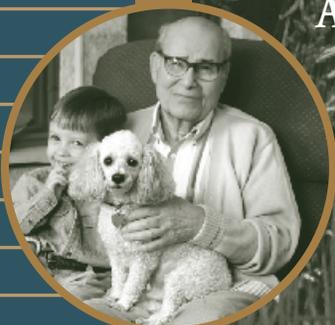
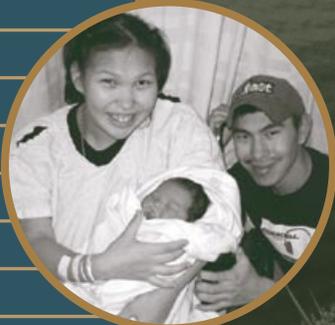


# TAKING ACTION



ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
STRATEGIC REPORT  
2003-2005



**Frank H. Murkowski, Governor**  
State of Alaska

**Karleen Jackson, Commissioner**  
Department of Health and Social Services

MESSAGE *from the*  
**Governor**



*Governor Frank H. Murkowski.*

I came into this office with a vision that all Alaskans — children, families, seniors — would have better access to the social services they may need at one time or another in their lives. My vision contained a promise that is being fulfilled on a daily basis by the employees of the Department of Health and Social Services: to enable every Alaskan to be as self-sufficient as possible.

Under the leadership of Commissioner Joel Gilbertson, and now continuing under the guidance of Commissioner Karleen Jackson, more Alaskans are finding help in ways that make common sense.

When a family finds itself in economic freefall because of catastrophic illness or sudden job loss, instead of being shuffled from office to office they can find “one stop” temporary financial relief and a team in place whose single goal is getting the breadwinners back to work.

When a senior with health problems needs to find out what resources are available, there’s one number to call: SeniorCare Information Office (1-800-478-6065, or Anchorage 260-3680; [www.seniorcare.alaska.gov](http://www.seniorcare.alaska.gov)).

When an emotionally disturbed child needs residential treatment, instead of sending that child thousands of miles away, we’re making progress toward keeping that child near her or his home in Alaska, where the family can be intimately involved in the treatment process.

When a nursing home resident, recovering from a stroke, wants to be back home where loved ones or community members are capable of administering care, we help that happen.

When a youngster commits a minor crime, we pay attention and intervene at the earliest stage, working with the family and community to make sure the young person’s behavior doesn’t lead to serious crimes.

When Alaskans are mentally disturbed, we don’t warehouse them. We include them and their families in treatment planning.

Ultimately, a healthy Alaska is a place where all Alaskans who want to work can find self-sustaining employment. A healthy Alaska is a place where people who need temporary help can find help, and then receive further assistance to move on to self-sufficiency.

The Department of Health and Social Services has moved steadily toward its goals, in line with my vision, over the last three years. I am proud of the progress the department has made under Commissioner Gilbertson — and I have confidence that Commissioner Jackson will continue the momentum.

*Governor Frank H. Murkowski*



# Commissioner



Former DHSS Commissioner Joel Gilbertson and his successor, Commissioner Karleen Jackson.

## Leadership transitions

By the time you read *Taking Action: Strategic Report 2003-05*, a new Commissioner of Health and Social Services will be in place. One of us, former Commissioner Joel Gilbertson, left state service on Sept. 30, 2005, for a job in the private health care sector. As of Oct. 1, 2005, former Deputy Commissioner Karleen Jackson assumed the duties of Commissioner.

The change in leadership has been seamless because we have been a team from the beginning in the most extensive reorganization of the state's largest department in Alaska history. For that reason, we are writing this message together.

## The need for reorganization

The former Commissioner set the tone for this reorganization in early 2003, when he announced changes to almost all the divisions, with one goal in mind: "to make better sense to the people we serve."

Gilbertson's announcement contained a promise: "Alaskans will get better customer service, and the Department of Health and Social Services will be in a stronger position to deliver quality services in very tough financial times for the state."

This publication — *Taking Action: Strategic Report 2003-05* — shows how that promise is being fulfilled.

## Keeping our eye on the mission

We have both devoted our careers to health and social services issues. And, like our entire department staff, we find deep satisfaction in seeing the people we help succeed in life. That goal continues from administration to administration, from commissioner to commissioner.

Our department mission — "to promote and protect the health and well-being of Alaskans" — is a reminder to all of us, from top down, that this is why we exist. We must look beyond the inevitable bureaucracy that comes with the territory and focus on the children, families and communities we are here to serve.

## A few highlights

We have opened up the Office of Children's Services to more public scrutiny by allowing more transparency. Our Division of Behavioral Health is making strides in bringing emotionally disturbed children back to Alaska for treatment from Outside facilities.

Our Division of Public Assistance is transforming its statewide offices to "one-stop" facilities, so families and individuals in need of temporary assistance won't get shuffled from person to person, from office to office. Our Family Centered Services in DPA now uses a wraparound team approach — other state agencies, employers, mentors, family members, clients — in helping clients attain and maintain employment and self-sufficiency.

We have launched a new program called SeniorCare, to provide a safety net for the state's low-income seniors. That program also provides qualified seniors with a prescription drug benefit to help them pay for the medicines they need.

We are communicating our needs more clearly to the state Legislature so there is no question about our needs or how we use the money we are given. And we are responding more quickly and efficiently to the news media to ensure that public information about our department is factual and accurate, providing Alaskans a clear message about how their money is being spent.

This publication covers most of the last three years' initiatives and accomplishments, so we encourage you to turn the page and read further. The last three years have been very eventful.

### ***We are all working together***

We reorganized the department around three guiding principles: self-sufficiency for Alaskans; a strong safety net for those who cannot provide for themselves; and local access to care. Working together, we established a momentum that allows the staff and division directors to continue their work.



Karleen Jackson  
Commissioner of Health and Social Services, 2005–



Joel Gilbertson  
Former Commissioner of Health and Social Services,  
2003–05





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# Summary

*“The art of progress is to preserve order amid change, and to preserve change amid order.”*

—Alfred North Whitehead,  
1861-47, “Process and Reality.”



*The new Alaska Psychiatric Institute in Anchorage.*

## INTRODUCTION

### Smarter Government, Stronger Services

Change is always uncomfortable, and no one knows that better than the employees of the Department of Health and Social Services, where the first major reorganization in 20 years — the largest in its 84-year history — was undertaken beginning in July 2003 to improve what we do and how we do it.

The core mandates of the Department — public health, public welfare and public protection — involve enormous responsibilities, upon which the entire staff focuses on a daily basis. By staying focused on our mission, “to promote and protect the health and well-being of Alaskans,” we have embraced change and celebrate the positive results.

The new structure, which was adopted in July 2003, had two main goals:

- Improve services to Alaskans who need and use our help.
- Save money by reducing duplication, streamlining services and maximizing available federal funding.

The department’s reorganization resulted in name and function changes for four divisions, creation of a new departmentwide program review function, and movement of five programs — from the departments of Administration, and Education and Early Development — to Health and Social Services.

### Five major initiatives

Division name changes have been more than nominal — actions speak louder than names and labels throughout the divisions. Among all the changes, five main initiatives stand out: 1) the departmentwide reorganization; 2) the Yukon-Kuskokwim Demonstration Project; 3) the improvements to the Child Protection System; 4) SeniorCare and senior issues; and 5) Bring The Kids Home Initiative.

### Department reorganization

Two new units were established in the Commissioner’s Office using existing positions, whose functions are to 1) reduce General Fund expenditures, and 2) establish efficiency in rate-setting functions throughout DHSS.

*The goal of the Healthy Marriages Initiative is to increase the percentage of healthy, married, two-parent families in Alaska, which has been shown to best ensure the well-being of children.*

Also within the Commissioner's Office, Finance and Management Services (FMS) was created in July 2004 to replace the Division of Administrative Services. Its creation was the culmination of a yearlong process to implement the best and most effective way to organize administrative functions with the Department of Health and Social Services. Finance and Management Services incorporates the newly integrated Information Technology Services, Grants and Contracts, Division Support Services, and the Medicaid budget unit.

Finance and Management Services supports the direct service divisions in a variety of ways, including maintaining staff in fiscal, budget, finance, facilities, grants and contracts, audit and information technology.

FMS has aimed to reorganize for better efficiency and customer service. To achieve this, 300 of 800 positions new to DHSS were transfers from other departments, primarily Administration and Education.

Grants and contracts consolidation took place in 2004 to reduce administrative burdens on program managers, and information technology was integrated departmentwide in the summer of 2004.

Two main activities occupied Finance and Management Services during 2004: controlling costs and reorganizing programs. For example, reorganizing the Medicaid program, which is governed by regulations and policy, involved countless hours on the part of several divisions. As of fiscal year 2004, the department served about 130,000 Medicaid recipients. "Every time you want to change programs or save money, it's very labor intensive and takes a lot of time and energy," Assistant Commissioner Janet Clarke explained.

In September 2004, conforming with President Bush's efforts on a national level, Gov. Frank Murkowski established the **Office of Faith-Based and Community Initiatives**, within the Department of Health and Social Services. The office serves as a single point of contact for faith-

based and community-based organizations to work with government agencies to address gaps in Alaska's workforce and health and social services systems.

The office helps provide grant writing training, organizational development and technical assistance to participating groups. An unpaid advisory council guides the office and promotes partnerships between faith, community and governmental entities. During its first year, the office has established the Healthy Marriages Initiative, and offered 11 grants to organizations that offer educational programs on the value of marriage, relationship skills and budgeting, as well as premarital education, divorce reduction and marriage mentoring.

The goal of the Healthy Marriages Initiative is to increase the percentage of healthy, married, two-parent families in Alaska, which has been shown to best ensure the well-being of children.

## Streamlining divisions

One of the department's most venerated programs, certainly its most historical, is **Alaska Pioneer Homes**. As part of the reorganization, responsibility for the Pioneer Homes was transferred from the Department of Administration. The newly formulated division's services are designed to maximize independence and quality of life for seniors 65 and older by addressing their physical, emotional and spiritual needs.

The new **Division of Behavioral Health** includes functions formerly in the divisions of Alcoholism and Drug Abuse, Mental Health and Developmental Disabilities, and the Office of Fetal Alcohol Syndrome. The division oversees a vast array of mental health and substance abuse services, and works with individuals, families and communities through prevention, early intervention, treatment and recovery programs.

The division's strategies include integrating what were separate, uncoordinated and fragmented programs into a streamlined system to better serve clients.

*The Office of Children's Services reorganized in July 2003 and brought together under one roof four programs that support children: Child Protection, Family Nutrition Services, Healthy Families Alaska and Early Intervention/Infant Learning Program.*

The new **Division of Health Care Services** includes many of the functions in the former Division of Medical Assistance. Health Care Services retains the Medicaid "core" services, including hospitals, physician services, pharmacy, dental services, transportation, and many other medical, therapeutic and health care services. The division finances and manages a wide range of women's and children's programs previously with the Maternal and Child Family Health section of the Division of Public Health.

Formerly known as the Division of Family and Youth Services, the **Office of Children's Services** reorganized in July 2003 and brought together under one roof four programs that support children: Child Protection, Family Nutrition Services, Healthy Families Alaska and Early Intervention/Infant Learning Program. In the past, this division focused mainly on child protection and permanency.

