

ALASKA LEGISLATURE COMMITTEE FILES

1983-1984

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SECTION VIII

PLANNED PROGRAM SUMMARY

After listing the goals and objectives complete the Planned Program Summary form on page 12. The goals and objectives are to be identical with those previously listed. Use one planned program summary form for each goal you have listed in the narrative.

For each objective that you have listed, indicate for each month that portion of the objective that will be met during that month. Plan your activity to allow for the start-up of new programs, and the close-out of programs that will not continue past the expiration of this grant.

Indicate in the comments column unusual factors affecting program activity, such as: fewer young adults might be served during the summer months due to summer vacations with parents.

A sample form is included in Section XVII on Pages 30 and 31 of 34. Utilizing the youth example and referring to the sample form, Goal I is to provide employment skills to low-income youth. The first Objective is to train 15 youth in a classroom setting for 20 weeks. The bar graph reflects the objective will start in February with 15 youth enrolled and continue each month with 12 youth still in the classroom setting in June.

The second Objective of Goal I is to train 12 youth in Job Seeking Skills for one week. The bar graph reflects the activity will occur during June for 12 youth.

- - - - -

PLANNED PROGRAM SUMMARY

GOALS AND OBJECTIVES													COMMENTS
Goal:													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
Objectives: a.													
b.													
c.													
d.													

SECTION IX

JUSTIFICATION OF NEED

Briefly describe why this program is needed and how it will be of benefit to the Anchorage Community.

SECTION X

NON-ALLOWABLE ACTIVITIES

To ensure the integrity of the social service programs, special efforts are necessary to prevent fraud and other grant abuses. Fraud includes deceitful practices and intentional misconduct such as willful misrepresentation in accounting for the use of grant funds. "Abuse" is a general term which encompasses improper conduct which may or may not be fraudulent in nature. This section identifies and addresses specific grant areas of the most concern. No Municipality of Anchorage, Social Service grant funds may be used in the following areas.

CONFLICT OF INTEREST:

No member of any board shall cast a vote on any matter which could financially benefit such member or any organization such member could represent.

Each agency shall avoid organizational conflict of interest and their personnel shall avoid personal conflict of interest and appearance of conflict of interest in the conduct of procurement activities involving the social services funds.

No funds shall be paid to any non-governmental individual, institution or organization to conduct an evaluation of the grant if such individual, institution or organization is associated with the grant as a consultant or technical advisor.

KICKBACKS:

No officer, employee or agent of any agency shall solicit or accept gratuities, favors or anything of monetary value from any actual or potential subrecipient, contractor or other individuals serviced through the grant.

NEPOTISM:

No agency shall hire a person in an administrative capacity or staff position under the grant if a member of that persons immediate family is engaged in an administrative capacity for that agency or is on the Board of Directors. The term "immediate family" means; wife, husband, son, daughter, mother, father, brother, brother-in-law, sister, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, aunt, uncle, niece, nephew, step-parent and step-child. The term "person in an administrative capacity" includes those persons who have overall administrative responsibility for a grant including all appointed or elected officials who have any responsibility for obtaining and or approval of any funds received from the Municipality of Anchorage, Department of Social Services.

CHILD LABOR:

All agencies shall comply with applicable Federal, State and Local child labor laws.

POLITICAL PATRONAGE:

There shall be no selection of vendors or contractors based on political patronage or affiliation.

POLITICAL ACTIVITIES:

No grant may involve political activities nor may any funds be expended for partisan or non-partisan political activities.

LOBBYING ACTIVITIES:

No funds may be expended to attempt to influence in any manner a member of congress to favor or oppose any legislation or to attempt to influence in any manner state or local legislatures to favor or oppose any legislation or appropriation by such legislators.

SECTARIAN ACTIVITIES:

No funds may be used to support any religious or anti-religious activity, however, this does not preclude religious organizations from administering or operating grants or from the use of facilities of religious organizations for the operation of grants.

UNIONIZATION AND ANTI-UNIONIZATION ACTIVITIES:

No funds shall be in any way used to promote or oppose unionization.

SECTION XI

BUDGET

The requestor shall complete three (3) budget documents entitled Budget, Budget Back-up and Quarterly Expenditure Summary, which are included as pages 20 through 25.

INSTRUCTION FOR COMPLETION OF BUDGET

The budget format provides that line items are related to the activities of the agency and the activities are separated into program costs and supporting costs.

Column II, program costs consists of goods and services which directly and immediately effect individuals serviced by the program. Program costs may include but are not limited to the following:

Training equipment and supplies; services to individuals; books and other aids; equipment and materials used in providing services to individuals; space and utility costs involved in providing services to individuals; and any other direct costs that have immediate impact on individuals served.

Only those salaries and fringe benefits of program staff who provide direct services to the individuals served by the grant may be charged to program; such as: counselors, instructors or health aides.

Column III, supporting costs consists of all expenditures associated with the management of the grant and shall be limited to those necessary to affectively operate the grant.

Supporting costs represent the general management and support functions of an organization as well as secondary management and support functions. Included are salaries and fringe benefits of personnel engaged in executive, fiscal, personnel, legal, audit, procurement, communications, maintenance and similar functions; related material, supplies, equipment, office space costs and staff training. Supporting costs do not directly and immediately effect individuals benefiting from the program. Some additional examples of supporting costs are the salary of a clerical assistant to a supervisor; that part of an instructors salary representing time spent supervising other instructors; desk top supplies used by supervisors and in general, office administration, rent and maintenance.

Column IV is the Total of each line item in Columns II and III.

Enter in Column V, for each line item, the number in Column III divided by the number in Column IV. That will give the percentage of supporting cost for that line item. Continue this for all line items including the total cost line item.

Enter in Column VI for line items number 4 through number 12, the percentage of the line item cost that will be charged to this grant. To calculate this percentage, divide the total agency cost for this line item (not included on this budget form) into the amount of this line item charged to this grant. For example, if the agency's total utility costs are \$10,000, and \$2,000 of utility costs will be charged to this grant, then divide \$10,000 into \$2,000 which equals 20%. 20% would then be entered in Column VI for the Utility line item.

Enter in Column VII for line items number 4 through number 12, the percentage of the line item cost that will be charged against revenues other than this grant. To calculate this percentage, subtract the percentage in Column VI from 100%. For example, if the percentage in Column VI for utility costs is 20%, subtract 20% from 100% which equals 80%. 80% would then be entered in Column VII for the utility line item.

Instructions for entering the line item costs are as follows:

1. Salaries - Enter the planned expenditures for compensation for personal services including all remuneration paid currently or accrued for services rendered during the period of performance of the grant.
2. Fringe Benefits - Enter the planned expenditures for fringe benefits which include but are not limited to expenses for social security, employees life and health insurance plans, unemployment insurance coverage, workmen's compensation insurance, pension plans and the like, providing such benefits are granted under an approved plan and are distributed equally to all employees under the grant.
3. Total Salaries and Related Costs - Total the planned program costs, the planned supporting costs and total costs. The total of Columns II and III should equal the total of Column IV.
4. Enter the planned professional services rendered by individuals or organizations not a part of the agency.
5. Office Supplies - Enter the planned expenditures for the cost of materials and supplies necessary to carryout grant activities. Include the cost of equipment that does not exceed \$100.
6. Telephone - Enter the planned expenditures for telephone costs associated with the grant. Enter only those costs for telephones used directly in program activities and supporting activities. If other telephones are housed within the agency, the cost of these telephones may not be charged against the grant.
7. Postage - Enter all related mailing costs of the grant.

8. Space Rent - Enter the planned expenditures for space utilization. Only space used for the program and supporting services may be charged against this category for example: if your agency has 3,000 square feet of office space and 900 square feet are to be used for staffing and a reception area for individuals benefiting from the grant, only the 900 square feet may be charged to this category. It will be required that documentation be maintained in your agency's files for allocation of space cost.
9. Equipment Rental and Maintenance - As no funds are authorized for the purchase of equipment under this Proposal process, it is recognized that there may be a need for the rental and maintenance of some equipment. Enter the planned expenditures for the rental of equipment that will be used for program or supporting activities such as copy machines, typewriters, and so forth. Also enter the planned expenditures for maintenance of equipment. Maintenance costs are those costs necessary for the repair or upkeep of property which neither adds to the permanent value of the property nor appreciably prolongs its intended life but keeps it in an efficient operating condition. Janitorial costs related to the facility are to be charged under space rent and prorated accordingly to the definition of space rent.
10. Specific Assistance to Individuals - Enter the planned expenditures for direct financial assistance to individuals served under this grant.
11. Utilities - Enter the planned expenditures for utility costs related to the program and supporting services. As defined in space rent only those utility costs related to the operation of the grant may be charged and should be prorated based upon the square footage that is utilized by the program and supporting services. For example: If the operation of the program and supporting services utilizes 60% of the existing space in the facility only 60% of utility costs may be charged. Documentation of the proration shall be maintained in agency files.
12. Mileage - Enter here the planned expenditure for vehicle mileage. Vehicle mileage may not exceed \$.28 a mile. An example of whether mileage is a program cost or a supporting cost is as follows: mileage to transport an individual benefiting from the program is a program cost; mileage for a supervisor or administrator to attend a meeting is a supporting cost. Cost for riding the Public Transit System are allowable and should be added as a separate line item under mileage where space is provided.

Additional lines have been provided in the case that there may be costs associated with your proposal that are unique and do not fit into the above categories. Please identify those costs and enter them on the available space. The Municipality does not encourage the addition of line items.

13. Total Costs - Enter under Column II total program costs, under Column III, total supporting costs, and under Column IV total combined costs of program and support. The total of Column IV should equal the total of Columns II and III. Complete Column V, VI and VII as explained on page 16.

A sample form is included in Section XVII.

BUDGET

I COST CATEGORIES	II PROGRAM COSTS	III SUPPORTING COSTS	IV TOTAL COSTS	V % OF SUPPORTING TO PROGRAM COSTS	VI % THIS GRANT	VII % OTHER SOURCE
1. Salaries					////	////
2. Fringe Benefits					////	////
3. TOTAL Salaries & related Costs					////	////
4. Professional Fees						
5. Office Supplies						
6. Telephone						
7. Postage						
8. Space Rent						
9. Equipment Rental & Maintenance						
10. Specific Assistance to Individuals		////////// //////////				
11. Utilities						
12. Mileage						
13. TOTAL COSTS					//// ////	//// ////

BUDGET BACK-UP INSTRUCTIONS

I. POSITIONS:

In Column I, list the title of each position partially or wholly funded under this grant. If this position is part-time, so indicate. Also in Column I, indicate the number of positions for each title.

II. PERCENTAGE:

In Column II, indicate the percentage of each position's total salary that will be charged to this grant.

III. PROGRAM SALARIES:

In Column III, indicate the dollar amount for each position that will be charged as a program cost.

IV. SUPPORTING SALARIES:

In Column IV, indicate the dollar amount for each position that will be charged as supporting cost.

V. TOTAL SALARIES:

In Column V, indicate the total dollar amount for each position that will be charged to this grant.

On the line titled "TOTAL", enter the totals of Columns III, IV and V.

VI. COMMENTS:

Enter any information necessary to explain unusual or unique salary expenditures.

