

LEG. FINANCE - BILLS 1977 - 1978 982

SB 540 cont.

BILL REFERENCE	SECTION(S) SPECIALLY ENDORSED BY SCHPD	REASON(S) FOR SUPPORT
HB 232	Municipal sales tax on beverage alcohol	Encourage communities to develop resources and respond appropriately to local alcohol problems.
HB 240	<ol style="list-style-type: none"> 1. Compensation for alcohol revenue loss for communities restricting sales. 2. Increased penalties for illegal sales. 3. Prohibition of common carriers from transporting orders of alcoholic beverages to "dry" communities. 	Encourage local option in restriction and enforcement of the sale of beverage alcohol.
HB341/HB 414	Limitation on liability of health care providers in the administration of blood tests.	Facilitates the enforcement of DWI and DMVI laws.
SB 167	Excise tax on beverage alcohol.	<ul style="list-style-type: none"> -Provides additional resources. -Decreases access to beverage alcohol.
SB 545 ✓	Third-party reimbursement for treatment of alcoholism.	<ul style="list-style-type: none"> -Makes treatment more accessible financially. -Expands the revenue base for programs. -Permits accurate reporting of medical service utilization.
SB551/552 ✓	Establishment of mechanism to assure that alcohol-related convictions obtain screening, referral treatment.	Would force problem drinkers into treatment and hopefully reduce criminal recidivism.
SB 541 ✓	K-12 health education to include alcohol and drug education.	All children should receive comprehensive (not categorical) health education appropriate to their age.
SB 542 ✓	Alcohol education curriculum. Occupational alcoholism programs.	Education as a preventive measure is endorsed. SCHPD supports a comprehensive health education program rather than allocation of responsibility for specific topics to separate agencies/departments.
SB 241	Appropriations.	Resources should be available as needed to manage the problem.
SB 540 ✓		
SB 321	Driving with a .1 BAC is illegal statewide.	Would strengthen enforcement of drunk driving laws.
SB 242, 542, 543, 544 ✓	Standards for manpower and treatment services.	Where standards contribute to assurances of quality in services delivery, they are essential to effective health care.

John Sackett

SB540

Gentlemen:

My name is Fred Peto. I am employed at Bethel as a Regional Technical Assistant in the Alcoholism Prevention Program of the Yukon-Kuskokwim Health Corporation, hereafter called YKHC.

YKHC is now operating a P.L. 95-638 contract as the health services agent for some 16,000 Native Eskimo residents of 55 regional villages which are scattered over a 58,000 square mile tundra region of the Yukon-Kuskokwim delta.

This region in which I was born and have lived all my life, now has a severe and excessive rate of alcoholism and mental health disease. Over 12 % of the inpatient workload at the Bethel PHS Native Hospital in a recent year were admitted as a direct result of alcohol abuse. The YKHC mental health workload in fiscal year 1977-78 increased threefold over the previous year and during the past year 28% of all Mental Health clients treated by YKHC Staff had alcohol related problems.

It generally is recognized that the primary cause of alcoholism and mental health disease is the rampant acculturation process which my people are undergoing. The resulting role deprivation, sense of insecurity and its attendant depression among my people have led to excessive mental health disease and the grasping-on of alcohol as a last despairing means of possible self restoration.

Experience has shown that in order to counter-attack these degrading effects of rampant acculturation, individual village alcoholism programs must be initiated wherein the communal and self identity of my people are re-established at the local level. All other

types of approaches have proven to be only "band-aid" type operations which cover the wound but do not eradicate the disease. Individual village alcoholism programs which emphasize group alcoholism education in the schools and at all communal village meetings must be conducted by respected village leaders who have been trained in alcoholism education, counseling, treatment and alternative forms of alcoholism prevention. It is my job, together with another co-worker, to establish and maintain such programs in 30 of the 55 regional villages by the close of 1983.

Such a comprehensive program costs money. I and my co-worker have established eight such village programs, three of which have been in operation under minimal Title VI CETA funds for the past year at the villages of Hooper Bay, Akiak and Akiachuk. A fourth, also in operation for the past year at Napaskiak, has been funded both by CETA and by the State Office of Alcoholism and Drug Abuse. The other four village programs at Nunapitchuk, Mountain Village, Toksook Bay and Quinhagak have been funded under Title VI CETA funds from May 1, 1978 to the close of this fiscal year. We have been told by the CETA Prime Sponsor that funds may not be available for any of these programs during FY-79.

Therefore, the YKHC Alcoholism Prevention Department is requesting a total of \$213,204 from the State Office of Alcoholism and Drug Abuse for these eight village programs during FY-79. We are asking \$16,602 each for the Akiak and Akiachuk programs which require only one Alcoholism Educational Counselor and \$50,000 each for the remaining six villages, each of which require two Alcoholism Educational Counselors to provide services for their home village and four neighboring villages. Our request for such funding already has been review-

ed and approved by the Health Services Agency for our region, namely, the South Central Health Planning and Development, Inc.

YKHC has a proven record of accountability. We are asking much, -this we realize- but if you grant these funds for residents of rural Alaska, you can be assured these monies will not be wasted.

Thank you for your time.

YUKON-KUSKOKWIM HEALTH CORPORATION

P. O. Box 528
Bethel, Alaska 99559
(907) 543-3321

April 21, 1978

Robert L. Cole, Coordinator
State Office of Alcoholism & Drug Abuse
State of Alaska HSSD
Pouch H 05 F
Juneau, Alaska 99811

Dear Mr. Cole:

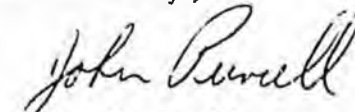
Enclosed are: 1) a copy of the notification of approval letter from the South Central Health Planning and Development, Inc., Board of Directors concerning the Board's approval on 04/08/78 of the YKHC Alcoholism Program request for eight regional villages; and 2) a recompiled summary package of the funding request for these eight villages. The latter package is divided into three sections: a) a narrative section containing the goals and objectives of the program (page 3) and a synthesis of budget data both for all the village programs considered collectively as well as a funding breakdown for the individual eight programs (p. 5); b) a detailed funding budget for the six village programs at Napaskiak, Hooper Bay, Nunapitchuk, Mountain Village, Toksook Bay and Quinhagak; plus c) a detailed funding budget for the two villages of Akiak and Akiachuk.

The recompiled summary package is being submitted due to the fact, as is noted in the third comment of the SCHPD approval letter, that the original funding request contained 8 packages for each of the eight villages, which request was cumbersome for the SCHPD Project Review Committee to handle. It is hoped that the recompiled summary package will remedy this situation for other examiners of the funding request.

A copy of the enclosed summary also is being sent to the A-95 Clearinghouse, St. I.D. #78031406 and 78031602. Additional copies are being presented to State Senator George Hohman and State Representative Phillip Guy.

If further information is desired, please feel free to contact me.

Sincerely,



John Purcell,
Assistant Health Director, YKHC

South Central Health Planning and Development, Inc.

1135 West Eighth Avenue Suite 1 Anchorage, Alaska 99501

(907) 278 3631



TO: Yukon-Kuskokwim Health Corp., applicant, attn: John Purcell
A-95 Clearinghouse, St. I. D. # 78031406
State Office of Alcoholism, attn: Gail Shortell
DHEW, Region X, PHS

FROM: South Central Health Planning and Development, Inc.

SUBJECT: Alcoholism Program for Eight Villages

DATE: April 13, 1978

At the SCHPD meeting on Saturday, April 8, 1978, the following action was taken by the Board of Directors:

MOTION

The Project Review Committee recommended, it was seconded and passed, to approve the Alcoholism Program for Eight Villages submitted by Yukon-Kuskokwim Health Corporation with the following recommendation:

1. That a uniform data collection procedure be established for future planning and evaluation.

Vote: 16 yes, 10 absent, no conflict of interest.

Below are summaries of the comments and concerns raised during discussion of the motion by the committee and/or board.

- Cost appears to be staggering.
- Clearer documentation of objectives for accountability is needed.
- The budget proposal is confusing.
- Acquisition and adequate training of personnel for the program seem well described but how to get and keep people for the program is a problem.
- The number of people to be served is not clear.
- It is not clear as to how the evaluation is to be carried out.
- What changes can be brought about because of evaluation (how will program change next year).

SMC/lis

YUKON-KUSKOKWIM HEALTH CORPORATION

P. O. Box 528
Bethel, Alaska 99559
(907) 543-3321

NARRATIVE ADDITION EIGHT VILLAGE ALCOHOLISM EDUCATIONAL PROGRAMS YKHC-FY-79

There is a general consensus in the Yukon-Kuskokwim delta area, a consensus which was reechoed at meetings held by public and private agencies involved in the regional problem of alcoholism on December 12 and December 16, 1977 at the Kuskokwim Community College, that if an effective comprehensive attack is to be launched on the number one health problem in the region; namely, alcoholism, this offensive must be centered on the establishment of individual village alcoholism programs wherein the emphasis would be placed on preventive alcoholism education, especially the education of the young. It is with this goal in mind that the Alcoholism Prevention Department of YKHC in a comprehensive five year plan to run from 1979-1983, has set as its prime goal the establishment by the close of 1983 of 30 funded individual village alcoholism programs in the 55 Native villages within the region.

The need for village alcoholism programs particularly is recognized by the villages themselves. Already, the two Regional Technical Assistants of the YKHC Alcoholism Prevention Department who have as their main responsibility the formation of the village programs, have received urgent requests from the Village Governing Councils of Mekoryuk, Alakanuk, St. Mary's, Eek, Nightmute, Kwethluk and Napakiak to form alcoholism programs in their villages as soon as possible. Many of these villages, with the assistance of the YKHC Regional Technical Assistants, have instituted Alcoholism Councils, the members of which are attempting to combat village alcoholism problems temporarily on a volunteer basis. In the eight programs for which State funding is being asked in this FY-79 request, village support is overwhelming; for example, the President of the Village Governing Council at Napakiak is himself a member of the Village Alcoholism Council and also an Alcoholism Educational Counselor under the one State Office of Alcoholism and Drug Abuse funded village program for FY-78. The Mayor of a large village on the lower Yukon River which is seeking funding has stated that such a program in his mind is the number one need in his village and that he himself, who has been a victim of alcoholism, personally has need for such a program. An apathetic view towards support of alcoholism prevention programs, which may exist in larger urban areas and on the State level, is non-existent in the Yukon-Kuskokwim delta villages. The Village of Akiachuk, for which one Alcoholism Educational Counselor is being requested in FY-79, already has requested an additional Counselor for FY-80.

The cry of the regional villages for such programs has its basis in hard statistics which reveal the plight of the region as a whole as it attempts to confront the onslaught of the scourge of alcoholism. For example, as is noted on page 13 of the Comprehensive Alcoholism Plan narrative, 12.16% of the inpatient workload in FY-76 at Bethel PHS Native Hospital were admitted as a direct result of alcohol abuse, as contrasted with an overall 5.2% corresponding rate for all seven PHS hospitals in

Alaska for 1976. Secondly, from 11/11/76 - 12/01/77 of a total 197 persons treated by the YKHC Mental Health Department from the regional villages, 55 persons or 27.9% of all mental health clients had alcohol related problems. Third, data compiled by the Bethel Alcoholism Treatment Center reveals that for the past year and one-half, more than 55% of clients treated at the Center were not from Bethel but from the regional villages.

