

ALASKA LEGISLATURE COMMITTEE FILES

1905-1904

7100

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

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE

APPLICATION FOR FEDERAL ASSISTANCE (NONCONSTRUCTION PROGRAMS)

OMB Approval No. 29-RO218

PART 1		2. APPLICANT'S APPLICATION	a. NUMBER HSA-09	3. STATE APPLICATION IDENTIFIER	a. NUMBER
1. TYPE OF ACTION (Mark appropriate box) <input type="checkbox"/> PREAPPLICATION <input checked="" type="checkbox"/> APPLICATION <input type="checkbox"/> NOTIFICATION OF INTENT (Opt) <input type="checkbox"/> REPORT OF FEDERAL ACTION		b. DATE Year month day 1984 06 01		b. DATE Year month day ASSIGNED 19	
4. LEGAL APPLICANT/RECIPIENT				5. FEDERAL EMPLOYER IDENTIFICATION NO.	
a. Applicant Name : Northern Alaska Health Resources Assoc.				a. NUMBER 1131294	
b. Organization Unit : Northern Alaska Health Resources Assoc.				b. TITLE	
c. Street/P.O. Box : 529 Fifth Avenue, Suite #8				PROGRAM (From Federal Catalog)	
d. City : Fairbanks e. County :				b. TITLE	
f. State : Alaska g. ZIP Code: 99701				Non-Profit Organization	
h. Contact Person (Name & telephone No.) : Sherry E. McWhorter (907) 456-2553				9. TYPE OF ASSISTANCE A-Basic Grant B-Supplemental Grant C-Loan D-Insurance E-Other Enter appropriate letter(s) <input checked="" type="checkbox"/> A	
7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT				8. TYPE OF APPLICANT/RECIPIENT A-State B-Interstate C-Substate 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): Non-Profit Organization Enter appropriate letter <input type="checkbox"/>	
Northern Alaska Health Resources Association, Inc. Health Systems Agency				9. TYPE OF ASSISTANCE A-Basic Grant B-Supplemental Grant C-Loan D-Insurance E-Other Enter appropriate letter(s) <input checked="" type="checkbox"/> A	
10. AREA OF PROJECT IMPACT (Names of cities, counties, States, etc.)			11. ESTIMATED NUMBER OF PERSONS BENEFITING	12. TYPE OF APPLICATION A-New B-Renewal C-Revision D-Continuation E-Augmentation Enter appropriate letter <input checked="" type="checkbox"/> D	
Northern Alaska			90,000	15. TYPE OF CHANGE (For 12c or 12e) A-Increase Dollars B-Decrease Dollars C-Increase Duration D-Decrease Duration E-Cancellation F-Other (Specify): N/A	
13. PROPOSED FUNDING		14. CONGRESSIONAL DISTRICTS OF:		17. PROJECT DURATION	
a. FEDERAL \$ 114,297.00	b. APPLICANT .00	a. APPLICANT Alaska	b. PROJECT Alaska	17. PROJECT DURATION 12 Months	
c. STATE 200,000.00	d. LOCAL .00	16. PROJECT START DATE Year month day 19 84 09 01		17. PROJECT DURATION 12 Months	
e. OTHER 31,028.00	f. TOTAL \$ 345,325.00	18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY Year month day 19 84 06 01		19. EXISTING FEDERAL IDENTIFICATION NUMBER 10P-5509-07	
20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code)				21. REMARKS ADDED	
DHHS/PHS/BHP Region X Seattle, Washington				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
22. THE APPLICANT CERTIFIES THAT		a. To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.		b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions therein, to appropriate clearinghouses and all responses are attached: (1) State/Federal Coordinator (SPOC) <input type="checkbox"/> <input type="checkbox"/> (2) <input type="checkbox"/> <input type="checkbox"/> (3) <input type="checkbox"/> <input type="checkbox"/>	
23. CERTIFYING REPRESENTATIVE		a. TYPED NAME AND TITLE	b. SIGNATURE	c. DATE SIGNED Year month day 19	
J. B. Carnahan, President				19	
24. AGENCY NAME				25. APPLICATION RECEIVED Year month day 19	
Department of Health, Education and Welfare, H/S 839				19	
26. ORGANIZATIONAL UNIT			27. ADMINISTRATIVE OFFICE		28. FEDERAL APPLICATION IDENTIFICATION
Public Health					
29. ADDRESS 1321 Second St. S., Seattle, Washington 98101					
30. FEDERAL GRANT IDENTIFICATION		31. ACTION TAKEN		32. FUNDING	
		<input type="checkbox"/> a. AWARDED <input type="checkbox"/> b. REJECTED <input type="checkbox"/> c. RETURNED FOR AMENDMENT <input type="checkbox"/> d. DEFERRED <input type="checkbox"/> e. WITHDRAWN		a. FEDERAL \$.00 b. APPLICANT .00 c. STATE .00 d. LOCAL .00 e. OTHER .00 f. TOTAL \$.00	
		33. ACTION DATE Year month day 19		34. STARTING DATE Year month day 19	
		35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)		36. ENDING DATE Year month day 19	
				37. REMARKS ADDED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. FEDERAL AGENCY A-95 ACTION		a. In taking above action, any comments received from clearinghouses were considered. If agency response is due under provisions of Part 1, OMB Circular A-95, it has been or is being made.		b. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)	

