau, Alaska 99811

Dear Senator Bennett:

I am writing to bring your attention to an important health consideration for the Northern Region of Alaska. The issue is the importance of state funding for the Northern Alaska Health Resources Association, Incorporated, known as NAHRA.

Since its inception, this organization has been a helpful adjunct in the delivery of health care to the people in the northern portion of Alaska in many respects and through many different projects.

As an independent agency, it serves a useful function as a liaison between the private delivery of health care and state or federally funded systems. Among their more important current projects are the Health Education/Risk Reduction Project focused on health awareness for secondary students in the North Star Borough, and the recent sponsorship and prime mover in Alcohol Awareness Week. In addition, they have always worked closely with the Boards of Fairbanks Memorial Hospital in reviewing certificates of need, and my opinion as a private practitioner is that they have done a fair and thorough job. There are many other projects that are ongoing and are too numerous to mention.

In view of the fact that many of their current functions would need to be taken over by organizations which are currently state funded, it seems to make fiscal sense to reinstate funds for NAHRA in the next budget session so that their work can continue.

Sincerely,

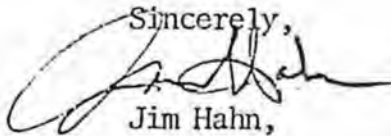
Ralph A. Wells, M.D.

04-28-84

Representative Ai Adams,

I strongly support the efforts NAHRA has made in heading up comprehensive health planning for the Northwest portion of the State. This organization now faces fiscal uncertainty, and I am asking for your full support and any service you may render on behalf of NARHA is securing funding to insure the institution's viability over the coming year.

Sincerely,



Jim Hahn,
Service Unit Director,
Barrow Hospital
Barrow Ak 99723

RECEIVED MAR 2 1984

February 28, 1984

Senator Don Bennett
Pouch V
Juneau, Alaska 99811

Dear Don:

Sherry McWhorter, the Executive Director of the Northern Alaska Health Resources Association, Inc. has informed me of their impending financial crisis and the existence of SB 334. She has asked me to write you in support of SB 334 which apparently will help them to some degree with their shortfall since federal funding has been cut off. I have had the opportunity to work with Sherry in the past on mutual health-related matters and I am impressed with the care and understanding N.A.H.R.A. has handled the matters before them. I request that you give them every consideration in SB 334 in order that they may continue to provide their much-needed services.

I would also like to thank you for checking into the site for the Steese Area Volunteer Fire Department's second station. We are working hard to provide services to area residents and a second station is most urgently needed if we are to continue to provide the quality of service necessary to protect the lives and possessions of the residents in our service area.

Thanks again for your consideration of N.A.H.R.A. in SB 334.

Sincerely,



Arthur S. Hansen, D.D.S.

CC: Sherry McWhorter, Executive Director, N.A.H.R.A.
Board of Directors, Steese Area Volunteer Fire Department

RECEIVED FEB 10 1984

4178 Birch Lane
Fairbanks, Ak 99701

February 8, 1984

Senator Bettye Fahrenkamp
State Capitol Building
Pouch V
Juneau, Ak 99811

Dear Senator Fahrenkamp:

I would like to express my strong support for SB 334, which will provide necessary support for the Northern Alaska Health and Resources Association, Inc. (NAHRA). As a teacher of social work at the university, I can attest to importance of NAHRA in planning, coordinating, and offering technical assistance to health agencies and communities in Northern Alaska. If NAHRA were to be discontinued, these services in these areas I am sure would be adversely affected.

Sincerely,

Gerald S. Berman, Ph.D., ACSW

CC: Ms. Sherry McWhorter
NAHRA

Copy - also sent one to Sen Bennett -

RECEIVED Apr 25 1984

Governor's Council for the Handicapped and Gifted
600 University Ave., Suite C
Fairbanks, AK 99701

Message send to:

Senator John Sackett
Senator Don Bennett
Senator Joe Josephson
Rep. Al Adams
Rep. Bob Bettisworth
Rep. Jim Duncan

Please support the inclusion of the Northern Alaska Health Resource Association in this year's budget. They provide a wealth of information and expertise to health and social service agencies in this region. Without NAHRA, our ability to collect information for service planning will be seriously impaired. Please do what you can. Thank you.

April 25, 1984 9:00 a.m.

Public Opinion Message
Legislative Information Office

Nathan Rowntree
Nov. 1. Pole, Alaska

Please resist the lures of the
the Northern West which induces
Associates. In your work, I urge all
Legislature: to cherish the people as the
greatest resource in the present and
the future.

