

## SUMMER UPDATE 2008

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

VOLUME 4 NUMBER 1

### Chief Medical Officer position a first for state

*Jay Butler lives a life of physical activity, setting example for Alaskans*

**M**ost people have heard of the Surgeon General, the nation's lead spokesman for public health. A similar position is now at the state level to help promote the health and safety of all Alaskans. In 2007, Dr. Jay Butler was appointed as the state's first Chief Medical Officer.

A Chief Medical Officer is not unique to Alaska. A number of other states have added such positions to their health leadership in recent years, calling them Chief Medical Officers or even state Surgeons General. Michigan, Nebraska, Florida and Tennessee are among the states that have appointed these medical experts.

Butler, an Alaskan for the past decade and a father of five, earned his medical degree from the University of North Carolina, Chapel Hill in 1985, and completed residencies in internal medicine, pediatrics and preventive medicine, as well as a clinical fellowship in infectious diseases. He came to the Alaska Department of Health and Social Services in 2005. Prior to that,

Butler worked for the federal Centers for Disease Control and Prevention, where he was the director of the Arctic Investigations Program in Anchorage from 1998 through 2005.

In 2005, Butler became Alaska's Chief State Epidemiologist. In early 2007, he became the state's Public Health Director and, in July 2007, was named Chief Medical Officer.

As Chief Medical Officer, Butler is at the leadership level of Health and Social Services. He also can serve as a medical



Supporting a healthy lifestyle: Gov. Sarah Palin and Chief Medical Officer Dr. Jay Butler at the 5K Tuesday Night race in Anchorage in October 2007.

advisor to the Governor's Office and cabinet.

#### Getting the word out

Improving communication about health care is a priority for Butler.

"As a physician, I can say informed patients are the best patients," Butler said. People need to be able to receive health care information, he said, and they need it while they are still feeling well and able to make sense of it. "Good information that is accessible is the way to do that," he said.

In this new position, Butler said he wants to focus on getting the

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#### Note to readers

Karleen Jackson resigned as Health and Social Services Commissioner on May 9, 2008. Deputy Commissioner Bill Hogan was named Acting Commissioner and remained in that position at the time this issue went to press.

### Legislature approves long-anticipated rate increases for provider services

**F**or the first time in several years, rate increases for Health and Social Services providers are in the works throughout Alaska. The state's fiscal year 2009 budget includes funding for the department's proposed rate increases for several categories of service as the first step in a long-term plan to bring rates more in line with the costs of providing care.

"We have worked hard to make reimbursement for services more fair to all the providers who serve people in need," Acting Health and Social Services Commissioner Bill Hogan said. "It's gratifying that the Legislature has agreed."

The \$32 million increase will help providers with rising costs of salaries, insurance, utilities and supplies, while the department completes a more in-depth study of pricing on which to base more definitive, comprehensive recommendations next year.

When recommending rate increases, the department considered providers who have gone the longest with no increase, those who serve the greatest number of clients with acute needs, as well as those for which rates have been frozen. Increases include both state general fund and federal dollars.

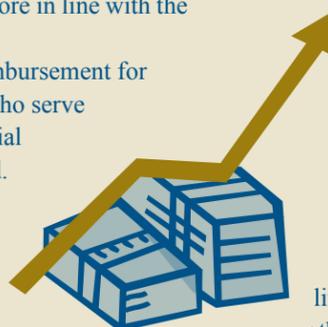
For most categories, rates go into effect following the department's implementation of regulations, which require public notice, at least 30 days for public comment, and review by the Department of Law. The following are expected effective dates and the total increase for each category, including both state and federal dollars. In some cases the percentage of increase is not straight across the board for all services, so we have not included it to eliminate confusion. Percentages shown are all increases.

#### Senior and Disabilities Services

Dedicated caregivers in nursing and assisted living homes, and personal care attendants, among others, have been working for several years at Medicaid reimbursement rates that haven't kept up with the cost of living and doing business.

#### Nursing home rates: (6.5 percent — \$837,200)

Medicaid payment rates for most in-state facilities must be re-based at least every four years by regulation. In other years the facility gets a rate adjustment for inflation.



**RATE INCREASES continued on page 3**

## Immunization records now in one place

Alaska soon will reap the benefits from a system that many states already have: a database of immunization records for its children and adults.

In state fiscal year 2006, the Legislature approved more than \$1.5 million to create VacTrAK, Alaska's first Web-based immunization information system. The Alaska Immunization Program, within the Division of Public Health, used these funds to purchase and customize a software program that's already been used by nine other states, said Laurel Wood, manager of the state's Immunization Program.

"People can receive vaccines at many different locations, and it can be difficult for them to keep up with their records," Wood said.

The VacTrAK system will be especially helpful should Alaskans experience a natural disaster, such as an earthquake or flood, in which immunization records are lost.

Health-care providers across the state will enter Alaskans' immunization records into the system, creating a new consolidated database that will assist patients, parents, and schools, as well as state health officials. Additionally, health-care providers at public, tribal and private facilities are entering historical immunization records for Alaska children and adults in the system.

In the future, providers will add new records when their patients come in for more immunizations, said Wood and Gerri Yett, deputy manager for the Immunization Program.

VacTrAK will allow health care providers to review an accurate immunization history when deciding which immunizations a patient might need, and ultimately the system will make it easier for parents to track their own children's immunizations.

The immunization information in VacTrAK is confidential. Right now, only approved health-care providers or designated Health and Social Services staff will have access to an individual's immunization record.

Ultimately, though, the system may allow parents to use secure passwords to access only their child's records, and may give similar secure access to certain staff at Alaska schools, Yett and Wood said.

## Behavioral Health partners combat substance abuse, mental illness

The Division of Behavioral Health continues to problem-solve with providers and grantees to ensure that all avenues are explored to serve clients without gaps in service.

"It is gratifying when partner agencies within a community are willing to step into the breach and provide relief to our citizens who require assistance," Behavioral Health Director Melissa Stone said. Behavioral Health currently funds detoxification services in Ketchikan, Juneau, Anchorage and Fairbanks.

### Ernie Turner Center

In response to The Salvation Army's Clitheroe Center in Anchorage eliminating eight detoxification beds, citing nursing shortages and high costs, Behavioral Health partner Cook Inlet Tribal Council (CITC) added six beds, with state grant funds, at its Ernie Turner Center for detoxification from substance abuse.

The Center added two medically monitored beds in November 2007, which provide a high level of care and supervision. Four clinically managed beds, added in February 2008, are for clients whose alcohol withdrawal requires 24-hour care, but does not rise to a higher level of medical monitoring. The beds Behavioral Health purchases at the center are for men and women, both Indian Health beneficiaries and non-Natives.

The added beds expand the center's total capacity to 34 beds. The center serves adults 18 and older, including elders, in a therapeutic atmosphere based on an Alaska Native village community.

CITC also recently received a \$5-million, three-year federal grant to combat methamphetamine abuse.

### Fairbanks residential health center reopens

Fairbanks Community Behavioral Health Center (FCBHC) entered a challenging period following a violent incident

### CHIEF continued from page 1

public thinking about a new culture for health. Thirty years ago, tobacco use was a larger part of everyday life, he said. Today it's much less acceptable, with smoking being banned at more public places. That's because the culture has changed, Butler said. The culture could continue to change in positive ways in terms of the foods Alaskans eat, their physical activity, stress management, even mental health, he said.

Butler said he also wants Alaskans to think about preventing health problems and taking personal responsibility for living healthy lives. He wants to do the same for state employees, including the Health and Social Services staff. During the past year, he worked with the state Department of Administration and Alaska Public Employees Association,

also known as the Supervisor's Union, to develop a worksite health program, health coaching or other benefits that go beyond typical health insurance plans.

During the past year, Butler has promoted healthy behaviors in a number of ways. He has recorded radio public service announcements reminding Alaskans to get their flu shots and recommending that women in their childbearing years eat healthy Alaska fish low in mercury.

An avid Nordic skier, Butler also is an example of someone who believes in the importance of staying physically fit. Last fall, he joined Gov. Sarah Palin

that resulted in the death of an employee in March 2007. The subsequent turmoil, compounded by changes in Medicaid billing procedures, precipitated elimination of 27 of 40 beds for special needs housing by December 2007.

To continue to meet the Fairbanks community's mental health needs, the division joined with the Alaska Mental Health Trust Authority to help FCBHC stabilize its operation and find solutions to reopen the closed units in spring 2008.

### Nonprofits pitch in

Anchorage Community Mental Health Services (ACMHS) announced in February that it would be limiting new admissions into its outpatient program because of a lack of psychiatric staff and resources. Alaska Psychiatric Institute, part of the Division of Behavioral Health, refers about 80 people a year to ACMHS.

Behavioral Health worked with other Anchorage providers to find other resources for new consumers entering the mental health service system. ACMHS continues providing services to all previously served consumers and continues

to take new admissions through the high priority Bridge Home project and the Crossover House program for homeless people. It will also continue to provide case management services to new clients on a qualified basis.

In the interim, several Anchorage providers have stepped up efforts to prevent gaps in service. In addition to API offering limited outpatient services, providers include Southcentral Foundation, the ARC of Anchorage, ASSETS and CHOICES (Consumers Having Ownership In Creating Effective Services).

Behavioral Health is also helping ACMHS by assessing the efficiency of the organization's Medicaid billing/service practices, as well as evaluating its cost studies with the Medicaid Rate Commission as part of an ongoing review of service costs. Adequate funding to meet the costs of uncompensated care is an ongoing concern.



Volunteers of America of Alaska, a DHSS grantee and partner, has expanded its Eagle River ARCH facility from 18 to 24 beds. ARCH (Adolescent Residential Center for Help) is an intensive chemical dependency treatment program for youths ages 12 through 18 in a structured, homelike environment that provides clear limits and boundaries. Length of stay varies from four to six months. The expanded facility will be ready for occupancy in early August. In the first nine months of fiscal year 2008, Health and Social Services awarded 613 grants to 322 grantee agencies statewide, which provide behavioral health and other services to Alaskans in need of help. (Photo courtesy of ARCH.)



Chief Medical Officer Dr. Jay Butler lives an active Alaska lifestyle, including sea kayaking (and catching lingcod) in Resurrection Bay. (Photo courtesy of Dr. Butler.)

and Attorney General Talis Colberg in the Tuesday Night Races in Anchorage. This spring, he helped lead Alaska to victory in the National President's Challenge, a six-week fitness competition among all 50 states.

Butler's medical expertise, professional connections with federal health agencies like the CDC, and his ability to communicate with the public make him an ideal choice for Chief Medical Officer. In the case of a norovirus outbreak, a wildfire threatening air quality, even pandemic influenza, Butler will be able to speak with a credible voice for DHSS.

RATE INCREASES continued from page 1:

## Legislature approves provider rate increases

The last re-basing year was fiscal year 2004. This is the second year of a two-year process to phase in these required rate increases.

### Assisted Living Homes\*: (4 percent — \$1,292,500)

Home and Community Based Medicaid Waivers reimbursements have been frozen since June 27, 2004. This increase provides interim relief to assisted living home provider reimbursements to promote and sustain access to services until a consistent rate methodology is developed and implemented. The assisted living rates were approved by regulation to increase by 4 percent effective July 1, 2008. See additional increase described in the next item.

### \*Assisted Living Homes: (2 percent — \$568,700)

At this time, there is an additional 2-percent, one-year increase effective July 1, 2008–June 30, 2009.

### Residential Habilitation: (4 percent — \$3,956,200)

Part of Home and Community Based Waivers, this provides relief to residential habilitation provider reimbursements to promote and sustain access to services until a consistent rate methodology is developed and implemented. The population affected includes 3,800 aged or disabled consumers.

### Care Coordination: (6 percent — \$534,700)

Care Coordination Medicaid rates have been frozen since 1993. This increment provides interim relief to care coordination provider reimbursements to promote and sustain access to services until a consistent rate methodology is developed and implemented.

### Personal Care Attendant: (6 percent — \$4,968,900)

Personal care attendant Medicaid rates have been frozen for most providers since fiscal year 1999. This increment will sustain program access and participation until the department is able to undertake a comprehensive cost analysis of the PCA rate through the current rate study.

New draft regulations concerning increased reimbursement have an effective date of July 1, 2008. To read those regulations, go to [www.hss.state.ak.us/apps/publicnotice/Regulations.aspx](http://www.hss.state.ak.us/apps/publicnotice/Regulations.aspx) and view “HCSB Rates and Personal Care Services.”

### Behavioral Health

#### Inpatient Psychiatric Hospital: (about 6.5 percent above the annual inflation adjustment — \$288,100)

Only two providers fall into this category: Alaska Psychiatric Institute and North Star Hospital. Rates for North Star (which actually decreased) went into effect Jan. 1, 2008; new rates for API go into effect July 1, 2008.

#### Behavioral health provider rates: (8 percent — \$6,837,800)

This brings Medicaid rates for behavioral health professionals up to the level of most other medical professionals and reimburses services provided by substance abuse clinics and mental health clinics at comparable rates. Current rates for substance abuse services have been in effect since 1994. Most rates for mental health clinic services have been in effect since 1992. The current rates for mental health rehabilitation services have been in effect since 2000.

The department anticipated having regulations out for public comment by June 2008, expected to go into effect in the early fall. To view the regulations, go to [www.hss.state.ak.us/apps/publicnotice/regulations.aspx](http://www.hss.state.ak.us/apps/publicnotice/regulations.aspx).

### Public Assistance

#### Child Care Assistance: \$2,700,000

Child care assistance rates have not increased since 2001. The new rates bring licensed child care rates in line with the 50<sup>th</sup> percentile of the market rate. While some rates may go up as much as \$178 per month, others will be less. The increase in licensed child care rates will cost an average of \$67.50 a month per child, and will affect about 4,000 children.

Rate increases for Public Assistance providers are expected to be effective Sept. 1, 2008. Regulations concerning rate increases will be out for public comment this summer. To read the regulations, go to [www.state.ak.us/apps/publicnotice/regulations.aspx](http://www.state.ak.us/apps/publicnotice/regulations.aspx) and view “Child Care Assistance Rates.”

### Children’s Services

#### Foster Care Base: \$3,165,500

Using a formula based on federal poverty guidelines, increases in reimbursement vary depending on the age of the foster child. After those varied rates are determined, the final foster parent daily rate is multiplied by the geographic cost-of-living differential. These increases affect about 2,000 children in 1,200 foster homes.

Rate increases are effective July 1, 2008 and no new regulations are necessary.

### Health Care Services

#### Hospitals: (about 6.5 percent above the annual inflation adjustment — \$1,521,500)

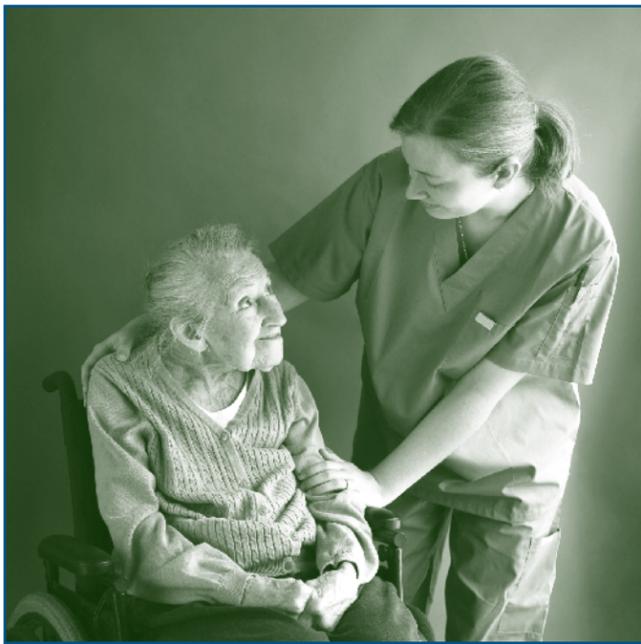
Under existing statute, each facility’s rate takes effect at the start of the facility’s own fiscal year, so there is no single effective date. No new regulations are necessary.

#### Emergency Transportation: \$2,668,500

Rate increases for emergency transportation providers (ambulance and medical evacuations) bring them up to Medicare rates, affecting about 1,500 people for med-evac and 11,000 for ambulance services. The department expects to have regulations filed and effective by August 2008. They will be effective earlier if the regulation process is completed sooner. To read these regulations, go to [www.hss.state.ak.us/apps/publicnotice/Regulations.aspx](http://www.hss.state.ak.us/apps/publicnotice/Regulations.aspx) and view “Payment for Transportation and Accommodation Services.”

#### Dental Rates for non-Native health providers: \$2,675,600

Current fee-for-service rates for Medicaid dental services and adult preventive dental services are based on 80 percent of billed charges for dental procedures in 1995. In today’s dollars, that means that Medicaid is currently paying only 60 percent or less of billed charges for dental services. The rate increases update reimbursements to approximately 80 percent of current billed charges over a two-year or three-year process. No new regulations are necessary and increases are effective July 1, 2008.



Sarah Palin  
Governor



### DHSS walks their talk

Alaska is known nationally for its sheer size, scenic beauty, varieties of wildlife and more. We have something new to be known for — Alaska topped the nation in residents per capita who participated in the National President’s Challenge, sponsored by the President’s Council on Physical Fitness and Sports.

Alaskans — 2,837 of us — committed to complete at least 30 minutes of physical activity five days a week for six weeks this spring. Those numbers included more than 15 percent of our Health and Social Services employees who participated, walking their talk.

The six-week challenge may be over, but we all can continue our commitment. Many of us live in Alaska for the variety of outdoor physical activities this great state provides year-round, often within steps of our front doors.

We each bear personal responsibility to keep ourselves as healthy as possible. In the long run, we’ll all be the real winners.

Bill Hogan  
Acting Commissioner



### Our values guide us

In my current position as Acting Commissioner, the overriding theme for the future direction of Health and Social Services is *helping individuals and families create safe and healthy communities*.

We must seek new solutions and ways to keep families intact, reduce substance abuse, promote health and wellness, reform the health care system, and plan for the long-term care of seniors and the disabled. We must ensure kids and communities are safe.

Our values ensure that the services we provide and how we operate guide us into the future: to promote Alaskans’ **health and safety**; commit to programmatic and fiscal **accountability**; value the **flexibility** to adapt; support **person-centered** and **family-focused** services; recognize that **collaboration** is essential; **respect** and uphold dignity of others; value **culturally relevant** programs and services; and encourage **personal responsibility** in all people.

Hand in hand with our community partners, we look forward to an exciting future.

## Improving Alaska's child protection system with federal cooperation

**T**he state of Alaska and the federal government are collaborating on a review program to help ensure the state's child welfare system is providing quality services to children and families. The Child and Family Services Review (CFSR), which began in late 2007, will continue with on-site reviews at three locations Sept. 8–12, 2008.

"It's an invaluable tool to assist us in evaluating and analyzing Alaska's child welfare system and identifying strengths and areas needing improvement," said Kristie Swanson, CFSR coordinator for the Office of Children's Services.

The CFSR is a two-phase process. Alaska's self assessment process officially started Feb. 4 when 55 community stakeholders, Children's Services staff and federal staff met for a daylong meeting to begin the planning process for the statewide assessment. The final self-assessment was completed in May.

The next step in the process is to determine which offices will be selected for the on-site review. Three sites will be selected this summer, including Anchorage as the largest metropolitan area. In the 2002 CFSR, the sites were Anchorage, Mat-Su and Nome.

The second phase is an on-site review that includes a number of reviewers examining case records and conducting case-related stakeholder interviews. Sixty-five files will be randomly chosen at the sites and reviewed using an in-depth federal review instrument

measuring outcomes related to safety, permanency and well-being of the children involved.

"Although these reviews are intense, they are a worthwhile process" said Swanson, who recently participated in Idaho's CFSR.

The results of the review will be used to identify strengths and areas needing improvement in Alaska's Office of Children's Services. Results will provide a roadmap, called a Program Improvement Plan, for ongoing improvements.

The previous plan, from the 2002 CFSR, was part of an overall systems reform effort for Children's Services with focus on:

- reducing the rate of repeat maltreatment of children;
- increasing successful and timely reunification of children with their parents;
- decreasing the length of time children wait for a permanent adoptive home; and
- increasing the stability of foster home placements.

Children's Services also successfully implemented major system initiatives, including a statewide Continuous Quality Improvement review system, and a new state automated child welfare information system.

"We are continually assessing ourselves and reexamining our progress and implementing improvements," Swanson said. "This upcoming review provides the state with another opportunity to evaluate and analyze Alaska's child welfare system and make systematic recommendations that further the mission of promoting stronger families and safer children."

## Management system improves services

**B**ehavioral Health's Performance Management System helps providers assess the efficacy of their treatment programs and measure specific outcomes and improvements in their clients' lives. Now in its third fiscal year of implementation, the Performance Management System also helps the division evaluate the effectiveness of the programs it helps support through grants to providers. The goal is to have results drive funding allocation.

"We want to use enough measures so that the assessment of our system is meaningful, but not so many that it's huge and cumbersome," said Stacy Toner, deputy director of Behavioral Health. "We are looking at the quality and quantity of services, and the positive outcomes achieved."

To allow providers time to adjust, and to offer them technical support during the transition, steps are being made gradually.

To prepare for assessing progress in treatment, all providers were required to have their clients complete an Alaska-specific tool, "Client Status Review," starting in 2004. The surveys take snapshots of consumers' quality of life when they enter the treatment system and at regular intervals during their treatment and recovery process.

Grants made in the second half of fiscal year 2008 were partially based on two of the measures in the Performance Management System: grant performance scores from the prior year and unit cost calculations. Agencies/programs will be assessed annually on agency performance (reporting, spending, etc.); level of services provided (number of clients, utilization rate, cost per client, etc.); and performance outcomes (are clients, citizens and communities better off because of services provided?).

The cost calculations track how efficiently providers deliver services, partially measured by how many clients are served.

For the 2009 fiscal year, outcome data will be factored in through use of the Client Status Review Tool. The survey links treatment to positive outcomes in people's lives — finding stable housing and employment, for example, and fewer reported bouts of depression or illegal drug use.

Another change this year is the use of the "logic model," a tool that gives providers clear and consistent language for describing the services they provide. Prevention grantees were already using the logic model; now treatment grantees are adopting it as well.

In future years, funding decisions will also consider the amount of need in a provider's service area.

"I applaud Behavioral Health for their collaboration with providers to meet the challenge of performance-based grant funding," said psychologist Carey Edney, director of care management for Anchorage Community Mental Health Services. "Through the performance-based funding initiative, Alaska has an opportunity to develop systems that lead the nation in quality of care, health-care accreditation and third-party reimbursement."

## 2008 legislative wrap-up

**A**laska lawmakers funded all the top priority capital projects for Health and Social Services, created a new state-funded home energy assistance program, and extended the Alaska Commission on Aging before wrapping up the 25th Legislature April 13, 2008, in Juneau.

Projects funded include \$19.5 million for the first phase of renovations for the McLaughlin Youth Center; \$1.9 million to replace a leaking roof in the 73-year-old Sitka Pioneer Home; and \$8 million for priority maintenance needs for all department facilities statewide.

The new \$10-million state-funded home energy assistance program is in addition to the federally funded Low Income Home Energy Assistance program, and will provide relief to a greater number of low-income households in fall/winter 2008–09. For more information, go to [www.hss.state.ak.us/dpa/programs/hap/](http://www.hss.state.ak.us/dpa/programs/hap/).

The Legislature also increased funding for the Bring the Kids Home initiative; prevention of suicide and underage drinking; the Office of Children's Services; and service provider rates, some of which had been frozen since 1999 (see pages 1, 3).

Also signed into law was House Bill 166, making it possible for Alaskans to make a donation through

the Permanent Fund Dividend to qualified charitable organizations, educational institutions, community foundations and the campuses of the University of Alaska.

Legislators also extended a housing loan program that provides 100-percent financing for teachers and nurses, and expanded it to include all health-care professionals. The bill became effective immediately upon the Governor's signature in late June 2008. Now Alaska Housing Finance Corporation is beginning the public process to change its regulations.

The program helps qualified professionals purchase housing through no-down-payment AHFC loans with low interest rates. Registered nurses can continue to apply immediately for loans under this option, while other health-care professionals can visit the AHFC Web site at [www.ahfc.state.ak.us/loans/loans.cfm](http://www.ahfc.state.ak.us/loans/loans.cfm) for updates on availability and approved lenders.

Although it did not pass, Gov. Sarah Palin's proposed Health Care Transparency Act received 13 hearings and provided an opportunity for legislators, the health-care industry and the public to weigh in on all sides of health planning, health-care information and the debate on Certificate of Need. The department will continue reviewing Certificate of Need regulations to improve definitions and address concerns identified by the Negotiated Rule Making Committee this past January.



The historic Sitka Pioneer Home's distinctive Spanish terra cotta tile roof developed numerous leaks after 73 years of service. Using \$1.9 million from the Legislature, the home is adding a waterproof membrane and will use existing and new terra cotta tiles to maintain the historic look of the building.

## News Briefs

### Juneau Youth Center wins award



The Alaska Department of Labor and Workforce Development presented the Safety Health Achievement Recognition Program (SHARP) award to Johnson Youth Center managers and staff in January. The award recognizes the facility for effective employee safety and health management programs that reduced worksite accident rates. From left: Jess Lujan, Jo Dahl, Audrey White, Carrie Davis, Stacey Oshima, Andy Koval, De'Andre King, Brittany Cochran, Will Nicholas, Katie Sullivan, Gigi Palermo, Sean Murphy, Robert Clauder, Dennis Weston.

### 'One-stop' help for abuse victims

The University Lake Multidisciplinary Center, which opened last winter in Anchorage, is designed to facilitate investigation of sexual abuse and physical abuse allegations, increase coordination between investigators and crime victim advocates, and provide victims with a single place to receive all necessary services. Agencies located there include an Office of Children's Services Investigations Unit; Anchorage Police Department's Crimes Against Children's Unit and the Special Victim's Unit; Alaska State Troopers (Alaska Bureau of Investigations unit); S.A.R.T (Sexual Abuse Response Team); and Alaska C.A.R.E.S (Children's Advocates, Resources and Educational Services).

### Native organizations, OCS work to preserve families

The Office of Children's Services, Cook Inlet Tribal Council (CITC), and the Native Village of Eklutna have formed the Alaska Native Family Preservation Unit to battle disparity in the numbers of Native children involved in the state's child protection agency. The unit will share authority and decision making, working exclusively with Alaska Native families to provide help and resources. The unit plans to begin serving families by mid-summer 2008.

### Alaska tops in fitness challenge

In June, Alaska learned that it won the National President's Challenge when it became the state with the highest percentage of residents participating in a six-week fitness competition.

By May, 2,868 Alaskans signed up for the challenge, which was sponsored by the President's Council on Physical Fitness and Sports; 520 of them are Health and Social Services employees. State leaders signed up for the challenge, including Chief Medical Officer Dr. Jay Butler, Acting Commissioner Bill Hogan, even Gov. Sarah Palin.

In order to complete the challenge, adult participants took personal responsibility for increasing their daily physical activity and logged in at least 30 minutes of activity five days a week for six weeks between March 20 and May 15.

## DHSS Stars



### WANDA GREENE

The Anchorage Mentoring Alliance recognized Juvenile Probation Officer Wanda Green, with Juvenile Justice, for her work in the competency development of two juveniles on her caseload. As a result of her work, one youth who had not attended school regularly in years is now placed in foster care and is on the honor roll with a 3.9 GPA. A second youth is participating in the NAACP's ACT-SO (Academic, Cultural, Technological, Scientific Olympics) program.



### AMY JOHNSON

Administrative Clerk Amy Johnson was named an Office of Children's Services Superstar for her outstanding work with travel arrangements. "Amy is a team player, and chips in when needed," said her supervisor Susie Kollar. "The quality of her work is outstanding."



### JEANNÉ LARSON

The Centers for Medicare and Medicaid Services (CMS) recognized Health Program Associate Jeanné Larson, with Senior and Disabilities Services, with a Certificate of Recognition for her excellent counseling skills and data reporting. Jeanné's work resulted in the Senior Information Office receiving a Performance Award of \$17,418 to enhance and expand the educational and assistance services for Medicare beneficiaries. She was also recognized by CMS for her media communications skills.



### SANDRA MITCHELL

Social Services Associate II Sandra Mitchell was named an Office of Children's Services Superstar for her excellent work with children, foster parents and biological parents. "She responds quickly, works hard, and plans her time off so it does not affect her co-workers," said her supervisor Karilee Pietz.



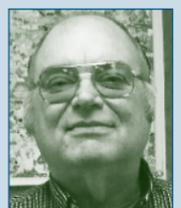
### MARTHA PELLETIER

The Division of Public Health, Reproductive Health Partnership, named Administrative Clerk II Martha Pelletier as its "Most Positive Worker" for her careful attention to details and her work on the new RHP database. "Martha helped develop a streamlined process for mail-outs to the clinics," supervisor Rony Holmquist said. "Her suggestions help make RHP more responsive to the clinics she serves."



### JIM SHANKS

Social Worker Jim Shanks was named an Office of Children's Services Superstar for his commitment to children and youth, his dedication and dependability. "Jim has a great attitude and sense of humor," said his supervisor Jeannie Arledge.



### SHEILA SHORT

Alaska Pioneer Homes honored Senior Services Technician Sheila Short for her work implementing the Health and Social Services-mandated Confidentiality Agreement training, testing and submission. Sheila worked personally with hiring managers to overcome different learning styles among the division's 500-plus employees to find ways to help individuals achieve success. As a result, Pioneer Homes received a rating of 100-percent compliance.



### JEWEL WALKER

Social Services Associate II Jewel Walker, with the Office of Children's Services, received the Light of Hope award for his outstanding work with abused and neglected children in Juneau. Jewel joined OCS in January 2007 after 15 years with Juneau Youth Services.



# Volunteers, organizations, partners make Pioneer Home residents part of community

**R**est assured that Alaska's elders are in good hands. Tap into a list of activities and community partnerships at any of Alaska's Pioneer Homes, and you'll be overwhelmed with the choices and variety available to the residents.

"Community volunteers who work in the Pioneer Homes are truly surrogate friends and families when our residents are far from their loved ones," Division Director Virginia Smiley said. "Since human contact is critical for a healthy life, we all benefit from time spent together in community partnerships."



ABOVE: On St. Patrick's Day 2007, (from left) volunteer Amber Randall and Anchorage Pioneer Home staff Cathy Tobias-Anderson serve resident Jacqueline Lynn a special lunch treat. To celebrate the day, the Alaska Button Box Gang provided festive music.

RIGHT: Junior Miss Alaska Johanna Soderlund of Fairbanks helps Ketchikan Pioneer Home resident Wilma F. Sandy enjoy ice cream.

every day of the year — individuals, families, public schools, organizations, university students, musicians, clubs, nonprofit organizations, active duty military personnel and their families." A local real estate business, Jack White Real Estate, has provided the residents' Christmas party for nearly 30 years. Even Pioneer Home residents themselves volunteer.

"This amounts to thousands of hours of community support each year," