

H E S S

Human Services

Teleconference

12-11-85

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907.465.3800

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May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMFR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

HESS 12-11-85 10A.M.



December 18, 1985

SOUTHCENTRAL COUNSELING CENTER

4020 Folker Street • Anchorage, Alaska 99508
563-1000

Glade Birch, Ph.D. Executive Director

- Adult and Family Counseling
- Emergency Services 24 Hours
- Psychiatric Services
- Aftercare Services
- Transitional Living Care
- Sheltered Workshop
- Foster Care Training
- Geriatric Services
- Day Break Adult Day Care
- Community Services

R. Steven Harrison, Ph.D.
Program Administrator, CMHS
Division of Mental Health
and Developmental Disabilities
3601 C Street, Suite 508
Pouch 6333
Anchorage, Alaska 99502-0333

Dear Dr. Harrison:

I have received your letter of December 2, 1985, with the proposed funding allocation system for community mental health centers. After careful review of the funding formulas, I was not only bewildered, but also infuriated at the large per capita disparities which occur with these formulas. I will not support either allocation formula, for the following reasons:

1. Both formulas perpetuate the current cost-ineffective system of providing mental health services in the State. Both formulas provide the highest density of resources, on a per capita basis, to the areas of the State where the least impact on total State needs is made and where the lowest cost efficiency has been demonstrated in the past.
2. In an era of reduced State resources, those resources should be placed where they will result in the greatest service to the most people, rather than where they will serve the fewest people at the lowest service levels and at the highest cost.
3. Current efforts to relieve the patient load at the Alaska Psychiatric Institute (API) will be adversely effected by the proposed devastating cuts in Transitional Living Center (TLC)/Community Support Program (CSP) funds for Anchorage.
4. The allocation proposals take no consideration of the fact that the TLC serves the entire State. The funding for TLC would come entirely from the Anchorage CSP allocation, although the funding is used to care for clients from throughout the State, and is critical to a reduction of the API census.
5. The allocation proposals take no consideration of the new program funds for Fairbanks of more than two million dollars.
6. The allocation proposals continue to demonstrate the long standing lack of understanding of the unique problems and needs of Urban Alaska.



A United Way Agency

7. The wide variance in per capita funding across the State is not conducive to developing broad based political support for mental health programs.
8. The practice of allowing representatives of each mental health center, regardless of the size of population served, to have equal "voting" on allocation proposals assures that these formulas will always favor the interests of the large majority of small centers and be unfavorable to the interests of the largest portion of Alaska's citizens.

In summary, I believe State community mental health resources should be concentrated where they will have the greatest impact on need, and where they will be employed most cost-effectively. Neither of your proposed funding formulas come close to meeting those criteria. Under no rational basis can one group of State citizens be funded at a level that is more than 1,500% of the level of another group of citizens. There is not even a pretense of fairness or reason in these formulas.

Sincerely,



Glade Birch, Ph.D.
Executive Director

GB/PH/kw

Enclosures: Funding Formulas

cc: Anchorage Legislators
Mel Henry, Ph.D., Director, Division of Mental Health and Developmental
Disabilities

FORMULA 1

PROGRAM	ADJUSTED POPULATION	FORMULA FUNDING NO MNC	CALC WITH MNC	CALC -FY86	CALC \$/CAP	CALC FY86 + 1000	CALC FY86 + 5000
ANCHORAGE	248933.0	1835.8	1726.6	40.4	6.9	2222.7	3996.4
FAIRBANKS	86737.2	685.3	647.3	114.5	9.0	820.1	1438.1
WASILLA	43147.7	376.1	357.2	57.2	8.7	443.1	750.6
JUNEAU	31818.0	295.7	363.4*	-64.1	11.4	363.4*	571.9
KENAI	32376.3	299.7	285.5	-6.8	9.7	350.0	580.7
KETCHIKAN	21153.0	220.1	338.7*	-59.8	16.0	338.7*	403.6
BETHEL	21862.4	225.1	215.5	-8.0	13.8	259.1	414.8
KODIAK	13499.7	179.9	192.0*	-33.9	14.2	204.0	314.5
HOMER	10434.6	144.0	139.4	13.3	14.7	160.2	234.6
SITKA	8732.9	131.9	128.1	-18.9	15.4	145.5	207.7
BARROW	11568.1	152.1	152.8*	-27.0	19.2	170.0	252.5
DILLINGHAM	9234.0	135.5	131.5	-9.7	19.2	149.9	215.6
ALEUT/FRIE	6573.2	116.6	127.5*	-22.5	26.2	127.5*	173.7
VALDEZ	4308.6	102.7	100.7	13.8	27.3	109.9	142.7
SEWARD	3241.7	93.0	91.6	-13.4	31.1	98.0	121.1
PRINCE WAL	2589.0	88.4	87.2	11.8	33.7	92.4	110.8
CORDOVA	3105.6	92.0	90.7	4.5	35.0	96.9	119.0
GALENA	3324.9	93.6	92.9*	-16.4	40.5	98.8	122.4
TOK	2511.3	87.8	90.2*	-15.9	44.9	91.7	109.6
HAINES	2204.4	85.6	84.7	-3.7	42.3	89.1	104.8
COPPER CNT	2312.4	86.4	85.4	20.3	44.3	90.0	106.5
MCGRATH	2106.9	84.9	84.0	14.5	57.8	88.2	103.2
ANIAK	1996.7	84.2	83.3	9.8	60.5	67.3	101.5
	576071.4	5696.4	5696.4	.0	26.2	6696.4	10696.4

None
KOTZEBUE 30.3
TINIANA CHIEFS 39.9
98.3

* INDICATES MAXIMUM NEGATIVE CHANGE RULE APPLIES.

COLUMN DESCRIPTION

- ADJUSTED POPULATION: CMHC DISTRICT POPULATION ADJUSTED FOR COST OF LIVING AS CALCULATED BY THE FORMULA IN "STEPS...".
- FORMULA FUNDING NO MNC: CENTER FUNDING CALCULATED BY THE FUNDING FORMULA WITHOUT APPLYING THE MAXIMUM NEGATIVE CHANGE RULE.
- CALC WITH MNC: A CALCULATION OF THE LEVEL OF FUNDING PROJECTED FOR FY87 IF \$5696.4 IS AVAILABLE FOR CMHC GRANTS.
- CALC -FY86: A CALCULATION OF THE GAIN OR LOSS (-) A CMHC WILL SUSTAIN COMPARED TO THEIR FY86 FUNDING LEVEL.
- CALC \$/CAP: A CALCULATION OF DOLLARS PER CAPITA ACCORDING TO THE FUNDING LEVEL IN "CALC WITH MNC".
- CALC FY86 + 1000: THE LEVEL OF FUNDING PROJECTED FOR FY87 IF AN ADDITIONAL \$1,000,000.0 IS AVAILABLE FOR CMHC GRANTS.
- CALC FY86 + 5000: THE LEVEL OF FUNDING PROJECTED FOR FY87 IF AN ADDITIONAL \$5,000,000.0 IS AVAILABLE FOR CMHC GRANTS.

FORMULA II

PROGRAM	ADJUSTED POPULATION	FORMULA FUNDING NO MNC	CALC WITH MNC	CALC -FY86	CALC \$/CAP	CALC FY86 + 1000	CALC FY86 + 5000
ANCHORAGE	248933.0	1746.4	1612.3	-74.1	6.5	2112.8	3907.0
FAIRBANKS	86737.2	660.6	613.9	81.1	8.5	788.3	1413.5
WASILLA	43147.7	368.8	345.6	45.6	8.4	432.3	743.3
JUNEAU	31818.0	293.0	384.8*	-42.7	12.1	384.8*	569.2
KENAI	32376.3	296.7	279.3	-13.0	9.5	344.4	577.7
KETCHIKAN	21153.0	221.6	358.7*	-39.8	17.0	358.7*	413.2
BETHEL	21862.4	226.4	214.6	-8.9	13.7	258.5	416.1
KODIAK	15499.7	183.8	203.3*	-22.6	15.1	206.6	318.3
HOMER	10434.6	149.9	144.2	18.1	15.2	165.2	240.4
SITKA	8732.9	138.5	133.8	-13.2	16.1	151.3	214.3
BARROW	11568.1	157.4	161.8*	-18.0	20.3	174.5	257.8
DILLINGHAM	9234.0	141.8	136.8	-4.4	20.0	155.4	222.0
ALEUT/FRIE	6573.2	124.0	135.0*	-15.0	27.7	135.0*	181.1
VALDEZ	4608.8	110.9	108.4	21.5	25.4	117.6	150.9
SEWARD	3241.7	101.7	100.0	-5.0	33.9	106.5	129.8
PRINCE WAL	2589.0	97.3	95.9	20.5	37.1	101.1	119.8
CORDOVA	3105.6	100.8	99.1	12.9	38.3	105.4	127.7
GALENA	3324.9	102.3	100.5	-8.8	43.8	107.2	131.1
TDK	2511.3	96.8	95.5*	-10.6	47.5	100.5	118.6
HAINES	2204.4	94.8	93.6	5.2	46.7	98.0	113.9
COFFER CNT	2312.4	95.5	94.2	29.1	48.9	98.9	115.6
MCGRATH	2106.9	94.1	93.0	23.5	64.0	97.2	112.4
ANIAK	1996.7	93.4	92.3	18.8	67.0	96.3	110.7
	576071.4	5696.4	5696.4	.0	28.1	6696.5	10696.4

NOME 30.3

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CALC FY86 + 5000: THE LEVEL OF FUNDING PROJECTED FOR FY87 IF AN ADDITIONAL \$5,000,000.0 IS AVAILABLE FOR CMHC GRANTS.

FY86 CSF FUNDING DATA

FORMULA I

PROGRAM	FORMULA		CALC				CALC FY86 +1000
	FY86-CSF BUDGET	FUNDING NO MNC	CALC WITH MNC	CALC -FY86	CALC \$/CAP	FY86 +500	
ANCHORAGE	899.5	773.4	764.5*	-135.0	3.1	983.0	1232.2
FAIRBANKS	171.0	269.5	238.2	67.2	3.3	343.2	429.4
WASILLA	40.0	134.1	118.5	78.5	2.9	170.7	213.6
JUNEAU	40.0	98.9	87.4	47.4	2.7	125.9	157.5
KENAI	100.0	100.6	88.9	-11.1	3.0	128.1	160.3
KETCHIKAN	160.0	65.7	136.0*	-24.0	6.4	136.0*	136.0*
BETHEL	56.2	67.9	60.0	3.8	3.8	86.5	108.2
KODIAK	86.2	48.2	73.3*	-12.9	5.4	73.3*	76.7
BARROW	40.0	35.9	31.8	-8.2	4.0	45.6	57.3
DILLINGHAM	30.0	28.7	25.5*	-4.5	3.7	25.5*	45.7
SEWARD	10.0	10.1	8.9	-1.1	3.0	12.8	16.0
TOTAL	1632.9	1632.9	1632.9	.0	3.8	2132.9	2632.9

* INDICATES MAXIMUM NEGATIVE CHANGE (MNC) RULE APPLIES.

FY86 CSF FUNDING DATA

FORMULA II

PROGRAM	FORMULA		CALC				CALC FY86 +1000
	FY86-CSF BUDGET	FUNDING NO MNC	CALC WITH MNC	CALC -FY86	CALC \$/CAP	FY86 +500	
ANCHORAGE	899.5	773.4	809.5*	-90.0	3.3	973.1	1227.7
FAIRBANKS	171.0	269.5	208.4	37.4	2.9	339.1	427.8
WASILLA	40.0	134.1	103.7	63.7	2.5	168.7	212.8
JUNEAU	40.0	98.9	76.4	36.4	2.4	124.4	156.9
KENAI	100.0	100.6	90.0*	-10.0	3.1	126.6	159.7
KETCHIKAN	160.0	65.7	144.0*	-16.0	6.8	144.0*	144.0*
BETHEL	56.2	67.9	52.5	-3.7	3.4	85.5	107.8
KODIAK	86.2	48.2	77.6*	-8.6	5.8	77.6*	77.6*
BARROW	40.0	35.9	36.0*	-4.0	4.5	45.2	57.1
DILLINGHAM	30.0	28.7	27.0*	-3.0	3.9	36.1	45.5
SEWARD	10.0	10.1	7.8	-2.2	2.6	12.7	16.0
TOTAL	1632.9	1632.9	1632.9	.0	3.7	2132.9	2632.9

* INDICATES MAXIMUM NEGATIVE CHANGE (MNC) RULE APPLIES.

THE CSF FORMULA DOES NOT CONTAIN A BASE FUNDING COMPONENT. IN ORDER FOR A PROGRAM TO WARRANT A SPECIALIZED PROGRAM FOR CMI, THERE MUST BE A SUBSTANTIAL POPULATION BASE. MOST OF THE SMALLER RURAL PROGRAMS CAN PROVIDE SERVICES TO THE CHRONICALLY MENTALLY ILL IN THEIR SERVICE AREA AS PART OF THEIR COMPREHENSIVE MENTAL HEALTH SERVICES.

ORIGINAL

* SENT 12/11/85 TIME 10:06
* FROM TCFBX
* SUBJECT T/C 12/11/85
* PRINT DATE 12/11/85 TIME 10:07

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12/11/85 10:06 AM TCFBX TO T/C 12/11/85

TO: TCFBX FROM: TCFBX

7. URGENT MESS THROUGH TCFBX

PLEASE TO REPLY

- 1. THOMAS WOOD
- 2. EDW. J. BAKER
- 3. EDW. J. BAKER
- 4. RIKI STEE
- 5. KINCAID INC. LTD
- 6. MORGAN TOWN
- 7. GUN ABILITY
- 8. JOSEPH GALLAGHER
- 9. BOY BUSH

VP, Dir At Legal Service

MEMO TO COLLEGE
1. ALSO INCLUDE FROM REP. ROBERT'S OFFICE
2. MARGARET KING FROM REP. MARGARET'S OFFICE

In November 1985, the Human Services Coalition distributed a survey to their member agencies. To date, eighteen agencies have reported information supporting the following facts:

-In 1985, the eighteen Coalition agencies provided services to 78,526 individuals representing a 210 percent increase in the number of individuals served by the same 18 agencies since 1981.

-Of the 78,526 individuals served, 84 percent or 65,962 were Anchorage residents.

-Of the 78,526 individuals served, 6.9 percent or 5,418 were non-Anchorage residents who received services in Anchorage.

-Of the 78,526 individuals served, 9.95 percent or 7,813 were non-Anchorage residents who received services outside of Anchorage.

-In 1985, the eighteen Coalition agencies provided 2,392,349 hours of direct service representing a 86 percent increase in the number of hours of service provided by the same 18 agencies since 1981.

-In 1985, the average cost per hour of service provided by the eighteen Coalition agencies was \$6.74 (includes indirect and administrative costs).

-In 1985, the average cost per client for the entire year was \$205.

-Between 1981 and 1985, revenues supporting services for these eighteen Coalition agencies increased 49 percent while during the same period the hours of direct service provided increased 86 percent and the number of persons served increased 210 percent. (The 49 percent increase in revenues between 1981 and 1985 does not take into consideration inflation during that period and therefore the real increase is revenues less than 49 percent.)



L. KIM DOVERSPIKE
DIRECTOR OF ADMINISTRATION

ALASKA CHILDREN'S Services, Inc.

4800 ABBOTT ROAD
ANCHORAGE, AK. 99507
(907.346.2101)

FACT SHEET

Human Services Coalition

1. In the last decade, Alaska has been the fastest growing state, posting a 19.2% increase to 479,000 residents.
2. Alaska will lead the nation in growth over the next twenty years. The state population will increase 50% between 1980 and the year 2000; a growth rate of 2% a year, compared to the national average of .008%.
Most of the people will live and work in the metropolitan area of Anchorage, which will have 92,000 new residents.
3. From 1981-83, over 43,000 new residents have come to Anchorage.
4. Of the 243,000 residents of Anchorage:
 - 35% are 19 years old and younger, making the average age 26 years old;
 - 2% are senior citizens.
(These two age groups have a greater need for human services than any other age group.)
 - 12,000 Alaskan Natives
 - 12,000 Blacks
 - 5,300 Asians and Pacific Islanders.
5. Veterans Administration estimates:
 - 60,000 veterans living in Alaska, over 22% of all Alaskans are veterans, as compared to the national average of 17%;
 - at least half live in Anchorage;
 - about 15,000 are Vietnam-era veterans between the ages of 25 and 39.
6. By the end of 1984, the Anchorage Police estimate that 121,000 requests for assistance will be received, a 9% increase over 1983.
Violent crimes, such as murder, sexual assault, robbery, and aggravated assault have increased nearly 8% over the previous year, to 16,000 reported cases.
7. Anchorage leads the nation in the number of reported sexual assaults. In 1983 over 500 victims received assistance. 43% of these victims were 18 years old and younger. 17% of these victims were less than 12 years old.
Only one out of every ten sexual assaults are actually reported.
8. In 1983, the Anchorage Police handled over 1,700 cases of domestic violence, and over 1,000 new cases of child abuse or neglect.
9. Here in Alaska, seven marriages out of every ten end in divorce. This compares to the national average of five out of ten marriages.
10. In Anchorage alone, there are over 7,000 single parent families.

11. Facts on alcohol and drug abuse:

- The prevalence of drug use in Alaskan adults is twice the national average for every drug except alcohol and tobacco.
- The incidence of drug use in Alaskan students is at least twice the national average for all drugs.
- Since 1982, drug and alcohol related deaths have increased by 48%.
- Each year, Alaskan industry loses \$77 million due to alcoholism alone.
- Only 15% of those people needing help for drug and alcohol problems receive assistance.

12. Last year, there were at least 450 reported attempted suicides.

13. Unemployment facts:

- Alaska unemployment rate has been greater than the national average for the past year.
- Anchorage experienced an unemployment rate about twice the national average.
- Vietnam veterans have a higher rate of unemployment of 28%.

14. Some costs to consider:

- Average cost of a court case is \$300 to \$400 with nearly 66,000 cases per year.

Cost of housing an inmate in the correctional centers is about \$75 per day, or \$27,375 per year.

Housing a youth in McLaughlin Youth Center cost at least \$122 per day.

It costs about \$900 a year to team up a young boy with an adult to help provide him with the guidance and support needed to keep him on the "right track."
- Maintaining a patient at Alaska Psychiatric Institute costs over \$215 per day.

Intervention and treatment services provided by outpatient mental health care in the community cost about \$56 per day; and can prevent many admissions and re-admissions of the chronically mentally ill.

-Skilled nursing facilities for the elderly are costing about \$135 per day.

Community based day program, another alternative to nursing home care costs \$22 per day, and allows our senior citizens more independence and dignity.

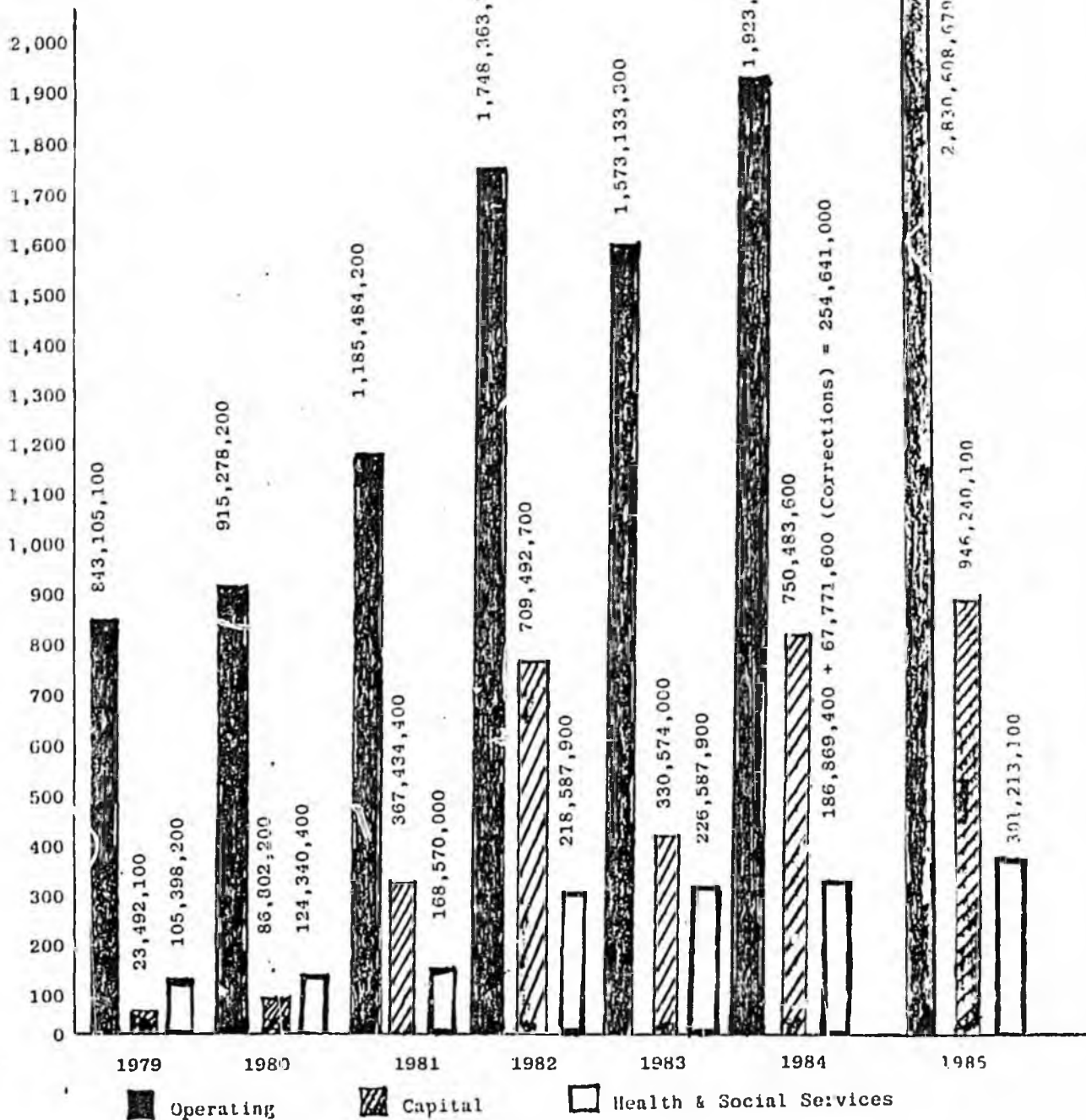
15. Last year, United Way agencies alone served over 324,000 Alaskans. 10% to 40% of their clientele came into Anchorage from rural communities to receive services, or had services delivered in their home communities by Anchorage based agencies.
16. This year over \$5.1 million in requests for human services were received by the Task Force for the \$2.56 million Block Grant.
17. With the population increase of 11% and inflation of 5%, maintaining funding for social services at the current level will result in a decrease in funds for services per person.

Reference Sources

1. United States Department of Commerce, Bureau of the Census.
2. National Planning Association, November, 1983.
3. Ibid
4. United States Department of Commerce, Bureau of the Census, 1980 Census of Population.
5. Status of Vietnam Veterans, Municipality of Anchorage, 1983, Mayor's Vietnam Veterans Advisory Committee.
6. Anchorage Police Department.
7. Standing Together Against Rape (STAR).
8. Anchorage Police Department.
9. United States Department of Commerce, Bureau of the Census, 1980 Census of Population.
10. Ibid.
11. Study for State Office of Alcohol and Drug Abuse, Center for Alcohol and Addiction Studies.
12. Suicide Prevention and Crisis Center.
13. Department of Labor, State of Alaska.
14. State of Alaska Judicial Branch Administration.
State of Alaska, Report of Performance,
McLaughlin Youth Center.
United Way of Anchorage.
Alaska Psychiatric Institute.
United Way of Anchorage.
Our Lady of Compassion Care Center.
United Way of Anchorage.
15. United Way of Anchorage
16. Municipality of Anchorage, Department of Social Services
17. Human Services Coalition

COMPARISON OF STATE EXPENDITURES
FY79-85

Millions
of
Dollars



Rm 110

TELECOPY COVER SHEET
FAIRBANKS INFORMATION OFFICE

Anch - Rep. C. Mendenhall (Rep. Koponen) re: 12/11 Hess's tele. interview
TO: JNC - Connie Smith FOR: ^{FILES} Additional testimony PHONE: 566-8164

FROM: LISA Mendenhall (Rep. Koponen) Files PHONE: _____

ADDITIONAL INSTRUCTIONS: Pls. call for pickup

DATE/TIME SENT: 12/12/85 SENT BY: Janie

PLEASE ACK. RECEIPT: ✓ HOLD FOR PICK-UP: _____

NUMBER OF PAGES: 4 (NOT COUNTING COVER SHEET)

12/12

Attached is additional testimony
(2 pieces) for yesterday's (12/11) HESS
teleconference. These materials were to
be presented with the Arctic Alliance
presentation in Fairbanks, but time
ran out.

Please see that they are incorporated
into the list of participants &
prepared transcript.

Thank you

To:

LISA McLaren

Connie Smith
Chris/MAX (FYI)

①

As Public Guardian, Senior Advocate and Concerned Citizen,
I am concerned dearly with the adequacy, affordability,
safety & location of one's residency - which has a significant
impact on one's social, economic, physical & mental well-being.
It is my belief that some emphasis should be placed on alternatives
to institutionalization - to all those persons who need it -
(ie the DD, the CMI, the elderly , the physically handicapped,
those with personality disorders, etc.).

By encouraging community based housing options ^{for} ~~to~~ those persons
who are inappropriately institutionalized, we will be supporting
the individuals dignity & independence.

Community based options such as group homes, residential care
facilities, boarding homes, could supply the types of housing
needed in all Alaska - to fill the gaps of premature institu-
tionalization, thus returning to the person a real sense of
authonomy & control in one's own life.

Thank You.

*Peggy Johnson
Public Guardian
OPA
250 Washington
451-7733*

(2)

northern alaska health resources association, inc.

TESTIMONY BEFORE THE HOUSE HESS COMMITTEE

task force member
LINDA LINSON, REPRESENTATIVE
LONG TERM CARE TASK FORCE
NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION

December 11, 1985

Last June, the Northern Alaska Health Resources Association (NAHRA) established a Long Term Care Task Force to address the needs of frail elders and other substantially disabled people in the Fairbanks North Star Borough. On behalf of ~~NAHRA~~, I would like to express our position on the future of long term care in Alaska. *Theolo*

The Task Force has been assessing the need for an array of long term care services. While recognizing that nursing homes provide indispensable care, the Task Force has outlined a range of other services, which, when packaged correctly, will enable many people to remain in the community. The eventual development of a variety of community-based services should save the State money while enabling placements in the least restrictive environment appropriate for individual clients. *care for f*

One way of determining the need for alternative services and diverting potential nursing home patients into these alternatives is through pre-admission screening. In many states, a Medicaid-eligible person who is at risk of entering a nursing home is visited by a nurse and social worker who assess the kinds of services which would be needed to enable that person to remain at home or in another community living arrangement. The team then works with the potential patient and family to package a set of services to support the patient in the community. If the cost of maintaining the person in the community is less than the cost of nursing home care, the person receives community-based services. When costs of community care exceed the costs of nursing home care, the patient is admitted to a nursing home. This diversion program contains costs, reduces the number of nursing home beds which are needed, and promotes the patient's quality of life.

The Fb+ LTC task force and
~~At its October meeting,~~ NAHRA's Board of Directors ~~acted~~ *have committed themselves* to support the development of a mandatory pre-admission screening program for Alaska. Further, the Board recommended that Fairbanks should be the site for a pilot pre-admission screening project. Finally, the ~~board~~ *task force* voted to support use of the State's portion of Medicaid payments which are currently going for nursing home care to purchase community-based services for Medicaid-eligible persons for whom such care is appropriate.

2

As KESS Committee members, your support is essential to the funding of a pilot project and to the development of pre-admission screening and community-based care. We would appreciate your further consideration of these matters.

Thank you.

4

HOUSE HESS COMMITTEE HEARING

December 11, 1985

ARCTIC ALLIANCE FOR PEOPLE

Fairbanks area social service issues and concerns

1. Introduction to the Arctic Alliance, Dot Truran
2. City Health and Social Services Block Grant Funds, Judy Busch
 - a. \$750,000 appropriated in F85, reduced to \$500,000 in F86
 - b. Working with the City to improve the process
 - c. For F87 the City will be requesting proposals in January 1986 so Legislature can be apprised of funding needs
 - d. Needs Assessment
3. Jurisdictional/Governance issues, Riki Sipe
 - a. Borough involvement in grants for capital improvements grants to social service agencies; no Health and Social Services powers
 - b. City distributes block grant funds; has health powers but not education powers
4. Alliance Priorities for F87
 - a. Assumptions and background, Linda Linson
 - * all existing programs and funding levels maintained
 - * mental health community services under SB520 are funded
 - * number of positions and funds cut over the last few years (local economic impact of human service programs and funding)
 - b. Funding Needs in F87
 1. Mental Health and Counseling Services
 - child protection, Linda Linson, Floy McPhee
 - day school, emotionally disturbed, Gene Medaris
 - family treatment/ sexual abuse, Floy McPhee
 - chronically mentally ill from villages, Ken Abbott
 2. Legal Services, Judy Busch
 3. Public Health Services, Elaine McKenzie
 4. Emergency Shelter for Families, Chuck Gillis
 5. Respite and In-home day care for Senior Citizens, Bill Repicci
 6. Replacement facility for Fairbanks Health Center, Elaine McKenzie

In November 1985, the Human Services Coalition distributed a survey to their member agencies. To date, eighteen agencies have reported information supporting the following facts:

-In 1985, the eighteen Coalition agencies provided services to 78,526 individuals representing a 210 percent increase in the number of individuals served by the same 18 agencies since 1981.

-Of the 78,526 individuals served, 84 percent or 65,962 were Anchorage residents.

-Of the 78,526 individuals served, 6.9 percent or 5,418 were non-Anchorage residents who received services in Anchorage.

-Of the 78,526 individuals served, 9.95 percent or 7,813 were non-Anchorage residents who received services outside of Anchorage.

-In 1985, the eighteen Coalition agencies provided 2,392,349 hours of direct service representing a 86 percent increase in the number of hours of service provided by the same 18 agencies since 1981.

-In 1985, the average cost per hour of service provided by the eighteen Coalition agencies was \$6.74 (includes indirect and administrative costs).

-In 1985, the average cost per client for the entire year was \$205.

-Between 1981 and 1985, revenues supporting services for these eighteen Coalition agencies increased 49 percent while during the same period the hours of direct service provided increased 86 percent and the number of persons served increased 210 percent. (The 49 percent increase in revenues between 1981 and 1985 does not take into consideration inflation during that period and therefore the real increase in revenues is less than 49 percent.)



L. KIM DOVERSPIKE
DIRECTOR OF ADMINISTRATION

ALASKA CHILDREN'S Services, Inc.

4600 ABBOTT ROAD
ANCHORAGE, AK. 99507
(907.346.2101)



Official Business

Alaska State Legislature

Senate

Pouch V
State Capitol
Juneau, Alaska 99811

December 6, 1985

Honorable William Sheffield
Governor
State of Alaska
Pouch A
Juneau, AK 99811

Dear Bill:

Someone who writes letters for you better learn how to read!

On November 14, Joe Josephson and I wrote you stating that \$5 million should be included in the FY 87 budget to adequately fund Anchorage social service block grant requirements. We provided the rationale and legislative background.

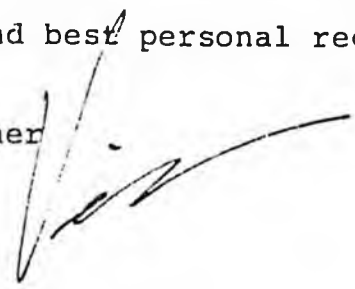
Back comes an inane letter (dated November 22 but just received) thanking us for support of the DHSS budget request of \$2.5 million.

Joe is out of town, but I am sure I speak for him in restating the need for a \$5 million grant for Anchorage social services in accordance with current legislative intent (developed in conjunction with your budget people).

This is Joe's and my top budget priority for FY 87. We will therefore appreciate your serious consideration and support of full funding of the Anchorage block grant.

Thanks and best personal regards,

Vic Fischer



CC: HUMAN SERVICES COALITION

BILL SHEFFIELD
GOVERNOR



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

November 22, 1985

The Honorable Joe Josephson
The Honorable Vic Fischer
1024 West Sixth Avenue
Anchorage, AK 99501

Dear Senator Josephson and Senator Fischer:

Thank you for expressing your support of the Department of Health and Social Services' FY 87 budget request of \$2.5 million for the Anchorage social services block grant.

As you both know, I am currently in the process of preparing the FY 87 budget. I will give serious consideration to the Department's increment for the Anchorage social services block grant. Moreover, I realize that the services provided by the participating agencies are very much needed. It is my hope that the State can continue to help fund this block grant.

Please be assured that I will keep your comments in mind as we deliberate over the difficult budget choices confronting the State next year.

Once again, thank you for taking the time to let me know how you feel about this issue.

Sincerely,

A handwritten signature in cursive script that reads "Bill Sheffield".

Bill Sheffield
Governor



Official Business

Alaska State Legislature

Senate

Pouch V
State Capitol
Juneau, Alaska 99811

November 14, 1985

Honorable William A. Sheffield
Governor
State of Alaska
Juneau, Alaska 99811

Dear Governor Sheffield:

In CCS HB 60, the appropriation for FY 1986 to the Department of Health and Social Services, the sum of \$2,500,000 was provided for the annual Anchorage social services block grant program.

This program, as you know, is an appropriation to the Municipality of Anchorage for distribution, on advice of a citizen task force and approval by the Assembly, to the non-profit agencies which provide critical human services. We are proud to have supported the program since its inception, because we know that through it, persons of low income receive shelter, food, counseling, treatment for substance abuse, and other critical assistance. The non-profit agencies which participate through the block grant offer a variety of services to young and old; in 1985 alone, the 18 participating agencies have served over 78,000 Alaskans and have provided over 2.3 million hours of direct service at an average cost of only \$6.74 per hour (including indirect and administrative costs).

The agencies, through their respective boards and professional personnel, know that your administration has been responsive and compassionate to the needs of disadvantaged Alaskans, and other Alaskans who require the agencies' services.

You can appreciate, then, the concern we are hearing in our community about a reported budget figure for FY 1987, for the block grant program, of only \$2,000,000. This would represent a very significant reduction in the program and impair the ability of the agencies to serve the neediest and most troubled amongst us.

Even the \$2,500,000 figure in CCS HB 60 would be inadequate, inasmuch as the intent language in that legislation noted that the appropriation had been reduced by the legislature "in response to the one-time roll-over of FY85 monies into FY86 due to the different municipal and state fiscal years." The intent language went on to say:

For State FY87, the Municipality will restructure its block grant award process so that it is in line with the State's fiscal year. During consideration of the FY87 budget, the Legislature will then consider at least full funding of

November 14, 1985

the block grant program."

Since \$2,500,000 was clearly intended to cover the Anchorage block program's minimum requirements for a six-month period only, the FY 1987 budget which you will submit should provide not less than \$5,000,000, to assure that the existing level of services can be maintained.

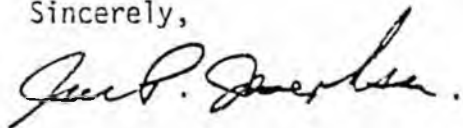
Finally, Governor, we would respectfully note that Anchorage is in the midst of an economic downturn. Unemployment is rising, as shown by the activity in the employment security offices of the Department of Labor here; therefore, the need for human services is on the rise, and a budget of \$5,000,000 for FY 1987 will actually serve fewer Alaskans, relative to the requirements of the poor, disabled and disadvantaged in our community, than have been served in the past.

We urge that you address this item personally in your review of the budget before its transmittal to the Legislature next month, so that the budget will reflect the human priorities which have exemplified your Administration thus far.

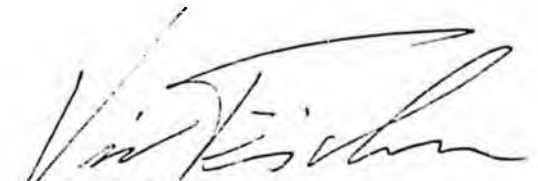
You can count on our support for your leadership in this important effort. We realize that the FY 1987 budget is a difficult one to assemble, given the revenue outlook, but it is precisely in this time of economic downturn that we must take special pains to protect the so-called "safety net" which the 18 non-profit agencies here are helping to provide through the block grant program.

With best wishes, we are

Sincerely,



JOE P. JOSEPHSON
State Senator



VIC FISCHER
State Senator

Thank you!

For your Committee's use, here is a list of agency programs funded by the Social Services Task Force from HB-60 funds, a list of Community Development Block Grant grantees, list of Task Force members, and information on HB-60 grants. Please feel free to call if United Way, the Social Services Task Force or Human Services Coalition can help.