VII. PROFESSIONAL FEES:

List the planned professional services contract for this grant and give a brief description of the proposed services to be provided under each professional contract.

VIII. SPECIFIC ASSISTANCE TO INDIVIDUALS:

Describe the specific assistance to be provided to individuals served under the grant, indicate provisions or requirements under which the individuals will receive this assistance and a brief description justifying the need for the assistance.

QUARTERLY EXPENDITURE SUMMARY INSTRUCTIONS

Quarterly expenditures should closely correspond to planned activities, and allow for both initial start-up activities and for close-out of the grant.

PROJECT DURATION:

Enter the project start date and end date. The start date is the first day that grant activities and expenditures occur. The end date is the last day that grant activities and expenditures occur.

PROGRAM COSTS

1. SALARIES:

Enter the planned salary expenditures for program staff for each quarter of the year, and the total for all four quarters.

2. BENEFITS:

Enter the planned fringe benefits expenditures for program staff for each quarter of the year, and the total for all four quarters.

3. OTHER:

Enter the total off all other planned expenditures for program activities, and the total for all four quarters.

4. QUARTER SUBTOTALS:

Enter the subtotal for each quarter of planned expenditures for salaries, benefits, and other costs, and the overall subtotal for all four quarters.

SUPPORTING COSTS

1. SALARIES:

Enter the planned salary expenditures for supporting staff for each quarter of the year, and the total for all four quarters.

2. BENEFITS:

Enter the planned fringe benefit expenditures for supporting staff for each quarter of the year, and the total for all four quarters.

3. OTHER:

Enter the total off all other planned expenditures for supporting activities, and the total for all four quarters.

4. QUARTER SUBTOTALS:

Enter the subtotal for each quarter of planned expenditures for salaries, benefits, and other costs, and the overall subtotal for all four quarters.

5. TOTALS:

Total both program and supporting costs for each quarter and the overall total for all four quarters.

A sample form is included in Section XVII.

QUARTERLY EXPENDITURE SUMMARY

PROJECT DURATION

to

Start

End

PROGRAM COSTS

ESTIMATED EXPENDITURES	1ST QUARTER 1/1/84 - 3/31/84	2ND QUARTER 4/1/84 - 6/30/84	3RD QUARTER 7/1/84 - 9/31/84	4TH QUARTER 10/1/84 - 12/31/84	TOTAL
Salaries					
Benefits					
Other					
Subtotals					

SUPPORTING COSTS

ESTIMATED EXPENDITURES	1ST QUARTER 1/1/84 - 3/31/84	2ND QUARTER 4/1/84 - 6/30/84	3RD QUARTER 7/1/84 - 9/31/84	4TH QUARTER 10/1/84 - 12/31/84	TOTAL
Salaries					
Benefits					
Other					
Subtotals					
TOTALS					

NON-ALLOWABLE COSTS

I. BAD DEBTS:

Any loss arising from uncollectable accounts and other claims and related costs and fees.

II. CONTINGENCIES:

Contributions to a contingency reserve or a miscellaneous fund or any similar provision for unforeseen events.

III. CONTRIBUTIONS AND DONATIONS:

Contributions and donations for any reason or dues to any organization.

IV. ENTERTAINMENT:

Costs of amusement, social activities, meals, beverages, lodgings, rentals, transportation, gratuities or any similar costs.

V. FINES AND PENALTIES:

Costs resulting from violations of or failure to comply with any Federal, State or Local law or regulation.

VI. INTEREST AND OTHER FINANCIAL COSTS:

Interest on borrowing, bond discounts, cost of financing and refinancing operations and legal and professional fees paid in connection therewith.

VII. LEGISLATIVE EXPENSES:

Any costs associated with lobbying either Local, State or Federal.

VIII. LEGAL FEES:

Unless for direct benefit of the people served by the program.

IX. CAPITAL EXPENDITURES:

No equipment may be purchased that exceeds \$100 in value.

X. INDIRECT COSTS:

No indirect (or percentage) supporting overhead costs will be allowed in the grants. All costs must be clearly identified and justifiable.

XI. TRAVEL:

No travel outside the State of Alaska, or within the State of Alaska but outside the boundaries of the Municipality of Anchorage shall be an allowable cost without the prior written approval of the Municipality.

PAYMENT SCHEDULE

1. ADVANCE PAYMENTS:

When the Grantee requests in writing, an advance payment and provides to the Municipality documentation justifying the need for such payment, then twenty percent (20%) of the total amount of the grant, or \$10,000, whichever is smaller can be paid upon execution of the grant agreement.

2. MONTHLY PAYMENTS

Subsequent payments will be made on a cost-reimbursable bases upon submission of a monthly invoice. The advance payment, if any, shall be retained by the Grantee during the duration of the grant, and applied against the last invoice(s).

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INSURANCE REQUIREMENTS FOR GRANT RECIPIENTS

Prior to the award of the grant the agency must provide to the Municipality of Anchorage Department of Social Service evidence that they have the following insurance coverage:

<u>Coverage</u>	<u>Limits</u>
1. Workers' Compensation and \$100,000 Employers Liability	Statutory
2. Comprehensive General Liability Premises Operations Contractual Liability Personal Injury Liability	\$500,000 Combined - Single Limit
3. Comprehensive Auto Liability Bodily Injury and Property Damage Including owned, hired and non-owned vehicles.	\$500,000 Combined - Single Limit
4. Fidelity Bonding for Finance Officer and/or Corporate Director in the amount of the grant, to a maximum of \$50,000.	\$50,000 Combined -

SUPPORTING DOCUMENTATION TO THE GRANT PROPOSAL

The following supporting documentation is to be included with the request:

1. List of Board of Directors (including the offices they hold and expiration of their term), mailing addresses and telephone numbers.
2. A copy of the agency's current personnel rules and regulations (only one copy required).
3. A complete agency's proposed annual expenditure and revenue budget for the calendar year of 1984.
4. The agency's organizational chart.
5. Job descriptions including required qualifications for all staff who will support the grant.

GOALS AND OBJECTIVES													COMMENTS
I Goal: Provide employment skills to low-income unemployed youth.													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
Objectives: a. Train 15 youth in a classroom setting for 20 weeks.		15				12							
b. Train 12 youth in job seeking skills for one (1) week.						12							Job seeking skills will be at the conclusion of classroom training. It is estimated 3 youth will drop from the program.
c.													
d.													

BUDGET

SAMPLE

I COST CATEGORIES	II PROGRAM COSTS	III SUPPORTING COSTS	IV TOTAL COSTS	V % OF SUPPORTING TO PROGRAM COSTS	VI % THIS GRANT	VII % OTHER SOURCE
1. Salaries	\$35,000	\$ 5,700	\$40,700	14%	/////	/////
2. Fringe Benefits	7,000	1,140	8,140	14%	/////	/////
3. TOTAL Salaries & Related Costs	\$42,000	\$ 6,840	\$48,840	14%	/////	/////
4. Professional Fees	200		200	0%	30%	70%
5. Office Supplies	500	200	700	29%	25%	75%
6. Telephone	50	200	250	80%	25%	75%
7. Postage	20	20	40	50%	10%	90%
8. Space Rent	9,000	1,000	10,000	10%	25%	75%
9. Equipment Rental & Maintenance	500	100	600	17%	25%	25%
10. Specific Assistance to Individuals	300	/////	300	0%	100%	0%
11. Utilities	900	100	1,000	10%	25%	75%
12. Mileage		75	75	100%	10%	90%
Bus Tokens	200		200	0%	100%	0%
13. TOTAL COSTS	\$53,670	\$ 8,535	\$62,205	14%	/////	/////

SAMPLE

I POSITION	II % OF TOTAL SALARY CHARGED TO THIS GRANT	III SALARY CHARGED TO PROGRAM COSTS	IV SALARY CHARGED TO SUPPORT COSTS	V TOTAL SALARY CHARGED TO THIS GRANT
One (1) Counselor - 9 mos	100%	\$20,000		\$20,000
One (1) Instructor - 6 mos	100%	\$15,000		\$15,000
Project Director - 9 mos	10%		\$3,000	\$ 3,000
Clerical/Bookkeeper - 9 mos	20%		\$2,700	\$ 2,700
TOTAL	//////////////////// ////////////////////	\$35,000	\$5,700	\$40,700

VI. Comments:

Clerical/Bookkeeper position does minimal bookkeeping tasks, such as maintaining time and attendance records.

VII. Professional Fees:

Special guest presenter at Job Seeking Skills class: \$200.00

VIII. Specific Assistance to Individuals:

Emergency medical assistance: \$300.00

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

RECEIVED
JUN 16 1983

June 16, 1983

SOCIAL
SERVICES

TO: Jewel Jones, Director
Social Services Department
Municipality of Anchorage

FROM: Lee Go'such, Director ¹⁹
Institute of Social and Economic Research
University of Alaska

SUBJ: Developing a Comprehensive Human Services Plan for Anchorage

The attached serves as a skeletal proposal on how to approach and develop a comprehensive human services plan and planning process. I've tried to incorporate most of the ideas exchanged at our June 2 meeting. Although some may be impatient at the suggestion that we take a full year to develop the plan, it is important to realize that it takes time to build a planning process, particularly, if that process is to reflect the views of the various interested parties.

If you have any changes you would like to suggest prior to our meeting this Friday, please call me before 10 a.m. Friday and I can incorporate the changes before distributing the attached at the meeting. It is my understanding that you would like me to review the attached with the committee in the hope that we can reach some general agreement on how to proceed. Hopefully, the attached will serve as a useful point of departure.

PURPOSE

To better meet the human service needs of the Anchorage area by coordinating the planning, delivery and evaluation of human services funded and/or sponsored by federal, state, local and/or private sources. Ideally, we would like to meet more of the most important human service needs of the community by getting more bang for the buck.

PROBLEMS AFFECTING FUNDING SOURCES, SERVICE PROVIDERS, AND PEOPLE IN-NEED

- o Diverse funding sources, fiscal years, authorities, rules, and procedures.
- o Declining state revenues.
- o Burdensome regulations and "red tape", particularly for multi-funded providers.
- o Duplication of services.
- o No comprehensive assessment of needs (current or projected).
- o No rationale/criteria for allocating resource funds.
- o Limited information sharing or communication among either funding agencies or service providers.
- o Weak monitoring and evaluation systems.
- o Overlapping roles among funding sources.
- o Financial insecurity and potential discontinuity in services.

OBJECTIVES

- o To get a bigger bang for the buck in human services by eliminating duplication and increasing information and resource sharing.
- o To improve the human services agencies provide by reducing red tape and grantsmanship and by improving the evaluation and refunding process.
- o To create a coordination mechanism among funding entities.
- o To develop an annual comprehensive plan and planning process for human services in the Anchorage area.
- o To establish a process for assessing needs and setting priorities to meet them.

SCOPE OF WORK

Phase I - Preliminary Planning of the Process

Tasks to be performed

1. Hold a preliminary meeting of major funding entities.
2. Form the Planning Committee and select a coordinator/facilitator (develop a rationale for the representation).
3. Prepare and adopt a statement of purpose, definition of scope and rules of procedure.
4. Describe present human service network - authorities, rules, funding cycles, levels and criteria, operations and outcomes.
5. Develop a preliminary planning process, complete with tasks, timelines, assignments, and budgets.
6. Secure necessary approvals and funds to carry out the process.
7. Implement the process and monitor progress.

