

SCOMM

#6:32

October 7, 1977

Dear Jerry,

Just a note of explanation. Please
find enclosed a series of memos re:
the NIAAA/IHS transfer plans.

If I can be of any further assistance
please let me know.

Cordially yours,

Lou

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES ADMINISTRATION
INDIAN HEALTH SERVICE

TO : IHS Area Directors

DATE: July 21, 1977

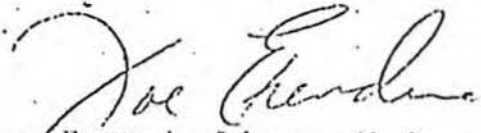
*Rec'd
7/27/77*

FROM : Director
Indian Health Service

SUBJECT: Proposed Alcoholism Transfer Plan - NIAAA/IHS

The Indian Health Care Improvement Act (P.L. 94-437), Title II, authorizes the transfer of Indian alcoholism projects, currently funded by the National Institute of Alcohol Abuse and Alcoholism (NIAAA), to the Indian Health Service. There are 148 such projects, reservation and urban, that will be transferred to IHS over a three-year period (FY 1978-1980). During FY 1978 there will be 34 projects transferred, with the first of these scheduled for June 1, 1978.

During the P.L. 94-437 developmental process, there have been several meetings with representatives of IHS, NIAAA, and National Indian organizations to discuss and develop a proposed alcoholism transfer plan. Enclosed is a draft of the proposed alcoholism transfer plan developed jointly by IHS, NIAAA, and representatives of National Indian organizations. I am requesting that you call a meeting of your area staff and appropriate tribal representatives to discuss this proposed transfer plan. Please summarize the recommendations and comments and return to IHS Headquarters by September 1, 1977.


Emery A. Johnson, M. D.
Assistant Surgeon General

cc: Area Alcoholism Program Officer

Enclosure

PROPOSED ALCOHOLISM TRANSFER PLAN - NIAAA/IHS

The NIAAA/IHS have jointly developed guidelines concerning the transfer of mature American Indian/Alaskan Native alcoholism treatment programs that are to provide the bases for a timely and orderly transfer. The development of these guidelines provides the opportunity for the proper consultative relationship between National Indian Organizations, program personnel, and NIAAA/IHS. The guidelines have been developed to comply with the following concepts that have been defined and agreed upon via meeting with National Indian organizations and NIAAA/IHS:

1. That IHS establish a separate organizational unit to specifically administer American Indian/Alaskan Native treatment programs at the central office level. In addition, the NIAAA/IHS will comply with the modified requests (from May 10-11 meeting) that were originally submitted by the National Indian Board on Alcohol and Drug Abuse (NIBADA) to Dr. Emery Johnson (see Appendix A).
2. In maintaining the integrity of transferred American Indian/Alaskan Native alcoholism treatment programs NIAAA/IHS will guarantee that no distinction for eligibility for continued support be made between urban and reservation programs.
3. That IHS assures that funds appropriated for American Indian/Alaskan Native alcoholism treatment programs will be used for this specific purpose.
4. That NIAAA/IHS provide that reservation programs (defined as programs that operate under the jurisdiction of a Federally recognized Tribal) excluding Urban programs, will become directly responsible to their respective tribal governments.
5. That, if the alcoholism program to be transferred is designed to serve residents of an Indian Reservation, the Tribal clearance section of P.L. 93-638 must be completed as part of the proposal.

The transfer work group established at the May 10-11 meeting in Rockville, Maryland, consists of Dr. Donald A. Swetter (IHS), Dr. Raymond C. Leatham (NIAAA), Dr. Robert Birch (IHS), Mr. Gene Lewis (IHS), Mr. David Orchard (NIAAA), Mr. Dan Maguire (IHS) and Mr. James Kissko (DHEW). This working group was formulated to accomplish four basic tasks that were assigned specific deadlines. These tasks and the recommended future directions are presented as follows for the concurrence of the National Indian Organizations before actual implementation.

INTERIM RESPONSE
Under Review and Consideration

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Task # 1:

Develop an Interagency Agreement between IHS and NIAAA. The agreement would also clarify the commitment of NIAAA in areas of training, prevention programs, special programs for women and youth, research and new starts, especially ensuring that new Indian program will be started by NIAAA for Indian program transferred to IHS subject to the availability of funds.

NIAAA/IHS Recommended Future Action:

1. That NIAAA/IHS develop this agreement based on decisions that will become the actual transfer plan at a later date as this plan must have the concurrence of the appropriate National Indian organizations. Both Institutes have agreed to defer the agreement until these details have been decided.
2. That NIAAA is committed to develop new Indian program starts to replace the Indian programs transferred to IHS, as funding is available.

