GUIDELINES FOR THE PREPARATION OF THE ANNUAL ALCOHOLISM STATE PLAN

GOVERNMENT OF GUAM
AGANA, GUAM 96910

JUN 25 1980

Memorandum

To: Director, Bureau of Budget and Management Research
Director, Bureau of Planning
Administrator, Guam Health Planning and Development Agency

From: Acting Chairman, Guam State Clearinghouse

Subject: State Alcoholism Plan, CFDA 13.257

For your information and reference, attached is a copy of the most recent amendments to the Comprehensive Alcoholism, Prevention, Treatment, and Rehabilitation Act, Public Law 96-180 and a copy of the most recent guidelines for the preparation of the annual alcoholism State Plan update for FY 1981 which is due July 31, 1980.

The Administrator of the Mental Health and Substance Abuse Agency (MHSAA) transmitted the documents for our Clearinghouse use.

THOMAS V.C. TANAKA
Acting Lt. Governor

Attachments

DEPARTMENT OF HEALTH, AND HUMAN SERVICES

REGION IX

Public Health Service
50 United Nations Plaza
San Francisco, California 94102

MAY 16, 1980

	DATE	INITIAL
5/29/80 Administrator		
Deputy Ad :	5/29	
Necessary Action:		
		MHSAA

Mr. Peter San Nicolas
Administrator
Guam Mental Health and
Substance Abuse Agency
Government of Guam
P.O. Box AX
Agana, Guam 96910

Dear Mr. San Nicolas:

This is to follow up on the request for the completed enclosed forms to the Regional Office in order to enable us to issue the Alcoholism formula grant award for fiscal year 1980. Please submit these immediately so that we can process the award.

Also enclosed is a copy of the most recent amendments to the Comprehensive Alcoholism, Prevention, Treatment, and Rehabilitation Act, Public Law 96-180 and a copy of the most recent guidelines for the preparation of the annual alcoholism State Plan update for fiscal year 1981 which is due July 31, 1980. There are no major changes from the previous guidelines even though the format is slightly different. New assurances required by P.L. 96-180 are included on page 4 of the guidelines. I would like to remind you that the assessment of progress and a plan of action for the next three years is due this year. (Reference, Section 303(c), P.L. 96-180.)

Should you have nay questions regarding the enclosed program materials, please contact Mr. Carlos F. Reyna, Regional Program Consultant on Alcoholism and Drug Abuse, Division of Alcohol, Drug Abuse, and Mental Health Programs, at (415) 556-2215.

Sincerely,

Dorine Loso

Dorine Loso
Director
Division of Alcohol, Drug Abuse
and Mental Health Programs

Enclosures

Guidelines

for

Annual Program Activities and Performance Report
State Alcoholism Plan
Federal Domestic Assistance Catalog No. 13237

A. Introduction

In addition to the requirements under the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (Public Law 91-616, as amended) for annual submission of State plans, PHS policy requires the submission of a report which sets forth necessary information regarding the proposed activities to be carried out by the State during the coming year and a program performance report which can be used to measure progress or accomplishments with regard to these activities. The following guidelines, which include additional requirements as a result of passage of Public Law 96-180 (the 1980 amendments to Public Law 91-616), elaborate further on information to be incorporated in this report, which must be prepared annually and submitted no later than July 31 each year along with Form PHS 5133-2 (State Health Plan or Application Budget), signed by the Governor or his/her designee.

While this annual program performance report is a Federal requirement, it should be developed according to the States planning process so that it is also, and perhaps more importantly, useful to the State as a working document.

B. Annual Program Report

The annual program report should be divided into three parts. The first part is a program performance report where progress or accomplishments made during the past year are summarized. The second part will set forth proposed activities to be carried out by the State during the coming year. In both parts, elaborate detail should be avoided. However, sufficient information must be provided to allow for programmatic assessment of accomplishments during the past year and clear delineation of future activities. If the status of any item remains unchanged from the previous year's report, it is not necessary to repeat the information but simply indicate that there is no change. The third part of the report will be a projected budget for the use of formula grant funds.