Phase II - Planning the Process

1. Organize a large community workshop to address: a) problems (by funding source); b) human service needs (by personal characteristic and location); and c) review and recommend revisions to the proposed comprehensive planning process.
2. Conduct the community workshop.
3. Summarize community workshop recommendations and revise planning process as appropriate.
4. Circulate recommended process for review and comment.
5. Make second round of revisions.
6. Submit revised process to key executives and, where appropriate, legislative bodies, for possible formal adoption of the process (for example, an executive order, a municipal ordinance and/or a state statute mandating the process and the development of an annual plan).

Phase III - Implementing the Process

(see illustrative flow chart in Figure 1)

1. Form policy, technical, and citizen advisory group(s) and draft charter for each.
2. Prepare background materials for the groups, orient the groups to their tasks and assign staff support.
3. Assist advisory groups complete their tasks.
4. Prepare and circulate a draft comprehensive plan for review and comment.
5. Revise and submit the final comprehensive plan to funding agencies and appropriation authorities for their consideration.
6. Monitor implementation of the plan.
7. Form task forces or working groups to undertake high priority recommendations contained in the comprehensive plan.
8. Review outcome of first year of comprehensive plan and evaluate its effectiveness.
9. Revise the comprehensive planning process and institute it on an on-going basis.

FIGURE 1: A PROTOTYPICAL, COMPREHENSIVE PLANNING PROCESS

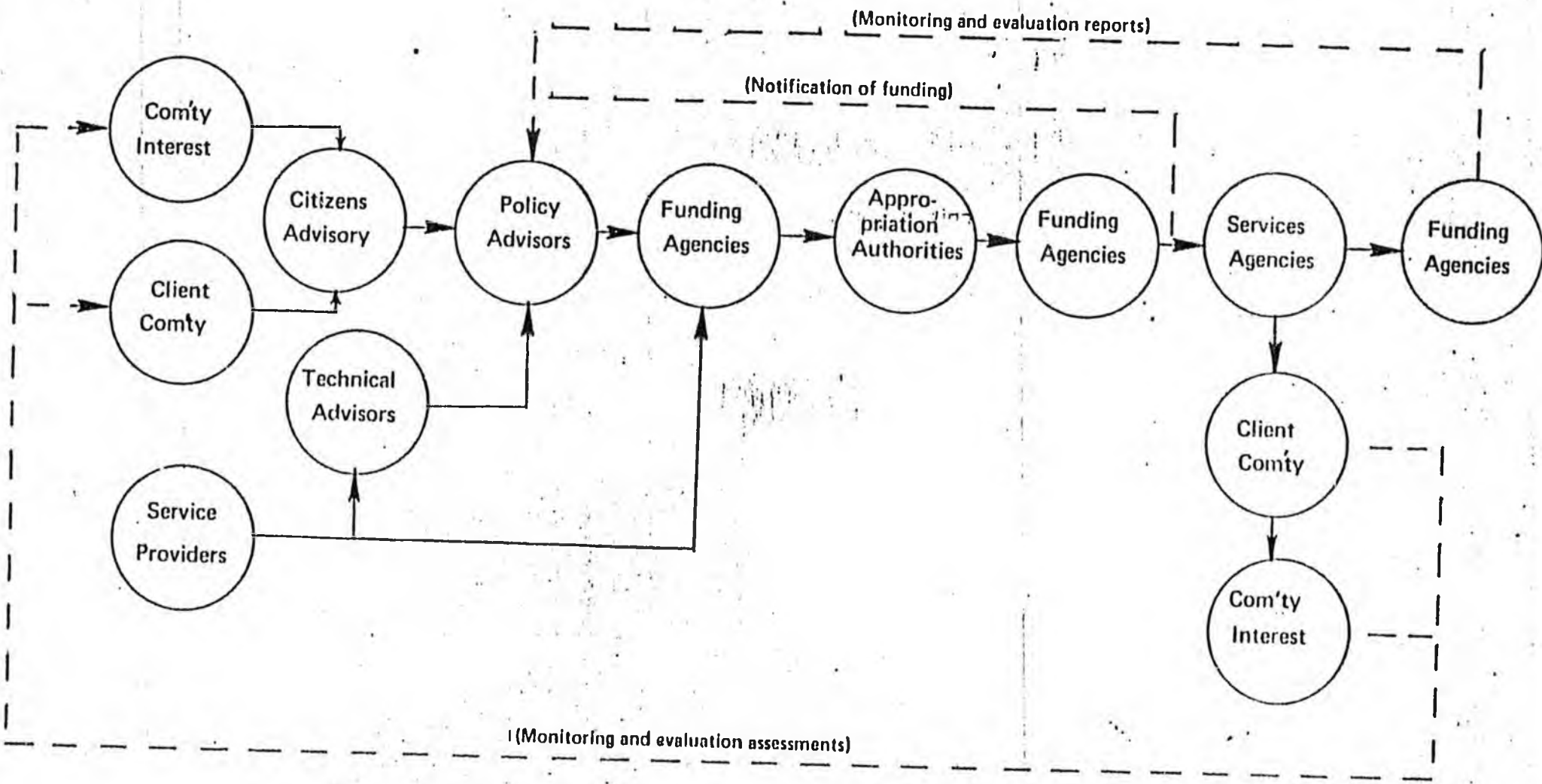


FIGURE 2
A TENTATIVE WORK PLAN

Tasks to be Performed	Person/Organization Responsible	No. Wks Complete	Estimated Consult\$
PHASE I			
Task 1 Preliminary Meeting		1	
2 Form Committee		2	
3 Draft Charter		—	1 wk
4 Describe Network		4	2 wks
5 Design Prelim Process		4	1 wk
6 Secure Approval & Funding		2	
7 Implement & Monitor		<u>continuous</u>	—
Subtotal		13 (3 mos)	\$10,000
Phase II			
Task 1 Organize Comm Workshops		4	2 wks
2 Conduct Comm Workshops		1	1 wk
3 Summarize Comm Workshops		1	1 wk
4 Revise & Circulate Draft		1	1 wk
5 Final Revision		4	1 wk
6 Submit for Adoption (& Funding)		<u>4</u>	<u>1 wk</u>
Subtotal		15 (4mos)	\$20,000
Phase III			
Task 1 Form Groups		4	—
2 Draft Charters		—	2 wks
3 Orient Groups		2	—
4 Assist Groups		2	—
5 Draft Plan		8	—
6 Circulate Plan		4	
7 Revise & Submit Plan		2	1 wk
8 Monitor & Implement		<u>continuous</u>	
9 Ad Hoc Task Forces		<u>continuous</u>	
10 Circulate Plan Results		2	
11 Revise plan		<u>2</u>	<u>1 wk</u>
Subtotal		26 (6.5 mos)	\$15,000
TOTAL		54 (12.5 mos)	\$45,000

FIGURE 3: A TENTATIVE WORK SCHEDULE

Task to be Performed	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July
Phase I														
T. 1. Prelim: Meeting	XX													
2. Form Committee		XX												
3. Draft Charter		XX												
4. Describe Network		XX	XX											
5. Design Prelim. Process			XX	XX										
6. Secure Approvals \$'s				XX										
7. Implement & Monitor					XXXX	XXXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
Phase II														
T. 1. Organ. Workshop				XX	XX									
2. Conduct Workshop					X									
3. Summarize Workshop					X									
4. Revise Draft						XX								
5. Second Revision							XX							
6. Submit for Adapt.							XX							
Phase III														
T. 1. Form Groups								XXXX						
2. Draft Charters								XX	X					
3. Orient Groups								X						
4. Assist Groups									XX					
5. Draft Plan									X	XXX				
6. Circulate Plan										XX				
7. Revise & Submit											XX			
8. Implement												XXXX	XXXX	XXXX
9. Ad Hoc Comm.												XXXX	XXXX	XXXX
10. Review Results													XX	
11. Update Plan														XXXX
Meetings of Steering Comm	X	X	X	X	X	X	X	X		X			X	X

MUNICIPALITY OF ANCHORAGE
DEPARTMENT OF SOCIAL SERVICES
GRANTEE MONITORING REPORT
MONITORING PERIOD MARCH 1, 1983 THROUGH MAY 17, 1983

Grantee <u>Mabel T. Caverly Senior Center, Inc.</u> Address <u>1111 East 5th Avenue Anchorage, Alaska 99501</u> Phone <u>276-1496 or 274-9361</u> Contact <u>Elizabeth Lee</u>	Agreement No. <u>HB 148-17</u> Expiration Date <u>February 29</u> , 19 <u>84</u> <p style="text-align: center;">PROJECT DURATION</p> <u>March 1</u> , 19 <u>83</u> to <u>February 29</u> , 19 <u>84</u> MONITOR <u>M.G.</u> DATE <u>May 17, 1983</u>
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A. FISCAL ANALYSIS

1. <u>INCOME SOURCE, 1982</u>			2. <u>PROJECTED INCOME SOURCES, 1983</u>		
	Amount	Dept.		Amount	Dept.
Federal			Federal		
1. Title III	75,957		1. Title III	129,970	
2.			2.		
3.			3.		
State			State		
1. Title V	27,269		1. Title V	27,967	
2. AS 47.65	16,666		2. AS 47.65	15,936	
3.			3.		
Municipality			Municipality		
1. Dental Grant	100,000	Soc Svcs	1. Dental Grant	98,815	Soc Svcs
2.			2.		
3.			3.		
United Way			United Way		
1.	29,000		1.	61,526	
2.			2.		
3.			3.		
In-Kind			In-Kind		
1. Program	4,648		1. Program	5,113	
2. Labor	18,383		2. Labor	20,221	
3. Rent	12,840		3. Rent	12,840	
Other (Specify)			Other (Specify)		
1.			1.		
2.			2.		
3.			3.		
4.			4.		
1982 BUDGET <u>275,763</u>			PROJECTED 1983 BUDGET <u>372,388</u>		

SECTION A (cont.)

3.	MOA AWARD, GRANT NO. HB 148-17		\$	98,815				
4.	PERCENTAGE: MOA AWARD/1983 BUDGET (\$98,815/372,388)			27	%			
5.	MOA CARRYOVER ¹		\$	45,255				
6.	RATIO: MOA CARRYOVER/MOA AWARD			46	%			
7.	AVERAGE MONTHLY RATE OF EXPENDITURE (Dollars)	Expected	\$	8,235	Actual ²	\$	12,131	
8.	AVERAGE MONTHLY RATE OF EXPENDITURE (Percent)			8.33	%		12.5	%

COMMENTS:

1. The previous contract did not start expending funds until four (4) months after start-up, due to availability of funds from another source. The \$45,255 of carryover funds were expended during a contract extension period 1/1/83 to 3/31/83.
2. The program is attempting to provide service on an "as needed" basis rather than make clients wait just to "stretch out" available funds. It is anticipated that demand will decrease during the summer (based on historical data). If the funds for dental services are expended prior to 2/29/84, it will be requested by the Contractor to be allowed to spend the remaining funds for the outreach worker for dental services as the outreach worker will no longer be needed.