The eight villages for which State funds are being requested in this grant have existing Village Alcoholism Councils which have been formed during the past year and one-half by the YKHC Regional Technical Assistants. Three of these villages: Hooper Bay, Akiak and Akiachuk have had Alcoholism Educational Counselors who were chosen by the Village Alcoholism Councils funded by a CETA, Title VI subcontract conducted under the YKHC Alcoholism Prevention Department. A fourth village, Napaskiak has both CETA Title VI Alcoholism Educational Counselors under YKHC and a direct village grant for \$25,000 from the State Office of Alcoholism and Drug Abuse for FY-78. The four other villages will receive CETA-Title VI funds under an additional subcontract to YKHC for the last two months of the FY-78 State fiscal year. The YKHC Regional Technical Assistants also have been instrumental in the formation this year of a Village Alcoholism Council at Aniak on the upper Kuskokwim and this Village will be requesting funds for an alcoholism program in a funding request to be submitted by the Kuskokwim Native Association.

These eight village programs are providing a geographic network of primarily educational alcoholism services throughout the entire delta region, a network which will provide a foundation for initiating other village programs in the next four years. The Akiak (population: 186) and Akiachuk (population: 360) programs serve the Kuskokwim area above Bethel; Napaskiak (population: 250) and Quinbagak (population: 400) the lower Kuskokwim area; Mountain Village (population: 513) the lower Yukon area; Hooper Bay (population: 630) the western Bering Sea area; Toksook Bay (population: 316) the southwest Nelson Island area and Nunapitchuk (population: 349) the interior area on the Johnson River. All of these programs, since they already as of 5/1/78 will have had two trained and functioning Alcoholism Educational Counselors for each village program (with the exception of the village programs at Akiak and Akiachuk which since these villages are in close proximity to each other, have only one Counselor per village) will be in full operation as of July 1, 1978.

The primary responsibility of the Alcoholism Educational Counselors will be to provide group alcoholism educational instruction in the village schools and at weekly scheduled village community meetings. Use of films for such educational presentations will be available from the YKHC Regional Technical Assistants. The Alcoholism Educational Counselors, moreover, will provide educational instruction on a one-to-one basis. They also will provide necessary non-medical detoxification treatment care in the villages, conduct a river patrol to prevent village residents who are inebriated from freezing or drowning. They will perform after-care counseling, counseling to families of alcoholics in the villages and work closely with the YKHC Social Worker and Recreation Director in the establishment and implementation of disulfiram programs and also

alternative alcoholism recreational activities for the village elderly. Additionally they will provide outreach educational preventative group instructions in neighboring villages both in the school and at community meetings. Most important, they will work with all village leaders to build a village environment which will work to support alcoholism prevention.

From the above it can be seen that the ultimate goal of the eight village alcoholism programs is to reduce the incidence of alcoholism and alcohol abuse in these villages by raising the level of knowledge concerning alcohol and alcoholism through educational programs aimed at village families and school children. The immediate goal is to create by means of a concentrated educational effort an atmosphere of a unified collective village attitude and expression towards alcoholism and alcohol abuse which will provide the support of positive peer pressure towards those village residents who otherwise might be inclined to abuse alcohol or succumb to the disease of alcoholism. The objectives, therefore, of these programs in each of the individual villages are as follows:

- 1) To raise the collective consciousness of the village towards alcoholism and alcohol abuse via group educational instruction in the schools and at village meetings;
- 2) To use this "collective consciousness" as a positive peer pressure to support village residents who are most liable to incur the disease of alcoholism;
- 3) To provide individual educational instruction as is requested;
- 4) To provide group educational instruction for neighboring villages;
- 5) To provide aftercare counseling, particularly with village residents returning from the Bethel Alcoholism Treatment Center and referred to the village Counselors;
- 6) To refer village residents in need of treatment to BATC;
- 7) To provide in conjunction with the YKHC Recreation Director, alternative recreational activities to the Elderly;
- 8) To provide, in conjunction with the YKHC Social Worker, particularly via outreach activity, a village disulfiram program in conjunction with medical Staff at Bethel PHS;
- 9) To establish AA groups, ALANON and ALATEEN groups within the villages;
- 10) To reduce the number of village drownings and freezings which are alcohol related;

The accomplishment of these objectives will be measured primarily through data received on a semi-monthly basis by the YKHC Regional Technical Assistants from each Alcoholism Educational Counselor. The attached

Work Performance Log was designed and implemented for the village programs following an evaluation of the YKHC Alcoholism Prevention Department in January, 1978 by an independent auditing firm hired by ANCADA. Further assessment of the achievement of such objectives will be accomplished via quarterly evaluations of each program by the YKHC Regional Technical Assistants. Further control will be exercised over the program inasmuch as the semi-monthly Work Performance Logs must be signed not only by the Village Council President but by a YKHC Board of Director's member, if a Board member resides in the Village. Moreover, the RTA's will have the authority, following consultation with the Village Council, to terminate any Alcoholism Educational Counselor for poor work performance following a written 30 days notice of the need for corrective action. All bookkeeping records, accounting and payroll activities and control of all funds will be handled by the YKHC Administrative Services Department under Ms. Maxine Davis, Assistant Director for Administrative Services. This Department is audited annually by an independent firm and also by Indian Health Services and State auditors.

Budget Requests

A) Total Funds Requested - Eight Village Alcoholism Educational Programs

Napaskiak	\$30,000	
Hooper Bay	30,000	
Akiak	16,602	
Akiachuk	16,602	
Nunapitchuk	30,000	
Mountain Village	30,000	
Toksook Bay	30,000	
Quinhagak	30,000	
TOTAL:		\$213,204

B) Individual Program Budgets - Napaskiak, Hooper Bay, Nunapitchuk, Mountain Village, Toksook Bay and Quinhagak

1) Salaries: Alcoholism Educational Counselor #1: \$9,500	
#2: 9,500	
	\$19,000
2) Fringe (18%):	3,420
3) Travel:	2,800
4) Communications:	300
5) Utilities:	600
6) Supplies:	429
7) Indirect Costs (13%):	<u>3,451</u>
TOTAL:	\$30,000

C) Individual Program Budgets - Akiak and Akiachuk

1) Salaries: Alcoholism Educational Counselor:	\$10,084
2) Fringe (18%):	1,815
3) Travel:	1,464
4) Communications:	300
5) Utilities:	600
6) Supplies:	429
7) Indirect Costs (13%):	<u>1,910</u>
TOTAL:	\$16,602

IV GRANT APPLICATION BUDGET

I.	CATEGORY 100: PERSONAL SERVICES:	:BUDGET DETAIL
II.	CATEGORY 200: TRAVEL	:BUDGET DETAIL
III.	CATEGORY 300: FACILITY EXPENSE	:BUDGET DETAIL
IV.	CATEGORY 400: SUPPLIES	:BUDGET DETAIL
V.	CATEGORY 500: EQUIPMENT	:BUDGET DETAIL
VI.	CATEGORY 600: OTHER OPERATING EXPENSE	:BUDGET DETAIL
VII.	INDIRECT COST	:BUDGET DETAIL
VIII.	SOURCE OF FUNDS	:BUDGET DETAIL
IX.	ESTIMATED PROJECT BUDGET SUMMARY	‡
X.	SOURCE OF FUNDS SUMMARY	
XI.	CLASSIFICATION OF MATCHES - REQUIREMENTS	

Individual Program Budgets - Napaskiak, Hooper Bay, Nunapitchuk,
Mountain Village, Toksook Bay and Quinhagak

I. CATEGORY 200: TRAVEL: BUDGET DETAIL

TAFF POSITION	TRAVEL TO	PURPOSE	# DAYS	AIR FARE MILEAGE	*PER DIEM	CASH	IN KIND	TOTAL PROJECT
Alcoholism Education-Counselor #1	4 neighboring villages within radius of 100 miles	To provide alcoholism educational prevention services	24	836	564	1,400	0	1,400
Alcoholism Education-Counselor #2	4 neighboring villages within radius of 100 miles	To provide alcoholism educational prevention services	24	836	564	1,400	0	1,400
TOTAL 200			48	1,672	1,128	2,800	0	2,800
SUMMARY BY TYPE OF TRAVEL:								
LOCAL TRAVEL (incl. Village Travel)						2,800	0	2,800
TRAINING, WORKSHOPS, SCHOOLS RTA's will visit villages for training						0	0	0
PROFESSIONAL MEETINGS, CONFERENCES						0	0	0
DHSS ADVISORY BOARD MEETINGS						0	0	0
TOTAL						2,800	0	2,800

*Include any tuition costs in this column, adding it to the per diem. Identify it separately in the budget narrative.

III. CATEGORY 300: FACILITY EXPENSE: BUDGET DETAIL

COST ITEM	DESCRIPTION	CASH	IN-KIND	TOTAL PROJECT
RENTS: List rent for each facility	Facility: <u>Office</u> \$ <u>100.00</u> @ Month <u>168</u> Sq. ft. \$ <u>.60</u> @ Sq. Ft.	0	\$1,200	\$1,200
	Facility: _____ \$ _____ @ Month _____ Sq. ft. \$ _____ @ Sq. Ft.			
	Facility: _____ \$ _____ @ Month _____ Sq. ft. \$ _____ @ Sq. Ft.			
	SUB-TOTAL			
COMMUNICATIONS:	Telephone: \$ <u>25.00</u> @ Month	300	0	300
	Telegrams: \$ _____ @ Month			
	SUB-TOTAL			
UTILITIES:	Heat: \$ <u>35.00</u> @ Month	600	0	600
	Lights: \$ <u>15.00</u> @ Month			
	Water, Sewer: \$ _____ @ Month			
	Other: \$ _____ @ Month			
	SUB-TOTAL			
MINOR REPAIR, RENOVATION, AND MAINTENANCE:	Minor Repair:			
	Renovation:			
	Maintenance:			
SUB-TOTAL	0	0	0	
TOTAL 300		900	\$1,200	\$2,100

IV. CATEG 400: SUPPLIES: BUDGET DETAIL

COST ITEM	DESCRIPTION	CASH	IN-KIND	TOTAL PROJECT
OFFICE SUPPLIES:	\$ 35.75 @ Month	429	0	429
PROGRAM SUPPLIES:	Recreational & Craft: Audio Visual (tapes, etc.): Literature: Films: Rental \$ _____ Purchase \$ _____ Films will be provided by ANCADA			
	SUB-TOTAL	0	0	0
HOUSEHOLD SUPPLIES:	Cleaning: \$ _____ @ Month Linens: Miscellaneous:			
	SUB-TOTAL	0	0	0
MEDICAL:	\$ _____ @ Month	0	0	0
FOOD:	\$ _____ per client x _____ # of clients x _____ # days	0	0	0
OTHER:	IDENTIFY:			
	SUB-TOTAL	429	0	429
TOTAL 400		429	0	429

V. CATEGOR 500: EQUIPMENT: BUDGET DETAIL

COST ITEM	DESCRIPTION	CASH	IN-KIND	TOTAL PROJEC
MAINTENANCE, REPAIR:	Office Equipment: \$ _____ @ Month Vehicles: 2 Snowmobiles \$ 25.00 @ Month Other: Describe _____	0	300	300
	SUB-TOTAL	0	300	300
LEASE AND/OR RENTAL	List each piece of equipment and monthly rate. Two snowmobiles: \$100.00 per mo. for 8 months each $100 \times 8 \times 2 = \1600.00 1 motor boat: \$50.00 per mo. for 4 months $50 \times 4 \times 1 = \$200.00$	0	1600	1600
		0	200	200
	SUB-TOTAL	0	1800	1800
PURCHASE:	List each item to be purchased and the unit cost of each. Include and identify shipping cost if applicable.			
	SUB-TOTAL	0	2100	2100
TOTAL 500				