1. Performance Report

Summarize the previous year's activities and provide a State's report of all current activities and endeavors. This summary must include, but is not limited to, the following:

a. An up-to-date list of advisory council members which cites the address, agency or organizational affiliation, if any, and a termre date of each member, identifies each officer, and cites the term of office for each officer. There must be adequate evidence and/or assurance that council membership meets the requirements of P.L. 91-616, as amended, including representatives of minority and poverty groups, women, the elderly, and at least one representative of the Statewide Health Coordinating Council. If there are vacancies on the advisory council, the number of, and reasons for, such vacancies must be stated, and an acceptable plan for filling vacancies must be presented.

* The annual submission is met by compliance with PHS policy on the simplified system of administration of formula grants to States involving State plan requirements.

U.S. Department of Health, Education, and Welfare
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration
National Institute on Alcohol Abuse and Alcoholism
MAR 14 1980

b. The summary of the accomplishments and contributions of the advisory council and of its committees and/or task forces, if any, and documentation of any changes in the council's structure, duties, or bylaws. The council's annual report, if any, could be included as part of the summary.

c. Any organizational changes affecting the State Alcoholism Agency and/or the agency or unit to which program responsibility has been delegated.

d. Any changes in the method of administering the State Plan or in operating procedures, such as a change in the method of fund disbursement.

e. A description and status of primary prevention activities.

f. A description and status of manpower development/training activities.

g. A description of the degree of coordination and collaboration with the criminal justice system and of alcoholism programs resulting from that liaison.

h. A measurement of attainment of <u>each</u> of the previous year's goals and objectives. If the State is regionalized for planning and/or funding purposes, both regional and statewide goals and objectives should be addressed. The measurement should be qualitative and quantitative and include slippages, if any, and reasons for any slippages. A description of any problems encountered, the attempts to resolve any such problems, and the success and/or failure of such attempts should be included.

i. An update of statistics and other data as deemed necessary by the State agency to adequately measure goal attainment and to form the basis for sound immediate and future planning. A comparison of selected statistics and data with those from previous measurement periods to determine trends may also enhance planning.

j. An update of other information necessary to the planning process. Attention should be given to the identification of the need for prevention and treatment of alcohol abuse and alcoholism by identified target groups, such as women, by the elderly, and by individuals under the age of eighteen.

k. A summary of the methods by which the State alcoholism agency coordinates its planning with local alcohol abuse and alcoholism planning agencies and with other State and local health planning agencies. The latter must address such activities with the Health Systems Agencies, the State Health Planning and Development Agency, the Statewide Health Coordinating Council, and State and local drug abuse and mental health planning agencies. Any plans for increasing and enhancing coordination should be described. The State agency should also consider Health Service Area boundaries related to those area boundaries utilized for alcoholism planning and programming to determine compatability.

l. A description of any legislation in effect or pending which does or would, if enacted, impact upon the State agency and/or programs.

m. If not fully implemented, a summary of the status of State standards and licensure of alcoholism programs and facilities, public and private, including enforcement procedures. If the State does not now, but plans to credential alcoholism workers, the summary should include the category or categories of personnel to be credentialed, identification of the agency or agencies to be responsible for credentialing, and target date for implementation.

n. Any other pertinent information such as "unique" programs or projects; significant or unexpected outcomes of particular programs or projects; problems impeding progress in any significant way; analysis and explanation of reduction of costs or cost overruns; etc.

o. A summary of fund usage over the previous year by objective/activity. The summary must include at least State alcoholism funds and formula grant funds, each being clearly identified. It is also helpful to identify all other known funds, by amount when possible, from other State, Federal, and local sources. Depending upon the date of the performance report and the funding cycle within a State, this budget summary may be a mix of actual expenditures and projected expenditures. When this occurs the actual and projected funds should be identified.

Again, comparing this data to data from previous years may prove helpful in future planning. (This summary may be included in the budget section or as part of the measurement of objective attainment if so desired.)