SECTION I—APPLICANT/RECIPIENT DATA

SECTION II—CERTIFICATION

SECTION III—FEDERAL AGENCY ACTION

PART II
PROJECT APPROVAL INFORMATION

Item 1.

Does this assistance request require State, local, regional, or other priority rating?
_____ Yes X No

Name of Governing Body _____
Priority Rating _____

Item 2.

Does this assistance request require State, or local advisory, educational or health clearances?
_____ Yes X No (Attach Documentation)

Name of Agency or Board _____

Item 3.

Does this assistance request require clearinghouse review in accordance with ~~OMB Circular No. 95~~ Executive Order 12372, SPOC
X Yes _____ No

(Attach Comments)

Item 4.

Does this assistance request require State, local, regional or other planning approval?
X Yes _____ No

Name of Approving Agency Statewide Health
Date Coordinating Council

Item 5.

Is the proposed project covered by an approved comprehensive plan?
_____ Yes X No

Check one: State
Local
Regional
Location of Plan _____

Item 6.

Will the assistance requested serve a Federal installation?
_____ Yes X No

Name of Federal Installation _____
Federal Population benefiting from Project _____

Item 7.

Will the assistance requested be on Federal land or installation?
_____ Yes X No

Name of Federal Installation _____
Location of Federal Land _____
Percent of Project _____

Item 8.

Will the assistance requested have an impact or effect on the environment?
_____ Yes X No

See instructions for additional information to be provided.

Item 9.

Will the assistance requested cause the displacement of individuals, families, businesses, or farms?
_____ Yes X No

Number of:
Individuals _____
Families _____
Businesses _____
Farms _____

Item 10.

Is there other related assistance on this project previous, pending, or anticipated?
_____ Yes X No

See instructions for additional information to be provided.

HSA ANNUAL BASELINE REPORT
 FACE SHEET

AGENCY CODE

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

REPORT
 ANNUAL BASELINE QTR 1
 QTR 2 QTR 3 QTR 4

REPORT PERIOD
 June 1, 1983 to May 31, 1984

PART A: GENERAL PROJECT GRANT INFORMATION

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

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

EXECUTIVE DIRECTOR'S NAME
 Sherry E. McWhorter

GOVERNING BODY CHAIRPERSON'S NAME
 J. B. Carnahan

1	2	3	4	5	6	7	8	9	10	11	12	13	
State Number	HSA Number	Grant Year	Report Period	Type Organ.	Date Cond. Desig.	Date Full Desig.	Total Annual Op. Budget	Authorized Professional Staff	Current Professional Staff	Minimum Professional Staff	Authorized Support Staff	Current Support Staff	
					MM/DD/YY	MM/DD/YY							
F	015		A	1	09	76	08	79	04	03	03	02	01