Task # 2:

Organization of IHS Central Alcoholism Office for alcoholism.

NIAAA/IHS Recommended Future Action:

1. The IHS Central Alcoholism Office for Alcoholism will be established within IHS Headquarters that will direct and coordinate the activities of field based training and evaluation components. The components of the Central Alcoholism Office, the Training Office, and the Evaluation Office will be established and functioning by October 1, 1977. The staffing patterns for these offices will be:
a) Central Office, 3 professional staff; b) Training Office, 2 professional staff; c) Evaluation Office, 2 professional staff.

The establishment of an IHS Central Alcoholism office will not preclude individual American Indian/Alaskan Native alcoholism programs from relating to their respective Area Office. Appropriate funding mechanisms will be provided at both the Area Office and the Central Office levels and the choice of which office to relate to will be optional to the individual programs via their applicant organizations.

2. The Area alcoholism program officers will provide technical assistance and evaluation support as well as the basic day to day contacts of alcoholism programs in their area jurisdictions under the direct supervision of the Area Office Directors and the IHS Central Alcoholism Office.

INTERIM RESPONSE
Under Review and Consideration

In an advocate role for these programs, the IHS Central Alcoholism Office will establish and maintain an ongoing relationship with State Alcoholism authorities.

3. The IHS Central Alcoholism Office will work closely with the Indian Desk of the NIAAA.
4. Transferred programs may continue to avail themselves of all training opportunities, workshops, improvements in data systems and the like that will be available to all NIAAA alcoholism programs. Indian grant applications for expansion and new starts will be accepted by the NIAAA indefinitely.

Task # 3:

Develop a transfer plan to include: grants and contracts procedure, evaluation process, training process, application review process and application instructions and guidelines.

NIAAA/IHS recommended future action:

1. Grants and contracts procedure:

NIAAA/IHS have decided not to mandate that all American Indian/Alaskan Native alcoholism projects be funded via the grant process or the contract mechanism. In cooperation with Tribal governments, National Indian organizations, program personnel, and the NIAAA/IHS during the negotiation period, a determination of which funding mechanism to be utilized, either grant or contract, will be made by the individual alcoholism program consistent with P.L. 93-638 and 94-437. The method of funding, therefore, will be optional and will provide for funding via the grant or contract methods.

Consistent with the regulations of P.L. 93-638 and 94-437, the concurrence of tribal governments and National Indian Organizations is imperative before further development is done on the actual grant or contract forms. However, the current grant application utilized by NIAAA is submitted for your information and review (See Appendix B).

NIAAA/IHS further recommends that a workshop be held during August or September, 1977 with representatives of each of the 34 projects, Tribal governments, Area offices, and appropriate state authorities to discuss the options of funding available to the programs. The various requirements relative to both grants and contracts will be discussed and training will be provided in each process so that the projects, as well as the Tribal governments, will have a clear understanding of these funding options.

NIAAA will supply IHS with a complete master file on each of the 34 projects to be transferred in FY 1978 by January 10, 1978.

2. Evaluation Process:

INTERIM RESPONSE
Under Review and Consideration

IHS shall establish a field based office of Evaluation under the direction of Area Office Directors and the IHS Central Alcoholism Office. Although this office will not be operational until October 1, 1977, NIAAA/IHS shall provide training in evaluation at the August-September 1977 workshop on grants and contracts. This training will determine what criteria of performance are achievable by Indian programs and begin to establish standards of performance within IHS.

The NIAAA/IHS further agrees that the existing NIAAA information system would be utilized, on an interim basis, for the monitoring/evaluation efforts. This system, the National Alcoholism Program Information System (NAPIS) was developed by NIAAA and has been implemented in the Indian alcoholism projects. Training and orientation in the utilization of NAPIS has been made available to the Indian alcoholism projects. The suggested plan for development of the evaluation process includes the following major recommendations:

- A. That NIAAA's National Alcoholism Program Information System (NAPIS) be utilized on an interim basis and be included as an IHS requirement in each grant or contract with the Indian alcoholism projects. For National Indian Organization, copies of NAPIS may be obtained through NIAAA Indian Desk.
- B. That NIAAA/IHS develop baseline description of the Indian alcoholism projects. The information needed in this baseline description is included. (See Appendix C) This information will be obtained by reviewing NIAAA's records on the Indian alcoholism projects, and supplemented by telephone calls to the projects if necessary. This activity will be a one-time effort as NAPIS, when fully implemented, or a modification of NAPIS will provide this information.
- C. IHS will establish a joint (NIAAA, IHS, Indian organizations) review of evaluation, and the NAPIS system. This joint effort will include:
 1. Identification of Information Requirements for:
 - Provider
 - Consumers, tribal governments, urban health programs
 - Project Director
 - IHS Area Offices
 - NIAAA/IHS Headquarters
 2. Indian Developed Evaluation System (to be developed through a series of workshops).
 3. Orientation and Training in Evaluation
 4. Implementation of Evaluation

INTERIM RESPONSE
Under Review and Consideration

5. Evaluation of System

This joint activity is considered a long-range effort and will include a thorough review and evaluation of NAPIS and its validity for Indian people.