Joyce Outten
2476 Sunflower Loop
SR Box 60727-F
North Pole, AK 99701
April 27, 1984

To the Alaskan Legislators:

I recently discovered that funding for two of the three Health System Agencies has been deleted from next year's budget. I strongly urge you to reinstate this funding.

As a mother and a wife, I feel that the Northern Alaska Health Resources Agency in Fairbanks has always done an outstanding job in educating the Northern community about various potential and present health problems--alcoholism, drugs, birth defects, etc. Also in compiling annual research statistics, articles and reports, the HSA's have taken the burden from local hospitals and related health, prevention and handicapped organizations agencies so that these people can spend more of their time planning and working directly with Alaskans.

I realize that budget cuts will always have to be made, but in this instance I believe this to be more of a "people's cut."

In closing, I would like to remind you that HEALTHY ALASKANS ARE VOTERS.

Sincerely,


Joyce Outten

RECEIVED APR 25 1984

4-23-84

Rep. Duncan;

Please do not delete NABA (the
northern ASL) from the operating budget.

\$125,000 is a small price to pay for
~~innovative planning, impartial review and credible~~
resources for health and human services.

NABA is unique and indispensable.
Providing services without community input
and cost-all planning would be just plain
stupid. The northern region needs NABA!

Sincerely,
Anna Hanson

Farrison
SR 10348A Fairbanks, Alaska 99701

Similar
letters
to other 5
conferences or
summits

December 22, 1983

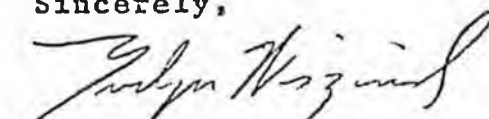
Sen. John C. Sackett
Pouch V
Juneau, Alaska 99811

Dear Senator Sackett,

I am writing in support of the Northern Alaska Health Resources Association. I feel NAHRA provides an invaluable service in the Northern Region primarily through impartial program evaluation, provision of resource materials and technical assistance.

I urge you to support the reenstatement of NAHRA in the FY '85 State budget for the amount needed to insure the continuation of their services.

Sincerely,



Evelyn Wiszinckas, PhD
Upper Yukon Behavioral Health
Director

EW/BH.B. Carnahan, President NAHRA

EW/bh

February 1, 1984

The Honorable Al Adams
House of Representatives
Pouch V
Juneau, Alaska 99752

Dear Al:

I was really disappointed to read your January 17 response to my letter about funding for the Northern Alaska Health Resources Association (NAHRA).

I am very much aware that NAHRA has no State funding this year. In FY 1983, NAHRA and the other two HSAs each received \$50,000 from the State. Before that, since 1976, each HSA had gotten \$100,000 annually. Two years ago, federal funding for HSAs was cut by 67%. Now, Congress has voted to continue funding through August, 1985, and there is every indication that they will re-enact legislation that will continue national health planning activities through 1989. However, NAHRA cannot survive on their \$100,000 federal allotment. It is absolutely essential that the State of Alaska support health planning and resource development activities.

Dr. Smith, Commissioner of the Department of Health and Social Services, has expressed very strong support for health and social services planning statewide, and he sees HSAs as the mechanism for that planning. He says that he has a firm commitment to having planning done on a regional as opposed to a statewide level. I suggest that you call the Commissioner to find out what his position and that of DHSS is on this matter. He can tell you that the State alone is not able to fill the gaps caused by elimination of HSA funding. It is the HSAs who have always done the planning for the State. Now, there is almost nothing being done at the State level. After September 1, there will be no planning done regionally either unless the State funds HSAs.

I have told you before that NAHRA provides a very useful service for the Maniilaq Association and the people of the NANA region. You know me well enough to know that I say what I believe. Through NAHRA's help, we are able to direct our funds and personnel most effectively for helping our people. The planning assistance that NAHRA has given us allows us to actually save program dollars and stretch them to serve more people. The Maniilaq Association bought NAHRA's services out of our own program monies this past year because they are so important to our operations. If NAHRA were funded by the State directly, we would not have had to do that ourselves. We need them; the other regions of the State need them too. They are especially helpful to our Native people who often do not have other means of addressing local concerns and presenting them to State funding sources effectively.

RECEIVED FEB - 1 1984

P. O. Box 8
Sitka, AK 99774-0008
January 24, 1984

Dear Alaskan Leader:

I am writing to encourage your support of the Northern Alaska Health Resources Association. I would like to see \$225,000 be reinstated in the state budget for FY 1985 in order that this organization may continue it's important work in the areas of health education, home health care, youth psychiatric services and rural health.