VI. CATEGORY 600: OTHER OPERATING EXPENSES: BUDGET DETAIL

COST ITEM	DESCRIPTION:	CASH	IN-KIND	TOTAL PROJECT
PROFESSIONAL SERVICES:	Accounting: Covered under indirect costs Audit: Medical: Legal: Consultant: Other:			
	SUB-TOTAL	0	0	0
INSURANCE & BONDING	List by type of coverage and item insured. List premium for each policy carried.			
	SUB-TOTAL	0	0	0
SUBSCRIPTIONS AND DUES:	Subscriptions: Dues:			
	SUB-TOTAL	0	0	0
PRINTING & ADVERTISING:	Printing: Advertising:			
	SUB-TOTAL	0	0	0
SUB-CONTRACTS	Identify each organization that you intend to sub-contract with and indicate what services they will provide.			
	SUB-TOTAL	0	0	0
TOTAL 600		0	0	0

VII. INDIRECT COST: BUDGET DETAIL

DESCRIPTION:	CASH	IN KIND	TOTAL PROJECT
<p>13 % based upon a total Cost of \$ 30,000 , or /\$26,549 direct costs % based upon a salary Cost of \$ _____</p> <p>Give the computation used in determining the requested indirect cost rate. Attach all relevant correspondence with the Federal Department of Health, Education & Welfare verifying the final rate established.</p> <p>This rate is lower than the usual YKHC indirect cost requirement of 21% which has been approved by DHEW. It is based on the indirect cost rate used by CETA in this area to cover indirect costs of four of the programs in FY-78.</p>	\$3,451	0	\$3,451
TOTAL INDIRECT COST	\$3,451	0	\$3,451

FUND CATEGORY	DESCRIPTION	TOTAL
PROJECT INCOME	THIRD PARTY PAYMENTS: LIST EACH SOURCE & AMOUNT	
	SUB-TOTAL	0
	CLIENT PAYMENTS: LIST PER SERVICE COMPONENT AND AMOUNT	
	SUB-TOTAL	0
	OTHER: LIST PER SOURCE AND AMOUNT	
	SUB-TOTAL	0
	TOTAL: PROJECT INCOME	0
LOCAL CONTRIBUTION	CASH: IDENTIFY EACH SOURCE & AMOUNT	
	FEDERAL GOVERNMENT:	
	LOCAL GOVERNMENT	
	LOCAL DONATIONS	
	OTHER:	
	CASH SUB-TOTAL	0
	IN-KIND: LIST EACH SOURCE AND AMOUNT a) Office facility \$1,200 b) Maintenance & repair - 2 snowmobiles: 300 c) Rent - 2 snowmobiles 1,600 d) Rent - 1 motor boat 200	
IN-KIND SUB-TOTAL	\$3,300	
TOTAL LOCAL CONTRIBUTION	3,300	
WADA Grant Funds:		\$30,000

BUDGET CATEGORY	SOADA Funds	OTHER CASH	IN-KIND	TOTAL PROJECT
0- PERSONNEL SERVICES	\$22,420	0	0	\$22,420
0- TRAVEL	2,800	0	0	2,800
0- FACILITY EXPENSES	900	0	1,200	2,100
0- SUPPLIES	429	0	0	429
0- EQUIPMENT	0	0	2,100	2,100
0- OTHER OPERATING EXPENSE	0	0	0	0
TOTAL DIRECT COST	26,549	0	3,300	29,849
DIRECT COST 13 %	3,451	0		3,451

X. SOURCE OF FUNDS SUMMARY

PROJECT INCOME:	THIRD PARTY PAYMENTS		
	CLIENT PAYMENTS		
	OTHER		
	TOTAL PROJECT INCOME		0
LOCAL CONTRIBUTION: CASH:	FEDERAL GOVERNMENT		
	LOCAL GOVERNMENT		
	LOCAL DONATIONS		
	OTHER		0
	CASH SUB-TOTAL		0
IN-KIND:	TOTAL IN-KIND		3,300
	TOTAL LOCAL CONTRIBUTION		3,300
SOADA Grant Funds:			30,000
TOTAL PROJECT REVENUE:			\$33,300

Name of Project Department of Alcoholism Prevention-YKHC FY: 1979

XI. CERTIFICATION OF MATCHING REQUIREMENTS

I, John Purcell Assistant Health Director
(Name) (Title)

of the Yukon-Kuskokwim Health Corporation

hereby certify that the required 10 % match in the amount of \$ 3,000,
and as listed below has been made available for the exclusive use of the above
named project during fiscal year 1979 ending 06/30/79. I further
certify that the cash funds designated for this purpose are not derived from
state funds; that salaries, wages and benefits contributed are paid from other
than state funds; and that materials and equipment have been procured with
other than state funds and have not been used to provide match for other state
grants or contracts.

Total Match Required \$3,000 Total Match Proposed \$3,300 % 11

Source of Matching Support:*

Other Cash:

(Identify source and amount)

Office Facility: \$1,200; Maintenance and repair of 2
snowmobiles: \$300; Rent of 2 snowmobiles: \$1,600; Rent of

In-Kind: 1 motor boat: \$200.

(Identify source and amount)

John Purcell
(Name)

Assistant Health Director
(Title)

YKHC
(Corporation)

03/09/78
(Date)

*Use additional paper as necessary

Budget Narrative Appendix

1) Fiscal Management Responsibility:

Ms. Maxine Davis, Ass't Director for Administrative Services, YKHC
 Staff: Tim Anderson, Accountant
 Carrie Kashatok, Bookkeeper

Ms. Davis and her Staff provide all bookkeeping and accounting services plus comptroller services including purchases, payments and payroll. Her Department provides monthly, quarterly and annual financial statements according to each funding source to the Board of Directors.

The bookkeeping system is based on an accrual basis.

- 2) The Assistant Health Director, subordinate to the Deputy Director, is responsible for the day-to-day management of the program. The Board of Directors receive quarterly reports from the Deputy Director. The Mental Health/Alcoholism Prevention Advisory Committee of the Board meets monthly in a strictly advisory board capacity.
- 3) A private independent fiscal audit was completed in late February, 1978. All recommendations yet to be received will be implemented. One previously was completed in September, 1976. The Corporation has full capacity to re-pay the State for all budget expenditures disallowed by auditors.

The Department continuously is being assessed by the Regional Supervisor and IRS reviewers.

- 4) Current financial statements are attached.
- 5) FY-79 Funding Sources - YKHC Alcoholism Prevention

a) Total Budget:	\$352,303	100%	
ANCADA	101,492	28.81%	
NIAAA	37,607	10.68%	
Village Alcoholism Programs-			
Napaskiak	30,000	8.515%	
Hooper Bay	30,000	8.515%	
Toksook Bay	30,000	8.515%	
Quinhagak	30,000	8.515%	
Mountain Village	30,000	8.515%	
Nunapitchuk	30,000	8.515%	
Akiak	16,602	4.71%	
Akiachuk	16,602	4.71%	
b) Total Project	<u>64,544.01</u>	<u>352,303</u>	<u>81%</u>
Project Income	0	0	None
Local Cash	0	0	None
Local In-kind	0	24,800	100%
DHSS Grant	*25,000.00	213,204	88%
(The 25,000 grant from SOA for FY-78 was made directly to the Village of Napaskiak.)			

- 6) a. A grant request for FY-79 has been submitted by the YKHC Mental Health Department to NIAAA (with a copy to SOA) in the amount of \$37,607 for a Recreational Director to provide alternative outlets other than alcohol to elderly Native persons in the villages of Napaskiak, Hooper Bay, Mountain Village, Alakanuk and Bethel. See pages 52-55 of the narrative.

A grant request for FY-79 (12/01/78 - 11/30/79) in the amount of \$101,492 will be requested from the Alaska Native Commission on Alcoholism and Drug Abuse to provide continued funding for two Alcoholism Prevention Regional Technical Assistants and additional funding for a third RTA. The RTA's establish the Village Alcoholism Programs after creating and promoting community awareness, train the Alcoholism Educational Counselors, continuously monitor all village alcoholism programs, coordinate all activities and provide consultative technical assistance. See pages 57-58 and 30-31 of the narrative.

- b. The line item figures proposed in the budget are based on funds expended by four village alcoholism programs in the region during FY-78; one, an SOA project at Napaskiak and four which are being minimally funded by CETA.

c. None

d. None

- 7) a. A job description for the village Alcoholism Educational Counselor follows immediately. A written personnel policy is attached. Salaries are based on SOA and CETA salaries for FY-78. Experience has shown that two Counselors from each village should be hired to provide one-another with mutual support in counseling, speaking in schools, etc. Also with two persons, the river patrol each day can be divided into two shifts. Inasmuch as the villages of Akiak and Akiachuk are near each other, it is expected that one Counselor from each of these villages is sufficient.

- b. Travel costs are based on average circuit air fare costs to four villages within a regional radius of 100 miles considering one "circuit swing" to four villages each month.

The per diem rates are based on approved State and YKHC rates.

- c. All facilities are provided by the involved village which is responsible for all repair, maintenance, renovations and insurance.

d. None - Films are provided by ANCADA

e. None

- f. None - All training is provided by the Regional Technical Assistants funded by ANCADA.

- g. See above DHEW-PHS document regarding usual 21% YKHC indirect cost rate. The rate for SOA grants has been reduced to 13%, the previous CETA rate for four of the programs.

PERSONNEL JOB DESCRIPTION
YUKON-KUSKOKWIM HEALTH CORPORATION

Position Classification	Organization	Division	Person	Place
Alcoholism Educational Counselor	YKHC	Home Village		One of eight proposed villages
Action	Towards - Whom or What (Persons, Data or Things)	Why	How	% of Time
1 Receive training and instruction	from YKHC Alcoholism Prevention Program Regional Technical Assistants	to be able adequately to perform educational, treatment, outreach and clerical duties	through an intensive one week initial training session followed by monthly instructions.	5%
2 Exchanging educational information	with village population particularly school children	in order to provide alcoholism prevention education, especially to young adults	through group instruction and films in the school and at weekly evening village meetings.	35%
3 Counsel	village residents and families of village residents having alcoholism/alcohol abuse problems	to provide assistance to enable clients to overcome their particular problem	through one-to-one counseling sessions.	10%
4 Provide	sleep-in housing for inebriated village residents	to give sleep-in housing and follow-up counseling	by providing sleep-in services in facility provided by Village Council.	3%
5 Work closely	with Village Health Aide in assisting medical detoxification cases	so that proper medical treatment may immediately be provided	through communication with Bethel PHS Staff or YKHC Emergency Medical Staff.	2%
6 Assist	YKHC Social Worker and Recreational Director	in order to establish recreational alternatives to alcohol for the elderly	through training/instruction received from the Social Worker and Recreational Director.	10%
7 Travel	to 4 neighboring villages 2 days per month	to raise alcoholism prevention awareness of these communities and give instruction	by plane and snowmobile.	10%

	Action	Towards - Whom or What (Persons, Data or Things)	Why	How	% of Time
8	Patrol	village river fronts	so that villagers who are inebriated may not freeze or drown	through use of snow-mobiles and motorboats.	10%
9	Compile and submit	bi-weekly activity report to RTA's	to provide data for further analysis; also for accountability reasons	through clerical skills learned from RTA's.	5%
10	Refer	problem clients to RTA's	so that placement in treatment center at Bethel might be made	through constant radio or phone communications with RTA's.	2%
11	Receive referrals	from RTA's of clients having received acute or intermediate care at Bethel Treatment Center	to provide aftercare treatment	through acquired counseling skills.	2%
12	Recommend	willing clients to YKHC Social Worker	for screening for disulfiram treatment	through knowledge of client's condition through previous counseling.	6%

VILLAGE ALCOHOLISM COUNSELORS'
WORK PERFORMANCE LOG

1) EDUCATION: (Instruction in schools, at community meetings, etc.)

NUMBER OF HOURS: _____ NUMBER OF PERSONS: _____

TOPICS PRESENTED AND DATES:

2) TREATMENT: (Medical detox-Health Aide contacted; non medical detox;
sleep-off; aftercare counseling; outreach work in other
villages; river patrol; etc.)