3. Training Process:

IHS shall establish a field based office of training under direction of Area Office Directors and the IHS Central Alcoholism Office. The IHS alcohol training unit will provide a continuing program to all service unit personnel and Indian communities upon request in order to expand awareness of alcoholism as a chronic addictive disease and to teach proper techniques in handling alcoholics. It will also be responsible for stimulating development of youth prevention programs in alcoholism and substance abuse and will offer assistance, if requested, in training local "trainers" in these areas.

4. Review Process:

(This is defined as the process by which applications of grants or contracts will be evaluated for future and IHS continued support).

It is necessary to establish an ad hoc review panel to accomplish this initial review of the 34 applications. A representative is requested from the National Tribal Chairman's Association (NTCA), the National Indian Health Board (NIHB), the National Congress of American Indians (NCAI), the American Indian Health Care Association (AIHCA), the National Indian Board on Alcohol and Drug Abuse (NIBADA) to combine with four individuals with expertise in the field of Indian Alcoholism to be selected by the IHS with the concurrence of the above mentioned organizations.

The review of grants and contracts will be conducted after the August-September 1977 workshop for the transfer projects. This workshop will provide the opportunity to discuss the details of the review process with each individual transfer program. See Appendix D -- Timetable.

5. Application instructions and guidelines:

New application guidelines are to be developed for both grant and contract funding prior to the August-September 1977 workshop for the 34 transferred programs.

INTERIM RESPONSE
Under Review and Consideration

Task # 4:

Applications to all 34 programs on August 15, 1977.

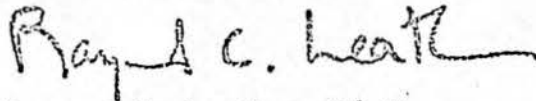
NIAAA/IRS recommended future action:

That the August-September, 1977 workshop be utilized to disseminate appropriate grant or contract form in lieu of the August 15, 1977 deadline..

Respectfully submitted,



Donald A. Swetter, M.D.
Interim Director
IHS Alcoholism Program.



Raymond C. Leatham, Ed.D.
Chief
Indian Desk, NIAAA



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
August 18, 1977

ALASKA AREA NATIVE HEALTH SERVICE
BOX 7-741
ANCHORAGE, ALASKA 99510

Refer to: A-MH

All Regional Health Directors
All Service Unit Directors
Dir. Health Affairs Dir. AFN
Dirs. NIAAA Indian Desk Programs
Human Services Div. AFN
State office of Alcoholism
Participants in August 16th Transfer Workshop Meeting.

RECEIVED
SEP 2 1977

ANCADA

Attached is a memo summarizing the August 16, 1977 workshop meeting on the Proposed Alcoholism Transfer Plan - NIAAA/IHS. If you have further comments or questions please write them on the enclosed COMM cards and return to me by Monday, August 29, 1977. All you need to fill in on the card are: Date initiated, Question or Comment and Initiator's Name and Address.

Mr. George Mumm, Chief, Office of Planning will consolidate all the comments and forward them to Washington D.C. by September 1, 1977.

Thank you very much for your input and cooperation.

Sincerely,

Jeannine Lyerly
Mental Health Consultant
Alcoholism Co-ordinator

JL/ci

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

TO : George Mumm
Chief, Office of Planning
Alaska Area Native Health Service

DATE: August 18, 1977

FROM : Jeannine Lyerly *je*
Mental Health Consultant

SUBJECT: The Proposed Alcoholism Transfer Plan - NIAAA/IHS workshop meeting.

All Service Units, Area Office Staff, Native Regional Health Corporations, Alaska Area Native Health Board, Alaska Federation of Natives and the NIAAA Alcohol Transfer Programs managers were invited to submit written comments and/or to attend a workshop meeting in the AANHS Area Office on Tuesday, August 16, 1977 to review and comment on the Proposed Alcoholism Transfer Plan - NIAAA/IHS. A list of those attending is attached.