Sybil Crowell

Jan 1 - June 30, 86

Cost Center	Grant Number	Grantee/Contractor	Grant Award	Grant Officer	W	E
<5973>	HB-105	Salvation Army - Clitheroe Center	\$ 26,983	<Barb>		
<2241>	HB 60-01	Administration	125,000			
	HB 60-02	Camp Fire, Chugach Council (SACC)	381,900	<Brent>	X*	X
	HB 60-03	Alpine Alternatives (SACC)	31,800	<Brent>	X*	X
	HB 60-04	Boys' and Girls' Club (SACC)	107,760	<Brent>	X*	X
	HB 60-05	North Mountain View Latchstring (SACC)	42,000	<Brent>	X*	X
	HB 60-06	Abused Women's Aid in Crisis	76,349	<Nancy>		
	HB 60-07	Alaska Children's Services	29,107	<Brent>		
	HB 60-08	Alaska Legal Services	116,150	<Brent>		
	HB 60-09	Alaska Women's Resource Center	43,504	<Nancy>	X	
	HB 60-10	Alaska Youth Advocates	44,054	<Brent>		
	HB 60-11	Anchorage Child Abuse Board	118,933	<Brent>		
	HB 60-12	Anchorage Community Mental Health Services	76,606	<Barb>	X	
	HB 60-13	Anchorage Literacy Project	21,458	<Nancy>		
	HB 60-14	Anchorage Neighborhood Health	38,184	<Nancy>		
	HB 60-15	Association for Stranded Rural Alaskans in Anch	45,550	<Barb>	X*	X
	HB 60-16	Big Brothers/Big Sisters of Anchorage	18,000	<Brent>	X*	X
	HB 60-17	Bean's Cafe	104,518	<Barb>	X	
	HB 60-18	Camp Fire, Chugach Council - Drop-in Center	40,890	<Brent>	X	
	HB 60-19	Camp Fire, Chugach Council - Summer Care	39,391	<Brent>		
	HB 60-20	Catholic Social Services	76,392	<Barb>		
	HB 60-21	Chugiak Senior Center	36,385	<Barb>	X*	X
	HB 60-22	Cook Inlet Native Association	54,223	<Brent>		
	HB 60-23	Conflict Resolution Center	72,194	<Brent>	X*	X
	HB 60-24	Family Connection	57,901	<Barb>	X*	X
	HB 60-25	Food Bank of Alaska	25,038	<Barb>	X*	X
	HB 60-26	Girls Club/Boys Club - Summer Care	22,379	<Brent>		
	HB 60-27	Home Health Care	15,774	<Barb>		
	HB 60-28	Hope Cottages	73,067	<Nancy>		
	HB 60-29	Hospice of Anchorage	19,732	<Barb>		
	HB 60-30	Mabel T. Caverly Senior Center	58,214	<Barb>	X	
	HB 60-31	Men's Support Network	9,215	<Nancy>		
	HB 60-32	Planned Parenthood of Alaska	29,478	<Nancy>	X*	X
	HB 60-33	Red Cross	22,000	<Barb>	X*	X
	HB 60-34	Rural Alaska Community Action Program	35,993	<Brent>	X*	X
	HB 60-35	Salvation Army - Booth Memorial Home	55,931	<Barb>		
	HB 60-36	Salvation Army - Emergency Assistance	131,469	<Barb>		
	HB 60-37	Sensory Impairment Center	22,792	<Nancy>	X*	X
	HB 60-38	Crisis, Inc.	31,404	<Janet>		
	HB 60-39	Suicide Prevention and Crisis Center	24,064	<Janet>		
	HB 60-40	Multiple Sclerosis	3,187	<Barb>	X*	X
	HB 60-41	AK Council on Prevention of Alcohol & Drug Abuse	67,951	<Brent>	X*	X
	HB 60-42	Alaska Youth and Parent Foundation (AYA)	13,911	<Brent>	X*	X
	HB 60-43	Anchorage Literacy Project	18,210	<Nancy>	X	
	HB 60-44	Parent's United	34,043	<Brent>	X*	X
	HB 60-45	Rural Alaska Community Action Program	4,875	<Brent>	X	
<1586>	CDBG85-01	Alaska Legal Services - Disabled Persons	21,636	<Brent>	X*	X
	CDBG85-02	Alaska Women's Resource Center	27,918	<Nancy>	X*	
	CDBG85-03	Anchorage Child Abuse Board	22,762	<Brent>	X*	X
	CDBG85-04	Camp Fire, Chugach Council - Aspen Ridge	42,838	<Brent>	X*	X
	CDBG85-05	Family Connection	35,904	<Barb>	X*	X
	CDBG85-06	Planned Parenthood of Alaska	20,000	<Nancy>	X*	
	CDBG85-07	Rural Alaska Community Action Program	14,842	<Brent>		
OB	OB86	Association for Retarded Citizens of Anchorage	180,000	<Nancy>		
	OB86	Alaska Women's Resource Center - New Dawn	50,000	<Nancy>		
	OB86	Family Connection, Inc.	67,220	<Barb>	X*	X
	OB86	Crisis, Inc.	50,240	<Janet>		
	OB86	Salvation Army, Clitheroe Center	450,000	<Barb>		
	OB86	Standing Together Against Rape	33,050	<Nancy>		
	OB86	Laidlaw Transit, Inc.	600,000	<Nancy>		

1985/1986 SOCIAL SERVICES TASK FORCE MEMBERS

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Older Alaskans Commission
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Jan - Dec 85

1985 SOCIAL SERVICES TASK FORCE NEW PROJECT RECOMMENDATIONS - 1985 COMMUNITY DEVELOPMENT BLOCK GRANT

AGENCY/PROGRAM	1986 REQUEST	PROPOSED PROGRAM DESCRIPTION	RECOMMENDED AWARD	TASK FORCE FUNDING INTENT
ALASKA LEGAL SERVICES/ Disabled Persons Advocacy Project	\$ 38,737	To provide advocacy to disabled persons facing social security determinations through screening, providing representation or referral, and providing information to persons not needing representation.	\$ 21,636	Award to be used to fund at least 50% of the Project Advocate's salary and fringe benefits, with the balance of the award to be used for salary and fringe benefits for the Senior Staff Attorney and/or the Project Advocate as determined by the agency. \$2,626 to be negotiated with the agency. CDBG Public Services funds.
ALASKA WOMEN'S RESOURCE CENTER/ Prevention of Domestic Violence	45,239	Project is designed to prevent the incident and escalation of domestic violence in primary and family relationships through gender role awareness and abuse program targeted at low to moderate income youth and adults. Project will consist of three two-hour programs either used sequentially over several days or together in an all-day workshop.	27,918	Award to fund Curriculum Developer/Trainer's salary and benefits; \$10,000 in professional fees and \$1,000 in program supplies. \$3,388 to be negotiated with the agency. CDBG Public Services funds.
ANCHORAGE CHILD ABUSE BOARD/ CENTER FOR CHILDREN AND PARENTS/ Treatment of Mental and Physical Hardships	46,314	One trained and experienced child therapist will provide individual and group therapy services for forty-four child victims of severe maltreatment (physical, sexual and emotional abuse). The project will target severely emotionally impaired children ages twelve years and younger from low income and moderate income families who have limited access to intensive treatment services in Anchorage.	22,762	Award to fund salaries and fringe benefits to the extent possible with recommended funds. \$2,762 to be negotiated with the agency. CDBG Public Services funds.

1985 SOCIAL SERVICES TASK FORCE NEW PROJECT RECOMMENDATIONS - 1985 COMMUNITY DEVELOPMENT BLOCK GRANT

AGENCY/PROGRAM	1986 REQUEST	PROPOSED PROGRAM DESCRIPTION	RECOMMENDED AWARD	TASK FORCE FUNDING INTENT
CAMP FIRE, CHUGACH COUNCIL/ Community Center Program	\$ 48,320	The program will provide a recreational drop-in center in the Aspen Ridge apartment complex, a low to moderate income area.	\$ 42,838	Award to fund program staff and Program Aide salaries and benefits, space rent, and program supplies. \$5,916 to be negotiated with the agency. CDBG Public Services funds.
FAMILY CONNECTION, INC./ Homebased Family Treatment	79,955	This program will provide homebased family treatment. Families who have failed at standard outpatient treatment or who are not good candidates for outpatient therapy can receive therapy in their homes. Target families include chronically troubled families, families with multiple problems, families with a physically incapacitated member, and single parent families.	35,904	Award to fund only salaries and benefits of the Homebased Therapist #1 position. \$4,357 to be negotiated with the agency. CDBG Public Services funds.
PLANNED PARENTHOOD OF ALASKA/ Contraceptive Health Care for Teenage Women	20,000	The program will provide affordable, quality medical care and information to teenage patients of low to moderate income.	20,000	Award to fully fund proposal. CDBG Public Services funds.
RURAL ALASKA COMMUNITY ACTION PROGRAM, INC./ Comprehensive Child Development Services	\$ 20,831	This program will provide comprehensive education, medical, dental, nutritional, mental health, special needs and social services to low income families and their children utilizing a bilingual Spanish/English approach.	14,842	Award to fund salary and fringe benefits for the Bilingual Classroom Specialist. \$2,393 to be negotiated with the agency. CDBG Public Services funds.
TOTAL	\$ 299,396		\$ 185,900	

1985 SOCIAL SERVICES TASK FORCE NEW PROJECT RECOMMENDATIONS

AGENCY/PROGRAM	1986 REQUEST	PROPOSED PROGRAM DESCRIPTION	RECOMMENDED AWARD	TASK FORCE FUNDING INTENT
ALASKA CHAPTER, NATIONAL MULTIPLE SCLEROSIS SOCIETY/ Optimal Health	\$ 9,178	The project consists of a 2 1/2 day - 2 night weekend for families with Multiple Sclerosis. The goal is to help each family gain significant insight into the effects MS has had on each person and the family as a whole. This is an intensive therapy program that requires each family to focus completely on the program and have private rooms where discussions can take place without interruption.	\$ 3,187	Award to fund only the professional fees for Project Coordinator. \$387 to be negotiated with the agency.
ALASKA COUNCIL OF PREVENTION OF ALCOHOL AND DRUG ABUSE, INC./ Youth Prevention/Intervention Services (Dram-Edy)	73,650	Teaches teenagers coping and refusal skills through role playing, modeling, peer counseling and image enhancement, centering on: physical and sexual abuse, stress management and other areas to reduce destructive behavior and learn behavioral alternatives.	67,951	Award to fund all salaries, fringe benefits and professional fees for the Project Coordinator and Drama-edy Assistant. \$8,246 to be negotiated with the agency.
ALASKA YOUTH AND PARENT FOUNDATION/ Domestic Violence Teens Group	24,445	Program will provide eight week, two-hour support groups for families who have been the victims of domestic violence, plus a group for teens, with eight to ten clients per group.	13,911	Award to fund 50% of proposed program. \$1,688 to be negotiated with the agency.

1985 SOCIAL SERVICES TASK FORCE NEW PROJECT RECOMMENDATIONS

AGENCY/PROGRAM	1986 REQUEST	PROPOSED PROGRAM DESCRIPTION	RECOMMENDED AWARD	TASK FORCE FUNDING INTENT
ANCHORAGE LITERACY PROJECT/ Instructional Television for Training Tutors of Functionally Illiterate Adults	\$ 32,000	Ten hours of videotaped segments of tutor-training workshop segments will be produced. These will be designed to utilize the same material and general techniques traditionally used in the live workshop presentations. However, enhancements to the instructional design, which are available through television special effects and characteristics will be used when appropriate, to reinforce the training programs. In addition, four thirty-second public service announcements will be produced, utilizing portions of the footage taped for the workshop tutor-training tapes.	\$ 18,210	Award to fund 50% of proposal, with reductions to be made at the discretion of the agency. \$2,210 to be negotiated with the agency.
PARENT'S UNITED, INC./ Self-Help Support Groups for Sexually Abused Children	48,500	The goals of this program are to provide continuous self-help therapeutic assistance with a group setting for families identified with inter-familial child sexual abuse; establish and maintain a self-help support group coordinated with a "one-on-one"/individual therapy component; and, implement a coordinated case management/support system for victims.	34,043	To fund 50% of the Executive Director and Secretary/Bookkeeper/Receptionist positions salaries, with the balance of funds to pay towards FiCA, Workers' Compensation and ESC. \$4,131 to be negotiated with the agency.
RURAL ALASKA COMMUNITY ACTION PROGRAM, INC./ Comprehensive Child Development Services	20,831	This program will provide comprehensive education, medical, dental, nutritional, mental health, special needs and social services to low income families and their children utilizing a bilingual Spanish/English approach.	4,875	Award to fund salary and fringe benefits for the Bilingual Classroom Specialist. \$2,393 to be negotiated with the agency.
TOTAL	\$ 208,604		\$ 142,177	

1985 MAYOR'S SOCIAL SERVICES TASK FORCE
PILOT PROJECTS NOT RECOMMENDED FOR FUNDING

Alaska Children's Services / Intensive Family Therapy

Alaska Children's Services / Parent Help

Alaska Youth and Parent Foundation / Life Skills

Alpine Alternatives

Anchorage Association for the Education of Young Children

Anchorage Community Mental Health Services

Anchorage Neighborhood Health Center

Boys' and Girls' Club of Alaska

Easter Seals

Mabel T. Caverly Senior Center

Suicide Prevention and Crisis Center / Crisis Intervention

Suicide Prevention and Crisis Center / TTY Program

1985 SOCIAL SERVICES TASK FORCE RECOMMENDATIONS FOR CONTINUATION FUNDING

AGENCY/PROGRAM	1985 GRANT AWARD	PROGRAM DESCRIPTION	RECOMMENDED EXTENSION	TASK FORCE FUNDING INTENT
Abused Women's Aid in Crisis, Inc./ 11% of Operating Budget	\$ 94,850	To provide services for abused women and children, batterers, and the general public. Services include: shelter, counseling and guidance to victims of abuse; counseling to batterers, including those referred by the courts; community education.	\$ 59,373	Award to fund proposal <u>except</u> for salaries and benefits for the Community Education Coordinator position and the Clerk Typist position. \$7,203 to be negotiated with the agency.
Abused Women's Aid in Crisis, Inc./ Alaska Youth Advocates/ Counseling for Victims (11-17)	27,120	To provide a support group for teens who have been victims of physical violence and their families. To provide Community Outreach to heighten awareness about the concerns and issues for teens involved in abusive relationships.	16,976	Award to fund wages and benefits for the Counselor position. \$2,060 to be negotiated with the agency.
Alaska Children's Services/ School Support Project	23,250	To identify problem areas and goals for child and parents at time of referral, improve child's school attendance, improve child's classroom behavior, improve parents ability to work cooperatively with school program, enhance parents ability to effectively manage child's behavior, and enhance parents ability to utilize community resources in dealing with family problems.	29,107	1985 award funded a partial year program. Contingency award to continue partial year funding at the same level. \$3,532 to be negotiated with the agency.
Alaska Legal Services/ Basic Legal Services	130,000	To provide high-quality legal assistance and advocacy to persons unable to afford representation regarding deprivation of basic shelter, food, health, family care or essential resources. Services include: family law, public entitlements, housing and community development, assistance to elderly through private attorney participation, advice only clinic, and self-help clinic.	79,750	Award funds 80% of program. \$9,875 to be negotiated with the agency.

1985 SOCIAL SERVICES TASK FORCE RECOMMENDATIONS FOR CONTINUATION FUNDING

AGENCY/PROGRAM	1985 GRANT AWARD	PROGRAM DESCRIPTION	RECOMMENDED EXTENSION	TASK FORCE FUNDING INTENT
Alaska Legal Services/ Family Safety Law Project	\$ 58,150	To Provide legal representation, advice, and support to secure physical safety for victims of domestic violence. This is a joint project of Alaska Legal Services, Abused Women's Aid in Crisis, and the Alaska Women's Resource Center.	\$ 36,400	Award to fund the program except for the Para-Legal position and half of the Attorney position. \$4,417 to be negotiated with the agency.
Alaska Women's Resource Center/ Employment, Job Readiness Services	69,500	To provide employment and job readiness services to low/moderate income women. Services include: job search, career planning and placement; job training and readiness; counseling and support groups; education and outreach in coordination with other social service agencies.	43,504	Award to fund FTE Counselor, Volunteer Outreach Coordinator, Information & Referral Specialist, and fringe benefits. \$5,279 to be negotiated with the agency.
Alaska Youth Advocates/ Crisis Intervention	43,258	To provide immediate services to youth and parents in crisis. Services include: information and referral; legal information; client follow-up; family survival skills training; community awareness and education.	27,078	Award to fund proposal <u>except</u> no funding for wages and benefits for the part-time Counselor position and the Clerk/Typist position. No funds to be used to operate a "hotline". Agency is encouraged to actively cooperate and participate in establishing a central social services hotline in Anchorage. \$3,286 to be negotiated with the agency.

1985 SOCIAL SERVICES TASK FORCE RECOMMENDATIONS FOR CONTINUATION FUNDING

AGENCY/PROGRAM	1985 GRANT AWARD	PROGRAM DESCRIPTION	RECOMMENDED EXTENSION	TASK FORCE FUNDING INTENT
Anchorage Child Abuse Board/ Center for Children and Parents/ 31% of Total Program	\$ 190,000	To eliminate child abuse and neglect in Anchorage by offering an integrated and multifaceted approach to its prevention and treatment. Services include: crisis nursery care, crisis counseling, information and referral respite care, Parent Aide services, Parent Training services, therapeutic child care and child management modeling, parenting skills, training human service professionals, and providing a major conference.	\$ 118,933	Award to continue funding program at same level as 1984. \$14,433 to be negotiated with the agency.
Anchorage Community Mental Health/ Alzheimer's Disease	122,382	To provide respite care at the Day Break Center to families of 35-40 persons who are chronically mentally ill due to Alzheimer's Syndrome and related disorders; provide 800 hours of in-home respite care.	76,606	Award to continue funding the program at 50%. \$9,296 to be negotiated with the agency.
Anchorage Literacy Project/ English as a Second Language	39,015	To provide an opportunity for functionally illiterate and non-English speaking adults to acquire basic knowledge and skills. Services include: volunteer training, English language instruction on and off site; life skills and cultural transition training; community awareness.	21,458	Award to fully fund proposal.

1985 SOCIAL SERVICES TASK FORCE RECOMMENDATIONS FOR CONTINUATION FUNDING

AGENCY/PROGRAM	1985 GRANT AWARD	PROGRAM DESCRIPTION	RECOMMENDED EXTENSION	TASK FORCE FUNDING INTENT
Anchorage Neighborhood Health Center/ Dental Program	\$ 61,000	Contracts with local private Dentists and their Dental Assistants to provide onsite dental services five days per week at the Center. Provides dental education, dental treatment and restorative services to low-income residents of Anchorage along with the implementation of a preventative dental health education program in the Anchorage School District for K-6 grades.	\$ 38,184	Award to fund 50% of Professional Fees and 100% of Program Supplies with the agency to attempt to get Dentists to donate services to make up the other 50% of Professional Fees. \$4,634 to be negotiated with the agency.
Association for Stranded Rural Alaskans in Anchorage/ Basic Needs	41,409	To provide emergency shelter in Anchorage for stranded rural Alaskans. To reduce the need for emergency shelter in Anchorage by providing travel home, as a last resort, for stranded rural Alaskans.	45,550	1985 award was for six months with the state funding the other six months. Continuation funding to continue program for six more months. Award to be used <u>only</u> for specific assistance to individuals.
Big Brothers-Big Sisters of Anchorage/ 20% of Total Program	31,000	To provide positive adult, friendship and role modeling for single-parent youth aged 6-16. Services include: volunteer recruitment and training; parent and youth training; career development activities and field trips; child abuse training; ongoing program evaluation.	18,000	Award to fund requested wages and benefits for the Caseworker position. \$950 to be negotiated with the agency.
Bean's Cafe/ Food Program	190,033	To provide quality meals and daytime shelter for the street people and other poor and homeless people of Anchorage. Make medical, job related and other social service referrals.	104,518	Award to fund all of prepared budget except Stock Clerk position and the benefits associated with that position.

1985 SOCIAL SERVICES TASK FORCE RECOMMENDATIONS FOR CONTINUATION FUNDING

AGENCY/PROGRAM	1985 GRANT AWARD	PROGRAM DESCRIPTION	RECOMMENDED EXTENSION	TASK FORCE FUNDING INTENT
Camp Fire, Chugach Council/ Drop-In Recreational	\$ 73,339	To provide "drop-in" recreation programs for youth of Willow Park and Loussac Manor Housing Projects and surrounding areas. Services include: after school, evening and Saturday programs; scheduled and open activities; self-development, decision making, and interpersonal relationships.	\$ 40,890	Award to fund proposal except for requested wages and fringe benefits for the Bookkeeper, Office Manager and Assistant Executive Director positions. \$554 to be negotiated with the agency.
Camp Fire, Chugach Council/ Summer Care	71,620	To provide summer care for elementary aged children with working parents. Services include: nutritious snacks; program aimed at developing/increasing skills in leisure time activities; self-development, decision making, and interpersonal relationships.	39,391	Award to continue funding at 1985 level.
Catholic Social Services/ Clare House	138,895	To provide temporary emergency shelter primarily to homeless, single women and women with children. Ascertain eligibility for a total of 960 clients, provide approximately 11,520 client days of shelter, and monitor shelter facility 24 hours a day.	76,392	Award to fund the full proposal except for the requested wages and benefits for Executive Director position and Assistant Executive Director position.
Chugiak Senior Center/ Senior Center	58,127	To provide services to the elderly in the Chugiak/Eagle River area. Services include: transportation and escort; information and referral; meals and nutrition education.	36,385	Award to continue funding at 1985 level. \$4,415 to be negotiated with the agency.

1985 SOCIAL SERVICES TASK FORCE RECOMMENDATIONS FOR CONTINUATION FUNDING

AGENCY/PROGRAM	1985 GRANT AWARD	PROGRAM DESCRIPTION	RECOMMENDED EXTENSION	TASK FORCE FUNDING INTENT
Cook Inlet Native Association/ Family and Community Services	\$ 86,624	To provide support services to Alaskan Natives and American Indians in coping with family functioning and the stresses of urban living. Services include: information and referral; needs assessment; individual, marital and family counseling; consultation and intervention; staff development.	\$ 54,223	Award to continue funding the proposal except no funding for wages and benefits for Home Visitor position. In addition, no funding is to be used for overhead finance and administrative costs. \$6,580 to be negotiated with the agency.
Conflict Resolution Center/ Community Dispute Resolution	35,000	To provide direct assistance for the voluntary settlement of individual, family and community disputes in a timely and inexpensive manner through mediation and arbitration services. To provide education to community groups, agencies, businesses and to the public at large in conflict resolution, including collaborative problem solving methods.	43,817	Award to fund only salaries and benefits of the Caseworker position, plus rent and other costs. Services to be provided to low and moderate income individuals using Day Care Assistance Program income guidelines. \$5,317 to be negotiated with the agency.
Conflict Resolution Center/ Family Mediation	7,650	To provide direct assistance for the voluntary settlement of issues involved in separation, divorce, child custody and premarital agreements through family mediation services. To provide education concerning family mediation to community groups, agencies, businesses and to the public at large.	8,415	Award to fund requested wages and benefits for the Family Mediator position. Services to be provided to low/moderate income individuals using Day Care Assistance Program income guidelines.
Conflict Resolution Center/ Landlord-Tenant Project	16,800	To provide information, assistance, and alternative methods of dispute resolution to all parties requesting services. To provide education to community groups, agencies, businesses and to the public at large in landlord/tenant issues.	19,962	Award to fund 50% of Project Manager position to provide information services to low/moderate income population. \$1,482 to be negotiated with the agency.

1985 SOCIAL SERVICES TASK FORCE RECOMMENDATIONS FOR CONTINUATION FUNDING

AGENCY/PROGRAM	1985 GRANT AWARD	PROGRAM DESCRIPTION	RECOMMENDED EXTENSION	TASK FORCE FUNDING INTENT
Family Connection, Inc./ Prevention and Early Intervention	\$ 92,500	To promote optimal social functioning for Anchorage children, youth and families, and thereby prevent these youth from becoming involved with the Juvenile Justice or Social Service systems through the provision of a range of early intervention services to families at risk. To interact with the Anchorage community in order to further promote positive family relationships through the provision of educational services and the recruitment and training of volunteers.	\$ 57,901	Funds are not to be used for the "hotline". Agency is encouraged to actively cooperate and participate in establishing a central social services hotline in Anchorage. Award to continue at 1985 funding level. \$7,026 to be negotiated with the agency.
Food Bank of Alaska, Inc./ Food Distribution	40,000	To increase public and community support and awareness of hunger through publishing the newsletter, public service announcements, and gaining support for canned food drives. Add four additional recipient agencies, four additional business donors, and increase food distribution from 323,985 pounds in 1984 to 500,000 in 1985.	25,038	Award to continue funding 73% of this agency's budget. \$3,038 to be negotiated with the agency.
Girls' Club of Alaska, Inc./ Summer Enrichment Program	37,758	To provide a Summer Enrichment Program for 137 youth in 1985. Conduct an informal youth evaluation, a staff evaluation and a parent evaluation.	22,375	Award to continue funding the proposal at the 1985 level. \$1,612 to be negotiated with the agency.

1985 SOCIAL SERVICES TASK FORCE RECOMMENDATIONS FOR CONTINUATION FUNDING

AGENCY/PROGRAM	1985 GRANT AWARD	PROGRAM DESCRIPTION	RECOMMENDED EXTENSION	TASK FORCE FUNDING INTENT
Home Health Care, Inc./ Personal Companion Care	\$ 25,200	To provide trained and supervised workers for 3600 hours of Home Helper services to the elderly, disabled and handicapped population. Provide assistance to maintain normal bodily functions, provide personal care and grooming, light homemaking, companionship and respite care.	\$ 15,774	Award to continue funding program at 1985 level. \$1,914 to be negotiated with the agency.
Hope Cottages, Inc./ Autism Program	58,364	To provide training and support services; natural home and center-based assessment services for individuals with Autism. Services include: counseling, training, education and advocacy to Autistic individuals and their families; behavioral assessment, intervention and analysis; family support systems.	73,067	Award to fund 50% of the Autism Coordinator and Autism Secretary positions, 100% of an Autism Technician position, 50% of Professional Fees, and other costs to the total of the award. Agency must become a licensed child care facility prior to receiving continuation award and recommend that additional funding be sought from Day Care Assistance Program, parent fees and School District. \$8,867 to be negotiated with the agency.
Hospice of Anchorage/ Terminally Ill	35,877	To provide hospice care and support services to terminally ill persons and their families; education and awareness programs to health and social service providers/general public. Services include: hospice care volunteer training and direct service; bereavement services for family members; information and referral; workshops and presentations; development of a Pilot Project for volunteer hospice nursing services.	19,732	Award to fully fund program.

1985 SOCIAL SERVICES TASK FORCE RECOMMENDATIONS FOR CONTINUATION FUNDING

AGENCY/PROGRAM	1985 GRANT AWARD	PROGRAM DESCRIPTION	RECOMMENDED EXTENSION	TASK FORCE FUNDING INTENT
Mabel T. Caverly Senior Center/ Dental Program	\$ 93,000	To provide dental care to 150 low income seniors. The program consists of four phases: intake and eligibility; initial screening; preauthorization; and the work being done.	\$ 58,214	Award to continue funding at the same level as 1985 funding. \$7,064 to be negotiated with the agency.
Men's Support Network, Inc./ Portion of Total Program	14,721	To provide two men's evening groups facilitated by a professional counselor. To develop a male adolescent group program to examine stereotypical role expectations of boys and girls. To expand outreach to a wider spectrum of men. Present three short programs at Hiland Correctional Center to male inmates.	9,215	Award to continue funding program at the 1985 level. \$1,118 to be negotiated with the agency.
Planned Parenthood of Alaska/ Family Planning	47,092	To provide quality medical care, referral/counseling service and education to persons seeking reproductive health care at a reasonable cost. Serve 3200 unduplicated patients. Hire an additional Nurse Practitioner, Medical Assistant, half time Clinic Coordinator and Educator.	29,478	Award to fund Nurse Practitioner, Medical Assistant and fringe benefits. \$3,577 to be negotiated with the agency.
Red Cross/ Disaster Relief	40,000	To provide direct emergency assistance to families and individuals victimized by fire. Services include: provision of essentials such as food, clothing, housing, household goods, medical care, transportation, occupational supplies, home repairs, etc., information and referral as needed.	22,000	Award to continue fully funding proposal.

1985 SOCIAL SERVICES TASK FORCE RECOMMENDATIONS FOR CONTINUATION FUNDING

AGENCY/PROGRAM	1985 GRANT AWARD	PROGRAM DESCRIPTION	RECOMMENDED EXTENSION	TASK FORCE FUNDING INTENT
Rural Cap/ One Headstart Program	\$ 57,500	To provide HeadStart comprehensive services to low income families and their children. Services include: parent involvement; nutritional, medical and dental health services; education and training; coordination of social services; special needs evaluation and programs; career development for staff.	\$ 35,993	Award to continue funding at 1985 level. \$4,368 to be negotiated with the agency.
Salvation Army - Booth Home/ Maternity Outpatient Services	89,352	To provide maternity outpatient services to low income women and pregnant adolescents. Services include: prenatal medical care; parenting and childbirth classes; individual, couple/family and group counseling; medical care at delivery.	55,931	Award to fund proposal <u>except</u> no funding for wages and benefits for the Social Worker, Secretary, Bookkeeper, and Maintenance/Driver positions. Professional Fees and Specific Assistance to Individuals for sonograms and deliveries to be reduced by 50%. Each client must be ineligible for Aid To Families With Dependent Children and General Relief Medical. \$6,787 to be negotiated with the agency.
Salvation Army/ Emergency Assistance	210,026	To provide emergency assistance of basic material needs to poor and homeless. Services include: information and referrals; meals, lodging and emergency transportation; counseling and group self-help sessions; job referrals.	131,469	Award to fund a percentage of the proposal with at least \$25,000 to go to the Specific Assistance to Individuals line item. Further reductions to be made for line items other than Salaries and Benefits. \$15,955 to be
Sensory Impairment Center/ Interpreter Referral Line	18,205	To provide interpreter referral line services for deaf and hearing-impaired individuals, and community agencies. Services include: 24-hour access to sign language interpreters; community education services; centralized information and referral.	22,792	Award to fund the requested wages and benefits of the Interpreter Coordinator position plus the telephone expenses. 1985 award was for a six month program. Award to continue program at same level. \$2,766 to be negotiated with the agency.

1985 SOCIAL SERVICES TASK FORCE RECOMMENDATIONS FOR CONTINUATION FUNDING

AGENCY/PROGRAM	1985 GRANT AWARD	PROGRAM DESCRIPTION	RECOMMENDED EXTENSION	TASK FORCE FUNDING INTENT
Standing Together Against Rape/ Legal Advocacy	\$ 25,358	To provide legal advocacy for sexual assault victims, their families and loved ones; information on legal process to the general public. Services include: legal information; accompanying clients through court proceedings; training for professionals to ensure sensitive treatment of victims; workshops and presentations to agencies/general public; monitoring current laws and legislation regarding sexual assault.	\$ 14,179	Award to fund only the wages and benefits of the Legal Advocate position. \$232 to be negotiated with the agency.
Standing Together Against Rape/ Outreach Education	30,000	To provide outreach/education/training on sexual assault for Alaskan Natives, developmentally disabled and physically handicapped; elderly; military. Services include: education and awareness through presentations; developing and distributing materials; training service providers; participation in community events; developing and providing training and workshops to targeted professionals.	17,225	Award not to be used to pay any part of salaries and benefits for the Administrative Assistant position or the Executive Director position. \$725 to be negotiated with the agency.
Suicide Prevention and Crisis Center/ Information and Referral	30,194	To provide information and referral; Tel-Med Information and TTY services. Services include: computer access to 474 agencies, 24-hour information and referral hotline, walk-in access; access to health information; telephone line, community awareness program; and TTY access for deaf and hearing-impaired.	17,597	Award to continue funding the program at the 1985 level. Agency is encouraged to actively participate in establishing a central social services hotline in Anchorage. \$900 to be negotiated with the agency.

1985 SOCIAL SERVICES TASK FORCE RECOMMENDATIONS FOR CONTINUATION FUNDING

AGENCY/PROGRAM	1985 GRANT AWARD	PROGRAM DESCRIPTION	RECOMMENDED EXTENSION	TASK FORCE FUNDING INTENT
Suicide Prevention and Crisis Center/ Suicide Prevention	\$ 10,331	To provide a means of reducing suicides through prevention, intervention and post-vention. Services include: 24-hour crisis hotline, recruiting and training volunteers; classroom presentations in the School District; self-help group for suicide attempters; self-help groups for suicide survivors and survivors of murder.	\$ 5,467	Award to fund wages and benefits for the Volunteer Coordinator, Crisis Information and Referral Specialist I, Crisis Information and Referral Specialist II and the Crisis Resource Referral Specialist positions. Agency is encouraged to actively cooperate and participate in establishing a central social services hotline in Anchorage. \$785 to be negotiated with the agency.
	\$2,564,500		\$1,669,363	

SOCIAL SERVICES TASK FORCE

1985/1986 SCHOOL AGE CHILD CARE GRANT AWARD RECOMMENDATIONS

<u>Agency</u>	<u>Funding Recommendation</u>	<u>Intent</u>
1. Camp Fire, Chugach Council	Up to \$393,900	To fund the program at \$1.00 per hour per enrolled child in accordance with agencies proposal.
2. Boys and Girls Club of Alaska	Up to \$107,760	To fund the program at \$1.15 per hour per enrolled child. Program activities to be designed to appeal to both boys and girls.
3. Alpine Alternatives, Inc.	Up to \$53,000	To fund the program at \$2.00 per hour for up to 25 children for up to 1060 hours between August 28, 1985 and June 30, 1986.
4. To-Be-Determined <i>North Mountain View Locksmiths</i>	Up to \$42,000	The Department of Health & Human Services is instructed to negotiate with service providers to obtain school age child care services for 50 children at Mountain View School.
TOTAL	Up To \$596,660	



Alaska Health Project

Providing information about hazardous materials on the job and in the community.
417 West Eighth Avenue, Anchorage, Alaska 99501 (907) 276-2864

ALASKA HAZARDOUS MATERIALS INCIDENTS SURVEY
JULY 1, 1983 - JUNE 30, 1984

Executive Summary

Alaska Health Project

The Alaska Health Project (AHP) is a private, non-profit organization which has been established in Anchorage, Alaska for five years. The mission of the Project is to provide information, education, services, and to conduct research in the area of hazardous materials in the workplace and in the community. The Project is funded by a wide variety of private and public grants and contracts, donations, and memberships. The Hazardous Materials Incident Survey in particular was funded in part by the Department of Labor.

The Problem

Over the years AHP staff have attempted to develop aggregate data on the number of, and nature of incidents in Alaska involving hazardous materials. This information would prove valuable to help guide state and local policies relating to public health, and would give the Project a better indication where to focus educational efforts.

An incident might be loosely defined as any accident, spill, or event involving a hazardous material which caused or potentially might have caused unnecessary exposure to humans. In operational terms the variety of local, state, and federal agencies that deal with such problems have their own definitions of incidents and hazardous materials. We have typically accepted these definitions without altering them or attempting to modify them for our purposes. The variety of definitions, data bases, and responsible agencies, however, continually frustrated AHP staff from determining the magnitude of the problem of incidents involving hazardous materials in Alaska.

The Response

Eventually it was decided that the concept of a unified data base of incidents involving hazardous materials in Alaska should be explored. A unified data base, designed to accept data in a single format from a variety of established data bases, would help overcome the inability to see the magnitude and nature of the problem. Overlapping data could be uncovered. Incidents recorded in one database but not another would be joined in the same data base to be counted and analyzed regardless of which

agency recorded the incident.

A database format was developed using relational data base software on a standard CP/M table-top office computer. A variety of data bases in Alaska were explored with the intention of transferring relevant information from them to the unified data base. The effort was seen strictly as a pilot project.

The Data Bases

A dozen data bases were reviewed in varying degrees of depth to determine how appropriate they might be for inclusion into the unified data base, and how easily the information might be obtained by AHF researchers. Of those, five were eventually chosen for this pilot inventory. These included:

- 1) Department of Labor, Workers' Compensation Division
- 2) Anchorage Daily News and Anchorage Times
- 3) Department of Environmental Conservation
- 4) Anchorage Fire Department
- 5) Department of Health and Social Services, Epidemiology Office

Each of these data bases were reviewed for cases which were appropriate to the inventory. The cases were then extracted from the original data base, entered onto a coding sheet in a standard format, and finally entered into the unified data base in the computer.

The Results

Duplicate incidents appeared in the unified data base. These resulted from the same incident appearing in two or more of the original data bases. After consolidation of duplicate incidents, the unified data base yielded a total of 1,330 distinct, documented incidents involving hazardous materials in Alaska during the period July 1, 1983 through June 30, 1984.

The incidents were not spread evenly throughout the state, but were predictably distributed along the major roadways and in the industrialized North:

AREA	NO. OF INCIDENTS
1) Southcentral East	498
2) Northern	535
3) Southeast	250
4) Southcentral West	30
5) Southcentral Aleutians	17

Highlights

** 47 incidents involved amounts of hazardous materials exceeding 1,000 pounds and/or 1,000 gallons.

** A total of 539,358 gallons, and 456,125 pounds of hazardous

materials are documented in the incidents.

** The branch of industry with the largest number of gallons of hazardous materials involved in incidents is Water Transportation with 253,248 pounds.

** The branch of industry with the largest number of pounds of hazardous materials involved in incidents is National Security and International Affairs, with 456,000 pounds. This was one incident which was not an accident, but involved the controversial shipment of PCB contaminated earth under widely protested hazardous conditions.

** Southcentral East, principally the Anchorage, Kenai Peninsula, and Kodiak area, logged the highest amounts of hazardous materials involved in incidents: 241,800 gallons, and 456,125 pounds.

** A "key word" search of the incident descriptions found that 56 incidents were recorded as being related to tanks, and 65 were specifically related to vehicles.

** August was recorded as having the highest number of incidents, with 137, while December had the lowest number with 82.

** The Oil and Gas Extraction industry had the largest number of recorded incidents by far with 327 recorded, with water transportation a distant second with 145.

Usefulness of the Data from the Pilot Study

These 1,330 incidents are but a fraction of the total documented in Alaska by a wide variety of agencies and periodicals. In addition Anchorage data is more complete than in other portions of the state. For these and other reasons this data must not be considered to represent all the documented incidents during the time period, nor to depict a representative sample of the incidents. What the data does indicate is that with relatively little effort exploring only five data bases, over 1,300 incidents involving hazardous materials in Alaska in a one year period can be identified. The implications for the true magnitude of the problem of hazardous materials in the state are quite serious.

Perhaps the most useful aspect of this pilot study has been to demonstrate that the concept of a unified data base to better understand the magnitude and nature of hazardous materials in Alaska can work very well. The data was fairly easy to obtain, code, and enter into the computer. Once entered, it was just a matter of asking the right questions, pushing a few buttons, and printing out the results. The one precious resource the pilot study required was labor. Perhaps 400 or 500 hours of research and clerical time was necessary to accomplish this project.

Planning For a Comprehensive United Data Base

The framework and pilot study for a truly comprehensive survey of incidents involving hazardous materials in Alaska have been accomplished. Many of the major data bases have been explored and evaluated for their potential inclusion into an expanded version of the data base. The next step is to develop a plan to explore the following issues:

- 1) What new data bases can be added to the unified data base to make it more comprehensive, and more representative of the magnitude and distribution of incidents across the state?
- 2) What kind of additional information should the survey yield?
- 3) What agencies, organizations, or institutions can benefit from the information and analysis generated by the survey?
- 4) How can the survey be funded in order to operate on a regular basis?
- 5) How can the survey be accomplished on a regional and local basis in order to save money and sharpen its focus.

A Comprehensive Hazardous Materials Incidents Survey: A Valuable Resource for Alaska

A truly comprehensive survey could probably be accomplished with one full-time equivalent position each year. The unified data base could be updated on a regular basis, providing monthly or quarterly reports to see trends involving hazardous materials in a timely fashion. The survey would be a valuable planning tool for public health issues, as well as providing the ability to answer a variety of very specific questions. For example, the survey could answer the following types of questions:

- ** How many incidents occurred throughout Alaska involving tanker trucks where a spill occurred as a result of overfilling, or as a result of faulty valves?
- ** During what season are most incidents going to occur involving the transportation of large loads of hazardous materials over land.
- ** Where are oil spills most likely to occur?
- ** What type of industry in Alaska is associated with PCB contamination?
- ** What is the list of all incidents that occurred in the Iliamna area in a given period of time?
- ** What kinds of incidents involving hazardous materials can police, firefighters, and emergency medical responders expect to encounter in the winter between Livengood and Fairbanks?

