

S B

334

(FILE 2)

Southeast Alaska Health Systems Agency Combined Statement of Assets, Liabilities and Fund Balances

July 31, 1983

	Combined Totals	Restricted		Unrestricted Funds
		IIIIS Grant PHS-10-P 550001-07-3	State Grant 07-1001	
ASSETS				
Cash	\$28,939	\$10,544	\$-0-	\$18,595
Receivables	258	3	-0-	255
Prepaid accounts	1,565	1,565	-0-	-0-
Equipment - Note B	-0-	-0-	-0-	-0-
Total assets	\$30,562	\$11,712	\$-0-	\$18,850
LIABILITIES AND FUND BALANCES				
Accounts payable	\$ 1,098	\$ 1,098	\$-0-	\$ -0-
Payroll taxes payable	162	162	-0-	-0-
Unearned grant revenue	10,452	10,452	-0-	-0-
Fund balances	18,850	-0-	-0-	\$18,850
Total Liabilities and Fund balances	\$30,562	\$11,712	\$-0-	\$18,850

Mental Health Plan

The SEAHSA Board of Directors undertook development of a regional Mental Health Plan based on the growing concern that services were inadequate and funding levels minimal. A key-informant survey was designed to determine community perceptions of the availability, effectiveness, and cost of the services. Responders were asked to indicate gaps in service and to identify which resources were felt to be inadequate or non-existent.

From this information, a special Mental Health Task Force made recommendations for improved mental health services for the individual service areas and for the region. Following are the regional recommendations for improved mental health services in Southeast:

Regional Recommendations:

- ▶ research and develop facilities for inpatient and psychiatric care in Southeast.
- ▶ research and develop community detoxification services.
- ▶ establish a treatment facility for youth with substance abuse problems
- ▶ stress education and prevention in programs; develop local support networks
- ▶ conduct study on the number of inpatient beds needed in Southeast
- ▶ address inadequate funding of programs

Review Activities

SEAHSA reviewed ten grant applications for State Health and Human Service funds and Public Safety monies for domestic violence programs. Proposals reviewed were limited to Southeast mental health programs, new programs, and reviews performed on special request. The status of these reviews is as follows:

Program	Board Recommendation	Certificate of Need
<i>Juneau Mental Health</i>	<i>Approved</i>	SEAHSA assisted applicants in the CON process which determines the appropriateness of large capital expenditures or new services in a health care facility.
<i>Juneau Mental Health Program</i>	<i>Approved</i>	
<i>Juneau Community Mental Health</i>	<i>Disapproved</i>	During 1982-83, the SEAHSA assisted with the Certificate of Need for the Juneau Regional Rehabilitation Hospital to modify a previous Certificate of Need. This proposal was recommended for approval in July of 1983.
<i>Juneau Community Mental Health</i>	<i>Approved</i>	
<i>Juneau Treatment Center</i>	<i>Disapproved</i>	A second request for Certificate of Need has been initiated by Bartlett Memorial Hospital in Juneau. Renovation/expansion of that facility will be looked at during the coming year.
<i>Juneau Community Mental Health</i>	<i>Approved</i>	
<i>Juneau Community Mental Health</i>	<i>Approved</i>	
<i>Juneau Community Mental Health</i>	<i>Approved</i>	
<i>Juneau Community Mental Health</i>	<i>Approved</i>	
<i>Juneau Community Mental Health</i>	<i>Approved</i>	
<i>Juneau Community Mental Health</i>	<i>Approved</i>	

Committees/Advisory Groups

During 1982-83 SEAHSA had assistance from three standing committees of the Board and a special mental health task force.

Committees of the Board

Plan Development/Implementation
Project Review
Futures

Special Task Force

Mental Health Study & Plan
Charlotte Barnes*
William Diebels*
Janet Kipfli*
Jon Shaefer, Kake
Dena Sanderson, Hydaburg

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Staff

Eathy Bryant, Health Planner
John Manning, Program Director
D. J. Fiedrich, Resource Specialist
Mabel Montrean, Administrative Assistant
Clara Palang, Accountant I

SEAHSA

Southeast Alaska Health Systems Agency



Annual Report
1982-1983

Introduction

The Southeast Alaska Health Systems Agency is the formally recognized health planning body for Southeast by the State of Alaska and the federal government. Health Systems Agencies were designated about eight years ago to ensure consumer involvement in health care decisions and reduce costs for services.

Like all other HSA's, SEAHSA is a private, non-profit corporation governed by a diverse Board of Directors who represent all types of consumers and providers of health care services from small and large communities throughout the region. SEAHSA covers all of Southeast, from Metlakatla up through Yakutat. The other HSAs in the State are located in Anchorage (which covers the South Central Region), and Fairbanks (which covers the Northern region). This report has been published for the benefit of our membership -- the people who live in Southeast Alaska.

There are many things that cannot be covered in a summary of this type. If there are questions about our organization or activities, you can speak with persons on our Board, or call us at the SEAHSA offices - 225-2631.



Kathy Bryant, staff, and board members Bella Watson (Yakutat), Julia Hall (Juneau), and Marie James (Petersburg) meet to discuss planning activities.

Overview of Activities

Plan Development

Revised the 1982 HSP and prepared an executive summary; produced an AIP and progress report; completed a regional Mental Health Plan and Kake Community Mental Health Plan; initiated planning efforts on Prince of Wales Island.

Resource Directories

Completed the SEAHSA Regional Directory of Health and Social Services and the Health Education/Risk Reduction Activities Directory.

Issue Papers

Completed two issue papers examining the effects of rapid growth and decreased state and federal funds on the Ketchikan service area; two publications were completed in conjunction with the Alaska Health Coalition: "Public Involvement in Health Care Decisions" and "Certificate of Need: Revision or Repeal."

Health Systems Development

Assisted applicants in completion of their proposals for State funds, provided statistical and other planning information to grant applicants, participated in meetings with community groups seeking to establish services in their communities, worked with Native organizations in development of services.

Community Information & Assistance

Coordinated presentations by State Health Education Office concerning the use and availability of Medical Information Cards; coordinated presentation on Hospice programs in Ketchikan and assisted in development of a local program; initiated a health information and promotion project with the "legislative community" in Juneau; worked extensively with the Ketchikan Gateway Borough School District in development of a comprehensive school health curriculum.

Data & Information

Maintained the data library and updated statistical information; provided information, on request, to a number of individuals, groups and agencies; conducted funding searches on request.

Program Evaluation

Participated in the site evaluations of Southeast Mental Health Centers with State staff; assisted various providers in their internal monitoring and evaluation functions; completed evaluation of the SEAHSA-sponsored boating safety curriculum; conducted key-informant survey of mental health services in all Level II and III communities.

Review Activity

Reviewed ten grant applications for FY84 funding and Certificate of Need.

Annual Implementation Plan

The 1983-84 Annual Implementation Plan (AIP) highlights eight short range objectives, to be monitored and assisted toward completion during the coming year.

Health Education Curriculum

Promotes comprehensive health education curriculum for grades K-12 in Southeast school districts.

Mental Health Services

Seeks to establish mental health services in Level I and II communities; encourages mental health training for lay persons in the areas of education, counseling and referral services.

Evaluation Service Acceptability

Seeks comprehensive mental health and substance abuse treatment programs; programs will be assisted in conducting needs assessments for special target groups in their catchment areas.

Information and Outreach

Increase public information regarding mental health and mental health services in Southeast.

Smoking

Seeks to establish smoke-free environments in all public meeting and office facilities.

Inpatient Psychiatric Services

Encourages a feasibility study for designating community hospitals or a regional inpatient facility.

CPR and First Aid

Encourages development of training programs and resources to meet EMS pre-hospital manpower needs; encourages guidelines regarding CPR and First Aid availability at public gatherings.

Program Coordination

Seeks to develop a comprehensive network of service agencies that respond to family violence. Seeks establishment of a community support network of POW communities.



State staff and board members in a meeting.

Health Systems Plan

An Executive Summary of the 1982 Revised Health Systems Plan for Southeast Alaska was completed and distributed throughout Southeast and the State offices. Major components addressed are:

- . Alcohol Abuse
- . Accidents
- . Mental Health
- . Maternal and Child Health
- . Non-alcoholic Substance Abuse
- . Heart Disease and Other Disorders of the Circulatory System

For a copy of the plan, or its summary, contact the SEAHSA offices.

Board of Directors

Officers:

Arthur Willman, <i>President</i>	Mt. Edgecumbe
Margaret Bixby, <i>Vice-Pres.</i>	Juneau
William Diebels, <i>Secretary</i>	Juneau
Janet Kipfli, <i>Treasurer</i>	Ketchikan

Board:

Solomon Atkinson	Metlakatla
Charlotte Barnes	Thorne Bay
Margaret Bixby	Juneau
William Diebels	Juneau
Julia Hall	Juneau
Penelope Holden	Juneau
Marie James	Petersburg
Shirley Johnson	Juneau
Alice Lehnert	Wrangell
Craig S. Slater	Petersburg
Cecil Smith	Ketchikan
Bella Watson	Yakutat
Arthur Willman	Mt. Edgecumbe
Janet Kipfli	Ketchikan
Paul Young	Port Alexander

Margaret Bixby, Vice-President, and Arthur Willman, President





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 giveme, no giveme.