2. Proposed Activities

This section of the annual program report may be perceived as the State's "blueprint for action." It is here that State goals and objectives for the coming year are set forth. Keep in mind that goals should speak to the broad areas while objectives identify the specific measurable steps to be taken in fulfilling overall goals. Proposed activities must address any unmet prevention and treatment needs of women, elderly, and individuals under eighteen years of age. It is also important to establish goals and objectives for primary prevention, manpower development/training, and programs in conjunction with the criminal justice system, if such are not already part of the plan. This section must include but is not limited to the following:

a. A listing of goals and objectives in priority ranking with a brief explanation as to their significance. Not only should the goals and objectives be presented in explicit measurable terms, but they should also include specific time periods for accomplishments. Objectives should provide for an assessment of quality, efficiency, and effectiveness. If the State is regionalized for planning and/or funding purposes, the objectives for each region and those applying statewide should be identified.

b. An explanation of how proposed goals and objectives relate to those of the previous year, including rationale for maintaining the same objectives as well as changing them or reordering their priority.

It is recognized that priorities may change during a year due to changing circumstances in the State or locality. The State agency is expected to be alert to changing needs and to adjust priorities and fund usage accordingly. Such adjustments are then to be described and explained in the next annual program report. If it is necessary to significantly revise the State plan, however, the Regional Health Administrator of the Regional Office serving the State must be notified immediately.

3. Budget

This section of the annual program report is to set forth the projected use of formula grant funds to be awarded on the basis of the annual report. The budget must relate directly to the stated goals and objectives. To accomplish this, each activity to be supported by formula grant funds must be identified and the costs for each activity stated in broad categories. If the allowable amount of 10% or $50,000, whichever is least, or any portion thereof, is to be used by the State agency for administration, the total amount must be stated and the administrative costs stated in broad categories. Do not add categorical costs for each activity together and list them under one

amalgamated categorical budget, unless this is done in addition to the budget presentation required by activity. Again, this is a projection and may in fact need to be altered during the course of the implementation period. Any such alterations are to be described and explained in the next annual report on implementation of the State plan.

Since those activities supported by formula grant funds make up only a portion of the total State alcoholism activities during any year, a complete budget projection should be presented to give a fuller picture of the total effort. This should at least include State alcoholism agency funds and, to the extent possible, other State funds, local public and private funds, Federal funds, etc. In this projection, formula grant funds must be identified seperately and all other Federal funds identified by source, such as Title XX, L.E.A.A., Medicaid, CETA, revenue sharing, other ADAMHA funds, etc.

C. Assurances

In addition to the assurances required by law and previously published regulation, the State Alcoholism Authority must include the following assurances in the updating material. (Once made, assurances remain in effect until the State agency changes, the head of the State agency changes, or Federal law or regulations change. If any of these occur, new assurances must be made.)

1. Assurance that prevention and treatment programs within the State will be designed to meet the needs of women, the elderly, and individuals under the age of eighteen.

2. Assurance that, insofar as practical, the survey of need for the prevention and treatment of alcohol abuse and alcoholism is coordinated with and not duplicative of the drug abuse and dependence survey.

3. Assurance that the State agency will coordinate its planning with local alcoholism and alcohol abuse planning agencies, with State and local drug abuse planning agencies, and with other State and local health planning agencies.

4. Assurance that the State agency - (A) will foster and encourage the development of alcohol abuse and alcoholism prevention, treatment, and rehabilitation programs and services in State and local governments and in private businesses and industry; (B) will make available to all business concerns and governmental entities within such State information and materials concerning such model programs suitable for replication on a cost effective basis as are developed pursuant to section 201(b) of Public Law 96-180; and (C) will furnish technical assistance as feasible to such business concerns and governmental entities.

D. Assessment of Progress

The State Alcoholism Authority is reminded that legislation requires, as a condition to the approval of the State plan, submission of an assessment of the progression in implementation of the State plan and, more recently (per P.L. 96-180) a plan of action for the next three years. The first report was a prerequisite for receipt of Federal fiscal year 1978 monies. Additional reports are due every third year thereafter. To the extent feasible, the report shall include a survey of the extent to which other State programs and political subdivisions throughout the State are dealing effectively with the problems related to alcohol abuse and alcoholism.