** Are fixed storage tanks more likely to leak hazardous materials in Alaska because of faulty valves and pipes, or because of improper transfer of tank contents.

** Has the weakening of truck inspection standards (for example) in the last year resulted in a significant increase of truck accidents involving hazardous materials?

The 1,330 Incidents and Related Computer-Generated Reports are Available

A binder is available from the Alaska Health Project which contains all the available information pertaining to the existing pilot version of the Hazardous Materials Incidents Survey. This binder contains the following:

1) Five computer-generated feedouts listing each of the 1,330 incidents documented in the unified data base. Each of the five feedouts corresponds to a region of Alaska. Within each region the incidents are listed chronologically. For each incident the following information is listed:

- a) Date of the incident.
- b) Specific location of the incident.
- c) Region of Alaska where the incident occurred.
- d) The name of the hazardous substance.
- e) The coded identification of the substance.
- f) Description of the incident.
- g) Amount of material involved in gallons or pounds.
- h) The industry with which the incident is associated.
- i) The reference code for the original database source of the incident.
- j) Injuries, illnesses, or deaths associated with the incident.

2) Analysis of all data bases investigated for use, and actually used in the study. The Analysis discusses the quality and availability of the data by agency, including critical comments about data systems.

3) Copies of all codes used in the computer generated feedouts (although most categories are listed in plain English and are readily understandable). Includes full discussion of coding problems encountered during the pilot study, and how these were resolved.

4) Copies of all computerized analyses utilizing the data. Includes, for example:

- a) List of all major incidents involving over 1,000 pounds and/or 1,000 gallons of hazardous materials.
- b) Count of incidents by month.
- c) Count of key words in the Description category.
- d) Geographical distribution of amounts of materials involved in incidents.
- e) Amounts of substances involved in incidents, by industry.

f) Amounts of substances involved in incidents, by substance.

How to Obtain the Complete Hazardous Materials Incidents Survey

The complete binder, as described above, is available from the Alaska Health Project. The cost is \$100, however private non-profit organizations may be eligible for a discount. Please inquire. Call (907) 276-2864, or write Alaska Health Project, 417 West 8th, Anchorage, AK 99501.

SAMPLE

895	840507	Petersburg Boat Harbor	se	Gasoline	1130	Unknown	4	0 79	dec-ju-r	
325	840508	Prudhoe	n	Transmissi on oil	1160	Ruptured line	1	0 13	dec-fb-r	
505	840508	Berth 3	sce	Hydraulic	1160	Sheen on water	1	0 16	dec-an-r	
972	840508	Anchorage	sce	LP gas	1140	School evacuated & ventilated gas odor	0	0 82	fd-an	
326	840509	DenaliA. -stripCantwl	n	JP 4	1150	Leak	0	0 15	dec-fb-r	
327	840509	Kuparuk Field	n	Crude	1120	Leak	20	0 15	dec-fb-r	
328	840509	Skid 6	n	Crude	1120	Check valve leak	30	0 13	dec-fb-r	
661	840509	Anchorage	sce	Paint	0965	Right middle finger infected	0	0 49	wc	w 9.
663	840509	Fairbanks	n	Paint thinner	0915	Inhaled toxic fumes	0	0 42	wc	w 7.
896	840509	Chatham Strait	se	Diesel	1120	Unknown	9	0 44	dec-ju-r	
897	840509	Olga Strait	se	Diesel	1120	Unknown	4	0 44	dec-ju-r	
329	840510	Mile 27 Taylor Hwy	n	Waste crankcase	1160	Unknown	200	0 15	dec-fb-r	
330	840510	Track 51, Prudhoe	n	Heavy grease	1160	Leak	15	0 44	dec-fb-r	
331	840510	Exxon M.Slope Operations	n	Waste crankcase	1160	Unknown	1	0 13	dec-fb-r	
506	840510	N of Cawtonment Area	sce	Diesel	1120	Improper use of tank truck	54	0 97	dec-an-r	
507	840510	Anchorage	sce	Diesel	1120	Abandoned underground tank excavated.	50	0 49	dec-an-r	
358	840510	Eagle River	sce	Halogenate d compounds	0950	Inhaled toxic fumes	0	0 15	wc	w 6. Dizzy.
365	840510	Juneau	se	Cement	0910	In left eye	0	0 15	wc	w 7.
368	840510	Barron	n	Alcohol	0905	Allergic reaction on hands & arms	0	0 91	wc	w 6.
1198	840510	ANB Sm Boat Harbor	se	Diesel	1120	Unknown	4	0 44	dec-ju-r	
1132	840511	Van Horn Facility	n	Engine Lube Oil	1160	Seal failure	1	0 16	dec-fb-r	
333	840511	P.S. #1	n	Gasoline	1130	Faulty valve	2	0 16	dec-fb-r	
334	840511	P.S. #7	n	Diesel	1120	Sump overflow	5	0 16	dec-fb-r	
335	840511	Kuparuk 3-C Padwell	n	Oil Phase Mud	0999	Faulty connection	55	0 13	dec-fb-r	
336	840511	Prudhoe	n	Diesel	1120	Human error	150	0 15	dec-fb-r	
701	840512	Anchorage	sce	PCBs	0950	Found by homeowner, turned into state	115	0 88	dn840512	
1155	840512	Harris Harbor	se	Bilge Oil	1120	Bilges pumped	10	0 44	dec-ju-r	
399	840512	Sit Channel/340 Hal. Pt Rd.	se	Diesel	1120	Unknown	2	0 98	dec-ju-r	
773	840512	Anchorage	sce	Natural gas	1140	Leak	0	0 88	fd-an	
308	840514	Valdez	sce	Hydraulic oil	1160	Waste crankcase left on road	15	0 98	dec-an-r	
1100	840514	Sit Channel, 1500 Hal. Pt Rd.	se	Unknown	1100	Unknown	4	0 98	dec-ju-r	
940	840514	Yukon Office Supply,	se	Fuel Oil	1120	Storage tank leak	600	0 73	dec-ju-r	

AN OVERVIEW OF HUMAN SERVICE DELIVERY IN ALASKA
BY PRIVATE NONPROFIT PROVIDERS

Jay Livey
Jonathan Sherwood
House Research Agency
Alaska State Legislature
January 1985

House Research Agency Report 85-B

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PREFACE

Following the adjournment of the Thirteenth Alaska Legislature, the House Research Agency was asked to undertake a special project on the delivery of human services by private, nonprofit providers in Alaska. Specifically, we were asked to review significant features of the human services delivery system such as the breadth of human services provided by nonprofits, current methods of allocating funding to nonprofits, human services planning activities, and oversight of nonprofit services.

Authorized by the Agency's bipartisan governing committee, this report has been prepared for the entire membership of the Alaska House of Representatives. The purpose of this report is to provide an overview of private, nonprofit human service delivery in Alaska which can assist legislators in their development of appropriate State policies. It is not the intent of this report to advance a particular policy regarding the role of nonprofits in the human service delivery.

We recognize that private, nonprofit agencies are only one category of human service provider in Alaska. Several State agencies currently provide human services directly. The federal government, local governments, and private, for-profit providers also play important roles in the delivery of human services. In focusing this report on nonprofit providers, we do not mean to imply that other providers play any less significant roles in the delivery of human services.

This report reflects only a portion of the House Research Agency's research concerning private, nonprofit providers of human services in Alaska. Members of the Alaska House of Representatives are welcome to contact the House Research Agency with additional research requests pertaining to this subject.

INTRODUCTION

This report is intended to serve as an introduction to the role of private, nonprofit, human service providers in Alaska. While existing documents provide useful information about one or more nonprofit agencies or a particular type of service provision, this report provides an overview of the broader network of nonprofit human service providers and discusses current issues in the delivery of human services in Alaska.

The discussion is descriptive rather than analytical because basic information on the number of nonprofit human service providers in the state, the services provided by these agencies, the amount of funding these nonprofits receive from State government, and the cost of nonprofit human service provision compared to direct provision of services by government was unavailable. Without such information, it is virtually impossible to perform a meaningful analysis of nonprofit provision of human services.

Some data which would facilitate an analysis is presently being collected by other agencies. For example, the Office of Management and Budget is currently developing a centralized grant information system for all State grants to human services. When completed, this computer system will be capable of providing information on nonprofit providers receiving State funds by location and by type of service. Also, the system will be linked to the Alaska Department of Labor's demographic information system. In addition, the University of Alaska, Fairbanks and its Alaska Native Management Center have recently undertaken a multi-year research program on Alaska's nonprofit Native regional corporations.

Individuals who have a great familiarity with the human service delivery system in Alaska, particularly those who are employed within the field, may find they are already aware of much of the information included in this report. Most of it was, in fact, obtained from interviews with such individuals. In the course of our research, we talked with individuals employed by nonprofit providers and by government agencies as human service planners, program administrators, and contract compliance officers. We also interviewed several other individuals involved in the delivery system in an advisory capacity. In addition, we have also relied on a number of existing publications which describe various aspects of the human services delivery system.

Not everyone considers the term "human services" to include exactly the same set of services. Some use the term to include a wide range of health, assistance, and employment services. Others prefer to classify health as a separate category. We have generally used the term to mean

all health and social services which involve some governmental participation. However, we have made no attempt to develop a rigorous definition of human services. Because we are dependent on many human services professionals and many existing documents for our information, limiting ourselves to an explicit definition of human services would unnecessarily preclude us from using information which addresses a slightly different set of services. At the very least, we would be forced to extensively qualify statements cited from other sources.

SUMMARY

Federal, State and local governments as well as profit making organizations and human service professionals have traditionally provided human services directly to the residents of Alaska. In recent years, nonprofit corporations have begun to assume a significant role in providing virtually all types of human services available in Alaska.

Description of Nonprofit Providers in Alaska

There are a number of common features and structural similarities among nonprofit human service providers in Alaska. The following characteristics are defined by statutes:

- every nonprofit corporation must have a board of directors which is legally responsible for the management of the corporation;
- nonprofit corporations are not required by law to have members or shareholders;
- if there are no members of a nonprofit corporation, directors have sole voting authority; and
- every nonprofit corporation must have a stated purpose or purposes.

However, there is also a great diversity in the scale and breadth of service provided by nonprofits; some organizations provide many services in many communities while others provide one service in one community. There was no consensus among the professionals we interviewed that the size of the nonprofit organization was related to quality of service.

Regional and village Native nonprofit organizations are unique providers of human services in Alaska. Both of these types of organizations are recognized by the Bureau of Indian Affairs as tribal organizations, and are therefore eligible to receive grants and contracts to provide services under federal Native programs. These organizations, which also receive grants and contracts from State or private sources, have become particularly important in the areas of the State that lack organized local government.

Planning for Human Services

One important step in human services planning is assessing local needs and designing services to meet those needs. The Municipality of Anchorage and the United Way of Anchorage each use a formal proposal review process that allows providers to present service delivery approaches based on the organizations' perception of the local need. Native nonprofit organizations prepare tribal specific plans that detail local needs and plans for service delivery. In addition, regional health plans are prepared by the three health systems agencies in the state. Various State agencies develop statewide plans (State Health Plan, Alcoholism and Drug Abuse Plans and Alaska Maternal and Child Health Plan).

A second aspect of planning is the ability of providers to coordinate services to use resources as efficiently as possible. The Governor's Office of Management and Budget is currently developing a data base consisting of all State grants and contracts awarded to nonprofit organizations. Additionally, several human service providers noted that extensive informal coordination and cooperation occurs among nonprofit providers.

Although we found that planning occurs at all levels of organizations involved in human service provision, a major constraint to the utility of planning is that available resources are not always allocated for the services identified in the plan. Some providers feel that State agencies should adopt a more active role in establishing social service priorities and communicating these priorities to the legislature. Other providers noted that these priorities are more appropriately established at the local level.

Administration of Grants and Contracts

The State of Alaska, through the use of grants and contracts with nonprofit organizations, has become a major purchaser of human services. The Attorney General's Office has determined that there is no significant difference between the use of grants and contracts in the purchase of services. Both forms of procurement are considered to be legally binding and subject to administrative rules and regulations that govern the provisions of services.

Functionally, grants and contracts are different, however. Contracts must be approved by the Department of Administration and are subject to the regulations that apply to professional services contracts (AS 36.98). Grants can be awarded by various departments within the executive branch of State government without the approval of the Department of Administration, although in some cases this approval is obtained.

The following four mechanisms are generally used to purchase services from nonprofit organizations:

- Competitive selection grants are competitively awarded by departments or divisions to nonprofit corporations to purchase specific services that are authorized in statute.
- Named recipient grants are awarded to nonprofit providers identified in a legislative appropriation.
- Block grants award sums of money to grantees who then decide the specific applications depending on local need.
- Professional services contracts are used to purchase contractual services from nonprofit organizations.

Regardless of whether a grant or contract is used to purchase the service, the State agency that purchases the service is responsible for grant or contract compliance. Two major mechanisms are generally used to do this. First, regular program reports are required that detail the activities of the grant or contract over a specified period. In many cases, the payment for services performed by the grantee or contractor is dependent upon the receipt of these reports. Second, on-site evaluations are performed on service providers.

Current Issues Affecting Nonprofits

Due to the rapidly expanding role that nonprofits are playing in human service delivery in Alaska, several issues have surfaced concerning the way in which nonprofits can best deliver human services. The following issues were identified in hearings held by Governor Sheffield's Mini-Cabinet, as well as in our interviews with various human service providers:

- The current process of planning for human services and allocating resources to provide those services is inefficient and disorganized and does not result in a comprehensive assessment of human service needs or priorities.
- The annual funding process is an inefficient method of purchasing services because it consumes considerable administrative energy from both State agencies and the service provider. Several suggestions have been made to extend funding periods beyond one year to reduce the uncertainties of funding and minimize the resources currently directed toward obtaining more funding.

- Nonprofit agencies and the State should work together to increase funding of human services from sources other than the State. However, nonprofit providers also feel that when providing State services, they should be paid the full cost of providing the service just as a private contractor is paid for any other good or service. In addition, some providers expressed fears that the State may withdraw equivalent funds for every dollar raised.
- Some providers identified a "lack of sophistication" among some nonprofit agencies and suggested that the State supply more technical assistance and training to nonprofit corporations.
- There is a lack of standardization of forms, procedures, time frames and the information nonprofits must provide State agencies. This results in the complaint that providers must supply essentially the same information in slightly different ways to a variety of State agencies.
- Some providers advocate the expansion of delivery of human services through locally controlled organizations because local hire, local accountability and local providers' ability to mobilize local resources enhance the quality of services. One suggestion made to the mini-cabinet to expand local control is to provide more funds through local block grants.
- Rural providers expressed concern that some program requirements are designed for urban Alaska and are not applicable to rural Alaska.
- Some individuals questioned the appropriateness of State dependence upon Native nonprofit organizations to provide services to all eligible clients in a community or region. Critics claim that non-Natives may have no formal means of participating in policy making within the Native corporation.
- The issue of the State contracting with nonprofit organizations to deliver services that are mandated by statute has also been raised. It appears that the State retains the ultimate responsibility to provide these services regardless of whether the service is provided by State employees or through a contract or grant with another provider.

Every nonprofit is required by law to have a purpose, or purposes. These purposes must be stated in the articles of incorporation, which an organization must file with the Alaska Department of Commerce and Economic Development in order to be granted nonprofit status by the State of Alaska. Nonprofit corporations are forbidden by law to adopt a corporate name which implies that the nonprofit has been organized for purposes other than those listed in its articles of incorporation. It should be noted that because nonprofit corporations may have several purposes, some organizations which provide human services may also have other activities which are not related to the field of human services.

In addition to the legal requirements for nonprofit corporations, some other features are often associated with nonprofit human service providers. One such feature is the receipt of private contributions. Because the services they offer are often perceived to have a positive social benefit, nonprofits frequently are able to obtain some financial support directly from private sources within the community. Some of this support may be donated goods or services, in addition to cash contributions. In some nonprofits, volunteer labor accounts for a significant amount of services provided. Some organizations, such as the United Way, solicit contributions in a community and then disburse funds to individual nonprofit agencies. However, private contributions are not the only means of support, or even a major source of funding, for many nonprofit providers.

Among the people we interviewed, it was generally agreed that nonprofit human service providers usually pay lower salaries than do government agencies, although a few agencies were identified as paying wages comparable to State government salaries. Human service provision tends to be labor intensive; providers often attributed four-fifths of their expenses to payroll. Therefore, the cost of providing services may be less for nonprofits than for State agencies. However, some individuals also mentioned that the salary differential made it more difficult to attract and maintain qualified personnel.

Aside from the features discussed above, there is a great diversity in the scale and breadth of services provided by private nonprofits in Alaska. Some nonprofits operate many services or in many communities; others may offer a single service in one community. Although the nonprofits represent a broad continuum of size and diversity of service, and it is probably not productive to attempt to differentiate each nonprofit, it is useful to compare some of the features that tend to be associated with larger, more diverse nonprofits with those of smaller, more specialized nonprofits.

In Alaska, there are several nonprofit human service providers which administer a number of different programs and/or serve many locations. Usually, such an agency directs its programs to a particular clientele

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In recent years, the residents of Alaska have experienced a growing reliance on nonprofit organizations to deliver human services. In some cases, nonprofit organizations are providing services formerly delivered by State employees, and, in other cases, nonprofits are offering new services. This section of the report will distinguish different types of nonprofit organizations, discuss their planning activities and describe their relationship to State government.

Nonprofit Providers in Alaska

Governments--especially the State, but also federal and local governments--provide many human services directly to some portions of the population. A variety of private individuals and organizations also provide human services in Alaska. Some of these, particularly in the field of health care, are profit making enterprises; however, nonprofit agencies play a significant role in the provision of virtually all types of human services available in Alaska.

In October 1983, the Governor's Human Services Mini-Cabinet published a Human Service Provider Directory, which surveyed agencies which had contracts, grants, or service agreements with the State for the provision of human services. The survey identified over 500 human services grants or contracts with nonprofit agencies; this accounted for over half the agreements identified. It should be noted that the survey was not intended to be comprehensive; some agreements may have been excluded. The Office of Management and Budget is currently developing a computerized grants information system which should be able to provide more comprehensive information in the future.

Recently, the University of Alaska's Institute of Social and Economic Research (ISER) performed a study of Anchorage Subsidized Human Services for the Municipality of Anchorage. While the report is limited to Anchorage, it does contain information on the numbers and types of human service providers in the community, in addition to data on funding sources, staffing patterns, and hours of service provided. One finding of the study was that nonprofit providers account for 33 percent of all direct human service expenditures in the Anchorage area.

Organization and Structure of Nonprofit Providers

In discussing the issues regarding provision of human services by nonprofit providers, it is helpful to develop an accurate picture of the private nonprofit agencies which participate in the delivery of human

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services. There are a number of common features and structural similarities among nonprofit human service providers in Alaska. Some similarities are the result of Alaska's statutory requirements for nonprofit corporations. For example, every nonprofit corporation must have a board of directors which is legally responsible for the management of the corporation. The board elects the officers of the corporation and, if the responsibility is not delegated in its articles of incorporation, the board also makes the bylaws of the corporation. By law, this board must have at least three directors.

Under the Alaska Nonprofit Corporation Act (AS 10.20), a board may designate an executive committee comprised of at least two directors to exercise the board's authority; however, this delegation of authority does not relieve the board of directors of any of their legal responsibilities.

Nonprofit corporations are not required by law to have members or shareholders. If a nonprofit corporation so chooses, it can designate one or more classes of members, whose qualifications and rights are set forth in the corporation's articles of incorporation or bylaws. Members may be vested with the power to elect directors and to adopt, alter, amend or repeal bylaws. Many nonprofits are formed to represent some group of individuals or organizations; having a membership is a logical outgrowth of the corporation's purpose. Other nonprofits may not have a natural membership, as when an agency's purpose is to provide service to a changing group of clients.

If there is no membership of a nonprofit corporation, directors have sole voting authority. Lacking any special provisions in the articles of incorporation or bylaws, existing directors would therefore be responsible for electing new directors. However, a nonprofit may have other provisions within its articles of incorporation or bylaws. According to Mike Meehan, Executive Director of Catholic Social Services, the Archbishop of the Anchorage diocese appoints board members for that agency's board. Alaska Children's Services, which is supported by four different church organizations, reserves one-half of the seats on its board for representatives of these churches.

While the board of directors of a nonprofit corporation may be vested with considerable authority in the management of the corporation, not all boards choose to exercise this authority. Boards usually delegate much of the day-to-day responsibilities of operating the corporation to employees. However, most major policy decisions, such as whether or not to apply for or accept State grants and contracts, are made by the boards of directors. Boards may take an active role in formulating policy, or they can be reactive, serving to review policy developed by staff.

Every nonprofit is required by law to have a purpose, or purposes. These purposes must be stated in the articles of incorporation, which an organization must file with the Alaska Department of Commerce and Economic Development in order to be granted nonprofit status by the State of Alaska. Nonprofit corporations are forbidden by law to adopt a corporate name which implies that the nonprofit has been organized for purposes other than those listed in its articles of incorporation. It should be noted that because nonprofit corporations may have several purposes, some organizations which provide human services may also have other activities which are not related to the field of human services.

In addition to the legal requirements for nonprofit corporations, some other features are often associated with nonprofit human service providers. One such feature is the receipt of private contributions. Because the services they offer are often perceived to have a positive social benefit, nonprofits frequently are able to obtain some financial support directly from private sources within the community. Some of this support may be donated goods or services, in addition to cash contributions. In some nonprofits, volunteer labor accounts for a significant amount of services provided. Some organizations, such as the United Way, solicit contributions in a community and then disburse funds to individual nonprofit agencies. However, private contributions are not the only means of support, or even a major source of funding, for many nonprofit providers.

Among the people we interviewed, it was generally agreed that nonprofit human service providers usually pay lower salaries than do government agencies, although a few agencies were identified as paying wages comparable to State government salaries. Human service provision tends to be labor intensive; providers often attributed four-fifths of their expenses to payroll. Therefore, the cost of providing services may be less for nonprofits than for State agencies. However, some individuals also mentioned that the salary differential made it more difficult to attract and maintain qualified personnel.

Aside from the features discussed above, there is a great diversity in the scale and breadth of services provided by private nonprofits in Alaska. Some nonprofits operate many services or in many communities; others may offer a single service in one community. Although the nonprofits represent a broad continuum of size and diversity of service, and it is probably not productive to attempt to differentiate each nonprofit, it is useful to compare some of the features that tend to be associated with larger, more diverse nonprofits with those of smaller, more specialized nonprofits.

In Alaska, there are several nonprofit human service providers which administer a number of different programs and/or serve many locations. Usually, such an agency directs its programs to a particular clientele

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or operates similar programs for different clientele. However, in some cases both client and programs may be substantially different in nature. For example, Catholic Social Services in Anchorage operates shelters for women and for street people; it also operates several untimely pregnancy programs, including counseling and adoption services.

One practical effect of operating more than one program is that administrative costs can be spread over the various programs. Frequently, there are economies of scale derived from combining the administrative support functions of more than one program. If a nonprofit provider relies heavily on government grants and contracts for its funding, this enables it to charge government agencies a lower overhead rate for each of its programs. Furthermore, an agency with several funding sources will be less drastically affected by any budget reduction of funding for a single program.

In contrast, there are also many smaller, more specialized nonprofit agencies operating one or two programs within a single community. In terms of the number of agencies, these are the most common type of nonprofit service provider in Alaska. To the extent that these agencies depend on government funding for revenue, they may be very susceptible to loss of funding resulting from government budget reduction or loss of government grant or contracts. However, there was no consensus among those we interviewed that bigger was better for nonprofits. Some individuals indicated that smaller, less bureaucratic nonprofits could have more program flexibility and possibly use volunteers more effectively. In addition, Bob Lohr of RurALCAP stated that community-based providers were more accountable to their community and were best able to mobilize local resources.

Native Nonprofit Corporations. There are twelve regional nonprofits with service areas corresponding to all but one of the thirteen ANCSA regions in the state. These organizations are unique and deserve special attention.

Regional Native nonprofit organizations evolved from the regional associations that promoted the interests of rural Alaska in the land claims settlement process. In some regions, associations were formed directly as a result of the land claims issue while in other regions associations had existed for many years. Regardless of their origins, after the passage of the Alaska Native Claims Settlement Act (ANCSA) in 1971, the regional organizations turned their attention to the promotion and delivery of health and human services in rural Alaska.

At approximately the same time that these organizations became involved in health and social issues, other providers in the state, most notably the Rural Alaska Community Action Program (RurALCAP), were expanding economic development activities to rural areas. The Native organizations and the Community Action programs, because of their common goals,

formed alliances and, in some instances, merged into single corporations. These corporations expanded health and social services and continued to assert more local control over issues affecting residents of the region. However, in 1973, the Nixon Administration made the decision to terminate the Office of Economic Opportunity (OEO), thus eliminating one of the Community Action Program's main source of funds and threatening the alliance between the regional organizations and the Community Action programs.

The response of the regional corporations was to assume responsibility for their own administration and pursue grants and contracts that would allow them to deliver health and social services without reliance on Community Action agencies. Over the past decade, these corporations have become the major social service providers in many areas of rural Alaska.

Village nonprofit corporations are a second major type of Native nonprofit corporation. The Alaska Native Claims Settlement Act acknowledged the existence of Native village profit corporations that could receive the title to lands claimed by the village. In many instances, associate nonprofit village corporations were formed to provide human services at the village level.

Both the regional and village nonprofit corporations have been recognized by the Bureau of Indian Affairs as tribal organizations, and are therefore eligible to receive grants and contracts to provide services under federal Native programs. This tribal designation is a result of the Indian Self Determination Act of 1975. This federal act mandated that health, education and social services previously provided to Natives by federal agencies were now to be provided through contracts with Indian tribes. The assumption of these federal programs provided a strong stimulus to the growth and development of the Native nonprofit organizations and established them as important service providers in most areas of the state.

Nonprofit corporations may also contract to provide State-mandated or State-supported services. The extent to which the Native nonprofits contract with the State varies widely. For example, the Maniilaq Association contracts to operate virtually all of the Alaska Department of Health and Social Services human service programs in the NANA region, which includes Kotzebue. It even has its own Budget Request Unit (BRU) in the State budget. In comparison, some of the other regional and village Native nonprofit corporations contract to provide only a few services.

These corporations are the direct providers of many services associated with government; in fact, these corporations are sometimes referred to as quasi-governmental agencies. As George Irvin of the Alaska Federation of Natives describes it, these corporations act as "the hand

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on the arm of government" in many rural areas of the state. This role is particularly critical in some rural areas that are not within organized boroughs. Because there is no borough government (and in some cases no local government recognized by the State) to organize and deliver social services in these areas, Native nonprofit corporations have provided the delivery mechanism for these services.

However, these corporations are not equivalent to local or regional governments; they lack the ability to make laws, the power of taxation, and other essential powers of government. Also, because their tribal status under the Indian Self Determination Act is contingent upon Native control of the organization, non-Native residents sometimes feel that their interests are not adequately represented even though State contracts and grants require all residents to be provided services. The extent to which regional nonprofit corporations can or should assume the duties of government in Alaska is a question of considerable concern to many individuals involved in the provision of human services.

Native nonprofit corporations can be clearly distinguished by their status as tribal organizations. No other form of nonprofit human service provider operating in Alaska has the same potential for delivering such a broad range of human services to the communities and regions.

PLANNING FOR HUMAN SERVICES

Human service provision in Alaska involves not only a multitude of separate, independent, nonprofit providers, but also several different funding sources, including federal, State, municipal, and private agencies. In such an environment, decision making is diffuse. The funding decisions made by the federal government, the Alaska Legislature, State agencies, municipal governments, private charities, and the nonprofits themselves all contribute to the mix of human services available to the population. Furthermore, for some kinds of services, government agencies and/or private, for-profit providers may also be serving the same (or overlapping) populations that are served by nonprofit agencies.

One often-repeated goal for the delivery of human services in Alaska is that sufficient planning and coordination occur to insure that:

- human services funded are those for which there is the greatest need;
- the location of the available services corresponds to the location of the greatest need; and
- services provided represent the most effective response to the needs being served.

Some planning occurs at all levels of organizations involved in human service provision--local, regional and State--as each human service provider must plan for the programs it will offer. In this section, we will discuss some of the current planning activities and other efforts to enhance coordination and cooperation among service providers.

Planning cannot alleviate all problems, especially when the provider of services does not control the resources to be used in providing the service. For example, the State may perceive a need to change the method of delivery of Medicaid services only to discover that federal regulations prohibit that particular activity. A local nonprofit organization may perceive a local need for day care and parenting programs only to discover that the only funding that is available must be used for treatment of victims of child abuse. In both of these cases, the likely response of the provider is to change the focus of the desired service in order to obtain the available funding. This is especially true of nonprofit organizations which rely heavily on State and federal grants and contracts for their resources.

Within the constraints imposed by the resource allocation system, organizations that deliver services attempt to secure funding to provide the services they perceive as meeting their clients' needs. If the

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funding that is available cannot be used to meet the perceived need, the organization must decide whether or not to accept the funds and provide the alternate service.

The process used by nonprofit service providers to assess local needs and design services to meet those needs varies considerably among organizations. In some cases, the planning process occurs in conjunction with the funding decisions made by other organizations or agencies. For example, in Anchorage, the Municipality of Anchorage and the United Way provide funding for local services through a formal proposal review process. According to Lynn Caswell of the Anchorage United Way, that organization requires member groups to submit plans concerning desired use of United Way funds in the upcoming year. Although these plans are reviewed by the United Way board, the process attempts to allow local organizations freedom in determining how resources are used. However, Ms. Caswell noted that there have been occasions in which the United Way has changed the focus of services proposed by local providers.

The Municipality of Anchorage is attempting to develop a comprehensive human service plan in conjunction with block grant funding by establishing a coalition of service providers and public members. Although the block grant funding decisions are ultimately made by the Borough Assembly, the coalition would help assess local needs, develop service priorities and allow local providers a forum in which to express their local service plans.

Native nonprofit regional corporations engage in health planning in conjunction with the Indian Health Service through the development of tribal specific health plans. The ability of these corporations to apply resources to the needs identified in the plans is enhanced by the Indian Self Determination Act. This act helped to localize planning and resource allocation for Indian Health Service and Bureau of Indian Affairs human service programs.

The three health systems agencies (southeast, southcentral and northern) also participate in developing regional health planning for their respective areas of the state. In some cases, local health plans must be reviewed by the health systems agencies prior to approval by State agencies.

Statewide planning also occurs. Examples of this effort are the State Health Plan, Alcoholism and Drug Abuse Plan and Alaska Maternal and Child Health Plan. Although these plans provide detailed inventories of needs and goals and objectives, several providers questioned the use of these plans in the allocation of resources. Part of this criticism, however, occurs because of different expectations concerning the State role in social service planning, especially with regard to the degree of State involvement in the actual allocation of resources. Some providers feel that State agencies should adopt a more active role in

establishing social service priorities and communicating these priorities to the legislature. Other providers noted that these allocations are more appropriately made on the local level. It is interesting to note that the recent growth in the number of legislatively designated grants has contributed to the ability of local providers to make local decisions concerning the use of human service resources. Some human service providers believe that this has occurred at the expense of an organized system of statewide social service planning, coordination and resource allocation.

A second important aspect of planning is the ability of providers to coordinate services to use resources as efficiently as possible. Generally, this means designing service provision so that there is a minimum of duplication. To some extent, this coordination among providers occurs formally in the planning mechanisms described above. As Lynn Caswell of the United Way noted, organizations have been denied funding for specific services if the services they propose are being competently provided by another organization.

The Governor's Office of Management and Budget is currently involved in a project that could provide information helpful to the coordination of nonprofit services. That office is attempting to develop a data base consisting of all State grants and contracts awarded to nonprofit organizations.

Beyond this formal cooperation implicit in the allocation process, several providers described how informal coordination and cooperation occurs among provider organizations. Tom Gundersen, of Alaska Children's Services, maintains that within certain areas of human services, such as child care, the various providers are not only aware of the services available in the community but also the quality of these services. This awareness stems from agency interaction resulting from referrals and exchange of information among agencies. Bob Lohr, Director of RunALCARE, notes that because formal mechanisms of service cooperation and coordination are very difficult to maintain, many organizations in rural Alaska rely on informal exchanges of information. An informal information exchange appears to work well in areas that have only a few providers, making this exchange of information easier than in areas of the state that have many providers.

STATE OF ALASKA ADMINISTRATION OF GRANTS AND CONTRACTS

The State of Alaska, like most governments, utilizes grants and contracts to purchase goods and services that benefit residents of the state. These purchases range from ferries to computers to mental health counseling. Although nonprofit organizations also provide services to federal and local governments, the State government has become a major purchaser of human services. The growing reliance of residents on services purchased by the State rather than provided directly by State employees emphasizes the importance of the State's administrative role in the human service delivery system. This section of the report will examine this expanding State role.

Grants and Contracts

To many people, the terms grant and contract denote different financial arrangements. Normally, a contract is viewed as a legally binding pledge to provide a good or service in return for fixed compensation. On the other hand, a grant is generally viewed as less legally restrictive and not as closely tied to performance as is a contract. These distinctions do not exist as far as the State of Alaska is concerned. The Attorney General's office and the Department of Administration have determined that there is no significant difference between the use of a grant or contract in the purchase of services. Both forms of procurement are considered to be legally binding and subject to administrative rules and regulations that govern the purchases of services.

However, there are functional differences between grants and contracts. Contracts must be approved by the Department of Administration, which has been designated by AS 37.05.022 as the State's purchasing agent. Contracts that purchase services from nonprofit providers are subject to procedures that apply to professional service contracts (AS 36.98). Contracts awarded under the professional services regulations require approval of the award process by the Contracts Review Committee as well as final document approval by the Department of Administration. Grants can be awarded by various departments within the State government without the approval of the Department of Administration, although in some cases approval is obtained from the department.

The decision as to whether a grant or contract is the appropriate method of procurement depends upon several factors. In some cases, the statute enabling the State to purchase the service specifies the use of either a grant or contract. For example, AS 44.47.305, which establishes the Child Care Grant Program, specifies the procedures to be used in awarding child care grants and defines the eligibility criteria for providers. In other cases, the procurement method will depend upon the legislative intent of the appropriation (as determined by the

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actual wording of the appropriation bill) and the particular line item of the budget into which the appropriation is placed. If funds to purchase the service are located in the grants and claims line item, then the services must be purchased with a grant. The same is true of the contracts line item. The Governor's Office is the only executive branch agency that has the authority to move legislative appropriations from one line item to another, thus allowing alternate procurement methods to be used.

Types of State Grants/Contracts

Generally, there are a variety of types of grants and contracts used by the State to purchase services. Because this report focuses on nonprofit service providers, we will not discuss grants to incorporated municipalities (AS 37.05.315) and grants to unincorporated municipalities (AS 37.05.317). This section of the report will examine competitive selection grants, named recipient grants, block grants and professional services contracts.

Competitive selection grants. These grants are competitively awarded by departments or divisions to purchase specific services that are authorized in statute. Generally, each grant program of this type is defined by a statute which gives the purpose of the grant program, defines eligibility for both recipients and providers of the service and details any special procedures to be followed in purchasing services under the program. Although many programs of this type exist in the statutes, some are dormant because money has not been appropriated to them and consequently no services can be purchased.

Two grant programs, the Child Care Grant Program and the Alcoholism and Drug Abuse Grant Program, are illustrative of competitive selection grants. Both of these programs are established by statutes (AS 44.47.305 and 47.30.475, respectively) which detail the services to be purchased by the grants and contains eligibility criteria for providers.

For example, the Child Care Grant statute specifies that only licensed child care facilities are eligible to receive grants, the total grant cannot exceed \$50 for each child cared for by the facility and the grant awards shall be adjusted geographically based on instructional unit allotments (AS 14.17.051). In addition, the statute provides a formula to be used in determining the grant award for eligible child care facilities and gives the responsibility for administration of the program to the Department of Community and Regional Affairs.

Alcohol and Drug Abuse grants can be used to purchase services from nonprofit corporations, city or borough governments or other political subdivisions of the State. The statute notes that money is to be awarded by the Department of Health and Social Services based on community

need and that communities are required to match department funds. Grants cannot be awarded under this statute unless the services to be provided by the grantee are part of a health services or other overall planning effort.

In both of these examples, and with competitive grants in general, funds are appropriated to a State agency which purchases services through a process of soliciting proposals and choosing the service providers based on a preestablished evaluation criteria. This process is described below.¹

The first step in the funding process is initiated by the State after an appropriation is made that allows the purchase of a particular service. The state agency responsible for delivering that service publishes a request for proposal (RFP) and sends the RFP to any organizations on the bid list (the list of organizations that have expressed interest in providing that service). The RFP, which is advertised in applicable localities using appropriate means for the area, describes the information that a potential grantee needs in order to prepare a competitive proposal. Generally the RFP includes: the department within state government purchasing the service, a summary of the services to be purchased, the deadline for accepting proposals, the professional qualifications required for the individuals who will provide the service, possibly the method of evaluation to be used in awarding grants and any special factors the provider should consider in its plan for delivering the proposed services.

The next step requires the provider to write and submit a grant proposal that conveys to the granting agency exactly how the services are to be performed. One major section of the proposal is the statement of need which generally describes the nature of the problem, consequences if the problem is not addressed, past efforts at solving the problem and demonstration that provision of this service will not duplicate other efforts. Also included in the proposal is the organization section which established the providers competence to accomplish the proposed activity. Information in this section includes the past activities of the organization, the service area of the organization and its representation on the governing body and the educational background and professional qualifications of the organization staff.

¹This description of the funding process is taken from the draft report of the Office of Management and Budget's Grants Management Handbook.

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The third element in the proposal is the goals and objectives. This section details the actual outcomes to be achieved as the service is provided. Related to the statement of goals and objectives is the methodology to be used by the organization in reaching the stated goals and objectives. This section may include work schedules, job descriptions of new staff to be hired and the rationale for choosing a certain methodology.

The budget component of the proposal details how the available resources will be allocated to accomplish the goals and objectives. Consequently, the budget should be directly related to the methodology to be used. Two aspects of the budgeting process, matching and determining an indirect cost rate will be examined later in this chapter.

Monitoring and evaluation make up the final components of the grant application process. Monitoring refers to the applicants internal organizational controls that are designed to give information to both the grantor and grantee concerning the progress made in providing the service. Evaluation refers to the process of determining the value of the services offered by the provider. The evaluation should not only determine if the goals and objectives were reached, but also if reaching these goals and objectives had the desired outcome. In other words, the evaluation is to determine not just the degree of activity but the value of the activity in meeting the determined need. Monitoring activities are usually applied continuously over the life of the grant. Evaluation activities may be done either continuously or after the service is provided. It should also be noted that evaluation includes examining the service providers expenses related to the provision of services.

The reader is cautioned that this description is only intended to portray the basic proposal and funding process. Specific grant programs may have proposal requirements that differ from those described here.