NUMBER OF HOURS: _____ NUMBER OF CONTACTS: _____

NUMBER OF PERSONS: _____

TREATMENT PERFORMED AND DATES:

3) ADMINISTRATIVE: (Office work, reports, planning of schedules, contacts
with RTA's)

NUMBER OF HOURS: _____

WORK PERFORMED AND DATES:

SIGN-OFF:

COUNCIL PRESIDENT: _____

VPHC BOARD MEMBER: _____

GRANT APPLICATION

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

- 1. State Granting Agency: Alaska State Office of Alcoholism
- 2. Applicant Organization Name: Yukon-Kuskokwim Health Corporation
- 3. Business Address: P.O. Box 528 - Bethel, Alaska 99559
- 4. Mailing Address: P.O. Box 528 - Bethel, Alaska 99559 Phone: 543-3321
- 6. Program or Project name: Department of Alcoholism Prevention - YKHC
- 7. Project Location: P.O. Box 528 - Bethel, Alaska 99559
- 8. Mailing Address: P.O. Box 528 - Bethel, Alaska 99559 Phone: 543-3321
- 10. Type of Program: Village Alcoholism Program 11. Proposed Budget Year: 1979
- 12. Budget Period Beginning: 7/1/78 Ending: 6/30/79 13. Type of Application: New () Renewal () Supplemental ()
- 14. Type of Organization: Private/Non profit (X) Govt. () 15. Date of Incorporation (Non profit only): 10/9/69

Contact Individuals

- 16. Authorizing Person: Jim Martin, Deputy Director, YKHC Phone: 543-3321
Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
- 17. Financial Management: Haxine Davis, Ass't Dir. for Ad. Services Phone: 543-3321
Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
- 18. Project Operations: John Purcell, Ass't Health Director Phone: 543-3321
Mailing Address: P.O. Box 528 - Bethel, Alaska 99559

19. Amount Requested: \$140,740

20. List all other State Health & Social Services or Federal Health, Education, and Welfare grants received or applied for by applicant during proposed budget year

Type	Funds	State / Federal	Amount
Alcoholism Prevention	State	ANGADA	101,500
Desk for the Aging	Funds	NIAAA	37,607

21. Service Component Locations	Business Address	Mailing Address	Phone
Toksook Bay, Alaska	Toksook Bay, Alaska 99637	Village Alcoholism Council Toksook Bay, Alaska 99637	526-8001

Terms and Conditions: The undersigned grant applicant agrees to abide by the grant regulations and policies as described by law and delineated in the Department of Health and Social Services Grants Policy Manual and the Grant Application Package of

22. Authorized Signature: [Signature]
Date: 5/9/78

For State Use Only

Date Appl. Received Central Office	Awarded	Not Awarded
Date Reviewed by Council	Approved	Not Approved
Date Award Decision Made	Amount Awarded	
Date Notification Sent	Local Required Match	State Match
Project Ledger Code	Medical Provider Number	

APPENDIX C

LOCAL EMPLOYMENT

The program entitled VINE - Tobsook Bay Village Alcoholism Program

_____ which will serve the people in the

community of Tobsook Bay _____, has been presented and reviewed by

us. We recommend that _____ the requested funds be allotted so that a

village alcoholism program can be established and implemented in

our village.

It is our opinion that:

A. This program is not duplicating efforts of other programs

delivering services to this target population.

B. This program agency can provide the most effective and

efficient service for this target population.

C. The cost of this program is reasonable.

D. This program has been utilized sufficiently and appreciately

in the past year to justify funding it again this year.

E. Other This program will fulfill an unmet need of alcoholism

education and treatment in our village.

The procedure we used to arrive at this decision is as follows:

The decision for a program was made following a community meeting

in the village on the subject and a decision of the Village Council.

The names and agency affiliations of our members are:

The Tobsook Bay Village Alcoholism Council

This action is verified by:

Willie Akauk President - VISA

Jack Kunkin Jr. Title

Date: March 6 1978

Date: March 6, 1978

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

- 1. State Granting Agency: Alaska State Office of Alcoholism
- 2. Applicant Organization Name: Yukon-Kuskokwim Health Corporation
 - 3. Business Address: P.O. Box 528 - Bethel, Alaska 99559
 - 4. Mailing Address: P.O. Box 528 - Bethel, Alaska 99559 Phone: 543-3321
- 6. Program or Project name: Department of Alcoholism Prevention - YKHC
- 7. Project Location: P.O. Box 528 - Bethel, Alaska 99559
- 8. Mailing Address: P.O. Box 528 - Bethel, Alaska 99559 Phone: 543-3321
- 10. Type of Program: Village Alcoholism Program 11. Proposed Budget Year: 1979
- 12. Budget Period Beginning: 7/1/78 Ending: 6/30/79 13. Type of Application: New () Renewal () Supplemental ()
- 14. Type of Organization: Private/Non profit (X) Govt. () 15. Date of Incorporation (Non profit only): 10/6/69

Contact Individual:

- 16. Authorizing Person: Jim Martin, Deputy Director, YKHC Phone: 543-3321
Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
- 17. Financial Management: Maxine Davis, Ass't Dir. for Ad. Services Phone: 543-3321
Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
- 18. Project Operations: John Purcell, Ass't Health Director Phone: 543-3321
Mailing Address: P.O. Box 528 - Bethel, Alaska 99559

19. Amount Requested: \$170,740

20. List all other State Health & Social Services or Federal Health, Education, and Welfare grants received or applied for by applicant during proposed budget year:

Type: Alcoholism Prevention Funds	State/Federal: AHCADA	Amount: 101,500
Desk for the Aging Funds	SIAAA	37,607

21. Service Component Locations	Business Address	Mailing Address	Phone
Mountain Village	Mountain Village, Alaska 99632	Village Alcoholism Council Mt. Village, Alaska 99632	365-8001

Terms and Conditions: The undersigned grant applicant agrees to abide by the grant regulations and policies as described by law and delineated in the Department of Health and Social Services Grants Policy Manual and the Grant Application Package of

22. Authorized Signature: *[Signature]*
Date: 5/9/78

For State Use Only

Date Appl. Received Central Office	_____	Awarded	_____	Not Awarded	_____
Date Reviewed by Council	_____	Approved	_____	Not Approved	_____
Date Award Decision Made	_____	Amount Awarded	_____		
Date Notification Sent	_____	Local Required Match	_____	State Match	_____
Project Ledger Code	_____	Medicaid Provider Number	_____		

GRANT APPLICATION

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

1. State Granting Agency: Alaska State Office of Alcoholism
2. Applicant Organization Name: Yukon-Kuskokwim Health Corporation
3. Business Address: P.O. Box 528 - Bethel, Alaska 99559
4. Mailing Address: P.O. Box 528 - Bethel, Alaska 99559 Phone: 543-3321
6. Program or Project name: Department of Alcoholism Prevention - YKHC
7. Project Location: P.O. Box 528 - Bethel, Alaska 99559
8. Mailing Address: P.O. Box 528 - Bethel, Alaska 99559 Phone: 543-3321
10. Type of Program: Village Alcoholism Program 11. Proposed Budget Year: FY 1979
12. Budget Period Beginning: 7/1/78 Ending: 6/30/79 13. Type of Application: New (X), Renewal (), Supplemental ()
14. Type of Organization: Private/Nonprofit (X), Govt () 15. Date of Incorporation (Non-profit only): 10/6/69

Contact Individuals:

16. Authorizing Person: Jim Hartin, Deputy Director, YKHC Phone: 543-3321
Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
17. Financial Management: Haxine Davis, Ass't Dir. for Ad. Services Phone: 543-3321
Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
18. Project Operations: John Purcell, Ass't Health Director Phone: 543-3321
Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
19. Amount Requested: \$170,760

20. List all other State Health & Social Services or Federal Health, Education, and Welfare grants received or applied for by applicant during proposed budget year.
- | | | |
|------------------------------------|--------------------------------|------------------------|
| Type: <u>Alcoholism Prevention</u> | State / Federal: <u>ANCADA</u> | Amount: <u>101,402</u> |
| Funds: <u>Desk for the Aging</u> | Funds: <u>RIAAA</u> | <u>37,607</u> |

21. Service Component Locations	Business Address:	Mailing Address	Phone:
<u>Nunapitchuk</u>	<u>Nunapitchuk, Alaska</u>	<u>Village Alcoholism Council</u>	<u>543-2064</u>
	<u>99641</u>	<u>Nunapitchuk, Alaska</u>	<u>99641</u>

Terms and Conditions: The undersigned grant applicant agrees to abide by the grant regulations and policies as described by law and delineated in the Department of Health and Social Services Grants Policy Manual and the Grant Application Package of:

22. Authorized Signature: [Signature]
Date: 3/9/78

For State Use Only

Date Appl. Received Central Office	Awarded	Not Awarded
Date Reviewed by Council	Approved	Not Approved
Date Award Decision Made	Amount Awarded	
Date Notification Sent	Local Required Match	State Match
Project Ledger Code	Medicaid Provider Number	

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

1. State Granting Agency: Alaska State Office of Alcoholism
2. Applicant Organization Name: Yukon-Kuskokwim Health Corporation
3. Business Address: P.O. Box 528 - Bethel, Alaska 99559
4. Mailing Address: P.O. Box 528 - Bethel, Alaska 99559 Phone: 543-3321
6. Program or Project name: Department of Alcoholism Prevention - YKHC
7. Project Location: P.O. Box 528 - Bethel, Alaska 99559
8. Mailing Address: P.O. Box 528 - Bethel, Alaska 99559 Phone: 543-3321
10. Type of Program: Village Alcoholism Program 11. Proposed Budget Year FY: 1979
12. Budget Period Beginning: 7/1/78 Ending: 6/30/79 13. Type of Application: New (), Renewal (), Supplemental ()
14. Type of Organization: Private/Non profit (), Govt. () 15. Date of Incorporation (Non profit only): 10/6/69

Contact Individuals

16. Authorizing Person: Jim Hartin, Deputy Director, YKHC Phone: 543-3321
Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
17. Financial Management: Maxine Davis, Ass't Dir. for Ad. Services Phone: 543-3321
Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
18. Project Operations: John Purcell, Ass't Health Director Phone: 543-3321
Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
19. Amount Requested: \$160,740

20. List all other State Health & Social Services or Federal Health, Education, and Welfare grants received or applied for by applicant during proposed budget year:

Type: <u>Alcoholism Prevention</u>	State / Federal: <u>ASCADA</u>	Amount: <u>101,392</u>
<u>Funds</u>	<u>VIAAA</u>	<u>37,607</u>
<u>Desk for the Aging</u>		

21. Service Component Locations:

	Business Address:	Mailing Address:	Phone:
<u>Hooper Bay</u>	<u>Hooper Bay, Alaska 99604</u>	<u>Village Alcoholism Council Hooper Bay, Alaska 99604</u>	<u>329-8001</u>

Terms and Conditions: The undersigned grant applicant agrees to abide by the grant regulations and policies as described by law and delineated in the Department of Health and Social Services Grants Policy Manual and the Grant Application Package.

22. Authorized signature: *James H. Hartin*

Date: 03/9/78

For State Use Only

Date Appl. Received Central Office	Awarded	Not Awarded
Date Reviewed by Council	Approved	Not Approved
Date Award Decision Made	Amount Awarded	
Date Notification Sent	Local Required Match	State Match
Project Ledger Code	Medicaid Provider Number	

APPENDIX C

LOCAL ENDORSEMENT

The program entitled _____ YRHC - Hooper Bay Village Alcoholism Program

_____ which will serve the people in the community of Hooper Bay _____, has been presented and reviewed by us. We recommend that the requested funds be allotted.