In addition to state funds NAHRA utilizes several private contracts for the implementation of health services. Without a guaranteed economic support base by the state, these contracts will not sustain NAHRA.

I believe NAHRA's new executive director, Sherry McWhorter, is an extremely dedicated and capable administrator. I know she will maximize the benefit of state money. Won't you please give NAHRA the necessary allocation for FY 1985?

Sincerely,

Patty Merrill
Patty Merrill

kag

cc: Sherry McWhorter

RECEIVED JAN 4 1984



MC GRATH HEALTH CENTER

P.O. BOX 86 MC GRATH, ALASKA 99627
(907) 524-3299

December 29, 1983

The Honorable John C. Sackett
The Senate of Alaska
13th Legislature, Second Session 1984
Pouch V
Juneau, AK. 99811

Dear Sir:

I am writing in support of Northern Alaska Health Resources Association, Inc.'s request for funding from the state budget through FY 85, from the perspectives of a health care provider and a health services consumer.

I believe NAHRA provides a valuable service to the Northern Region as the only body that reviews health care issues and as a health care planning instrument on a region wide basis. With the rapid changes and growth that are affecting all communities in Alaska, which in turn impact health services needs and implementation, it seems responsible and beneficial to support an agency that sees the "big picture" in terms of immediate needs of individual communities and the future needs of the region as a whole. This forward looking reduces duplication of services within the region and addresses health services development in a priority - determined, logical, fashion.

That there is such effective interfacing between local, sub-regional, and regional health services agencies in an area as large and diverse as Northern Region, is largely due to the efforts and contributions of NAHRA.

I hope you will support NAHRA's request for funding through FY 85 in the state budget, in order that NAHRA may continue to provide its valuable services to our region.

Sincerely,

Mary Medora S. Durbrow, PA-C
Clinic Director

cc: Northern Alaska Health Resources Association, Inc.

From: Allen Ootten
2476 Sunflower Loop
North Pole, AK 99705

To: Sherry McWhorter
Northern Alaska Health Resources Assoc.

This letter is in reference to the lack of funding the Legislature has refused to appropriate to NAHRA. If there is anything I can do, let me know. I still remember how you helped my son and I last summer.

Give me a call at home,

AL

April 27, 1984

Joyce Bunch

SR Box 60727-F

North Pole AK

99705

To Whom it May Concern -

Please reinstate funding for
both Northern Alaska Health Resources
Association and Southeast Health
System Agency. Southeast and Northern
Alaska are not in Anchorage, so
why should SE and N people's health
and the care of it be any less
than South Central?

Sincerely,

Joyce Bunch
474-6940

January 5, 1983

Honorable William Sheffield, Governor
Third Floor, State Capitol
Pouch A
Juneau, Alaska 99811

Dear Honorable Sheffield,

As a provider of Health Care, I am urging your support in funding the Northern Alaska Health Resources Association (NAHRA).

NAHRA plays a big part to us who live in the bush. We look to them for statistical data and Alaska based information that concerns our region.

This body helps us when help is needed in regards to health related concerns. They provide us with technical assistance in Community Organization, Management, Evaluation, Program Planning, Needs Assessments and Implementation.

Without NAHRA, every agency would have to expend more of its own program resources in these subjects. This is why it is important for us to have NAHRA around - we in the bush can go ahead and do the work we're hired to do, while NAHRA stays at home to do the paperwork for us.

Since they've been in existence I feel they have done a superb job and should be commended. They take the time to assist those who need help even if they are busy themselves.

If you have any questions, feel free to call me at (907) 442-3590.

Sincerely,

Nina K. Dahl

Nina K. Dahl, Director
Kotzebue Senior Citizens Cultural Center

NKD/lj

cc: NAHRA

Sherry
I wrote this & sent to all
the people on the following
page
Nina

RECEIVED MAR 21 1984

March 14, 1984

Representative Mae Tischer
Pouch V - Rm. 110-C
Juneau, AK 99811

Dear Representative Tischer:

I would like to voice *my* support of HB 355, recognizing the continuing need for regional health planning.

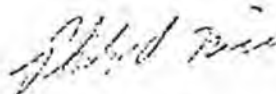
I have worked with the Northern Alaska Health Resources Association and have been favorably impressed with their accomplishments.

Their most impressive accomplishments are:

1. Health services planning with input from both citizens and provider groups.
2. Collection and analysis of data in an objective manner in order to assist in the decision-making process concerning health care needs in the region.
3. Organization of a system that can assist rural communities in needs assessment, keeping in mind regional needs and capabilities.
4. By feeding information from the Northern region to the State, it has been possible to develop health plans for the State with effective regional input.