Named recipient grants. Named recipient grants actually identify the recipient of the grant in the legislative appropriation. The appropriation goes first to a designated State agency which is responsible for passing the money to the grantee. For example, the fiscal year 1985 budget states that "the sum of \$50,000 is appropriated to the Department of Health and Social Services as a direct grant to Big Brothers/Big Sisters of Juneau for local services to youth." In this example, the appropriation appears in the grants and claims line item of the Department of Health and Social Services which in turn grants the money to the named recipient, in this case Big Brothers/Big Sisters of Juneau.

The procedure used to award named recipient grants is found in Alaska Statute 37.05.316. The department to which the appropriation is made

notifies the recipient of the appropriation and requests a proposal that describes how the named recipient will provide the services specified in the appropriation. If the department concludes that the named recipient can accomplish the required services, the grant is awarded to that provider. If the department concludes that the named recipient cannot provide the particular service, proposals to provide the services are requested from other providers. If the Governor's Office agrees that granting to another provider is appropriate, the department can make the grant award to a provider other than the named recipient.

Representatives of several State departments with which we talked noted that it is rare that an organization designated to receive a named recipient grant does not receive it. One reason for this is the political consideration in not awarding grants to providers specifically named by legislators. Also, because these grants are usually for specific services, the named recipient in many cases is a competent provider of that specialized service.

Block grants. Block grants are a funding mechanism whereby sums of money are transmitted to grantees who then decide the specific applications of the money depending on local need. This differs from the normal grant process in which funding is provided for a specific service determined prior to the grant approval.

Within Alaska, the block grant approach is used sparingly. In FY 85, the municipalities of Anchorage and Fairbanks received \$2.9 million and \$.7 million respectively in social service block grant funds from the State. Although both of these grants represent only a small portion of the total social services expenditures in these two locations, some community service providers feel that this approach can be expanded to efficiently allocate larger portions of health and social services resources. The Municipality of Anchorage utilizes the following process to distribute block grant funds.

The first step is the distribution of a request for proposal by the Municipality of Anchorage, Department of Social Services (MOA-DSS). At this stage, other resource providers are asked to make presentations concerning the types of programs they are funding. This helps the Department of Social Services determine the support that various types of services are receiving from other sources. Proposals are submitted by organizations interested in providing services. These proposals are reviewed by the Social Services Task Force which then makes recommendations to the mayor who transmits funding priorities to the assembly. The Social Services Task Force includes local social service consumers and providers. After the assembly approves the funding allocations, grants are prepared by the municipality's social services department. This department is also responsible for monitoring the performance of grantees.

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The block grant approach is seen by some Anchorage service providers as a way to ensure that the allocation of social services dollars is made according to local needs. These supporters would like to see this approach expanded to include funding for additional services. Nancy Cornwell, of the Municipality of Anchorage, Department of Social Services, supports this expanded use of block grants to allocate local service funding. She also notes that understanding the human service needs of a community as well as the services currently offered in the community are important if a block grant allocation scheme is to work effectively. As a secondary benefit, the results of the examination of the social service system of a community can be used for planning decisions other than the allocation of block grant funds.

Another major benefit of the block grant approach to funding of local services is that it can potentially reduce the fragmentation of social service dollars. Under the funding scheme used most often, dollars are distributed to specific agencies for specific services, either by the legislature or departments of State government. This process of disbursement allows coverage over a wide range of social services but also fragments the social service dollars making it difficult to focus larger amounts of resources on problems that create various social service needs. The block grant approach provides the flexibility to either fragment or combine service dollars as dictated by local circumstance.

However, several providers with whom we talked criticized the block grant approach. Mike Meehan, Director of Catholic Social Services in Anchorage, noted that there were methods of circumventing this funding allocation process.² His experience shows that if local providers do not receive the desired funding level from the block grant allocation, that agency could directly contact the legislature and secure the funding by use of a named recipient grant. As more organizations succeed in securing funding in this way, the block grant allocation would lose its credibility and legitimacy in the community.

A second criticism involves the makeup of the group that is given the responsibility to allocate funds. We mentioned earlier that this allocation board would require information concerning the needs of the community and the services currently offered. Therefore, at least a portion of the allocation group would be individuals involved in some way with social services delivery. It would be difficult for such a group to maintain strict objectivity because of both professional opinions concerning the best way to deliver services and personal opinions concerning the way any specific organization delivers services. Decisions that were viewed by the community as too subjective could damage the credibility of the allocation process and reduce support for it.

²Mr. Meehan was formerly the director of planning for the Municipality of Anchorage.

The block grant approach has been viewed by some as a potential method of allocating resources in rural Alaska. It is particularly inviting in rural localities because of the freedom it allows local planners to fund local service delivery efforts that are more attuned to local cultures than traditional service delivery. However, both of the criticisms previously discussed are applicable to rural Alaska as well as to urban centers. The ability of providers to circumvent the allocation process and the potential for lack of objectivity by the allocation board could cause the block grant process to lose legitimacy.

Rural Alaska has the additional problem of lack of regional governments to administer block grants. In Anchorage, the block grant goes to the municipality, which is then responsible for initial distribution of the funds as well as ongoing oversight of the grants or contracts. In rural areas of the state, there are no organized boroughs to perform these functions on a regional basis. Regional nonprofit corporations provide services on a regional basis, but, because they are largely Native organizations, they may have difficulty in establishing legitimacy among the non-Native population.

Professional Services Contracts

Professional Services Contracts are generally used by State agencies to purchase services from nonprofit organizations. Alaska Statute 36.98 provides the legal basis for these contracts and authorizes the Commissioner of the Department of Administration (DOA) to adopt regulations to be used in awarding these contracts.³ Regulations require the use of the professional contracts procedure if the contract amount, including amendments, exceeds \$5,000 and if the contract is not related to an emergency that is threatening life and property. Contracts of less than \$5,000 can be awarded by State agencies and do not require Department of Administration approval. All of the requirements that are applied to the original contract are also applied to any amendments to the contract.

The first step in the contract approval procedure is the filing by the contracting agency of the Authority to Negotiate (ATN). The ATN conveys to the Department of Administration the desire of the contracting department to purchase professional services through a contract. The ATN includes information such as the division in which the project director is located, the estimated amount of the contract, the period of performance and an explanation of the purpose of the contract and

³These regulations are found in the State Administrative manual, sections 8102 through 8193.

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the services to be performed. The ATN must be approved by both the department requesting the contract and the DOA prior to any notification to the public that services may be purchased.

After the ATN has been approved, an appropriate procurement method is chosen depending upon the dollar amount of the contract. If the contract is greater than \$5,000 but not more than \$25,000, a formal or informal method may be used. If the contract exceeds \$25,000, a formal method must be used.

An informal method means that at least three quotes are solicited from providers on the contract register. A formal method requires that a request for services be prepared and advertised appropriately. The request for proposal for professional services includes information such as the work to be performed, any special conditions affecting the project and a description of the factors to be used in evaluating the proposals.

However, there are occasions when the formal procedure is not appropriate. Alaska Statute 36.93 allows alternate procurement methods to be used in any of the following situations:

1. The contracting agency demonstrates that there is a single source of the expertise or knowledge required or that one person or firm can clearly perform the required tasks more satisfactorily due to prior work performed by the person or firm.
2. The commissioner of the Department of Administration makes a determination that public necessity will not permit delay in purchasing the service.
3. The service is to be provided by another State agency, a federal agency or a subdivision of the State.

In any of these cases, the alternate form of procurement must be authorized by the Department of Administration and reviewed by the Contract Review Committee. This committee, composed of representatives of the Divisions of Finance, General Services and Supply and Risk Management within DOA, reviews the process used to award all contracts to assure that proper procurement procedures have been followed. It is the intent of the committee to review the various stages of the procurement process so any problems can be detected before entering the next phase of the process. For example, the committee can review and suggest corrections to the request for proposal prior to its publication, thus assuring that providers and agency staff do not expend resources writing and reviewing proposals based on an inappropriate request document.

Matching and Indirect Costs

Matching and indirect costs are two aspects of grant and contract management that can be misunderstood by both purchasers and providers of services. This section of the report will provide brief explanations of these two issues.

Local Match. Local match refers to the requirement of some grants and contracts that the grantee provide a percentage of the total resources required to provide the particular service. Depending upon the particular regulation or statute governing the grant program, the match can either be cash or in-kind. For example, alcoholism grants funded under AS 47.30.477 require that "grants shall be awarded in the ratio of 75 percent state money to 25 percent community money, except in communities designated as poverty areas the ratio shall be 90 percent state money to 10 percent community money..." The statute goes on to say that money for the match can be from any source other than State money and that the value of real property used directly in conjunction with the grant may be calculated as match.

In-kind match is contributions to the provision of services that are not cash resources. Examples are donated office space, uncompensated services of employees, borrowed equipment and donated supplies. These items are valued at the equivalent amount of cash that would be needed to purchase them with cash resources from the grant budget.

Although matching requirements are sometimes criticized for establishing barriers to grant funds for locations and organizations that need them most, several representatives of State grant programs noted two advantages of matching requirements. First, the local match helps to stretch State resources. For example, in the alcohol grant program cited above, the local match can contribute as much as 25 percent in additional resources to purchase services for alcoholism programs.

Second, the match requirement acts as a check against the purchase of services that do not have community support. If a match is required, individuals who are contributing resources to the match can be expected to scrutinize the project more closely than if they contribute nothing. In addition, the local match requirement helps to ensure local participation and support for the project after it is initiated. If local funds are used in the grant funding, interest in the success of the project may be spread among more local residents than just the consumers and providers of the service.

Indirect costs. If a nonprofit corporation operates only one grant or contract, all of the expenses involved in providing the services paid for by the grant or contract are direct program costs. This includes

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all of the administrative costs associated with implementing the grant, including office space, office equipment, utilities, telephone calls, transportation, etc.

However, many times a nonprofit organization will simultaneously provide services under more than one grant or contract. For example, large multi-purpose nonprofit corporations provide a variety of services with funding coming from many separate grants and contracts. In these cases, it is much more difficult to determine the actual administrative costs to be charged as direct costs to each grant and contract. For example, it may be impossible to determine the actual expense of the use of office equipment such as typewriters or computers to apply to each individual grant or contract.

The solution to this accounting allocation problem is to use an indirect cost rate that includes the costs that are common to all programs but cannot be assigned to these programs separately. There are no hard and fast rules about what should be considered an indirect cost as opposed to a direct cost. Generally, if the actual cost cannot be reasonably assigned to a particular activity, the cost is considered to be indirect. However, it should be remembered that whether a cost is assigned to a grant or contract directly or through some kind of indirect allocation system, the cost is still charged to the grant or contract.

Indirect cost rates can be calculated in a variety of ways. Generally, the procedure involves determining the percentage of all the common costs to be charged to each grant or contract by dividing the total direct costs of all the grants and contracts of the corporation by the total administrative costs of the corporation (the costs that can't be assigned to specific programs). For example, if a corporation administered grants and contracts totaling \$1 million in direct expenses and incurred administration expenses of \$200,000, the indirect cost rate is 20 percent. Consequently, for every program dollar administered by that corporation, 20 cents would go to help pay that program's share of the corporation's administrative expense. In the grant or contract budget, this expense would appear in a line item called indirect or administrative expense and is considered as part of the total grant or contract award.

An indirect cost rate can be established by either the State or federal government. The federal government has a fairly complicated procedure to be followed in establishing a rate. However, once the rate is established, aside from a few exceptions, it can be used for all federal grants and contracts. In addition, this rate is also generally recognized by the State as a legitimate and allowable cost. If a federal rate has not been negotiated, an indirect rate can be negotiated with the State. This may occur on a case by case basis or one State agency may accept a rate previously established by another State agency.

One special situation involving indirect costs needs to be mentioned. Sometimes a nonprofit organization will receive grant or contract funds to subcontract the actual services to another provider. In this case the original grantee is just passing the fund to the ultimate service provider, hence the name pass through funding. Because the original grantee is not incurring the same administrative costs as if the grantee were providing the service directly, the usual indirect cost rate does not apply. Therefore, a special indirect cost rate, a pass through rate that more accurately reflects the administrative costs to the original grantee or contractor is calculated. As with the indirect cost rate, this pass through rate can be negotiated with both the State and federal governments.

Grant and Contract Compliance

Regardless of whether a grant or contract is used to purchase services, the State agency that is purchasing the services is responsible for grant or contract compliance. Although actual administrative practice may vary by department, generally program compliance is assigned to the division level. This responsibility involves assuring that the service that were purchased by the State are actually provided according to the methods prescribed in the agreement. The Division of Family and Youth Services, Department of Health and Social Services, provides an example of compliance procedures. According to Dan Masden of that agency, two general mechanisms exist to monitor services purchased by grants and contracts.

First, regular program and expenditure reports are required that detail the activities of the grant or contract over a specified period. Depending on the size of the grant or contract and the complexity of the services provided, these reports are normally required monthly or quarterly. However, in some cases (because of the nature of the services purchased) only one report at the conclusion of the service delivery is required. The content and format of these performance reports are generally detailed in the grant or contract and in many cases the actual payment by the State to the service provider is linked to the receipt and review of these reports.

The second compliance method involves on-site visits by Division of Family and Youth Services staff. Due to the number and types of contracts and grants administered by the division, all contractors and grantees cannot be visited. Generally, on-site evaluations are performed on the large contractors or grantees as well as any providers that have potential for compliance problems. It should be remembered that these evaluations are largely program related although any financial irregularities are referred to the office responsible for that grant or contract. Financial audits of grantees and contractors are

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performed through the commissioner's office. Also, many nonprofit corporations, especially the ones that provide multiple services, pay for private audits of their financial records. These audits are generally available for State review.

CURRENT ISSUES AFFECTING NONPROFITS

Nonprofit providers play a dynamic role in the provision of human services in Alaska. As the role of nonprofits within this structure continues to change, many choices must be made concerning the way in which nonprofit service providers can best be used to maintain and improve the quality and quantity of human services available to Alaskans.

In this section, some of the major issues confronting human service providers and policy makers in Alaska are discussed. Most of these concerns were raised in the course of interviews with professionals in the field of human service delivery. In addition, Governor Sheffield's Human Service Mini-Cabinet conducted numerous hearings throughout Alaska at the end of 1983 and identified many issues which relate to nonprofit human services. Many of the findings of these meetings are included in the discussion. While some of the issues pertain to nonprofit providers exclusively, many of the issues relate to the human service delivery system as a whole. The first five issues discussed pertain to the improvement of the human services delivery system; the final four pertain to the role that nonprofit providers should play in this delivery system.

As one reads this section, it will become apparent that many of the issues discussed are interrelated. On occasion, some of the positions advocated by human service professionals on one issue contradict positions taken on other issues. No attempt to analyze these contradictions has been made; the purpose of this section is to present the issues as they were communicated to us in numerous interviews.

Planning and Allocation in the Human Service Delivery System

One of the most common sources of concern identified in our interviews was the fragmented, disorganized nature of how decisions are made as to which and how human services are provided. Criticisms were directed at the level and quality of planning efforts, the degree of coordination and cooperation between and within the various government and nonprofit agencies involved in the provision of human services, and the processes by which funds are allocated among human services. While these are, to some extent, separate problems, they all relate generally to the processes through which human service needs are identified, the appropriate responses are determined, and the resources are allocated. Furthermore, it is useful to consider these issues together because some of the concerns expressed specifically pertain to the way in which planning, allocation, and coordinating activities relate to one another.

CURRENT ISSUES

Some of the individuals with whom we spoke believe that there is currently insufficient human services planning occurring in Alaska, as evidenced by the lack of a comprehensive assessment of human service needs. There is concern that without well defined needs, it is difficult to establish rational priorities.

Comparing the needs for different types of services--determining which needs are greatest--is the essential second step in the needs assessment process. Kathy Sutcliffe, Director of Health for the Aleutian/Pribilof Association, expressed a desire for a central needs assessment; she believes that without one, regions of the state with less visibility but great needs may be overlooked in the allocation of human service resources. Jack Kruse of the Institute for Social and Economic Research (ISER) stated that the present system of allocating funds, without a clear definition of priorities from funding agencies, creates uncertainties for nonprofit agencies.

The allocation of funds for human services without regard to planning was another source of concern for many of the individuals we interviewed. According to the findings of the Human Services Mini-Cabinet:

"there is no consistent funding (or service) standard set statewide upon which to evaluate the allocations proposed between services... Also, too much emphasis goes into funding new or one shot programs without real evaluation of what already exists or understanding what impact the funding might have."⁴

This is not, however, a problem of the allocation process alone. When planning does not occur, it cannot be incorporated into the allocation process. In addition, some individuals mentioned that plans are not always timed appropriately. Bob Lohr, with the Rural Community Action Program (RuralCAP), noted that for planning to be incorporated into the allocation process, it must be coordinated with the budget cycle of funding agencies. Planning results must be available near the beginning of the budget process, not as the budget approaches finalization.

Another common complaint was that human services agencies act independently of one another. For example, Nancy Cornwell, with the Municipality of Anchorage Department of Social Services, noted that resource providers do not always communicate well with one another. Kathy Sutcliffe cited a lack of coordination between the State and the federal

⁴Human Services Mini-Cabinet, Human Service Provider Regional Meeting Report, prepared by Department of Health and Social Services, Division of Planning, Policy and Program Evaluation, February 29, 1984. P. 13. (Hereafter cited as Human Service Provider Regional Meeting Report.)

government. Tom Gunderson, Acting Director of Alaska Children's Services, noted that there is no formal coordination among nonprofit provided services. Sometimes even within an agency, there is inadequate coordination among the local, regional and statewide offices. The Human Services Mini-Cabinet described existing planning efforts as:

"too fragmented--too directed to particular problem areas...hence eliminating any ability for comprehensively or holistically addressing the wider human service needs. In the same way, current State planning is too fragmented among local, regional and State levels,"⁵

Most of the individuals with whom we spoke stated a need for comprehensive, integrated human services planning. In the course of our interviews, several important characteristics of this idealized planning process emerged, although probably no one individual would concur with all of them.

- It must have the capacity to identify human service needs within the population, both the types of service needed and the intensity of need for each service.
- The process must coordinate among local, regional, and statewide planning efforts, and between federal, State, municipal, and private planning efforts. Because funding and allocation decisions are often made at the higher levels of government and on a broader geographic scale, while services are frequently delivered at a local level, it is essential that there be coordination and consensus of aims among the various levels of planning.
- Resource allocation decisions should be made in consideration of the total range of human service needs, rather than independent allocation of funds for each type of service. This is sometimes called "holistic" planning, referring to the belief that because many human service problems are interrelated, effective solutions cannot be developed by treating each aspect of such interrelated problems independently.
- The planning process should have a long-term focus. This would help to lend continuity and coherence to human service programming from year to year. It would also help to reduce uncertainty among providers about the funding of their agencies or programs.

⁵Human Service Provider Regional Meeting Report, P. 4.

- There should be sufficient internal discipline within the planning and allocation process to ensure the coordination of allocation decisions with the needs and priorities indentified by the planning process.

Many human services professionals believe that without internal discipline, it would be impossible to obtain the cooperation from nonprofit providers needed to ensure that the other characteristics listed above could be obtained. Presumably, institution of comprehensive planning may result in reductions of funding for at least a few agencies as priorities are redefined. Without some kind of discipline, it would be in the best interest of such agencies to attempt to bypass the planning process. On the other hand, it seems doubtful that this discipline can be achieved without a widespread perception of fairness and effectiveness in the planning process. Lacking this perception, those responsible for making allocation decisions, such as the Alaska Legislature, will be hard put to justify their commitment to the process.

However, in the course of our interviews, few tangible suggestions were made as to how this process might be implemented. Comprehensive planning is seen as an elusive goal, with many difficulties to be surmounted before its successful implementation. For example, one of the basic elements of planning is an assessment of need. However, human service needs are very difficult to assess quantitatively. Jack Kruse, with ISER, has pointed out several obstacles to this assessment. Surveys are of limited value, because of the expense and because many of the populations at need are difficult to identify. Some human services are targeted for very small populations with very great needs.

Mr. Kruse suggests one method of determining needs would be a survey of needs as perceived by providers and others who have regular contact with the populations at need. However, he noted that for many human services, the number of providers in a given community is very small, and needs assessments would probably be limited to rough estimates of need relative to the degree of service presently available.⁶

Another obstacle to developing comprehensive planning is the lack of consensus about where decision making should take place within the process. Some of the individuals with whom we spoke believed that the planning process should not be directly connected with the allocation

⁶For a more detailed discussion of Kruse's proposal for determining need, see: Jack Kruse, A Description of Anchorage Subsidized Human Services, Institute of Social and Economic Research, University of Alaska, June 22, 1984. PP. 14-16.

process. Others believed that without some form of explicit link between the two, planning activities frequently would be ignored in favor of political considerations.

Also, some individuals believe that many nonprofit providers are comfortable with the status quo and will be reluctant to support any proposal for planning which might reduce their own influence in the allocation process. Mike Meehan, Director of Catholic Social Services, perhaps expressed it best when he stated that while everyone supports planning in principle, most providers will be leery of any attempt to implement comprehensive planning. However, he believes that those nonprofits who do not cooperate in the planning process should be forced to obtain their funding from other sources.

It seems likely that many issues would have to be resolved before the successful implementation of a comprehensive, integrated planning process could be achieved. Kathy Sutcliffe suggested that human service providers and resource agencies in Alaska probably would need to plan extensively just to develop this planning process. Other providers noted the necessity of integrating planning with policy decisions concerning the development and delivery of human services.

Although there were many complaints about deficiencies in the system of planning for and allocating funds to human services, many people believed that the State and other human service funders were doing a reasonably good job of allocating their resources. Informal cooperation and information sharing among human service providers was cited as one factor which help minimize the negative effects of deficiencies in formal planning. One view of the present system of planning and resource allocation is that the large number of providers and funding agencies creates a marketplace for human services which functions similar to laissez faire capitalism. In the broadest sense, the system is selfcorrecting; funding agencies will not continue to fund inefficient providers or unnecessary services in the long run.

Extending the Funding Periods for Grants to Nonprofits

Traditionally, most government grants and contracts with nonprofits for human services are for a term of one year. Many providers contend that this annual funding process is an inefficient mechanism for contracting with nonprofits. Some nonprofit providers complain that it is sometimes well into the fiscal year before a contract to provide services can be negotiated between the funding agency and the provider. The Human Services Mini-Cabinet found that the process:

- "results in tremendous amounts of time being lost by the provider researching and applying for new funding. Further, this militates against the need to engage in long range planning or program

development; creates unwillingness to employ longer term and perhaps more effective treatment methodologies; encourages higher staff turnover due to job insecurity; and does not enable the set up of employee benefit packages..."⁷

The Mini-Cabinet also found that the uncertainty created by the funding process spills over into client relations, resulting in the client having a lack of confidence in the provider's continued existence.⁸

Several individuals have suggested that the funding periods for non-profit providers be extended to two or more years, to reduce the uncertainties of funding and minimize the resources that must be directed toward obtaining more funding. While it is acknowledged that extended grant and contract periods could have some adverse effect on nonprofit accountability, most individuals with whom we spoke believe that the majority of nonprofits receiving grants and contracts have already proven their ability to provide services in a responsible manner. For unproven nonprofits, some form of probationary, one-year grant or contract could be given until the provider establishes that it can manage funds responsibly and deliver quality services.

Alternative Sources of Funding

One issue identified by the Human Services Mini-Cabinet is the increased funding of human services from sources other than the State. Among the possibilities mentioned are the use of fee-for-service and the billing of third-party insurance coverage where applicable.⁹ Another source of funding is the local match provision of some State grant programs. Private nonprofit providers also have access to private contributions, which can come in the form of money, donated supplies or equipment, or volunteer labor.

In the course of our interviews, two different concerns were expressed regarding alternative sources of funding. One is that nonprofit providers should, whenever practical, avail themselves to all potential sources of funding. Human service professionals quite understandably desire to direct as much resources as possible toward meeting human service needs. The ability to exploit various sources of funding is frequently cited as a sign of a well functioning nonprofit provider. It is also perceived as an indication of broad-based support for a service.

⁷Human Services Provider Regional Meeting Report, p. 7.

⁸Ibid., p. 7.

⁹Ibid., p. 10.

The other concern is that funding agencies not place any unfair burden on nonprofits to utilize other sources of funding (including in-kind contributions). Many nonprofit providers believe that they should be treated the same as any other private enterprise with whom government contracts to provide a service, particularly in the case of services that the State is required to provide by law. From this perspective, the nonprofit should be paid the full cost of providing the service, just as a private contractor would be paid for providing any other good or service.

As noted earlier, local match requirements have been criticized for making it difficult for some organizations or even local communities to obtain State funding. Most of the individuals we interviewed strenuously opposed any requirement or evaluation method that would penalize nonprofits who failed to obtain some level of private support. Some individuals also mentioned that any requirements for nonprofits to obtain private contributions would hurt many smaller nonprofits, who lack the skills or resources to engage in fundraising efforts. Also, questions of efficiency have been raised. Fund raising can distract providers from their basic mission of providing service, and additional moneys raised may not justify this cost.

Some nonprofit providers fear that a system which emphasized the use of other sources of funding might ultimately lead to the State withdrawing equivalent funds for every dollar raised. Thus, in the long run, nonprofits would have no greater funds, but would have a greater burden in raising them.

Improving Professional and Managerial Capabilities of Nonprofits

A number of individuals identified a "lack of sophistication" as a problem among some nonprofit human service agencies. This included a number of specific characteristics such as unfamiliarity with the funding process, a lack of skills or knowledge necessary for efficient management, and a general lack of experience or expertise at providing specific services. These deficiencies were noted in both personnel and boards of directors. Some individuals were specifically concerned with providers in rural communities, where the provision of services may be newer or personnel has less regular contact with other human service providers.

One factor frequently mentioned as compounding the problem is the State's salary schedule; the State generally pays higher salaries for human services professionals. As a result, there is a tendency for these professionals to begin their careers with nonprofit providers and move into State government as they acquire the necessary experience. This trend makes it more difficult for nonprofit providers to retain

their expertise. In addition, when nonprofit providers assume a service formerly provided by the State, this salary differential often prevents them from retaining the existing staff.

One suggestion to alleviate these problems is for the State to provide technical assistance to the nonprofit providers. This assistance could include help with completing grant applications and with complying with recordkeeping and reporting requirements. In this manner, the State could help to ensure that the funds it disperses to nonprofits are used in the most efficient fashion. One example of this kind of assistance is the Grants Management Handbook recently developed by the Office of Management and Budget. The handbook seeks to familiarize individuals with requirements of the grant application process and financial management of the grant.

Some people also stated that such efforts are important to ensure that sophistication in the technical aspects of grant applications was not an absolute requirement to funding; nonprofits should not have to be polished to receive grants.

Another means of addressing these problems is to increase the availability of training for nonprofit employees and boards. This was one of the needs identified by the Human Services Mini-Cabinet.¹⁰ Not only does this approach have the potential to improve the quality of service and management of nonprofit providers, Lynn Caswell with the United Way of Anchorage pointed out that training opportunities can in some cases serve as an alternative for agencies unable to pay higher salaries.

Standardization of Management of Human Services Programs

One issue identified by the Human Services Mini-Cabinet was the "lack of uniformity/consistency in the management of human services programs across State agencies." Among the specific problems cited were a lack of standardization of forms, procedures, time frames and the information which nonprofits must provide the agencies. This results in providers wasting time "filling out essentially the same information in slightly different ways or at slightly different times."

In response to these criticisms, the State's Office of Management and Budget (OMB) is attempting to standardize grant procedures. This effort includes an attempt to develop a uniform grant application form. According to Linda Delaney, with OMB, her agency would also like to standardize budget information and eliminate duplicated audit efforts.

¹⁰Human Service Provider Regional Meeting Report, p. 16.

Local Control of Human Service Provision

One often-cited advantage of nonprofit providers is that delivering service through a community-based agency allows for more local control of services (or, for some areas of rural Alaska, regional control). Some individuals believe that such factors as local accountability, local hire, and local providers' ability to mobilize resources within the community usually enhance the quality of the service provided.

Such individuals contend that centralized authority results in delays in decision making and in decisions that may not be effective within the local context. They would like to see increased local control in Alaska's human service delivery system. The Mini-Cabinet found that providers believe:

"too many decisions [are] being made in Juneau; regional managers hav[e] little authority to make decisions; [there is a] need for greater local input into planning, program development and funding decisions; and programs [are] so general and regulations too rigid to allow local needs to be appropriately or efficiently met."¹¹

The Mini-Cabinet findings contained many proposed solutions including decentralization of delivery decision making in State agencies and providing more of the funding for human services through local block grants.¹² One example of how centralized decision making can result in inefficient use of resources is when a statewide office of an agency funds a nonprofit in a community, even though local referral agencies do not refer clients to that provider. Thus, the service funded will likely be underutilized. Decentralized decision making could help ensure that the agencies funded are well respected within the community.

A block grant approach to funding would allow communities more flexible responses to local problems by localizing the allocation decisions. However, in the course of our interviews, several people suggested that there might be resistance to a block grant approach for human service funding both from local governments and from some nonprofit service providers. Local governments might resist receiving most funding for human services through block grants for fear that once they assumed responsibility for delivering the service, the State might reduce or eliminate the block grant. Local governments would then be faced with

¹¹Human Service Provider Regional Meeting Report, p. 5.

¹²Human Service Provider Regional Meeting Report, p. 5.

a substantial new fiscal burden. According to Bob Lohr, many nonprofits might oppose a block grant approach to funding human services because they perceive more security in having their funding connected to a line item in the State budget than in competing for a piece of a block grant.

Rural vs. Urban Services

Many of the individuals with whom we spoke believed that the problems facing human service providers in rural areas of the state are frequently of a different nature from those of providers in Alaska's urban communities. Rural areas often lack basic services, a diversity of nonprofit providers available to deliver services, and access to the same labor pools of human service professionals. In many rural areas, regional or local governments that could accept block grants or provide services directly do not exist. Native nonprofit corporations have tended to fill the void caused by the absence of government services. In contrast, urban communities may be faced with the challenge of coordinating services provided by tens, if not hundreds, of different agencies. Local governments are well established and may add another level to the flow of funding to nonprofits.

As a result of basic differences between rural and urban Alaska, programs or program requirements based on an urban model for service delivery may not be practical in rural Alaska. Urban and rural human services may have to be approached as two separate and distinct delivery systems. Among the possible steps to alleviate the problems stemming from these differences identified by the Human Services Mini-Cabinet are greater recognition of the priority of rural services and the need to use a nonurban model in delivery or accounting for services.¹³

The Role of Native Nonprofit Corporations

As noted earlier in this report, the State of Alaska contracts with Native nonprofit corporations to deliver many different human services. In some instances, as with the Manilaaq Association, the Native nonprofit will contract to provide several statutorily mandated services, which would otherwise be provided by State personnel. In the course of our interview, a number of individuals questioned whether it was appropriate for the State to depend too extensively on Native nonprofits to provide services to all eligible clients in a community or region. It was noted that Native nonprofits exist, by and large, to

¹³Human Service Provider Regional Meeting Report, p. 15.

serve the needs of their own membership, usually Natives or Native organizations. Non-Natives may have no formal means of participating in policy making within the Native nonprofit corporation. In theory, it is possible that Native nonprofits may have agendas which are tailored to the needs of their members and could conflict with the needs of the nonmember clients they have a contractual obligation to serve.

However, while many individuals were willing to acknowledge that the special nature of Native nonprofits posed a philosophical problem, no one with whom we spoke indicated that there was evidence this problem had manifested itself. Some individuals believed that Native nonprofits are completely capable of providing State services equally to Natives and non-Natives. Bob Lohr, with RurALCAP, did not see any difficulties with having Native nonprofits provide service to non-Natives. He felt that problems arising from Native control of these providers were more theoretical than practical. It was also noted that State contracts can explicitly require Native nonprofits to provide equal access to State-funded services.

State Responsibility for Legally Mandated Services

Another issue pertaining to the State's use of nonprofit providers to deliver human services was raised by representatives of the Division of Public Health, the Division of Family and Youth Services, and the Emergency Medical Services program in the course of earlier work performed by the House Research Agency. This issue relates to the State's responsibility to provide services which are statutorily mandated. This responsibility is not transferred when the State contracts with a nonprofit provider to deliver such services. "The contract transfers the function, but cannot change the policy as established by law. If the contractor cannot perform the function as required by law, the State is obligated to do the work, potentially fragmenting service delivery if mandated services have to be provided by the State while other services are provided by contractors."¹⁴

¹⁴Jay Livey, "State Government Funding of Nonprofit Agencies," House Research Agency Research Request 35-005, August 31, 1985. P. 8.

CONCLUSION

Virtually every human service professional with whom we talked during the course of this project believed that a significant portion of human services in Alaska will continue to be provided by nonprofit corporations. A significant number of providers also expressed the view that nonprofit service delivery will expand as more existing State services are provided locally through grants and contracts to nonprofits and as these organizations initiate new services.

However, beyond the general belief in the viability of nonprofits in the human service delivery system, we found little consensus concerning the role nonprofits should play. Part of the reason for this confusion is the lack of basic information concerning the activities of the organizations themselves.

Recently, three projects have been started, however, that should provide basic information concerning nonprofit service delivery. The Governor's Office of Management and Budget is developing a computerized information program to collect and sort data on all grants and contracts awarded to nonprofit agencies. The Institute of Social and Economic Research, University of Alaska has just completed a study for the Municipality of Anchorage that describes the human service delivery system within that municipality. The Alaska Native Management Center at the University of Alaska Fairbanks has initiated a study to assess the effectiveness of nonprofit Native regional corporations. These projects, and others like them, will provide the information and analysis needed to define the current role of the nonprofits in the service delivery system.

However, collection of information is just the first step in determining the role nonprofit organizations will play in service delivery. Human service professionals working for both State government and nonprofits noted the need for policy direction in:

- planning for all human services based on statewide needs assessments and allocating State resources among State agencies and nonprofits according to these needs;
- developing methods of recognizing gaps and duplications in services between nonprofits and State agencies and among nonprofits; and
- distributing resources to nonprofit organizations without imposing heavy administrative burdens on either the nonprofit or State agencies, while still guaranteeing efficient use of State resources.

CONCLUSION

We noted in the report that there is no consensus among representatives of nonprofit providers or State agencies concerning the exact nature of their future role. For example, some nonprofit representatives claim that State government should take a more active role in establishing human service priorities and allocating resources based on those priorities. Other human service professionals feel that control of human services planning and resource allocation is more properly done at the local level. The contradictions inherent in many of the other issues that providers presented to the Human Services Mini-Cabinet illustrate this lack of consensus.

However, if the State does not begin to formally define the role of nonprofit corporations, this role will be defined implicitly, quite possibly in ways that perpetuate confusion among the State and providers. The development of policies concerning planning, allocation of resources, administration of human service programs and identification of service gaps and duplication extends beyond the role of nonprofit corporations to the entire human service delivery system. However, if nonprofits have become an integral part of the human service delivery system in Alaska, and the consensus is that they have, a new definition of their role seems inevitable.

ANCHORAGE ALCOHOL AND DRUG PROGRAMS

Akeela House, Inc., 504 W. 25th Street, Anchorage, Alaska 99503
Phone: AC (907) 276-1276 Contact Person: C. Joe DiMatteo, Director
Services - Provides a residential facility for abusers as an alternative to incarceration; provides vocational training for re-entry in the community. Provides alcohol information, outreach and referral information for the Anchorage area. Outpatient services are provided for adults and families.
Fees - sliding fee scale
Eligibility - Anyone in need of substance abuse treatment services.

Center for Drug Problems, 520 E. 4th Avenue, Ste. 102, Anchorage, AK 99501
Phone: 276-6430 Contact Person: Cynthia Aiken, Director
Services - Individual and group counseling, methadone maintenance, detoxification, drug-free and social survival skill training, urinalysis testing.
Fees - Counseling - methadone maintenance - methadone detoxification (sliding fee scale)

Salvation Army Clitheroe Center,
Comprehensive Services, P.O. Box 190567, Anchorage, AK 99519-0567
Phone: 243-1181 Contact Person: Dr. Ray Dexter, Director
Services - Outpatient aftercare, individual and group counseling, long-term emergency medical services, detoxification, specially equipped van, community service patrol, elderly outreach, family and individual counseling, aftercare, vocational rehabilitation, women's residential and outpatient.
Fees - Depends on income
Eligibility - Anyone in need of alcohol/drug treatment services.

<u>Volunteers of America ARCH/ASSIST</u>	<u>ASSIST</u>
Hiland Road,	600 Barrow, Ste. 406
Eagle River, AK 99577	Anchorage, AK 99501
<u>Phone:</u> 694-3336	
<u>Contact Person:</u> Jeeni Swyter, Director	
<u>Services:</u> Provides Adolescent Residential Center for Help (ARCH) for youth, ages 12-17, who have a substance abuse problem. Comprehensive outpatient services for substance abusers age 12-17 and their families are provided through ASSIST (Adolescents Staying Straight in Substance Treatment).	
<u>Fees</u> - Sliding fee scale	
<u>Eligibility</u> - Youth desiring help with substance abuse problem.	

Alaska Council on Prevention of Alcohol and Drug Abuse, Inc.
7521 Old Seward Highway, Suite A, Anchorage, AK 99518
Phone: 349-6602 Contact Person: Bette O'Moor, Director
Services: Serves as a prevention, information and education service agency for alcoholism and drug abuse in Alaska through programs such as "Here's Looking at You", Employee Assistance, Media Development, Alcohol Awareness Week, Resource Library and Prevention Plus Strategies.
Fees - None
Eligibility - SCADA funded programs, school districts, and general public.