PART B: REPORT SUBMISSION INDEX

REPORT FORM IDENTIFICATION		HSA ANNUAL BASELINE REPORT FORM NUMBERS	SUBMITTED	
			Yes	No
SECTION I: Agency Organization and Management	Governing Body Member Data	HRA-217-1 (ABR-1)		X*
	Assurances Checklist	HRA-217-2 (ABR-2)	X	
SECTION II: Functional Budget	Part III; Budget Information	PHS-5161-1 (ABR-3)	X	

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

State No.
HSA No.
Grant Year

HSA ANNUAL BASELINE REPORT ASSURANCES CHECKLIST

ABR 2

A. GOVERNING BODY MEMBERS

1. Do residents of the health service area who are consumers of health care and who are not providers of health care comprise between 51% and 60% of the health systems agency's governing body and executive committee.
 Yes No

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

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

3. Are not less than 1/3 of providers "direct providers of health care" (as described in section 1531(3)).
 Yes No

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

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

5. Are public elected officials and other representatives of governmental authorities members of the governing body?
 Yes No

6. Does the governing body membership include representatives of public and private agencies concerned with health?
 Yes No

7. Does the membership of the governing body include individuals who reside in non-metropolitan areas within the health service area in equal proportion to their presence in non-metropolitan areas of the health service area.
 Yes No

8. Is a Veterans Administration representative included on the governing body?
 Yes No Does not apply

9. Is a representative of a qualified HMO included on the governing body?
 Yes No Does not apply

10. Are governing body members residents of the health service area?
 Yes No

11. Is the basis for appointment of governing body members directly related to health service area population characteristics?
 Yes No

12. Are standing committee/subcommittee, task force, and advisory members appointed in accordance with section 1512?
 Yes No Does not apply

B. SUBAREA ADVISORY COUNCIL(S)

1. Do residents of the subarea who are consumers of health care and who are not providers of health care comprise between 51% and 60% of each subarea advisory council?
 Yes No No established subarea advisory councils

2. Are not less than 1/3 of providers "direct providers of health care" as described in section 1531(3) included in the membership of subarea advisory councils?
 Yes No

B. SUBAREA ADVISORY COUNCIL(S) -- Continued

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

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

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

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

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

Yes No

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

Yes No

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

Yes No

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

Yes _No_

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

Yes _No_

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

Yes _No_

C. CONTRACTORS

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

Yes No

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

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

D. STAFF

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

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

* Denotes statutory staff expertise requirements.

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

(Number) 03

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

Yes No

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

PART III - BUDGET INFORMATION

SECTION A - BUDGET SUMMARY

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

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	- Grant Program, Function or Activity				Total (5)
	(1) DHS/DIP	(2) State of AK	(3) Local	(4)	
a. Personnel	\$ 43,498	\$ 86,970	\$ 24,512	\$	\$ 154,980
b. Fringe Benefits	14,776	29,553	6,516		50,845
c. Travel (Staff & Board)	18,960	28,252	0		47,212
d. Equipment	0	0	0		0
e. Supplies	2,048	3,052	0		5,100
f. Contractual	0	0	0		0
g. Construction	0	0	0		0
h. Other	35,015	52,173	0		87,188
i. Total Direct Charges	114,297	200,000	31,028		345,325
j. Indirect Charges	0	0	0		0
k. TOTALS	\$ 114,297	\$ 200,000	\$ 31,028	\$	\$ 345,325
7. Program Income	\$	\$	\$	\$	\$

SECTION C – NON-FEDERAL RESOURCES

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

SECTION D – FORECASTED CASH NEEDS

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

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

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

SECTION F – OTHER BUDGET INFORMATION

(Attach additional Sheets If Necessary)

21. Direct Charges: See attached "Proposed Budget"

22. Indirect Charges: N/A

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

PART IV PROGRAM NARRATIVE (Attach per instruction)