Anything you can do to move the bill along will be greatly appreciated.

Sincerely yours,



Philip O. Nice, M.D.
Professor of Medical Science
UAFB Medical Education Program

northern alaska health resources association, inc.

April 25, 1984

The Honorable Don Bennett
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Bennett:

After hearing your comments on the Interior Delegation teleconference last night, I felt that I must respond to your mistaken impressions about the composition and appointment of the Board of Directors of the Northern Alaska Health Resources Association. Your information is clearly coming from Frank Gold, so my responses will be directed to his memo to the Public Health Service dated March 26, 1984. I have also enclosed for your information a copy of the federal government's response to Frank Gold.

1. Each year, Mr. Gold expresses dismay over the City of Fairbanks' lack of appointment power to the NAHRA Board. At the time the HSAs were established in Alaska, great care was taken to have appointments made by representatives of our four subareas -- the North Slope, the Fairbanks North Star Borough, the rural Interior, and the Northwest region. The City of Fairbanks was not "excluded" from appointment power but rather deferred to the Borough as the governmental entity covering the larger number of residents. No cities have appointing power. Appointing power is not related to whether or not an entity has health powers but rather whether or not it can generally be considered to be representative of the residents of the area. In the case of the North Slope and the urbanized part of the Interior, the appointing entities are the two Boroughs. In the rural areas where there is no organized Borough, the only two comprehensive entities (Maniilaq Association and Tanana Chiefs Conference) were given appointing power. The City of Fairbanks was consulted in this formation process and has been consulted subsequently. The City has always expressed support for the Borough's retention of appointing power. This arrangement was concurred with by the Governor of Alaska, the Department of Health and Social Services in Juneau, the federal Department of Health and Human Services at Region X in Seattle, and the Secretary of the Department of Health and Human Services.
2. There are mechanisms for removing unsatisfactory Board members. One method concerns attendance; any Board member can be removed for non-attendance in accordance with the by-laws. Members can also be removed for "cause." To date, no Board members have been removed for any reason other than non-attendance; in fact, when the individuals agree, they have always been reappointed when their terms have expired. No appointing body has ever expressed dissatisfaction with the actions of their appointees, but the bylaws do contain provisions for addressing such problems should they arise.

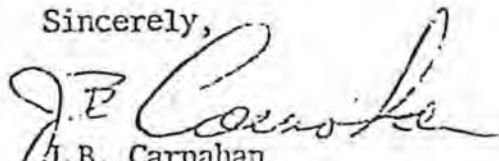
membership appointing power to include the City of Fairbanks. NAHRA staff and Board members have talked with City on several occasions and, as mentioned above, the City has favored leaving appointing power with the Borough.

2. There was never a NAHRA committee recommendation "to correct the lack of accountability." Accountability is built into the system. If Mr. Gold is seeking "legislative confirmation" for our Board members, he is mistaken in his understanding of P.L. 96-79. Legislative confirmation is not only inappropriate for regional bodies; it is also not provided for under the law.
3. NAHRA does remain committed to our present representational structure which has been determined by the legal authorities to be fair and equitable for northern Alaska. Again, the law does not address over-representation and in fact specifies equitable representation.
4. Again, conflicts of interest, when they occur, are handled at the Board level. Review of our minutes for the past nine years will clearly show that conflicts of interest are disallowed in decision-making actions.
5. Again, there was no committee recommendation to investigate the subregional advisory council concept. The bylaws would allow such a structure, and the representational arrangements were an attempt to ensure subregional representation. We cannot support such a council structure with current funds.
6. It is unclear why Mr. Gold would refer to a "forced recognition of non-medical/non-dental/non-hospital health professionals." By law, representation must exist from non-medical providers, and the NAHRA Board has always incorporated those people. A copy of our current Board list is attached.
7. Alaska has no statewide HSA. In fact, the law does not allow for the existence of a statewide HSA. There is a Statewide Health Coordinating Council, which is an all-volunteer body appointed by the Governor, and a state office for health planning in the Division of Planning, Policy, and Program Evaluation. The State-level entities are responsible for creating a State Health Plan from the Health Systems Plans of the three HSAs, for providing statistical information to the HSAs, and for making determinations for recommendation to the Commissioner of DHSS concerning approval or disapproval of Certificate of Need applications. We rarely overlap in any way and, in fact, make concerted efforts to share information and to coordinate activities so that we can all make maximum use of our scarce resources.

Senator Don Bennett
April 25, 1984
Page 5

Education, in which we are assisting teachers at Ryan, North Pole, and Eielson Junior and Senior High Schools with projects in the areas of nutrition, fitness, and stress reduction. None of these activities involve drug abuse and are not counseling-related.