ANCHORAGE AREA
DRUG AND ALCOHOL ABUSE SERVICES

SERVICES PROVIDED TO URBAN & RURAL ALASKANS

1. OUTREACH-INFORMATION-EDUCATION
2. ASSESSMENT/REFERRAL
3. DETOX
 - A. ALCOHOL
 - B. OTHER DRUGS
4. RESIDENTIAL
 - A. SHORT TERM
 - B. LONG TERM
5. OUTPATIENT
6. METHADONE MAINTENANCE
7. AFTERCARE
8. PREVENTION ACTIVITIES

TARGET POPULATION

1. INDIVIDUALS
2. GROUPS
3. FAMILIES
4. YOUTH
5. WOMEN
6. NATIVES

NUMBER OF PEOPLE SERVED

DETOX 1,476

ASSESSMENT/REFERRAL 3,661

RESIDENTIAL 110 BED DAYS 40,150
(LONG & SHORT TERM) 90% UTILIZATION RATE

OUTPATIENT 1,278

METHADONE MAINTENANCE 90

FUTURE GOALS

1. COMMITMENT TO REGULAR MEETINGS
2. TRAINING CONSORTIUM -
COMBINE TALENT & RESOURCES TO PROVIDE TRAINING IN THE ANCHORAGE AREA
FOR: COMMUNITY SERVICE PROVIDERS FROM URBAN & RURAL ALASKA
OTHER PROFESSIONALS
3. JOINT COMMUNITY FUND RAISER
4. LONG RANGE PLANNING (3-5 YEARS)
5. SUPPORTING REGIONAL ALCOHOL AND DRUG ABUSE ASSOCIATION (ADAAA)

TABLE 1-1
 COSTS TO THE STATE OF ALASKA
 FOR
 ALCOHOL ABUSE, DRUG ABUSE AND MENTAL ILLNESS 1984

	<u>Alcohol Abuse</u>	<u>Drug Abuse</u>	<u>Mental Illness</u>	<u>Total</u>
CORE COSTS	<u>169,600,000</u>	<u>20,000,000</u>	<u>146,800,000</u>	<u>336,400,000</u>
Direct	<u>25,400,000</u>	<u>5,000,000</u>	<u>67,500,000</u>	<u>97,900,000</u>
Treatment	22,300,000	4,200,000	58,700,000	85,200,000
Support	3,100,000	800,000	8,800,000	12,700,000
Indirect	<u>144,200,000</u>	<u>15,000,000</u>	<u>79,300,000</u>	<u>238,500,000</u>
Mortality	41,800,000	3,200,000	22,200,000	67,200,000
Morbidity	102,400,000	11,800,000	57,100,000	171,300,000
Reduced Productivity	92,100,000	11,000,000	6,300,000	109,400,000
Lost Employment	10,300,000	800,000	50,800,000	61,900,000
OTHER RELATED COSTS	<u>25,400,000</u>	<u>42,400,000</u>	<u>1,400,000</u>	<u>69,200,000</u>
Direct	<u>18,000,000</u>	<u>18,200,000</u>	<u>1,400,000</u>	<u>37,600,000</u>
Motor Vehicle Crashes	7,200,000	*	*	7,200,000
Crime	6,800,000	17,000,000	*	23,800,000
Public	6,100,000	12,700,000	*	18,800,000
Private	500,000	4,000,000	*	4,600,000
Property Loss/Damage	100,000	300,000	*	400,000
Social Welfare Program	500,000	200,000	1,400,000	2,100,000
Other	3,500,000	1,000,000	*	4,500,000
Indirect	<u>7,400,000</u>	<u>24,200,000</u>	<u>*</u>	<u>31,600,000</u>
TOTAL	<u><u>195,500,000</u></u>	<u><u>62,400,000</u></u>	<u><u>148,200,000</u></u>	<u><u>405,600,000**</u></u>

*Although costs are hypothesized to occur in this category, sufficient data are not available to develop reliable estimates.

***This equals approximately 5.2% Alaska's gross state product of 7.8 billion dollars.

**AN OVERVIEW OF HUMAN SERVICE DELIVERY
IN ALASKA BY PRIVATE NONPROFIT PROVIDERS**

**House Research Agency
Alaska State Legislature
February 1985**

House Research Agency Report 85-B

The House Research Agency is the permanent, nonpartisan research support arm of the Alaska State House of Representatives. The agency performs research at the request of legislators. A bipartisan governing committee composed of the House Speaker and Minority Leader and the ranking House member of the Legislative Council (i.e., either chair or vice-chair), oversees the agency's work. While the legislature is in session, most research is of a discrete scope. During the interims between legislative sessions, projects of larger scope are undertaken.

AN OVERVIEW OF HUMAN SERVICE DELIVERY IN ALASKA
BY PRIVATE NONPROFIT PROVIDERS

Jay Livey
Jonathan Sherwood
House Research Agency
Alaska State Legislature
January 1985

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PREFACE

Following the adjournment of the Thirteenth Alaska Legislature, the House Research Agency was asked to undertake a special project on the delivery of human services by private, nonprofit providers in Alaska. Specifically, we were asked to review significant features of the human services delivery system such as the breadth of human services provided by nonprofits, current methods of allocating funding to nonprofits, human services planning activities, and oversight of nonprofit services.

Authorized by the Agency's bipartisan governing committee, this report has been prepared for the entire membership of the Alaska House of Representatives. The purpose of this report is to provide an overview of private, nonprofit human service delivery in Alaska which can assist legislators in their development of appropriate State policies. It is not the intent of this report to advance a particular policy regarding the role of nonprofits in the human service delivery.

We recognize that private, nonprofit agencies are only one category of human service provider in Alaska. Several State agencies currently provide human services directly. The federal government, local governments, and private, for-profit providers also play important roles in the delivery of human services. In focusing this report on nonprofit providers, we do not mean to imply that other providers play any less significant roles in the delivery of human services.

This report reflects only a portion of the House Research Agency's research concerning private, nonprofit providers of human services in Alaska. Members of the Alaska House of Representatives are welcome to contact the House Research Agency with additional research requests pertaining to this subject.

INTRODUCTION

This report is intended to serve as an introduction to the role of private, nonprofit, human service providers in Alaska. While existing documents provide useful information about one or more nonprofit agencies or a particular type of service provision, this report provides an overview of the broader network of nonprofit human service providers and discusses current issues in the delivery of human services in Alaska.

The discussion is descriptive rather than analytical because basic information on the number of nonprofit human service providers in the state, the services provided by these agencies, the amount of funding these nonprofits receive from State government, and the cost of nonprofit human service provision compared to direct provision of services by government was unavailable. Without such information, it is virtually impossible to perform a meaningful analysis of nonprofit provision of human services.

Some data which would facilitate an analysis is presently being collected by other agencies. For example, the Office of Management and Budget is currently developing a centralized computer information system for all State grants to human services. When completed, this computer system will be capable of providing information on nonprofit providers receiving State funds by location and by type of service. Also, the system will be linked to the Alaska Department of Labor's demographic information system. In addition, the University of Alaska, Fairbanks and its Alaska Native Management Center have recently undertaken a multi-year research program on Alaska's nonprofit Native regional corporations.

Individuals who have a great familiarity with the human service delivery system in Alaska, particularly those who are employed within the field, may find they are already aware of much of the information included in this report. Most of it was, in fact, obtained from interviews with such individuals. In the course of our research, we talked with individuals employed by nonprofit providers and by government agencies as human service planners, program administrators, and contract compliance officers. We also interviewed several other individuals involved in the delivery system in an advisory capacity. In addition, we have also relied on a number of existing publications which describe various aspects of the human services delivery system.

Not everyone considers the term "human services" to include exactly the same set of services. Some use the term to include a wide range of health, assistance, and employment services. Others prefer to classify health as a separate category. We have generally used the term to mean

all health and social services which involve some governmental participation. However, we have made no attempt to develop a rigorous definition of human services. Because we are dependent on many human services professionals and many existing documents for our information, limiting ourselves to an explicit definition of human services would unnecessarily preclude us from using information which addresses a slightly different set of services. At the very least, we would be forced to extensively qualify statements cited from other sources.

SUMMARY

Federal, State and local governments as well as profit making organizations and human service professionals have traditionally provided human services directly to the residents of Alaska. In recent years, nonprofit corporations have begun to assume a significant role in providing virtually all types of human services available in Alaska.

Description of Nonprofit Providers in Alaska

There are a number of common features and structural similarities among nonprofit human service providers in Alaska. The following characteristics are defined by statutes:

- every nonprofit corporation must have a board of directors which is legally responsible for the management of the corporation;
- nonprofit corporations are not required by law to have members or shareholders;
- if there are no members of a nonprofit corporation, directors have sole voting authority; and
- every nonprofit corporation must have a stated purpose or purposes.

However, there is also a great diversity in the scale and breadth of service provided by nonprofits; some organizations provide many services in many communities while others provide one service in one community. There was no consensus among the professionals we interviewed that the size of the nonprofit organization was related to quality of service.

Regional and village Native nonprofit organizations are unique providers of human services in Alaska. Both of these types of organizations are recognized by the Bureau of Indian Affairs as tribal organizations, and are therefore eligible to receive grants and contracts to provide services under federal Native programs. These organizations, which also receive grants and contracts from State or private sources, have become particularly important in the areas of the State that lack organized local government.

Planning for Human Services

One important step in human services planning is assessing local needs and designing services to meet those needs. The Municipality of Anchorage and the United Way of Anchorage each use a formal proposal review process that allows providers to present service delivery approaches based on the organizations' perception of the local need. Native nonprofit organizations prepare specific plans that detail local needs and plans for service delivery. In addition, regional health plans are prepared by the three health systems agencies in the state. Various State agencies develop statewide plans (State Health Plan, Alcoholism and Drug Abuse Plans and Alaska Maternal and Child Health Plan).

A second aspect of planning is the ability of providers to coordinate services to use resources as efficiently as possible. The Governor's Office of Management and Budget is currently developing a data base consisting of all State grants and contracts awarded to nonprofit organizations. Additionally, several human service providers noted that extensive informal coordination and cooperation occurs among nonprofit providers.

Although we found that planning occurs at all levels of organizations involved in human service provision, a major constraint to the utility of planning is that available resources are not always allocated for the services identified in the plan. Some providers feel that State agencies should adopt a more active role in establishing social service priorities and communicating these priorities to the legislature. Other providers noted that these priorities are more appropriately established at the local level.

Administration of Grants and Contracts

The State of Alaska, through the use of grants and contracts with nonprofit organizations, has become a major purchaser of human services. The Attorney General's Office has determined that there is no significant difference between the use of grants and contracts in the purchase of services. Both forms of procurement are considered to be legally binding and subject to administrative rules and regulations that govern the provisions of services.

Functionally, grants and contracts are different, however. Contracts must be approved by the Department of Administration and are subject to the regulations that apply to professional services contracts (AS 36.98). Grants can be awarded by various departments within the executive branch of State government without the approval of the Department of Administration, although in some cases this approval is obtained.

The following four mechanisms are generally used to purchase services from nonprofit organizations:

- Competitive selection grants are competitively awarded by departments or divisions to nonprofit corporations to purchase specific services that are authorized in statute.
- Named recipient grants are awarded to nonprofit providers identified in a legislative appropriation.
- Block grants award sums of money to grantees who then decide the specific applications depending on local need.
- Professional services contracts are used to purchase contractual services from nonprofit organizations.

Regardless of whether a grant or contract is used to purchase the service, the State agency that purchases the service is responsible for grant or contract compliance. Two major mechanisms are generally used to do this. First, regular program reports are required that detail the activities of the grant or contract over a specified period. In many cases, the payment for services performed by the grantee or contractor is dependent upon the receipt of these reports. Second, on-site evaluations are performed on service providers.

Current Issues Affecting Nonprofits

Due to the rapidly expanding role that nonprofits are playing in human service delivery in Alaska, several issues have surfaced concerning the way in which nonprofits can best deliver human services. The following issues were identified in hearings held by Governor Sheffield's Mini-Cabinet, as well as in our interviews with various human service providers:

- The current process of planning for human services and allocating resources to provide those services is inefficient and disorganized and does not result in a comprehensive assessment of human service needs or priorities.
- The annual funding process is an inefficient method of purchasing services because it consumes considerable administrative energy from both State agencies and the service provider. Several suggestions have been made to extend funding periods beyond one year to reduce the uncertainties of funding and minimize the resources currently directed toward obtaining more funding.

- Nonprofit agencies and the State should work together to increase funding of human services from sources other than the State. However, nonprofit providers also feel that when providing State services, they should be paid the full cost of providing the service just as a private contractor is paid for any other good or service. In addition, some providers expressed fears that the State may withdraw equivalent funds for every dollar raised.
- Some providers identified a "lack of sophistication" among some nonprofit agencies and suggested that the State supply more technical assistance and training to nonprofit corporations.
- There is a lack of standardization of forms, procedures, time frames and the information nonprofits must provide State agencies. This results in the complaint that providers must supply essentially the same information in slightly different ways to a variety of State agencies.
- Some providers advocate the expansion of delivery of human services through locally controlled organizations because local hire, local accountability and local providers' ability to mobilize local resources enhance the quality of services. One suggestion made to the mini-cabinet to expand local control is to provide more funds through local block grants.
- Rural providers expressed concern that some program requirements are designed for urban Alaska and are not applicable to rural Alaska.
- Some individuals questioned the appropriateness of State dependence upon Native nonprofit organizations to provide services to all eligible clients in a community or region. Critics claim that non-Natives may have no formal means of participating in policy making within the Native corporation.
- The issue of the State contracting with nonprofit organizations to deliver services that are mandated by statute has also been raised. It appears that the State retains the ultimate responsibility to provide these services regardless of whether the service is provided by State employees or through a contract or grant with another provider.

NONPROFIT PROVIDERS OF HUMAN SERVICES

In recent years, the residents of Alaska have experienced a growing reliance on nonprofit organizations to deliver human services. In some cases, nonprofit organizations are providing services formerly delivered by State employees, and, in other cases, nonprofits are offering new services. This section of the report will distinguish different types of nonprofit organizations, discuss their planning activities and describe their relationship to State government.

Nonprofit Providers in Alaska

Governments--especially the State, but also federal and local governments--provide many human services directly to some portions of the population. A variety of private individuals and organizations also provide human services in Alaska. Some of these, particularly in the field of health care, are profit making enterprises; however, nonprofit agencies play a significant role in the provision of virtually all types of human services available in Alaska.

In October 1983, the Governor's Human Services Mini-Cabinet published a Human Service Provider Directory, which surveyed agencies which had contracts, grants, or service agreements with the State for the provision of human services. The survey identified over 500 human services grants or contracts with nonprofit agencies; this accounted for over half the agreements identified. It should be noted that the survey was not intended to be comprehensive; some agreements may have been excluded. The Office of Management and Budget is currently developing a computerized grants information system which should be able to provide more comprehensive information in the future.

Recently, the University of Alaska's Institute of Social and Economic Research (ISER) performed a study of Anchorage Subsidized Human Services for the Municipality of Anchorage. While the report is limited to Anchorage, it does contain information on the numbers and types of human service providers in the community, in addition to data on funding sources, staffing patterns, and hours of service provided. One finding of the study was that nonprofit providers account for 33 percent of all direct human service expenditures in the Anchorage area.

Organization and Structure of Nonprofit Providers

In discussing the issues regarding provision of human services by nonprofit providers, it is helpful to develop an accurate picture of the private nonprofit agencies which participate in the delivery of human

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Organization and Structure of Nonprofit Providers

In discussing the issues regarding provision of human services by nonprofit providers, it is helpful to develop an accurate picture of the private nonprofit agencies which participate in the delivery of human

NONPROFIT PROVIDERS

services. There are a number of common features and structural similarities among nonprofit human service providers in Alaska. Some similarities are the result of Alaska's statutory requirements for nonprofit corporations. For example, every nonprofit corporation must have a board of directors which is legally responsible for the management of the corporation. The board elects the officers of the corporation and, if the responsibility is not delegated in its articles of incorporation, the board also makes the bylaws of the corporation. By law, this board must have at least three directors.

Under the Alaska Nonprofit Corporation Act (AS 10.20), a board may designate an executive committee comprised of at least two directors to exercise the board's authority; however, this delegation of authority does not relieve the board of directors of any of their legal responsibilities.

Nonprofit corporations are not required by law to have members or shareholders. If a nonprofit corporation so chooses, it can designate one or more classes of members, whose qualifications and rights are set forth in the corporation's articles of incorporation or bylaws. Members may be vested with the power to elect directors and to adopt, alter, amend or repeal bylaws. Many nonprofits are formed to represent some group of individuals or organizations; having a membership is a logical outgrowth of the corporation's purpose. Other nonprofits may not have a natural membership, as when an agency's purpose is to provide service to a changing group of clients.

If there is no membership of a nonprofit corporation, directors have sole voting authority. Lacking any special provisions in the articles of incorporation or bylaws, existing directors would therefore be responsible for electing new directors. However, a nonprofit may have other provisions within its articles of incorporation or bylaws. According to Mike Meehan, Executive Director of Catholic Social Services, the Archbishop of the Anchorage diocese appoints board members for that agency's board. Alaska Children's Services, which is supported by four different church organizations, reserves one-half of the seats on its board for representatives of these churches.

While the board of directors of a nonprofit corporation may be vested with considerable authority in the management of the corporation, not all boards choose to exercise this authority. Boards usually delegate much of the day-to-day responsibilities of operating the corporation to employees. However, most major policy decisions, such as whether or not to apply for or accept State grants and contracts, are made by the boards of directors. Boards may take an active role in formulating policy, or they can be reactive, serving to review policy developed by staff.

Every nonprofit is required by law to have a purpose, or purposes. These purposes must be stated in the articles of incorporation, which an organization must file with the Alaska Department of Commerce and Economic Development in order to be granted nonprofit status by the State of Alaska. Nonprofit corporations are forbidden by law to adopt a corporate name which implies that the nonprofit has been organized for purposes other than those listed in its articles of incorporation. It should be noted that because nonprofit corporations may have several purposes, some organizations which provide human services may also have other activities which are not related to the field of human services.

In addition to the legal requirements for nonprofit corporations, some other features are often associated with nonprofit human service providers. One such feature is the receipt of private contributions. Because the services they offer are often perceived to have a positive social benefit, nonprofits frequently are able to obtain some financial support directly from private sources within the community. Some of this support may be donated goods or services, in addition to cash contributions. In some nonprofits, volunteer labor accounts for a significant amount of services provided. Some organizations, such as the United Way, solicit contributions in a community and then disburse funds to individual nonprofit agencies. However, private contributions are not the only means of support, or even a major source of funding, for many nonprofit providers.

Among the people we interviewed, it was generally agreed that nonprofit human service providers usually pay lower salaries than do government agencies, although a few agencies were identified as paying wages comparable to State government salaries. Human service provision tends to be labor intensive; providers often attributed four-fifths of their expenses to payroll. Therefore, the cost of providing services may be less for nonprofits than for State agencies. However, some individuals also mentioned that the salary differential made it more difficult to attract and maintain qualified personnel.

Aside from the features discussed above, there is a great diversity in the scale and breadth of services provided by private nonprofits in Alaska. Some nonprofits operate many services or in many communities; others may offer a single service in one community. Although the nonprofits represent a broad continuum of size and diversity of service, and it is probably not productive to attempt to differentiate each nonprofit, it is useful to compare some of the features that tend to be associated with larger, more diverse nonprofits with those of smaller, more specialized nonprofits.

In Alaska, there are several nonprofit human service providers which administer a number of different programs and/or serve many locations. Usually, such an agency directs its programs to a particular clientele

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or operates similar programs for different clientele. However, in some cases both client and programs may be substantially different in nature. For example, Catholic Social Services in Anchorage operates shelters for women and for street people; it also operates several untimely pregnancy programs, including counseling and adoption services.

One practical effect of operating more than one program is that administrative costs can be spread over the various programs. Frequently, there are economies of scale derived from combining the administrative support functions of more than one program. If a nonprofit provider relies heavily on government grants and contracts for its funding, this enables it to charge government agencies a lower overhead rate for each of its programs. Furthermore, an agency with several funding sources will be less drastically affected by any budget reduction of funding for a single program.

In contrast, there are also many smaller, more specialized nonprofit agencies operating one or two programs within a single community. In terms of the number of agencies, these are the most common type of nonprofit service provider in Alaska. To the extent that these agencies depend on government funding for revenue, they may be very susceptible to loss of funding resulting from government budget reduction or loss of government grant or contracts. However, there was no consensus among those we interviewed that bigger was better for nonprofits. Some individuals indicated that smaller, less bureaucratic nonprofits could have more program flexibility and possibly use volunteers more effectively. In addition, Bob Lohr of RurALCAP stated that community-based providers were more accountable to their community and were best able to mobilize local resources.

Native Nonprofit Corporations. There are twelve regional nonprofits with service areas corresponding to all but one of the thirteen ANCSA regions in the state. These organizations are unique and deserve special attention.

Regional Native nonprofit organizations evolved from the regional associations that promoted the interests of rural Alaska in the land claims settlement process. In some regions, associations were formed directly as a result of the land claims issue while in other regions associations had existed for many years. Regardless of their origins, after the passage of the Alaska Native Claims Settlement Act (ANCSA) in 1971, the regional organizations turned their attention to the promotion and delivery of health and human services in rural Alaska.

At approximately the same time that these organizations became involved in health and social issues, other providers in the state, most notably the Rural Alaska Community Action Program (RurALCAP), were expanding economic development activities to rural areas. The Native organizations and the Community Action programs, because of their common goals,

formed alliances and, in some instances, merged into single corporations. These corporations expanded health and social services and continued to assert more local control over issues affecting residents of the region. However, in 1973, the Nixon Administration made the decision to terminate the Office of Economic Opportunity (OEO), thus eliminating one of the Community Action Program's main source of funds and threatening the alliance between the regional organizations and the Community Action programs.

The response of the regional corporations was to assume responsibility for their own administration and pursue grants and contracts that would allow them to deliver health and social services without reliance on Community Action agencies. Over the past decade, these corporations have become the major social service providers in many areas of rural Alaska.

Village nonprofit corporations are a second major type of Native nonprofit corporation. The Alaska Native Claims Settlement Act acknowledged the existence of Native village profit corporations that could receive the title to lands claimed by the village. In many instances, associate nonprofit village corporations were formed to provide human services at the village level.

Both the regional and village nonprofit corporations have been recognized by the Bureau of Indian Affairs as tribal organizations, and are therefore eligible to receive grants and contracts to provide services under federal Native programs. This tribal designation is a result of the Indian Self Determination Act of 1975. This federal act mandated that health, education and social services previously provided to Natives by federal agencies were now to be provided through contracts with Indian tribes. The assumption of these federal programs provided a strong stimulus to the growth and development of the Native nonprofit organizations and established them as important service providers in most areas of the state.

Nonprofit corporations may also contract to provide State-mandated or State-supported services. The extent to which the Native nonprofits contract with the State varies widely. For example, the Maniilaq Association contracts to operate virtually all of the Alaska Department of Health and Social Services human service programs in the NANA region, which includes Kotzebue. It even has its own Budget Request Unit (BRU) in the State budget. In comparison, some of the other regional and village Native nonprofit corporations contract to provide only a few services.

These corporations are the direct providers of many services associated with government; in fact, these corporations are sometimes referred to as quasi-governmental agencies. As George Irvin of the Alaska Federation of Natives describes it, these corporations act as "the hand

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on the area of government" in many rural areas of the state. This role is particularly critical in some rural areas that are not within organized boroughs. Because there is no borough government (and in some cases no local government recognized by the State) to organize and deliver social services in these areas, Native nonprofit corporations have provided the delivery mechanism for these services.

However, these corporations are not equivalent to local or regional governments; they lack the ability to make laws, the power of taxation, and other essential powers of government. Also, because their tribal status under the Indian Self Determination Act is contingent upon Native control of the organization, non-Native residents sometimes feel that their interests are not adequately represented even though State contracts and grants require all residents to be provided services. The extent to which regional nonprofit corporations can or should assume the duties of government in Alaska is a question of considerable concern to many individuals involved in the provision of human services.

Native nonprofit corporations can be clearly distinguished by their status as tribal organizations. No other form of nonprofit human service provider operating in Alaska has the same potential for delivering such a broad range of human services to the communities and regions.

PLANNING FOR HUMAN SERVICES

Human service provision in Alaska involves not only a multitude of separate, independent, nonprofit providers, but also several different funding sources, including federal, State, municipal, and private agencies. In such an environment, decision making is diffuse. The funding decisions made by the federal government, the Alaska Legislature, State agencies, municipal governments, private charities, and the nonprofits themselves all contribute to the mix of human services available to the population. Furthermore, for some kinds of services, government agencies and/or private, for-profit providers may also be serving the same (or overlapping) populations that are served by nonprofit agencies.

One often-repeated goal for the delivery of human services in Alaska is that sufficient planning and coordination occur to insure that:

- human services funded are those for which there is the greatest need;
- the location of the available services corresponds to the location of the greatest need; and
- services provided represent the most effective response to the needs being served.

Some planning occurs at all levels of organizations involved in human service provision--local, regional and State--as each human service provider must plan for the programs it will offer. In this section, we will discuss some of the current planning activities and other efforts to enhance coordination and cooperation among service providers.

Planning cannot alleviate all problems, especially when the provider of services does not control the resources to be used in providing the service. For example, the State may perceive a need to change the method of delivery of Medicaid services only to discover that federal regulations prohibit that particular activity. A local nonprofit organization may perceive a local need for day care and parenting programs only to discover that the only funding that is available must be used for treatment of victims of child abuse. In both of these cases, the likely response of the provider is to change the focus of the desired service in order to obtain the available funding. This is especially true of nonprofit organizations which rely heavily on State and federal grants and contracts for their resources.

Within the constraints imposed by the resource allocation system, organizations that deliver services attempt to secure funding to provide the services they perceive as meeting their clients' needs. If the

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funding that is available cannot be used to meet the perceived need, the organization must decide whether or not to accept the funds and provide the alternate service.

The process used by nonprofit service providers to assess local needs and design services to meet those needs varies considerably among organizations. In some cases, the planning process occurs in conjunction with the funding decisions made by other organizations or agencies. For example, in Anchorage, the Municipality of Anchorage and the United Way provide funding for local services through a formal proposal review process. According to Lynn Caswell of the Anchorage United Way, that organization requires member groups to submit plans concerning desired use of United Way funds in the upcoming year. Although these plans are reviewed by the United Way board, the process attempts to allow local organizations freedom in determining how resources are used. However, Ms. Caswell noted that there have been occasions in which the United Way has changed the focus of services proposed by local providers.

The Municipality of Anchorage is attempting to develop a comprehensive human service plan in conjunction with block grant funding by establishing a coalition of service providers and public members. Although the block grant funding decisions are ultimately made by the Borough Assembly, the coalition would help assess local needs, develop service priorities and allow local providers a forum in which to express their local service plans.

Native nonprofit regional corporations engage in health planning in conjunction with the Indian Health Service through the development of tribal specific health plans. The ability of these corporations to apply resources to the needs identified in the plans is enhanced by the Indian Self Determination Act. This act helped to localize planning and resource allocation for Indian Health Service and Bureau of Indian Affairs human service programs.

The three health systems agencies (southeast, southcentral and northern) also participate in developing regional health planning for their respective areas of the state. In some cases, local health plans must be reviewed by the health systems agencies prior to approval by State agencies.

Statewide planning also occurs. Examples of this effort are the State Health Plan, Alcoholism and Drug Abuse Plan and Alaska Maternal and Child Health Plan. Although these plans provide detailed inventories of needs and goals and objectives, several providers questioned the use of these plans in the allocation of resources. Part of this criticism, however, occurs because of different expectations concerning the State role in social service planning, especially with regard to the degree of State involvement in the actual allocation of resources. Some providers feel that State agencies should adopt a more active role in

establishing social service priorities and communicating these priorities to the legislature. Other providers noted that these allocations are more appropriately made on the local level. It is interesting to note that the recent growth in the number of legislatively designated grants has contributed to the ability of local providers to make local decisions concerning the use of human service resources. Some human service providers believe that this has occurred at the expense of an organized system of statewide social service planning, coordination and resource allocation.

A second important aspect of planning is the ability of providers to coordinate services to use resources as efficiently as possible. Generally, this means designing service provision so that there is a minimum of duplication. To some extent, this coordination among providers occurs formally in the planning mechanisms described above. As Lynn Caswell of the United Way noted, organizations have been denied funding for specific services if the services they propose are being competently provided by another organization.

The Governor's Office of Management and Budget is currently involved in a project that could provide information helpful to the coordination of nonprofit services. That office is attempting to develop a data base consisting of all State grants and contracts awarded to nonprofit organizations.

Beyond this formal cooperation implicit in the allocation process, several providers described how informal coordination and cooperation occurs among provider organizations. Tom Gundersen, of Alaska Children's Services, maintains that within certain areas of human services, such as child care, the various providers are not only aware of the services available in the community but also the quality of these services. This awareness stems from agency interaction resulting from referrals and exchange of information among agencies. Bob Lohr, Director of RurALCAR, notes that because formal mechanisms of service cooperation and coordination are very difficult to maintain, many organizations in rural Alaska rely on informal exchanges of information. An informal information exchange appears to work well in areas that have only a few providers, making this exchange of information easier than in areas of the state that have many providers.

STATE OF ALASKA ADMINISTRATION OF GRANTS AND CONTRACTS

The State of Alaska, like most governments, utilizes grants and contract to purchase goods and services that benefit residents of the state. These purchases range from ferries to computers to mental health counseling. Although nonprofit organizations also provide services to federal and local governments, the State government has become a major purchaser of human services. The growing reliance of residents on services purchased by the State rather than provided directly by State employees emphasizes the importance of the State's administrative role in the human service delivery system. This section of the report will examine this expanding State role.

Grants and Contracts

To many people, the terms grant and contract denote different financial arrangements. Normally, a contract is viewed as a legally binding pledge to provide a good or service in return for fixed compensation. On the other hand, a grant is generally viewed as less legally restrictive and not as closely tied to performance as is a contract. These distinctions do not exist as far as the State of Alaska is concerned. The Attorney General's office and the Department of Administration have determined that there is no significant difference between the use of a grant or contract in the purchase of services. Both forms of procurement are considered to be legally binding and subject to administrative rules and regulations that govern the purchases of services.

However, there are functional differences between grants and contracts. Contracts must be approved by the Department of Administration, which has been designated by AS 37.05.022 as the State's purchasing agent. Contracts that purchase services from nonprofit providers are subject to procedures that apply to professional service contracts (AS 36.98). Contracts awarded under the professional services regulations require approval of the award process by the Contracts Review Committee as well as final document approval by the Department of Administration. Grants can be awarded by various departments within the State government without the approval of the Department of Administration, although in some cases approval is obtained from the department.

The decision as to whether a grant or contract is the appropriate method of procurement depends upon several factors. In some cases, the statute enabling the State to purchase the service specifies the use of either a grant or contract. For example, AS 44.47.305, which establishes the Child Care Grant Program, specifies the procedures to be used in awarding child care grants and defines the eligibility criteria for providers. In other cases, the procurement method will depend upon the legislative intent of the appropriation (as determined by the

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actual wording of the appropriation bill) and the particular line item of the budget into which the appropriation is placed. If funds to purchase the service are located in the grants and claims line item, then the services must be purchased with a grant. The same is true of the contracts line item. The Governor's Office is the only executive branch agency that has the authority to move legislative appropriations from one line item to another, thus allowing alternate procurement methods to be used.

Types of State Grants/Contracts

Generally, there are a variety of types of grants and contracts used by the State to purchase services. Because this report focuses on non-profit service providers, we will not discuss grants to incorporated municipalities (AS 37.05.315) and grants to unincorporated municipalities (AS 37.05.317). This section of the report will examine competitive selection grants, named recipient grants, block grants and professional services contracts.

Competitive selection grants. These grants are competitively awarded by departments or divisions to purchase specific services that are authorized in statute. Generally, each grant program of this type is defined by a statute which gives the purpose of the grant program, defines eligibility for both recipients and providers of the service and details any special procedures to be followed in purchasing services under the program. Although many programs of this type exist in the statutes, some are dormant because money has not been appropriated to them and consequently no services can be purchased.

Two grant programs, the Child Care Grant Program and the Alcoholism and Drug Abuse Grant Program, are illustrative of competitive selection grants. Both of these programs are established by statutes (AS 44.47.305 and 47.30.475, respectively) which detail the services to be purchased by the grants and contains eligibility criteria for providers.

For example, the Child Care Grant statute specifies that only licensed child care facilities are eligible to receive grants, the total grant cannot exceed \$50 for each child cared for by the facility and the grant awards shall be adjusted geographically based on instructional unit allotments (AS 14.17.051). In addition, the statute provides a formula to be used in determining the grant award for eligible child care facilities and gives the responsibility for administration of the program to the Department of Community and Regional Affairs.

Alcoholism and Drug Abuse grants can be used to purchase services from nonprofit corporations, city or borough governments or other political subdivisions of the State. The statute notes that money is to be awarded by the Department of Health and Social Services based on community

need and that communities are required to match department funds. Grants cannot be awarded under this statute unless the services to be provided by the grantee are part of a health services or other overall planning effort.

In both of these examples, and with competitive grants in general, funds are appropriated to a State agency which purchases services through a process of soliciting proposals and choosing the service providers based on a preestablished evaluation criteria. This process is described below.¹

The first step in the funding process is initiated by the State after an appropriation is made that allows the purchase of a particular service. The state agency responsible for delivering that service publishes a request for proposal (RFP) and sends the RFP to any organizations on the bid list (the list of organizations that have expressed interest in providing that service). The RFP, which is advertised in applicable localities using appropriate means for the area, describes the information that a potential grantee needs in order to prepare a competitive proposal. Generally the RFP includes: the department within state government purchasing the service, a summary of the services to be purchased, the deadline for accepting proposals, the professional qualifications required for the individuals who will provide the service, possibly the method of evaluation to be used in awarding grants and any special factors the provider should consider in its plan for delivering the proposed services.

The next step requires the provider to write and submit a grant proposal that conveys to the granting agency exactly how the services are to be performed. One major section of the proposal is the statement of need which generally describes the nature of the problem, consequences if the problem is not addressed, past efforts at solving the problem and demonstration that provision of this service will not duplicate other efforts. Also included in the proposal is the organization section which established the providers competence to accomplish the proposed activity. Information in this section includes the past activities of the organization, the service area of the organization and its representation on the governing body and the educational background and professional qualifications of the organization staff.

¹This description of the funding process is taken from the draft report of the Office of Management and Budget's Grants Management Handbook.

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The third element in the proposal is the goals and objectives. This section details the actual outcomes to be achieved as the service is provided. Related to the statement of goals and objectives is the methodology to be used by the organization in reaching the stated goals and objectives. This section may include work schedules, job descriptions of new staff to be hired and the rationale for choosing a certain methodology.

The budget component of the proposal details how the available resources will be allocated to accomplish the goals and objectives. Consequently, the budget should be directly related to the methodology to be used. Two aspects of the budgeting process, matching and determining an indirect cost rate will be examined later in this chapter.

Monitoring and evaluation make up the final components of the grant application process. Monitoring refers to the applicants internal organizational controls that are designed to give information to both the grantor and grantee concerning the progress made in providing the service. Evaluation refers to the process of determining the value of the services offered by the provider. The evaluation should not only determine if the goals and objectives were reached, but also if reaching these goals and objectives had the desired outcome. In other words, the evaluation is to determine not just the degree of activity but the value of the activity in meeting the determined need. Monitoring activities are usually applied continuously over the life of the grant. Evaluation activities may be done either continuously or after the service is provided. It should also be noted that evaluation includes examining the service providers expenses related to the provision of services.

The reader is cautioned that this description is only intended to portray the basic proposal and funding process. Specific grant programs may have proposal requirements that differ from those described here.

Named recipient grants. Named recipient grants actually identify the recipient of the grant in the legislative appropriation. The appropriation goes first to a designated State agency which is responsible for passing the money to the grantee. For example, the fiscal year 1985 budget states that "the sum of \$50,000 is appropriated to the Department of Health and Social Services as a direct grant to Big Brothers/Big Sisters of Juneau for local services to youth." In this example, the appropriation appears in the grants and claims line item of the Department of Health and Social Services which in turn grants the money to the named recipient, in this case Big Brothers/Big Sisters of Juneau.

The procedure used to award named recipient grants is found in Alaska Statute 37.05.316. The department to which the appropriation is made

notifies the recipient of the appropriation and requests a proposal that describes how the named recipient will provide the services specified in the appropriation. If the department concludes that the named recipient can accomplish the required services, the grant is awarded to that provider. If the department concludes that the named recipient cannot provide the particular service, proposals to provide the services are requested from other providers. If the Governor's Office agrees that granting to another provider is appropriate, the department can make the grant award to a provider other than the named recipient.

Representatives of several State departments with which we talked noted that it is rare that an organization designated to receive a named recipient grant does not receive it. One reason for this is the political consideration in not awarding grants to providers specifically named by legislators. Also, because these grants are usually for specific services, the named recipient in many cases is a competent provider of that specialized service.

Block grants. Block grants are a funding mechanism whereby sums of money are transmitted to grantees who then decide the specific applications of the money depending on local need. This differs from the normal grant process in which funding is provided for a specific service determined prior to the grant approval.

Within Alaska, the block grant approach is used sparingly. In FY 85, the municipalities of Anchorage and Fairbanks received \$2.9 million and \$.7 million respectively in social service block grant funds from the State. Although both of these grants represent only a small portion of the total social services expenditures in these two locations, some community service providers feel that this approach can be expanded to efficiently allocate larger portions of health and social services resources. The Municipality of Anchorage utilizes the following process to distribute block grant funds.

The first step is the distribution of a request for proposal by the Municipality of Anchorage, Department of Social Services (MOA-DSS). At this stage, other resource providers are asked to make presentations concerning the types of programs they are funding. This helps the Department of Social Services determine the support that various types of services are receiving from other sources. Proposals are submitted by organizations interested in providing services. These proposals are reviewed by the Social Services Task Force which then makes recommendations to the mayor who transmits funding priorities to the assembly. The Social Services Task Force includes local social service consumers and providers. After the assembly approves the funding allocations, grants are prepared by the municipality's social services department. This department is also responsible for monitoring the performance of grantees.

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The block grant approach is seen by some Anchorage service providers as a way to ensure that the allocation of social services dollars is made according to local needs. These supporters would like to see this approach expanded to include funding for additional services. Nancy Cornwell, of the Municipality of Anchorage, Department of Social Services, supports this expanded use of block grants to allocate local service funding. She also notes that understanding the human service needs of a community as well as the services currently offered in the community are important if a block grant allocation scheme is to work effectively. As a secondary benefit, the results of the examination of the social service system of a community can be used for planning decisions other than the allocation of block grant funds.

Another major benefit of the block grant approach to funding of local services is that it can potentially reduce the fragmentation of social service dollars. Under the funding scheme used most often, dollars are distributed to specific agencies for specific services either by the legislature or departments of State government. This process of disbursement allows coverage over a wide range of social services but also fragments the social service dollars making it difficult to focus larger amounts of resources on problems that create various social service needs. The block grant approach provides the flexibility to either fragment or combine service dollars as dictated by local circumstance.

However, several providers with whom we talked criticized the block grant approach. Mike Meehan, Director of Catholic Social Services in Anchorage, noted that there were methods of circumventing this funding allocation process.² His experience shows that if local providers do not receive the desired funding level from the block grant allocation, that agency could directly contact the legislature and secure the funding by use of a named recipient grant. As more organizations succeed in securing funding in this way, the block grant allocation would lose its credibility and legitimacy in the community.

A second criticism involves the makeup of the group that is given the responsibility to allocate funds. We mentioned earlier that this allocation board would require information concerning the needs of the community and the services currently offered. Therefore, at least a portion of the allocation group would be individuals involved in some way with social services delivery. It would be difficult for such a group to maintain strict objectivity because of both professional opinions concerning the best way to deliver services and personal opinions concerning the way any specific organization delivers services. Decisions that were viewed by the community as too subjective could damage the credibility of the allocation process and reduce support for it.

²Mr. Meehan was formerly the director of planning for the Municipality of Anchorage.