It is our opinion that:

- A. This program is not duplicating efforts of other programs delivering services to this target population.
- B. This program agency can provide the most effective and efficient service for this target population.
- C. The cost of this program is reasonable.
- D. This program has been utilized sufficiently and appreciably in the past year to justify funding it again this year.
- E. Other The village of Hooper Bay has benefited this past year from YRHC Mental Health/Alcoholism services.

The procedure we used to arrive at this decision is as follows:

A decision was made by the Village Council to continue our present

Program under YRHC.

The names and agency affiliations of our members are:

Hooper Bay Village Alcoholism Council

This action is verified by:

Edward Nelson
Title _____

Date: 3-2-78

Joseph L. Lohr
Title _____

Date: 3-4-78

GRANT APPLICATION

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

1. State Granting Agency: Alaska State Office of Alcoholism
2. Applicant Organization Name: Yukon-Eushokwim Health Corporation
3. Business Address: P.O. Box 528 - Bethel, Alaska 99559
4. Mailing Address: P.O. Box 528 - Bethel, Alaska 99559 Phone: 543-3321
6. Program or Project name: Department of Alcoholism Prevention - YKHC
7. Project Location: P.O. Box 528 - Bethel, Alaska 99559
8. Mailing Address: P.O. Box 528 - Bethel, Alaska 99559 Phone: 543-3321
10. Type of Program: Village Alcoholism Program 11. Proposed Budget Year: 1979
12. Budget Period Beginning: 7/1/78 Ending: 6/30/79 13. Type of Application: New Renewal Supplemental
14. Type of Organization: Private Non-profit Govt 15. Date of Incorporation (Non-profit only): 10/6/69

Contact Individuals

16. Authorizing Person: Jim Barrin, Deputy Director, YKHC Phone: 543-3321
 Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
17. Financial Management: Hoxine Davis, Ass't Dir. for Ad. Services Phone: 543-3321
 Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
18. Project Operations: John Purcell, Ass't Health Director Phone: 543-3321
 Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
19. Amount Requested: \$140,740

20. List all other State Health & Social Services or Federal Health, Education, and Welfare grants received or applied for by applicant during proposed budget year.

Type of Fund	State / Federal	Amount
<u>Alcoholism Prevention Funds</u>	<u>ARCADA</u>	<u>101,392</u>
<u>Desk for the Aging Funds</u>	<u>RIAAA</u>	<u>37,607</u>

21. Service Component Locations:

Location	Business Address	Mailing Address	Phone
<u>Rapaskiak</u>	<u>Rapaskiak, Alaska 99559</u>	<u>Village Alcoholism Council Rapaskiak, Alaska 99559</u>	<u>543-2063</u>

Terms and Conditions: The undersigned applicant agrees to abide by the grant regulations and policies as described by law and delineated in the Department of Health and Social Services Grants Policy Manual and the Grant Application Package of _____

22. Authorized Signature: *James H. [Signature]*
 Date: 5/9/78

For State Use Only	
Date Appl. Received Central Office	Awarded / Not Awarded
Date Reviewed by Council	Approved / Not Approved
Date Award Decision Made	Amount Awarded
Date Notification Sent	Local Required Match / State Match
Project Ledger Code	Medicaid Provider Number

GRANT APPLICATION

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

1. State Granting Agency: Alaska State Office of Alcoholism
2. Applicant Organization Name: Yukon-Kuskokwim Health Corporation
3. Business Address: P.O. Box 528 - Bethel, Alaska 99559
4. Mailing Address: P.O. Box 528 - Bethel, Alaska 99559 5. Phone: 543-3321
6. Program or Project name: Department of Alcoholism Prevention - YKHC
7. Project Location: P.O. Box 528- Bethel, Alaska 99559
8. Mailing Address: P.O. Box 528 - Bethel, Alaska 99559 9. Phone: 543-3321
10. Type of Program: Village Alcoholism Program 11. Proposed Budget Year FY: 1979
12. Budget Period Beginning: 7/1/78 Ending: 6/30/79 13. Type of Application: New () , Renewal () , Supplemental ()
14. Type of Organization: Private/Non-profit (x) , Govt. () 15. Date of Incorporation (Non-profit only) 10/06/69

Contact Individuals:

16. Authorizing Person: Jim Martin, Deputy Director, YKHC Phone: 543-3321
 Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
 Services
17. Financial Management: Maxine Davis, Ass't Dir. for Adm. Phone: 543-3321
 Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
18. Project Operations: P.O. Box 528 - Bethel, Alaska 99559 Phone: 543-3321
 Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
19. Amount Requested: \$140,740

20. List all other State Health & Social Services or Federal Health, Education, and Welfare grants received or applied for by applicant during proposed budget year:

Type:	State / Federal:	Amount:
<u>Alcoholism Prevention Funds</u>	<u>ANCADA</u>	<u>101,492</u>
<u>Desk for the Aging funds</u>	<u>NIAAA</u>	<u>37,607</u>

21. Service Component Locations:	Business Address:	Mailing Address:	Phone:
<u>Quinhagak</u>	<u>Quinhagak, Alaska 99655</u>	<u>Village Alcoholism Council Quinhagak, Alaska 99655</u>	<u>543-2107</u>

Terms and Conditions: The undersigned grant applicant agrees to abide by the grant regulations and policies as described by law and delineated in the Department of Health and Social Services Grants Policy Manual and the Grant Application Package of:

22. Authorized Signature: *James L. Martin*
 Date: 5/10/78

For State Use Only

Date Appl. Received Central Office _____	Awarded _____	Not Awarded _____
Date Reviewed by _____ Council _____	Approved _____	Not Approved _____
Date Award Decision Made _____	Amount Awarded _____	
Date Notification Sent _____	Local Required Match _____	State Match _____
Project Ledger Code _____	Medicaid Provider Number _____	

Narrative Supplement

Section IV-9 Pages 1-71 of our narrative concern alcoholism prevention and our mental health program as it related to alcoholism. Pages 72-118 concern the Mental Health Department's program considered in itself.

Section IV-10 All clients, prior to receiving services from Mental Health Department Staff, sign departmental form MH-3 concerning the privacy act of 1974 and restricted release of confidential information. This signed form is kept in the client's individual mental health chart and the chart itself is under lock and key.

Section IV-11 Our plan conforms to this Alaska State Comprehensive Mental Health Plan insofar as:

- 1) It is directed towards those persons who have a high risk of being institutionalized at API and via our village outreach workers it provides for adequate follow-up and aftercare services for discharged patients from API and the Bethel PHS Native Hospital.
- 2) our comprehensive plan has combined alcoholism and mental health programs in accordance with the State Comprehensive plan.
- 3) our plan, particularly with its emphasis on an alcoholism curriculum course in the schools from kindergarten thru grade 12 is aimed at the children of the region; also, our village alcoholism programs are geared to preventative education in the schools.

Our plan since it is in conformity with the State Comprehensive Mental Health Plan likewise is in conformity with the Local Health Systems Agency Plan and has been forwarded to the Local Health Systems Agency for their study and approval.



Internal Revenue Service

Department of the Treasury

JAN 17 1974

4281013

Yukon-Porcupine Health Corporation,
P. O. Box 549
Bethel, Alaska 99559

Gentlemen:

This letter is in reply to your letter dated January 10, 1974.

The effective date of your exempt status under section 501(c)(3) of the 1954 Internal Revenue Code is as of the date of your incorporation October 9, 1969.

If we can be of further assistance, please let us know.

Very truly yours,

G. A. Richards

G. A. Richards
Exempt Organizations
Group Manager
(206) 462-4768



Internal Revenue Service

Date: OCT 25 1972 | In Reply Refer to: 1-172, Code 32403:00

SEA:RU: 73-1176

Yukon-Deed Health Corporation
P.O. Box 384
Bethel, Alaska 99559

Gentlemen:

Based on information supplied, and assuming your 1971 return will be stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 170(c)(2) of the Internal Revenue Code. We have further determined you are not a private foundation within the meaning of section 170(e)(1)(C) of the Code, because you are an organization described in section 170(c)(1)(A)(ii).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 47 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes under sections 2055, 2109, and 2522 of the Code.

If your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your exempt status. Also, you must inform us of all changes in your name or address.

If your gross receipts each year are normally more than \$5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 514 of the Code. If you are subject to that tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 514 of the Code.

You need an employer identification number if you have employees. If you employ individuals, you must obtain an employer identification number. It will be assigned to you and you will be advised of it. Please send that number in all returns you file and on all correspondence with the Internal Revenue Service. Please keep this determination letter in your permanent records.

Sincerely yours,

Michael Rosen
Michael Rosen
District Director

1. FEDERAL ASSISTANCE		2. APPL- CANTS APPL- CATION	3. NUMBER 1	3. STATE APPLICA- TION INDICAT- ION	4. NUMBER
1. TYPE OF ACTION <input type="checkbox"/> PROAPPLICATION <input checked="" type="checkbox"/> APPLICATION (Mark appropriate box) <input type="checkbox"/> INDENTIFICATION OF INTEREST (OIA) <input type="checkbox"/> REPORT OF FEDERAL ACTION		4. LEGAL APPLICANT/RECIPIENT a. Applicant Name : Yukon-Kuskokwim Health Corp. b. Organization Unit : Alcoholism Prevention Department c. Street/P.O. Box : P. O. Box 528 d. City : Bethel e. State : Alaska f. Contact Person (Name) : John Purcell g. Telephone No. : 907 - 543-3321		5. FEDERAL EMPLOYER IDENTIFICATION NO. 2058 A-1	
7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT Comprehensive Alcoholism Prevention Program, FY-79, Program provides alcoholism services to 16,000 residents of 55 Native Eskimo villages in the Yukon-Kuskokwim Delta.		6. PROGRAM (From Federal Catalog) f. NUMBER b. TITLE NIAAA		8. TYPE OF APPLICANT/RECIPIENT A-State B-Federated C-Selected District D-County E-City F-School District G-Special Purpose District H-Community Action Agency I-Higher Educational Institution J-Indian Tribe K-Other (Specify): Regional Health Corporation Enter appropriate letter <input checked="" type="checkbox"/> K	
10. AREA OF PROJECT IMPACT (Name of cities, counties, State, etc.) Southwest Alaska- Yukon-Kuskokwim delta		11. ESTIMATED NUMBER OF PERSONS BENEFITING 16,000		9. TYPE OF ASSISTANCE A-Basic Grant B-Supplemental Grant C-Loan D-Increase E-Other Enter appropriate letter(s) <input type="checkbox"/> A	
13. PROPOSED FUNDING a. FEDERAL : 37,607 b. APPLICANT : c. STATE : d. LOCAL : e. OTHER : 101,492 f. TOTAL : 139,099		14. CONGRESSIONAL DISTRICTS OF: a. APPLICANT Alaska "At large" b. FEDERAL Alaska "At large" c. STATE Alaska "At large" d. LOCAL Alaska "At large" e. OTHER Alaska "At large" f. TOTAL Alaska "At large"		12. TYPE OF APPLICATION A-New B-Resubmit C-Revision D-Continuation E-Expansion Enter appropriate letter <input checked="" type="checkbox"/> B	
15. FEDERAL AGENCY TO RECEIVE FUNDING (Name, City, State, ZIP code) Wash. 98101		16. ESTIMATED DATE OF FEDERAL AGENCY FUNDING 1978 6 1		17. PROJECT DURATION 12 Months 18. TYPE OF CHARGE (For use only) A-Contract B-Grant C-Loan D-Other (Specify) NA Enter appropriate letter(s) <input type="checkbox"/>	
22. THE APPLICANT CERTIFIES THAT: a. I have read and understand the instructions and all responses are attached. b. I certify that the application was submitted, prepared by me, or under my supervision, and that the information is true and correct.		23. CERTIFYING REPRESENTATIVE a. TYPED NAME AND TITLE John Purcell Ass't Health Director b. SIGNATURE		21. REMARKS ADDED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. DATE SIGNED Year month day 1978 3 7	
24. AGENCY NAME 25. ORGANIZATIONAL UNIT 26. ADDRESS		27. ADMINISTRATIVE OFFICE		25. APPLICATION RECEIVED Year month day 19	
28. ACTION YIELD <input type="checkbox"/> A AWARDED <input type="checkbox"/> B REQUESTED <input type="checkbox"/> C REFERRED FOR ASSIGNMENT <input type="checkbox"/> D DEFERRED <input type="checkbox"/> E WITHDRAWN		29. FUNDING a. FEDERAL \$.00 b. APPLICANT .00 c. STATE .00 d. LOCAL .00 e. OTHER .00 f. TOTAL \$.00		27. ACTION DATE Year month day 19	
30. FEDERAL AGENCY A-95 ACTION a. To be used when any comments received from distribution lists are forwarded to the A-95 office for review and action. b. See form A-95-1 for instructions.		35. CONTACT FOR ADMINISTRATIVE INFORMATION (Name and telephone number)		28. FEDERAL AGENCY A-95 OFFICE (Name and telephone no.)	