Proposed Budget
September 1, 1984 - August 31, 1985

Category	Nine-Month 09/01-05/31	Three-Month 06/01-08/31	Total
Personnel	158,210	47,615	205,825
Salary	118,351	36,629	154,980
Fringe	37,859	10,986	50,845
Accounting/Audit	4,500	6,500	11,000
Accounting	4,500	1,500	6,000
Audit	0	5,000	5,000
Travel	35,400	11,803	47,212
Board	29,484	9,828	39,312
Staff	5,925	1,975	7,900
Space Rental	14,400	4,800	19,200
Supplies/Communications	19,125	6,275	25,400
Office Supplies	3,825	1,275	5,100
Postage	2,700	900	3,600
Telephone	6,300	2,100	8,400
Reproduction/Duplication	6,000	2,000	8,000
Minor Equipment	300	0	300
Equipment Rental/Maintenance	17,541	5,847	23,388
Maintenance	1,575	525	2,100
Rental	15,966	5,322	21,288
Other Costs	8,300	5,000	13,300
Dues/Subscriptions	800	0	800
Meeting Expense	600	200	800
Advertising	900	300	1,200
Board/Staff Development	500	0	500
Recruitment/Relocation	2,500	0	2,500
Insurance	3,000	0	3,000
Close-Out Costs	0	4,500	4,500
Total	257,485	87,840	345,325

SUPPLEMENT TO PART III, SECTION F
KEY PERSONNEL

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

FRINGE BENEFITS (Rate _____)

SUPPLEMENT TO PART III, SECTION F
KEY PERSONNEL

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

BUDGET NARRATIVEPERSONNEL

The number of personnel budgeted is six:

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

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

FRINGE BENEFITS

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

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

ACCOUNTING/AUDIT

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

TRAVEL

Detail of Board of Directors Travel

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

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

Detail of Staff Travel

In-state travel for staff:

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

Out-of-state travel for staff:

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

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

SPACE RENTAL

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

SUPPLIES/COMMUNICATIONS

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

EQUIPMENT MAINTENANCE AND RENTAL

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

Equipment rental costs are as follows: 21,288

Xerox 4500 copier - \$954/month

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

Postage meter - \$60/quarter

Postage scale - \$23/month

OTHER COSTS

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

CLOSE-OUT BUDGET NARRATIVE

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

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

PERSONAL SERVICES

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

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

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

FRINGE BENEFITS

Retirement Plan

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

Vacation Leave

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

Sick Leave

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

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

Life Insurance

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

Health Insurance

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

CONSULTANTS

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

TRAVEL

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

EQUIPMENT

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

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

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

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

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

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

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

SUPPLIES

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

OTHER COSTS

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

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

STATEMENT OF NON-FEDERAL FUNDS
CURRENTLY AVAILABLE

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

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

CALCULATION OF FUNDING LEVEL
1984-1985 BUDGET YEAR

FEDERAL FUNDS (DHHS)

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

114,297

STATE OF ALASKA

200,000

OTHER FUNDS

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

345,325

ASSURANCES

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

ASSURANCES

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

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

21
PHS SUPPLEMENTARY INSTRUCTIONS

CHECKLIST

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

Type of Application

- New
 Noncompeting Contribution
 Competing Extension
 Supplemental

CHECKLIST

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

- | | |
|--|---|
| <p><input checked="" type="checkbox"/> Proper Signatures and Dates (item 23 on face page)</p> <p><input checked="" type="checkbox"/> Human Subjects Certification (when applicable)</p> <p><input checked="" type="checkbox"/> Staff and Position Data (biographical sketch(es) with job description when required)</p> <p><input checked="" type="checkbox"/> State and areawide Clearinghouse Review (as required by OMB Circular A-95) - Attach comments or evidence of submission to A-95 Clearinghouse(s). Executive Order 12372, SPOC.</p> <p><input type="checkbox"/> Health Systems Agency Review if required by Federal regulations - Attach evidence of submission to Health Systems Agency.</p> <p><input checked="" type="checkbox"/> Civil Rights Assurance on File with HEW (45 CFR 80)</p> <p><input checked="" type="checkbox"/> Assurance Concerning the Handicapped on File with HEW (45 CFR 84)</p> <p><input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination on File with HEW (45 CFR 86)</p> | <p><input type="checkbox"/> (a) A reference to the organization's listing in the Internal Revenue Service's most recent cumulative list of organizations.</p> <p><input type="checkbox"/> (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.</p> <p><input type="checkbox"/> (c) A statement from a State taxing body or the State Attorney General certifying that the organization is a nonprofit organization operating within the State and that no part of its net earnings may lawfully inure to the benefit or any private shareholder or individual.</p> <p><input type="checkbox"/> (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.</p> <p><input type="checkbox"/> (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.</p> |
|--|---|

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

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

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

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

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

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

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

NEGATIVE CERTIFICATION OF INVENTIONS

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

PROGRESS REPORT

1983-1984 PROJECT YEAR

INTRODUCTION

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

I. Impact Report

Describes measurable planning impacts and planning accomplishments.