The newly formulated division provides a broader range of resources and support systems to prevent and remedy child abuse and neglect. Services to families at risk include child abuse and neglect investigations; foster care and reunification services; adoption and adoptive family services; behavioral rehabilitation and residential services; and independent living services for youth aging out of foster care. Child Protective Services is managed regionally, with services delivered out of 27 local offices throughout Alaska.

The **Division of Senior and Disabilities Services** was created to better promote the independence of Alaska seniors and people with physical and developmental disabilities. The Senior Services Division was formerly in the Department of Administration, and the Division of Developmental Disabilities was within the Department of Health and Social Services. In addition, several other functions from the former Division of Medical Assistance were shifted to the new Division of Senior and Disability Services.

Creating the Division of Senior and Disability Services functionally consolidated into one division all of the budget and policy relating to seniors and

disabled persons, which results in a policy of service delivery that is more coherent and efficient.

The **Division of Public Assistance** has been reorganized to include outreach for Denali KidCare, which formerly resided in the Division of Public Health, and Childcare Assistance, formerly in the Department of Education and Early Development. By integrating those responsibilities, Public Assistance broadens its mission of supporting families and individuals to become self-sufficient.



## Major Initiatives

### Yukon-Kuskokwim Demonstration Project

A “demonstration project” was inaugurated by the Division of Senior and Disabilities Services in late 2003 in the Bethel area, with the goal of reducing the longstanding Medicaid waiver waiting list for people with developmental disabilities trying to get help.

While Bethel Community Services had tried to serve the area’s needs for years, demand always exceeded available resources. At the state’s suggestion, to maximize federal funds the Yukon-Kuskokwim Health Corporation (YKHC) assumed responsibility from Bethel Community Services as a provider, which allows the state to be 100-percent reimbursed by the federal government. The reimbursement is possible because YKHC is an Indian Health Service beneficiary.

The project’s successes as of mid-2005 are twofold: the state realized an initial savings of about \$1.25 million; and the savings allowed 47 individuals to be removed from the waiting list. As of fiscal year 2005, the project was serving 136 individuals with developmental disabilities.

The transfer also makes better use of available resources by relocating individuals who were once housed at the Bethel Group Home to YKHC’s McCann Treatment Center. An additional five beds at McCann were designated for 24-hour rehabilitation treatment for girls ages 12-18 with emotional and behavioral disorders, who were previously unserved in the region.

The establishment of this first-ever residential care facility in the Yukon-Kuskokwim region serves young people in need of therapeutic intervention who cannot be treated effectively in their own family, a foster home, or in a less restrictive or less structured setting.



## Improvements to the Child Protection System

The recent department reorganization provided an opportunity to evaluate the Office of Children's Services as a whole. In the past, the division — formerly known as the Division of Family and Youth Services — focused mainly on protecting children from abuse and finding safe places for children who could not remain at home.

The new Office of Children's Services strives to protect children and support families. It now also includes Family Nutrition Services; coordination of home visits; and early, home-based intervention services through the Infant Learning Program.

**Program Improvement Plan.** In September 2003, the Office of Children's Services inaugurated a Program Improvement Plan, known as PIP, which addressed deficiencies in a 2002 federal review of the state's child protection system and outlined plans for implementing improvements through August 2005. As of August 2005, all of the "action steps" spelled out in the PIP had been completed and benchmarks achieved. With reduction of child protection workloads a top priority of the PIP — and of Gov. Murkowski and the Alaska Legislature — 52 frontline positions have been added since the overhaul of children's services began in 2003.

**Family to Family** is an initiative begun by the Annie E. Casey Foundation in 1992 to help states and communities improve their child welfare systems. Alaska's Family to Family program began in February 2004 with the help of a startup grant from the Rasmuson Foundation.

The program's overall goals include improved screening of children being considered for removal from their homes; bringing children currently in institutional care back to their neighborhoods; recruiting more foster families and involving foster families with family reunification plans; becoming a resource for children and families in

the neighborhood from which the foster care population comes; and providing permanent families for children in a timely manner.

**Online Resources for the Children of Alaska—ORCA.** During fiscal year 2004, the Office of Children's Services began an initiative to more efficiently manage child protection and licensing cases. Known by its acronym ORCA, the Online Resources for the Children of Alaska is a fully integrated, comprehensive, automated case management welfare information system that replaces the cumbersome, paper-intensive process of manually recording case information. By providing many pre-filled forms, ORCA allows caseworkers more time to interact with children and families, and less likelihood of producing case files with conflicting or missing information.

The comprehensive system ties together, in one place, case management, licensing and payment. For example, if a child is placed in a foster home, when that information is entered into the system, payment is automatically generated. When the child leaves foster care, payment automatically stops.

**Quality Assurance** is a program that reflects the Office of Children's Services' belief that any measure of quality of services must encompass worker activities, community partners' involvement, and consumer response to services. In addition to ensuring compliance with federal and state standards, the program has set up review processes of all the work done by OCS. Included are regular case reviews, and consistent gathering and evaluating of information from families who are served.

**Family Rights Act** is legislation sponsored by Rep. John Coghill and signed into law in the summer of 2005 by Gov. Murkowski, which strengthens the rights of families for placement and adoption preferences, and improves transparency of the child protection system.



## SeniorCare, Senior Services

**SeniorCare.** A highlight of the newly formed Division of Senior and Disabilities Services is the SeniorCare program, which began providing services in fall 2003. SeniorCare provides a one-stop senior resource and referral service, help with prescription drugs and access to healthcare, and works to lower the cost of prescription drugs.

The program allows seniors currently receiving the Alaska Senior Assistance Program to be offered a choice to continue receiving cash assistance of \$120 a month instead of drug coverage. That benefit will be available through June 2007 for seniors with annual incomes below 135 percent of the 2005 federal poverty level.

Beginning January 2006, when the Medicare prescription drug program begins, SeniorCare will cover premiums and deductibles for Alaska seniors between 135 and 175 percent of poverty level who qualify for the program. An estimated 11,000 out of 41,000 Alaska seniors are estimated to be eligible in 2006 for the new SeniorCare subsidy.

The program also includes a new Senior Information Office, a Preferred Drug List and a drug purchasing pool to make prescription drugs more affordable. It helps low-income seniors who do not otherwise qualify for public assistance.

An innovation was launched in 2004 when the Department joined with five other states in a prescription drug purchasing pool. This will save the state as much as \$20 million annually in Medicaid expenditures. The state also initiated another program intended to control the rising costs of health care: a “preferred drug list” for Medicaid recipients that lists less expensive alternatives to certain classes of medications. The list is available on the DHSS Web site.

**Veterans Home.** Another improvement to senior services will be the creation of an Alaska Veterans home. Gov. Murkowski and Alaska veterans celebrated the August 2005 groundbreaking for the new Alaska veterans home in Palmer. Seventy-five percent of the beds in the remodeled Palmer Pioneer Home will be designated for veterans, and 25 percent will be available for nonveterans. The department anticipates opening the Palmer home as the “Alaska Veterans and Pioneers Home” in the summer of 2006.

Total cost for the project is about \$4.15 million. Federal reimbursement covers about 65 percent of the original \$3.5 million estimate, leaving the state responsible for just \$1.2 million, plus an additional \$646,440 that allows adding some deferred maintenance projects onto the contract.

*“The Bring the Kids Home initiative will serve as a catalyst to restructure and reinvigorate the children’s mental health system in Alaska.”*

*—Mental Health Trust Authority CEO Jeff Jessee*

## Bring The Kids Home Initiative

Bring The Kids Home is an initiative of the Division of Behavioral Health to return children with severe emotional disturbances from out-of-state residential facilities to Alaska treatment facilities.

The number of children placed out of state has steadily increased over the years. Medicaid beneficiaries in out-of-state treatment facilities jumped 17.5 percent in 2004 over 2003. In fiscal year 2004, more than 700 children ages 6 to 17 were being served out of state. Of those children, 49 percent were Alaska Natives. As part of the initiative, the state is working intensively with Native health organizations to make sure Native children are kept as close to their homes as possible while getting needed help.

The main point of the project is to link families and children with community-based care or other in-state services. The two-year \$5 million initiative will help establish regional community mental health care teams. Already, more than 100 children were brought home in 2005. The goal is to have all the children with severe

emotional disturbances served in Alaska by 2015, where they are close to family support systems and familiar cultural environments.

The 2005 Legislature and the Alaska Mental Health Trust authority funded \$2.5 million for fiscal year 2006 to further the initiative. Specifically, the funding can be used to provide in-home interventions, therapeutic foster care, group homes and other supportive services, such as tutors and social and recreational activities.

To prepare Alaska communities to treat these youngsters in their home state, planning grants have been awarded to Juneau Youth Services, Southcentral Foundation and NorthStar Behavioral Health System for new residential treatment facilities. JYS has broken ground for its 15-bed facility; still in the design stage are Southcentral’s 48-bed facility and NorthStar’s 60-bed facility. Eleven additional grants have been awarded to organizations throughout the state for program enhancements, including in-home treatment services and crisis prevention services, therapeutic group homes, and other services.



*Breaking ground for the Juneau Youth Services residential treatment facility are, from left to right, Connie McKenzie, congressional delegation staff representative; Amalia Monreal, Vice President of the Juneau Youth Services Board of Directors; Ken Brewer, President and CEO for SEARHC; Karleen Jackson, DHSS Commissioner; John Pugh, Chair, Alaska Mental Health Trust Authority; Walter Majoros, Executive Director, Juneau Youth Services.*



# Alaska Department of Health and Social Services

*Division of Alaska Pioneer Homes*

*Division of Behavioral Health*

*Office of Children's Services*

*Division of Health Care Services*

*Division of Juvenile Justice*

*Division of Public Assistance*

*Division of Public Health*

*Division of Senior and Disability Services*



## DIVISION of

# Alaska Pioneer Homes

### MISSION:

*... to provide quality assisted living in a safe home environment.*



*Virginia Smiley, Alaska Pioneer Homes Division Director.*

*“While preserving dignity and individuality, the Pioneer Homes are committed to providing a safe and compassionate environment to residents, with a focus on people’s abilities and potential for personal growth.”*

*—Virginia Smiley,  
Director*

Since the earliest territorial days, Alaska has tried to provide care for residents over age 65. As chronicled by Ketchikan writer June Allen, a 1913 bill established the first pioneer home “for indigent prospectors and others who have spent their years in Alaska and have become dependent.”

While the frontier Gold Rush atmosphere of Alaska has transformed to a modern, 21st-century state, care for old-timers has remained a constant.

The **Division of Alaska Pioneer Homes** provides an assisted living setting and prescription services to seniors in pioneers’ homes in Sitka, Fairbanks, Anchorage, Ketchikan, Palmer and Juneau. The services are designed to maximize independence and quality of life by addressing the physical, emotional and spiritual needs of pioneers’ home residents. These needs are addressed by qualified, caring and experienced staff in a continuum of services within an assisted living philosophy for all residents, from the semi-independent to those with Alzheimer’s disease and related disorders.

Recent accomplishments include successfully billing Medicaid for qualified

residents in all the homes, which relieves the state’s financial obligation by tapping into available federal funds, and gaining passage of state and federal legislation authorizing the conversion of the Palmer Pioneer Home to a state veterans’ home. Meeting the federal criteria for an “approved” veterans’ home allows partial reimbursement from the Department of Veterans Affairs for the care of Alaska veterans. Groundbreaking was held in August 2005 for the remodeling of the current facility, which will be renamed the Alaska Veterans and Pioneers Home, with occupancy planned for summer 2006.