SECTION I - APPLICANT/RECIPIENT DATA

SECTION II - CERTIFICATION

SECTION III - FEDERAL AGENCY ACTION

IV GRANT APPLICATION BUDGET

I.	CATEGORY 100: PERSONAL SERVICES:	:BUDGET DETAIL.
II.	CATEGORY 200: TRAVEL	:BUDGET DETAIL.
III.	CATEGORY 300: FACILITY EXPENSE	:BUDGET DETAIL.
IV.	CATEGORY 400: SUPPLIES	:BUDGET DETAIL.
V.	CATEGORY 500: EQUIPMENT	:BUDGET DETAIL.
VI.	CATEGORY 600: OTHER OPERATING EXPENSE	:BUDGET DETAIL.
VII.	INDIRECT COST	:BUDGET DETAIL.
VIII.	SOURCE OF FUNDS	:BUDGET DETAIL.
IX.	ESTIMATED PROJECT BUDGET SUMMARY	
X.	SOURCE OF FUNDS SUMMARY	
XI.	CERTIFICATION OF MATCHING REQUIREMENTS	

Individual Program Budgets - Akiak and Akiachuk

1. BATECO 100 - PERSONAL SERVICES: BUDGET DETAIL

POSITION*	ANNUAL SALARY RATE	% TIME OR HRS. PER WEEK	TOTAL SALARY THIS PROJECT	CASH	IN-KIND	TOTAL PROJECT
Alcoholism Educational Counselor	\$ 10,084	100%	\$ 10,084	\$ 10,084	0	\$ 10,084
SALARY SUB-TOTAL	10,084	100%	10,084	10,084	0	10,084
*FRINGE BENEFITS <u>18</u> %	1,815		1,815	1,815	0	1,815
TOTAL 100	11,899		11,899	11,899	0	11,899

* COMPUTATION OF FRINGE
BENEFIT RATE REQUESTED:

FICA	6.05%
ESC	2.90%
Group Insurance	4.60%
Workmen's Comp.	1.65%
Employees Retirement	3.00%
	<u>18.20%</u>

II. CATEGORY 200: TRAVEL: BUDGET DETAIL

STAFF POSITION	TRAVEL TO	PURPOSE	# DAYS	AIR FARE MILEAGE	*PER DIEM	CASH	IN KIND	TOTAL PROJECT
Alcoholism Education-Counselor	1 neighboring village within 50 mile radius	To provide alcoholism educational prevention services	24	900	564	1,464	0	1,464
TOTAL 200			24	900	564	1,464	0	1,464
SUMMARY BY TYPE OF TRAVEL:								
LOCAL TRAVEL (incl. Village Travel)						1,464	0	1,464
TRAINING, WORKSHOPS, SCHOOLS RTA's will provide training in villages						0	0	0
PROFESSIONAL MEETINGS, CONFERENCES						0	0	0
DHSS ADVISORY BOARD MEETINGS						0	0	0
TOTAL						1,464	0	1,464

*Include any tuition costs in this column, adding it to the per diem amount if it appears elsewhere in the budget narrative.

III. CATEGORY 300: FACILITY EXPENSE: BUDGET DETAIL

COST ITEM	DESCRIPTION	CASH	IN-KIND	TOTAL PROJECT
RENTS: List rent for each facility	Facility: <u>Office</u> \$ <u>100.00</u> @ Month <u>168 Sq. ft.</u> \$ <u>.60</u> @ Sq. Ft. Facility: _____ \$ _____ @ Month _____ Sq. ft. \$ _____ @ Sq. Ft. Facility: _____ \$ _____ @ Month _____ Sq. ft. \$ _____ @ Sq. Ft.	0	\$1,200	\$1,200
	SUB-TOTAL	0	1,200	1,200
COMMUNICATIONS:	Telephone: \$ <u>25.00</u> @ Month Telegrams: \$ _____ @ Month	300	0	300
	SUB-TOTAL	\$300	0	300
UTILITIES:	Heat: \$ <u>35.00</u> @ Month Lights: \$ <u>15.00</u> @ Month Water, Sewer: \$ _____ @ Month Other: \$ _____ @ Month	600	0	600
	SUB-TOTAL	600	0	600
MINOR REPAIR, RENOVATION, AND MAINTENANCE:	Minor Repair: Renovation: Maintenance:			
	SUB-TOTAL	0	0	0
TOTAL 300		900	\$1,200	\$2,100

IV. CATEG 400: SUPPLIES: BUDGET DETAIL

COST ITEM	DESCRIPTION	CASH	IN-KIND	TOTAL PROJECT
OFFICE SUPPLIES:	\$ 35.75 @ Month	429	0	429
PROGRAM SUPPLIES:	Recreational & Craft: Audio Visual (tapes, etc.): Literature: Films: Rental \$ _____ Purchase \$ _____ Films will be provided by ANCADA			
	SUB-TOTAL	0	0	0
HOUSEHOLD SUPPLIES:	Cleaning: \$ _____ @ Month Linens: Miscellaneous:			
	SUB-TOTAL	0	0	0
MEDICAL:	\$ _____ @ Month	0	0	0
FOOD:	\$ _____ per client x _____ # of clients x _____ # days	0	0	0
OTHER:	IDENTIFY:			
	SUB-TOTAL	429	0	429
TOTAL 400		429	0	429

V. CATEGORY 500: EQUIPMENT: BUDGET DETAIL

COST ITEM	DESCRIPTION	CASH	IN-KIND	TOTAL PROJECT
MAINTENANCE, REPAIR:	Office Equipment: \$ _____ @ Month			
	Vehicles: 1 Snow-mobile \$ 25.00 @ Month	0	300	300
	Other: Describe _____			
	SUB-TOTAL	0	300	300
LEASE AND/OR RENTAL	List each piece of equipment and monthly rate.			
	One snowmobile: \$100 per month for 8 months=\$800.00	0	800	800
	One motor boat: \$50.00 per month for 4 months=200.00	0	200	200
	SUB-TOTAL	0	1000	1000
PURCHASE:	List each item to be purchased and the unit cost of each. Include and identify shipping cost if applicable.			
	SUB-TOTAL	0	0	0
TOTAL 500		0	1300	1300

VI. CATEGORY 600: OTHER OPERATING EXPENSES: BUDGET DETAIL

D

COST ITEM	DESCRIPTION:	CASH	IN-KIND	TOTAL PROJECT
PROFESSIONAL SERVICES:	Accounting: Covered under indirect costs Audit: Medical: Legal: Consultant: Other:	0	0	0
	SUB-TOTAL			
INSURANCE & BONDING	List by type of coverage and item insured. List premium for each policy carried.	0	0	0
	SUB-TOTAL			
SUBSCRIPTIONS AND DUES:	Subscriptions: Dues:	0	0	0
	SUB-TOTAL			
PRINTING & ADVERTISING:	Printing: Advertising:	0	0	0
	SUB-TOTAL			
SUB-CONTRACTS	Identify each organization that you intend to sub-contract with and indicate what services they will provide.	0	0	0
	SUB-TOTAL			
TOTAL 600				

VII. INDIRECT COST: BUDGET DETAIL

DESCRIPTION:	CASH	IN KIND	TOTAL PROJECT
<p><u>13</u> % based upon a total Cost of \$ <u>16,602</u> , or/14,692 direct costs <u> </u> % based upon a salary Cost of \$ <u> </u></p> <p>Give the computation used in determining the requested indirect cost rate. Attach all relevant correspondence with the Federal Department of Health, Education & Welfare verifying the final rate established.</p> <p>This rate is lower than the usual YKHC indirect cost requirement of 21% which has been approved by DHEW. It is based on the indirect cost rate used by CETA in this area to cover indirect costs of four of the programs in FY-78.</p>	<p>\$1,910</p>	<p>0</p>	<p>\$1,910</p>
<p>TOTAL INDIRECT COST</p>	<p>\$1,910</p>	<p>0</p>	<p>\$1,910</p>

FUND CATEGORY	DESCRIPTION	TOTAL
PROJECT INCOME	THIRD PARTY PAYMENTS: LIST EACH SOURCE & AMOUNT	
	SUB-TOTAL	0
	CLIENT PAYMENTS: LIST PER SERVICE COMPONENT AND AMOUNT	
	SUB-TOTAL	0
	OTHER: LIST PER SOURCE AND AMOUNT	
	SUB-TOTAL	0
	TOTAL: PROJECT INCOME	0
LOCAL CONTRIBUTION	CASH: IDENTIFY EACH SOURCE & AMOUNT	
	FEDERAL GOVERNMENT:	
	LOCAL GOVERNMENT	
	LOCAL DONATIONS	
	OTHER:	
	CASH SUB-TOTAL	0
	IN-KIND: LIST EACH SOURCE AND AMOUNT	
a) Office facility: \$1,200		
b) Maintenance & repair - 1 snowmobile: 300		
c) Rent: 1 snowmobile 800		
d) Rent: 1 motor boat 200		
IN-KIND SUB-TOTAL	\$2,500	
TOTAL LOCAL CONTRIBUTION	2,500	
WADA Grant Funds:		\$16,602

BUDGET CATEGORY	SOADA Funds	OTHER CASH	IN-KIND	TOTAL PROJECT
0- PERSONNEL SERVICES	\$11,899	0	0	\$11,899
0- TRAVEL	1,464	0	0	1,464
0- FACILITY EXPENSES	900	0	1,200	2,100
0- SUPPLIES	429	0	0	429
0- EQUIPMENT	0	0	1,300	1,300
0- OTHER OPERATING EXPENSE	0	0	0	0
TOTAL DIRECT COST	\$14,692	0	2,500	17,192
DIRECT COST 13%	1,910	0		1,910

X. SOURCE OF FUNDS SUMMARY

PROJECT INCOME:	THIRD PARTY PAYMENTS		
	CLIENT PAYMENTS		
	OTHER		
	TOTAL PROJECT INCOME		0
LOCAL CONTRIBUTION: CASH:	FEDERAL GOVERNMENT		
	LOCAL GOVERNMENT		
	LOCAL DONATIONS		
	OTHER		
	CASH SUB-TOTAL		0
	TOTAL IN-KIND		2,500
	TOTAL LOCAL CONTRIBUTION		2,500
SOADA Grant Funds:			16,602
TOTAL PROJECT REVENUE:			\$19,102

Name of Project Department of Alcoholism Prevention FY: 1979

XI. CERTIFICATION OF MATCHING REQUIREMENTS

I, John Purcell Assistant Health Director
(Name) (Title)

of the Yukon-Kuskokwim Health Corporation

hereby certify that the required 10 % match in the amount of \$ 1,660,
and as listed below has been made available for the exclusive use of the above
named project during fiscal year 1979 ending 06/30/79. I further
certify that the cash funds designated for this purpose are not derived from
state funds; that salaries, wages and benefits contributed are paid from other
than state funds; and that materials and equipment have been procured with
other than state funds and have not been used to provide match for other state
grant or contracts.