II. Narrative Progress Report

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

PUBLIC INVOLVEMENT PROCESS

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

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

IMPACT REPORT

I. AGENCY IMPACTS

A. Arctic Alliance for People

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

Impacts

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

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

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

B. Project Review

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

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

Projects Reviewed, with State
Grant Awards, 1983

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

Impact

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

C. Home Health

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

Impacts

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

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

D. Health Education/Risk Reduction

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

Impacts

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

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

E. Alcohol Awareness

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

Impact

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

F. Health Fair '83

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

Impacts

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

G. Certificate of Need

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

Impact

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

II. General Technical Assistance

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

Impacts

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

II. PLANNING ACCOMPLISHMENTS

A. Maniilaq Comprehensive Health Plan

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

Impact

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

B. Child and Adolescent Mental Health Services

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

Impact

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

C. Rural Health and Social Services

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

Impact

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

D. Alcoholism Treatment Services

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

Impact

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

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

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

E. Behavioral Health Planning

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

Impacts

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

F. Services for the Handicapped

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

Impact

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

G. Human Services Plan

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

Impacts

See "Arctic Alliance for People" above.

H. Emergency Medical Services Communications Plan

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

Impacts

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

I. Annual Implementation Plan

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

NARRATIVE PROGRESS REPORT
BY SPECIFIC GOALS AND OBJECTIVES

I. INTRODUCTION

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

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

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

II. FUNCTION: AGENCY MANAGEMENT

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

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

Objective 2. Maintain appropriate governing Board and committee membership.

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

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

Committee chairmen include:

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

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

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

A. Resignations:

1. Fairbanks North Star Borough

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

2. Maniilaq Association

None

3. North Slope Borough

Sonya Leavitt (P)	01/84	Change of provider status
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4. Tanana Chiefs Conference

None

B. New Appointments:

1. Fairbanks North Star Borough

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

2. Maniilaq Association

None

3. North Slope Borough

Ida Olemaun 01/84

4. Tanana Chiefs Conference

Marie Hailey 07/83

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

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

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

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

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

Staff changes during the year included:

Resignations

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

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

New Employee

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

(See Appendix L for resume.)

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

Objective 5. Maintain an ongoing staff development program.

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

Training/continuing education activities attended by NAHRA staff included:

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

Objective 6. Maintain agency financial management system.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

III. FUNCTION: HEALTH SYSTEMS PLANNING

Objective 12. Conduct plan development activities.

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

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

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

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

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

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

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

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

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

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

IV. FUNCTION: HEALTH SYSTEMS DEVELOPMENT

Objective 14. Implement the Annual Implementation Plan.

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

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

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

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

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

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

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

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

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

V. FUNCTION: HEALTH PROMOTION AND PREVENTION

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

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

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

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

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

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

VI. FUNCTION: PROJECT REVIEW

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

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

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

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

Projects Reviewed
1983

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

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

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

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

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

VII. FUNCTION: DATA MANAGEMENT AND ANALYSIS

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

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

VIII. FUNCTION: RESEARCH AND EVALUATION

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

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

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

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

Objective 21. Encourage evaluations of health service programs.