Sincerely,


J.B. Carnahan
President

enclosures

cc: Governor Bill Sheffield
Statewide Health Coordinating Council
Division of Planning, Policy, and Program Evaluation
Alaska State Legislature
Senator Ted Stevens
Senator Frank Murkowski
Representative Don Young
Secretary, Department of Health and Human Services
Commissioner, Department of Health and Social Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

J. D. F. W. W. W.
Public Health Service

Region X
M/S 403
2901 Third Avenue
Seattle, WA 98121

April 4, 1984

Frank J. Gold, EdD
Executive Director & Staff Psychologist
KILA, Inc.
3098 Airport Way
Fairbanks, Alaska 99701-5599

Dear Dr. Gold:

Your memo of March 26, 1984, reviewing the Northern Alaska Health Resources Association, Inc. (NAHRA) draft Application, has been referred to me for response. Your review raises two types of issues. First are issues that bear on the legality of the organization. These relate to Board representation and conflict-of-interest requirements. Second are three issues over which we have no jurisdiction. These are the State's grant review procedure, the designation of a single Statewide HSA and the State's funding, of this Agency.

We have taken a close look at each of the legal issues. Our review has found the following:

1. Board Representation. Reference Sec. 1512(b)(2), Public Law 93-641, as amended by Public Law 96-79 and Public Law 95-538.

The NAHRA procedure for appointing Board members covers all the geographic area served by the Agency, including the City of Fairbanks. The Mayor of the Fairbanks Borough, in which the Agency is located, appoints 15 of 30 members of the NAHRA Board. Ten Board members are from the City of Fairbanks. The Agency is required to document in writing the socio economic and demographic characteristics of the Area. This documentation was submitted with their 1980 Grant Application. Based on our review the Board does comply with the legal requirements. We will again review the Board membership when the NAHRA 1984 Application is received.

2. Conflict-of-Interest among Board members and, especially, the Native Corporation representatives.

It is not unusual for a Board to have members which represent grantees or health facilities that are regulated by the HSA. Therefore under the Law, the Agency is required to have a conflict-of-interest policy which requires a Board member whose application is being reviewed by the Agency to be excluded from voting on that particular action. The Agency does have an operating conflict-of-interest policy; therefore, it is in compliance with the Law.

NAHRA BOARD OF DIRECTORS

Fairbanks North Star Borough

Keryl Lee Bauer	Health Educator	Fairbanks
Grant Carlin	Teacher	Fairbanks
J.B. Carnahan	Policeman	Fairbanks
Lennell Cleaver	Clergyman/Carpenter	Fairbanks
Jan Emmert	Nursing Supervisor, Fairbanks Memorial	Fairbanks
Dorothy Englund	North Star Council on Aging Director	Fairbanks
Robert Estrella	Petroleum Worker	Fairbanks
Anne Harrison	Public Health Nurse	Fairbanks
Richard Reem	Physician	Fairbanks
Norman MacPhee	Accountant	Fairbanks
Phillip Nice	University Professor	Fairbanks
Lorraine Phillips	Homemaker	Fairbanks
Michael Robertson	Mental Health Provider	Eielson A.F.B.
Marguerite Stetson	Cooperative Extension Service Nutritionist	Fairbanks
Ken Torgerson	Self-employed	Fairbanks

Maniilaq Association

Elmer Armstrong	Clergyman	Buckland
John Blower	Mayor	Ambler
Nina Dahl	Senior Center Director	Kotzebue
Dood Lincoln	IRA Council Staff	Kotzebue
Wally Paisano	Service Unit Director	Kotzebue

North Slope Borough

Jim Hahn	Service Unit Director	Barrow
Marie Neakok	Secretary	Barrow
Ida Olemaun	Deputy Health Director	Barrow
Rebecca Reynolds	Mayor's Assistant	Barrow
Dora Wolgemuth	Homemaker	Barrow

Tanana Chiefs Conference

Theresa Coffin	Petroleum Worker	Central
Marie Hailey	Teacher	Holy Cross
Cathie Ipaalook	Human Services Adminis- trator	Tok
Gary Ricketts	City Manager	Nikolai
Paul Sherry	TCC Director of Region- al Services	Fairbanks

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: SB 334
 Title: Regional Health Resource
Organizations
 Sponsor: Moss
 Requestor: _____
 Date of Request: _____