10. REVIEW OF EXISTING AUDIT REPORTS (List)

1980 and 1981 Audits by Bigler, Hawkins & Oberdorf.

Procedures were found to be satisfactory and there were no questioned costs.

B. SCOPE OF SERVICES

1. STATEMENT OF AGENCY PURPOSE:

The Mabel T. Caverly Senior Center is a non-profit organization that was incorporated in 1975. This is a small neighborhood drop-in center serving approximately 1,000 low-income senior citizens in the Anchorage area. Services being provided to the seniors are transportation, outreach, program activities and dental.

The structure of the center consists of a Board of Directors of twelve (12), elected on a staggered basis. At the present, there is a staff of twelve (12), including those hired to carry out the programs and deliver services.

This organization is established in the interest of elderly persons in the Anchorage area. Its purpose is to identify the needs of older persons, to plan and promote activities to meet these needs and to provide for a range of services that directly affect the well being of those who desire those services.

2. SPECIFIC GOALS AND OBJECTIVES FOR PROGRAM COMPONENTS FUNDED UNDER THIS MUNICIPAL GRANT. (List no more than four of the most important goals for each component. Use additional sheets if necessary.)

GOAL 1 STATEMENT:

To provide dental care to low-income senior citizens not currently covered by other dental programs.

<u>Planned Objectives</u>	<u>Actual Performance</u>
1. Serve 134 individuals during length of program (average 11.2/mo)	1. Served 35 during first two months of program (average 17/mo).
2.	2.
3.	3.
4.	4.
5.	5.

C. MOA SUMMARY REVIEW

1. Scope of Services:

Under the Municipality of Anchorage Grant, dental services are provided to low-income senior citizens in the Anchorage area. These services are not covered by Medicare or Medicaid and are not affordable on the low incomes of seniors eligible for the program. 250 seniors were served between 6/1/81 and 10/1/82, and 50 were served between 3/1/83 and 5/15/83 with 15 additional people on a waiting list. As seniors complete the program, additional seniors become eligible by turning age 60 or through influx into the area.

Based on their approximate participants per month it could be expected they will exceed their goal of 134.

2. Fiscal:

This is a cost effective program with 87% of the funds being expended on direct client services, and only 12% on administration. Other administration costs are provided through contributions. Fiscal systems appear satisfactory and audits are performed yearly. The program is currently undergoing an audit by the Municipal Auditor.

3. Recommendations/Comments:

Although eventually the large pool of eligible applicants to this program will be reduced, at present there appears to be a larger eligible population than can be served at the current funding level, and there will continue to be a need for these services.

D. DOCUMENTS ON FILE

1. Board Membership
2. 1980 and 1981 Audits
- 3.

REVIEWED BY

Michael J. G...

DATE

August 16, 1983

MUNICIPAL GRANTEE'S

AGENCY	GRANT #	AWARD	EXP. DATE	COMMENTS
Abused Women's Aid In Crisis, Inc. (AWAIC)	HB 148-19 SB 168-9	\$ 40,569 \$ 10,000	6/30/84 6/30/82	*
Access Alaska (ION)	HB 148-25 SB 168-16	\$ 47,661 \$ 69,585	12/31/83 4/30/83	*
Alaska Black Leadership Conference	HB 148-14 SB 168-20	\$ 69,046 \$ 41,489	9/30/83 12/31/82	*
Alaska Children's Services, Inc.	SB 168-3	\$299,900	6/30/82	*
Alaska Consumer Advocacy Program	HB 148-1 SB 168-21	\$ 99,500 \$ 32,250	10/08/83 12/31/82	*
Alaska Handicapped Sports and Recreation Association	HB 148-29	\$ 18,885	5/15/83	*
Alaska Health Project	SB 168-43M	\$ 32,696	9/30/83	
Alaska Legal Services Corporation	HB 148-13 SB 168-21	\$ 97,957 \$100,000	12/31/83 12/31/82	*
Alaska Women's Resource Center	HB 148-9	\$ 94,971	12/31/83	
Alaska Youth Advocates	HB 148-4	\$ 6,364	6/30/83	*
Alpine Alternatives	HB 148-28	\$ 58,800	5/30/83	*
American Improvement Matrix, Inc. (AIM)	HB 148-11 SB 168-26	\$140,732 \$ 80,000	9/30/83 12/31/82	*
American Legions Post #34	SB 168-10	\$ 31,000	6/30/82	*
American Red Cross	HB 148-3	\$ 10,290	9/30/83	*
Anchor-AGE Management Board	SB 168-38	\$100,000	3/31/83	*
Anchorage Adoptive Parents Association/OURS	SB 168-36	\$ 9,286	12/31/82	*
Anchorage Building & Construction Trades	SB 168-27	\$ 45,000	12/31/82	*
Anchorage Child Abuse Board, Inc.	HB 148-20	\$184,352	6/30/84	
Anchorage Community Mental Health Services, Inc. (Day Break)	HB 148-18 SB 168-39	\$101,650 \$ 50,000	12/31/83 12/31/82	*
Anchorage Community Mental Health Services Inc. (Emergency Unit)	HB 148-27	\$ 71,080	8/31/83	*
Anchorage Literacy Project	HB 148-10 SB 168-25	\$ 29,564 \$ 60,928	12/31/83 1/31/83	*
Anchorage Neighborhood Health Center	SB 168-49M	\$102,577	9/30/83	
Anchorage Neighborhood Housing Services, Inc.	HB 148-2 SB 168-6	\$689,500 \$ 97,500	9/30/83 9/30/82	*
Anchorage Support Group, Charter of Alaska Foster Parents Assoc.	SB 168-30	\$ 2,000	12/31/82	*

* WITH FISCAL FOR CLOSEOUT

MUNICIPAL GRANTEE'S

AGENCY	GRANT #	AWARD	EXP. DATE	COMMENTS
Archdiocese of Anchorage, Brother Francis Shelter	HB 148-34	\$ 25,000	4/30/83	*
Association for Retarded Citizens of Anchorage (ARCA)	HB 148-24	\$ 40,091	12/31/83	*
	SB 168-19	\$ 55,190	2/28/83	
Big Brothers/Big Sisters of Anchorage	HB 148-16	\$ 29,076	9/30/83	*
	SB 168-32	\$ 20,791	12/31/82	
Campfire Chugach Council	HB 148-6	\$ 56,433	9/30/83	*
	HB 148-31	\$ 97,999	6/30/83	
	SB 168-1	\$197,500	6/30/82	
	SB 168-41M	\$150,000	6/30/83	
Catholic Social Services	SB 168-4	-0-	-	
Chugiak Benefit Association	SB 168-8	\$ 62,250	6/30/82	*
Chugiak Children's Services	SB 168-31	\$ 10,600	6/30/82	*
Chugiak Senior Center	SB 168-13	-0-	-	
Coalition for Economic Justice	SB 168-22	\$114,957	3/31/83	*
	SB 168-45M	\$110,212	12/31/83	
Cook Inlet Native Assoc. (CINA)	HB 148-5	\$ 96,655	2/28/83	*
	SB 168-5	\$349,500	9/30/83	
	SB 168-23	\$ 75,000	12/31/82	
Conflict Resolution Center	HB 148-8	\$ 57,759	12/31/83	*
	SB 168-12	\$ 69,300	1/31/83	
Employment & Training Center of Alaska	HB 148-30	\$186,914	9/30/83	
Fairview Latchstring	SB 168-28	\$ 50,000	6/30/83	*
Family Connection	HB 148-15	\$ 85,474	9/30/83	
Food Bank of Alaska, Inc.	SB 168-47M	\$ 19,600	12/31/83	
Home Health Care, Inc.	SB 168-50M	\$ 18,216	12/31/83	
Hope Cottages, Inc.	HB 148-26	\$ 49,000	12/31/83	*
	SB 168-37	\$175,000	12/31/83	
Hospice of Anchorage	HB 148-23	\$ 31,370	9/30/83	
Joy Child Care Center	SB 168-34	\$ 10,000	12/31/82	*
Little Bear's I & II Playhouse, Inc.	SB 168-7	\$ 56,172	9/30/82	*
	SB 168-29	\$ 10,500	12/31/82	
Mable T. Caverly Senior Center, Inc.	HB 148-17	\$ 98,815	2/29/84	*
	SB 168-15	\$100,000	2/28/83	

* WITH FISCAL FOR CLOSEOUT

MUNICIPAL GRANTEE'S

AGENCY	GRANT #	AWARD	EXP. DATE	COMMENTS
Minority Business Assistance Center	HB 148-12	\$109,723	9/30/83	
Mountain View Latchstring	SB 168-2	\$ 49,500	6/30/82	*
	SB 168-42M	\$ 50,000	6/30/83	*
Native Outreach Ministry	SB 168-44M	\$ 4,900	2/29/84	
Older Persons Action Group, Inc.	HB 148-32	\$ 64,565	9/30/83	
	SB 168-14	\$ 65,000	12/31/82	*
Parents United	HB 148-22	\$ 24,169	3/31/84	
Planned Parenthood of Alaska	SB 168-48M	\$ 32,154	9/30/83	
Rural Alaska Community Action Program, Inc. (RCAP)	SB 168-33	\$ 75,000	5/31/83	*
Salvation Army (Booth Home)	SB 168-18	\$175,000	12/31/82	*
	SB 168-51M	\$ 49,000	12/31/83	
Salvation Army (Emergency Shelter)	HB 148-21	\$121,164	12/31/83	
	SB 168-11	\$ 50,000	12/31/82	*
	SB 168-40	\$194,298	12/31/82	*
Salvation Army (Meals on Wheels)	SB 168-17	\$ 50,000	12/31/83	
Salvation Army (Senior Citizens)	HB 148-33	\$ 71,272	12/31/83	
Standing Together Against Rape (STAR)	HB 148-7	\$ 14,078	6/30/83	*
Suicide Prevention & Crisis Center	SB 168-46M	\$ 95,303	9/30/83	
Tanaina Child Development Center	SB 168-35	\$ 33,360	12/31/82	*

* WITH FISCAL FOR CLOSEOUT



Department of Health and Social Services

**An Overview
January 1982**

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STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH H 01
JUNEAU, ALASKA 99811
PHONE:

January, 1962

Dear Reader:

This year the state must make some significant and far-reaching decisions about its services which relate to the health and well-being of Alaskans.

An expected decrease in federal regulations, coupled with substantial decreases in federal funds, promise to place both new opportunities and new demands before us.

With some federal funds coming in the form of block grants rather than categorical grants, we expect to be able to design programs that are more suited to Alaska's specific needs. We as a state can have a voice in deciding which of the federally funded services should be continued at their present levels, and which should be increased, decreased or eliminated entirely.

Transition periods are seldom easy or painless, and some decisions must be made and implemented quickly to lessen the impact on Alaskans who depend on these services. New responsibilities will be placed on staff members, particularly as programs undergo extensive change within a short period of time.

As federal contributions to our programs decrease, it is more important than ever that we marshal our resources at the front end, preventing problems before they begin and addressing them at their earliest stages. To that end we will continue to encourage all Alaskans to be as self-reliant and independent as possible.

The Department's energies and resources will continue to be directed toward such activities as:

- helping troubled children at an early stage, before they become part of the criminal justice system;
- providing information on alcohol and drug abuse and the effects of smoking, beginning at an early age;
- ensuring that mental health programs and treatment are available in communities throughout the state;
- providing a continuum of home and community care programs that will reduce the need for institutionalization of the elderly, ill and handicapped.

- offering educational and counseling programs within correctional institutions to encourage inmates to work toward a better way of life after their release;
- providing information that will allow all Alaskans to make the healthiest and most positive choices for their own lives.

Major, far-reaching decisions must be made about the state's correctional system. The number of inmates is growing at an unprecedented rate, and while new beds must be added, Alaskans must take a long range look at incarceration and at the various options for dealing with offenders.

The Alaska Legislature mandated some changes within the Department of Health and Social Services during its 1981 session. Programs aimed specifically at the aging have been transferred to the Department of Administration. All of the state's programs for older Alaskans under the Older Americans Act will be overseen by the 11-member Older Alaskans Commission, which includes the Commissioner of the Department of Health and Social Services.

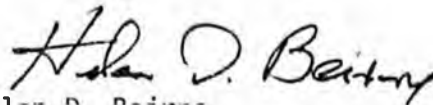
Domestic violence programs have been moved to the Department of Public Safety, but the Department of Health and Social Services will continue its involvement in this area through social services and public assistance to some of the victims of violence and assault.

To better coordinate its services to clients, the Department expects to develop a state-wide eligibility system that will shorten the waiting time for eligible applicants, and free eligibility workers to work more closely with clients.

This year, the Governor and legislators will have the benefit of a comprehensive, year-long study of the delivery and financing of health care in Alaska. The study, prepared by Battelle, Inc., includes a range of alternative actions available to the state as it addresses the crucial questions ahead.

We invite all Alaskans to join us in a commitment to healthier choices for ourselves, our families, our communities and state. Your comments, questions and suggestions are always welcome.

Sincerely,



Helen D. Beirne
Commissioner

Department of Health and Social Services

An Overview

People need varying amounts of human services. While some are self-sufficient, others are totally dependent on a network of services. Most fall somewhere on the continuum between the two extremes.

The Department of Health and Social Services seeks to improve or maintain the physical, emotional, social and economic well-being of Alaskans, so that each individual or family can move as close as possible toward independence.

The Department has defined four levels of involvement with human service programs, and set goals at each level.

It is continuing to emphasize wellness, prevention, and early intervention. At the lowest level of involvement, the Department works to increase and improve education and screening programs and the environment. Examples of these programs are immunization, crisis centers, public education programs, and steps to ensure an environment free of unnecessary hazards.

Some Alaskans need health or social services for a limited time to resume independence. To help meet these needs, at the second level, the Department offers such services as early intervention programs, information and referral, adoption services, emergency medical services, protective services, community mental health services, employment programs and court-based programs such as classes for those who operate motor vehicles while intoxicated.

In a third level, the Department assists Alaskans who temporarily need services provided by institutions or facilities. The goal is to minimize their dependence on the system, and lessen the constraints the system imposes on their freedom. As example, alternate forms of home and community care are promoted when institutionalization is not appropriate or necessary.

Finally, the Department provides human services to Alaskans who are dependent on those services over a long period of time. Economic assistance is provided to maintain an acceptable standard of living, and residential or institutional care is available when there is no acceptable alternative.

Through its administrative framework, the Department does research and planning to assess needs, identify resources and set priorities; monitors and evaluates systems to assure that programs are effective and fiscally accountable; provides for orderly transfer of authority and responsibility for programs to the local level; integrates delivery of human services through communication, cooperative agreements and co-location; and provides training.

The Department employs about 1,780 persons throughout Alaska to carry out its programs.

New demands and constraints are shaping the framework in which the Department must function.

Just as inflation is eroding the buying power of individual families, so it is affecting the services which the Department provides or purchases on behalf of its clients. It is clear that fiscal restraint will prevail in governing public policy during the 1980's.

At the same time, individual citizens have more and more looked to government programs to address problems which they traditionally handled by themselves, or with assistance from families, neighbors, and local communities. Accordingly, management efforts will increasingly focus on self-help, self-responsibility, and self-sufficiency, rather than dependence on government programs.

Office of the Commissioner



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The Office of the Commissioner provides executive leadership and policy development for all Department programs. It defines and clarifies policy, has final review authority for programs, resolves conflicts arising within or among Department programs, and represents the Department in dealing with private providers, federal delegations, the Legislature, and advisory boards for the Department.

The office also provides current, pertinent information to the general public about Department activities and resources, and promotes public involvement in the development of Department programming.

The Commissioner and three Deputy Commissioners participate in hearings, workshops, and public meetings to maintain contact with the Alaskan public, and the Special Assistant acts as liaison between the Department and the Legislature and its special committees.

The Commissioner speaks for the Governor in matters related to health services, social services, and corrections, and serves on a variety of councils and committees. Deputy Commissioners divide responsibilities for program and administrative management. The Information Officer disseminates information about Department policies and programs through prepared publications, responds to public inquiries and works with the news media.

The Eligibility Information System Program Coordinator is directing an effort to computerize all public assistance programs in Alaska.



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Division of Administrative Services



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The Division of Administrative Services provides the entire Department with central support services in contract administration, finance, accounting, audit, personnel classification and management, vital statistics, procurement and supply, mail distribution, records and forms management, safety/risk management, equal employment opportunity/affirmative action, civil rights compliance and disaster planning/emergency operations. The division provides administrative services through the central office in Juneau and regional offices in Anchorage and Fairbanks.

The Director's Office implements civil rights policies prohibiting discrimination in hiring, and is responsible for disaster planning, including organization and staffing for an emergency organization; affirmative action; records and forms management; safety/risk management; and direction and management of the division's activities throughout the State.

The Audit Section is responsible for fiscal compliance audits of all grants and contracts entered into by the Department and of in-state child care institutions providing full cost of care services. The Finance Section provides all fiscal services and Federal financial reporting, makes payments in accordance with grant provisions and agreements for reimbursable services, processes all contracts and leases, and performs other finance-related functions for the Department.

The Finance Section is the nucleus of all Department financial affairs, and thus its fiscal accountability. Audit and Finance sections are co-located.

The Personnel Section is responsible for the personnel classification and management functions pertaining to employees authorized to the Department throughout Alaska.

The Supply/General Services Section is responsible for receipt, dispatch and distribution of mail; requisition and acquisition of supplies; and requisition and inventory of property throughout the Department.

The Bureau of Vital Statistics maintains the official State record of each birth, death, marriage, annulment, legal separation and divorce in Alaska.

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Division of Adult Corrections



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The number of inmates in the custody of the Division of Adult Corrections is growing at an unprecedented rate. In November of 1981 there were 1,137 inmates, compared with 876 in January of 1981 and 770 in January, 1980. This has resulted in severe overcrowding. It is not a uniquely Alaskan phenomenon however, since correctional institutions throughout the country are overcrowded. In Alaska the trend is compounded by the state's young population, an age group typically over-represented in offender population. Alcohol is a factor in up to 80 percent of the crimes for which Alaskans are imprisoned, further pointing to alcoholism and alcohol abuse as the state's number 1 health problem. The state's high seasonal and permanent unemployment rate may be another factor in the high incidence of crime.

The Criminal Code Revision which went into effect in January, 1980, is expected to result in more people being sentenced to prison for longer periods of time. At this point the effects of the code are just barely beginning to be felt.

In the past the state has housed up to 20 percent of its offenders, primarily those with long term sentences, in institutions run by the Federal Bureau of Prisons in other states. The Division of Adult Corrections has been served notice that F.B.P. institutions are no longer able to continue this arrangement for more than 200 inmates. Court suits by offenders housed in other states have further heightened the need to provide for instate housing of Alaskan offenders.

The Division of Adult Corrections is in the midst of a capital expansion program which may still fall short of meeting needs at the current rate of growth. When all construction authorized through the beginning of 1982 is completed in 1985, the corrections system will provide about 950

beds in communities around Alaska. That institutional capacity, combined with community corrections spaces should be temporarily sufficient to meet needs, however 380 additional beds in two institutions will be needed in 1985. Appropriations are being requested of the Legislature.

The Division currently operates the following institutions:

- Ketchikan Correctional Center
- Juneau Correctional Center
- Fairbanks Correctional Center
- Nome Correctional Center
- Palmer Correctional Center
- Eagle River Correctional Center
- Third Avenue, Anchorage
- Sixth Avenue Annex, Anchorage
- Ridgeview Correctional Center, Anchorage
- Eagle River Women's Facility
- Johnson Human Services Center, Juneau

Alaska's correctional system is still in its formative state. Most of the institutions are small, and relatively free of the tensions that mark larger prisons in other states. While the small size is an advantage in many ways, it also means that operating costs per inmate are higher, and it is very expensive to provide educational and counseling services. Except for Ridgeview, a temporary facility, every institution has major improvement and replacement programs recently completed, underway or in planning stages. Idleness and lack of productive activity are problems which must be addressed in institutions. The Prison Industries program now underway is a major effort to deal with both of these problems by providing constructive activity in a work environment while producing goods or services for governmental agencies. Space is already available at Palmer, and current funding requests would construct industries buildings at correction centers in Eagle River, Juneau and Fairbanks.

Federal law requires that all prisoners be afforded equal opportunities, and the Division is continuing its efforts to insure that inmates in rural communities have access to the same services as those in urban areas. Full-time alcohol and drug abuse counselors are assigned to correctional facilities in Fairbanks, Anchorage and Juneau, and the State Chaplaincy Program coordinates services throughout the state. The University Within Walls program is offered in the four major institutions for sentenced offenders. A full-time volunteer coordinator in Anchorage works with prison staff around the state to tap the services of volunteers. Psychological counseling services are provided at all state correctional centers. A program for sex offenders is established at the Juneau Correctional Center. Recent completion of the Women's Facility at Eagle River assures that women offenders have access to programs similar to those provided for male offenders. Because they make up a small minority of all offenders, women are traditionally short-changed on programs.

A master plan for corrections was prepared for the state in 1978 by Moyer and Associates, American Foundation and the National Center for Juvenile Justice. That plan was largely adopted, but it needs periodic review to assure that it continues to reflect the state's goals for corrections.

Philosophy expressed in the master plan includes the following points:

Incarceration should be used as a last resort both before and after sentencing, and then for as short a time as possible and only for offenders who demonstrate a risk to public safety or are convicted of crimes for which society demands punishment through imprisonment.

Community corrections programs, including probation, parole, work release and restitution, should be used to reform and reintegrate as many offenders as possible, and to hold costs to a minimum.

Studies indicate that heavy use of imprisonment does not result in reduction of crime, yet the State of Alaska ranks high among all states in its use.

Community corrections programs should be aggressively explored as alternatives to incarceration. Failure to find acceptable alternatives will result in the need to construct additional jails at substantial public expense.

Existing correctional facilities in Alaska should be renovated or replaced as necessary to provide uniformly humane, secure environments for all inmates.

A broader range of work, training and social services opportunities should be provided for both inmates and persons in community corrections programs.

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Office of Alcoholism and Drug Abuse



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The abuse of alcohol and other drugs is intertwined with many health and social problems in Alaska. Accidental death and injury, violent crime and family abuse, suicide, depression and such physical ailments as respiratory problems, cirrhosis of the liver and certain types of heart disease and cancer are all accelerated, if not caused by alcohol abuse.

While it continues to be a major health problem in the state, there are signs that alcohol abuse is being addressed in new and determined ways.

A state alcohol option law signed in June, 1981, gives villages and municipalities the authority to conduct local elections to determine the availability of alcoholic beverages. Villages can choose a community-approved liquor license, prohibition of the sale of alcohol, or prohibition of the sale and importation of alcohol. Municipalities have the same three options, plus that of a community liquor store.

It marks the first time local communities have the power to stop importation of alcohol, not merely ban its sale.

Within the first three months after the law's passage, nine villages voted themselves dry and more than 40 villages expressed interest in the new options.

In October of 1981, Anchorage residents voted to limit the hours bars and liquor stores can remain open, following similar earlier decisions in Juneau and Dillingham.

Traffic fatalities have decreased since passage of the mandatory three-day jail sentence for driving while intoxicated. In 1978-80 fatalities

fell 30%. About 2,000 Alaskans have participated in required driver education programs following arrest, and there has been an 11% decrease in recidivism among those with OMVI convictions.

There is an apparent increase in persons who are using alcohol in connection with other drugs. Alcohol treatment programs are increasingly working with persons taking other drugs as well, and drug treatment programs are handling clients who also abuse alcohol.

The Office of Alcoholism and Drug Abuse is required by statute to fill several functions related to substance abuse. They include providing training and technical assistance for programs and staff in the field; writing and enforcing standards for prevention and treatment programs; making recommendations to the Commissioner for distribution of program funds; and producing a state plan.

The Office supports local communities and assists them in addressing the needs of their own citizens through grants-in-aid and contracts. During the state's 1982 fiscal year which ends on June 30, 1982, some 62 programs were funded through this process.

It also funds teen centers and recreation and counseling services for young people which provide information on substance use and abuse and help youth to feel good about themselves and their lives.

Here's Looking at You, a K-12 health education curriculum which focuses on the effects of alcohol and other drugs, is currently reaching about 14,000 students in Alaska. On-going evaluation indicates participants gain increased knowledge, self-esteem and ability to make decisions.

Various combinations of outreach, public education, outpatient diagnosis and treatment, and aftercare are available in all larger urban areas of the state. Rural Native substance abuse counselors have been trained with funding through the Office of Alcohol and Drug Abuse for several years to provide a stable cadre of rural counselors.

In accordance with 1980 legislation which authorized a three-fold increase in funds to combat alcohol and drug abuse, the office is in the midst of a variety of evaluation projects. One is an automated program and client information system which will give a computerized summary of what is happening in each program, who is running it and how much it costs. This system should be in operation by October, 1982.

In a second project, a special client follow-up study, about 500 clients will be followed for two years to develop a picture of the variables that account for success or failure.

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Division of Family and Youth Services



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The Division of Family and Youth Services was formed on December 1, 1980, to focus on the special needs of Alaska's young people and their families. In January, 1982, following the transfer of the Department's aging grant programs and staff to the Older Alaskans Commission, adult service programs were transferred to the Division. By consolidating all services to young people, adults and families in one division, the Department will be able to provide more comprehensive, consistent planning, and address problems in early stages.

Social services for children are directed toward preventing or remedying neglect, abuse or exploitation of children who are unable to protect themselves; and toward preserving, rehabilitating, or reuniting families so that they can protect and act in their own best interests. In Fiscal Year 1981, 2,155 cases of suspected child abuse and neglect were reported. Within the fourth quarter of Fiscal Year 1981, reporting of sexual abuse and suspected sexual abuse increased by 73%.

Social services for adults are also directed towards preventing or remedying abuse, neglect or exploitation through the provision of a continuum of services ranging from supportive in-home services to placement when the adult is not able to live independently. In addition, the Work Incentive (WIN) program assists recipients of Aid to Families with Dependent Children (AFDC) with job placement. The goal of the adult service programs is to assist adults to function as independently as possible.

The Division delivers social services directly through field and regional offices and purchases services from private agencies and individuals through contracts and agreements. It is committed to providing services

in a setting as non-restrictive as possible, to retain the greatest degree of individual independence. While the need for quality institutional care will always exist, public need and good fiscal management are best served with continuing emphasis on prevention, early intervention, and in-home services.

Adult Services

Social Workers employed by the Division intervene during times of crisis and also provide ongoing services to adults and their families. The Division's adult services programs and activities are designed to complement programs and activities available through other divisions within the department, such as the Divisions of Mental Health and Developmental Disabilities, Public Assistance and Public Health.

The emphasis of the programs is on assisting individuals to function independently in their own homes; when an individual's needs can no longer be met in his own home, placement in the most appropriate residential or medical setting will occur.

In addition to direct staff services including case assessment and case management, the Division purchases services on an individual client basis through contracts and agreements. Purchased services include counseling, homemaker-home health aide services and residential care.

Homemaker-home health aide services are provided through a statewide contract with Program Resources, Inc. In Fiscal Year 1981 the home health aide component was added to provide health-related personal care services to adults in order to assist them to remain at home.

The adult residential care program was also implemented in Fiscal Year 1981. The Division has agreements with seven facilities. Four are in Anchorage -- Anchorage Boarding Home, The Lodge, Heritage House and Parridor Boarding Home. Two, Charles Boarding Home and the Salvation Army Susitna Residence, are in Palmer. In addition, the Division has an agreement with Bautista House in Bethel.

Under the adult residential care program the Division pays for a share of the cost of care for adults who meet the social and financial eligibility criteria. The program serves the frail elderly, the developmentally disabled, the physically disabled and the chronically mentally ill. Division social workers provide case management services during placement.

Family and Youth Services

Education, counseling and temporary shelter are aimed at preventing or solving problems before they require direct and continuing involvement by the State. Most of these services are delivered by private community contractors, who are often in the best position to address local needs. Contractors funded at least partially through preventive services contracts include: the Center for Children and Parents (Anchorage); the

Fairbanks Child Protection Task Force; the City of Barrow, Parents United (Anchorage); and Gateway Mental Health Center (Ketchikan).

Social workers and probation officers employed by the Division intervene during times of family crisis and stress to prevent long-term family disruption. Social workers and probation officers also provide on-going services in cases of abuse, and delinquency of children, as well as in problems facing adult and aging members of family units.

If prevention or early intervention fails to alleviate a problem, emphasis shifts to extended services and counseling in the home. Direct staff services include on-going counseling. Services provided through contract include day care and day care center support. All out-of-home care is purchased through contracts or full cost of care agreements. Staff members make arrangements, license and monitor facilities, and provide adoption services.

The efforts of Youth Services staff are directed toward providing services which will prevent future delinquency by treating juvenile offenders, and which will adequately protect the interests of the public. A major emphasis is placed upon providing treatment in a community setting whenever appropriate. This is accomplished through the development of programs as an alternative to institutional placement. The use of diversion programs in communities such as Fairbanks has reduced the number of juveniles who officially move into the criminal justice system.

Institutional staff develop and carry out individual treatment plans for youth who require secure custody and treatment to prevent further delinquency. Emphasis is upon effecting behavioral and emotional changes which will allow the youth to return to and remain in the community without additional delinquencies. These changes are effected through a variety of services, including counseling, educational and health services, and psychiatric and psychological consultation. After care services are provided by probation officers.

The total active case count for the Division as of November 5, 1981 is 5,854. The focus for the Division during Fiscal Year 1982 will be upon consolidating and improving existing services to adults, families and young persons in order to more effectively meet their needs and minimize disruption of their lives while allowing them the greatest possible degree of independence. In the area of adult services additional areas of focus in Fiscal Year 1982 will be the implementation of an adult foster home program.

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Office of Information Systems



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The Office of Information Systems provides centralized data processing, and research and statistics services for the Department of Health and Social Services.

Research and Statistics Section

Responsibilities include tabulation and analysis of vital statistics, and preparation of summary statistics for programs operated through the various divisions within the Department of Health and Social Services.

Data Processing Section

Responsibilities include maintenance and development of computer programs which pay service program vendor bills, determine program eligibility, issue benefits, and provide management information for divisions and offices within the Department. This section can provide new programs or research to aid any division.

Division of Management and Budget



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By operating a system of management by objectives and coordinating departmental budget preparation, the division provides guidelines to the Commissioner in allocating Department funds and obtaining funds to meet the changing demands made of the Department.

The division provides program assessment and policy guidance for Department programs through the review of quarterly performance indicators; reviews all applications for State or Federal funding to assure they are consistent with Department goals; provides issue and management analysis; provides technical budget support for the entire Department; monitors preparation of the Department's annual capital and operating budgets; serves as technical advisor to division directors, office coordinators and the Office of the Commissioner; represents the Department at Governor's Review Committee, Legislative Budget and Audit Committee, and other legislative committees; and monitors budget compliance to insure that programs are within budgeted appropriations.

Division of Mental Health And Developmental Disabilities



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The Division of Mental Health and Developmental Disabilities is responsible for making mental health services available to all Alaskans at a reasonable cost, and for providing services to mentally ill and developmentally disabled Alaskans and their families.

The division operates Alaska Psychiatric Institute (API), a state psychiatric hospital in Anchorage; Harborview Developmental Center, a residential facility for the substantially developmentally disabled in Valdez; three regional mental health offices, in Juneau, Anchorage, and Fairbanks; and one outpatient State mental health clinic in Juneau. In addition, the division provides contract and grant funds to local communities for residential and community developmental disabilities services and for outpatient community mental health services.

There are three major thrusts before the division this year: Alaska's new commitment law for the mentally ill; separation of children and adolescents from the adult population at Alaska Psychiatric Institute; and upgrading of Harborview Developmental Center.

This marks the first year in 24 years that the state has had a new commitment process. Passage of the law in 1981 represented a six-year effort involving the division, several mental health and psychiatric associations and other interested persons.

Revisions of the statute are designed to balance the individual's constitutional right to physical liberty with the state's interest in protecting society from persons who are dangerous to others, and to protect persons who are dangerous to themselves by providing due process safeguards at all stages of commitment proceedings.

One of the bill's main precepts is development of local hospitalization for mentally ill patients closer to their homes. Thus the division will be designating evaluation and treatment facilities outside of API to provide services in the least possible restrictive setting, and as close as possible to the home of the patient. It has set a goal of designating 10 additional facilities by the mid-1980's.

Regionalization of in-patient psychiatric services represents a great leap in mental health services for Alaskans.

Secondly, money has been requested to develop a separate facility for emotionally disturbed juveniles. Because of the lack of appropriate facilities and programs in Alaska a large number have traditionally been sent to institutions in other states. That percentage has been greatly reduced in the last few years, but there is a need to do much more for this group of Alaskans.

Finally, Harborview Developmental Center will undergo upgrading in 1982 to create a more humane and attractive setting for residents. Ward-like rooms will be separated by partitions for a more home-like atmosphere. Structural repairs will also be made.