The Pioneer Home system is also proud of its achievement in successfully recruiting and retaining health care personnel in a time of national shortage of health care professionals. One certified nurse aide position was added in each of the Fairbanks, Ketchikan and Juneau homes to assure resident safety is optimized. The ongoing goal is to provide the safest possible assisted living environment for eligible Alaska seniors and increase safety rate for residents who are in danger of falling. The average age of Pioneer Home residents is 84.5 years.

## Accomplishments 2003-05

### Highlights

- Converted the Alaska Senior Assistance Program into the Alaska SeniorCare Program to provide payments and pharmaceutical support to more than 6,800 seniors.
- Successfully recruited and maintained adequate health care personnel in a time of national shortage of health care professionals.
- Managed the Quality Assurance Program to ensure safe and best practices in the healthcare field.

## What we continue to work on

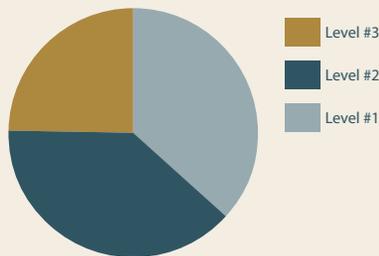
The Alaska Pioneer Home system's greatest challenges are to continue delivery of cost-efficient services to all residents, and reduce the vacancy rate in the lowest (least required assistance) level of care. In the last decade, overall occupancy of the homes decreased from 95 percent to 75.5 percent, with the majority of vacancies in the lowest level of care. Many seniors today choose to remain in their own homes because of available community support services. However, by providing an option for seniors to live independently, our goal is to achieve 80-percent occupancy for Level I, which provides only housing, meals, emergency assistance and opportunities for recreation.

In the area of cost-efficiency, we continue to help eligible residents file for Medicaid. The Pioneer Homes are primarily funded by resident payments and the general fund. However, a recent change in federal law and department policy allows residents to receive Medicaid benefits and the homes to be licensed as Medicaid providers. This will greatly assist some seniors, who have wanted to live in a pioneer home but who felt their resources were not enough, to make the decision to apply.

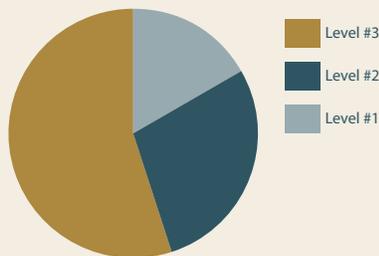
Another goal is to use the new Alaska Veterans and Pioneer Home in Palmer as an opportunity to reach out to the Matanuska-Susitna veteran organizations, such as the Veterans of Foreign Wars, and invite them to become involved with the home. This untapped support system in the Valley can help the Palmer home become well-integrated into the surrounding community as a center for veterans' activities.

Pioneer Home Occupancy by Care Level

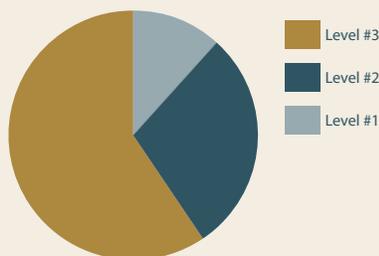
June 30, 1995 Occupancy



June 30, 2000 Occupancy



June 30, 2005 Occupancy



## Sitka social worker becomes Medicaid expert to help residents

*“The Medicaid Waiver process can be a challenge to those who require nursing home level of care. Klaudia is a role model for social workers and care coordinators on how to navigate the Medicaid Waiver application process.”*

—Georgina E. Dapcevich,  
Sitka Pioneer Home  
Administrator

Sitka Pioneer Home resident Rose Marvin needed knee replacement surgery, but the cost was beyond what she could handle. Coming to the rescue was social worker Klaudia Leccese, who has become something of an expert on Medicaid and Medicaid eligibility.

“Rose didn’t have much in the way of spare change,” Leccese says. “And she needed the insurance for her medical needs.” Leccese, a Social Worker III, has been with the Alaska Pioneer Home system since October 2002. Before that, she worked at Sitka SouthEast Alaska Regional Health Consortium for 13 years, where she first began to educate herself about Medicaid.

Leccese’s motivation isn’t a simple fascination with federal rules, regulations and bureaucracy. Her goal is to help people like Rose Marvin get the services they need. With assistance from Alaska Legal Services in Juneau, Leccese helped Marvin set up a “Miller” trust, which allows people whose monthly income exceeds the Medicaid cap to divert their income into an irrevocable trust. The money in that trust, above what is allowed to qualify for Medicaid, goes back to the state and pays for some of the services, while preserving Medicaid eligibility.

As a result, Medicaid covered Marvin’s trip to Juneau for the surgery, her hospitalization, and her travel back to Sitka. There, Leccese coordinated with Sitka Community Hospital for the woman to receive short-term care while undergoing physical therapy. When Marvin eventually returned to the pioneers’ home, she was able to resume her previous independent level of care.

Since July 2004, when residents were first allowed to receive Medicaid, Leccese has taken it upon herself to assess Medicaid eligibility for all of the Sitka Pioneer Home residents whose status was in doubt. “I got a list of everyone on payment assistance,” she explains, “and from there I determined who might qualify.”

She selected five or six at a time, initiated the applications, followed up, then moved to the next five or six. So far, she has about a 30-percent success rate in helping qualified residents get Medicaid Waiver coverage, which covers some of their costs, including staff care, doctor visits, medical equipment and prescriptions.

Leccese says anything that saves money means the home may be able to offer more to its residents. Another resident, for example, needed a medication that cost \$1,700 a month. Leccese was able to find some free medication through a medication assistance program.

“The Medicaid Waiver process can be a challenge to those who require nursing home level of care,” says Leccese’s supervisor Georgina E. Dapcevich. “Klaudia is a role model for social workers and care coordinators on how to navigate the Medicaid Waiver application process.”

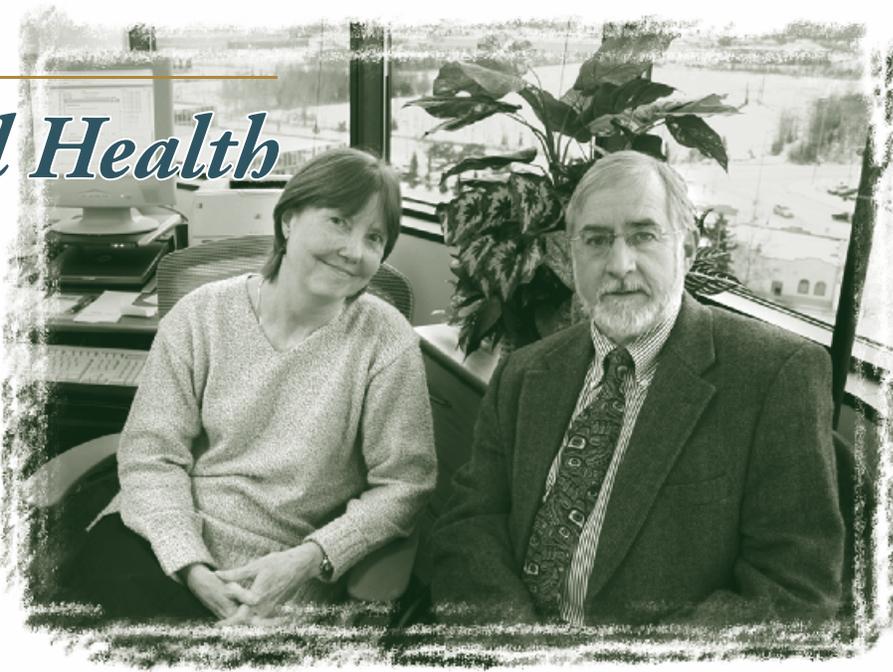
“People at this stage are losing — they’re losing their mobility, losing their sight, losing their friends, losing a lot of things,” Leccese says. “I’m not half-hearted ... I guess I’m excited about my job. I love the residents and I love to help.”



Sitka Pioneer Home resident Rose Marvin, left, was able to get a knee replacement paid through Medicaid with help from Klaudia Leccese, a state social worker shown at right.



# Behavioral Health



**MISSION:**

*... to provide an integrated behavioral health system.*

*Cristy Willer was appointed Behavioral Health Division Director effective Oct. 1, 2005. Bill Hogan was Division Director during the 2003-05 period of this report. Hogan was named Deputy Commissioner of Health and Social Services effective Oct. 1, 2005.*

*“The key is to create a system where Alaskans with both mental health and substance abuse problems can get the kinds of service they need quickly and efficiently.”*

*—Bill Hogan, Director  
2003-05*

**T**he **Division of Behavioral Health** was created by integrating the programs and services previously delivered through the mental health portion of the former Division of Mental Health and Developmental Disabilities, the former Division of Alcoholism and Drug Abuse and the Office of Fetal Alcohol Syndrome.

The reorganization created Alaska’s first truly integrated behavioral health system, recognizing that a significant number of clients entering substance abuse programs, mental health facilities and community mental health programs have co-occurring mental health and chemical dependency disorders, known as co-occurring disorders. The division has been leading workgroups to develop a set of competencies for behavioral health practitioners statewide, with the goal of establishing a system that allows agencies the fullest possible range of qualified, certified clinicians who treat clients with combined diagnoses of mental illness and substance abuse disorders.

The division works with individuals, families and communities through prevention, early intervention, treatment and recovery programs. It also establishes

and administers standards for the services, and organizes and promotes training for service providers to ensure the effectiveness of all programs and services.

The division collaborates and coordinates with other government agencies, private organizations and communities to develop and support local prevention, intervention, treatment and recovery efforts.

Based on a continuous quality improvement approach, using sound policy development, these programs, services and support structures help people with mental health and substance abuse problems become self-sufficient and contributing members of society.

Among the division’s many accomplishments since 2003 are the opening of the new Alaska Psychiatric Institute, with patient participation in wellness planning; encouragement of village participation in suicide prevention; development of a “continuum of care” model for rural and urban care systems; and training and certification of providers statewide who work with clients diagnosed with co-occurring disorders — substance abuse and mental health.

API's replacement facility provides beds for local, acute, short-term care and for consumers whose needs are so significant or complex that they cannot be provided for in their own community. It also provides longer-term care for patients with highly complex or higher security needs. The facility also includes a newly established Family and Consumer office within the hospital, to help families become part of the treatment plan.

Another highlight is the realization of the Bring The Kids Home project, a \$5 million initiative, which was fully funded for fiscal year 2006 by the Legislature. The initiative sets in motion a plan to treat Alaska's troubled children either in their homes or close to their families — as adequate Alaska services become available — instead of sending them to residential treatment facilities Outside. See page 7 for more details.

In May 2004, the University of Alaska, the Alaska Mental Health Trust Authority and the Division of Behavioral Health developed a strategic plan with the goal of increasing the supply of qualified behavioral health workers in Alaska, particularly in rural areas. To help achieve this, the partners committed a combined \$4.2 billion over the next four years, through fiscal year 2008. The funds are used to hire local village-based counselors and support their attendance and completion of the Rural Human Services program through the University of Alaska Fairbanks. The goal is to have a counselor in every village. As of June 2005, more than 200 students had graduated from the program at university campuses in Fairbanks, Bethel, Nome and Kotzebue. In fiscal year 2006, the grant program will provide services to 13 agencies, providing local counselors in approximately 90 villages.

## Accomplishments 2003-05

### Highlights

In the last two years:

- 96 villages have taken part in the Community-Based Suicide Prevention Program and more than 120 people

have participated in Suicide Prevention Coordinators conferences.

- A “continuum of care” matrix was developed for delivery of behavioral health services, describing levels of community, levels of service and regional systems of care.
- Under the Bring The Kids Home Initiative, the number of Medicaid-qualified children receiving out-of-state residential psychiatric treatment decreased 3.7 percent in fiscal year 2005. There was a corresponding increase in children receiving in-state care of 30.1 percent. See page 7 for details.
- The Fetal Alcohol Syndrome prevention project was extended to help diagnose an expected 200 FAS cases in 2006.

### What we continue to work on

The division is working to increase by 10 percent annually the number of tribal organizations providing behavioral health services to Alaska Natives for each of the next four years. It makes sense that healing can better take place in culturally appropriate environments. All Native health corporations provide behavioral health services, and four are currently working on residential psychiatric treatment centers or group home development for the division's Bring The Kids Home project. They are Kenaitze Indian Tribe of Kenai; Kodiak Area Native Association; Ketchikan Indian Corporation; and the Council of Athabaskan Tribal governments of Fort Yukon.

Another goal is the full integration of the state's behavioral health service system over the next four years by developing the Alaska Automated Information Management System, known as AKAIMS. With the improved data collection system, the division will be able to better track client outcomes in the areas of alcohol abuse, drug abuse and mental health. When the system is in place and fully operational, Alaska will be the first state to use this Web-based management information system to collect integrated behavioral health information.

## Telepsychiatry bridges state's vast distances

The disturbed woman was wandering the streets in a small Alaska town, talking to herself, behaving strangely. She had lost touch with reality and refused help. Instead of the police putting her in jail for her own protection, or sending her to Alaska Psychiatric Institute in Anchorage under sedation and with an escort — 1,000 miles away — officials dialed up API and arranged for a forensic psychologist to examine the woman and complete an immediate mental assessment by videoconference. As a result, the confused woman was diagnosed and arrangements were quickly made for local treatment without the trauma of forcing her to leave her community.

The woman's story may not have turned out so well if API's CEO Ron Adler hadn't gotten curious about some boxes he found in the facility's basement in spring 2003 shortly after he was hired.

"I went into a supply room where I found six crated Polycom units just sitting there collecting dust," Adler says. "Apparently the Mental Health Trust Authority had purchased them some time earlier with hopes of developing a statewide system for telepsychiatry."



API CEO Ron Adler, right, observes Dr. Wandal Winn, medical coordinator for the TeleBehavioral Health project.

For Adler, who came to API from Ketchikan where he was executive director of the Gateway Center for Human Services, it was like finding an old friend. Adler had recently helped establish a successful telepsychiatry closed circuit connection between Ketchikan, Metlakatla and Juneau, which had a board-certified psychiatrist.

If his experience with telepsychiatry in Ketchikan taught him anything, Adler learned that patients — especially families — often preferred using technology to a face-to-face visit.

When Adler arrived at API in March 2003, there was a rudimentary setup between API and the Edgar Nollner Health Center in Galena, with videoconferencing capability. "But it was used on a sporadic basis and the connectivity was not that great," Adler remembers.

Seeing that he had the Polycom equipment — Polycom is a telecommunications industry leader — Adler got a small \$59,000 grant to start, which he calls a "shoestring." He then finagled six to 12 months of free connectivity from GCI for a demonstration site in Fort Yukon, and upgraded the equipment in Galena. Both locations successfully used telepsychiatry.

"I know of one case that, without the connectivity, a patient would have been returned to API twice on an involuntary basis, which is never pleasant," Adler says. "The rural clinician knew this person was beginning to get symptomatic again and just dialed us up. The doctor at API was able to reconnect with the patient, convince the patient to get back on medication, and we avoided rehospitalization."

At that point, the division and the Department of Health and Social Services were willing to give API a leadership role to increase services to rural and remote areas. Adler also applied for \$392,000 in federal funds, which will be distributed this year. "Every little bit helps," Adler says.

***"I know of one case that, without the connectivity, a patient would have been returned to API twice on an involuntary basis, which is never pleasant."***

*— Ron Adler, CEO, API*

The project has expanded to the Tanana Chief's Conference, in collaboration with the Alaska Native Tribal Health Consortium. Telepsychiatry is also being used at Mount Sanford Tribal Health Center in Chistochina, and API is in the process of connecting with Dena'ina Health Center in Kenai. Joining the system soon will be Nome, through Norton Sound Health Center, and discussions are underway with the Yukon-Kuskokwim Health Center.

Many areas of Alaska are underserved when it comes to psychiatry, Adler says, and itinerant medical services are always a problem because of inconsistency, weather delays, and all the challenges that come from traveling in the Bush. The use of telecommunications will also provide support and continuing education to professionals in outlying areas "who often feel isolated and a lack of collegial support," Adler says.

Another bonus with telepsychiatry is its use in discharge planning for patients from rural areas leaving API and returning home. Videoconferencing with families and providers in patients' home communities to plan for ongoing care will help prevent rehospitalizations, Adler predicts.

# Children's Services

**MISSION:**

*... promote stronger families,  
safer children.*



*Tammy Sandoval, Office of Children's Services Deputy Commissioner.*

***"The future is bright for the children and families served by Alaska's Office of Children's Services. All of us at OCS continue to assess and re-evaluate the system for improvement and to ensure stronger families and safer children."***

*—Tammy Sandoval,  
Deputy Commissioner*

Alaska is only as healthy as its citizens, especially its children. To this end, the Office of Children's Services works to provide a strong and secure safety net for the state's most vulnerable families and children. Its mandates include keeping children safe in their homes whenever possible and helping families stay together. The OCS brings prenatal care to mothers and nutritional education to families, and identifies developmental delays and disabilities early so families can get maximum support.

The OCS works in partnership with families and communities to support the well-being of Alaska's children and youth. Services enhance the ability of families to give their children a healthy start, to provide them with a safe and permanent home, to maintain cultural connections, and to help them realize their potential.

Until the department reorganization, the division — formerly known as the Division of Family and Youth Services — focused mainly on protecting children from abuse and finding safe places for children who could not remain at home. The new Office of Children's Services strives to protect children and support families. The expanded division

includes Family Nutrition Services, to promote optimal health habits through education, breastfeeding support, obesity prevention, and supplemental food packages; coordination of prevention services to families at risk for child abuse and neglect; and early, home-based intervention and planning services through the Infant Learning Program for children at risk for developmental delays and their families.

In such a vast system, streamlining paperwork is one of the most urgent needs. To that end, OCS has implemented Online Resources for Children of Alaska (ORCA) — a single-system, information management system — for case management, information sharing and error-free payment system. ORCA streamlines burdensome paperwork for more efficient case management, thus allowing caseworkers to spend more time working with clients, and closely monitoring payments to foster families. See page 5 for more details.

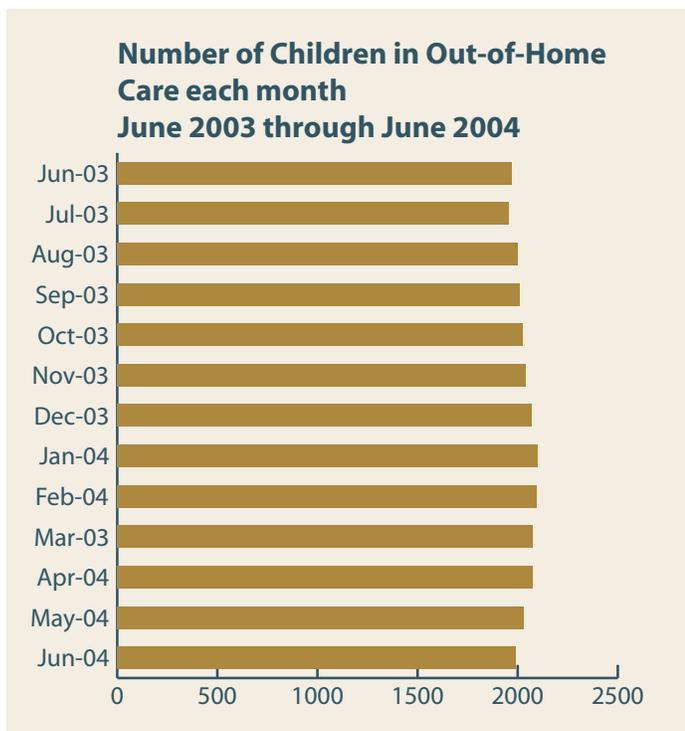
New initiatives include Family to Family, which began in Alaska in February 2004 with several goals, including a facilitated, team-decision-making meeting with parents of children being considered for removal from their homes, and recruiting

more foster families, especially in the neighborhoods from which most of the children needing foster care come. See page 5 for more details.

Another recent initiative is Resource Family Assessment, which allows OCS licensing staff to complete a more in-depth assessment of families interested in providing out-of-home care. The Resource Family Assessment will be completed for all families interested in either foster care or adoption.

### Accomplishments 2003-05 Highlights

- The OCS created a Native Rural Recruitment Team in June 2005 with Native leaders to address the shortage of Native resource families in rural Alaska.
- The Alaska Children's Trust kicked off its social marketing campaign in September 2005. The campaign is aimed at raising awareness and preventing child abuse and neglect. A statewide toll-free parent support line has been established where professionals are available to answer parenting questions or refer parents who need additional resources to organizations providing relevant services in their communities.



### What we continue to work on

The OCS is putting the final touches on ORCA — Online Resources for Children of Alaska — and plans to bring it up to fully functional status as a measurement tool. See page 5 for more details. The OCS division is also implementing a new statewide model for conducting home studies when licensing families for foster care.

To address the chronic shortage of qualified and trained staff members, the OCS will recruit and retain staff through stipends for students in social worker degree programs at University of Alaska Anchorage and Fairbanks. Along the same lines, the OCS is developing a worker satisfaction survey to improve worker retention and decrease burnout.

The OCS is also striving to decrease the disproportionate number of Alaska Native children in state custody. One strategy is the Kinship Care initiative, which has been piloted in the northern region of the state and is now expanding statewide. In this program, child welfare agencies and tribes share a commitment to improving the way to identify, partner with and support kinship caregivers. Another strategy to this end is the Disproportionality Breakthrough Series. OCS and tribal leaders around the state are meeting and exploring all the possible ways to keep children within their own families and cultures whenever they may need to be placed outside of their home for their safety.

## Ketchikan social worker believes in families, avoids burnout

*“We can’t make all risks go away, but we can hopefully reduce the risk to children. What is so important is you have to believe in families.”*

—Debbie Watier

The troubled young woman had passed through the doors of the Ketchikan Office of Children’s Services more than once, beginning as a youth and continuing when she was an adult and a parent for the first time. “She wasn’t able to find the strength or belief in herself to get out of a violent relationship so she used alcohol as a way to cope,” recalls Debbie Watier, a Ketchikan social worker for the last 13 years. “We networked and united with several agencies to help her understand that we believed in her and that she was valued.”

Watier remembers that the Ketchikan staff encouraged an “open, caring relationship” between the young woman and the foster parent who eventually adopted the child. But as is so often the case, the story doesn’t end there. Eventually, the young woman had another child. Although she had left the abusive relationship, she continued to struggle with substance abuse and depression — and neglected her second child as a result.

“We once again united with other agencies, and we included the young woman in our planning. We asked her what she needed to be able to raise her baby,” Watier explains. “She wanted more than anything not to lose another child.”



Debbie Watier, a Social Worker IV, supervises the Ketchikan OCS office.

Because of the belief that Watier and others had in the young woman, she found the support and strength she needed to change her life. “She tackled her problems head-on,” Watier says. “She gave up substances — with lots of support from all of us — and her child is now in school.” Although the young woman continues to touch base with Watier and other service providers when she struggles with parenting issues, “she provides safe, appropriate parenting to her child,” Watier says.

Watier operates with a common-sense philosophy that has prevented the burnout so common among social workers. “You can’t change families, but you can sure change the approach,” she says. Her attitude makes her one of the many highly valued employees of the Office of Children’s Services, Deputy Commissioner Tammy Sandoval says. “Ms. Watier’s case management style is inclusive of the children and families we serve,” Sandoval notes. “She is diligent about including community partners in child protection work.”

Watier, a Social Worker IV, now supervises the Ketchikan office, where the emphasis is on cooperating with other agencies to keep families whole and healthy. “In a small community, we know we can’t do this alone,” Watier says. “We’re dependent on other organizations.”

Watier says her job is not “to fix families.” It’s to offer families options to address their problems. “We can’t make all risks go away,” Watier explains, “but we can hopefully reduce the risk to children. What is so important is you have to believe in families.”



## DIVISION of

# Health Care Services

### MISSION:

*... to maintain access to health care and to provide health coverage for Alaskans in need.*



*Dwayne Peeples, Health Care Services Division Director.*

*“Providing health coverage for Alaskans in need is a challenging task given our geographic, economic and cultural diversity. The employees of the Division of Health Care Services strive to provide quality health coverage and access to care within the boundaries of state, federal and economic requirements.”*

*—Dwayne Peeples, Director*

**T**he Division of Health Care Services serves the entire Department of Health and Social Services by maintaining the Medicaid core services, including hospitals, physician services, pharmacy, dental services and transportation. Other Medicaid core services maintained by the division include physical, occupational and speech therapy; laboratory; radiology; durable medical equipment; hospice; and home health care.

Departmentwide, the division administers the State Children’s Health Insurance Program, known as Denali KidCare and the Chronic and Acute Medical Assistance Program, in addition to the core Medicaid program services. The Division is responsible for the Medicaid Management Information System; claims payments and accounting; federal reporting activities, and third party payment identification and recovery. The division’s major goal has been to support services through management efficiencies and the capitalization of Medicaid financing.

Medicaid is a jointly funded cooperative venture between federal and state governments to help provide adequate and competent medical care to people in

need. Alaska’s Medicaid program impacts the service delivery of every division in DHSS, as well as divisions in six other state departments.

In fiscal year 2005, Health Care Services recovered \$8 million from third-party payers and insurance companies for the cost of care provided to recipients. The division also expanded use of the Preferred Drug List for Medicaid recipients that will save approximately \$6 million through lower prescription costs and pharmaceutical company rebates.

The division continues to work on the redevelopment of the computerized Medicaid Management Information System, which processes approximately \$1 billion a year to pay for health care services for Medicaid-eligible recipients.

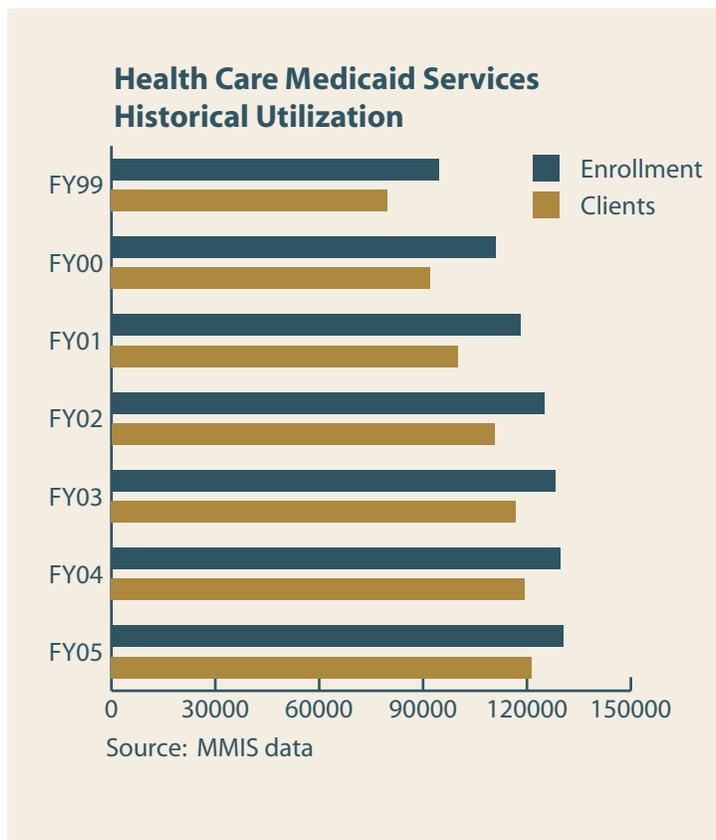
## Accomplishments 2003-05

### Highlights

- Paid health care claims to enrolled providers for services to 122,100 eligible recipients in FY05.
- Paid 6.15 million claims submitted by enrolled providers for a total expenditure of \$982,890,700 in FY05.
- Conducted and completed financial review and audits of 80 Medicaid-enrolled providers in FY05.
- During FY05 increased the number of recipients in the managed care program from approximately 60 to over 100.
- Maintained the enrollment of 11,800 providers for fiscal year 2005, with 48 percent of all providers actively participating in the Medicaid program.

## What we are continuing to work on

The division will maintain health care access for eligible recipients by enrolling providers, paying invoices in a timely manner, and providing client information services. We will continue to develop and implement cost control activities to maximize the use of available funds to provide services — and avoid waste and misuse of services.



## Case managers teach clients to understand, manage their health problems

The woman was vomiting uncontrollably. She also had severe high blood pressure. But for some reason, she resisted following suggestions for treatment. After three hospital admissions to stabilize her medical condition, the 40-year-old was referred to the Division of Health Care Services' case management program provided through contract by Qualis Health. Qualis Health is a private, nonprofit, quality improvement care management organization.

The Qualis Health case manager assessed the client's needs and collaborated with her doctors, the hospital discharge planner, and a home healthcare team to teach the patient about her health problems — and reinforced the importance of sticking to the prescribed medical plan. The result was dramatic: the woman's pattern of frequent hospitalizations was broken — and she learned how to manage her own care.

"An additional benefit is that the case management services provided for this client saved an estimated \$12,958 by averting further inpatient hospitalizations," says Kelly Hause, HCS Facilities Relations Unit Manager. "That is a return on

investment of \$6.50 in cost of treatment savings for every \$1 that was spent on case management."

In a similar case, a 7-month-old baby boy with chronic lung disease and a tube in his stomach to remove fluids was referred for case management because of frequent hospital admissions and emergency room visits. The case manager helped the parents to better understand their son's disease, his medication regime, and the need for early intervention to avoid hospitalization and emergency room visits.

The case manager worked with the boy's doctor in developing goals and helped teach the family about their son's needs. After the parents gained the ability and confidence to better care for their baby, he had only one subsequent emergency room visit. Case management saved an estimated \$32,850 by avoiding further hospitalizations, with a return on investment of \$12.22 for each \$1 of case management services for this child.

"Navigating the healthcare maze is very frustrating for some people, with its myriad of treatments, providers, equipment, and pharmaceuticals ... it can be very scary and intimidating," Hause explains. "This program provides caring, knowledgeable medical professionals who work with our clients to develop a plan of care, coordinate the services they need to improve their medical status, and provide referrals for support services that can help improve their quality of life."

Health Care Services clients don't have to take part in the case management program, Hause explains. "It's voluntary and there's no obligation — and no penalty for those who don't participate."

Case management can be a great help to clients who are overwhelmed by health care challenges, especially those with chronic illnesses, such as diabetes, asthma and congestive heart failure, or those

*"Although the Department of Health and Social Services benefits through healthcare cost savings for the recipients served in this program, the real value for the patients' health and peace of mind is immeasurable."*

*—Dwayne Peebles,  
Health Care Services  
Division Director*



From left to right, Kelly Hause, Health Care Services Facilities Relations Manager; Bonnie Marcil, R.N., Qualis Health Case Manager; Patrick Morrow, Health Care Services Medical Assistance Administrator.

suffering catastrophic or acute injuries, such as head trauma, spinal cord injuries, amputations, burns and wounds that don't heal. Case management is very helpful as well for clients in need of organ transplant or treatment for cancer, neonatal complications and terminal illnesses.

Case management services can be initiated by a request from the medical assistance recipient or a family member, the recipient's physician, hospital, or other medical provider, or most any community or state agency.

"Although the Department of Health and Social Services benefits through healthcare cost savings for the recipients served in this program," Dwayne Peoples, Health Care Services Division Director says, "the real value for the patients' health and peace of mind is immeasurable."

## DIVISION of *Juvenile Justice*

### MISSION:

*... to hold juvenile offenders accountable for their behavior; to promote the safety and restoration of victims and communities; to assist offenders and their families in developing skills to prevent crime.*



*Patty Ware, Juvenile Justice Division Director.*

*“Essentially what we’re doing is changing our culture ... it’s not just about data. This is about using information to improve everything we’re spending our time on, every day, with kids.”*

*—Patty Ware, Director*

The Division of Juvenile Justice, which was created in 1999, has a three-pronged mission: to hold juvenile offenders accountable for their behavior; to promote the safety and restoration of victims and communities; and to assist offenders and their families in developing skills to prevent crime.

The division’s responsibilities include providing short-term secure detention; court-ordered institutional treatment for offenders; intake investigation; probation supervision and monitoring; and juvenile offender skill development.

Under the reorganization, the division did not change structurally, but implemented a number of changes to improve its system. High on the list was a move toward “research-based practices,” or strategies that juvenile justice research has shown to be effective. What this means for Alaskans is that the approach the division uses to determine what kind of handling a young offender warrants is based on known practices.

“The field of juvenile justice has a fair amount of research on what works and what doesn’t work,” Juvenile Justice Division Director Patty Ware explained.

“It means we want to be able to say to Alaskans that the types of interventions we use — from making decisions about where to place the young person to what kinds of services he or she needs — are based on research and data.” To achieve ongoing improvement, the division “measures, reviews, improves and repeats.”

Another improvement Juvenile Justice is implementing is developing a “front loaded” system, or using community-based services instead of locked facilities to work with lower-risk youth. By employing strategies such as counseling and anger management for lower risk youth instead of a locked bed, the division better helps youth succeed and not offend again — and the division saves money it can reinvest in other services.

Those services include nonsecure shelter care, emergency shelters, foster care, electronic monitoring, increased community-based checks at home, school, work or in-home detention.

Among the division’s efforts to best serve young offenders and their communities is the Transitional Services Unit at McLaughlin Youth Center in Anchorage (see success story page 29). Staff work with

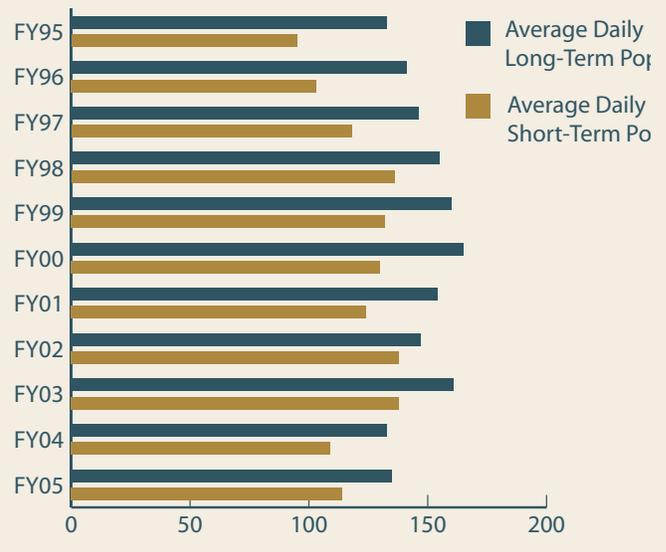
youth who are about to be released, coordinating with other community partners to guide the youth to attain education, job training, employment and continued counseling if needed. The continuum of services — even after the offender leaves state jurisdiction — provides a support system to prevent a youth re-offending and assists the young person in successfully integrating back into his or her community following release.

Another recent improvement is the expansion of the Nome detention facility to 16 beds, which increases services and decreases overcrowding for youth in the Nome and Kotzebue region.

### Accomplishments 2003-05 Highlights

- Manage long-term treatment beds as a statewide resource, thus reducing waiting lists in one region while open beds are available in another area of the state.
- Adopt standardized screening and assessment tools to more accurately identify both risk level and specific needs of juvenile offenders. This ensures more effective use of detention resources and improved ability to tailor interventions to youth needs, ultimately reducing re-offense rates.
- Participate in the national, ongoing quality assurance process of Performance Based Standards (PbS) to improve the safety and effectiveness of services in juvenile facilities.
- Enhance transitional services for youth returning home from long-term confinement to improve success.

### Juvenile Program (Long-Term) and Juvenile Detention (Short-Term) Daily Population FY1995-2005



### What we continue to work on

The division has numerous goals for fiscal year 2006 and beyond, including developing a statewide quality assurance system to ensure that Juvenile Justice system improvements are effective and the data they generate ensure ongoing agency accountability in all facets of programming and services.

The division is also working on the second phase of the PbS process in all its facilities, with the emphasis on using information to gauge highest priority areas for improvement and making operational changes as needed.

DJJ will enhance community supervision by adding seven new juvenile probation officers throughout the state; and four new victim service positions, which will allow the division to improve and streamline information to victims of juvenile crime.

The division also has four pilot sites for the research-based practice of Aggression Replacement Training, which teaches anger management, moral reasoning and problem-solving skills to delinquent youth. The training was planned for November 2005, with implementation starting immediately after.

## Working with juvenile offenders extends beyond their release

*“Jana has worked tirelessly to make the Transitional Services program work, both inside the detention facility and out in the local community. She has good training in the restorative justice philosophy and shows this in her work with kids.”*

—Ray Michaelson,  
Mat-Su Youth Facility  
Superintendent

Kids who end up crosswise with the law and land in Alaska’s juvenile justice system aren’t necessarily bad kids — although they may be kids who have done bad things. But sometimes they’re just kids who need a fresh start, which was the case with “Jerry” (name changed to protect privacy).

Jana Engle, a probation officer at the Mat-Su Youth Facility, first met Jerry a few years ago when she was working in detention as a Juvenile Justice Officer, offering counseling and supervision. “He was in detention for quite a long time,” Engle remembers, “because it had been alleged that his behavior was a danger to his family, making it impossible to return home.”

As she got to know him, she was impressed with Jerry. “He was one of the best-behaved role models on the unit — a very artistic young man, sensitive.”

Jerry, who comes from a troubled one-parent family and had run away from shelter placement, was eventually ordered by the court to an institution — McLaughlin Youth Center in Anchorage.

Engle then found herself in a new position: Transitional Services Juvenile Probation Officer II, responsible for helping integrate young offenders back into their communities. “This isn’t necessarily a probation story or a facility story,” says Engle’s supervisor Ray Michaelson, superintendent of the Mat-Su Youth Facility. “It’s a success story based on a combination of efforts to get this kid help, from both sides of the Division of Juvenile Justice.”

In her new position, Engle was handed files on all the local youngsters who were institutionalized, 22 cases that had originated in the Matanuska-Susitna area. “The great advantage of having worked in detention,” she says, “is that I knew almost all of the juveniles really well.”

Among those files was Jerry’s. “I visited him at McLaughlin, called him, he called me, and I attended monthly case planning meetings with his parent and his treatment team,” she says.

Meanwhile, Michaelson and Engle were establishing a connection between the Division of Juvenile Justice and Job Corps, a U.S. Department of Labor no-cost education and vocational training program that helps young men and women ages 16-24 better themselves. Job Corps’ only Alaska site is in the Mat-Su.

Engle took Jerry on a tour of the Job Corps campus and although he wasn’t interested at first, his family encouraged him to apply. “We started the application process and six months later Jerry was enrolled,” Engle says. Although it hasn’t always been a smooth ride, Jerry has been off probation for a year and is nearing Job Corps graduation — with a trade and a GED. “Jerry is just cruising,” Engle adds with obvious pride. “He’s flying through the books.”

One of the unique aspects of DJJ’s Transitional Services program is that it



Jana Engle, Transitional Services Juvenile Propation Officer II, Mat-Su Youth Facility.

continues working on a case after the state's court-ordered supervision of the youngster ends. "Transitional services cannot be confined to a period of legal jurisdiction over a kid," Michaelson explains. "As long as the family gives us permission, we will continue to follow this kid through. It's not good case management to cut kids and families off abruptly."

Since the transitional services program was instituted in 2004, Engle has transitioned 15 young offenders back into their communities, and only four have come back through the system — and those were not for new crimes, but for technical violations of their conditions of probation.

"Jana has worked tirelessly to make the transitional services program work, both inside the detention facility and out in the local community," Michaelson says. "She has good training in the restorative justice philosophy and shows this in her work with kids."

Engle, who in her private life was a foster mother to teen boys, puts it more simply: "Kids have always been of utmost importance to me."

## DIVISION of *Public Assistance*

### MISSION:

*... promote self-sufficiency  
and provide for basic living  
expenses to Alaskans in need.*



*Katherine Farnham, Public Assistance Division Director.*

*“We’re seeing fewer families on temporary assistance, but more complex needs among those we serve. We’re stepping up our efforts to create more integrated services with our partners and a new family-centered model to better serve these families.”*

*—Katherine Farnham,  
Director*

The Division of Public Assistance meets its mission by administering programs that provide temporary economic support to needy families and individuals, and financial assistance to the elderly, blind and disabled. The division also provides food assistance to supplement nutrition, access to medical benefits, and supportive services that assist and encourage welfare recipients to become economically independent.

Among the division’s most recent achievements is the Native Family Assistance Program, which authorizes the 12 Native regional nonprofits and the Metlakatla Indian community to administer Temporary Assistance for Needy Families within the Native community. “The main reason that the Native Family Assistance Program pilot has succeeded is that Native organizations are more effective than the state in helping Native families move from welfare to work,” Division Director Katherine Farnham said.

The division also awarded grants to 11 faith- and community-based organizations for services that support marital and relationship education, family financing,

responsible fatherhood, conflict resolution and other services that help people make healthy life choices relating to marriage and committed relationships.

The Healthy Marriage Initiative provides grants to community and faith-based organizations for programs and services designed to support the formation and maintenance of married, two-parent families. Healthy two-parent families are more likely to ensure the well-being of children, as well as prevent poverty, than single-parent families and those with two unmarried adults.

The grants have underwritten programs such as Anchorage School District’s Crossroads School, which targeted young fathers and mothers with instruction in relationship maintenance and academic achievement. Catholic Community Services in Juneau used its grant to implement the Money Smart financial curriculum, which teaches financial management and budgeting to families. In the last two years, more than \$600,000 in grants have been given to organizations statewide. The funds — limited to \$50,000 per organization — were made possible by a federal bonus award for

success in moving families from welfare to work.

Unemployment, illness and other personal emergencies can threaten the well-being of any Alaskan and create the need for public assistance. One out of every eight Alaskans requests some type of cash, food, medical or energy assistance every year. In fiscal year 2005, the division assisted approximately 43,000 families each month. While many families and individuals are served only seasonally or for a short period of need, an estimated 90,000 individuals will receive some form of assistance in the coming year.

To better serve families in need, approximately \$376,000 has been spent on redesigns for Job Centers in Juneau, Mat-Su, Kenai, and the Muldoon location in Anchorage. These projects provide improved flow and a “one stop” experience for clients. The division looked at it from a customer’s point of view and modified the buildings and services accordingly. Modifications included moving the resource rooms — computers, phone banks, and specialists who assist in job seeking and résumé writing — near the center entrances.

The division also increased signage within the Job Centers, and employed cross-training among its staff so everyone knows what everyone else is doing, aimed at streamlining and expediting the client’s experience. “It’s a ‘no wrong door’ approach,” Division Director Katherine Farnham said. Inside the redesigned Job Centers, the division has integrated its services with partners, such as the Department of Labor and Workforce Development, businesses and community nonprofits, such as Nine Star, and other training organizations that have representatives working in the Centers. The division participates in 24 Job Centers statewide.

The division’s performance in moving welfare recipients from public assistance to the workforce has been recognized in two ways. Federal performance awards totaling \$12.2 million over the last four

years recognized the division’s improved performance in moving welfare recipients from public assistance to the workforce. The division also received a \$205,389 bonus from the U.S. Department of Agriculture recognizing the division’s improved payment accuracy in its Food Stamp program.

Under the reorganization, the division inherited oversight of child care, which is often a critical service for families seeking to move from welfare to work. The Child Care Program Office has been at the forefront of a department-wide effort to align licensing regulations and statutes.

Because child care is fundamental to welfare reform, moving child care to Public Assistance helps to align and integrate the department’s policies and client services.

The creation of the Child Care Program Office enabled the division to implement new technology to support the integration of child care licensing and Child Care Assistance.

The Integrated Child Care Information System (ICCIS) includes all providers and families, and enables timely reimbursement and elimination of duplication. The comprehensive system will allow the division to efficiently monitor the approximately \$34 million it pays for child care assistance annually.

## Accomplishments 2003-05

### Highlights

- Created a team-based approach to serving families transitioning from welfare to work through the Family Centered Services Project. See story page 34.
- Successfully moved administration of Temporary Assistance to Needy Families for Native families to Native-run nonprofits, which have a higher success rate moving Native clients from welfare to work.
- Streamlined programs and instituted cost efficiencies over the last three years, including the way in which the division pays its “welfare to work” contractors. The new “pay for performance” contracts reward high performance and quantifiable outcomes. As a result, expenditures were down 7.7 percent in fiscal year 2005, saving more than \$3.1 million.

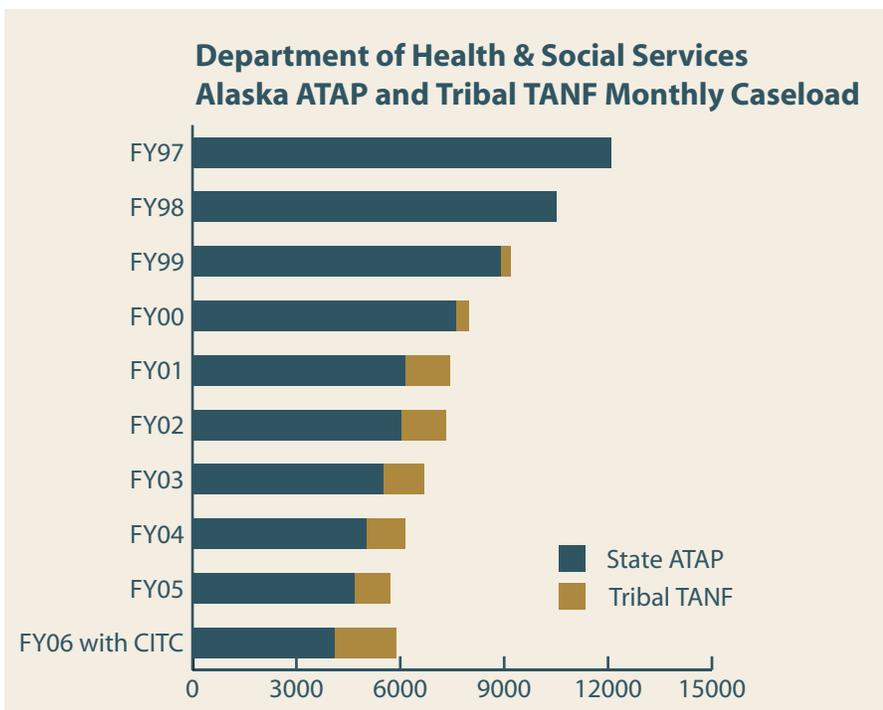
## What we continue to work on

By the end of 2005, the division will be fully online with the Integrated Child Care Information System (ICCIS), which integrates child care licensing and approved child care providers within the Child Care Assistance program.

In an ongoing effort, the division promotes regional partnerships with public and private groups with a stake in the economic and social health of their communities. The division solicits advice and direction through these partnerships in respect to providing temporary assistance for individuals and families in need and strategies to promote healthy communities.

The division is investing in more Adult Basic Education for rural Alaska in the northern and Bristol Bay/Dillingham areas, which have a high percentage of adults on public assistance who do not have a high school diploma or a GED.

The division is streamlining the delivery of child care eligibility services to reduce administrative costs and increase quality and consistency throughout the state.



## Helping people achieve independence is difficult — but gratifying

*“Alaskans see that the service we offer now is about self-sufficiency — and our community plays a significant role in helping families achieve self-sufficiency and financial independence.”*

— Marilee Roberts

True to its mission, the Division of Public Assistance encourages and promotes self-sufficiency and independence one family at a time. But paradoxically, the more successful the division is in helping its clients find jobs and reducing public assistance rolls, the more challenging their jobs become.

“We’re discovering that as caseloads dwindle — and we’ve been extremely successful since 1997 — we are now serving a higher percentage of families with multiple barriers that hinder them from obtaining and sustaining employment,” Fairbanks Regional Manager Marilee Roberts says.

“One young woman who has been on temporary assistance for more than 40 months has had difficulty getting jobs and keeping them,” Roberts says. “She has several children, health problems and mental health issues.”

The woman wanted to work, but needed a patient employer and a job that did not require multitasking. “We knew she could be successful with the right employer,” Roberts says.

Just in time for the client in question, in

February 2005 the division established its Family Centered Services Customized Employment program. “This program has a special emphasis on community involvement and wraparound services,” Roberts explains. The program involves the creation of one service team, with one plan and one support network. The family picks its team members, which may include people from the Department of Labor, the employer, community service agencies and/or mentors. “We help them build a support network so the family can sustain self-sufficiency with minimal state support,” Roberts says.

This woman took advantage of workshops provided by the Fairbanks Job Center and its partners and made progress. “By using all the resources available to her, she was able to get full-time employment in the janitorial field,” Roberts says. In addition to her full-time work, this woman also has a part-time job in the health care field that has given her a great sense of pride.

“Because of her tenacity and the support of the service team, her case closed in September,” Roberts says. “The client is very pleased — her service team celebrates her successes! She loves her jobs — she’s done a great job providing for her family and achieving a sense of independence.”

“We are pleased with these early results from the Family Centered Services team approach,” Division Director Katherine Farnham says. “This is also the result of years of partnership and collaboration by quality staff at the Job Center.”

Social change is very hard, Roberts explains. “To transition ourselves from providing an entitlement program to empowerment takes a long time,” she says. “Alaskans see that the service we offer now is about self-sufficiency — and our community plays a significant role in helping families achieve self-sufficiency and financial independence.”



Fairbanks regional DPA manager Marilee Roberts celebrates clients' successes.

## DIVISION of

# Public Health

### MISSION:

*... to protect and promote the health of Alaskans.*



*Dr. Richard Mandsager, Public Health Division Director.*

*“Building on the solid past record of accomplishment of the Division of Public Health, I am really interested in developing a solid quality improvement focus within the division and also improving our partnerships with other organizations in our state’s public health system.”*

*—Dr. Richard Mandsager,  
Director*

The Division of Public Health touches every corner of Alaska, from the biggest cities to the smallest villages. The division’s responsibility is to protect and promote the physical health of all people in the state, and ensure access to quality care.

Disease control is the principal reason for the division’s strong local presence in Alaska communities. Unlike the county- or city-based health department models found in much of the rest of the country, Alaska’s Division of Public Health is the primary — and sometimes the only — public health entity in many towns and villages.

The division focuses on disease and injury prevention and control, health promotion, collection of data to monitor health trends in the population, homeland security related to public health, and the facility licensing activities necessary for a quality health care system. In the last year, the division has built new leadership teams, updated public health laws to better equip staff to deal with an epidemic, and has incorporated methods of responding to bioterrorism and other public health emergencies.

One of the largest operating divisions within the largest department — Health and Social Services — in state government, Public Health runs 20 public health centers throughout the state, plus four additional centers through grants to local governments and nonprofit Native health corporations. The division’s itinerant public health nurses serve Alaskans in 250 communities. The state’s two public health laboratories, located in Anchorage and Fairbanks, are also run by the division. The labs provide human diagnostic testing services as well as reference testing and training for all clinical laboratories in the state. The division’s section of epidemiology monitors and manages infectious disease, providing expert medical consultation to control outbreaks and prevent epidemics.

The division’s far-reaching responsibilities also include provision of certain children’s health services, such as specialty and genetics clinics for cleft lip and palate, cardiac and neurodevelopment problems, chromosomal disorders, and birth defects; surveillance and treatment for newborn hearing problems; women’s health screening for breast and cervical

cancers; medical/legal investigations of unanticipated, sudden or violent deaths through the State Medical Examiner's Office; vital records (births, deaths, marriage, divorce, and adoptions) management through the Bureau of Vital Statistics; and emergency medical services system support through grants, technical assistance, training and certification of providers.

### Accomplishments 2003–05 Highlights

- Achieved comprehensive reform of public health statutes. A bill passed by the 2005 Legislature provides the statutory framework and gives clear legal authority for public health officials to effectively monitor health status in communities, identify health threats and act quickly and decisively to control the spread of disease. The new statute sets boundaries around quarantine, isolation and other kinds of infectious disease control work so that chances of overreaching are very small. The statute also includes due process for the individual, which was not defined before.
- Created a new section of chronic disease prevention and health promotion, integrating programs focused on education and advancement of healthy choices around risk behaviors, such as the tobacco control and obesity programs, with programs targeting chronic conditions, such as the diabetes and arthritis programs.
- Developed a series of emergency training and operations plans and implemented the Alaska Public Health Alert Network in 2004, which provides rapid notification of public health advisories and emergencies to medical providers and public health system partners across the state.
- Centralized certification and licensing services for health care facilities and assisted living homes in a new section of certification and licensing in 2004, streamlining virtually all of the licensing functions related to standards and

enforcement. A bill passed by the 2005 Legislature consolidated virtually all of the licensing functions related to standards, enforcement and appeal rights into a centralized chapter of Alaska law.

- Received an appropriation from the 2005 Legislature for the construction of a new Alaska State Virology Laboratory in Fairbanks to replace a 38-year-old facility. The virology lab tests for infectious diseases caused by viruses, including rabies, influenza, SARS, West Nile Virus, Norovirus, hepatitis, HIV, measles, mumps and rubella. In fiscal 2004, the Fairbanks lab tested 36,000 specimens.

### What we continue to work on

The division is studying ways to improve the delivery of public health services using several strategies, which include developing a performance management system to improve the effectiveness of the division and Alaska's overall public health system; enhancing the team-based approach to manage public health preparedness efforts and emphasize training and participation in exercises; developing capacity and management support for making public health information and data easily available to policymakers, partners and communities; and developing strategies to enhance the training, recruitment and retention needs of the statewide public health workforce.

Other challenges facing the division include being prepared for emerging infectious diseases, such as SARS and pandemic influenza; ensuring the vital records of Alaskans are protected from identity theft; the need to improve tracking of immunizations; and the need for better access to prenatal care.

Additional efforts include the division's ongoing attempt to lower injury rates — Alaska's rate of unintentional injury is the nation's highest; addressing rising overweight and obesity rates; sustaining Alaska's largely volunteer-based EMS system; and reducing rates of teen pregnancy and sexually transmitted diseases.

## Alert public health nurse confronts pertussis outbreak

*“Pertussis is very infectious between one and two weeks. By treating all the residents, we were trying to suppress the outbreak in that facility — and we stopped it.”*

—Gemma Smith

Gemma Smith wanted to be a public health nurse ever since nursing school at University of Alaska Anchorage. “Public Health nurses are important players in prevention,” she says, “like educating the public about the importance of immunizations.” She was also drawn to other aspects of public health, especially solving the mysteries of disease outbreaks.

Little did she know that after only 18 months as a Public Health Nurse II in Kenai, she would find herself making a difference to her community during the recent pertussis outbreak.

As lead nurse in controlling the outbreak, Smith was in a unique position because she continues to work part time on weekends at a Kenai area nursing home where the highly contagious bacterial infection first surfaced. She worked there before working for the state, and has continued part time because, she says, “I like having a one-on-one experience with patients, and I enjoy working with the elderly.”

Although pertussis, commonly known as whooping cough, is generally considered a childhood disease, people of any age can get it. The illness is transmitted person-to-person by direct or droplet contact with nasal secretions of an infected person.

Smith first noticed on July 30 that about 10 of the nursing home residents were coughing. “I had an inkling, a feeling that it was more than a cold or upper respiratory infection,” she recalls. Two days later, the home’s nursing director told her that pertussis was suspected after a local doctor diagnosed one of the facility’s kitchen employees.

“Based on that, I contacted Ann Marie Bailey, a nurse epidemiologist in Anchorage, and we decided to go to the facility and conduct tests,” Smith says. “We tested six people and three were positive for pertussis.”

The two sections came together — Public Health Nursing and Epidemiology — to halt the spread. “Neither section could have done it without the other,” Smith’s manager Jo Ann Hagen says. Everyone at the long-term care facility was given medications, even those without symptoms. “Pertussis is very infectious between one and two weeks,” Smith explains. “By treating all the residents, we were trying to suppress the outbreak in that facility — and we stopped it.”

The nursing home has 53 residents and 96 employees. Smith and Hagen believe the outbreak began when one of the staff became infected outside the facility. By late August, there were 28 confirmed cases on the Kenai Peninsula among children and adults. Although the illness is most dangerous during a child’s first year of life, and less threatening to adults, stopping the spread wherever it appears is important.