The block grant approach has been viewed by some as a potential method of allocating resources in rural Alaska. It is particularly inviting in rural localities because of the freedom it allows local planners to fund local service delivery efforts that are more attuned to local cultures than traditional service delivery. However, both of the criticisms previously discussed are applicable to rural Alaska as well as to urban centers. The ability of providers to circumvent the allocation process and the potential for lack of objectivity by the allocation board could cause the block grant process to lose legitimacy.

Rural Alaska has the additional problem of lack of regional governments to administer block grants. In Anchorage, the block grant goes to the municipality, which is then responsible for initial distribution of the funds as well as ongoing oversight of the grants or contracts. In rural areas of the state, there are no organized boroughs to perform these functions on a regional basis. Regional nonprofit corporations provide services on a regional basis, but, because they are largely Native organizations, they may have difficulty in establishing legitimacy among the non-Native population.

Professional Services Contracts

Professional Services Contracts are generally used by State agencies to purchase services from nonprofit organizations. Alaska Statute 36.98 provides the legal basis for these contracts and authorizes the Commissioner of the Department of Administration (DOA) to adopt regulations to be used in awarding these contracts.³ Regulations require the use of the professional contracts procedure if the contract amount, including amendments, exceeds \$5,000 and if the contract is not related to an emergency that is threatening life and property. Contracts of less than \$5,000 can be awarded by State agencies and do not require Department of Administration approval. All of the requirements that are applied to the original contract are also applied to any amendments to the contract.

The first step in the contract approval procedure is the filing by the contracting agency of the Authority to Negotiate (ATN). The ATN conveys to the Department of Administration the desire of the contracting department to purchase professional services through a contract. The ATN includes information such as the division in which the project director is located, the estimated amount of the contract, the period of performance and an explanation of the purpose of the contract and

³These regulations are found in the State Administrative manual, sections 8102 through 8193.

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the services to be performed. The ATN must be approved by both the department requesting the contract and the DOA prior to any notification to the public that services may be purchased.

After the ATN has been approved, an appropriate procurement method is chosen depending upon the dollar amount of the contract. If the contract is greater than \$5,000 but not more than \$25,000, a formal or informal method may be used. If the contract exceeds \$25,000, a formal method must be used.

An informal method means that at least three quotes are solicited from providers on the contract register. A formal method requires that a request for services be prepared and advertised appropriately. The request for proposal for professional services includes information such as the work to be performed, any special conditions affecting the project and a description of the factors to be used in evaluating the proposals.

However, there are occasions when the formal procedure is not appropriate. Alaska Statute 36.98 allows alternate procurement methods to be used in any of the following situations:

1. The contracting agency demonstrates that there is a single source of the expertise or knowledge required or that one person or firm can clearly perform the required tasks more satisfactorily due to prior work performed by the person or firm.
2. The commissioner of the Department of Administration makes a determination that public necessity will not permit delay in purchasing the service.
3. The service is to be provided by another State agency, a federal agency or a subdivision of the State.

In any of these cases, the alternate form of procurement must be authorized by the Department of Administration and reviewed by the Contract Review Committee. This committee, composed of representatives of the Divisions of Finance, General Services and Supply and Risk Management within DOA, reviews the process used to award all contracts to assure that proper procurement procedures have been followed. It is the intent of the committee to review the various stages of the procurement process so any problems can be detected before entering the next phase of the process. For example, the committee can review and suggest corrections to the request for proposal prior to its publication, thus assuring that providers and agency staff do not expend resources writing and reviewing proposals based on an inappropriate request document.

Matching and Indirect Costs

Matching and indirect costs are two aspects of grant and contract management that can be misunderstood by both purchasers and providers of services. This section of the report will provide brief explanations of these two issues.

Local Match. Local match refers to the requirement of some grants and contracts that the grantee provide a percentage of the total resources required to provide the particular service. Depending upon the particular regulation or statute governing the grant program, the match can either be cash or in-kind. For example, alcoholism grants funded under AS 47.30.477 require that "grants shall be awarded in the ratio of 75 percent state money to 25 percent community money, except in communities designated as poverty areas the ratio shall be 90 percent state money to 10 percent community money..." The statute goes on to say that money for the match can be from any source other than State money and that the value of real property used directly in conjunction with the grant may be calculated as match.

In-kind match is contributions to the provision of services that are not cash resources. Examples are donated office space, uncompensated services of employees, borrowed equipment and donated supplies. These items are valued at the equivalent amount of cash that would be needed to purchase them with cash resources from the grant budget.

Although matching requirements are sometimes criticized for establishing barriers to grant funds for locations and organizations that need them most, several representatives of State grant programs noted two advantages of matching requirements. First, the local match helps to stretch State resources. For example, in the alcohol grant program cited above, the local match can contribute as much as 25 percent in additional resources to purchase services for alcoholism programs.

Second, the match requirement acts as a check against the purchase of services that do not have community support. If a match is required, individuals who are contributing resources to the match can be expected to scrutinize the project more closely than if they contribute nothing. In addition, the local match requirement helps to ensure local participation and support for the project after it is initiated. If local funds are used in the grant funding, interest in the success of the project may be spread among more local residents than just the consumers and providers of the service.

Indirect costs. If a nonprofit corporation operates only one grant or contract, all of the expenses involved in providing the services paid for by the grant or contract are direct program costs. This includes

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all of the administrative costs associated with implementing the grant, including office space, office equipment, utilities, telephone calls, transportation, etc.

However, many times a nonprofit organization will simultaneously provide services under more than one grant or contract. For example, large multi-purpose nonprofit corporations provide a variety of services with funding coming from many separate grants and contracts. In these cases, it is much more difficult to determine the actual administrative costs to be charged as direct costs to each grant and contract. For example, it may be impossible to determine the actual expense of the use of office equipment such as typewriters or computers to apply to each individual grant or contract.

The solution to this accounting allocation problem is to use an indirect cost rate that includes the costs that are common to all programs but cannot be assigned to these programs separately. There are no hard and fast rules about what should be considered an indirect cost as opposed to a direct cost. Generally, if the actual cost cannot be reasonably assigned to a particular activity, the cost is considered to be indirect. However, it should be remembered that whether a cost is assigned to a grant or contract directly or through some kind of indirect allocation system, the cost is still charged to the grant or contract.

Indirect cost rates can be calculated in a variety of ways. Generally, the procedure involves determining the percentage of all the common costs to be charged to each grant or contract by dividing the total direct costs of all the grants and contracts of the corporation by the total administrative costs of the corporation (the costs that can't be assigned to specific programs). For example, if a corporation administered grants and contracts totaling \$1 million in direct expenses and incurred administration expenses of \$200,000, the indirect cost rate is 20 percent. Consequently, for every program dollar administered by that corporation, 20 cents would go to help pay that program's share of the corporation's administrative expense. In the grant or contract budget, this expense would appear in a line item called indirect or administrative expense and is considered as part of the total grant or contract award.

An indirect cost rate can be established by either the State or federal government. The federal government has a fairly complicated procedure to be followed in establishing a rate. However, once the rate is established, aside from a few exceptions, it can be used for all federal grants and contracts. In addition, this rate is also generally recognized by the State as a legitimate and allowable cost. If a federal rate has not been negotiated, an indirect rate can be negotiated with the State. This may occur on a case by case basis or one State agency may accept a rate previously established by another State agency.

One special situation involving indirect costs needs to be mentioned. Sometimes a nonprofit organization will receive grant or contract funds to subcontract the actual services to another provider. In this case the original grantee is just passing the funds to the ultimate service provider, hence the name pass through funding. Because the original grantee is not incurring the same administrative costs as if the grantee were providing the service directly, the usual indirect cost rate does not apply. Therefore, a special indirect cost rate, a pass through rate that more accurately reflects the administrative costs to the original grantee or contractor is calculated. As with the indirect cost rate, this pass through rate can be negotiated with both the State and federal governments.

Grant and Contract Compliance

Regardless of whether a grant or contract is used to purchase services, the State agency that is purchasing the services is responsible for grant or contract compliance. Although actual administrative practice may vary by department, generally program compliance is assigned to the division level. This responsibility involves assuring that the services that were purchased by the State are actually provided according to the methods prescribed in the agreement. The Division of Family and Youth Services, Department of Health and Social Services, provides an example of compliance procedures. According to Dan Masden of that agency, two general mechanisms exist to monitor services purchased by grants and contracts.

First, regular program and expenditure reports are required that detail the activities of the grant or contract over a specified period. Depending on the size of the grant or contract and the complexity of the services provided, these reports are normally required monthly or quarterly. However, in some cases (because of the nature of the services purchased) only one report at the conclusion of the service delivery is required. The content and format of these performance reports are generally detailed in the grant or contract and in many cases the actual payment by the State to the service provider is linked to the receipt and review of these reports.

The second compliance method involves on-site visits by Division of Family and Youth Services staff. Due to the number and types of contracts and grants administered by the division, all contractors and grantees cannot be visited. Generally, on-site evaluations are performed on the large contractors or grantees as well as any providers that have potential for compliance problems. It should be remembered that these evaluations are largely program related although any financial irregularities are referred to the office responsible for that grant or contract. Financial audits of grantees and contractors are

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performed through the commissioner's office. Also, many nonprofit corporations, especially the ones that provide multiple services, pay for private audits of their financial records. These audits are generally available for State review.

CURRENT ISSUES AFFECTING NONPROFITS

Nonprofit providers play a dynamic role in the provision of human services in Alaska. As the role of nonprofits within this structure continues to change, many choices must be made concerning the way in which nonprofit service providers can best be used to maintain and improve the quality and quantity of human services available to Alaskans.

In this section, some of the major issues confronting human service providers and policy makers in Alaska are discussed. Most of these concerns were raised in the course of interviews with professionals in the field of human service delivery. In addition, Governor Sheffield's Human Service Mini-Cabinet conducted numerous hearings throughout Alaska at the end of 1983 and identified many issues which relate to nonprofit human services. Many of the findings of these meetings are included in the discussion. While some of the issues pertain to nonprofit providers exclusively, many of the issues relate to the human service delivery system as a whole. The first five issues discussed pertain to the improvement of the human services delivery system; the final four pertain to the role that nonprofit providers should play in this delivery system.

As one reads this section, it will become apparent that many of the issues discussed are interrelated. On occasion, some of the positions advocated by human service professionals on one issue contradict positions taken on other issues. No attempt to analyze these contradictions has been made; the purpose of this section is to present the issues as they were communicated to us in numerous interviews.

Planning and Allocation in the Human Service Delivery System

One of the most common sources of concern identified in our interviews was the fragmented, disorganized nature of how decisions are made as to which and how human services are provided. Criticisms were directed at the level and quality of planning efforts, the degree of coordination and cooperation between and within the various government and nonprofit agencies involved in the provision of human services, and the processes by which funds are allocated among human services. While these are, to some extent, separate problems, they all relate generally to the process through which human service needs are identified, the appropriate responses are determined, and the resources are allocated. Furthermore, it is useful to consider these issues together because some of the concerns expressed specifically pertain to the way in which planning, allocation, and coordinating activities relate to one another.

Some of the individuals with whom we spoke believe that there is currently insufficient human services planning occurring in Alaska, as evidenced by the lack of a comprehensive assessment of human service needs. There is concern that without well defined needs, it is difficult to establish rational priorities.

Comparing the needs for different types of services--determining which needs are greatest--is the essential second step in the needs assessment process. Kathy Sutcliffe, Director of Health for the Aleutian/Pribilof Association, expressed a desire for a central needs assessment; she believes that without one, regions of the state with less visibility but great needs may be overlooked in the allocation of human service resources. Jack Kruse of the Institute for Social and Economic Research (ISER) stated that the present system of allocating funds, without a clear definition of priorities from funding agencies, creates uncertainties for nonprofit agencies.

The allocation of funds for human services without regard to planning was another source of concern for many of the individuals we interviewed. According to the findings of the Human Services Mini-Cabinet:

"there is no consistent funding (or service) standard set state-wide upon which to evaluate the allocations proposed between services... Also, too much emphasis goes into funding new or one shot programs without real evaluation of what already exists or understanding what impact the funding might have."⁴

This is not, however, a problem of the allocation process alone. When planning does not occur, it cannot be incorporated into the allocation process. In addition, some individuals mentioned that plans are not always timed appropriately. Bob Lohr, with the Rural Community Action Program (RuralCAP), noted that for planning to be incorporated into the allocation process, it must be coordinated with the budget cycle of funding agencies. Planning results must be available near the beginning of the budget process, not as the budget approaches finalization.

Another common complaint was that human services agencies act independently of one another. For example, Nancy Cornwell, with the Municipality of Anchorage Department of Social Services, noted that resource providers do not always communicate well with one another. Kathy Sutcliffe cited a lack of coordination between the State and the federal

⁴Human Services Mini-Cabinet, Human Service Provider Regional Meeting Report, prepared by Department of Health and Social Services, Division of Planning, Policy and Program Evaluation, February 29, 1984. P. 13. (Hereafter cited as Human Service Provider Regional Meeting Report.)

government. Tom Gunderson, Acting Director of Alaska Children's Services, noted that there is no formal coordination among nonprofit provided services. Sometimes even within an agency, there is inadequate coordination among the local, regional and statewide offices. The Human Services Mini-Cabinet described existing planning efforts as:

"too fragmented--too directed to particular problem areas...hence eliminating any ability for comprehensively or holistically addressing the wider human service needs. In the same way, current State planning is too fragmented among local, regional and State levels."⁵

Most of the individuals with whom we spoke stated a need for comprehensive, integrated human services planning. In the course of our interviews, several important characteristics of this idealized planning process emerged, although probably no one individual would concur with all of them.

- It must have the capacity to identify human service needs within the population, both the types of service needed and the intensity of need for each service.
- The process must coordinate among local, regional, and statewide planning efforts, and between federal, State, municipal, and private planning efforts. Because funding and allocation decisions are often made at the higher levels of government and on a broader geographic scale, while services are frequently delivered at a local level, it is essential that there be coordination and consensus of aims among the various levels of planning.
- Resource allocation decisions should be made in consideration of the total range of human service needs, rather than independent allocation of funds for each type of service. This is sometimes called "holistic" planning, referring to the belief that because many human service problems are interrelated, effective solutions cannot be developed by treating each aspect of such interrelated problems independently.
- The planning process should have a long-term focus. This would help to lend continuity and coherence to human service programming from year to year. It would also help to reduce uncertainty among providers about the funding of their agencies or programs.

⁵Human Service Provider Regional Meeting Report, P. 4.

- There should be sufficient internal discipline within the planning and allocation process to ensure the coordination of allocation decisions with the needs and priorities indentified by the planning process.

Many human services professionals believe that without internal discipline, it would be impossible to obtain the cooperation from nonprofit providers needed to ensure that the other characteristics listed above could be obtained. Presumably, institution of comprehensive planning may result in reductions of funding for at least a few agencies as priorities are redefined. Without some kind of discipline, it would be in the best interest of such agencies to attempt to bypass the planning process. On the other hand, it seems doubtful that this discipline can be achieved without a widespread perception of fairness and effectiveness in the planning process. Lacking this perception, those responsible for making allocation decisions such as the Alaska Legislature, will be hard put to justify their commitment to the process.

However, in the course of our interviews, few tangible suggestions were made as to how this process might be implemented. Comprehensive planning is seen as an elusive goal, with many difficulties to be surmounted before its successful implementation. For example, one of the basic elements of planning is an assessment of need. However, human service needs are very difficult to assess quantitatively. Jack Kruse, with ISER, has pointed out several obstacles to this assessment. Surveys are of limited value, because of the expense and because many of the populations at need are difficult to identify. Some human services are targeted for very small populations with very great needs.

Mr. Kruse suggests one method of determining needs would be a survey of needs as perceived by providers and others who have regular contact with the populations at need. However, he noted that for many human services, the number of providers in a given community is very small, and needs assessments would probably be limited to rough estimates of need relative to the degree of service presently available.⁶

Another obstacle to developing comprehensive planning is the lack of consensus about where decision making should take place within the process. Some of the individuals with whom we spoke believed that the planning process should not be directly connected with the allocation

⁶For a more detailed discussion of Kruse's proposal for determining need, see: Jack Kruse, A Description of Anchorage Subsidized Human Services, Institute of Social and Economic Research, University of Alaska, June 22, 1984. PP. 14-16.

process. Others believed that without some form of explicit link between the two, planning activities frequently would be ignored in favor of political considerations.

Also, some individuals believe that many nonprofit providers are comfortable with the status quo and will be reluctant to support any proposal for planning which might reduce their own influence in the allocation process. Mike Meehan, Director of Catholic Social Services, perhaps expressed it best when he stated that while everyone supports planning in principle, most providers will be leery of any attempt to implement comprehensive planning. However, he believes that those nonprofits who do not cooperate in the planning process should be forced to obtain their funding from other sources.

It seems likely that many issues would have to be resolved before the successful implementation of a comprehensive, integrated planning process could be achieved. Kathy Sutcliffe suggested that human service providers and resource agencies in Alaska probably would need to plan extensively just to develop this planning process. Other providers noted the necessity of integrating planning with policy decisions concerning the development and delivery of human services.

Although there were many complaints about deficiencies in the system of planning for and allocating funds to human services, many people believed that the State and other human service funders were doing a reasonably good job of allocating their resources. Informal cooperation and information sharing among human service providers was cited as one factor which help minimize the negative effects of deficiencies in formal planning. One view of the present system of planning and resource allocation is that the large number of providers and funding agencies creates a marketplace for human services which functions similar to laissez faire capitalism. In the broadest sense, the system is selfcorrecting; funding agencies will not continue to fund inefficient providers or unnecessary services in the long run.

Extending the Funding Periods for Grants to Nonprofits

Traditionally, most government grants and contracts with nonprofits for human services are for a term of one year. Many providers contend that this annual funding process is an inefficient mechanism for contracting with nonprofits. Some nonprofit providers complain that it is sometimes well into the fiscal year before a contract to provide services can be negotiated between the funding agency and the provider. The Human Services Mini-Cabinet found that the process:

"results in tremendous amounts of time being lost by the provider researching and applying for new funding. Further, this militates against the need to engage in long range planning or program

development; creates unwillingness to employ longer term and perhaps more effective treatment methodologies; encourages higher staff turnover due to job insecurity; and does not enable the set up of employee benefit packages..."⁷

The Mini-Cabinet also found that the uncertainty created by the funding process spills over into client relations, resulting in the client having a lack of confidence in the provider's continued existence.⁸

Several individuals have suggested that the funding periods for non-profit providers be extended to two or more years, to reduce the uncertainties of funding and minimize the resources that must be directed toward obtaining more funding. While it is acknowledged that extended grant and contract periods could have some adverse effect on nonprofit accountability, most individuals with whom we spoke believe that the majority of nonprofits receiving grants and contracts have already proven their ability to provide services in a responsible manner. For unproven nonprofits, some form of probationary, one-year grant or contract could be given until the provider establishes that it can manage funds responsibly and deliver quality services.

Alternative Sources of Funding

One issue identified by the Human Services Mini-Cabinet is the increased funding of human services from sources other than the State. Among the possibilities mentioned are the use of fee-for-service and the billing of third-party insurance coverage where applicable.⁹ Another source of funding is the local match provision of some State grant programs. Private nonprofit providers also have access to private contributions, which can come in the form of money, donated supplies or equipment, or volunteer labor.

In the course of our interviews, two different concerns were expressed regarding alternative sources of funding. One is that nonprofit providers should, whenever practical, avail themselves to all potential sources of funding. Human service professionals quite understandably desire to direct as much resources as possible toward meeting human service needs. The ability to exploit various sources of funding is frequently cited as a sign of a well functioning nonprofit provider. It is also perceived as an indication of broad-based support for a service.

⁷Human Services Provider Regional Meeting Report, p. 7.

⁸Ibid., p. 7.

⁹Ibid., p. 10.

The other concern is that funding agencies not place any unfair burden on nonprofits to utilize other sources of funding (including in-kind contributions). Many nonprofit providers believe that they should be treated the same as any other private enterprise with whom government contracts to provide a service, particularly in the case of services that the State is required to provide by law. From this perspective, the nonprofit should be paid the full cost of providing the service, just as a private contractor would be paid for providing any other good or service.

As noted earlier, local match requirements have been criticized for making it difficult for some organizations or even local communities to obtain State funding. Most of the individuals we interviewed strenuously opposed any requirement or evaluation method that would penalize nonprofits who failed to obtain some level of private support. Some individuals also mentioned that any requirements for nonprofits to obtain private contributions would hurt many smaller nonprofits, who lack the skills or resources to engage in fund raising efforts. Also, questions of efficiency have been raised. Fund raising can distract providers from their basic mission of providing service, and additional moneys raised may not justify this cost.

Some nonprofit providers fear that a system which emphasized the use of other sources of funding might ultimately lead to the State withdrawing equivalent funds for every dollar raised. Thus, in the long run, nonprofits would have no greater funds, but would have a greater burden in raising them.

Improving Professional and Managerial Capabilities of Nonprofits

A number of individuals identified a "lack of sophistication" as a problem among some nonprofit human service agencies. This included a number of specific characteristics such as unfamiliarity with the funding process, a lack of skills or knowledge necessary for efficient management, and a general lack of experience or expertise at providing specific services. These deficiencies were noted in both personnel and boards of directors. Some individuals were specifically concerned with providers in rural communities, where the provision of services may be newer or personnel has less regular contact with other human service providers.

One factor frequently mentioned as compounding the problem is the State's salary schedule; the State generally pays higher salaries for human services professionals. As a result, there is a tendency for these professionals to begin their careers with nonprofit providers and move into State government as they acquire the necessary experience. This trend makes it more difficult for nonprofit providers to retain

their expertise. In addition, when nonprofit providers assume a service formerly provided by the State, this salary differential often prevents them from retaining the existing staff.

One suggestion to alleviate these problems is for the State to provide technical assistance to the nonprofit providers. This assistance could include help with completing grant applications and with complying with recordkeeping and reporting requirements. In this manner, the State could help to ensure that the funds it disperses to nonprofits are used in the most efficient fashion. One example of this kind of assistance is the Grants Management Handbook recently developed by the Office of Management and Budget. The handbook seeks to familiarize individuals with requirements of the grant application process and financial management of the grant.

Some people also stated that such efforts are important to ensure that sophistication in the technical aspects of grant applications was not an absolute requirement to funding; nonprofits should not have to be polished to receive grants.

Another means of addressing these problems is to increase the availability of training for nonprofit employees and boards. This was one of the needs identified by the Human Services Mini-Cabinet.¹⁰ Not only does this approach have the potential to improve the quality of service and management of nonprofit providers, Lynn Caswell with the United Way of Anchorage pointed out that training opportunities can in some cases serve as an alternative for agencies unable to pay higher salaries.

Standardization of Management of Human Services Programs

One issue identified by the Human Services Mini-Cabinet was the "lack of uniformity/consistency in the management of human services programs across State agencies." Among the specific problems cited were a lack of standardization of forms, procedures, time frames and the information which nonprofits must provide the agencies. This results in providers wasting time "filling out essentially the same information in slightly different ways or at slightly different times."

In response to these criticisms, the State's Office of Management and Budget (OMB) is attempting to standardize grant procedures. This effort includes an attempt to develop a uniform grant application form. According to Linda Delaney, with OMB, her agency would also like to standardize budget information and eliminate duplicated audit efforts.

¹⁰Human Service Provider Regional Meeting Report, p. 16.

Local Control of Human Service Provision

One often-cited advantage of nonprofit providers is that delivering service through a community-based agency allows for more local control of services (or, for some areas of rural Alaska, regional control). Some individuals believe that such factors as local accountability, local hire, and local providers' ability to mobilize resources within the community usually enhance the quality of the service provided.

Such individuals contend that centralized authority results in delays in decision making and in decisions that may not be effective within the local context. They would like to see increased local control in Alaska's human service delivery system. The Mini-Cabinet found that providers believe:

"too many decisions [are] being made in Juneau; regional managers hav[e] little authority to make decisions; [there is a] need for greater local input into planning, program development and funding decisions; and programs [are] so general and regulations too rigid to allow local needs to be appropriately or efficiently met."¹¹

The Mini-Cabinet findings contained many proposed solutions including decentralization of delivery decision making in State agencies and providing more of the funding for human services through local block grants.¹² One example of how centralized decision making can result in inefficient use of resources is when a statewide office of an agency funds a nonprofit in a community, even though local referral agencies do not refer clients to that provider. Thus, the service funded will likely be underutilized. Decentralized decision making could help ensure that the agencies funded are well respected within the community.

A block grant approach to funding would allow communities more flexible responses to local problems by localizing the allocation decisions. However, in the course of our interviews, several people suggested that there might be resistance to a block grant approach for human service funding both from local governments and from some nonprofit service providers. Local governments might resist receiving most funding for human services through block grants for fear that once they assumed responsibility for delivering the service, the State might reduce or eliminate the block grant. Local governments would then be faced with

¹¹Human Service Provider Regional Meeting Report, p. 5.

¹²Human Service Provider Regional Meeting Report, p. 5.

a substantial new fiscal burden. According to Bob Lohr, many nonprofits might oppose a block grant approach to funding human services because they perceive more security in having their funding connected to a line item in the State budget than in competing for a piece of a block grant.

Rural vs. Urban Services

Many of the individuals with whom we spoke believed that the problems facing human service providers in rural areas of the state are frequently of a different nature from those of providers in Alaska's urban communities. Rural areas often lack basic services, a diversity of nonprofit providers available to deliver services, and access to the same labor pools of human service professionals. In many rural areas, regional or local governments that could accept block grants or provide services directly do not exist. Native nonprofit corporations have tended to fill the void caused by the absence of government services. In contrast, urban communities may be faced with the challenge of coordinating services provided by tens, if not hundreds, of different agencies. Local governments are well established and may add another level to the flow of funding to nonprofits.

As a result of basic differences between rural and urban Alaska, programs or program requirements based on an urban model for service delivery may not be practical in rural Alaska. Urban and rural human services may have to be approached as two separate and distinct delivery systems. Among the possible steps to alleviate the problems stemming from these differences identified by the Human Services Mini-Cabinet are greater recognition of the priority of rural services and the need to use a nonurban model in delivery or accounting for services.¹³

The Role of Native Nonprofit Corporations

As noted earlier in this report, the State of Alaska contracts with Native nonprofit corporations to deliver many different human services. In some instances, as with the Manillaq Association, the Native nonprofit will contract to provide several statutorily mandated services, which would otherwise be provided by State personnel. In the course of our interview, a number of individuals questioned whether it was appropriate for the State to depend too extensively on Native nonprofits to provide services to all eligible clients in a community or region. It was noted that Native nonprofits exist, by and large, to

¹³Human Service Provider Regional Meeting Report, p. 15.

serve the needs of their own membership, usually Natives or Native organizations. Non-Natives may have no formal means of participating in policy making within the Native nonprofit corporation. In theory, it is possible that Native nonprofits may have agendas which are tailored to the needs of their members and could conflict with the needs of the nonmember clients they have a contractual obligation to serve.

However, while many individuals were willing to acknowledge that the special nature of Native nonprofits posed a philosophical problem, no one with whom we spoke indicated that there was evidence this problem had manifested itself. Some individuals believed that Native nonprofits are completely capable of providing State services equally to Natives and non-Natives. Bob Lohr, with RurALCAP, did not see any difficulties with having Native nonprofits provide service to non-Natives. He felt that problems arising from Native control of these providers were more theoretical than practical. It was also noted that State contracts can explicitly require Native nonprofits to provide equal access to State-funded services.

State Responsibility for Legally Mandated Services

Another issue pertaining to the State's use of nonprofit providers to deliver human services was raised by representatives of the Division of Public Health, the Division of Family and Youth Services, and the Emergency Medical Services program in the course of earlier work performed by the House Research Agency. This issue relates to the State's responsibility to provide services which are statutorily mandated. This responsibility is not transferred when the State contracts with a nonprofit provider to deliver such services. "The contract transfers the function, but cannot change the policy as established by law. If the contractor cannot perform the function as required by law, the State is obligated to do the work, potentially fragmenting service delivery if mandated services have to be provided by the State while other services are provided by contractors."¹⁴

¹⁴Jay Livey, "State Government Funding of Nonprofit Agencies," House Research Agency Research Request 85-005, August 31, 1985. P. 8.

CONCLUSION

Virtually every human service professional with whom we talked during the course of this project believed that a significant portion of human services in Alaska will continue to be provided by nonprofit corporations. A significant number of providers also expressed the view that nonprofit service delivery will expand as more existing State services are provided locally through grants and contracts to nonprofits and as these organizations initiate new services.

However, beyond the general belief in the viability of nonprofits in the human service delivery system, we found little consensus concerning the role nonprofits should play. Part of the reason for this confusion is the lack of basic information concerning the activities of the organizations themselves.

Recently, three projects have been started, however, that should provide basic information concerning nonprofit service delivery. The Governor's Office of Management and Budget is developing a computerized information program to collect and sort data on all grants and contracts awarded to nonprofit agencies. The Institute of Social and Economic Research, University of Alaska has just completed a study for the Municipality of Anchorage that describes the human service delivery system within that municipality. The Alaska Native Management Center at the University of Alaska Fairbanks has initiated a study to assess the effectiveness of nonprofit Native regional corporations. These projects, and others like them, will provide the information and analysis needed to define the current role of the nonprofits in the service delivery system.

However, collection of information is just the first step in determining the role nonprofit organizations will play in service delivery. Human service professionals working for both State government and nonprofits noted the need for policy direction in:

- planning for all human services based on statewide needs assessments and allocating State resources among State agencies and nonprofits according to these needs;
- developing methods of recognizing gaps and duplications in services between nonprofits and State agencies and among nonprofits; and
- distributing resources to nonprofit organizations without imposing heavy administrative burdens on either the nonprofit or State agencies, while still guaranteeing efficient use of State resources.

CONCLUSION

We noted in the report that there is no consensus among representatives of nonprofit providers or State agencies concerning the exact nature of their future role. For example, some nonprofit representatives claim that State government should take a more active role in establishing human service priorities and allocating resources based on those priorities. Other human service professionals feel that control of human services planning and resource allocation is more properly done at the local level. The contradictions inherent in many of the other issues that providers presented to the Human Services Mini-Cabinet illustrate this lack of consensus.

However, if the State does not begin to formally define the role of nonprofit corporations, this role will be defined implicitly, quite possibly in ways that perpetuate confusion among the State and providers. The development of policies concerning planning, allocation of resources, administration of human service programs and identification of service gaps and duplication extends beyond the role of nonprofit corporations to the entire human service delivery system. However, if nonprofits have become an integral part of the human service delivery system in Alaska, and the consensus is that they have, a new definition of their role seems inevitable.

Inspectors againt recertification of API

By SHEILA TOOMEY
Daily News reporter

The state's only public mental hospital apparently failed to regain its lost federal certification after a two-day inspection last week, a state official said.

The certification is worth about \$1.5 million a year in federal Medicaid and Medicare payments to Alaska Psychiatric Institute (API), said Mel Henry, director of the state Division of Mental Health.

In a meeting Friday, federal inspectors informed the state unofficially that their recommendation to the Department of Health and Human Services in Washington, D.C., would be against returning the certification API lost after a similar inspection in July, Henry said.

"If that is so, we are really going to challenge them," he said. "We think we are way above the national standards for hospitals like ours."

Henry said his department would wait until the official report is filed in about two weeks before deciding what specific action to take.

The original decertification went into effect Sept. 29. API requested last week's re-inspection, hoping to regain its standing.

The hospital has 176 beds and an annual budget of \$13 million, Henry said. No patients have been evicted because of the lost revenue. The state has been picking up the tab for expenses previously covered by the federal programs, he said.

API was cited after the July inspection for inadequate staffing and

incomplete record keeping. The institution has since filled a number of positions that were vacant, Henry said, but apparently failed to satisfy the inspectors.

"It is absolutely ludicrous," he said of the negative evaluation.

But, according to Tom Wallner of the federal Health Care Financing Administration in Seattle, API "does not meet the minimum Medicare requirements." The requirements are "not fancy or luxurious" he said.

Henry complained that federal officials refuse to tell API how many doctors, nurses, social workers and other staff members they must have and refuse to give them a minimum required patient-to-staff ratio.

"We begged them for numbers," he said. "How do we know what

they want us to do? They said, use your professional judgment. . . . Well, our professional judgment is that we are providing good care."

Wallner confirmed that API would not be told how large a staff it needs to win certification.

"We don't have a magic number. We don't have a rigid ratio," he said. What is needed depends on the kinds of patients in the hospital at any given time.

"We identify what those patients' needs are and if there are unmet needs," he said.

Wallner agreed the evaluation of any hospital is subjective and involves "a great deal of judgment" by the inspectors, who are consultants hired by the Health and Human Services Department. The guidelines are "pretty clear," he said, and

"most professionals" recognize when care is adequate or inadequate.

Henry said he and other state officials have begun to wonder if the issue is really the quality of care. Hospitals in Oregon and Connecticut that formerly had no problems with certification, recently were decertified for what appear to be inadequate reasons, he said.

Perhaps the federal government is trying to cut health care costs, he suggested.

"One doesn't know, but it's clear that generally human service programs are taking a beating in the Reagan administration."

"I assure you that's not the case," said Wallner. "We don't take these things lightly. We have an obligation, when we find deficient care, to stop funding."



DMHDD BUDGET REQUEST FOR FY 1987

1. Community Mental Health Center budget the same level as for FY 1986.
2. Proposed incremental increases:
 - a. \$2,085,000 for new Fairbanks CMH programs.
 - b. \$1,000,000 for 9 new positions at API.
 - c. \$924,000 for Developmental Disabilities increases.
 - d. \$775,000 for designated mental health beds in Fairbanks, Bethel, and Sitka.
 - e. \$500,000 for new CSP projects.
 - f. \$450,000 as replacement for SCC legislative intent from FY 1986.
 - g. \$444,000 for adolescent group home at API.
 - h. \$250,000 for improvements at Harborview.
 - i. \$213,000 for inflation adjustment for API.
3. The CMHC budget would be allocated on a new formula based on the following priorities:
 - a. A baseline funding level for all small centers.
 - b. A cost of living adjustment for all centers outside of Anchorage.
 - c. Remaining funds to be allocated on a population basis.
4. Depending on the baseline funding level established for small centers and the COLA used, SCC may lose a portion of its budget to other centers.
5. CSP funds are to be allocated on a formula basis similar to the CMH funds.

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES

3601 "C" Street
P.O. Box 6333
Suite 508
Anchorage, Alaska 99502-00

December 2, 1985

Dear CMHC Director:

During 1985, a Taskforce comprised of program directors, Governor's Mental Health Advisory Council members, and Division staff has been working on a method of allocating funds to community mental health centers. The goal of the Taskforce was to develop an allocation system by December 1, 1985. While most Taskforce members agreed that the current formula needs more development in areas such as CMHC performance, a usable allocation formula has been developed.

During the Allocation Taskforce teleconference held on November 20, 1985; members debated the exact variables to use in the formula. Because there was divided support for two sets of variables, Division staff would like input from all program directors on the final formula to be used for FY87. Enclosed are the results of the two sets of variables applied to the FY86 CMHC allocation. These results are different from those previously calculated because the population figures for some CMHCs have changed. The Department of Community and Regional Affairs recently completed their calculations of CMHC service area populations. These population figures will be used in the FY87 allocation formula.

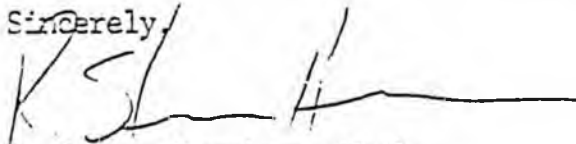
For program directors who are unfamiliar with the proposed allocation formula, I have prepared a brief discussion of allocation issues and variables. Also, please feel free to call me if you have further questions concerning the proposed allocation system.

Before Division staff decide on the formula to allocate FY87 funds, input from all program directors will be considered. However, since the grant packages must be mailed in early January, 1986; your comments on the allocation system must be received by December 20, 1985 to have an impact on the FY87 allocation system.

In your comments please address the following issues:

1. Which formula variables do you prefer?
 - A. Formula I with Population, base-funding = \$70,000, maximum negative change = 15%, population adjustment = 5%.
 - B. Formula II with Population base-funding = \$80,000, maximum negative change = 10%, population adjustment 5%.
 - C. Neither option.
2. Discuss the reasons for your choice along with any comments on the allocation of CSP funds.
3. Discuss additional variables you would like included in future allocation systems.
4. General observations and comments.

Sincerely,



R. Steven Harrison, Ph.D.
Program Administrator, CMHS
Division of Mental Health &
Developmental Disabilities

Enclosures: Proposed Allocation System: Discussion
Steps to Determine CMHC and CSP Allocations
FY86 Basic Funding Data
Results of Formula I
Results of Formula II

cc: Governor's Mental Health Advisory Council Members

Regional Administrators

Mel Henry, Ph.D., Director
DMH&DD

PROPOSED ALLOCATION SYSTEM: DISCUSSION

The results of applying two different sets of variables to the funding formula have been included in the sections "Formula I" and "Formula II". The actual funding formula complete with step-by-step instructions is presented in "Steps to Determine CMHC and CSP Allocations". A discussion of the four variables which are used in the funding formula is presented below:

1. Base Funding: This variable insures that all centers receive enough funding for a clinician and basic support costs. The use of a calculated grant amount represents a change in Division philosophy. In the past, DMH&DD funding was reduced for centers which had found ways of reducing expenses. The reduction in the level of funding to programs which operate a combined mental health and alcoholism treatment program is an example. The base funding concept would allow centers which were able to reduce expenses or secure additional revenue to use those dollars to enhance the level of mental health services delivered to the area. The base level of funding should not be confused with optimal funding. Raising the minimum level of funding to where small centers were optimally funded by the State would probably result in less incentive for centers to secure local contributions. Also, larger centers and centers with high costs of living would have reduced funding since every \$10,000 increase in base funding decreases the amount available by \$230,000. The base funding level considered in Formula I is \$70,000 and Formula II is \$80,000.

2. Population: The need for mental health services varies with the size of the population in the mental health district. Therefore, a significant portion of the funding should be distributed between CMHCs on a population basis. The population figures which will be used in the allocation process are those certified by the Department of Community and Regional Affairs.

3. Population Adjustment: The cost of goods and services varies across the State. The relative cost is reflected in the State's salary differential which is often referred to as a cost of living allowance. For State salaries, salary differential steps which range from 0 to 9 have been assigned to each election district. The cost of living adjustment has been introduced into the allocation formula by increasing the population according to the state pay differential step times the population adjustment percent. This means that if a location with a pay differential of 0 and a location with a pay differential of 9 (population adjustment of 5%) both treated 100 people, the cost associated with providing services in the higher cost of living area would be calculated as if that center were treating a 145 people ($100 + 100 \times 9 \times .5 = 145$). In actual practice, the modification of the population base by a cost of living factor proposes that more individuals can be served for the same amount of funds in a low cost of living area than in a high cost of living area. Both Formula I and II contain a 5% population adjustment factor.

4. Maximum Negative Change: Large sudden decreases in funding are difficult for a program to absorb. Arrangements for alternative sources of funds or reductions in the scope of services must be planned well in advance. The use of the maximum negative change concept insures that programs will be guaranteed 85% to 90% of the prior year funding level. The maximum negative change rates considered in this analysis are 10% for Formula I and 15% for Formula II. It should be noted that the higher the change rate, the sooner the Division will be allocating funds according to an accepted allocation system and be independent of the subjective funding levels awarded in the past.

STEPS TO DETERMINE CMHC AND CSP
ALLOCATION

CMHC FUNDING

1. Obtain the population for each CMHC District.
2. Obtain the salary differential (0-9) for each CMHC.
3. Determine the dollars available for distribution among CMHCs.
4. Calculate adjusted population based upon the salary differential.

$$P_{adj} = P_d + P_d \times C\% \times C_i$$

Where: P_{adj} = population adjusted for cost of living.
 P_d = population of CMHC district.
 $C\%$ = population adjustment percent (5%).
 C_i = salary differential (0-9).

5. Use the P_{adj} to calculate CMHC funding according to the following formula:

$$F = (P_{adj} / \sum P_{adj}) \times (D - N \times M) + M$$

where: F = CMHC funding.

P_{adj} = population adjusted for cost of living.
 $\sum P_{adj}$ = Sum of the adjusted population for the N CMHCs.
 D = dollars available for CMHC grants.
 N = number of Mental Health Centers receiving CMHC grants (23).
 M = minimum funding (70.0 or 80.0).

6. Compare funding (F) to previous year funding. If CMHC has a maximum negative change greater than 15% (10% for formula II), calculate the funding using the previous year level (F_p).

$$F_{mnc} = F_p - F_p \times MNC$$

where: F_{mnc} = calculated funding using maximum negative change.
 F_p = previous year funding.
 MNC = Maximum Negative Change (15% or 10%).

7. Recalculate the remaining CMHC funding levels using the formula in #5 with corrected $\sum P_{adj}$, N , and D . Corrected values for these three variables are:

D = D - total dollars allocated to CMHCs requiring application of MNC.

P_{adj} = $\sum P_{adj}$ - adjusted population of CMHCs requiring MNC.

N = N - total number of CMHCs requiring MNC.

CSP_FUNDING

1. Obtain F_{adj} for each CMHC which qualifies for a Community Support Project (see CMHC funding).
2. Calculate ΣF_{adj} for CMHCs which qualify for CSP.
3. Calculate funding according to the following Formula:

$$F_{csp} = (F_{adj} / \Sigma F_{adj}) * D_{csp}$$

Where: F_{csp} = CSP funding.

D_{csp} = dollars available for CSP grants.

4. Compare funding (F_{csp}) to the previous year funding. Apply the maximum negative change rule using the method outlined in #6 and #7 under CMHC Funding.

FY66 CMHC FUNDING DATA

PROGRAM	POPULATION	FY66-CMHC BUDGET	FY66-CSP BUDGET	TOTAL CMHC BUDGET	\$/CAP CMHC	\$/CAP T-CMHC	SALARY DIFRNTL
ANCHORAGE	248933.0	1686.4	899.5	2585.9	6.8	10.4	0.0
FAIRBANKS	72281.0	532.2	171.0	703.8	7.4	9.7	4.0
WASILLA	41093.0	300.0	40.0	340.0	7.3	8.3	1.0
JUNEAU	31818.0	427.5	40.0	467.5	13.4	14.7	0.0
KENAI	29433.0	292.3	100.0	392.3	9.9	13.3	2.0
KETCHIKAN	21153.0	398.5	160.0	558.5	18.8	26.4	0.0
BETHEL	15616.0	223.5	56.2	279.7	14.3	17.9	8.0
KODIAK	13478.0	225.9	86.2	312.1	16.8	23.2	3.0
HOMER	9486.0	126.1	0.0	126.1	13.3	13.3	2.0
SITKA	8317.0	147.0	0.0	147.0	17.7	17.7	1.0
BARROW	7978.0	179.8	40.0	219.8	22.5	27.6	9.0
DILLINGHAM	6640.0	141.2	30.0	171.2	20.6	25.0	7.0
ALEUT/FRIE	4869.0	150.0	0.0	150.0	30.8	30.8	7.0
VALDEZ	3697.0	86.9	0.0	86.9	23.6	23.6	5.0
SEWARD	2947.0	105.0	10.0	115.0	35.6	39.0	2.0
PRINCE WAL	2589.0	75.4	0.0	75.4	29.1	29.1	0.0
CORDOVA	2588.0	86.2	0.0	86.2	33.3	33.3	4.0
GALENA	2293.0	109.3	0.0	109.3	47.7	47.7	9.0
TOK	2009.0	106.1	0.0	106.1	52.8	52.8	5.0
HAINES	2004.0	88.4	0.0	88.4	44.1	44.1	2.0
COPPER CNT	1927.0	65.1	0.0	65.1	33.8	33.8	4.0
MCGRATH	1453.0	69.5	0.0	69.5	47.8	47.8	9.0
ANIAK	1377.0	73.5	0.0	73.5	53.4	53.4	9.0

TOTAL 534169.0 5696.4 1632.9 7329.3 26.1 28.0 4.0

7329.3

ADDITIONAL CMHCs AVE \$/CAPITA = 10.7 13.7

NOME	9753.0
KOTZEBUE	6599.0
FORT YUKON	1335.0
TANANA	1199.0

TOTAL 553055.0

 TOTAL DECEMBER, 1965 OFFICIAL DEPARTMENT
 OF COMMUNITY AND REGIONAL AFFAIRS
 POPULATION IS 555,606.
 REAR WITH POPULATION OF 3,315 NOT IN TOTAL,

NOTE: ALL DOLLAR AMOUNTS IN THE FILE ARE DIVIDED BY 1000.0 TO MAKE THE DISPLAY EASIER TO READ. THE ANCHORAGE AMOUNT WAS REDUCED BY THE FUNDING FOR THE TRANSITIONAL CENTER (\$597.9) WHICH SHOULD MORE APPROPRIATELY BE PLACED IN THE COMMUNITY SUPPORT PROJECT (CSP) BUDGET. THE ANCHORAGE CSP AMOUNT INCLUDES \$229.6 FOR CASE MANAGEMENT, \$597.9 FOR THE TLC, AND \$72.0 FOR EMPLOYMENT AND TRAINING CENTER OF ALASKA.

FORMULA 1

PRC	AM	ADJUSTED POPULATION	FORMULA FUNDING NO MNC	CALC WITH MNC	CALC -FY86	CALC \$/CAP	CALC FY86 + 1000	CALC FY86 + 5000
ANCHORAGE		248933.0	1835.8	1726.8	40.4	6.9	2222.7	3996.4
FAIRBANKS		86737.2	685.3	647.3	114.5	9.0	820.1	1438.1
WASILLA		43147.7	376.1	357.2	57.2	8.7	443.1	750.6
JUNEAU		31818.0	295.7	363.4*	-64.1	11.4	363.4*	571.9
KENAI		32376.3	299.7	285.5	-6.8	9.7	350.0	580.7
KETCHIKAN		21153.0	220.1	338.7*	-59.6	16.0	338.7*	403.6
BETHEL		21862.4	225.1	215.5	-8.0	13.8	259.1	414.8
KODIAK		15499.7	179.9	192.0*	-33.9	14.2	204.0	314.5
HOMER		10434.6	144.0	139.4	13.3	14.7	160.2	234.6
SITKA		8732.9	131.9	128.1	-18.9	15.4	145.5	207.7
BARROW		11568.1	152.1	152.8*	-27.0	19.2	170.0	252.5
DILLINGHAM		9234.0	135.5	131.5	-9.7	19.2	149.9	215.6
ALEUT/PRIE		6573.2	116.6	127.5*	-22.5	26.2	127.5*	173.7
VALDEZ		4508.6	102.7	100.7	13.8	27.3	109.9	142.7
SEWARD		3241.7	93.0	91.6	-13.4	31.1	98.0	121.1
PRINCE WAL		2589.0	68.4	67.2	11.8	33.7	92.4	110.8
CORDOVA		3105.6	92.0	90.7	4.5	35.0	96.9	119.0
GALENA		3324.9	93.6	92.9*	-16.4	40.5	98.8	122.4
TOK		2511.3	67.6	90.2*	-15.9	44.9	91.7	109.6
HAINES		2204.4	85.6	84.7	-3.7	42.3	89.1	104.8
COPPER CNT		2312.4	86.4	85.4	20.3	44.3	90.0	106.5
MCGRATH		2106.9	64.9	64.0	14.5	57.8	68.2	103.2
ANIAK		1996.7	64.2	83.3	9.8	60.5	67.3	101.5
		576071.4	5696.4	5696.4	.0	26.2	6696.4	10696.4

* INDICATES MAXIMUM NEGATIVE CHANGE RULE APPLIES.

COLUMN DESCRIPTION

- ADJUSTED POPULATION: CMHC DISTRICT POPULATION ADJUSTED FOR COST OF LIVING AS CALCULATED BY THE FORMULA IN "STEPS...".
- FORMULA FUNDING NO MNC: CENTER FUNDING CALCULATED BY THE FUNDING FORMULA WITHOUT APPLYING THE MAXIMUM NEGATIVE CHANGE RULE.
- CALC WITH MNC: A CALCULATION OF THE LEVEL OF FUNDING PROJECTED FOR FY87 IF \$5696.4 IS AVAILABLE FOR CMHC GRANTS.
- CALC -FY86: A CALCULATION OF THE GAIN OR LOSS (-) A CMHC WILL SUSTAIN COMPARED TO THEIR FY86 FUNDING LEVEL.
- CALC \$/CAP: A CALCULATION OF DOLLARS PER CAPITA ACCORDING TO THE FUNDING LEVEL IN "CALC WITH MNC".
- CALC FY86 + 1000: THE LEVEL OF FUNDING PROJECTED FOR FY87 IF AN ADDITIONAL \$1,000,000.0 IS AVAILABLE FOR CMHC GRANTS.
- CALC FY86 + 5000: THE LEVEL OF FUNDING PROJECTED FOR FY87 IF AN ADDITIONAL \$5,000,000.0 IS AVAILABLE FOR CMHC GRANTS.

FORMULA II

PROGRAM	FORMULA		CALC WITH MNC	CALC -FY86	CALC \$/CAP	CALC FY86 + 1000	CALC FY86 + 5000
	ADJUSTED POPULATION	FUNDING NO MNC					
ANCHORAGE	248933.0	1746.4	1612.3	-74.1	6.5	2112.8	3907.0
FAIRBANKS	86737.2	660.6	613.9	81.1	6.5	788.3	1413.5
WASILLA	43147.7	368.8	345.6	45.6	6.4	432.3	743.3
JUNEAU	31818.0	293.0	384.8*	-42.7	12.1	384.8*	569.2
KENAI	32376.3	296.7	279.3	-13.0	9.5	344.4	577.7
KETCHIKAN	21153.0	221.6	356.7*	-39.8	17.0	356.7*	405.2
BETHEL	21862.4	226.4	214.6	-8.9	13.7	258.5	416.1
KODIAK	15499.7	183.8	203.3*	-22.6	15.1	206.6	318.3
HOMER	10434.6	149.9	144.2	18.1	15.2	165.2	240.4
SITKA	8732.9	138.5	133.8	-13.2	16.1	151.3	214.3
BARROW	11568.1	157.4	161.8*	-18.0	20.3	174.5	257.8
DILLINGHAM	9234.0	141.8	136.8	-4.4	20.0	155.4	222.0
ALEUT/FRIE	6573.2	124.0	135.0*	-15.0	27.7	135.0*	181.1
VALDEZ	4608.8	110.9	108.4	21.5	29.4	117.6	150.9
SEWARD	3241.7	101.7	100.0	-5.0	33.9	106.5	129.8
PRINCE WAL	2589.0	97.3	95.9	20.5	37.1	101.1	119.8
CORDOVA	3105.6	100.8	99.1	12.9	38.3	105.4	127.7
GALENA	3324.9	102.3	100.5	-8.8	43.8	107.2	131.1
TOK	2511.3	96.8	95.5*	-10.6	47.5	100.5	113.6
HAINES	2204.4	94.8	93.6	5.2	46.7	98.0	113.9
COPPER CNT	2312.4	95.5	94.2	29.1	48.9	98.9	115.6
MCGRATH	2106.9	94.1	93.0	23.5	64.0	97.2	112.4
ANIAK	1996.7	93.4	92.3	18.8	67.0	96.3	110.7
	576071.4	5696.4	5696.4	.0	28.1	6696.5	10696.4

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- CALC FY86 + 5000: THE LEVEL OF FUNDING PROJECTED FOR FY87 IF AN ADDITIONAL \$5,000,000.0 IS AVAILABLE FOR CMHC GRANTS.

FY86 CSF FUNDING DATA

FORMULA I

PROGRAM	FORMULA		FORMULA			CALC	CALC
	FY86-CSF BUDGET	FUNDING NO MNC	CALC WITH MNC	CALC -FY86	CALC \$/CAP	FY86 +500	FY86 +1000
ANCHORAGE	899.5	773.4	764.5*	-135.0	3.1	985.0	1232.2
FAIRBANKS	171.0	269.5	238.2	67.2	3.3	343.2	429.4
WASILLA	40.0	134.1	110.5	78.5	2.9	170.7	213.6
JUNEAU	40.0	98.9	87.4	47.4	2.7	125.9	157.5
KENAI	100.0	100.6	88.9	-11.1	3.0	128.1	160.3
KETCHIKAN	160.0	65.7	136.0*	-24.0	6.4	136.0*	136.0*
BETHEL	56.2	67.9	60.0	3.8	3.8	86.5	108.2
KODIAK	86.2	48.2	73.3*	-12.9	5.4	73.3*	76.7
BARROW	40.0	35.9	31.8	-8.2	4.0	45.8	57.3
DILLINGHAM	30.0	28.7	25.5*	-4.5	3.7	25.5*	45.7
SEWARD	10.0	10.1	8.9	-1.1	3.0	12.8	16.0
TOTAL	1632.9	1632.9	1632.9	.0	3.8	2132.9	2632.9

* INDICATES MAXIMUM NEGATIVE CHANGE (MNC) RULE APPLIES.

FY86 CSF FUNDING DATA

FORMULA II

PROGRAM	FORMULA		FORMULA			CALC	CALC
	FY86-CSF BUDGET	FUNDING NO MNC	CALC WITH MNC	CALC -FY86	CALC \$/CAP	FY86 +500	FY86 +1000
ANCHORAGE	899.5	773.4	809.5*	-90.0	3.3	973.1	1227.7
FAIRBANKS	171.0	269.5	208.4	37.4	2.9	339.1	427.8
WASILLA	40.0	134.1	103.7	63.7	2.5	168.7	212.8
JUNEAU	40.0	98.9	76.4	36.4	2.4	124.4	156.9
KENAI	100.0	100.6	90.0*	-10.0	3.1	126.6	159.7
KETCHIKAN	160.0	65.7	144.0*	-16.0	6.8	144.0*	144.0*
BETHEL	56.2	67.9	52.5	-3.7	3.4	85.5	107.8
KODIAK	86.2	48.2	77.6*	-8.6	5.8	77.6*	77.6*
BARROW	40.0	35.9	36.0*	-4.0	4.5	45.2	57.1
DILLINGHAM	30.0	28.7	27.0*	-3.0	3.9	36.1	45.5
SEWARD	10.0	10.1	7.8	-2.2	2.6	12.7	16.0
TOTAL	1632.9	1632.9	1632.9	.0	3.7	2132.9	2632.9

* INDICATES MAXIMUM NEGATIVE CHANGE (MNC) RULE APPLIES.

THE CSF FORMULA DOES NOT CONTAIN A BASE FUNDING COMPONENT. IN ORDER FOR A PROGRAM TO WARRANT A SPECIALIZED PROGRAM FOR CMI, THERE MUST BE A SUBSTANTIAL POPULATION BASE. MOST OF THE SMALLER RURAL PROGRAMS CAN PROVIDE SERVICES TO THE CHRONICALLY MENTALLY ILL IN THEIR SERVICE AREA AS PART OF THEIR COMPREHENSIVE MENTAL HEALTH SERVICES.

SOUTHCENTRAL COUNSELING CENTER
SPECIAL LEGISLATIVE REPORT

Prepared August, 1985

by
John P. Huntingdon
Manager, Information and Evaluation

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SERVICE OVERVIEW

The Southcentral Counseling Center (SCC) currently delivers mental health services from three facilities in Anchorage: the main Center near Tudor and Lake Otis, the Transitional Living Center (TLC) in Fairview, and the Alzheimer's Disease Center (ADC) near Service High School. Outreach services are provided in Tyonek, Eagle River, Chugiak, Palmer, Whittier, and various locations in the Anchorage Bowl.

Services delivered from the main Center include adult and family outpatient, testing and evaluation, geriatric outreach, and aftercare services for the chronically mentally ill (CMI). Aftercare programs for the chronically mentally ill include vocational training at several facilities in Anchorage, and case management throughout the Municipality. Seventy-one percent of the patients discharged to community mental health centers from the Alaska Psychiatric Institute (API) are referred to SCC for care. A large percentage of all API patients remain in Anchorage rather than return to their village of origin because villages feel they cannot cope with psychotic patients. Geriatric outreach services are delivered to senior citizens from throughout the State in Senior Centers, Pioneer Homes, private residences, nursing homes, and other locations in the Municipality and in Palmer. Special adult and family outreach services are delivered in Tyonek, Eagle River, Whittier, and at the McLaughlin Youth Center. Some clients from outside of Anchorage travel to the SCC for services rather than seeking services at their local community mental health center.

The Transitional Living Center provides crisis, respite, and rehabilitation beds and mental health treatment services of a short term nature, primarily for the chronically mentally ill. The TLC also has a supervised apartment program for clients who progress toward independent living. The focus of the TLC has been to relieve pressure on the Alaska Psychiatric Institute and to transition clients back into community living. The TLC has served clients from all over Alaska and is a Statewide resource.

The Alzheimer's Disease Center, and its Day Break Program, serve elderly clients with Alzheimer's Disease and related disorders. Alzheimer's clients receive day care, mental health treatment, and medication services. Their families receive certain supportive services. The Day Break staff is also heavily involved in educating the community about Alzheimer's Disease.

HISTORICAL PERSPECTIVE

Over the last several years, the Southcentral Counseling Center (SCC) has experienced a series of funding, program, and policy changes that have resulted in extreme organizational stress and turmoil.

Funding cutbacks for outpatient services by Federal, State, and Municipal agencies (from \$2,372,749 to \$1,686,400 while population increased over 30% and new statewide responsibilities were added) have resulted in termination of the following separate programs since FY 1982:

1. Community Consultation and Education
2. Emergency Services
3. The Parent Training Center (primarily served young adults and teenagers with mental health or substance abuse problems, and their young children)
4. Native Outreach Services
5. Family Services (primarily worked with children and adolescents)
6. Elderly Substance Abuse

Additional State cutbacks of \$256,341 since FY 1984 resulted in termination of two Foster Care programs:

1. Foster Care for Seriously Disturbed Children
2. Foster Parent Support

A State Medicaid rate reduction of 20% in FY 1984 affected reimbursement for services. The State also eliminated reimbursement for community mental health clinic services for General Relief Medicine (GRM) recipients. A Medicare rate freeze has also been in effect.

As a result of these funding and reimbursement cuts, the SCC staff has been reduced from a high of 108 in 1983 to the current level of 65 full time equivalents.

LEVELS OF SERVICE

During FY 1985, the SCC served a total of 3,559 clients in mental health treatment. Other persons were served by the Center's various education, information, and family support efforts. The total served in treatment was a reduction of 1,011 clients, or 22%, from the 4,570 clients served in FY 1984. After heavy public funding reductions began in FY 1983, the Center was faced with a moral dilemma in what to do with the caseload it already had, and with the increasing demands for additional services. In attempting to meet the service demand and not dump clients still in treatment, the Center ran a \$182,800 operating deficit for FY 1983. Even with severe staffing and program cuts which began in the latter half of FY 1984, the Center experienced an additional \$305,000 operating deficit for FY 1984. Total clients served peaked at 4,570 in FY 1984, fell to 3,559 in FY 1985, and is expected to level off at about 3,500 for FY 1985. In FY 1985, the Center had no operating deficit, thanks to late year legislative funding assistance. A balanced budget is expected for FY 1986, at the expense of severely curtailed services from previous levels.

Accompanying the public funding cutbacks has been a steady policy shift by funding agencies in their funding targets. Municipality of Anchorage, State, and Federal funding for outpatient services for children, adults, and the elderly has decreased significantly (Figure 1). Programs for these clientele are where the vast majority of persons are served. At the same time, funding for services for the chronically mentally ill (CMI) has increased. CMI services are intensive and high cost, and thus serve far fewer persons than conventional outpatient services. The Center's budget is now largely targeted at the chronically mentally ill, in line with State Division of Mental Health and Developmental Disabilities priorities.

Services for the Chronically Mentally Ill. Services for the chronically mentally ill (CMI) are a priority according to State Community Mental Health Regulations. The CMI are served in day treatment, socialization, medication, vocational rehabilitation, and case management programs by the Aftercare Unit. Residential Care is provided to the CMI by the Transitional Living Center. Day care services for Alzheimer's clients is provided by the Day Break program, which is not supported by State Mental Health funds. During FY1985, 16.6% of the Center's clients were chronically mentally ill (Figure 2). The latest trend analysis for the Alaska Psychiatric Institute shows a continuing decrease in length of stay, which places additional demand on SCC services for the CMI. A large percentage of Aftercare Unit clients are originally from outside of Anchorage, but after discharge from API have remained in Anchorage.

Services for Children and Adolescents. Services for children and adolescents are a priority according to State Community Mental Health Regulations. However, the heaviest reductions in services over the last several years have occurred in services for children and adolescents. The closing of the Parent Training Program and the termination of the Family Services Unit, as well as internal shifting of funds to services for the chronically mentally ill, have resulted in less than half as many children receiving treatment on an annual basis. In FY 1985, total staffing to serve the estimated 80,000 children and adolescents in Anchorage was one full time equivalent (FTE) position, one-half

of an FTE funded by State Community Mental Health Service funds, and one-half of an FTE funded by Federal Block Grant funds. One public funded FTE position serving children and adolescents in FY 1985 compares with a high of 11 FTE positions two years before.

When the Family Unit was terminated, outreach work with children and adolescents in the schools ended. When the Native Outreach Program was terminated, a number of Native children receiving specialized services were transferred to the Cook Inlet Native Association. These CINA services are now severely curtailed and virtually eliminated. When the Parent Training Center closed, some children were transferred to the Adult and Family Unit, but most programming ended.

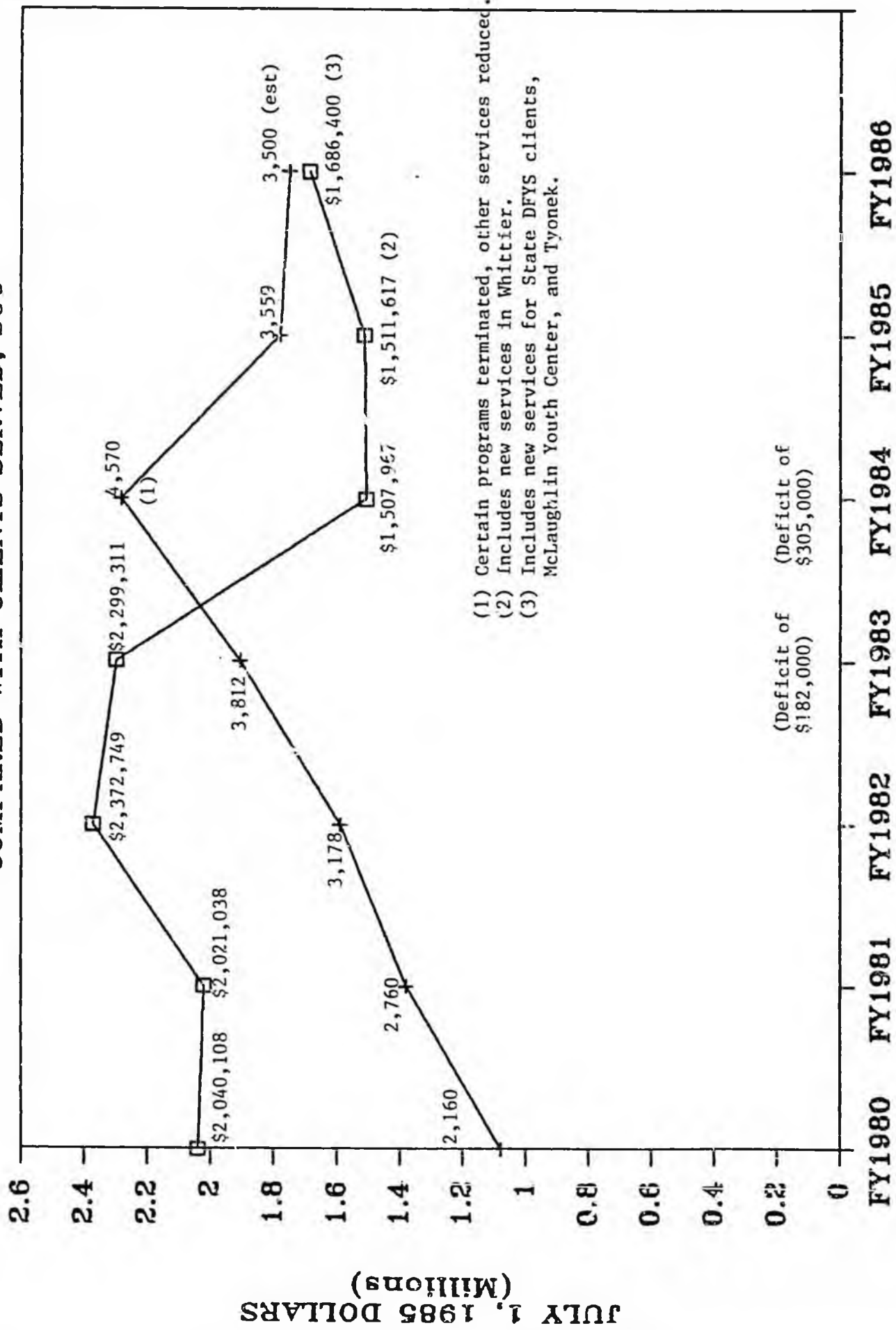
During FY 1985, 11.9% of the Center's clients were children and adolescents (Figure 2). This percentage is about half of what is served by other mental health centers nationwide. Hopefully adequate funding to support services for children and adolescents will be restored in the future.

Geriatric Services. Based on a National Institute of Mental Health survey in 1981, the Geriatric Program in Anchorage was rated at the top of 667 mental health centers nationwide in its service level. While staffing has been cut to about half of what it was several years ago, the Geriatric Program continues to serve a higher caseload of elderly than other community mental health centers nationwide, based on the April, 1985, National Council of Community Mental Health Centers Membership Profile Report. During FY 1985, 4.4% of the non-chronic clients of the Center were 60 years of age or over (Figure 2). Most of these clients have insufficient resources to pay for service, being only covered by inadequate Medicare insurance. Services to the Elderly are not a priority under State Community Mental Health Regulations.

Adult Services. The majority of Center clients are non-chronic adults, age 18 - 59. During FY 1985, 67.1% of Center clients were in this category (Figure 2). Although it is argued that public funding should not support the same level of service for this clientele in Anchorage as in the other parts of the State because of the number of available private clinics, State statistics do not support this argument. Most of the population SCC serves cannot afford private services, and the disproportionately higher percentage of expensive chemotherapy services actually increases the cost of services for SCC. Most indicators of mental health service need, such as homicide, child abuse, suicide, and divorce rates, are as high or higher in Anchorage than other parts of the State, indicating that the private sector is not having a measurable effect on these problems. As an example, based on the 1985 Department of Health and Social Services Vital Statistics Report, 56% of all divorces in the State, over a five year period, occurred in Anchorage. The SCC serves a higher percentage of unemployed persons (28.3%) than the other centers in the State (19.5%) based on the Department of Mental Health and Developmental Disabilities Annual Statistical Report. Yet due to the funding allocation disparities, Anchorage clients must pay a larger share of their cost of care than do the clients in other areas of the State. Based on the State report, 92% of SCC clients were assigned fees of \$20 or more per session while only 63% of the clients of other State community mental health centers were assigned fees of \$20 or more per session.

Despite the claimed abundance of mental health services in Anchorage, 44% of all suicides in the State occurred in Anchorage, based on the State Vital Statistics Report. With 45% of the State's population, Anchorage has virtually the same rate of suicide as the rest of the State. Suicide was the #1 cause of death for ages 35 - 39; and the #2 cause of death for ages 20 - 29, after accidents.

PUBLIC FUNDING FOR OUTPATIENT SERVICE COMPARED WITH CLIENTS SERVED, SCC



(1) Certain programs terminated, other services reduced.
 (2) Includes new services in Whittier.
 (3) Includes new services for State DFYS clients, McLaughlin Youth Center, and Tyonek.

□ FUNDING + CLIENTS SERVED

Figure 1

DISTRIBUTION OF CLIENTS SERVED - FY1985
SOUTHCENTRAL COUNSELING CENTER

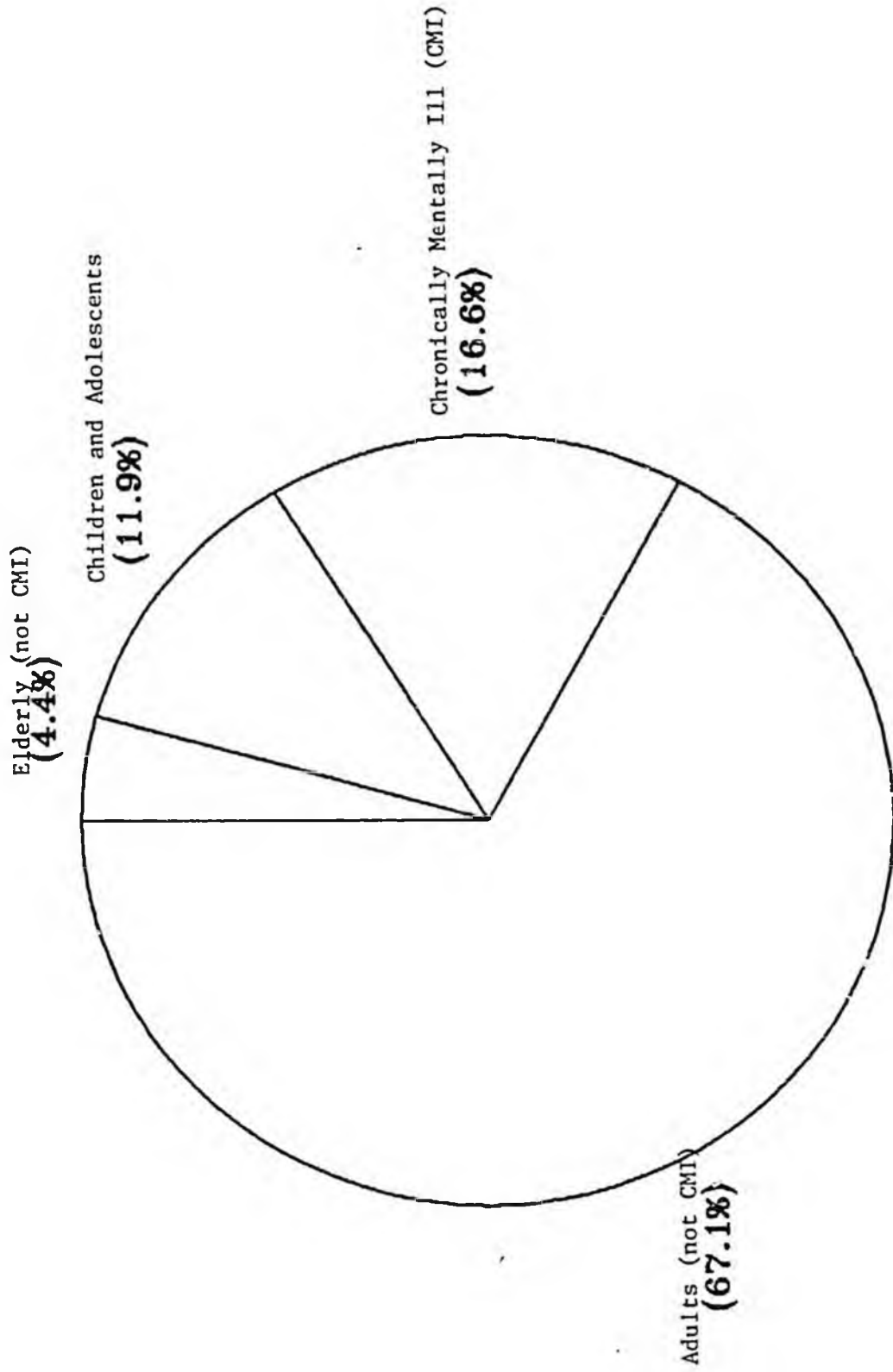


Figure 2

PROGRAM FUNDING

The total budget for SCC programs in FY 1986 is down about \$133,000 in real terms from FY 1985. Public funding cuts occurred in State Department of Social Services, State Department of Vocational Rehabilitation, and in Federal Mental Health Block Grant funds received from the State. First and third party payments for services are also expected to decrease due to State requirements to provide services for McLaughlin Youth Center, DFYS child abuse clients, Whittier, and Tyonek, where clients have fewer resources for reimbursement of services. Any reductions in Medicaid mental health coverage could cause major program adjustments, particularly for those programs with large numbers of Medicaid clients, such as the Aftercare Program for the chronically mentally ill.

The Center's budget for FY 1986 is largely targeted at providing services to the chronically mentally ill, in line with the priorities of the State Division of Mental Health and Developmental Disabilities (Figure 3). Actually, an even larger proportion of the Center's resources will be used to serve the chronically mentally ill, since the Adult and Family Unit and the Geriatric Unit each serve about 80 CMI per year, as well.

SCC DEBT

The Southcentral Counseling Center currently has a debt of \$300,000 on its new building near Lake Otis and Tudor, and a debt of \$215,000 on the Transitional Living Center building. The State Department of Health and Social Services allows no interest or mortgage payments to be expensed against their grants and contracts or against the Center's self-generated match funds, despite the use of these facilities for treatment programs. Thus, SCC must develop other resources to pay the debt on these facilities, further burdening the Center's financial position.

BUDGET ALLOCATION BY SERVICE CATEGORY

SOUTH CENTRAL COUNSELING CENTER, FY1986

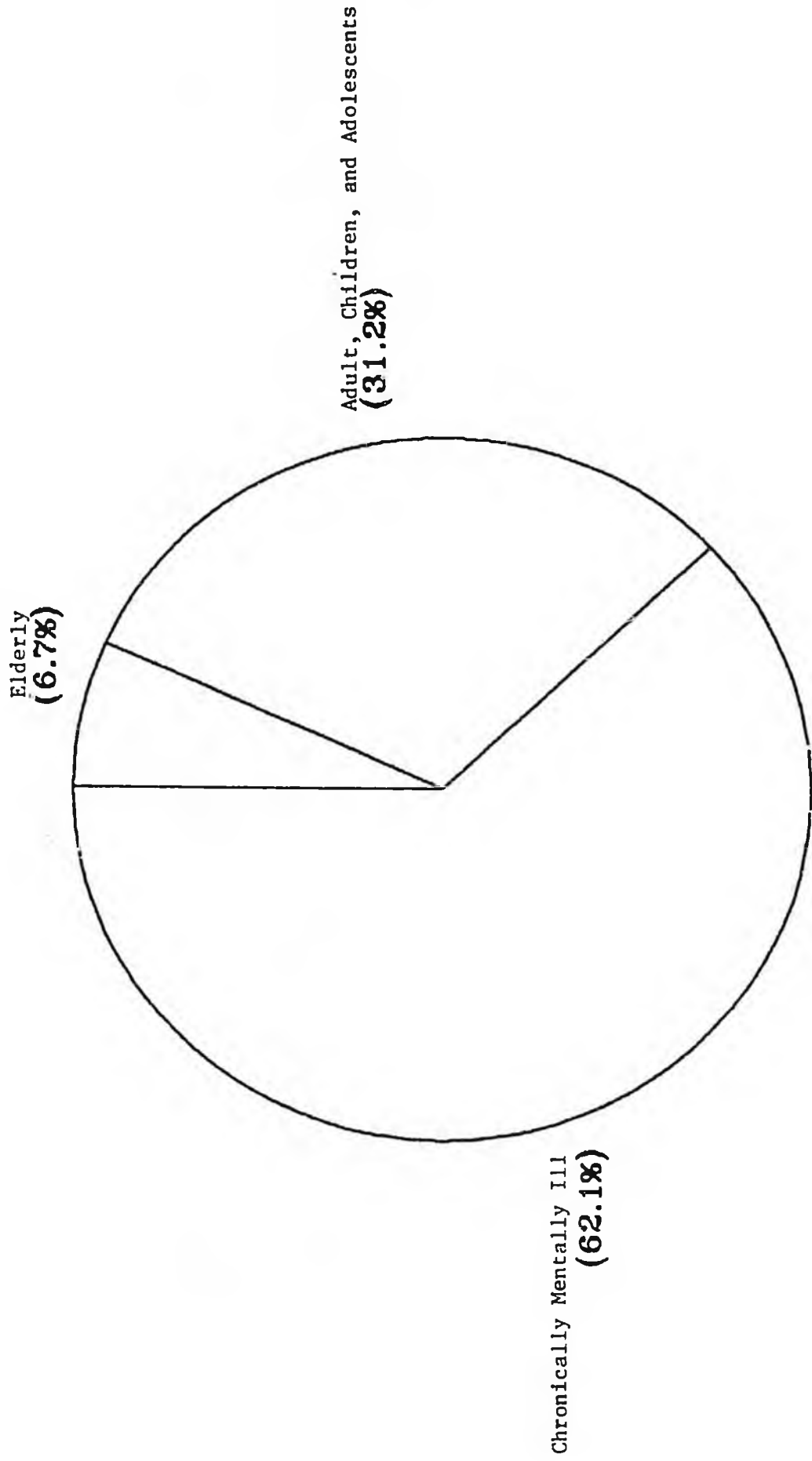


Figure 3

STATE COMMUNITY MENTAL HEALTH SERVICES FUNDING

FY 1986 State Community Mental Health Services funding, including Federal Block Grant funds provided to the SCC, but not including the State Community Support Project funds which are addressed separately, provide \$9.32 per capita for mental health services for the population that the Center has been assigned, not including the large number of transients in Anchorage, some of whom receive services at the Center. This compares with an average of \$19.57 per capita funding for all other areas of the State, including SB520 funds for services in Fairbanks. When the cost of services provided by SCC to the State as a whole, such as TLC services, and those provided outside of the Municipality of Anchorage, such as Tyonek, Whittier, and Palmer, are subtracted, the per capita funding for Anchorage becomes \$6.60, or less than 34% of that provided for citizens outside of Anchorage. When comparing outpatient services for adults and children, which are the predominant services provided by other mental health centers in the state, with SCC funding for those services, the picture is even worse, with Anchorage receiving only \$2.87 per capita, or 15%, of that received by the rest of the State's population. Those figures are based on the FY 1986 Department of Health and Social Services funding levels approved by the Commissioner on June 24, 1985, and on the FY 1985 Statewide Population Summary prepared by the Department of Community and Regional Affairs. The comparative funding figures are illustrated on Figure 4.

Since SCC has consistently been funded by the State at a lower level than other centers in the State on a per capita basis, SCC clients have had to pay a higher fee than have clients of the State community mental health system in the rest of the State, as was further discussed at Levels of Service, above.

When all mental health funds are considered, including Community Support Project funds, the per capita funding for each mental health service area shows an even greater disparity (Figure 5). While the Mat-Su Center at Wasilla has lowest funding at about \$10, and Anchorage second lowest at \$10.55 (including Community Support Project moneys to the Alaska Special Education and Training Program), other populations are receiving almost 10 times as much funding! Of the 24 other service areas in the State, 18 receive more than double that of Anchorage or Mat-Su on a per capita basis.

Based on the FY 1984 DMHDD Community Mental Health Center Overview, SCC programs provided almost 50% of the State's total staff hour effort in the community mental health system, yet received only about 28% of total State funding.

STATE FUNDING FOR FY1986

COMMUNITY MENTAL HEALTH SERVICES

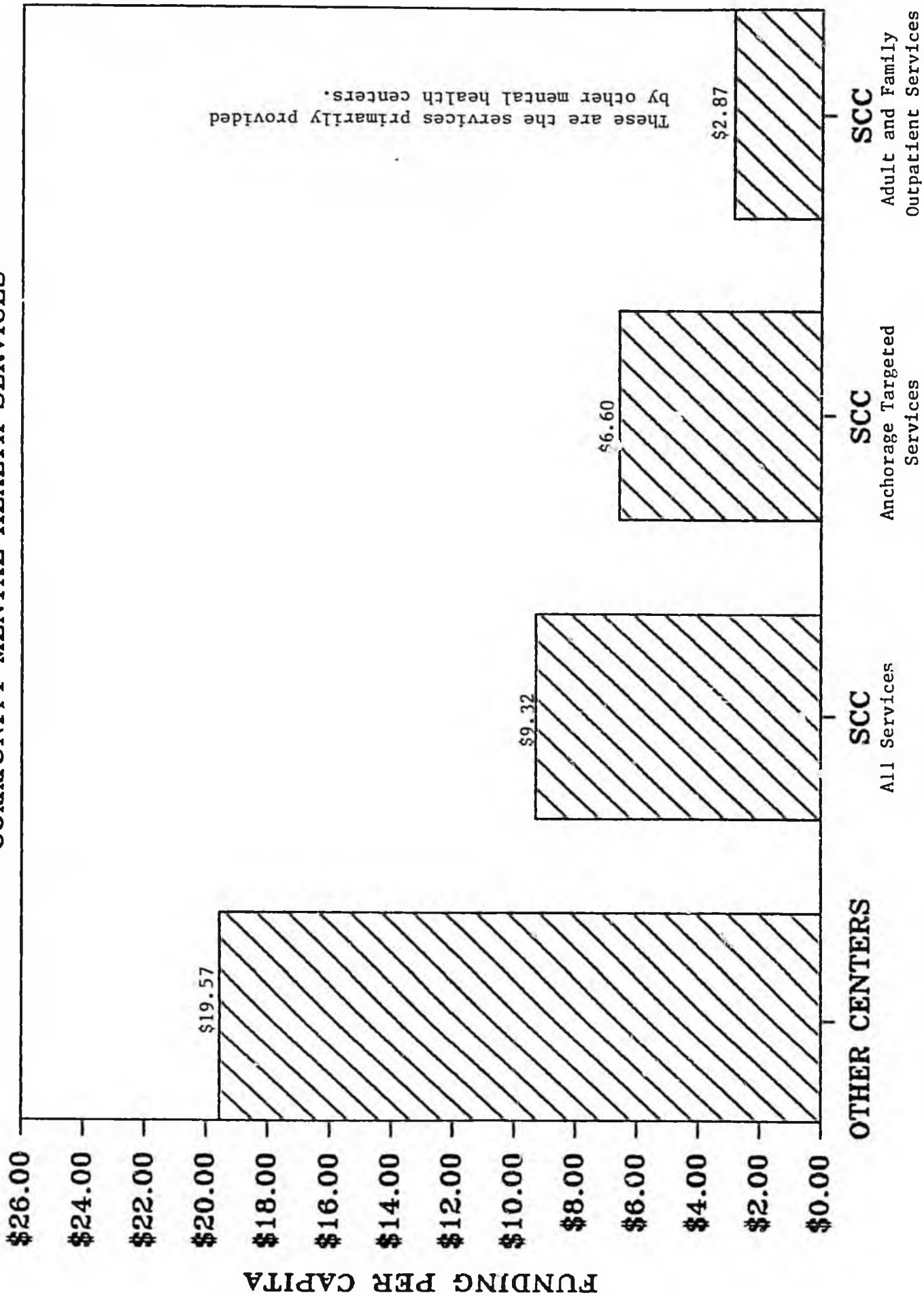
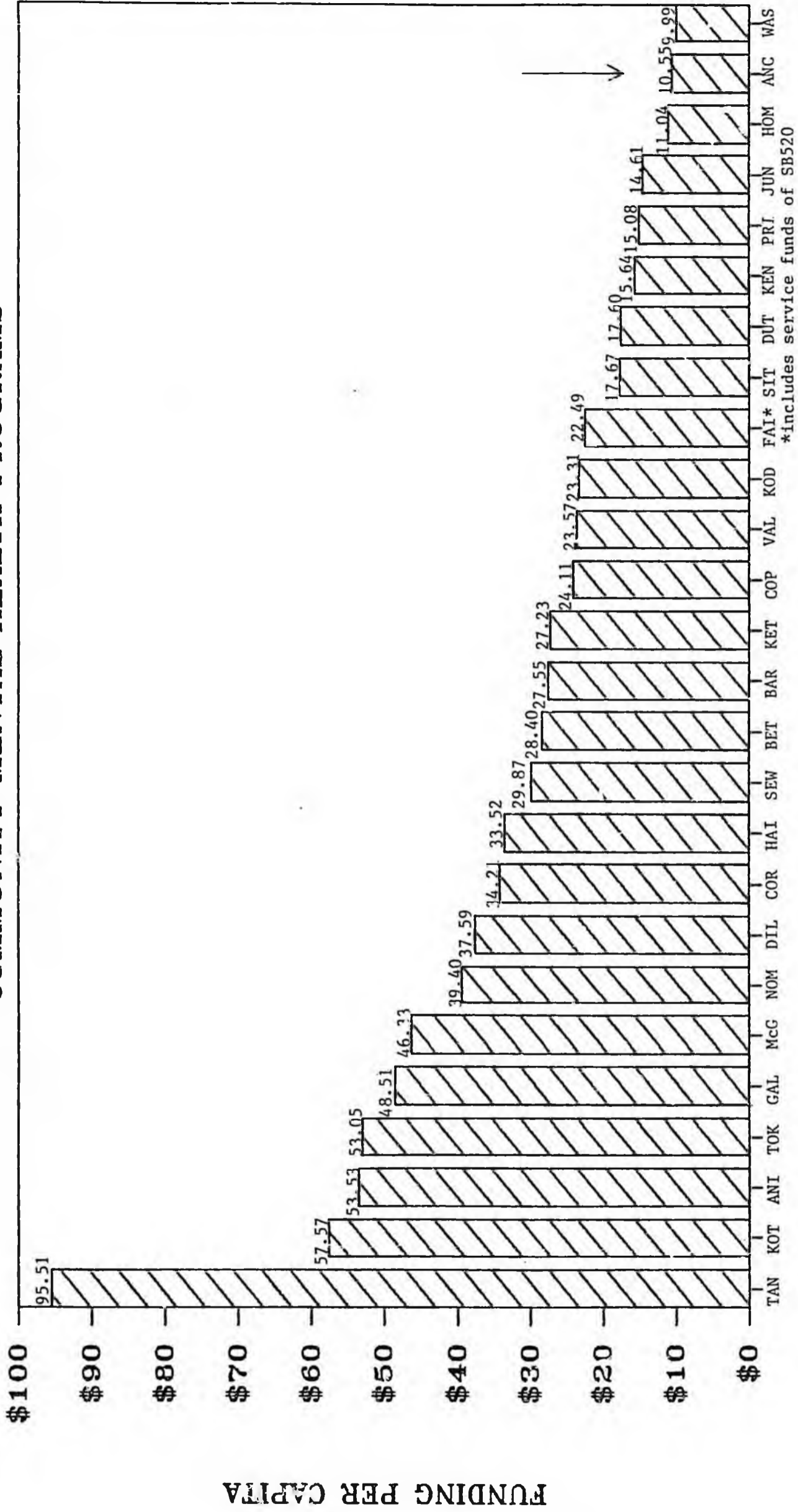


Figure 4

TOTAL STATE FUNDING FOR FY1986

COMMUNITY MENTAL HEALTH PROGRAMS



SERVICE AREA

Figure 5

STATE COMMUNITY SUPPORT PROJECT FUNDING

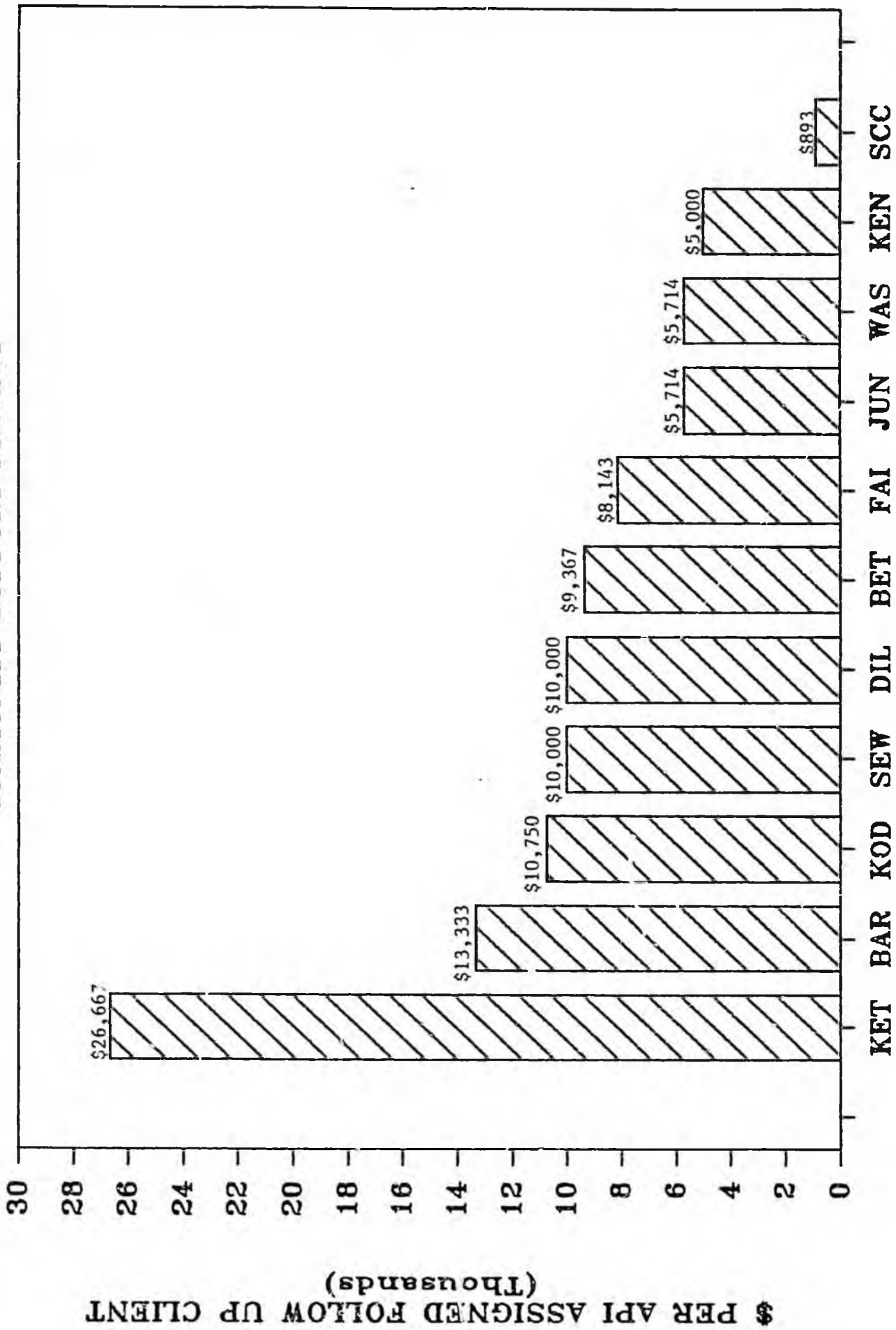
The State Division of Mental Health and Developmental Disabilities initiated a Community Support Project for the Chronically Mentally Ill (CMI) in FY 1985. Additional funding was provided for FY 1986. The purpose of this project is to provide community care rather than hospital care for the CMI. An analysis of the latest available information from the Alaska Psychiatric Institute (API) (FY 1984 Report published in 1985) shows that 72% of API admissions are from Anchorage. Of API discharges who were assigned to the State community mental health system for follow-up, 71% were assigned to the Southcentral Counseling Center. Since most of the API admissions are from Anchorage and most discharges into the community mental health system are to the Southcentral Counseling Center, it would seem that the bulk of the State Community Support Project (CSP) resources would be assigned to the Southcentral Counseling Center. However, this is not the case. Only 23% of CSP resources are assigned to the Southcentral Counseling Center in FY 1986. Based on annual API discharges, and assuming that API follow-up data will remain the same for FY 1986, SCC will receive only \$893 per annual API assigned follow-up client, while other centers receive at least \$5,000 per follow-up client, with the high being \$26,667 per follow-up client for Ketchikan (Figure 6).

Another way of analyzing the utilization of State CSP resources would be to measure the allocation of funds based on the number of CMI that are found in each community mental health center's caseload. Based on the FY 1985 State survey, SCC was serving 411 CMI, far more than any other facility, private or public in the State. By dividing the CSP resource allocation among centers by their CMI caseload from the survey, the disparity in funding is again startling, with Seward being the lowest at \$185 per CMI, SCC being second lowest at \$559 per CMI, and all others, except two, being at \$1,200 per CMI or more. Barrow received the highest allocation at \$6,667 per CMI (Figure 7).

Based on the most recent Department of Mental Health and Developmental Disabilities Annual Report, the Southcentral Counseling Center received more than 12 times as many API discharges than did the next highest community mental health center in the State (257 vs 21 for Fairbanks), and more than double all other community mental health centers added together (257 vs 106). These data show that resources are not being targeted at the problem, but are probably allocated on political considerations. The Alaska Mental Health System will not become cost-effective in serving the CMI unless its resources are targeted at the problems it is attempting to address.

STATE FUNDING FOR FY1986

COMMUNITY SUPPORT PROJECT

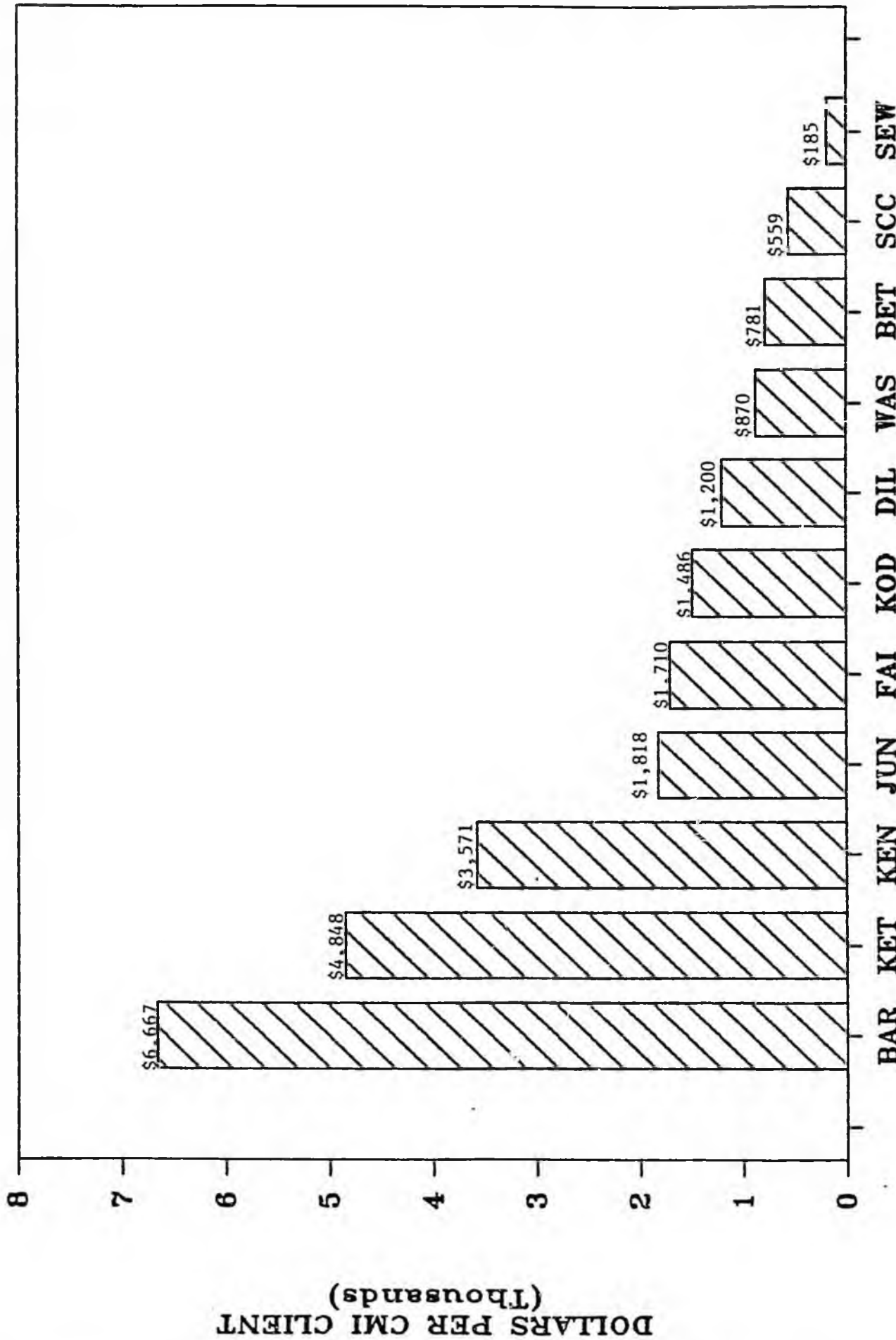


COMMUNITY MENTAL HEALTH CENTER

Figure 6

STATE FUNDING FOR FY1986

COMMUNITY SUPPORT PROJECT



COMMUNITY MENTAL HEALTH CENTER

Figure 7

SCC SERVICE AND COST EFFICIENCY

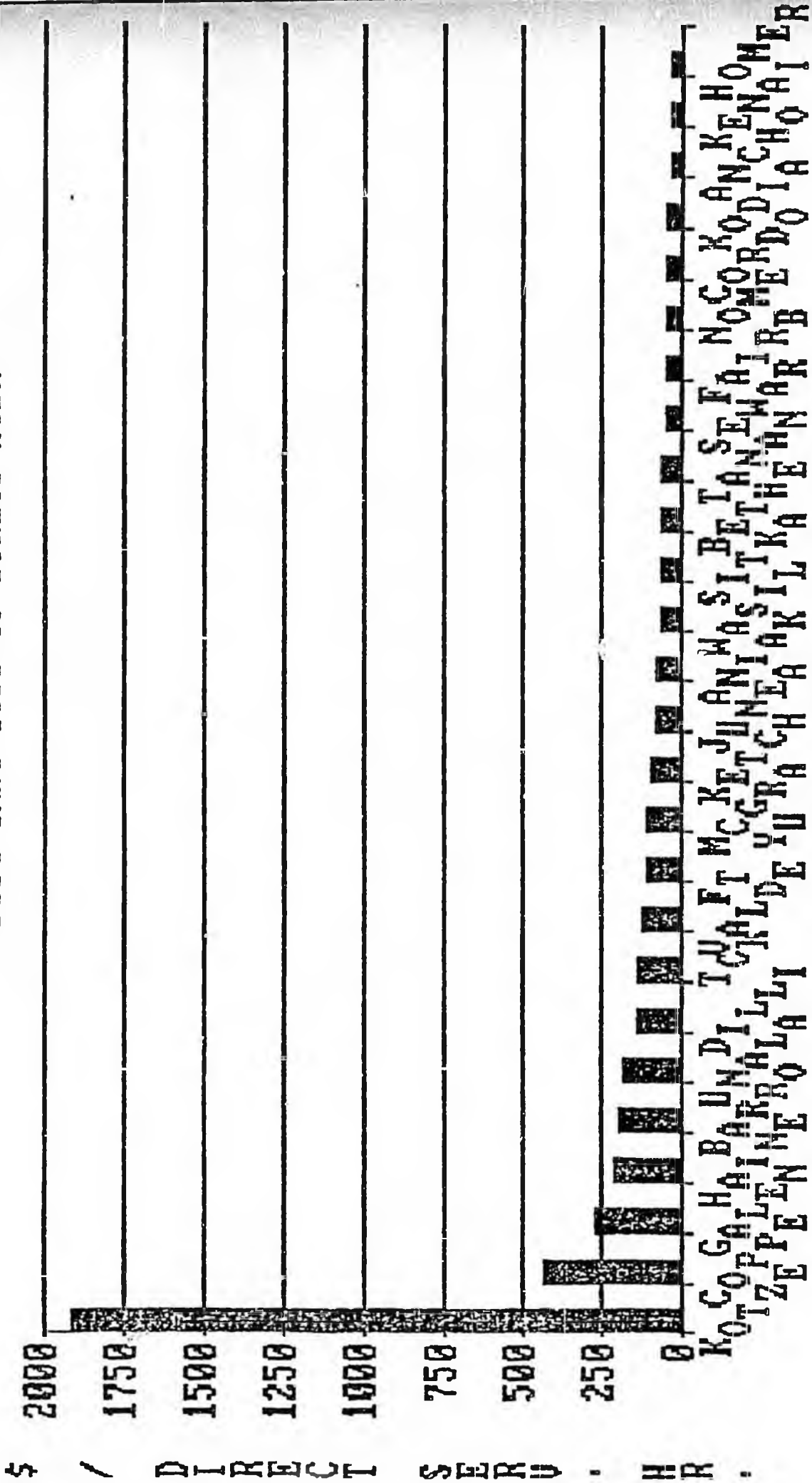
Several months ago, the State Department of Mental Health and Developmental Disabilities (DMHDD) prepared a cost analysis showing the costs to the State for each hour of direct mental health service delivered. A copy of the Department of Mental Health and Developmental Disabilities cost analysis graph is at Figure 8. As can be seen, SCC is one of the most cost efficient providers of community mental health services in the State, providing services for less than half the cost of most other centers. This cost efficiency occurred despite the fact that SCC provided 63% of all chemotherapy services in the State community mental health system, based on the Department of Mental Health and Developmental Disabilities Annual Report. The costs of medical doctors to provide chemotherapy is by far the largest hourly staff expense in mental health programs.

Data taken from an April, 1985, report from the National Council of Community Mental Health Centers (NCCMHC) demonstrates the extremely high service levels achieved by the SCC as compared with 513 community mental health centers nationwide. Using the NCCMHC Profile Report, and adjusting the budget figure using the Federal Government's cost differential of 25% for Anchorage, Figure 9 is obtained. The figure shows that while SCC had a slightly higher total budget (4.1%) and a slightly higher total staff level (2.4%) than the average for all centers, SCC received a substantially lower percentage of public funding (14.2% or \$259,426 less) and served a much larger number of clients (64.5% more).

Thus, the national and in-State comparisons demonstrate that the Southcentral Counseling Center, despite underfunding in public monies and great program turmoil has been highly cost efficient and has served a much larger number of clients than other centers.

Comparative analyses over the last six years, have consistently shown that the SCC has been publicly underfunded for the population it serves and for the services it provides. Part of this underfunding problem is attributed to the State's low level of funding for its community mental health program and part to the great disparity in funding across the State, as was previously discussed. The data demonstrate that the SCC has done exceptionally well with the public resources it has been provided, compared with other community mental health centers.

FY84 CMHC COST OF DIRECT HOUR

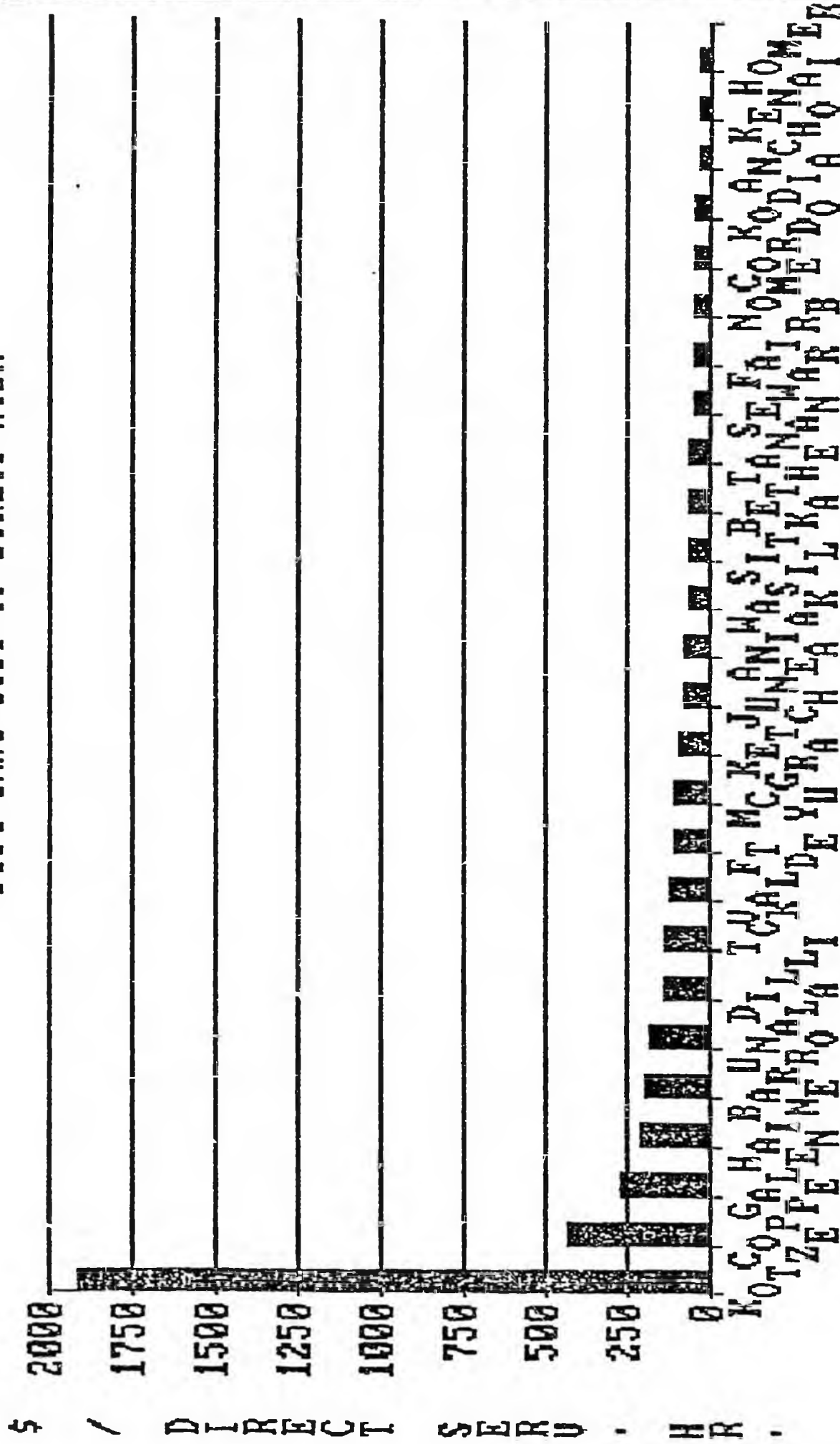


COMMUNITY MENTAL HEALTH CENTER

MCOST FY84

Figure 8

FY84 CMHC COST OF DIRECT HOUR



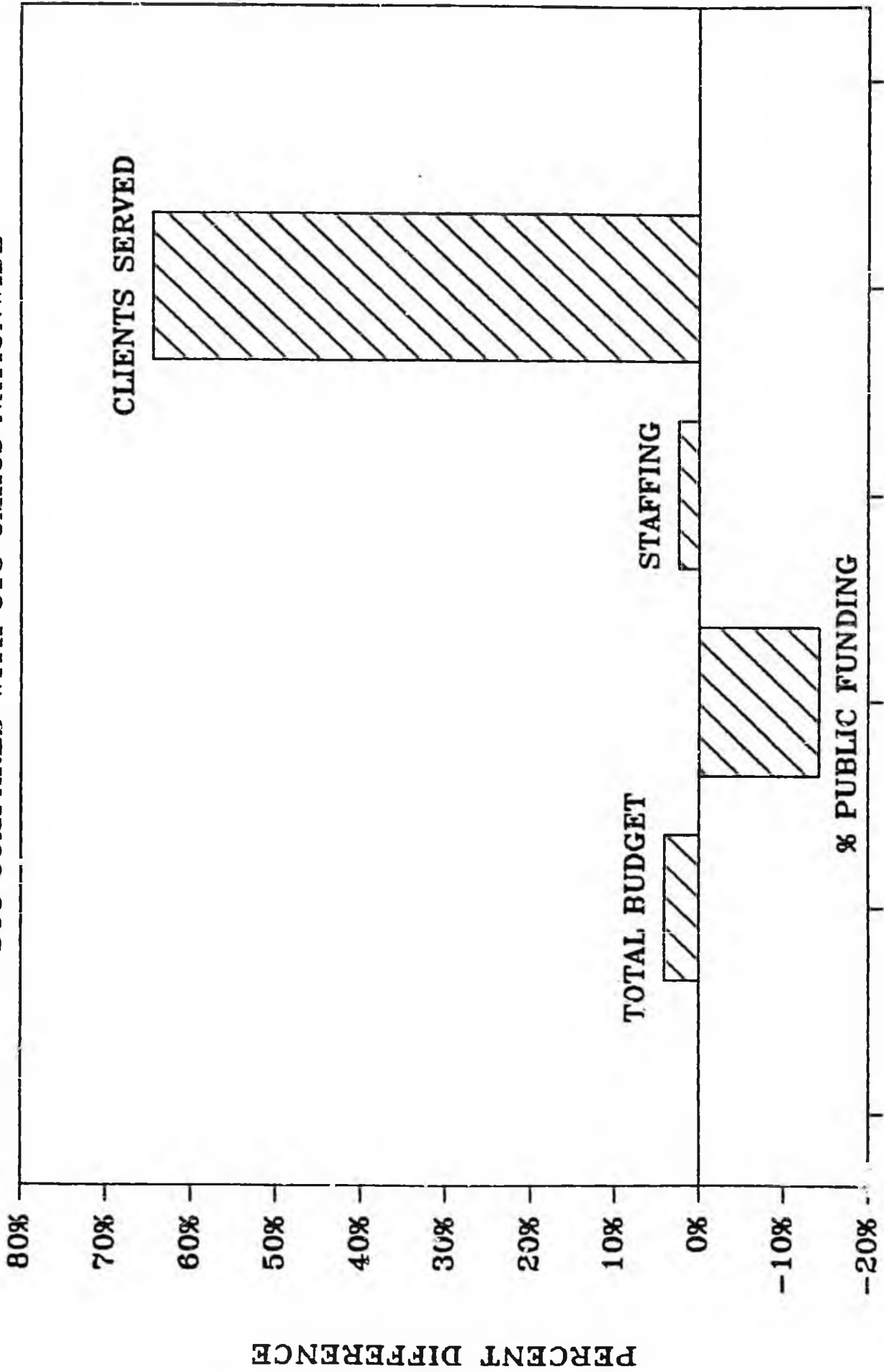
COMMUNITY MENTAL HEALTH CENTER

COST FY84

Figure 8

RESOURCE AND SERVICE PROFILE

SCC COMPARED WITH 513 CMHCs NATIONWIDE



SOURCE: NCCMHC PROFILE REPORT - APRIL 1985

Figure 9

SCC STAFFING

The SCC is currently experiencing a precarious personnel situation, with only one full time psychiatrist and only one licensed Ph.D. Psychologist on staff. Being located in Anchorage presents a highly competitive personnel environment for the Center. Because of its lower salary levels and high workload requirements, the SCC has continuously lost high quality staff to the private sector and to State agencies. The Center lost six staff to Charter Hospital when it opened, including the supervision of the Day Treatment Program for CMI. Over the last several years, the Center has lost other staff to Humana Hospital, the Alaska Psychiatric Institute, the University of Alaska, the State Division of Family and Youth Services, the Department of Corrections, and to private clinics. Particularly difficult to obtain and retain have been licensed Ph.D. psychologists, and psychiatrists. Mental health professionals with these qualifications can make much more money outside the Center working with a safer and more affluent clientele. They also do not have to deal with the high caseloads, the extensive paperwork requirements of the State Division of Mental Health and Developmental Disabilities, and other administrative requirements which come with public mental health programs. The Center's Adult and Family Unit, which provides services to the vast majority of the Center's clients, has had four unit supervisors in a little over two years. Three supervisors moved to the private sector. Over the last year the Center has increased salary levels somewhat, in an attempt to retain good staff. This has resulted, however, in some staff layoffs, since budgets would not support staffing at the previous levels and salary increases. The latest staff cuts were made in July, 1985.

The current SCC staffing level is 65 full time equivalents, down from a high of 108 in 1983. The greatest staff turnover over the last several years have been in the Adult and Family Unit, at the Transitional Living Center, and in Psychiatric Services, and within Administrative and support staff.

COMMUNITY SATISFACTION WITH SERVICES

Each year since 1980, the Center has surveyed its clientele to determine if those served were satisfied with the services received. The last three of these surveys were accomplished with standardized survey forms used nationwide in mental health programs. The Center's performance, based on these surveys of the public, have been consistently higher than other centers nationwide. The 1984 survey was accomplished by an independent researcher from the State of Washington who also conducted surveys at other mental health centers.

The Center has been pleased with its highly favorable ratings, especially in view of the turmoil of the last few years.

Despite the fact that those in need of mental health services are not vocal in demanding, or are unable to demand, their fair share of State resources, and despite their inability or reluctance to discuss publically the services they do receive, those that have received services at the Southcentral Counseling Center have been highly satisfied with the care they have been provided.

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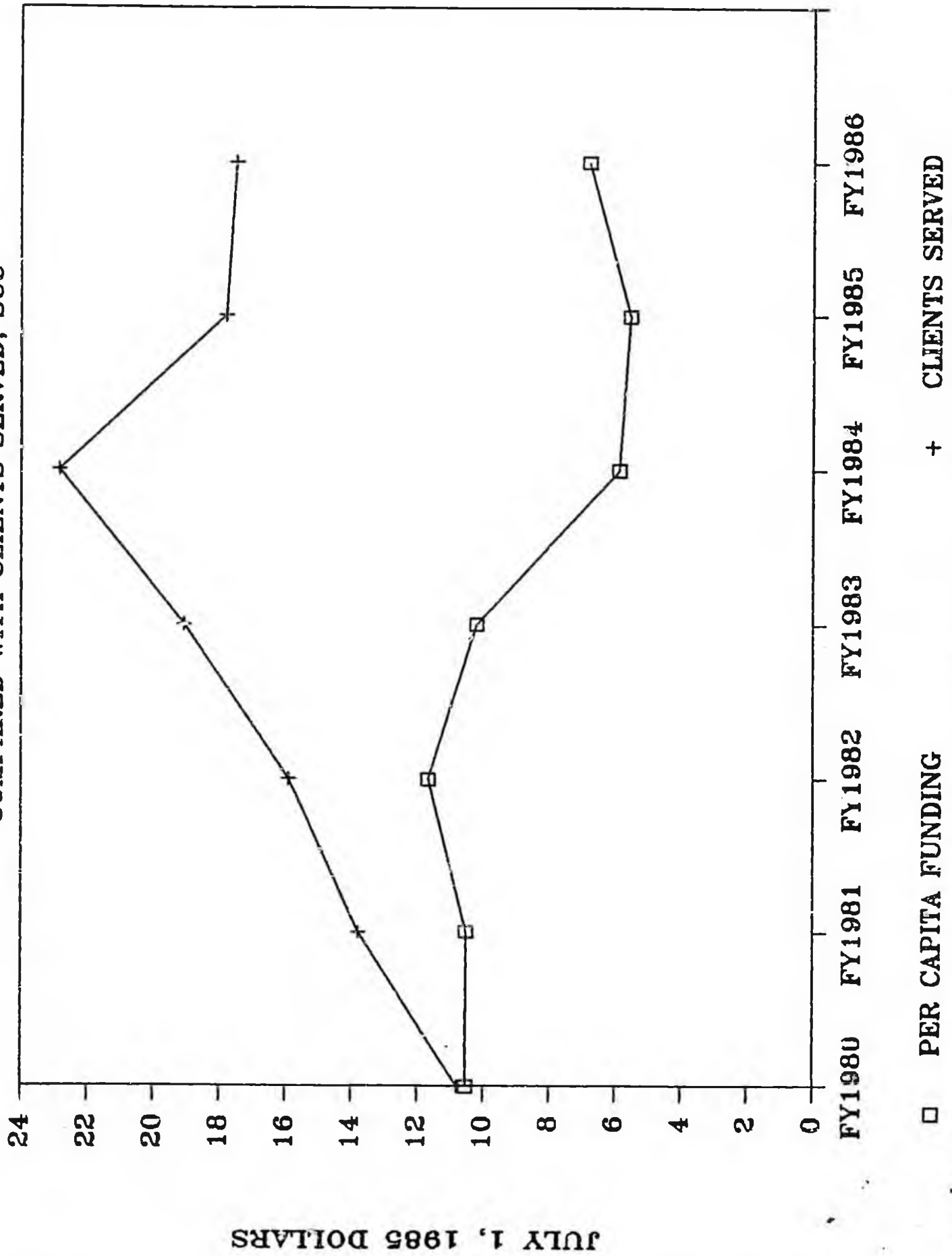
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PER CAPITA FUNDING, OUTPATIENT SERVICE: COMPARED WITH CLIENTS SERVED, SCC



JULY 1, 1985 DOLLARS

□ PER CAPITA FUNDING
 + CLIENTS SERVED