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

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

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

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

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WORK PROGRAM
1984-1985

INTRODUCTION

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

WORK PROGRAM NARRATIVE (NINE-MONTH WORK PROGRAM)

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

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

A. AGENCY MANAGEMENT

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

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

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

B. HEALTH SYSTEMS PLANNING

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

C. HEALTH SYSTEMS DEVELOPMENT

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

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

D. HEALTH PROMOTION AND PREVENTION

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

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

E. PROJECT REVIEW

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

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

F. DATA MANAGEMENT AND ANALYSIS

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

G. RESEARCH AND EVALUATION

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

WORK PROGRAM KEY

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

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

FUNCTION: AGENCY MANAGEMENT

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

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

FUNCTION: AGENCY MANAGEMENT

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

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

FUNCTION: AGENCY MANAGEMENT

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

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

FUNCTION: AGENCY MANAGEMENT

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

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

FUNCTION: AGENCY MANAGEMENT

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

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

FUNCTION: AGENCY MANAGEMENT

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

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

FUNCTION: AGENCY MANAGEMENT

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

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

FUNCTION: HEALTH SYSTEMS PLANNING

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

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

FUNCTION: HEALTH SYSTEMS PLANNING

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products			
		S	O	N	D	J	F	M	A	M					
K. Publish and distribute the 1985-1987 HSP.	PDS AMS										---X	5	HSP published and distributed to regional and state agencies and organizations, and interested citizens.		
OBJECTIVE 13. CONDUCT OTHER PLAN DEVELOPMENT ACTIVITIES.															
A. Solicit recommendations from the regional community regarding priority health planning needs.	PDC PDS					X					X	4	Community priorities established.		
B. Develop plans & issue papers on priority topics.	PDC PDS AMS RA											65			
1) Plan for mental health treatment and prevention services, particularly for children and adolescents.													Plan for Mental Health Prevention and Treatment Services completed.		
2) Feasibility study on the establishment of small group homes in rural communities.													Feasibility study completed.		
3) Plan for the development of a children's receiving home in Interior Alaska.													Plan for children's receiving home completed.		
C. Distribute draft planning documents to interested individuals and agencies for review and comment; incorporate revisions as appropriate.	PDS											X	5	Citizens provided an opportunity to review and comment on planning documents.	
D. Present planning documents for final approval by NNARA Board and by other boards, as appropriate.	PDC									X	X		X	4	Board approval of planning documents.
E. Publish approved documents.	PDS								X	X			X	3	Plans distributed for use.

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

FUNCTION: HEALTH SYSTEMS PLANNING

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

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

FUNCTION: HEALTH SYSTEMS DEVELOPMENT

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

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

FUNCTION: HEALTH PROMOTION AND PREVENTION

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

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

FUNCTION: PROJECT REVIEW

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

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

FUNCTION: DATA MANAGEMENT AND ANALYSIS

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

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

FUNCTION: RESEARCH AND EVALUATION

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

CLOSE-OUT WORK PROGRAM NARRATIVE

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

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

AGENCY MANAGEMENT

Structure

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

Governance

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

Post-Termination Activities

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

Staff

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

Coordination

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

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

Public Involvement and Education

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

HEALTH SYSTEMS PLANNING

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

HEALTH SYSTEMS DEVELOPMENT

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

HEALTH PROMOTION AND PREVENTION

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

PROJECT REVIEW

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

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

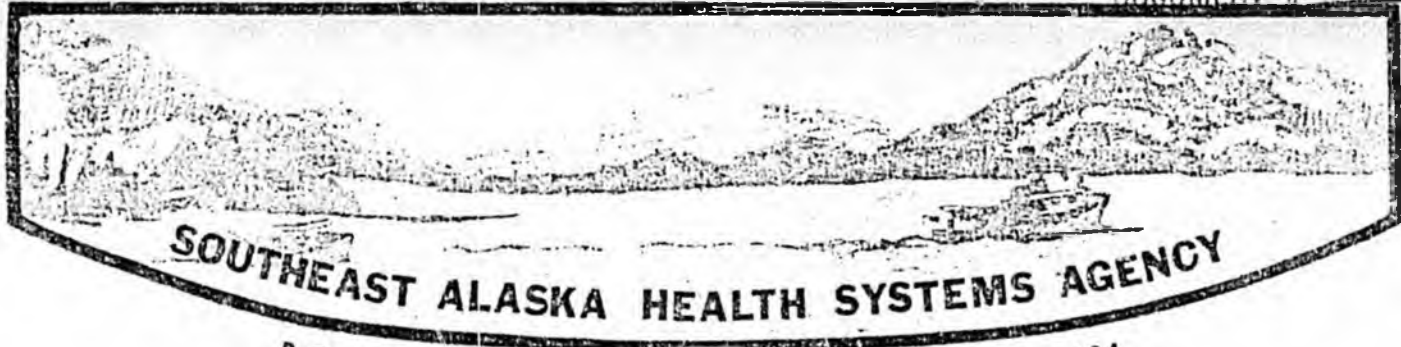
Objectives/Tasks	Primary Responsibility	1985			Staff Days	Output/Products
		June	July	August		
OBJECTIVE 1. PROVIDE FOR THE PHASE-OUT OF FEDERAL PRESENCE IN THE AGENCY'S ORGANIZATION AND MANAGEMENT.						
A. Maintain agency policies and by-laws in accordance with federal closeout criteria.	AMS EC	-----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