Total Match Required \$1,660 Total Match Proposed \$2,500 % 15

Source of Matching Support:*

Other Cash:

(Identify source and amount)

Office facility: \$1,200; Maintenance & repair of 1 snowmobile: \$300
Rent of 1 snowmobile: \$800; Rent of 1 motor boat: \$200

In-Kind:

(Identify source and amount)

John Purcell
(Name)

Assistant Health Director
(Title)

YKHC
(Corporation)

03/09/78
(Date)

*Use additional paper as necessary

Budget Narrative Appendix

1) Fiscal Management Responsibility:

Ms. Maxine Davis, Ass't Director for Administrative Services, YKHC
 Staff: Tim Anderson, Accountant
 Carrie Kashatok, Bookkeeper

Ms. Davis and her Staff provide all bookkeeping and accounting services plus comptroller services including purchases, payments and payroll. Her Department provides monthly, quarterly and annual financial statements according to each funding source to the Board of Directors.

The bookkeeping system is based on an accrual basis.

- 2) The Assistant Health Director, subordinate to the Deputy Director, is responsible for the day-to-day management of the program. The Board of Directors receive quarterly reports from the Deputy Director. The Mental Health/Alcoholism Prevention Advisory Committee of the Board meets monthly in a strictly advisory board capacity.
- 3) A private independent fiscal audit was completed in late February, 1978. All recommendations yet to be received will be implemented. One previously was completed in September, 1976. The Corporation has full capacity to re-pay the State for all budget expenditures disallowed by auditors.

The Department continuously is being assessed by the Regional Supervisor and IHS reviewers.

4) Current financial statements are attached.

5) FY-79 Funding Sources - YKHC Alcoholism Prevention

a) Total Budget:	\$352,303	100%	
ANCADA	101,492	28.81%	
NIAAA	37,607	10.68%	
Village Alcoholism Programs-			
Napaskiak	30,000	8.515%	
Hooper Bay	30,000	8.515%	
Toksook Bay	30,000	8.515%	
Quinhagak	30,000	8.515%	
Mountain Village	30,000	8.515%	
Nunapitchuk	30,000	8.515%	
Akiak	16,602	4.71%	
Akiachuk	16,602	4.71%	
b) Total Project	<u>64,544.01</u>	<u>352,303</u>	<u>81%</u>
Project Income	0	0	None
Local Cash	0	0	None
Local In-kind	0	24,800	100%
DHSS Grant	*25,000.00	213,204	88%
(The 25,000 grant from SOA for FY-78 was made directly to the Village of Napaskiak.)			

- 6) a. A grant request for FY-79 has been submitted by the YKHC Mental Health Department to NIAAA (with a copy to SOA) in the amount of \$37,607 for a Recreational Director to provide alternative outlets other than alcohol to elderly Native persons in the villages of Napaskiak, Hooper Bay, Mountain Village, Alakanuk and Bethel. See pages 52-55 of the narrative.

A grant request for FY-79 (12/01/78 - 11/30/79) in the amount of \$101,492 will be requested from the Alaska Native Commission on Alcoholism and Drug Abuse to provide continued funding for two Alcoholism Prevention Regional Technical Assistants and additional funding for a third RTA. The RTA's establish the Village Alcoholism Programs after creating and promoting community awareness, train the Alcoholism Educational Counselors, continuously monitor all village alcoholism programs, coordinate all activities and provide consultative technical assistance. See pages 57-58 and 30-31 of the narrative.

- b. The line item figures proposed in the budget are based on funds expended by four village alcoholism programs in the region during FY-78; one, an SOA project at Napaskiak and four which are being minimally funded by CETA.

c. None

d. None

- 7) a. A job description for the village Alcoholism Educational Counselor follows immediately. A written personnel policy is attached. Salaries are based on SOA and CETA salaries for FY-78. Experience has shown that two Counselors from each village should be hired to provide one-another with mutual support in counseling, speaking in schools, etc. Also with two persons, the river patrol each day can be divided into two shifts. Inasmuch as the villages of Akiak and Akiachuk are near each other, it is expected that one Counselor from each of these villages is sufficient.
- b. Travel costs are based on average circuit air fare costs to four villages within a regional radius of 100 miles considering one "circuit swing" to four villages each month.
- The per diem rates are based on approved State and YKHC rates.
- c. All facilities are provided by the involved village which is responsible for all repair, maintenance, renovations and insurance.
- d. None - Films are provided by ANCADA
- e. None
- f. None - All training is provided by the Regional Technical Assistants funded by ANCADA.
- g. See above DHEW-PHS document regarding usual 21% YKHC indirect cost rate. The rate for SOA grants has been reduced to 13%, the previous CETA rate for four of the programs.

PERSONNEL JOB DESCRIPTION
YUKON-KUSKOKWIM HEALTH CORPORATION

Position Classification	Organization	Division	Person	Place	
Alcoholism Educational Counselor	YKHC	Home Village		One of eight proposed villages	
Action	Towards - Whom or What (Persons, Data or Things)	Why	How	% of Time	
1	Receive training and instruction	from YKHC Alcoholism Prevention Program Regional Technical Assistants	to be able adequately to perform educational, treatment, outreach and clerical duties	through an intensive one week initial training session followed by monthly instructions.	5%
2	Exchanging educational information	with village population particularly school children	in order to provide alcoholism prevention education, especially to young adults	through group instruction and films in the school and at weekly evening village meetings.	35%
3	Counsel	village residents and families of village residents having alcoholism/alcohol abuse problems	to provide assistance to enable clients to overcome their particular problem	through one-to-one counseling sessions.	10%
4	Provide	sleep-in housing for inebriated village residents	to give sleep-in housing and follow-up counseling	by providing sleep-in services in facility provided by Village Council.	3%
5	Work closely	with Village Health Aide in assisting medical detoxification cases	so that proper medical treatment may immediately be provided	through communication with Bethel PHS Staff or YKHC Emergency Medical Staff.	2%
6	Assist	YKHC Social Worker and Recreational Director	in order to establish recreational alternatives to alcohol for the elderly	through training/instruction received from the Social Worker and Recreational Director.	10%
7	Travel	to 4 neighboring villages 2 days per month	to raise alcoholism prevention awareness of these communities and give instruction	by plane and snowmobile.	10%

Action	Towards - Whom or What (Persons, Data or Things)	Why	How	% of Time
8 Patrol	village river fronts	so that villagers who are inebriated may not freeze or drown	through use of snow-mobiles and motorboats.	10%
9 Compile and submit	bi-weekly activity report to RTA's	to provide data for further analysis; also for accountability reasons	through clerical skills learned from RTA's.	5%
10 Refer	problem clients to RTA's	so that placement in treatment center at Bethel might be made	through constant radio or phone communications with RTA's.	2%
11 Receive referrals	from RTA's of clients having received acute or intermediate care at Bethel Treatment Center	to provide aftercare treatment	through acquired counseling skills.	2%
12 Recommend	willing clients to YKHC Social Worker	for screening for disulfiram treatment	through knowledge of client's condition through previous counseling.	6%

VILLAGE ALCOHOLISM COUNSELORS'
WORK PERFORMANCE LOG

1) EDUCATION: (Instruction in schools, at community meetings, etc.)

NUMBER OF HOURS: _____ NUMBER OF PERSONS: _____

TOPICS PRESENTED AND DATES:

2) TREATMENT: (Medical detox-Health Aide contacted; non medical detox;
sleep-off; aftercare counseling; outreach work in other
villages; river patrol; etc.)

NUMBER OF HOURS: _____ NUMBER OF CONTACTS: _____

NUMBER OF PERSONS: _____

TREATMENT PERFORMED AND DATES:

3) ADMINISTRATIVE: (Office work, reports, planning of schedules, contacts
with RTA's)

NUMBER OF HOURS: _____

WORK PERFORMED AND DATES:

SIGN-OFF:

COUNCIL PRESIDENT: _____

YKHC BOARD MEMBER:

GRANT APPLICATION

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

1. State Granting Agency: Alaska State Office of Alcoholism
2. Applicant Organization Name: Yukon-Kuskokwim Health Corporation
3. Business Address: P.O. Box 528 - Bethel, Alaska 99559
4. Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
5. Phone: 543-3321
6. Program or Project name: Department of Alcoholism Prevention - YKHC
7. Project Location: P.O. Box 528 - Bethel, Alaska 99559
8. Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
9. Phone: 543-3321
10. Type of Program: Village Alcoholism Program
11. Proposed Budget Year: 1979
12. Budget Period Beginning: 7/1/78 Ending: 6/30/79
13. Type of Application: New () Renewal () Supplemental ()
14. Type of Organization: Private/Non-profit (X) Govt. ()
15. Date of Incorporation (Non-profit only): 10/6/69

Contact Individuals

16. Authorizing Person: Jim Martin, Deputy Director, YKHC Phone: 543-3321
- Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
17. Financial Management: Maxine Davis, Asst. Dir. for Ad. Services Phone: 543-3321
- Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
18. Project Operations: John Purgell, Asst. Health Director Phone: 543-3321
- Mailing Address: P.O. Box 528 - Bethel, Alaska 99559

19. Amount Requested: \$150,740

20. List all other State Health & Social Services or Federal Health, Education, and Welfare grants received or applied for by applicant during proposed budget year

Type	Funds	State/Federal	Amount
Alcoholism Prevention		AHCADA	101,100
Desk for the Aging	Funds	SIAAA	37,607

21. Service Component Locations	Business Address	Mailing Address	Phone
Akiak	Akiak, Alaska 99552	Village Alcoholism Council Akiak, Alaska 99552	543-2002

Terms and Conditions: The undersigned applicant agrees to abide by the grant regulations and policies as described by law and delineated in the Department of Health and Social Services Grants Policy Manual and the Grant Application Package at:

22. Authorized Signature: James J. Martin

Date: 5/9/78

For State Use Only

Date Appl. Received Central Office	Awarded	Not Awarded
Date Reviewed by Council	Approved	Not Approved
Date Award Decision Made	Amount Awarded	
Date Reconciliation Sent	Local Required Match	State Match
Project Ledger Code	Medicaid Provider Number	

GRANT APPLICATION

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

1. State Granting Agency: Alaska State Office of Alcoholism
2. Applicant Organization Name: Yukon-Kuskokwim Health Corporation
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8. Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
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11. Proposed Budget Year FY: 1979
12. Budget Period Beginning: 7/1/78 Ending: 6/30/79
13. Type of Application: New () Renewal () Supplemental ()
14. Type of Organization: Private/Nonprofit (X) Govt. ()
15. Date of Incorporation (Non profit only): 10/6/69

Contact Individuals

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Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
17. Financial Management: Maxine Davis, Ass't Dir. for Ad. Services Phone: 543-3321
Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
18. Project Operations: John Purcell, Ass't Health Director Phone: 543-3321
Mailing Address: P.O. Box 528 - Bethel, Alaska 99559
19. Amount Requested: \$140,740

20. List all other State Health & Social Services or Federal Health, Education, and Welfare grants received or applied for by applicant during proposed budget year:

Type	Funds	State / Federal	Amount
	Alcoholism Prevention	ARCADA	101,492
	Desk for the Aging Funds	RIAAA	37,607

21. Service Component Locations:	Business Address:	Mailing Address:	Phone:
Akiachuk	Akiachuk, Alaska 99551	Village Alcoholism Council Akiachuk, Alaska 99551	543-2001

Terms and Conditions: The unbranded grant applicant agrees to abide by the grant regulations and policies as described by law and delineated in the Department of Health and Social Services Grants Policy Manual and the Grant Application Package of:

22. Authorized Signature: *James H. H. [Signature]*
Date: 5/9/78

For State Use Only

Date Appl. Received Central Office	Awarded	Not Awarded
Date Reviewed by Council	Approved	Not Approved
Date Award Decision Made	Amount Awarded	
Date Notification Sent	Local Required Match	State Match
Project Ledger Code	Medicaid Provider Number	

APPENDIX G

LOCAL ENDORSEMENT

The program entitled YHHC - Akiachuk Village Alcoholism Program

, which will serve the people in the

community of Akiachuk, has been presented and reviewed by

us. We recommend that the requested funds be allotted.

It is our opinion that:

A. This program is not duplicating efforts of other programs
delivering services to this target population.

B. This program agency can provide the most effective and
efficient service for this target population.

C. The cost of this program is reasonable.

D. This program has been utilized sufficiently and appropriately
in the past year to justify funding it again this year.

E. Other the village of Akiachuk has benefited this past
year from YHHC Mental Health/Alcoholism services.

The procedure we used to arrive at this decision is as follows:

A decision was made by the Village Council to continue our present

program under YHHC.

The names and agency affiliations of our members are:

Akiachuk Village Alcoholism Council

This action is certified by:

William J. [Signature]
Chairman, Akiachuk Village Council

Date: February 24, 1978

Supportive Supplement

Section 1V-9 Pages 1-71 of our narrative concern alcoholism prevention and our mental health program as it related to alcoholism. Pages 72-118 concern the Mental Health Department's program considered in itself.

Section 1V-10 All clients, prior to receiving services from Mental Health Department State, sign department form MH-3 concerning the privacy act of 1976 and registered release of confidential information. This signed form is kept in the client's individual mental health chart and the chart itself is under lock and key.

Section 1V-11 Our plan conforms to this Alaska State Comprehensive Mental Health Plan Insular act:

- 1) It is directed towards those persons who have a high risk of being institutionalized at APT and via our village outreach workers it provides for adequate follow-up and aftercare services for discharged patients from APT and the Bethel PHS native hospital.

2) Our comprehensive plan has combined alcoholism and mental health programs in accordance with the state comprehensive plan.

3) Our plan, particularly with its emphasis on an alcoholism curriculum course in the schools from kindergarten thru grade 12 is aimed at the children of the region; also, our village alcoholism programs are geared to preventative education in the schools.

Our plan since it is in conformity with the State Comprehensive Mental Health Plan likewise is in conformity with the local Health Systems Agency plan and has been forwarded to the local Health Systems Agency for their study and approval.

Internal Revenue Service

DATE: JAN 13 1974 6281000

Yukon-Burwash Health Corporation,
P. O. Box 539
Bethel, Alaska 99557

Gentlemen:

This letter is in reply to your letter dated January 10, 1974.

The effective date of your exempt status under section 501(c)(3) of the 1954 Internal Revenue Code is as of the date of your incorporation, October 9, 1969.

If we can be of further assistance, please let us know.

Very truly yours,

G. A. Kibbide

G. A. Kibbide
Exempt Organizations
Group Manager
(206) 442-6763



Internal Revenue Service

Date: OCT 25 1973 1-175, Code 31438:10

SEMI: 73-1176

Yukon-East-Idiom Health Corporation
P.O. Box 50
Bethel, Alaska 99509

Gentlemen:

Based on information supplied, and assuming you are a private foundation as stated in your application for recognition of exemption, you have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. We have further determined you are not a private foundation within the meaning of section 170(b)(1)(C)(vi) of the Code, because you are an organization described in section 170(b)(1)(C)(vi).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the tax on tax under Chapter 42 of the Code. However, you are not automatically exempt from other Federal income taxes.

Donor's new deductibility contributions to you as provided in section 170(e) of the Code, bequests, inheritances, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes under sections 2055, 2122, and 2522 of the Code.

If your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your exempt status. Also, you must inform us of all changes in your name or address.

If your gross receipts each year are normally more than \$5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the 15th month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 514 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated to the purposes for which you were organized.

You need an employer identification number if you have employees. If you are an employer, you must file Form 941, Employer's Quarterly Federal Tax Return, and Form 944, Employer's Annual Federal Tax Return, with the Internal Revenue Service. Please keep this determination letter in your permanent records.

Sincerely yours,
Richard E. ...
District Director

FEDERAL ASSISTANCE		2. APPLICANT'S APPLICATION	3. NUMBER 1	4. DATE Year month day 19 78 2 15	5. STATE APLICATION NUMBER	6. NUMBER	7. DATE ASSIGNED Year month day 19
1. TYPE OF ACTION <input type="checkbox"/> PREAPPLICATION <input checked="" type="checkbox"/> APPLICATION (Mark appropriate box) <input type="checkbox"/> NOTIFICATION OF INTEREST (ONI) <input type="checkbox"/> REPORT OF FEDERAL ACTION		Leave Blank					
4. LEGAL APPLICANT/RECIPIENT				5. FEDERAL EMPLOYER IDENTIFICATION NO.			
a. Applicant Name : Yukon-Kuskokwim Health Corp. b. Organization Unit : Alcoholism Prevention Department c. Street/P.O. Box : P. O. Box 528 d. City : Bethel e. County : NA f. State : Alaska e. ZIP Code: 99559 g. Contact Person (No. & Telephone No.) : John Purcell : 907 - 543-3321				2058 A-1			
7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT				6. FEDERAL EMPLOYER IDENTIFICATION NO.			
Comprehensive Alcoholism Prevention Program, FY-79, Program provides alcoholism services to 16,000 residents of 55 Native Eskimo villages in the Yukon-Kuskokwim Delta.				a. NUMBER b. TITLE NIAAA			
10. AREA OF PROJECT IMPACT (Name of cities, counties, States, etc.)				11. ESTIMATED NUMBER OF PERSONS BENEFITING			
Southwest Alaska - Yukon-Kuskokwim delta				16,000			
15. PROPOSED BUDGET				16. COMPLETED BUDGET ON			
a. FEDERAL : 37,607 .00 b. STATE : .00 c. LOCAL : .00 d. OTHER : 101,492 .00 e. TOTAL : 139,099 .00				a. FEDERAL Alaska : "At large" b. STATE : "At large" c. LOCAL : "At large" d. OTHER : "At large" e. TOTAL : "At large" f. YEAR : 1978 6 1			
19. TYPE OF ASSISTANCE				12. TYPE OF APPLICATION			
A-Basic Grant B-Supplemental Grant C-Loan D-Grants-in-Aid E-Other				A-New B-Continuation C-Extension D-Other			
20. FEDERAL AGENCY TO RECEIVE PROJECT (Name, City, State, ZIP code)				21. REMOVED ADDRESS			
NIAAA, PHS-Seattle Wash., 98101				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
22. THE APPLICANT CERTIFIES THAT:		a. To the best of my knowledge and belief, the information furnished in this application is true and correct, and I am duly authorized by the governing body of the applicant and the applicant will comply with the attached provisions if the assistance is approved.		b. If required by this agency I will provide any additional information requested for this application.		() State A-95 Clearinghouse-Alaska () ()	
23. CERTIFYING OFFICER'S SIGNATURE		a. TYPE NAME AND TITLE		b. SIGNATURE		c. DATE SIGNED	
John Purcell		Ass't Health Director		[Signature]		Year month day 1978 3 7	
24. AGENCY NAME				25. APPLICATION RECEIVED			
26. ORGANIZATIONAL UNIT				27. ADMINISTRATIVE OFFICE			
28. ADDRESS				29. FEDERAL GRANT IDENTIFICATION			
30. ACTION TAKEN				31. STARTING DATE			
<input type="checkbox"/> A. AWARDED <input type="checkbox"/> B. REJECTED <input type="checkbox"/> C. PENDING FOR AMENDMENT <input type="checkbox"/> D. DEFERRED <input type="checkbox"/> E. WITHDRAWN				a. FEDERAL \$.00 b. APPLICANT .00 c. STATE .00 d. LOCAL .00 e. OTHER .00 f. TOTAL \$.00			
36. FEDERAL AGENCY A-95 ACTION				37. REMARKS ADDED			
a. To be used only if a copy of the application has been received from the applicant and the applicant is in compliance with the provisions of 42 CFR 1.405 (a) and (b).				32. CONTACT FOR ADMINISTRATIVE INFORMATION (Name and telephone number) 33. FEDERAL GRANT IDENTIFICATION 34. STARTING DATE 35. ENDING DATE			

SECTION 1 - APPLICANT/RECIPIENT DATA

SECTION 2 - CERTIFICATION

SECTION 3 - FEDERAL AGENCY ACTION

Gentlemen:

My name is Fred Pete. I am employed at Bethel as a Regional Technical Assistant in the Alcoholism Prevention Program of the Yukon-Kuskokwim Health Corporation, hereafter called YKHC.

YKHC is now operating a P.L. 93-638 contract as the health services agent for some 16,000 Native Eskimo residents of 55 regional villages which are scattered over a 58,000 square mile tundra region of the Yukon-Kuskokwim delta.

This region in which I was born and have lived all my life, now has a severe and excessive rate of alcoholism and mental health disease. Over 12 % of the inpatient workload at the Bethel PHS Native Hospital in a recent year were admitted as a direct result of alcohol abuse. The YKHC mental health workload in fiscal year 1977-78 increased threefold over the previous year and during the past year 28% of all Mental Health clients treated by YKHC Staff had alcohol related problems.

It generally is recognized that the primary cause of alcoholism and mental health disease is the rampant acculturation process which my people are undergoing. The resulting role deprivation, sense of insecurity and its attendant depression among my people have led to excessive mental health disease and the grasping-on of alcohol as a last despairing means of possible self restoration.

Experience has shown that in order to counter-attack these degrading effects of rampant acculturation, individual village alcoholism programs must be initiated wherein the communal and self identity of my people are re-established at the local level. All other

types of approaches have proven to be only "band-aid" type operations which cover the wound but do not eradicate the disease. Individual village alcoholism programs which emphasize group alcoholism education in the schools and at all communal village meetings must be conducted by respected village leaders who have been trained in alcoholism education, counseling, treatment and alternative forms of alcoholism prevention. It is my job, together with another co-worker, to establish and maintain such programs in 30 of the 55 regional villages by the close of 1983.

Such a comprehensive program costs money. I and my co-worker have established eight such village programs, three of which have been in operation under minimal Title VI CETA funds for the past year at the villages of Hooper Bay, Akiak and Akiachuk. A fourth, also in operation for the past year at Napaskiak, has been funded both by CETA and by the State Office of Alcoholism and Drug Abuse. The other four village programs at Nunapitchuk, Mountain Village, Toksook Bay and Quinhagak have been funded under Title VI CETA funds from May 1, 1978 to the close of this fiscal year. We have been told by the CETA Prime Sponsor that funds may not be available for any of these programs during FY-79.

Therefore, the YKHC Alcoholism Prevention Department is requesting a total of \$213,204 from the State Office of Alcoholism and Drug Abuse for these eight village programs during FY-79. We are asking \$16,602 each for the Akiak and Akiachuk programs which require only one Alcoholism Educational Counselor and \$30,000 each for the remaining six villages, each of which require two Alcoholism Educational Counselors to provide services for their home village and four neighboring villages. Our request for such funding already has been review-

ed and approved by the Health Services Agency for our region, namely, the South Central Health Planning and Development, Inc.

YKHC has a proven record of accountability. We are asking much, -this we realize- but if you grant these funds for residents of rural Alaska, you can be assured these monies will not be wasted.

Thank you for your time.

Bob ^{5/3}-2367