NOTE: If any of the following occur at any time, the Regional Health Administrator must be notified immediately:

1. A change in the designated Single State Agency.
2. A change in the head of the Single State Agency.
3. The State plan is significantly revised.

Public Law 96-180
96th Congress

An Act

To revise and extend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

Jan. 2, 1980
[S. 440]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1979.
42 USC 4541 note.

SECTION 1. (a) This Act may be cited as the "Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1979".

(b) Whenever in this Act (other than in section 13) an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

42 USC 4541 note.

SEC. 2. (a) Paragraphs (2) and (3) of section 2(a) (42 U.S.C. 4541(a)) are amended to read as follows:

"(2) approximately ten million, or 7 percent, of the adults in the United States are alcoholics or problem drinkers;

"(3) it is estimated that alcoholism and other alcohol related problems cost the United States over $43,000,000,000 annually in lost production, medical and public assistance expenditures, police and court costs, and motor vehicle and other accidents;".

(b) Section 2(a) is further amended—

(1) by striking out "; and" at the end of paragraph (6) and inserting in lieu thereof "and contributes to domestic violence;";

(2) by redesignating paragraph (7) as paragraph (8) and amending it to read as follows:

92 Stat. 3477.

"(8) alcoholism is an illness requiring treatment and rehabilitation through the assistance of a broad range of community health and social services and with the cooperation of law enforcement agencies, employers, employee associations, and associations of concerned individuals."; and

(3) by inserting after paragraph (6) the following paragraph:

"(7) alcohol abuse and alcoholism, together with abuse of other legal and illegal drugs, present a need for prevention and intervention programs designed to reach the general population and members of high risk populations such as youth, women, the elderly, and families of alcohol abusers and alcoholics; and".

(c) Section 2(b) is amended—

(1) by striking out "and" at the end of the paragraph (2);

(2) by redesignating paragraph (3) as paragraph (5); and

(3) by inserting after paragraph (2) the following new paragraphs:

"(3) the development and encouragement of prevention programs designed to combat the spread of alcoholism, alcohol abuse, and abuse of other legal and illegal drugs;

"(4) the development and encouragement of effective occupational prevention and treatment programs within government and in cooperation with the private sector; and".

SEC. 3. Section 101 (42 U.S.C. 4551) is amended by adding at the end thereof the following new subsection:

Underserved areas, program development.

"(d)(1) The Director shall make special efforts to develop and coordinate prevention, treatment, research, and administrative policies and programs which focus on the needs of underserved populations.

Report to President and Congress.

"(2) The Secretary shall include in the annual report to the President and the Congress required by section 102(1) a description of the actions taken by the Director under paragraph (1).".

SEC. 4. (a) Section 102(1) (42 U.S.C. 4552(1)) is amended by inserting after "expenditures of funds," the following: "a description, prepared in consultation with the committee established under section 103, of the extent to which Federal programs and departments are concerned and dealing effectively with the problems of alcohol abuse and alcoholism,".

42 USC 4553.

(b) Section 102 is amended—

(1) by inserting "and" at the end of paragraph (3),

(2) by striking out "; and" at the end of paragraph (4) and inserting in lieu thereof a period, and

(3) by striking out paragraph (5) and the last sentence.

SEC. 5. Section 103(b)(1) (42 U.S.C. 4553(b)(1)) is amended by inserting ", the Department of the Treasury, the Department of Labor, the Department of Education" after "the Department of Defense".

SEC. 6. (a) Section 201(a) (42 U.S.C. 4561(a)) is amended—

(1) by striking out "Civil Service Commission" and inserting in lieu thereof "Office of Personnel Management";

(2) by inserting "and in accordance with the provisions of subpart F of part III of title 5, United States Code," following "other Federal agencies and departments,"; and

5 USC 7101.

(3) by inserting "Such agencies and departments are encouraged to extend, to the extent feasible, these programs and services to the families of alcoholic employees and to employees who have family members who are alcoholics." before the last sentence.