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

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

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

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



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

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

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

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

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

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

Thank you for your help.

Southeast Alaska Health Systems Agency

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

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

Total Year 09 Professional Staff Elys
Of AOM Function =

Responsibility

REQUIRED OBJECTIVES AND ACTIVITIES

P A S C N D J F M A M J J

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

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

- A2.2 Conduct periodic individual staff performance evaluations per personnel policies

Continuous line indicates periodic and/or ongoing activity.

Large X indicates deadlines or focus.

KEY

Southeast Alaska Health Systems Agency
Function:
Function Statement:

Total Year _____ Professional Staff Days
For _____ Function = _____

Responsible Party

REQUIRED OBJECTIVES AND ACTIVITIES

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

B, D, Staff

A6.0 Provide staff development opportunities to enable satisfactory accomplishment of SEANSA activities

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

Continuum Line indicates regular or periodic activity.

Large - indicate deadlines or focus.

Southeast Alaska Health Systems Agency

Function: Plan Development

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

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

Total year _____ Professional Staff Days
For _____ function = _____

Responsible Party

REQUIRED OBJECTIVES AND ACTIVITIES

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

Continuous line indicates responsibility for ongoing activity.

Dashed line indicates activities of focus.

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

KEY

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

Total Year _____ Professional Staff Days
 For _____ function = _____

Responsible Party

REQUIRED OBJECTIVES AND ACTIVITIES

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

Continous Line Institute, Inc. 2000
 2000/12/15
 Name: _____ Date: _____

Progress toward Health Systems Agency

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

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

Total Year _____ Professional Staff Days
of _____ Function = _____

REQUIRED OBJECTIVES AND ACTIVITIES

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

Continuous time activities and ongoing activity.

Letter C indicates deadlines or focus.

HEP

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

Total Year _____ Professional Staff Days
For _____ Function = _____

Responsible Party:

REQUIRED OBJECTIVES AND ACTIVITIES

B, CE, SPS

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

Continuously line up at ... water meeting
...
... indicates ...

Southeast Alaska Health Systems Agency
Function: Data Management and Analysis

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

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

Total Year _____ Professional Staff Days
For _____ Function = _____

Responsible Party

REQUIRED OBJECTIVES AND ACTIVITIES

M I C A S - 2 4 8 8 A X 0 0

DATA MANAGEMENT AND ANALYSIS

DMA, Staff

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

E1.1 Assess current program library and data files, consolidate, revise and update as necessary

E1.2 Compile and distribute current demographic and health status data by hospital service area

E1.3 Work with SHPDA on the improvement of current data and information capacities (regional and Statewide)

provide data support services to SEAHSA staff.

COORDINATION

B, D, Staff

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

F1.1 Monitor Memorandums of Agreement with the SHCC, SHPDA, DHSS, A-97 Clearinghouse

F1.2 Monitor Memorandum of Agreement with the Southeast Alaska Regional Health Corporation

F1.3 Maintain regular contact and exchange with SHPDA and NARRA

Continous line indicates... another ongoing activity

Blank indicates deadline or target

FY 85 Federal Grant Application

Proposed Budget

Budget Categories

General

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

Sources of Funds

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

Budget detail by categories on following pages.