While it was a team effort, Hagen credits Smith for her thoroughness investigating families connected with the long-term care facility, and for her communications skills. “She was on the phone all day, every day, for several weeks, communicating with — and educating — the long-term care facility staff, Epidemiology staff, families, local hospital staff and her supervisors.” Hagen says. “Gemma was the bridge between all those groups.”



Gemma Smith is a public health detective — and a public health nurse.



# Senior and Disabilities Services

**MISSION:**

*...to maximize the independence and quality of life for older and disabled Alaskans.*



*Rod Moline, Senior and Disabilities Services Division Director.*

*“Our programs and services provide opportunities for independence and choice for many elderly and disabled Alaskans. As we learn to listen to stakeholders and consumers, we’re better able to serve effectively.”*

*—Rod Moline, Director*

**T**he **Division of Senior and Disabilities Services** provides a full range of care for Alaska seniors and disabled Alaskans in one agency. The division, newly formed in 2003, includes the Division of Senior Services, formerly in the Department of Administration; Adult Public Assistance, formerly in the Division of Public Assistance; several other functions from the former Division of Medical Assistance; and Developmental Disabilities Services, formerly with the Division of Mental Health and Developmental Disabilities.

The division offers services that help consumers attain and maintain personal and stable financial independence for as long as possible. Consumers are offered support and services that allow them to live and age in their chosen community in the least restrictive environment.

Personal choice, satisfaction, safety and positive outcomes are the focus of services for individuals and their families. Those receiving services and their families are included in decision-making regarding their care and services.

To achieve its mission, the division believes that performance management in the human service field should be an

interactive process that includes setting and clarifying goals; developing targets and measures to assess progress; allocating public resources; and holding public agencies and officials accountable.

The division’s management believes that performance management is the most effective method to assure that the best services are delivered to the division’s consumers. Although reorganization is a process fraught with unanticipated outcomes and obstacles, and progress in Senior and Disability Services is slow because of the complexity of bringing services that were scattered into a cohesive whole, progress is being made.

The progress can be measured in a variety of ways. For example, the Adult Protective Services section responded to 1,636 statewide reports of concern in fiscal year 2005. The program protects the elderly from abuse, neglect and exploitation by educating and training the public and social service providers, and health and law enforcement agencies, regarding the system, statutes and regulations on elder abuse and requirements for assisted living homes.

The newly formed division has developed and implemented new developmental

disabilities certification regulations, intended to bring providers into compliance with a new universal application process, which benefits all consumers. Currently, there are 1,289 active care providers statewide for all Medicaid waivers. The division has also developed many guidelines for staff and providers, including a policies and procedures manual, a rewrite of the durable medical equipment manual, the care coordination certification manual, and the First Health Medicaid Waiver training curriculum.

Since fiscal year 2003, personal care assistant services to rural communities have expanded to include new communities from Allakaket to Ward Cove, and many in between. Personal care assistant services are now available in 148 communities through 55 approved provider agencies, an increase of 33 percent and 44 percent respectively.

In the last year, the SeniorCare Program has recruited and trained 127 volunteers statewide to help seniors understand Medicare and the new prescription drug plan. The office has also helped conduct training sessions for Medicaid eligibility technicians in the Yukon-Kuskokwim region.

### Accomplishments 2003-05 Highlights

- Implemented a Technical Assistance Plan as a quality assurance requirement for site visits, and developed and implemented a consolidated Habilitation Plan/Plan of Care.
- Restructured management of the Complex Medical Conditions Program in the Anchorage office, and developed and refined the Advanced Care Coordination curriculum, offering training in Anchorage, Juneau, Fairbanks, Wasilla and Kenai.
- Developed and implemented standards for Indian Child Welfare Act reunification and permanency for children on waivers.

- Implemented a new Consumer Assessment Tool in May 2004, which is an effective assessment tool to determine nursing home level of care for the Older Alaskan and Adults with Physical Disabilities waivers.
- Successfully transitioned 92 clients from nursing homes around the state back into their own homes (see story page 41).

### What we continue to work on

Among the division's top works in progress are revising the Developmental Disabilities Program certification application packet to make the process even more efficient for providers, and establishing a multidisciplinary team by spring of 2006 to staff cases of elder abuse. Other plans include identifying needed but currently unavailable services related to Developmental Disabilities and Children with Complex Medical Conditions throughout the state; determining the feasibility of service delivery to each community; and developing and implementing a plan to serve those communities.

In the interest of more efficiency, the division plans to put into practice a Web-based program to allow nursing homes to bill Medicaid, followed by a similar pilot program for personal care assistant and Medicaid waivers billings.

To further serve seniors, the division is recruiting and coordinating a virtual Medicare Volunteer Corps that can counsel seniors who call in on the state Medicare hotline toll-free number. This plan also entails developing Medicare volunteers in several communities so seniors can address questions to trained individuals close to home.

With the Division of Banking and Securities, the division will commence a Fraud, Waste and Abuse Campaign to make seniors aware of specific fraud scams that are occurring due to the new Medicare prescription drug plan.

## Helping nursing home residents get back home is her mission

*“My job is particularly gratifying. I get to hug the nursing home residents and provide something for them that will enhance their lives.”*

—Rita Walker

Rita Walker has a long title — Nursing Facility Transition Project Coordinator — but her job is actually very simple: she helps people in nursing homes go home.

“I had a man from a village who had a stroke and was in a facility far from home,” she remembers. “He had a teenage son at home he had raised. The first time I talked to him, he cried. I thought, ‘I’m going to get him home, one way or the other.’”

Walker found a caregiver in the man’s village, arranged to fly her to Anchorage for two days of training on how to care for the wheelchair-bound man. Walker also takes care of the small things for her clients: She made sure he went home with a blender because he had trouble swallowing.

“My job is particularly gratifying,” Walker says. “I get to hug the nursing home residents and provide something for them that will enhance their lives.”

Walker’s job with the Division of Senior and Disability Services resulted from a Center for Medicare and Medicaid

Services federal grant. “It comes out of the Americans with Disabilities Act,” Walker explains, “that said people have the right to live where they want to live.” The federal grant ran out this year, but the Legislature funded the position for next year at \$200,000, and that includes Walker’s salary. It’s a very affordable investment considering the lives it improves, she says.

Since coming onboard with the division in 2003, Walker has completed 92 transitions. The average cost of each transition is approximately \$1,700. “I’ve spent as little as \$20 and as much as \$5,000, depending on each person’s needs,” she says. She has helped clients go home to places big — like Anchorage and Fairbanks — and small, like Kipnuk, Talkeetna, Napaskiak, Healy, Kasilof, among many other locations. The transition program has been approved by Medicaid to be reimbursable, and Walker is in the process of trying to achieve that reimbursement.

“Rita has tremendous organizational skills,” Long Term Care Manager Odette Jamieson says. “If someone calls her she’s right on it. For most people, the worst thing you can do is go to a nursing home. They want to be cared for in their own environment.”

Since coming to her position, Walker has visited every nursing home facility in the state to educate staff about what’s available for residents who want to go home.

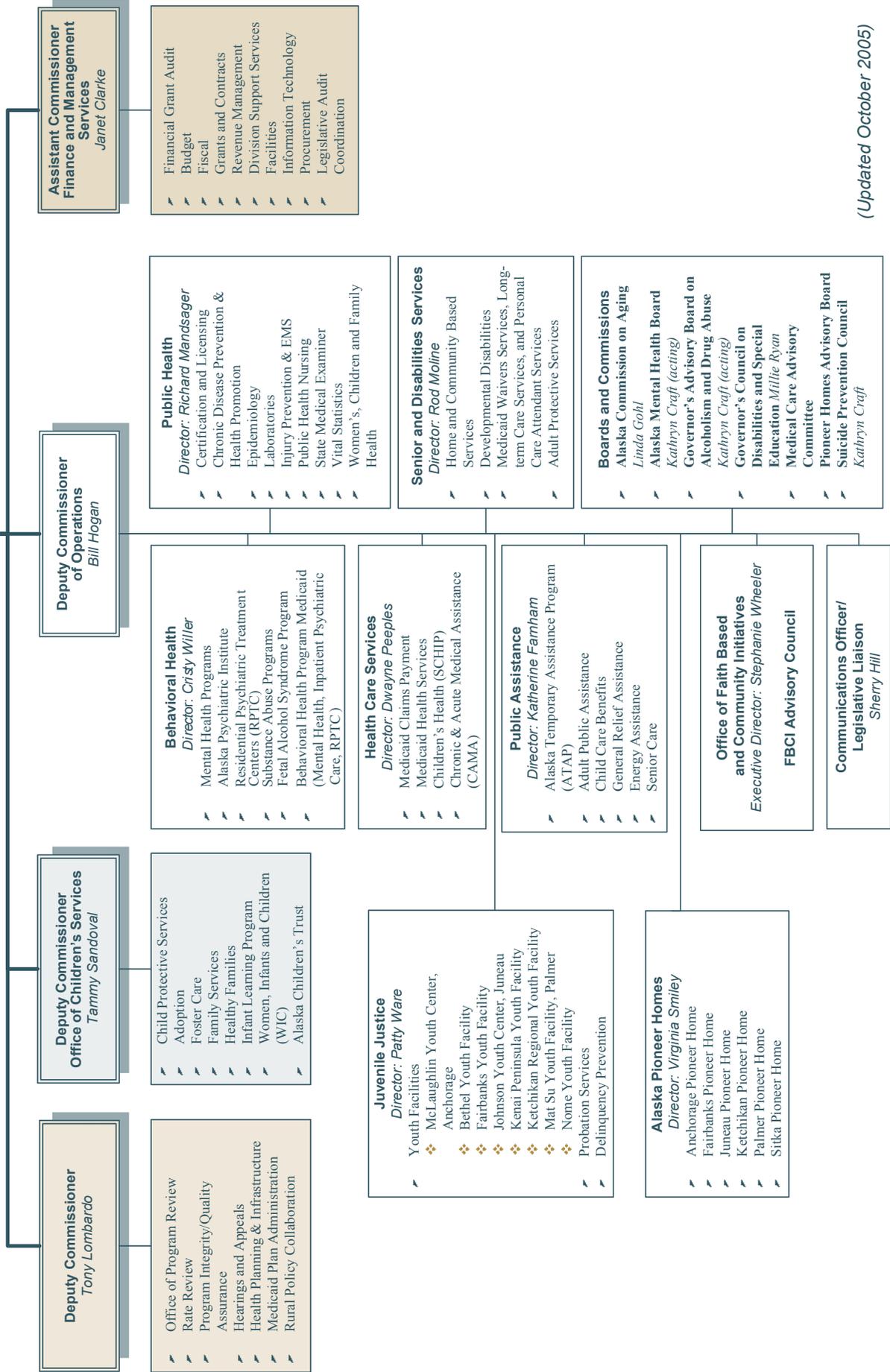
To qualify for the transition program clients have to be 21 or older, they must want to transition, and the services in their home area must be available. “The client has to be onboard,” she says. “We never do it against someone’s will; they have to want to move.”

“Prior to Rita, because of lack of staff we had a difficult time getting people out of nursing homes who wanted to get out,” Jamieson says. “She created the program, and it works.”



Nursing Facility Transition Project Coordinator Rita Walker often conducts training for facilities staff.

# Alaska Department of Health and Social Services



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