(b)(1) Section 201(b) is amended to read as follows:

"(b)(1) The Secretary, acting through the Institute, shall be responsible for fostering and encouraging similar alcohol abuse and alcoholism prevention, treatment, and rehabilitation programs and services in State and local governments and in private industry. To the extent feasible, such programs and services should be designed such that they apply to the families of employees and to employees who have family members who are alcoholics.

Model programs.

"(2)(A) Consistent with such responsibility, the Secretary, acting through the Institute, shall develop a variety of model programs suitable for replication on a cost-effective basis in different types of business concerns and State and local governmental entities.

"(B) The Secretary, acting through the Institute, shall disseminate information and materials relative to such model programs to single State agencies designated pursuant to section 303 of this Act, and shall, to the extent feasible, provide technical assistance to such agencies as requested.

42 USC 4573.

Cooperative agreements.

"(3) Model programs developed under paragraph (2) shall, in the case of business concerns and governmental entities which employ individuals represented by labor organizations, be designed for implementation through cooperative agreements between the concerns and entities and the organizations.

"(4) To the extent feasible, model programs developed under paragraph (2) shall be capable of coordination with model programs

developed pursuant to section 413(b) of the Drug Abuse Office and Treatment Act of 1972.". 21 USC 1180.

(2)(A) The heading for title II is amended by striking out "FEDERAL CIVILIAN EMPLOYEES" and inserting in lieu thereof "GOVERNMENT AND OTHER EMPLOYEES".

(B) The heading for section 201 is amended by striking out "FEDERAL CIVILIAN EMPLOYEES" and inserting in lieu thereof "GOVERNMENT AND OTHER EMPLOYEES". 42 USC 4561.

SEC. 7. Section 301 (42 U.S.C. 4571) is amended—

(1) by striking out "and" after "1978,", and

(2) by inserting after "1979," the following: "$60,000,000 for the fiscal year ending September 30, 1980, and $65,000,000 for the fiscal year ending September 30, 1981,".

SEC. 8. Section 302 (42 U.S.C. 4572) is amended by adding at the end the following new subsection:

"(e) On the request of any State, the Secretary shall, to the extent feasible, make available technical assistance for the purposes of developing and improving systems for data collection; program management, accountability, and evaluation; certification, accreditation, or licensure of treatment facilities and personnel; monitoring compliance with the requirements of section 321 by hospitals and other facilities; and eliminating exclusions in health insurance coverage offered in the State which are based on alcoholism or alcohol abuse. Insofar as practicable, such technical assistance shall be provided in such a manner as to improve coordination between activities funded under this Act and under the Drug Abuse Office and Treatment Act of 1972.". Federal technical assistance. 42 USC 4581. 21 USC 1101 note.

SEC. 9. (a) Section 303(a) (42 U.S.C. 4573(a)) is amended—

(1) by inserting ", women, and the elderly" after "minority and poverty groups" in paragraph (3);

(2) by inserting ", by the elderly," after "by women" in paragraph (4)(B);

(3) by inserting before the semicolon at the end of paragraph (4) the following: "; and (C) provide assurances satisfactory to the Secretary that, insofar as practicable, the survey conducted pursuant to clause (A) is coordinated with and not duplicative of the drug abuse and dependence survey conducted pursuant to section 409 of the Drug Abuse Office and Treatment Act of 1972"; 21 USC 1176.

(4) by inserting ", with State and local drug abuse planning agencies," after "alcoholism and alcohol abuse planning agencies" in paragraph (12); and

(5) by striking out "and" at the end of paragraph (15), by redesignating paragraph (16) as paragraph (17), and by inserting after paragraph (15) the following new paragraph:

"(16) provide assurance that the State agency— State agency responsibilities.