FISCAL DETAIL

Agency Affected: Health & Social Services
 Program Category Affected: Health
Planning, Policy and Program Evaluation
 BRU, Program or Subprogram(s) Affected: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES	450.0	450.0	450.0	450.0	450.0	450.0
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING						
CAPITAL	-0-					
REVENUE	-0-					

FUNDING: (Thousands of Dollars)

GENERAL FUND	450.0	450.0	450.0	450.0	450.0	450.0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for analysis

Prepared By: Daniel M. McArthur Phone: 465-3037
 Division: Planning, Policy & Program Evaluation Date: 2-13-84

Approved by Commissioner: Robert Gordon Smith Date: 2/13/84
 Agency: Dept of Health & Social Services

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83

POSITION PAPER

on

Senate Bill No. 334

For an Act entitled: "An Act relating to health resources development; and providing for an effective date."

This bill recognizes an existing and continuing need for regional planning for health and provides a means for state financial support of regional health planning. The Department of Health and Social Services supports this bill as consistent with its goal to maximize public input into state-wide planning for health and social services. There currently exists a great legacy of regional health planning in Alaska. Much of the existing planning has been accomplished by the three Alaska health systems agencies (HSAs) working in conjunction with the State Health Planning and Development Agency. (SHPDA-The federally designated title for the Division of Planning, Policy and Program Evaluation, DHSS.)

A mechanism for assisting communities in identifying and developing plans for dealing with health problems of residents, to provide technical assistance to communities, to assist in the development and maintenance of programs for the promotion of health and the prevention of disease and illness and to assemble and analyze health related data is important in ensuring quality health care. The review and special study capability afforded to the Department by the establishment of regional health resource organizations would facilitate the department's activities in carrying out its responsibilities, in the physical and behavioral health and social service components.

As a result of the past assistance which the three health systems agencies have offered to the department and because these agencies are established, on-going regional planning agencies, the department believes the health systems agencies should be considered as the appropriate planning agencies to meet the duties outlined in section 18.07.120 of the bill. The three HSAs are responsible under Public Law 93-641 for most of the duties listed for the proposed Regional Health Resources Organizations (RHRUs). The benefits to Alaskans and to departmental planning efforts from the federally supported HSAs have been significant.

Unfortunately, federal funding support for HSAs has been reduced to approximately one-third of the original amount. The reduction in funding has seriously limited the capabilities of the HSAs and the department to accomplish regional and statewide health planning. With increased funding supplied under section 18.07.122 of the bill, the three HSAs will be adequately staffed to provide the needed level of regional health planning.

Specific comments on SB 334 pertain to the following sections:

Section 18.07.112 HEALTH SERVICE AREAS:

Senate Bill 334 provides for the establishment of three or more regional health resource organizations, whose boundaries would be consistent with one or more adjacent organized boroughs or regional educational attendance areas. These regional health resource organizations would be responsible for assisting communities in a variety of health planning, development, technical assistance and implementation activities. The regional health resource organizations would also provide assistance to the Department in reviewing various health plans and applications and would perform other duties as specified in the contractual relationship between the Commissioner of Health and Social Services and the regional health resource organizations.

A continued capability for health planning, development and technical assistance at a regional level is a positive approach to improving health status and the health care delivery system in Alaska. Providing a contractual relationship between the Department and the regional health resource organizations permits the front-line development of predetermined products.

The Regional Corporation boundaries were previously used as the Health Service Area boundaries. The use of the boundaries of both the organized boroughs and the regional education attendance areas could allow for a multiplicity and overlap of planning organizations and increase the financing of the program to the state.

Section 18.07.114 REGIONAL HEALTH RESOURCES ORGANIZATIONS:

This section provides for a contract which has a duration of four years and is renewable to designate the regional health resources organization for each of the health service areas. Funding, however, occurs by grants awarded each fiscal year, according to Section 18.07.122. The department would need to establish specific procedures to ensure that the designation and funding processes were coordinated.

Section 18.07.120 DUTIES:

The review responsibilities under Section 18.07.120(b)(1)(A) and (B) would be more clearly specified if the words "grants of" were deleted under (A) and "grants" deleted under (B).

Recommended by: Daniel J. Meddleton
Daniel J. Meddleton, Director
Division of Planning, Policy
& Program Evaluation

Date: 2-8-84

Approved by: Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health and
Social Services

Date: 2/13/84

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: SB 334
 Title: Regional Health Resource
Organizations
 Sponsor: Moss
 Requestor: _____
 Date of Request: _____

FISCAL DETAIL

Agency Affected: Health & Social Services
 Program Category Affected: Health
Planning, Policy and Program Evaluation
 BRU, Program or Subprogram(s) Affected: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES	450.0	450.0	450.0	450.0	450.0	450.0
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING						
CAPITAL	-0-					
REVENUE	-0-					

FUNDING: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
GENERAL FUND	450.0	450.0	450.0	450.0	450.0	450.0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for analysis

Prepared By: Daniel M. McNeil Phone: 465-3037
 Division: Planning, Policy & Program Evaluation Date: 2-13-84

Approved by Commissioner: Robert Gordon Smith Date: 2/13/84
 Agency: Dept of Health & Social Services

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83

Specific comments on SB 334 pertain to the following sections:

Section 18.07.112 HEALTH SERVICE AREAS:

Senate Bill 334 provides for the establishment of three or more regional health resource organizations, whose boundaries would be consistent with one or more adjacent organized boroughs or regional educational attendance areas. These regional health resource organizations would be responsible for assisting communities in a variety of health planning, development, technical assistance and implementation activities. The regional health resource organizations would also provide assistance to the Department in reviewing various health plans and applications and would perform other duties as specified in the contractual relationships between the Commissioner of Health and Social Services and the regional health resource organizations.

A continued capability for health planning, development and technical assistance at a regional level is a positive approach to improving health status and the health care delivery system in Alaska. Providing a contractual relationship between the Department and the regional health resource organizations permits the front-line development of predetermined products.

The Regional Corporation boundaries were previously used as the Health Service Area boundaries. The use of the boundaries of both the organized boroughs and the regional education attendance areas could allow for a multiplicity and overlap of planning organizations and increase the financing of the program to the state.

Section 18.07.114 REGIONAL HEALTH RESOURCES ORGANIZATIONS:

This section provides for a contract which has a duration of four years and is renewable to designate the regional health resources organization for each of the health service areas. Funding, however, occurs by grants awarded each fiscal year, according to Section 18.07.122. The department would need to establish specific procedures to ensure that the designation and funding processes were coordinated.

Section 18.07.120 DUTIES:

The review responsibilities under Section 18.07.120(b)(1)(A) and (B) would be more clearly specified if the words "grants of" were deleted under (A) and "grants" deleted under (B).

Recommended by: Daniel J. Meddleton
Daniel J. Meddleton, Director
Division of Planning, Policy
& Program Evaluation

Date: 2-8-84

Approved by: Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health and
Social Services

Date: 2/13/84

Specific comments on SB 334 pertain to the following sections:

Section 18.07.112 HEALTH SERVICE AREAS:

Senate Bill 334 provides for the establishment of three or more regional health resource organizations, whose boundaries would be consistent with one or more adjacent organized boroughs or regional educational attendance areas. These regional health resource organizations would be responsible for assisting communities in a variety of health planning, development, technical assistance and implementation activities. The regional health resource organizations would also provide assistance to the Department in reviewing various health plans and applications and would perform other duties as specified in the contractual relationship between the Commissioner of Health and Social Services and the regional health resource organizations.

A continued capability for health planning, development and technical assistance at a regional level is a positive approach to improving health status and the health care delivery system in Alaska. Providing a contractual relationship between the Department and the regional health resource organizations permits the front-line development of predetermined products.

The Regional Corporation boundaries were previously used as the Health Service Area boundaries. The use of the boundaries of both the organized boroughs and the regional education attendance areas could allow for a multiplicity and overlap of planning organizations and increase the financing of the program to the state.

Section 18.07.114 REGIONAL HEALTH RESOURCES ORGANIZATIONS:

This section provides for a contract which has a duration of four years and is renewable to designate the regional health resources organization for each of the health service areas. Funding, however, occurs by grants awarded each fiscal year, according to Section 18.07.122. The department would need to establish specific procedures to ensure that the designation and funding processes were coordinated.

Section 18.07.120 DUTIES:

The review responsibilities under Section 18.07.120(b)(1)(A) and (B) would be more clearly specified if the words "grants of" were deleted under (A) and "grants" deleted under (B).

Recommended by: Daniel J. Meddleton
Daniel J. Meddleton, Director
Division of Planning, Policy
& Program Evaluation

Date: 2-8-84

Approved by: Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health and
Social Services

Date: 2/13/84

Introduced: 1/9/84
Referred: Health, Education and
Social Services and
Finance

1 IN THE SENATE

BY MOSS

2

SENATE BILL NO. 334

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

THIRTEENTH LEGISLATURE - SECOND SESSION

5

A BILL

6 For an Act entitled: "An Act relating to health resources development; and
7 providing for an effective date."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 * Section 1. AS 18.07 is amended by adding new sections to read:

10 ARTICLE 3. REGIONAL HEALTH RESOURCES ORGANIZATIONS.

11 Sec. 18.07.112. HEALTH SERVICE AREAS. The commissioner shall
12 designate three or more health service areas in the state. The bound-
13 aries of each health service area shall be coextensive with the bound-
14 aries of one or more adjacent organized boroughs or regional educa-
15 tional attendance areas. In designating health service areas, the
16 commissioner shall assure that each area forms a contiguous and com-
17 pact territory containing as nearly as practicable a relatively inte-
18 grated socio-economic area.

19 Sec. 18.07.114. REGIONAL HEALTH RESOURCES ORGANIZATIONS. (a)
20 The commissioner shall designate by contract a regional health re-
21 sources organization for each health service area.

22 (b) An applicant for designation as a regional health resources
23 organization shall apply on a form prescribed by the commissioner. An
24 application shall include

25 (1) a plan for the orderly assumption and implementation of
26 the duties of a regional health resources organization;

27 (2) assurances satisfactory to the commissioner that the
28 applicant meets the eligibility requirements of AS 18.07.116 and is
29 qualified to perform or is performing the duties prescribed in

1 AS 18.07.120; and

2 (3) a plan specifying how the applicant will select board
3 members.

4 (c) A contract under this section shall be for a period of four
5 years and is renewable. A contract may be terminated before its
6 expiration date

7 (1) by the regional health resources organization at a time
8 and with notice to the commissioner as the commissioner may by regula-
9 tion prescribe; or

10 (2) by the commissioner at a time and with notice to the
11 regional health resources organization as the commissioner may by
12 regulation prescribe, if the commissioner determines that the entity
13 is not complying with or effectively carrying out the provisions of
14 the contract.

15 Sec. 18.07.116. ELIGIBILITY FOR DESIGNATION. The commissioner
16 may designate as a regional health resources organization

17 (1) a nonprofit corporation incorporated under AS 10.20 for
18 the purpose of engaging in health planning and development functions;
19 or

20 (2) a unified borough government with the capacity to
21 perform health planning functions and whose planning area is identical
22 to a health service area.

23 Sec. 18.07.118. BOARD OF DIRECTORS. (a) Each regional health
24 resources organization shall be governed by a board of directors.

25 (b) A board shall include

26 (1) a representative from each regional nonprofit Native
27 corporation established under 43 U.S.C. 1601 - 1628 (Alaska Native
28 Claims Settlement Act) and located in the health service area; and

29 (2) members broadly and equitably representative of health

1 care consumers and providers in the organization's health service
2 area.

3 Sec. 18.07.120. DUTIES. (a) A regional health resources orga-
4 nization shall, within the boundaries of its health service area,

5 (1) assist communities in identifying and developing plans
6 for dealing with health problems of residents;

7 (2) provide direct technical assistance to communities for
8 implementing those plans;

9 (3) assist in the development and maintenance of public
10 information and advocacy programs for the promotion of health and the
11 prevention of disease and illness;

12 (4) assemble and analyze data relating to health matters
13 and coordinate data collection activities with state and local agen-
14 cies, regional Alaska Native corporations, and health organizations.

15 (b) A regional health resources organization shall

16 (1) in cooperation with the commissioner, review and pro-
17 vide comments and recommendations on applications and proposals made
18 to the department for

19 (A) grants of health service funds that could have a
20 significant effect on a health service area; and

21 (B) grants for construction and expansion of health
22 care facilities and nursing homes in the organization's health
23 service area;

24 (2) submit an annual report on its activities to the legis-
25 lature, the commissioner, and the residents of its health service
26 area;

27 (3) perform other duties the commissioner may by contract
28 require.

29 Sec. 18.07.122. GRANTS. (a) The commissioner shall make a

1 grant in each fiscal year to each regional health resources organiza-
2 tion. A grant under this subsection shall

3 (1) be made on the conditions the commissioner determines
4 are appropriate; and

5 (2) be available for obligation for a period not to exceed
6 the period for which the grantee is designated as a regional health
7 resources organization.

8 (b) A grant under this section may be used by a regional health
9 resources organization only

10 (1) for compensation of its personnel and the performance
11 of its duties;

12 (2) to make payments under contracts with other persons to
13 assist the regional health resources organization in the performance
14 of its functions; and

15 (3) to make grants to public and nonprofit private entities
16 and enter into contracts with individuals and public and nonprofit
17 private entities to assist them in planning and developing public
18 information and advocacy projects and programs that the regional
19 health resources organization determines are necessary for the pro-
20 motion of health and prevention of disease and illness in its health
21 service area.

22 * Sec. 2. This Act takes effect July 1, 1984.