The Alaska Area will have a maximum of 6 programs transferred as indicated in Dr. Swetter's memo of July 1976. They are:

NIAAA Indian Grants From Dr. Swetter, 7/76

<u>Grant No.</u>	<u>Trans. Yr.</u>	<u>Amount</u>	<u>Program</u>	(Tok)
535	1978	114,900	Upper Tanana Reg. Council on Alc.	
588	1979	110,000	Rural Cap Alcoholism Program	
839	1981	288,000	DENA Alcoholism Services, FBKS.	
*027	1981	62,300	Mt. Edgecumbe Alcoholism Program	
532	1981	49,224	Metlakatla Indian Alcoholism Pro.	
**1922	1981	39,600	M.H. Eval. Proj., Anchorage	
2201	1982	350,000	Alaska Native Alc. Program	
	TOTAL:	\$1,014,024	(ANGADA), Anchorage, Alaska	

* ? to be defunded

** not operational

Total NIAAA grants to be transferred to IHS \$ 15,600,000
Total alcoholism monies from PL 94-437 \$102,000,000

As the COMM cards did not arrive in time for use at the workshop, a summary of the comments and concerns follows:

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Chief, Office of Planning
August 18, 1977

Task #1

Statements need to be included as to what will happen to programs if NIAAA or IHS does not get adequate funding for programs to be transferred.

New programs located in the same IHS Area as program being transferred shall be given priority.

Suggest new programs be started through IHS rather than NIAAA so programs have only one agency to deal with.

Task #2

Direct supervision of programs and grants/contracts for program funding should come from same level, preferably Area Office or Service Unit.

Will every program have the choice of whether to relate to the Central office or the Area office? If they do and all programs in an Area do not relate to the same office, co-ordination, Area and State planning and implementation will be more difficult. The possibility of 134 programs relating directly to the Central office for supervision and TA might be overwhelming.

Alcohol programs have same relationship to Service Units, Area office and Central office as other local service programs do.

The Area Alcoholism program officer does not need to be under direct supervision of Area Director. More appropriately a part of Mental Health or because of the impact of Alcoholism could justify being its own office. Being a part of Community Health Services in Mental Health has worked well in Alaska to date. Also, should not be under direct supervision of IHS Central Alcoholism office. They can provide technical direction, but this is an Area directed program and ideally should be Service Unit directed.

Task #3

Program managers and IHS staff want to know function of Area office. They believe Area offices need clear cut authority. There is confusion as to what is meant by

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field office - is this the Area office?

Clarification of who has responsibility for what is needed.

The general consensus by the workshop participants was that the Area office have the authority to delegate Areas of responsibility to Service Units as is now done with other contracts/grants. The Area office needs sufficient autonomy and flexibility to be responsive to the local programs.

Some of our programs have multiple sources of funding, particularly from NIAAA and State of Alaska, data requirements and standards need to be agreed on to avoid unnecessary demands on program staff and to develop a system which is functional and meets the needs of all involved - particularly those people being served. An Alaska State Office of Alcoholism representative would be helpful at the data and evaluation workshops.

Alaska representation is requested at future planning meetings.

Monies available to administer Alcohol Transferred Programs needs to include a 25% COLA.

In an effort to get as much input as possible, this memo will be circulated to those who attended and were invited to the workshop meeting. COMM cards will accompany this memo to give another comment opportunity to all concerned.

ALCOHOL TRANSFER WORKSHOP

August 16, 1977

<u>Name</u>	<u>Organization</u>
August Ebona	SEARHC
Archie J. Cavanaugh Jr.	SEARHC, Juneau
Martha Summar	UTRCA, Tok
Bobbie Mericle	UTRCA, Tok
Bette Malchow	UTRCA, Tok
Charlie Biederman	UTRCA, Tok
Lal Banarsi	FNA/Alcoholism Program
George Mumm	AANHS - A-OP
Robert Singyke	AANHS - A-EO
Banks Warden	AANHS - A-GS
Jeannine Lyerly	AANHS - A-MH
Bill Richards	AANHS - A-MH
Lucien Poussard	AANHS - A-SSB
Charles Oxereok	AFN - HSD
Frank Brusatto	ANHSU, Mt Edgecumbe
Adam Fisher	Metlakatla Alcoholism Program
Tom Stoner	ANCADA

**ALASKA NATIVE COMMISSION
ON ALCOHOLISM AND DRUG ABUSE**

750 E. First Avenue, Suite 2
Anchorage, Alaska 99503

274-5531

Anchorage 17, 1977

274-7435

MEMORANDUM

660
TO: Upper Tanana Region Council on Alcoholism
Rural CAP Alcoholism Program
Fairbanks Native Association Alcoholism Program
Mt. Edgecumbe Alcoholism Program
Alaska Native Alcoholism Program (ANCADA)

FROM: Alaska Native Commission on Alcoholism and Drug Abuse
Office of Technical Assistance, Field Deputy

RE: Proposed Alcoholism Transfer Plan - NIAAA/IHS

The first of a series of workshops has been held in Anchorage on 8-16-77 IHS Area Office, on the tasks outlined in the proposed transfer plan.

It should be made clear that the above addressed programs subject to transfer have some distinct options available to them, that are not entirely outlined specifically in the proposed plan.

The question was raised during the above mentioned workshop; where will the lines of authority lie; and will optional channels of direction exist to the local programs between a Central Office and an Area Office.

The Area Office expressed the opinion that a Central Office was cumbersome, and duplicative and undefined in terms of its role as an advocate to NIAAA and State Offices of Alcoholism. It was further expressed that the Area Offices would have the best ability to maintain its day-to-day functions as well as an advocacy role through the deliniation of Service Unit direction.

Without intimating an editorial effect on the interests of ANHS/Area Office regarding the transfer of these programs some facts need to be spelled out.

At the present time the clear option does exist to utilize the benefit of ongoing grantsmanship through a Central Office in Rockville which is to be established as the counterpart of NIAAA Indian Desk.

Such an option allows a local program to operate through continuing grant renewals. NIAAA Indian Desk has a commitment to develop new programs. There has not been thus far any indication that IHS will ever receive appropriations from Congress for development of new programs, nor that IHS will ever have new start monies.

ALASKA NATIVE COMMISSION
ON ALCOHOLISM AND DRUG ABUSE

Page 2

750 E. Fireweed Lane, Suite 2
Anchorage, Alaska 99503

274-5531

274-7435

Local programs should immediately examine the pros and cons of establishing contracting mechanisms vs. grantsmanship mechanisms for potential risks involved with the survival of their programs under the guidelines of Area Office established, cost reimbursable contracting procedures.

It should also be made clear to local programs that the newly adopted data information system, known as the National Alcoholism Program Information System (NAPIS) has been formally agreed upon between NIAAA and IHS to be utilized indefinitely as a data information reporting system.


The NAPIS reporting system is NOT, nor has it ever been meant to be understood as an evaluation mechanism for programmatic performance. Comment to the contrary is false information.

Any evaluation mechanism to be developed by IHS needs to be done through a joint venture of Native American/Alaskan Native programs, to fully assure those programs of OBJECTIVE means of recognizing program performance. Any avant-garde developments by solely an Area Office for evaluation models leaves local programs vulnerable to subjective determinations.

For programs that are multi-funded by NIAAA, State Offices of Alcoholism and local monies, they should explore a universally accepted evaluation mechanism that will satisfy other money resources such as Joint Commission on Accreditation of Hospitals (JCAH) with IHS; or local programs may find themselves encumbered by multi-evaluation mechanisms. Never-the-less, all NIAAA Indian Desk programs will have to comply with the NAPIS requirements.

Complimentary Copy: Dr. Ray Leathum, NIAAA
Dr. Arthur McDonald, NIAAA Consultant
Dr. Donald Swetter, IHS
Dr. Emery Johnson, IHS
National Tribal Chairmans Association
National Indian Health Board
National Congress of American Indians
American Indian Health Care Association
National Indian Board on Alcohol and Drug Abuse
Alaska Native Health Board
Alaska State Office of Alcoholism
Mr. Steve Mathews, Alaska Delegate NIBADA
Regional Technical Assistants, Alaska

Respectfully submitted,

Thomas Stoner 
Field Deputy
ANCADA, Office of Technical Assistance

Encl.: Proposed Transfer Plan
Revised Plan by Taska

Print or Write
Clearly

P.L. 94-437 COMMUNICATION CARDS (COMMCARDS)

Use Heavy Pencil
or Pen

Source: Meeting ___ Letter ___ Call ___ Area or Program ___ Title ___
(FR) (FR)

Date
Initiated
(I)

Initiator's
Question or Comment
(I)

First Response
(FR)

Date of
Response
(I)

(I) Initiator's Name and Address:

(FR) Responder Name _____
Follow-up Response Needed: Yes ___ No ___ By ___
Date Follow-up Response Provided _____
Date Follow-up Response Provided to Area or
Program Coordinator _____
Date Follow-up Response Returned by Coordi-
nator to Initiator _____

ALCOHOLISM TRANSFER -
DRAFT PLANNING GUIDELINES
WORKSHOP

COMMCARD NO. _____ AREA _____

HSA-T-47 (7-77)

Example