"(A) will foster and encourage the development of alcohol abuse and alcoholism prevention, treatment, and rehabilitation programs and services in State and local governments and in private businesses and industry;

"(B) will make available to all business concerns and governmental entities within such State information and materials concerning such model programs suitable for replication on a cost-effective basis as are developed pursuant to section 201(b) of this Act; and

"(C) will furnish technical assistance as feasible to such business concerns and governmental entities; and".

(b) Section 303(c) is amended by inserting after "implementation of its State plan" the following: "and a plan of action for the next three

Survey

years. To the extent feasible the report shall include a survey of the extent to which other State programs and political subdivisions throughout the State are dealing effectively with the problems related to alcohol abuse and alcoholism.".

SEC. 10. Section 310(a) (42 U.S.C. 4576(a)) is amended by striking out "1979" and inserting in lieu thereof "1981".

SEC. 11. (a) Section 311(a) (42 U.S.C. 4577(a)) is amended—

(1) by redesignating paragraphs (1), (2), (3), and (4) as paragraphs (2), (3), (4), and (5), respectively;

(2) by inserting before paragraph (2) (as so redesignated) the following new paragraph:

"(1) to conduct demonstration and evaluation projects, with a high priority on prevention and early intervention projects in occupational and educational settings and on modified community living and work-care arrangements such as halfway houses, recovery homes, and supervised home care,";

(3) by striking out "conduct demonstration and evaluation projects, including projects designed to develop" in paragraph (2) (as so redesignated) and inserting in lieu thereof "support projects of a demonstrable value in developing"; and

(4) by striking out "female alcoholics, and individuals in geographic areas where such services are not otherwise adequately available" in paragraph (3) (as so redesignated) and inserting in lieu thereof "the elderly, women, the handicapped, families of alcoholics, and victims of alcohol-related domestic violence".

(b) Section 311(b) is amended (1) by redesignating clauses (1), (2), and (3) as clauses (2), (3), and (4), respectively, and by inserting after "under this section shall" the following: "(1) be responsive to special requirements of handicapped individuals in receiving such services;", and (2) by inserting in clause (2) (as so redesignated) the following: "(in the case of prevention and treatment services)" after "seek".

(c) Paragraph (4) of section 311(c) is amended to read as follows:

Program and project applications.

"(4) The Secretary shall encourage the submission of and give special consideration to applications under this section for programs and projects—

"(A) for the prevention and treatment of alcohol abuse and alcoholism by women,

"(B) for the prevention and treatment of alcohol abuse and alcoholism by the elderly,

"(C) for the prevention and treatment of alcohol abuse and alcoholism by individuals under the age of eighteen.".

SEC. 12. Section 312 (42 U.S.C. 4578) is amended—

(1) by striking out "and" after "1978,", and

(2) by striking out the period and inserting in lieu thereof a comma and the following: "$102,500,000 for the fiscal year ending September 30, 1980, and $115,000,000 for the fiscal year ending September 30, 1981. Of the funds appropriated under this section for the fiscal year ending September 30, 1980, at least 8 percent of the funds shall be obligated for grants for projects, programs, and services to prevent (through outreach, intervention, and education) the occurrence of alcoholism and alcohol abuse; and of the funds appropriated under this section for the next fiscal year at least 10 percent of the funds shall be obligated for such grants.".

SEC. 13. Section 217(a) of the Public Health Service Act (42 U.S.C. 218(a)) is amended by inserting after the fourth sentence the follow-

ing: "Appointed members may serve after the expiration of their terms until their successors have taken office.".

SEC. 14. (a) Section 501(a) (42 U.S.C. 4591(a)) is amended to read as follows: 42 USC 4585.

"(a) The Secretary, acting through the Institute, shall carry out a program of research, investigations, experiments, demonstrations, and studies, directly and by grant or contract, into— Research programs.

"(1) the social, behavioral, and biomedical etiology,

"(2) prevention,

"(3) treatment,

"(4) mental and physical health consequences,

"(5) social and economic consequences, and

"(6) the impact on families,

of alcohol abuse and alcoholism.".