Alaska Psychiatric Institute

Alaska Psychiatric Institute is Alaska's only hospital specifically designated for inpatient care and treatment of the mentally ill. Built in 1962, it has been accredited for up to 200 beds. It presently has 153 beds.

The hospital serves the entire state and operates eight functional units: an admission unit; a psychiatric security unit; a children's unit; an adolescent unit; an open unit and a closed unit for chronically mentally ill patients; a closed unit for highly disabled patients; and a pre-discharge unit.

In recent years, API has increased the number of admissions but shortened the period of hospitalization before discharge. In Fiscal Year 1973, there were 507 admissions, with an average stay of 75.1 days. By Fiscal Year 1980, admissions rose to 1030, with an average length of hospitalization of only about 35 days.

With increased state population, API has met the need for inpatient treatment by providing more intense treatment over a shorter term, and referring patients to outpatient treatment in the community for follow-up services.

Harborview Developmental Center

Harborview Developmental Center is a state operated residential center for severely and profoundly mentally retarded and other substantially developmentally disabled persons. It is certified and licensed for up to 96 clients and provides a back-up to community services. Programs are directed toward preparing the individual for return to the family or community.

Community Mental Health Services

With the passage of the Community Health Services Act of 1975, the division has been able to encourage and promote the development of a statewide network of community operated and supported outpatient mental health programs.

There are currently 22 community mental health centers funded by the division. They are located in Anchorage, Sitka, Kenai, Cordova, Copper Center, Galena, Ketchikan, Aniak, McGrath, Barrow, Nome, Fairbanks, Seward, Homer, Tok, Valdez, the Aleutians, Bethel, Kodiak, Dillingham and Tanana Chiefs region. In Fiscal Year 1979 the community mental health centers recorded 3,179 new admissions, but the actual number of persons served by the centers is much higher because not all are formally admitted as clients.

State grant funds cover evaluation and diagnosis; outpatient treatment; short-term inpatient treatment; follow-up services; preventive services; consultation and community education; drug treatment; 24-hour emergency services; forensic services; specialized services for children, adolescents and the aged; referral services; and staff development.

Community Developmental Disabilities Programs

Community developmental disabilities programs help integrate substantially developmentally disabled persons into community life by offering alternatives to institutional care. These services include respite care for the families of developmentally disabled persons, vocational training, specialized foster home care, group home care, sheltered workshops, and other non-institutional services.

Sixteen community developmental disabilities programs are currently funded by the division. Residential and habilitation services are offered in Anchorage, Bethel, Kodiak, Fairbanks, Juneau, and Ketchikan. Respite care for families of developmentally disabled persons is offered in Anchorage, Kodiak, Kenai, Fairbanks, Juneau, Sitka, and Ketchikan.

Regional Mental Health Offices

The three regional administrative offices provide technical assistance, program monitoring, some clinical supervision, patient travel, and limited clinical intervention for the widely dispersed community mental health and community developmental disabilities programs. In addition, these offices assist communities in the planning, design, and development of new community programs for the mentally ill and developmentally disabled. The Juneau regional office operates the Juneau Mental Health Clinic.

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Alaska Board of Parole



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The Alaska Board of Parole releases inmates from correctional facilities when it believes they can live in society without violating laws, and it returns parolees to custody when they cannot meet that standard or when they violate other conditions of their parole.

This year the Parole Board will hold about 280 hearings. This includes parole release, parole rescission, preliminary revocation and final revocation hearings mandated by law. In addition the Board members will meet administratively on at least two occasions during the year to revise Board policy and procedure.

The Board is comprised of five private citizens appointed by the Governor to serve staggered terms of four years. Members spend from 40 to 60 days per year on Parole Board business, and receive \$100 per day in compensation.

A legislative review of the Parole Board system is scheduled during 1982.

Advisory Boards

Alaska Board of Parole Members

William B. Lyons, Chairman
Alfred Widmark
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Division of Public Assistance



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The Division of Public Assistance provides financial aid, food purchasing assistance, home heating assistance, and medical coverage to those who meet state and federal standards of need. Most of its programs are funded in large part with federal monies.

Federal public assistance programs are undergoing major changes which will have far-reaching effects. Federal funds will be reduced in total amount and be distributed in different ways. Some federal funds will be dispersed under block grants rather than categorical grants, giving states more say in how monies are used, and in designing programs to meet that state's particular needs.

In those programs where federal funds are cut, the state will need to decide whether to increase its contribution to sustain previous level of service, increase or decrease services, or eliminate a program altogether.

The state is currently working on a system to computerize all welfare programs within the state. The Eligibility Information System is intended to reduce errors in determining eligibility and benefits; speed service to clients; provide consistent decisions; give overnight analysis of the impact of proposed changes in benefits or eligibility rules; provide regular management reports; and automatically generate and mail benefits and notices to clients, and produce action reminders to staff.

Although the system is complicated and costly, the experiences of other states confirm it is more expensive to run a public assistance system without computers.

The project is viewed as the cornerstone of welfare management and control for the 1980's. About \$1.5 billion in welfare benefits will be distributed in Alaska in the next 10 years if there is no change in existing programs.

All Alaskans are free to apply for any program administered by the Division. Applications and assistance are available through 19 field offices and about 170 fee agents appointed in 160 communities throughout Alaska.

The following assistance programs are administered by the Division of Public Assistance:

Energy Assistance

The Energy Assistance program is available to low income households who are having difficulty meeting the high costs of fuel, gas and electricity. Eligible households can receive a grant once each year to help in paying their home heating costs. Payments are made to the household's vendor for the household's overdue bills or as a credit for upcoming winter bills. The average grant ranges from \$250-\$750 depending upon the region in which they reside, their actual home heating costs, and their gross monthly income.

Aid to Families with Dependent Children (AFDC)

This program provides cash assistance for meeting the basic necessities of children who are deprived of one or both of their natural parents, thereby making it possible for the children to remain with either their remaining parent or with a relative.

The current maximum monthly payment for a parent and one child is \$508, with \$63 added for each additional child. This payment is reduced if the family has other income. Although the program is heavily regulated by the U.S. Department of Health and Human Services, the Alaska Legislature has the power to review and raise payment levels each year.

Cost of the program is equally divided between state and federal funds.

Adult Public Assistance (APA)

Cash assistance is provided to needy adults through Aid to the Blind, Aid to the Disabled, and Old Age Assistance.

Maximum payment is now \$526 for a single individual and \$773 for a two-person household. This payment is reduced if the recipient has other income. The Adult Public Assistance programs are automatically adjusted for a cost-of-living increase each July. The program is funded and administered entirely by the state.

Medicaid

Medicaid pays for medical care provided to persons who are eligible to receive Adult Public Assistance or Aid to Families with Dependent Children. Some other special coverage categories also exist.

Payment goes directly to providers of medical care, with expenses equally divided between state and federal funds. The state administers the program according to federal law and regulations, but it retains some freedoms to tailor Medicaid to fit the needs of the state.

Food Stamps

This program, designed to improve nutrition in low-income households, is based on the assumption that more spending power will result in better diets. To be eligible for food stamp assistance a household's income and resources must be under certain maximums. Food stamp allotment sizes are determined on a sliding scale based on the household's size and income.

The U.S. Department of Agriculture supplies food stamps at no cost to the state. However, program administration costs are equally divided between the state and federal governments.

General Relief (GR)

This program provides payment for subsistence items for families or individuals who are temporarily without other personal, private or public resources and who do not qualify for any other assistance program.

The maximum monthly payment, \$80 per person, has not been raised by the Legislature since it established the program in 1957. Increased cost-of-living has greatly eroded the ability of this program to help Alaskans in need, and it may be time for a re-examination of General Relief by the Legislature.

Payments are generally made to a vendor for such necessities as rent, utilities, and other necessities. The program is entirely funded and administered by the state.

General Relief Medical (GRM)

This program provides for medical care for individuals who are not eligible for Medicaid and do not have their own medical resources or insurance. General Relief Assistance and General Relief Medical use the same income limits to determine eligibility. Payment is made directly to providers of medical care.

The GRM program also provides payment for pharmaceuticals, prosthetic devices, physical and occupational therapy, and emergency dental care to Medicaid beneficiaries, because these services are not generally covered by the Alaska Medicaid program.

General Relief Medical is funded and administered entirely by the state.

Catastrophic Illness Program

The State-funded Catastrophic Illness program is designed to provide medical assistance to individuals who have suffered a catastrophic illness or injury and who do not have health insurance or other financial resources available to meet their expenses.

The program is administered in Juneau, with coverage determined by a three-member Catastrophic Illness Committee appointed by the Governor.

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Division of Public Health



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The Division of Public Health administers programs throughout the state to prevent disease, promote positive health and serve as the focus for multiple statewide health activities. Strong efforts are made toward detection of disease early in its development to minimize disability and the need for institutionalization. Regional laboratories supply services to the public and private health sectors, including viral studies and rabies control.

The gamut of activities range from newborn genetic screening to testing for shellfish poisoning to training for emergency medical technicians.

While the majority of funding comes through state appropriations, there are significant federal grant dollars. With retrenchment of the national budget, many categorical grants are being consolidated into a few block grants. There is a significant shortfall in a number of programs, particularly in the maternal and child health sector.

The thrust for the year is directed towards health promotion and preventive health.

Regional offices in Fairbanks, Anchorage and Juneau adapt the division's services to meet regional needs, and provide direction for the public health staff, health services and program development. The regional offices coordinate the activities of each of the following sectors within the Division of Public Health.

Nursing Section

The Section of Nursing is the agent through which a major portion of the Division's services for prevention, health surveillance and control of disease are delivered.

The services cover communicable disease control, including immunization and health screening activities for pregnant women, for children from birth to 15, and for people with handicapping conditions, hypertension, chronic lung disease, and sensory impairment.

Comprehensive skilled nursing services are provided to individuals in their place of residence in three communities, Fairbanks, Ketchikan and Juneau. The goal is to assist the patient and family to make the best possible adjustment to acute or chronic illness or permanent disability in their home environment.

In emergency situations the public health nurse assists the local providers (community health aide, emergency technician) with appropriate life saving and stabilization measures including, if necessary, assistance with transport to a medical facility.

Public health nurses are based in health centers in communities of 2,000 or more. Communities with less population are served by the itinerant public health nurses who provide direct nursing services and work with community health aides sponsored by the Alaska Native Health Service. All nursing services are closely coordinated with other health providers and community agencies.

In the Spring of 1981 the Department of Health and Social Services contracted for the delivery of Public Health Nursing services with Maniilaq Association in Kotzebue and North Slope Borough in Barrow.

The contracts provide a mechanism for local control and involvement in the delivery of professional public health nursing services to rural Alaskans. The Section of Nursing has assigned a program nurse consultant to provide professional technical assistance and monitor the contracts.

Family Health Section

Programs provided by this section include health screening and education for women; maternity care and education; family planning, with stress on the physical and emotional drain of repeated pregnancies; assistance for the health and social problems of pregnant women under the age of 17; improved nutrition through education and provision of supplement food; prevention and early identification of diseases in children; and treatment of physically handicapped and mentally retarded persons. These activities are conducted through the following program units: Maternal and Child Health (MCH), Nutrition, Child Development Services, Infant Learning Program, Communicative Disorders Program and Administration.

The focus of programs in this section is on the promotion of optimum health of the family. This focus is addressed through the provision of direct services to individuals and families. These services include health screening and education, maternity care and education, family planning, nutrition education and supplemental food programs, prevention and early identification of diseases in children and the treatment of physically and mentally handicapped children. This focus is also addressed through the provision of technical assistance and consultation

services to health professionals and health care agencies. These technical assistance consultations services include the assessment of needs, program development (planning, implementation and management), program evaluation, staff development and the development of educational services. These activities are conducted through the following units: Maternal-Child Health (MCH), Nutrition, Handicapped Children's Program, Communicative Disorders and Administration.

The MCH unit professional staff, which includes the MCH Coordinator, Improved Pregnancy Outcome Coordinator, Child Health Nurse Consultant, Maternal Child Health Nurse Consultant and a Health Educator, is responsible for coordination of services and activities that relate to Maternal-Child Health and Family Planning.

Handicapped Children's Program provides two types of services of families who have children with chronic and handicapping conditions. The program organizes speciality services (often in an interdisciplinary fashion), sets standards of care, and provides an opportunity for long term follow-up of the child with the handicap. It assists families, on a sliding scale basis, with the financial burden of these conditions.

Public Health nutrition programs and support services for public health nurses are provided throughout the state by members of the nutrition unit staff.

Qualified nutritionists conduct community and professional education programs on a variety of nutrition subjects. The federally funded Special Supplemental Food Program for Women, Infants, and Children (WIC), serving 2,000 people in 27 Alaskan communities, is administered by the Nutrition Unit.

Child Development Services provides an interdisciplinary team for diagnostic evaluation, treatment planning and follow-through advice for handicapped children, especially children with more complex problems. This team is flexibly staffed and only brings to a community those additional disciplines and expertise not available locally. The emphasis is on strengthening skills of parents and local staff in both health and educational aspects of the child's life.

Infant Learning Programs are grant-funded in 18 Alaskan communities. Local non-profit agencies offer this form of special education to handicapped children from birth until their third birthday. Again, health and education concerns are addressed in a developmental model.

Communicative Disorders Program provides diagnostic audiology services in all areas of the state not covered by audiologists in private practice. Close liaison with physicians, public health nurses, educators, and vocational rehabilitation counselors allows this program to emphasize prevention, early detection, diagnosis and rehabilitation of hearing disorders. Speech disorders are also addressed but in a more limited scope.

Administration for the Section of Family Health provides regulatory, budgetary, and leadership services.

Communicable Disease Control Section

To reduce incidence of communicable disease, this Section is involved in consultation to health providers in the state. It investigates outbreaks of unusual diseases and maintains programs directed toward control of tuberculosis, reduction of incidence and morbidity from venereal diseases, and assurance of a well immunized population. The Section is organized into four units: Tuberculosis Control and Chest Diseases, Venereal Disease Control, Immunization, and Epidemiology.

The Tuberculosis Program supervises preschool and school tuberculin testing programs, provides appropriate evaluation and administration of preventive therapy to tuberculin converters, provides x-ray consultations to community hospitals and private physicians, conducts chest clinics throughout the state, and maintains tuberculosis patients in their homes and local communities.

The Immunization Program provides vaccines to health centers, public health nurses and private physicians; monitors the required immunization level of school and preschool children; and provides educational material in an effort to maintain a well immunized population.

The Venereal Disease Control program supervises venereal disease screening, trains health aides in rural communities in doing gonorrhea cultures, and consults in the diagnosis and management of venereal disease.

The Epidemiology Unit investigates disease outbreaks throughout the state, monitors and implements rabies immunization of domestic pets, and evaluates longer term health problems not covered under existing programs such as the impact of the petrochemical industry.

Laboratories Section

Laboratories in Fairbanks, Anchorage, and Juneau provide specialized medical laboratory services to public health agencies, physicians, clinics, and hospitals statewide. Laboratory data aids in early detection and control of diseases such as tuberculosis, syphilis, gonorrhea, rabies, and salmonella and identifies high risk groups and disease trends in Alaska.

Reference consultation, training and voluntary laboratory certification activities will be expanded in FY '83. Training activities will include establishment of a statewide teleconference seminar network. Emphasis will be placed on solving problems encountered in small rural hospital laboratories. Additional training opportunities will be provided in a laboratory workshop program in Juneau, Anchorage, and Fairbanks. Certification of laboratory activities will be expanded to include parasitology, enteric microbiology, and gonorrhea. The Section of Laboratories currently has similar programs in syphilis serology and water microbiology.

A breathalyzer program in collaboration with the Department of Public Safety identifies people who drive while under the influence of alcohol.

All regional laboratories will apply for College of American Pathologists certification in July of 1982. This will require that uniform reporting and testing procedures be adopted and made a part of written procedural manuals.

Emergency Medical Services Section

This program seeks to reduce death and disability caused by accidents and sudden illness, by developing a comprehensive system of emergency medical services.

It works through non-profit corporations in the northern, southern, and southeast regions of the state to coordinate EMS programs of Native health corporations, ambulance agencies, hospitals and other emergency-related organizations throughout the state.

The EMS program provides training in emergency medical techniques for police and fire fighters, people in high risk occupations, emergency medical personnel, community health aides, nurses, physicians, and private citizens.

Beginning in 1982 the EMS Section will be responsible for certifying all Emergency Medical Technicians (EMTs) and EMT-Instructors practicing in Alaska under new regulations standardizing their training and certification.

The Section also will be responsible for certifying all Advanced Life Support services in the state.

Through grants and technical assistance to regional EMS Councils, the program works to improve emergency communications, patient transportation, emergency facilities and equipment. The Section has established protocols and guidelines for optimal care of the patient in Alaska settings and has established guidelines for planning EMS programs realistic for each community 'level of care' in the state. The EMS section also works with physicians throughout the state in establishing medical control of pre-hospital emergency medical services.

The Section's quarterly magazine, RESPONSE, and its annual statewide Symposium are further means of providing continuing education for EMS personnel.

Radiological Health Program

This program seeks to reduce/minimize radiation exposure to people through a variety of radiation protection activities. It is a comprehensive statewide effort covering both ionizing and non-ionizing radiation sources.

Radiation protection services are provided to all users of radiation in health care, education, research and industry. Activities include inspection of facilities and enforcement of the Alaska Administrative Code,

review of shielding plans, consultation and education. Major program emphasis is directed toward medical and dental x-ray sources. Efforts are concentrated on facility shielding, technique, and evaluation of equipment to ensure that it meets acceptable safety standards.

Technical assistance in radiation protection matters is provided to other state agencies with related responsibilities.

Health Education Section

This program seeks to enhance the lifestyles of Alaskans through educational programs in health promotion and disease prevention. This section plans and directs a statewide program of public health education. Basically it assists the Division of Public Health personnel in developing the health education components of their program and offers similar assistance to other divisions in the Department, and to other state and local organizations.

Included in the section's activities is a Health Education Risk Reduction Project which provides programs in nutrition and in smoking, alcohol abuse, stress and other high risk health behaviors, working through non-profit organizations in Northern and Southeast regions of the state. In addition, the project includes basic research on the prevalence of high risk health behavior in the adult population and in school-age children.

This section develops and distributes health education media material such as video and audio tapes, pamphlets and brochures on a variety of health education and health promotion areas. It also works closely with the Department of Education in furthering the integration of a comprehensive health education curriculum into all Alaskan schools.

Holistic Health

This program promotes a shift of emphasis in health care from crises interventions to preventive health behavior and care through stimulation of public and private health promotion and education resources.

A large number of statewide grants provide community information and awareness and youth prevention health services as they encourage Alaskans to take individual responsibility for their health and wellness in making appropriate lifestyle choices.

The program moved from the Commissioner's Office to the Division of Public Health in July, 1981.

Regional Offices

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Advisory Boards

Advisory Council on Emergency Medical Services

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Chairman
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(907) 456-7767

Perinatal Advisory Committee

Ralph Wells, M.D.
Tanana Valley Medical Clinic
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Governor's Council for the Handicapped and Gifted

John Nuttall
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Kodiak, Alaska 99615
(907) 486-5594

Division of State Health Planning and Development



Phoebe A. Lindsey, Director
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The Division of State Health Planning and Development is responsible for licensing hospitals and nursing homes to insure they meet federal and state standards for providing quality care in an environment protective of patient life and safety. As part of the same process, facilities are certified as eligible for Medicaid and Medicare reimbursement.

The division administers the certificate of need process, which requires any hospital, nursing home, ambulatory surgical center or other health facility as defined in statute to apply for approval prior to undertaking a major capital investment or developing a new service.

The division has recently completed the first phase of what will be an on-going two-part survey. An on-site assessment of 15 rural hospitals and nursing homes has been conducted to determine the state of those facilities and identify needs for construction, renovation, modernization and replacement over the next several years.

The second part of the inventory is a mail survey sent to the more than 200 clinics in the state, to gather information on physical plant, kinds of services offered, manpower capabilities and service areas.

Results of the inventory will provide a basis for developing long-term plans to meet health care needs throughout Alaska. Many hospitals in small communities were constructed with federal funds in the mid 1950's, and have had no major upgrading since that time. They typically have low occupancy rates and thus high operating costs, but one major accident or a stretch of bad weather can fill them to overflowing and tax their capabilities.

The division also produces a state health plan based on plans developed by Health Systems Agencies in northern, southcentral and southeastern Alaska. It is designed to provide guidance to the governmental and private sectors by identifying gaps and redundancies in the sources of health care and setting priorities for resolving problems.

Advisory Boards

Statewide Health Coordinating Council

James Armbrust, Chairman
Contract Health Care Branch
Alaska Native Health Service
Box 7-741
Anchorage, Alaska 99510

(907) 265-3368

Advisory Boards

Advisory boards provide the Department with new ideas, serve as sounding boards, and on occasion provide restraints. They create links between state government and the diverse general public it serves. With time and cost constraints on staff travel, board members can offer valued perspectives of people from many different kinds of communities.

Advisory board members can also become effective voices for their health and social concerns, speaking out in a way the Department cannot.

Citizen advisory boards are created by state and federal legislation. They formally advise the Commissioner and Governor on issues within a general area defined by the legislation which created them.

Because each board was created at a different time through different legislation, each functions in a slightly different way. Members are appointed by the Governor for varying lengths of time.

Advisory boards generally work closely with a particular division or separate office that administers programs allied to their areas of concern. However, their recommendations are addressed to the Commissioner and the Governor, who have primary responsibility for developing policy and administering programs.

The following boards make up the advisory structure of the Department of Health and Social Services:

Statewide Health Coordinating Council

Statutory Authority: A.S. 18.08.010

Focus: coordinate statewide health planning and development.

James Ambrust, Chairman
Contract Health Care Branch
Alaska Native Health Service
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Governor's Advisory Board on Alcoholism

Statutory Authority: A.S. 47.37.060-47.37.120

Focus: mental and social problems and legal processes affecting rehabilitation of the alcoholic, and alcohol-related education, research and public and public relations activities conducted by the department.

R. Holmes Johnson, M.D., Chairman
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