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.

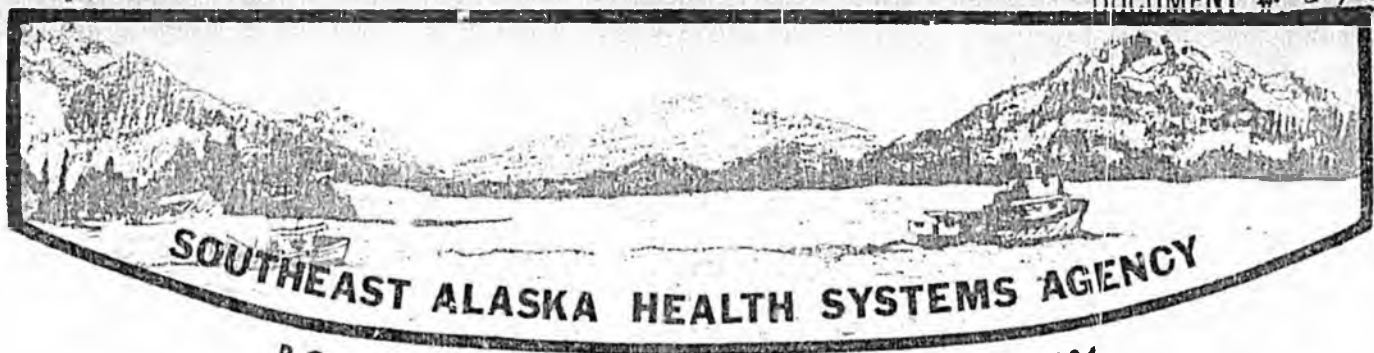
You will be contacted by the Health Systems Agency in your area to be kept abreast of their activities and planning process. I am enclosing a copy of the annual report of the Southeast Alaska Health Systems Agency, which serves the area from Yakutat to Metlakatla, so that you are familiar with how we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



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

Memorandum to: SEAHSA Board of Directors
 From: D. J. Pielech, Director *DJP*
 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 Days
 For AOM Function =

Responsible Party

REQUIRED OBJECTIVES AND ACTIVITIES

M A M J J 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.

Function:
Function Statement:

Responsible Party

REQUIRED OBJECTIVES AND ACTIVITIES

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

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

Continuous line indicates periodic and/or ongoing activity.

Large A indicates deadlines or focus.

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

Total Year _____ Professional Staff Days
For _____ Function = _____

Responsible Party

REQUIRED OBJECTIVES AND ACTIVITIES

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

- 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 periodic or ongoing activity.

Large X indicates deadline or focus.

Southeast 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

B, 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 to be done and/or ongoing activity.

Underline indicates deadline or focus.

Southeast Alaska 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 = _____

Responsible Party

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 ongoing and/or ongoing activity.

Large X indicates deadlines or focus.

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/DMA- Data Management and Analysis

Total Year _____ Professional Staff Days
For _____ Function = _____

J U N I O N J U N I O N J U N I O N

Responsible Party

REQUIRED OBJECTIVES AND ACTIVITIES

DATA MANAGEMENT AND ANALYSIS

DMA, 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)

also provide data support services to SEAHSA 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

Continuous line indicates on- or off-ongoing activity.

Letter L indicates deadline or focus.

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.

MEMORANDUM

TO: JOE
FROM: NANCY
RE: SB 334 - HEALTH RESOURCES ORGANIZATION

37 PEOPLE TESTIFIED IN SUPPORT OF THE BILL DURING THE FEBRUARY 13 TELECONFERENCE ON THE BILL.

RECOMMENDATIONS FOR CHANGES:

JOHN GARVIN, ALASKA CHILDREN'S SERVICES

1. put definition of 'health' in bill, and make very broad to include human services and mental health.
2. Pg. 3, line 24 - include in the annual report specific recommendations and plans for implementation.

DR. ROLAND, HAINES

3. Designate Anchorage as a separate R.H.R.O.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

4. Page 3, line 19 DELETE grants of.
5. Page 3, line 21 DELETE grants

BARBARA BERGER, SOUTH CENTRAL HEALTH SYSTEMS AGENCY, INC.

6. Page 3, lines 21-23 DELETE subsection (B) relating to Certificate of Need review.

Many who testified were concerned about the fiscal note presented by DH&SS. They had been asked by the department to make recommendations on what amount of money they would need to carry out the functions in the bill, and they recommended \$200.0 each (plus \$50.0 from the Federal Gov't.)

The fiscal note recommends \$150.0 each.

MEMORANDUM

TO: JOE
FROM: NANCY
RE: TELECONFERENCE - SB 334 - HEALTH RESOURCE ORGANIZATIONS

BACKGROUND

THE NATIONAL HEALTH PLANNING AND RESOURCES DEVELOPMENT ACT OF 1974 MANDATED THE ESTABLISHMENT OF HEALTH SYSTEM AGENCIES IN ALL STATES TO ASSESS THE HEALTH CARE NEEDS OF THEIR LOCAL POPULATION, AND MAKE RECOMMENDATIONS CONCERNING CERTIFICATE OF NEED APPLICATIONS. AT THAT TIME, THE HSA'S WERE FUNDED ACCORDING TO STATE POPULATION, WITH MINIMUM FUNDING PROVIDED FOR SMALL STATES (ALASKA), WITH SOME STATE MONEY ALLOCATED THROUGH DH&SS HEALTH PLANNING. IN THE LAST FEW YEARS, THE FEDERAL GOVERNMENT HAS CONSISTENTLY REDUCED HEALTH PLANNING FUNDING AND HAS BEEN CONSIDERING THE ELIMINATION OF HEALTH PLANNING AND CERTIFICATE OF NEED FUNCTIONS. WITH NO FINAL DECISION MADE IN THESE AREAS, THEY HAVE BEEN FUNDED AT A VERY LOW LEVEL BY A SERIES OF CONTINUING RESOLUTIONS.

LEGISLATION TO FUND HEALTH RESOURCE ORGANIZATIONS HAVE BEEN INTRODUCED SINCE 1982, BUT HAVE RECEIVED VERY LITTLE ACTION. THEY HAVE REQUESTED A FUNDING LEVEL OF \$200.0 FOR EACH HSA.

THERE ARE THREE HEALTH SYSTEMS AGENCIES IN THE STATE:

NORTHERN HEALTH RESOURCES ORGANIZATIONS (NAHRA) SERVES THE NORTH SLOPE, FAIRBANKS, THE ARCTIC SLOPE, DOYON AND NANA NATIVE REGIONAL CORPORATIONS.

SOUTHCENTRAL HEALTH PLANNING AND DEVELOPMENT, INC. SERVES ANCHORAGE, AND THE AREA COVERED BY BERING STRAITS, CALISTA, BRISTOL BAY, ALEUTIANS, KODIAK, COPPER RIVER, NORTH PACIFIC RIM, AND COOK INLET NATIVE CORPORATIONS.

SOUTHEAST ALASKA HEALTH SYSTEMS AGENCY SERVES THE SOUTHEAST PANHANDLE.

THE MOST VITAL FUNCTIONS OF THE HSA'S ARE:

COMMUNITY ASSISTANCE IN DEFINING HEALTH PROBLEMS IN COMMUNITIES THROUGH ORGANIZATION, ANALYZING ISSUES AND PROVIDING TECHNICAL ASSISTANCE IN THE IMPLEMENTATION OF STRATEGIES, GRANT WRITING AND PROGRAM DEVELOPMENT.

HEALTH PROMOTION THROUGH PREVENTION AND WELLNESS TRAINING, THE HSA'S HOPE TO MAKE CHANGES IN LIFESTYLE CHOICES BY IDENTIFYING LOCAL PREVENTION NEEDS, COORDINATING EXISTING SERVICES AND DEVELOPING NEW PROGRAMS.

PROVIDING A FRAMEWORK FOR REGIONAL PERSPECTIVE IN ORDER TO BEST ALLOCATE LIMITED RESOURCES TO REGIONAL AND STATEWIDE NEEDS THROUGH THE COLLECTION AND ANALYSIS OF DATA AND CONDUCTING RESEARCH ON HEALTH RELATED ISSUES.

SB 334 PROVIDES FOR:

*A MINIMUM OF THREE HEALTH SERVICE AREAS TO BE DESIGNATED FOR CONTRACTS TO HEALTH RESOURCE ORGANIZATIONS.

*APPLICANTS FOR THE FOUR YEAR CONTRACTS MUST BE A NON-PROFIT CORPORATION OR A UNIFIED BOROUGH GOVERNMENT.

*EACH ORGANIZATION MUST BE GOVERNED BY A BOARD OF DIRECTORS.

*DUTIES INCLUDE COMMUNITY ASSISTANCE IN HEALTH PLANNING, TECHNICAL ASSISTANCE, HEALTH PROMOTION, DATA ANALYSIS, CERTIFICATE OF NEED REVIEW, SUBMISSION OF AN ANNUAL REPORT AND OTHER DUTIES CONTRACTED FOR BY THE COMMISSIONER OF DH&SS.

*GRANTS WILL BE AWARDED ANNUALLY.

*EFFECTIVE JULY 1, 1984.

THE SOUTHCENTRAL HSA RECOMMENDS THE FOLLOWING CHANGES:

1. page 2, line 26: AMEND (b)(1) to read: "a representative from each region represented by a nonprofit native corporation and located in a health service area.
2. page 3, lines 21-23: DELETE ALL OF SUBSECTION (b) relating to certificate of need review.

Women's Shelter
P.O. Box 38
Kotzebue, Alaska 99752
(907) 442-3969

Maniilaq Association

Senior Citizens' Center
P.O. Box 260
Kotzebue, Alaska 99752
(907) 442-3590 or 3591

Public Health Nursing
P.O. Box 170
Kotzebue, Alaska 99752
(907) 442-5313

P.O. Box 256
Kotzebue, Alaska 99752
(907) 442-3311

Health & Human Services
F.R. Ferguson Building
(907) 442-3313 or 3914

February 24, 1984

Dr. Robert L. Smith, Commissioner
Department of Health and Social Services
Room 204, Alaska Office Building
Pouch H-01
Juneau, Alaska 99811

Dear Dr. Smith:

The House H.E.S.S. Committee chaired by Representative Mae Tischer of Anchorage will be hearing HB554 (if they haven't already done so) and we would like you to consider the following statements from the Maniilaq (NANA) Region:

1. That the HSA's not to be allowed to submit competitive proposals for the provision of services and concentrate on planning and data collection.
2. The HSA's not be allowed to review proposals submitted to departments of the Public Health Division. The function is done by each State Advisory Board.
3. The HSA boundaries be redefined with input from the twelve regional health entities.

With these three items in mind, we urge that you request both houses to adopt the bill.

Sincerely,


Howard Monroe, Jr.,
Health Director

/gej

cc: Honorable Mae Tischer, Chairman
Honorable Joe Josephson, Chairman
Honorable Frank Ferguson
Honorable Albert Adams
Sherry McWhorter, NAHRA
Marie N. Schwind, President

MEMBER VILLAGES

Ivisaappaat, Nunatchiaq, Ipnatchiaq, Katyaak, Kivaliniq, Laugviik, Qikiqtagnik, Nautaaq, Nuurvik, Akuligaq, Isimaq
Amhter, Buckland, Deering, Kiana, Kivalina, Kobuk, Kotzebue, Nootak, Noorvik, Selawik, Shungnak

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. Piccoli, 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 pender. 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. I 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 334.

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 Metlakatleet. 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 334 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 17-23.

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, NAFA. 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 20 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, thorough 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 2 1/2 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.

859 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 geographically 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.

2/13/84

Joe (Anich)

37 testified

teleconference

3B334 - Health Resource Organizations

Anich Jean Caron - All Children's Services, Dir.
concerns office -
revisited of planning mechanism in All.

- * 1. expand definition of "Health" to include mental health and human services?
- 2. pg 1 - fiscal impact of lg. number of service users
- 3. pg 2 - line 4 - 4 yr. contract but yearly funding
- * 4. pg 3 - line 24 - annual report include specific recommendations & plans for implementation.

Haines Dr. Paland
concerns

In attempting to deliver H.H. services have found that planning was haphazard.

- * * designate Anich. as a separate agency
a possibility - want in final draft

Haines Caroline Wolf - Gov's Council H & C.

3 year state plan for handicapped.
support funding for health planning -
Council uses NARA data.

Katz Nida Kahl - Manilla; NARA Bd. member
NARA has no state funding this year. Had \$5.0 last 2 yrs; 100.0 from feds. Cannot survive on

Misfunding. HEAs have always done state planning. planning assistance helps save program dollars; esp helpful to native people who do not have resources to carry these functions.

~~St. Paul~~

Ketch.

D.J. Pilike - SEHSA

provides regional data; had 6 professional staff when she came on board.

get questions from rural development; cow applicants; Mt. Edgecumbe Hosp.

routine technical assistance in planning.

- community planning has been cut back; turning down requests → lack of funds.
- review of funding proposals → how to assess quality of proposals?

Jurean

Becky Beard - Bd. SEHSA; Consumer

joined the Bd. because she was impressed with their work. technical ass't helped them to put together a demonstration project. planning esp. needed; health care services are inadequate.

Review of proposals needed. Some groups have good ideas but no understanding of the technical requirements of RFPs.

May lose system & then need to reassemble.

FBI

Ricky Sipe - Literacy Council of Ak.

support NAHRA.

appreciates the support for the Arctic

Alliance and leadership from NAHRA.
Has improved agency coordination
FBKS N.S.B. made a "Human Services
Plan".

FBKS Ann Harrison, NAHRA Bd. member
Support.
12 yrs in FBKS, PHN.
NAHRA a forum for health concerns!

Pterdyg. Florence Leroy - SEAHSA Bd. member.
increase accessibility of health
services; prevent duplication.
long range planning needed.
C.S.N. needs reworked.

FBKS Sandra Stringer
favors health program coordination; data
collection.

Juno Margaret Bixby - VP. SEAHSA
Support
40 yr resident. Since 1971 involved in
health planning
money saved in eliminating duplication
of services should pay for services.
only place for consumer input

Juno Dan Meddleton - P. P. P. E - DA'SSS
fiscal note \$450.0 - for \$150.0 for
each HSA, agencies requested 200.0 each.
Need def. of specific workplan.

1st time in yrs. the Depart. has supported funding.
position paper supports bill.

Ketchikan Wesley Terwilliger - Gateway M.H.
covers lg. geographic area. SEAHSA has helped in needs appraisal. Have been realistic in their work but understaffed. Coordinated outreach services to rural areas.
Has helped coordinate child abuse services. Concern over PBOA impact.

Petersburg Marie James - no testimony.

Wrangell Barbara ?
no number in Wrangell now. Want current HSA's to continue because they have a great track record.

Yakutat Daley ? HSA B.O.; Commissioner on Board and wants to support.

Orange Dorothy Brady - former SEAHSA Bd supports retaining HSA's

Thorne Bay - RN in Thorne Bay supports bill; SEAHSA helped island and is currently studying needs on the island.

Haines - Leo Land

agree with Becky Bear's comments.
grants for construction & expansion of health care facilities (C.O.N.)
flat sum per region does not take local costs into consideration.

Craig Wendy Sverington - Craig Youth Center

Prince of Wales Is. needs technical assist and community planning. Many small communities on Is.

P.A. Paul Young - Bd. SEATSA

100 in Pt. Alexander, regional planning vital & cost effective. Only spoke person for rural health needed.

Glenallen Dr. Nelson - Chiropractor

recommends Copper River Nat. Corp. for his regional res. org.
had a Pioneer Home in Glenallen.

Joe lots of latitude for Comm DASS

FBIS J.B. Carnahan - NATRA, pres.

NATRA directed by State to prepare budget, and they recommended \$250.0/ea HSA.

FBIS Caroline Winters - Outh. Community Resources

has been working w/ NATRA re needs assessment has worked w/ them since 1979. NATRA has been catalyst for Arctic Alliance for people.

FBIS Paul Sherry - TTC

Bd. member of NAHRA for TTC - been involved in developing this legislation.

Lack of support for health planning. Feel state/fed. received many times over & return on their funds invested.

amt. of money a concern - feel they need \$250.0 (inc. Fed. funds 50.0)

Tanana Chiefs supports legislation

long term Fed. situation a concern - Alaska needs HSA

FBIS Judith Bush

have seen work of NAHRA. Regional hearings of DHSSS heard over and over the need for regional planning.

All Soc. Serv. need regional planning

Ketch Charlie Laub - Ketch Alcohol Prog.

SEAHSA have coordinated local plans; provided specific goals & obj. for committees. Losing Fed. funds has caused a disruption in service

Environmental impact studies in Ketch. excellent. Can see goals/services of local organizations.

Janet Wesley - Dir. Women in Safe Homes

4 yr / Bd SEAHSA

In 1976 was working on Dom. Violence/health ed & promotion and no one could help get projects started until SEAHSA

Forum for consumers & providers to look at concerns in a positive way.

FBIIS. Bill Wharton - Dir. Home makers

Data from NAHRA helped to develop program w/o duplication.

FBIIS. Karaine Phillips - Bd. of NAHRA (2 1/2 yrs)

R.N. since 1953

Consumer needs place to provide input & obtain information on services.

FBIIS. Dorothy England - NAHRA Bd. member

Consumer input data/technical assist. to agencies in grant review.

Volunteered time/effort for yrs. because it is needed. Now people have come to depend on them and they are facing defunding.

FBIIS. Sherry McWhorter - Exec. Dir. - Nabra

3 Directors met w/ R.L. Smith 2 wks ago.

Proposed activities:

develop for standards/criteria of programs grant review

data collection

Community assist.

joint planning - State - Nat. Corp. - Military Regional components of statewide planning program evaluation design.

viewed as neutral parties > enable them to bring providers together

for NAHRA to accomplish tasks need minimum of \$225.0 G.F. Need 4 professionals.

Performance review - have been in since 1976

Anch. Barbara Berger - S.C. HSA

Number of agencies - Anch, through w/ health planning powers. Anch. a subarea Council of S.C. HSA and there is a memo of agreement between Munic & HSA. Can Munic be considered a regional entity.

pg 3 - lines 19-23 - project review - HSA directors want (A) and (B) viewed separately. CON may not ~~be~~ necessarily included -> duplicative

Funding - coordination of work of agencies at Admin level not provided in bill in language or funding.

Soldotna Beth Ashner -

Support:

1958 worked in Native villages; worked on state comprehensive plan.

1978 provided exp on Bd.

Expertise in cost containment & health promotion.

Encourage more funding

FBKS Joan Vernier - FBKS Nat. Assoc

Support:

support for resource planning diminishing while need is growing for health care

FBKS Ruth Kister - Women in Crisis

Smaller nonprofits cannot do needs assess must work relative to needs w/o HSA

Thorne Bay Charlotte Barnes - former SEATHSA Bd. member

in Thorne Bay SEATHSA has been the catalyst for more than health care Agency has not gotten fact in

Macrocystis red tape work

South Central Health Planning and Development, Inc.

ANNUAL REPORT

1983



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

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* Resigned during year or term expired

(C) = Consumer

(P) = Provider

This is the Seventh Annual Report of the Board of Directors of South Central Health Planning and Development, Inc. It was prepared with funding support from the United States Department of Health and Human Services.

For additional information contact South Central Health Planning and Development, Inc., 1135 West Eighth Avenue, Suite 1, Anchorage, Alaska 99501, phone number (907) 278-3631.

PRESIDENT'S MESSAGE

South Central Health Planning and Development, Inc. (SCHPD) has completed its seventh year serving the residents of south central and western Alaska. While the year was a "cut back" year in terms of staff resources, the agency continued its function in health promotion activities, outreach assistance to rural areas, analysis of health status indicators and the health system's performance, an update of the Plan, and review of new and continuing projects.

At the federal level the support for health planning has grown and the Reagan Administration has backed off its drive to eliminate planning as part of the Public Health Services. Part of the reason for the growth in support of health planning at the national level is the continued increase in health care costs and the inability of the Administration to see a decrease in that upward spiral. In 1982, America's medical bill climbed by 12.5% to \$322 billion. The proportion of GNP going to health care -10.5% in 1982- marked the first time that medical costs have exceeded 10% of the nation's total goods and services. In 1965, by contrast, health costs were only 6% of the Gross National Product. The cost of health care continues to rise at a much greater rate than almost any other product or service. The federal administration's response has been to put into place as of October 1, 1983, a prospective payment system for inpatient hospital cost reimbursement under Medicare.

Concern about rising health care costs was also reflected in decisions of the Alaska State Legislature in 1983. An attempt to repeal the Certificate of Need Law, which has been in effect since 1976 was rejected and replaced by amendments to the law to raise the threshold for CON but also to establish a prospective payment system for the State Medicaid system to establish a Medicaid Rate Review Commission. Thus, public payment systems at both the state and federal levels will be undergoing considerable change in the near future.

In addition to the federal resource decrease in 1982, the Health Systems Agencies in Alaska experienced another loss in resources in the 1983 state legislative session through the elimination of state funds which had been forthcoming at various levels over the prior six years. The result of this resource loss was yet additional decrease in staff at SCHPD. Despite these changes, the Board of Directors reaffirmed its commitment, asserting that the agency makes a vital contribution to health care delivery in the SCHPD region and voted to continue throughout 1983-84, even though the sole source of funds would be federal. The priority activity of the Health Systems Agency during this period will be assistance to rural areas while the subarea council in Anchorage will manage most of the issues that emerge in Anchorage. While the ability of the agency to function has certainly been impeded, the board is optimistic that the existing staff and board will serve the needs of the area in a most constructive way.

Lillian H. McHenry

HIGHLIGHTS OF SCHPD ACTIVITIES
FY 82-83

SCHPD applied for and was awarded a contract from the State Office of Emergency Medical Services to study prehospital and interhospital transfer of seriously ill or injured patients. The completed study, Alaskan Medevacs: Descriptive Study, Identification of Problems, and Possible Solutions, was completed in May of 1983 and was distributed statewide to legislators, providers, and others interested in the medical air transportation of patients.

The agency provided leadership in formation of the Alaska Child Passenger Safety Association whose major thrust was to develop legislation for mandatory seat restraints in the State of Alaska. This piece of legislation is still under consideration by the current legislature.

The agency published a position paper on Acute Care Bed Need Projections for the Anchorage area. This constituted an update of the Health Systems Plan on that issue.

For SCHPD, closure was brought to our legal challenge to the Lake Otis Hospital Certificate of Need. In 1980, SCHPD filed for revocation of the CON for Lake Otis saying that they had neither "shown continuing progress for commencement of the activities" described in the CON or demonstrated "good cause" for failure to complete construction of the hospital. In July of 1982, the hearing officer found that "good cause" was not established. She recommended that the Certificate of Need be revoked. In May of 1983, the Commissioner of Health and Social Services revoked the Certificate of Need for Lake Otis Hospital. The status of that revocation continues to be challenged at the State level.

Staff responded to a request to work with non-Native Level I and II communities to establish criteria for which they could obtain primary health care services. Staff worked most closely with the residents of Whittier. The State of Alaska has since initiated a pilot program to develop a "community health practitioner" role for non-Native communities.

The agency provided staff support, space, and materials to an Ad Hoc Anchorage-based group concerned with health promotion at the workplace. This group has continued to network to provide technical assistance and coordination to the growing number of interested employers.

SCHPD actively participated in planning and development of the Annual AL/HA Health Congress. The 1983 theme was "Health Promotion: Individual Responsibility and Public Policy". The Congress reached interested residents from all over the state; and involved participants from Canada and the USSR.

The Agency took a leadership role in helping to organize and facilitate the Alaska Native Health Board sponsored convention entitled "Who Will Provide Health Care to Alaska Natives?" Staff provided planning expertise in the development of the convention and facilitated several workshops during the convention.

In concert with the Human Resources Planning Department of the Municipality of Anchorage, a study entitled "Analysis of Community Bed Need in Anchorage for Inpatient Rehabilitation Beds" was published. The completed study was distributed to providers and consumers throughout the area.

SCIPD worked with the Bristol Bay Health Corporation to "upgrade" the priority level of their primary care health manpower shortage area designation to enable them to obtain a National Health Service Corps physician to practice in that region. Since then, that physician has been assigned.

The agency provided technical assistance in assembling resources with regards to health promotion and education for Kodiak, Seward, Aleutian Chain, and Norton Sound.

In the fall of 1982, a questionnaire was developed and circulated to all prospective State legislative candidates to determine their positions on various health related issues. Responses from the legislators were assembled and distributed to interested parties prior to the election. These summaries are still being used as a touchstone by area residents.

Staff participated with the University of Alaska in Anchorage, School of Nursing Continuing Education Program, to conduct a session on Health Systems in Alaska.

Staff traveled to Soldotna in December to speak before the Peninsula League of Women Voters on health care cost containment and alternatives for local communities.

At the Annual meeting in December, the Board reviewed the future of the Certificate of Need program with Fred McGinnis, then Deputy Commissioner of the Department of Health and Social Services for the State of Alaska.

SCIPD resource development staff was requested to provide board and staff training to the Cook Inlet Native Association Health Department, the North Pacific Rim Health Department, and the Yukon-Kuskokwim Health Corporation. Very productive training sessions were held for each of these agencies.

SCIPD staff was instrumental in the development of an Anchorage-based Tel-Med program. Its initial implementation occurred in Anchorage, and now it has expanded throughout the entire State of Alaska.

Input to state policy with regards to the role of nutrition in health was provided through participation on the State Nutrition Committee.

The dissemination of health related articles and other publications to aid health professionals is the important function of the Health Sciences Library. SCHPD staff has served on the Advisory Committee for the library during this past year.

In August of 1982, SCHPD staff joined the Yukon-Kuskokwim Health Corporation staff in conducting a joint regional planning session. The Board of Yukon-Kuskokwim Health Corporation also participated. Health status issues and health systems issues in the Yukon-Kuskokwim area were articulated and responses developed to deal with these problems at the community level.

Resource development staff of SCHPD provided in-service training to the Alaska Native Health Board.

In coordination with the other Health Systems Agencies, under the auspices of the Alaska Health Coalition, a public interest paper entitled "Certificate of Need: Revision or Repeal" was published and circulated to all interested parties. The State Legislature showed particular interest in this document.

SCHPD helped sponsor a conference "The Future of Alaska: Protecting Human Resources as Industry Grows." The Alaska Health Project organized the conference for agencies and individuals throughout the state.

SCHPD provided assistance to the Kenai Peninsula area in developing Home Health Care resources in their area. The local group is currently researching sources of funding for such a project.

Working with the Human Resources Planning Department of the Municipality of Anchorage, SCHPD staff developed position papers on Inpatient Psychiatric Care and Inpatient Substance Abuse Care for the urban area of Anchorage. These positions were distributed to the relevant professional communities and provided the basis for discussion of proposed expanded services.

Planning staff at SCHPD participated in a project sponsored by the State Division of Mental Health to develop a State Mental Health Plan.

Throughout the year the Project Review Staff was involved in reviewing several ongoing operational grant applications and participated in staff analysis and advice to the State on the following CON applications:

- .Advanced Health Systems Proposal for a Raleigh Hills Substance Abuse Treatment Facility (Approved, not favored in comparative review)
- .Charter Medical Corporation Proposal for a Psychiatric and Substance Abuse Treatment facility (Approved, favored in comparative review)
- .Providence Hospital Proposal for a Digital Fluorography System (Approved)
- .Providence Hospital Proposal for Replacement of Computed Tomography Scanner (Approved)
- .Surgery Center, Inc. Proposal for Relocation and Expansion of Ambulatory Surgery Center (Approved)

- .Humana Hospital, Alaska Proposal for Renovation and Expansion of their Emergency Department (Approved)
- .Providence Hospital Proposal for Hospital Information System (Approved)
- .Providence Hospital Proposal for Project 90 - Major Addition and Remodeling (Approved) (Comparative Review)
- .Humana Hospital, Alaska Proposal for a Tower Addition (Approved) (Comparative Review)
- .Providence Hospital Proposal to Replace Cardio Vascular Imaging System (Approved)
- .Harborview Developmental Center (Not reviewed - Emergency C/I granted by State, HSA not given notice)
- .Valdez Community Hospital Proposal for Swing Beds (Approved)

A modification to the project review process was developed and formalized in the 1982-83 fiscal year. The new process has to deal with the management of competitive reviews between applicants that are vying for the provision of the same service.

Throughout 82-83, SCHPD staff served as active members of the Alaska Health Education Consortium, Anchorage Hospice, Home Health of Anchorage, and the UAA Advisory Committee to the School of Nursing.

SOUTH CENTRAL HEALTH PLANNING AND DEVELOPMENT, INC.
 STATEMENT OF SUPPORT, REVENUES, EXPENSES AND CHANGES IN FUND BALANCES
 For Federally Funded Grants and Contracts
 For The Year Ended June 30, 1983

	<u>Totals</u>	HEW Grant PHS-10-P- <u>550007-07-1</u>	HEW Grant PHS-10-P- <u>550007-08-0</u>
<u>SUPPORT AND REVENUES</u>			
Current Year Awards	\$130,977	\$ 130,977	\$ -0-
<u>EXPENSES</u>			
Direct Costs:			
Personnel	90,134	82,903	7,231
Fringe Benefits	23,000	21,452	1,548
Travel	13,752	13,516	236
Rent	11,123	9,403	1,720
Janitorial	1,881	1,625	256
Telephone	4,493	4,207	286
Postage	2,085	1,544	541
Office Supplies	318	318	-0-
Insurance	1,587	1,587	-0-
Equipment Rental and Repair	65	65	-0-
Printing and Reproduction	5,697	5,481	216
Accounting and Audit	8,348	8,342	6
Legal Services	1,196	1,196	-0-
Workshops and Conferences	1,872	1,872	-0-
Educational Materials	145	80	65
Publications and Memberships	50	50	-0-
Library and Subscriptions	357	357	-0-
Interest Expense	234	234	-0-
Depreciation	2,036	2,036	-0-
Total Program Costs	<u>168,373</u>	<u>156,268</u>	<u>12,105</u>
Support/Revenues (Under) Expenses	(37,396)	(25,291)	(12,105)
<u>FUND BALANCE ADJUSTMENTS</u>			
Fund Balance at 7/1/82	<u>42,100</u>	<u>42,100</u>	<u>-0-</u>
Fund Balance at 6/30/83	<u>\$ 4,704</u>	<u>\$ 16,809</u>	<u>\$ (12,105)</u>

SOUTH CENTRAL HEALTH PLANNING AND DEVELOPMENT, INC.
 COMBINED STATEMENT OF SUPPORT/REVENUES, EXPENSES & CHANGES IN FUND BALANCES
 For The Year Ended June 30, 1983

	<u>Combined Totals</u>	<u>Federal Contracts</u>	<u>State Contract #06-3002</u>
<u>SUPPORT AND REVENUES</u>			
Current Year Awards	\$251,684	\$ 130,977	\$ 50,000
Other Contract Income (Note F)	15,492	-0-	-0-
Interest Income (Note G)	6,413	-0-	-0-
Total Support and Revenues	<u>273,589</u>	<u>130,977</u>	<u>50,000</u>
<u>EXPENSES - Direct Costs:</u>			
Personnel	158,736	90,134	27,801
Fringe Benefits	29,610	23,000	6,610
Travel	33,956	13,752	4,882
Rent	14,518	11,123	3,395
Janitorial	2,606	1,881	725
Telephone and Telegram	6,603	4,493	1,584
Postage	2,560	2,085	475
Office Supplies	448	318	130
Insurance	1,587	1,587	-0-
Equipment, Rental and Repair	1,490	65	62
Printing and Reproduction	9,674	5,697	2,020
Accounting and Audit	9,263	8,348	915
Legal Services	1,252	1,196	56
Workshops and Conferences	2,356	1,872	494
Educational Materials	151	145	6
Publications and Memberships	850	50	800
Administration and Consultant	7,609	-0-	-0-
Library and Subscriptions	412	357	55
Interest Expense	234	234	-0-
Depreciation	2,758	2,036	722
Support and Housing	1,200	-0-	-0-
Honoraria	1,930	-0-	-0-
Other	5,979	-0-	-0-
Total Program Costs	<u>295,782</u>	<u>168,373</u>	<u>50,722</u>
Support/Revenues Over(Under) Expenses	(22,193)	(37,396)	(722)
<u>FUND BALANCE ADJUSTMENTS</u>			
Fund Balance at 7/1/82	61,608	42,100	2,122
Unexpended State Funds Payable at 6/30/83 (Note D)	(7,467)	-0-	-0-
Appropriated for Contingent Liability (Note E)	4,837	-0-	-0-
Fund Balance at 6/30/83	<u>\$ 36,785</u>	<u>\$ 4,704</u>	<u>\$ 1,400</u>

<u>State Contract #065048</u>	<u>University of Washington Contract</u>	<u>Unrestricted Funds</u>
\$ 44,935	\$ 25,772	\$ -0-
-0-	-0-	15,492
-0-	-0-	6,413
<u>44,935</u>	<u>25,772</u>	<u>21,905</u>
27,267	-0-	13,534
-0-	-0-	-0-
4,748	10,574	-0-
-0-	-0-	-0-
-0-	-0-	-0-
526	-0-	-0-
-0-	-0-	-0-
-0-	-0-	-0-
-0-	-0-	-0-
-0-	-0-	1,363
1,957	-0-	-0-
-0-	-0-	-0-
-0-	-0-	-0-
-0-	-0-	-0-
-0-	-0-	-0-
-0-	-0-	-0-
2,970	4,639	-0-
-0-	-0-	-0-
-0-	-0-	-0-
-0-	-0-	-0-
-0-	1,200	-0-
-0-	1,930	-0-
-0-	5,979	-0-
<u>37,468</u>	<u>24,322</u>	<u>14,897</u>
7,457	1,450	7,008
-0-	1,256	16,130
(7,467)	-0-	-0-
-0-	-0-	4,837
<u>\$ -0-</u>	<u>\$ 2,706</u>	<u>\$ 27,975</u>

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

DATE: FEBRUARY 13, 1984

SITE: ANCHORAGE

SPONSOR/SUBJECT: (S) HESS , P.H., SB 334, HEALTH RESOURCE DEVELOPMENT

...2..TESTIFIED

*****T/C STARTED: 3:05

.....OBSERVED

*****T/C ENDED: 4:55

...2..TOTAL

TESTIFIED

1. JOHN GARVIN, 1200 E. 27TH, 99508, 276-4505
2. BARBARA BERGER, 1135 W. 8TH, SUITE 1, 99501, 278-3631

SEN. JOSEPHSON AND STAFF PERSON WERE IN ANCHORAGE

MSG 84-0001312A PRTY 1 02/13/84 17:12:34 ORIG: L500 IN= 0025 OUT= 0026
FROM: JOANN/ GLENNALLEN TO: LAXTC LJHS LGH0
TARGET: LJHS SUBJ: T/C SIGN IN SHEET

***** LEGISLATIVE TELECONFERENCE NETWORK *****
FINAL STATS

DATE: 02-13-84 T/C STARTED: 5:00 PM
SITE: GLENNALLEN T/C ENDED: 5:55 PM
FOUNDER/SUBJECT: JOANN
ORCH. MODERATOR: BARBARA TEST: 0
ADJ. MODERATOR: KEN DCE: 0
GLEN. MODERATOR: REBA TOTAL: 00E (1)

NAME/S REPRESENTING	ADDRESS/PHONE	TESTIFY	OBSERVE
DR. DALLAS NELSON	P.O. BOX 48 GLENNALLEN, AZ WORK PHONE: 322-3553		

NAME/S REPRESENTING	ADDRESSES/PHONE/S	TESTIFY	OBSERVE
---------------------	-------------------	---------	---------

MSG 84-00013119 PRTY 1 02/13/84 17:01:47 ORIG: L000 IN= 0010 OUT= 0063
FROM: KODIAK TO: JUNEAU T/C (T14)
TARGET: LJVH SUBJ: KODIAK "FINAL STATS" SEN. HESS SB334 HEA

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

DATE: FEBRUARY 17, 1984
SITE/LOCATION: KODIAK / L.I.O.
SPONSOR/SUBJECT: SENATE HESS / SB 334- RELATING TO HEALTH RESOURCE DEV.
LOCAL MODERATOR: LORNA

___0___ TESTIFY/ED *****T/C STARTED: 3:00 P.M. ___
___0___ OBSERVED/ED *****T/C ENDED: 5:00 P.M. ___
___0___ TOTAL

NAME/REPRESENTING	ADDRESS/PHONE	TESTIFY	OBSERVE
-------------------	---------------	---------	---------

NO PARTICIPATES IN KODIAK

MSG 84-00013114 PRTY 1 02/13/84 16:56:50 ORIG: 4604 IN= 0007 OUT= 0063
FROM: PETERSBURG TO: MODERATOR
TARGET: LHMV SUBJ: FINAL STATS

LEGISLATIVE TELECONFERENCE NETWORK SIG-10 .HEB7

DATE FEB 13 1984 ATTN: KEN/JUNEAU
SITE: PETERSBURG
SPONSOR/SUBJECT: SENATE HEBS/28 334 HEALTH RESOURCES

1. TESTIFIED *****/C STARTED: 3:00 P.M.
2. OBSERVED *****/C ENDED: 4:35 P.M. EVERYONE LEFT
3. TOTAL

TESTIFIED

TESTIFIED

1. FLORENCE LEROY -SEANSA - BOX 318 - PETERSBURG, AK 99833 772-3200

OBSERVED

1. BARBARA SHOFF -SEANSA - BOX 4136 PETERSBURG AK 99833 772-3188
2. MARIE AHEB -SEANSA - BOX 599, PETERSBURG, AK 99833 772-3106
3. BEA WAPSETH - BOX 103 - PETERSBURG, AK 99833 772-3224
4. MARYLYN GEORGE - BOX 1031 - PETERSBURG, AK 99833 772-4515

HSC 84-00013111 PRTY 1 02/13/84 16:55:20 ORIG: LR00 IN= 0000 OUT= 0002
FROM: JOHN IN BARROW TO: BARBARA/KEN
TARGET: LJVH SUBJ: 2/13 (S) HESS T/C RE SB-334.

FINAL STATS*****FINAL STATS*****FINAL STATS*****FINAL STATS
*****FINAL STATS*****FINAL STATS*****FINAL STATS*****FINAL STATS
*****FINAL STATS*****FINAL STATS*****FINAL STATS*****FINAL STATS
LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

FEBRUARY 13, 1984 DATE
(BARROW) LJO SITE/LOCATION
(S) HESS ---SB-334 SPONSOR/SUBJECT

NAME/REPRESENTING	ADDRESS/PHONE	TESTIFY	OBSERVE
1. CAROLINE WOLF, GOV'S COUNCIL, S/ GIFTED & HANDICAPPED	PO BOX 9723, BARROW 99723	XX	
2. BARBARA EATHORP	HSS HEALTH DEPT. BOX 69, BARROW		

---1---TESTIFY/ED
---1---OBSERVE/ED
---2---TOTAL

STATS
*****T/C STARTED 3:05
*****T/C ENDED 4:20

HSC 84-00013103 PRTY 1 02/13/84 18:52:23 ORIG: LB00 IN= 0005 OUT= 0061
FROM: WALLY IN BETHEL TO: KEN/MODERATO
TARGET: LJVH SUBJ: FINAL STATS

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET/FINAL STATS

DATE: 2-13-84
LID SITE: BETHEL
SPONSOR/SUBJECT: SENATE HESS COMMITTEE/SB334

NAME/REPRESENTING ADDRESS/PHONE NUMBER

OBSERVING ONLY
1. NARY PAVIL, YKHC BOARD MEMBER PO BOX 223, BETHEL 543-2507

TIME T/C STARTED: 3:10 PM TESTIFIED: _____
T/C ENDED: 3:20 PM UNABLE TO: _____
LOCAL MODERATOR: WALLY OBSERVED: 1
TOTAL: 1

MSG 84-00013098 PRTY : 02/13/84 16:49:59 ORIG: SOL# IN# 0010 OUT# 0060
FROM: SOLDOTNA/LORI TO: JUNEAU T/C
TARGET: LHMV SUBJ: F. STATS 2/13 SB354 HEALTH RES. DEVELOP.T

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

2/13/84 : DATE
SOLDOTNA : SITE/LOCATION
S HESC SB354 HEALTH RES. DEVELOP. : SPONSOR/SUBJECT
3:40PM : T/C START
5:00PM : T/C ENDED

1 TESTIFY/ED
0 OBSERVE/ED
1 TOTAL

NAME/REPRESENTING	ADDRESS/PHONE	TESTIFY	OBSERVE
1. BETH TAESCHNER-ICHFO	BOX 56 SOLDOTNA 262-4287		
2.			
3.			
4.			

REGIONAL STATES

HOMER : SITE
1 TESTIFIED
1 OBSERVED
1 TOTAL

1. LOIS IRVIN	BOX 878 HOMER		OBSERVE
2.			
3.			

MSG 84-00012997 PRTY 1 02/13/84 15:14:18 ORIG: LJ99 IN# 0001 OUT# 0046
FROM: KEN / JNU TO: BARB / ANC
TARGET: LHV SUBJ: CURRENT T/C

OHNI #1

TO TESTIFY IN JNU

- 1 BECKY BEAR - SEASHA BOX 2535 JUNEAU AK 99801 769-9932
- 2 MARGARET BIXBY - SEASHA BOX 32 JUNEAU AK 596-1079
- 3 DAN BEDDLETON - DIV OF PLANNING DEPT OF H & SS 465-3037

I'LL USE THE SIGN IN FORM NEXT TIME AS OHNI #2

KEN / JNU*****EOD

MSG. 84-00013389 PRTY 1 02/14/84 11:45:41 ORIG: LI00 IN= 0005 OUT= 0033
 FROM: DOROTHY IN DILLINGHAM TO: JNUTC/ANC TC
 TARGET: LJVH SUBJ: SIGN IN SHEET

 LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

FEBRUARY 13, 1984 : DATE
 DILLINGHAM LIO : SITE/LOCATION
 2-13 SENATE HESS TC ON SB334 HEALTH RESOURCE DEVELOPMENT

NAME/REPRESENTING ADDRESS/PHONE TESTIFY OBSERVE

1. NO PARTICIPANTS IN DILLINGHAM

- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.

STATE T/C STARTED 3:00 PM AST
 0 TESTIFIED T/C ENDED 5:00 PM AST
 0 OBSERVED
 0 TOTAL

- 1. IRENE KOCHUTTA, COMMUNITY HEALTH REP. 901 92, ST. PAUL
- 2. JERRY ESSICH, ALCOHOL COUNSELOR, APLA, ST. PAUL, AK.
- 3.
- 4.

X
 X

ST. PAUL LIO SITE T/C STARTED 3:00 PM AST
 0 TESTIFIED T/C ENDED 5:00 PM AST
 2 OBSERVED
 2 TOTAL

- 1. MYRTLE ANELON, BERRAULT, ALASKA

DETROIT - LIO SITE T/C STARTED 3:00 PM AST
 1 TESTIFIED T/C ENDED 5:00 PM AST
 1 OBSERVED
 1 TOTAL

DISREGARD ALL OTHER SITKA STATS, SEE 0111 13505

MSG 94-00013422 PRTY 1 02/14/84 12:17:45 ORIG: LS00 IN= 0006 OUT= 0037
FROM: SITKA TO: KEN / JNUTC
TARGET: LJVH SUBJ: 2-13/(S)HESS RESENT FENAL STATS

LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

DATE: FEBRUARY 13, 1984
SITE: SITKA
SPONSOR/SUBJECT: (S) H.E.S.S. / SB334 - HEALTH RESOURCE DEVELOPMENT

0 TESTIFIED *****T/C STARTED: 5PM
0 OBSERVED *****T/C ENDED: 5PM
0 TOTAL

HAINES	HOONAH	YAKUTAT	CORDOVA
2 TESTIFIED	10 TESTIFIED	11 TESTIFIED	10 TESTIFIED
0 OBSERVED	16 OBSERVED	10 OBSERVED	10 OBSERVED
2 TOTAL	16 TOTAL	11 TOTAL	10 TOTAL

HAINES/TESTIFIED

- 1. MR. ROBERT ROLAND, BOX 117, HAINES, AK 99827
- 2. LEO LAND, BOX 22, HAINES, AK 99827

HOONAH/OBSERVED

- 1. DEBRA A. DALTON, BOX 154, HOONAH, AK 99829 945-3302
- 2. MARJORIE PETERSON, BOX 245, HOONAH 945-3327
- 3. DORIS WARK, BOX 124, HOONAH 945-3670
- 4. BETTY MURPHY, BOX 151, HOONAH NO PHONE
- 5. HARLENE STERNBERG, BOX 205, HOONAH 945-3265
- 6. LIV GRAY, BOX 415, HOONAH 945-3340

YAKUTAT/TESTIFIED

- 1. BELLA WATSON, BOX 269, YAKUTAT, AK 99689

CORDOVA/NO PARTICIPANTS

northern alaska health resources association, inc.

February 28, 1984

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

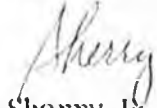
Dear Senator Josephson:

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 334 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,

A handwritten signature in cursive script, appearing to read "Steve Lesko".

Steve Lesko
President

Attachment

SL/ab

MSG 84-00013241 PRTY 1 02/14/84 09:05:57 ORIG: LK00 IN= 0002 OUT= 0006
FROM: KETCHIKAN/BONNIE TO: JUNEAU T/C - KEN
TARGET: LJHV SUBJ: SENATE HESS, SB 344 RE. HEALTH RESOURCE

LEGISLATIVE TELECONFERENCE NETWORK FINAL STATS

FINAL STATS: KETCHIKAN

FEBRUARY 13, 1984---:DATE
KETCHIKAN-----:SITE/LOCATION
SENATE HESS, SB 344 RE. HEALTH---:SPONSOR/SUBJECT

1-----TESTIFIED *****T/C STARTED:3:00 P.M.-----
1-----OBSERVED *****T/C ENDED:4:50 P.M.-----
5-----TOTAL

PARTICIPANTS:

1. D.J. PIELECH, SOUTHEASE ALASKA HEALTH SYSTEMS AGENCY, BOX 7015, KETCHIKAN, ALASKA 99901, 225-9681
2. WESLEY TERWILLIGER, GATEWAY MENTAL HEALTH AGENCY, 3134 TONGASS AVE., KETCHIKAN, ALASKA 99901, 225-4135
3. CHARLIE LAUB, KETCHIKAN ALCOHOLISM PROGRAM, 628 PARK AVE., KETCHIKAN, ALASKA 99901, 225-4154
4. JANET WIPFLI, WOMEN IN SAFE HOMES, BOX 6552, KETCHIKAN, ALASKA 99901, 225-9474

OBSERVERS:

1. CAROLYN EPEL, SOUTHEAST ALASKA HEALTH SYSTEMS AGENCY, BOX 7015, KETCHIKAN, ALASKA 99901, 225-9681

WRANGELL TELECONFERENCE CENTER:

1-----TESTIFIED
1-----OBSERVED
1-----TOTAL

PARTICIPANTS:

1. BARBARA MAENHOUT, BOX 494, WRANGELL, ALASKA 99929, 874-2182
2. DOROTHY BRADY, BOX 103, WRANGELL, ALASKA 99929, 874-3167

OBSERVERS:

ONE



Official Business

Alaska State Legislature

Senate

Committee on

Health, Education & Social Services

Pouch V
State Capitol
Juneau, Alaska 99811

****PUBLIC SERVICE ANNOUNCEMENT****

The Senate Health, Education and Social Services Committee will conduct a statewide teleconference on:

FEBRUARY 13, 1984
3:00 - 5:00 P.M. (YST)

The subject: SB 334 - An Act relating to health resource development; and providing for an effective date.

This bill would create a minimum of three health service areas in the state, and would allow the Commissioner of Health and Social Services to contract for regional health resource organizations within these areas.

The functions would be very similar to the current health systems agencies operating in the state at this time.

Contracts would be available to non-profit corporations and unified borough governments for a four year period. Each group would be required to have a board of directors.

Duties of the Health Resource Organizations would be:

- *to assist communities in planning and with direct technical assistance in dealing with health problems.
- *to develop information and advocacy programs to promote health and the prevention of disease.
- *assemble and analyze health data.
- *review and provide comments on health grants and construction/expansion projects.
- *submit an annual report.

Committee members are: Joe P. Josephson(D), Anchorage, Chair; Vic Fischer(D), Anchorage, Vice-Chair; Rick Halford(R), Chugiak; Pappy Moss(D), Delta Junction; Paul Fischer(R), Soldotna.

ALL COMMENTS ARE WELCOME. For more information, contact your local Legislative Information Office or Nancy Deitrick at 465-4907

SENATE AMENDMENT # 1

By STURGILEWSKI & JOSEPHSON

To: Committee Substitute SENATE BILL No. 334 (Finance)

To: _____ HOUSE BILL No. _____

PAGE: 1 LINE: 12

after the word "three" delete "or more"

W. C.

COMMITTEE REPORT

SENATE RULES COMMITTEE

5/3/84

Date 5/22/84

Mr. President:

SB 334

The Committee on Rules has had _____
health resources development; efd.

under consideration and recommends it be placed on the
5/23/84 Calendar.

() with attached amendment(s).

() ^{Recommend} replace with CS for SB 334 (Fin) () same title
() new title

() and attaches a "Letter of Intent"

() new fiscal note

MEMBERS SIGNING FOR PLACEMENT
ON THE CALENDAR

Bess Kay
Kelly
Jerguson

MEMBERS HAVING OTHER
RECOMMENDATIONS

James Lusk
CHAIRMAN

COMMITTEE REPORT

SENATE

Rull

FURTHER:

2/24/84

Date 5/1/84 sent 5/3

Mr. President

The Committee on FINANCE considered SB 334

health resources development; efd.

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 My Do Pass
- and attached a "LETTER OF INDENT" NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS

Joe Joseph

Bob Mulcahy

V. Fisher

Sergius

John C. Sackett

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 Gordon Smith, Jr. 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)

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.

ALASKA STATE SENATE

JOE P. JOSEPHSON
DISTRICT G - ANCHORAGE
1526 F STREET
ANCHORAGE, ALASKA 99501
(907) 277-4419



WHILE IN JUNEAU
POUCH V
JUNEAU, ALASKA 99811
(907) 465-4907
(907) 465-4525

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

March 9, 1984

*Ms. Anne Harrision
SR 10348A
Fairbanks, Alaska 99701*

Dear Ms. Harrison:

Thank you for your letter of support concerning SB 334.

As you may know, the Senate Health, Education and Social Services Committee, which I chair, held a teleconference on this bill in February, which was well attended statewide by proponents of the bill.

The Committee passed SB 334 with a letter to the Finance Committee recommending an increase in the fiscal note which would fund the organizations at \$200.0 per year.

The bill has been assigned to me in the Finance Committee, and I am currently gathering financial data from the Health Systems Agency in order to justify our request. When the information is available, I will request a hearing in the Finance Committee.

Thank you again for your interest.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joe P. Josephson".

Joe P. Josephson

JPJ/ndc

RECEIVED

February 29, 1984

SA 10348A

Fairbanks, Ak

99701

Senator Joe Jurephson
Senate Finance Committee
Douch II, former

Senator Jurephson;

It is reassuring to know that SB 334
is moving swiftly through the Senate.
I hope your Committee will pass ^{it}
smoothly.

The health systems agencies are a
must if all Alaskans are to have a say
in their health care. The HSA's are unique
in listening to the human service needs of
individual communities, and ensuring
fiscally responsible programs to meet the
needs

Sincerely,
Anne Harrison

ALASKA STATE SENATE

JOE P. JOSEPHSON
DISTRICT G - ANCHORAGE
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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.

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	<u>1.31</u>
	23.59%

C. Travel

Board:

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

*15 Board members
(trans & per diem)*

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	5,500
--	-------

\$ 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	2,500

\$ 13,250

F. Contractual

CPA Consultation	\$ 800
Office Maintenance	1,200

\$ 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

attac..ments

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

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Military Representational Liaison

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

**PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT**

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 10,000 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 %? _____

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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
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- I. Notification of Intent to Apply for Federal Assistance:
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- J. Distribution of Federal Application
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- 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-R0218	
PART I		2. APPLICANT'S APPLICATION	a. NUMBER HSA-09	3. STATE APPLICATION IDENTIFIER	a. NUMBER
1. TYPE OF ACTION (Mark appropriate box) <input type="checkbox"/> PREAPPLICATION <input checked="" type="checkbox"/> APPLICATION <input type="checkbox"/> NOTIFICATION OF INTENT (Opt.) <input type="checkbox"/> REPORT OF FEDERAL ACTION		b. DATE Year month day 19 84 06 01	b. DATE Year month day ASSIGNED 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. Contact Person (Name & telephone No.) : Sherry E. McWhorter : (907) 456-2553		g. ZIP Code: 99701		PRO. GRAM (From Federal Catalog)	
7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT		8. TYPE OF APPLICANT/RECIPIENT		a. NUMBER 1131294	
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		b. TITLE	
		Enter appropriate letter <input type="checkbox"/>			
		9. TYPE OF ASSISTANCE		Enter appropriate letter(s) <input type="checkbox"/> A	
A-Basic Grant B-Supplemental Grant C-Loan		D-Insurance E-Other			
10. AREA OF PROJECT IMPACT (Names of cities, counties, States, etc.)		11. ESTIMATED NUMBER OF PERSONS BENEFITING		12. TYPE OF APPLICATION	
Northern Alaska		90,000		A-New B-Renewal C-Revision D-Continuation L-Augmentation Enter appropriate letter <input checked="" type="checkbox"/> D	
13. PROPOSED FUNDING		14. CONGRESSIONAL DISTRICTS OF:		15. TYPE OF CHANGE (For 12c or 12e)	
a. FEDERAL \$ 114,297.00	b. APPLICANT .00	a. APPLICANT Alaska	b. PROJECT Alaska	A-Increase Dollars B-Decrease Dollars C-Increase Duration D-Decrease Duration E-Cancellation F-Other (Specify): N/A	
c. STATE 200,000.00	d. LOCAL .00	16. PROJECT START DATE Year month day 19 84 09 01	17. PROJECT DURATION Months 12	Enter appropriate letter(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
e. OTHER 31,028.00	f. TOTAL \$ 345,325.00	18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY Year month day 19 84 06 01		19. EXISTING FEDERAL IDENTIFICATION NUMBER 10P-5509-07	
20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code) DHHS/PHS/BHP Region X Seattle, Washington				21. REMARKS ADDED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
22. THE APPLICANT CERTIFIES THAT		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: No response 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"/>	
23. CERTIFYING REPRESENTATIVE		a. TYPED NAME AND TITLE J. B. Carnahan, President		b. SIGNATURE	
		c. DATE SIGNED Year month day 19			
24. AGENCY NAME Department of Health, Education and Welfare, N/S 839				25. APPLICATION RECEIVED Year month day 19	
26. ORGANIZATIONAL UNIT Public Health Service		27. ADMINISTRATIVE OFFICE		28. FEDERAL APPLICATION IDENTIFICATION	
29. ADDRESS 1321 Second Avenue, Seattle, Washington 98101				30. FEDERAL GRANT IDENTIFICATION	
31. ACTION TAKEN		32. FUNDING		33. ACTION DATE 19	
<input type="checkbox"/> a. AWARDED		a. FEDERAL \$.00		Year month day	
<input type="checkbox"/> b. REJECTED		b. APPLICANT .00		34. STARTING DATE 19	
<input type="checkbox"/> c. RETURNED FOR AMENDMENT		c. STATE .00		35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)	
<input type="checkbox"/> d. DEFERRED		d. LOCAL .00		36. ENDING DATE 19	
<input type="checkbox"/> e. WITHDRAWN		e. OTHER .00		37. REMARKS ADDED	
		f. TOTAL \$.00		<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 1, 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 A-95 Executive Order 12372, SPOC _____ Yes X 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.

**HSA ANNUAL BASELINE REPORT
 FACE SHEET**

AGENCY CODE _____

GRANT YEAR
 C1 C2 C3 F1 F2 F3 F4 **F5** F6

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						
F	03		A1		109	7608	79	04	03	03	02	01

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	PHS-6161-1 (ABR-3)	X	

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

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Health Resources Administration
Bureau of Health Planning

Form Approved
OMB No. 63-11556

State No.

HSA No.

Grant Year

HSA ANNUAL BASELINE REPORT
ASSURANCES CHECKLIST

ABR 2

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> | <u> </u> |
| Major purchasers of health care | <u>X</u> | <u> </u> |
| Social populations | <u>X</u> | <u> </u> |
| Economic populations | <u>X</u> | <u> </u> |
| Linguistic populations | <u>X</u> | <u> </u> |
| Racial/Ethnic populations | <u>X</u> | <u> </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> | <u> </u> |
| Health care institutions | <u>X</u> | <u> </u> |
| Health care insurers | <u>N/A</u> | <u> </u> |
| Health professionals schools | <u>X</u> | <u> </u> |
| Allied health professions | <u>X</u> | <u> </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 engaged in the operation 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 residents 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 with knowledge 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	_____	<input checked="" type="checkbox"/>
Data analysis and management	_____	<input checked="" type="checkbox"/>
Health economics	_____	<input checked="" type="checkbox"/>
Health planning	_____	<input checked="" type="checkbox"/>
Development and use of health resources	_____	<input checked="" type="checkbox"/>
Community relations	_____	<input checked="" type="checkbox"/>
Health education and training	_____	<input checked="" type="checkbox"/>
Health law	_____	<input checked="" type="checkbox"/>

D. STAFF

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

	Yes	No
* Administration and management	<input checked="" type="checkbox"/>	_____
* Gathering and analysis of data	<input checked="" type="checkbox"/>	_____
* Health planning	<input checked="" type="checkbox"/>	_____
* Development and use of health/mental health resources	<input checked="" type="checkbox"/>	_____
Community relations	<input checked="" type="checkbox"/>	_____
Health education and training	<input checked="" type="checkbox"/>	_____
Health law	_____	<input checked="" type="checkbox"/>
Environmental Health	<input checked="" type="checkbox"/>	_____
* Disease prevention and public health	<input checked="" type="checkbox"/>	_____
* Economic and financial analysis	<input checked="" type="checkbox"/>	_____

* 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		5,100
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	\$ 51,028	\$ 231,028

SECTION D – FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 114,297	\$ 28,406	\$ 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	19,125	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
FRINGE BENEFITS (Rate _____)				39,859
			CATEGORY TOTAL	\$ 158,210

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
	6,900

Out-of-state travel for staff:

DHS, 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 month.

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 Equivalent		
	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 NAIIRA'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: MIRD, 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 REPORT

1983-1984 PROJECT YEAR

INTRODUCTION

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, NAFIRA 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

NAFIRA 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
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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 DHS, 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, ANIS Hospitals (Barrow, Kotzebue, Anchorage).
3. Native Health Authorities: Maniilaq Association, Kotzebue; North Slope Borough Department of Health and Social Services, Barrow; Tanana Chief 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 ANIS 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	C	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	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, DHS, 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 DHS 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> <p>A. Review impact of the current health planning program within the State.</p>	Board TTF SHPDA LHSS 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												65	
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.														Feasibility study completed.
3) Plan for the development of a children's receiving home in Interior Alaska.														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													Citizens provided an opportunity to review and comment on planning documents.
D. Present planning documents for final approval by NAIIRA Board and by other boards, as appropriate.	PDC													Board approval of planning documents.
E. Publish approved documents.	PDS													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					X						3	Discussion/analysis of AIP and MSP continuity; assessment of AIF 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 action 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.		-----	-----	-----	-----	-----	-----	-----	-----	-----	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 ANS	-----	-----	-----	-----	-----	-----	-----	-----	-----	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 ANS	-----	-----	-----	-----	-----	-----	-----	-----	-----	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 DISS in designing appropriate evaluation criteria for programs funded by the State through grants and/or contracts.	PDS ANS 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-CUT 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
1988

Objectives/Tasks	Primary Responsibility	1988			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.

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