(b) Section 501(b) is amended—

(1) in paragraph (3), by inserting before the semicolon the following: "and such Council shall give special consideration to projects relating to the relationship between alcohol abuse and domestic violence, the effects of alcohol use during pregnancy, the relationship between the abuse of alcohol and other drugs, and the effect on the incidence of alcohol abuse and alcoholism of social pressures, legal requirements respecting the use of alcoholic beverages, the cost of such beverages, and the economic status and education of users of such beverages";

(2) in paragraph (5)—

(A) by inserting "the National Institute of Drug Abuse and by" following "similar programs conducted by"; and

(B) by inserting "departments," before "agencies";

(3) in paragraph (6), by striking out "biomedical and behavioral" and inserting in lieu thereof "biomedical, behavioral, epidemiological, and social"; and

(4) in paragraph (8), by inserting "and other scientific research" following "statistical".

SEC. 15. Section 503 (42 U.S.C. 4587) is amended—

(1) by striking out "and" after "1978,", and

(2) by inserting before the period a comma and the following: "$28,000,000 for the fiscal year ending September 30, 1980, and $28,000,000 for the fiscal year ending September 30, 1981".

SEC. 16. (a) Section 504(a) (42 U.S.C. 4588(a)) is amended—

(1) by striking out "alcohol problems" in the first sentence and inserting in lieu thereof "biomedical, behavioral, and social issues related to alcoholism and alcohol abuse";

(2) in paragraph (1)(B), by striking out "laboratory facilities and reference services (including reference services that will afford access to scientific alcohol literature)" and inserting in lieu thereof "facilities (including laboratory, reference, and data analysis facilities) to carry out the research plan contained in the application";

(3) in paragraph (1)(D), by striking out "and' at the end thereof;

(4) in paragraph (1)(E), by striking out "medical and osteopathic students and physicians;" and inserting in lieu thereof "medical and osteopathic, nursing, social work, and other specialized graduate students; and"; and

(5) by inserting after paragraph (1)(E) the following:

"(F) the applicant has the capacity to conduct programs of continuing education in such medical, legal, and social service fields as the Secretary may require.".

42 USC 4568.

(b) Section 504(b) is amended by striking out "$1,000,000" and inserting in lieu thereof "$1,500,000".

(c) Section 504(c) is amended by inserting before the period a comma and the following: "$8,000,000 for the fiscal year ending September 30, 1980, and $9,000,000 for the fiscal year ending September 30, 1981".

SEC. 17. Title VI is amended by adding at the end the following new section:

Contract authority. 42 USC 4594.

"SEC. 604. The authority of the Secretary to enter into contracts under this Act shall be effective for any fiscal year only to such extent or in such amounts as are provided in advance by appropriation Acts.".

National Commission on Alcoholism and Other Alcohol-Related Problems, establishment. 42 USC 4541 note.

SEC. 18. (a)(1) There is established a Commission to be known as the National Commission on Alcoholism and Other Alcohol-Related Problems (hereinafter in this section referred to as the "Commission"). The Commission shall be composed of—

(A) four Members of the Senate appointed by the President of the Senate upon the recommendation of the majority and minority leaders;

(B) four Members of the House of Representatives appointed by the Speaker of the House of Representatives upon the recommendation of the majority and minority leaders;

(C) nine public members appointed by the President; and

(D) not more than four nonvoting members appointed by the President from individuals employed in the administration of programs of the Federal Government which affect the prevention and treatment of alcoholism and the rehabilitation of alcoholics and alcohol abusers.

At no time shall more than two members appointed under subparagraph (A), more that two of the members appointed under subparagraph (B), or more than five of the members appointed under subparagraph (C) be members of the same political party.

Quorum.

(2)(A) The President shall designate one of the members of the Commission as Chairman, and one as Vice Chairman. Nine members of the Commission shall constitute a quorum, but a lesser number may conduct hearings. Members appointed under paragraph (1)(D) shall not be considered in determining a quorum of the Commission.

(B) Members of the Commission shall serve without compensation, but shall be reimbursed for travel, subsistence, and other necessary expenses incurred in the performance of the duties vested in the Commission.

(C) The Commission shall meet at the call of the Chairman or at the call of the majority of the members thereof.

(3)(A) The Commission may appoint, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, an executive secretary to assist the Commission in carrying out its functions.

(B) The Secretary shall provide the Commission with such additional professional and clerical staff, such information, and the services of such consultants as the Secretary determines necessary for the Commission to carry out effectively its functions.

(C) The Commission may secure directly from any department or agency of the United States information necessary to enable it to carry out its duties under this section. Upon request of the Chairman of the Commission, the head of such department or agency shall furnish such information to the Commission consistent with applicable laws and regulations with respect to the privacy of medical records.

(b) The Commission shall conduct a study of alcoholism and alcohol-related problems and shall include in the study— Study.

(1) an assessment of unmet treatment and rehabilitation needs of alcoholics and their families;

(2) an assesament of personnel needs in the fields of research, treatment, rehabilitation, and prevention;

(3) an assessment of the integration and financing of alcoholism treatment and rehabilitation into health and social health care services within communities;

(4) a study of the relationship of alcohol use to aggressive behavior and crime;

(5) a study of the relationship of alcohol use to family violence;

(6) a study of the relationship of alcoholism to illnesses, particularly those illnesses with a high stress component, among family members of alcoholics;

(7) an evaluation of the effectiveness of prevention programs, including the relevance of alcohol control laws and regulations to alcoholism and alcohol-related problems;

(8) a survey of the unmet research needs in the area of alcoholism and alcohol-related problems;

(9) a survey of the prevalence of occupational alcoholism and alcohol abuse programs offered by Federal contractors; and

(10) an evaluation of the needs of special and underserved population groups, including American Indians, Alaskan Natives, youth, the elderly, women, and the handicapped and assess the adequacy of existing services to fulfill such needs.

(c) The Commission shall submit to the President and the Congress such interim reports as it deems advisable and shall within two years after the date on which funds first become available to carry out this section submit to the President and the Congress a final report which shall contain a detailed statement of its findings and conclusions and also such recommendations for legislation and administrative actions as it deems appropriate. The Commission shall cease to exist sixty days after the final report is submitted under this subsection. Reports to President and Congress.

(d) The Secretary of Health, Education, and Welfare shall be responsible for the coordination of the activities of the Commission.

(e) There are authorized to be appropriated for the purposes of this section $1,000,000 to remain available until the expiration of the Commission. Appropriation authorization.

SEC. 19. Title III is amended by adding at the end the following:

"PART D—REPORT

"REPORT

"SEC. 334. (a) Not later than June 1, 1980, the Secretary of Health, Education, and Welfare, acting through the Assistant Secretary for Health, and the Secretary of the Treasury, acting through the Assistant Secretary for Enforcement and Operations, shall jointly report to the President and the Congress— Submittal to President and Congress. 42 USC 4552 note.

"(1) the extent and nature of birth defects associated with alcohol consumption by pregnant women,

"(2) the extent and nature of other health hazards associated with alcoholic beverages, and

"(3) the actions which should be taken by the Federal Government under the Federal Alcohol Administration Act and the Federal Food, Drug, and Cosmetic Act with respect to informing the general public of such health hazards.

"(b) Subsection (a) shall not be construed to limit the authority of the Attorney General, the Secretary of the Treasury, or the Secretary of Health, Education, and Welfare under the Federal Alcohol Administration Act or the Federal Food, Drug, and Cosmetic Act.".

27 USC 201.
21 USC 301.

Approved January 2, 1980.

LEGISLATIVE HISTORY:

HOUSE REPORT No. 96-193 accompanying H.R. 3916 (Comm. on Interstate and Foreign Commerce).
SENATE REPORT No. 96-103 (Comm. on Labor and Human Resources).
CONGRESSIONAL RECORD, Vol. 125 (1979):
May 7, considered and passed Senate.
Oct. 16, H.R. 3916 considered and passed House; passage vacated and S. 440, amended, passed in lieu.
Dec. 19, Senate concurred in House amendment with an amendment; House concurred in Senate amendment.

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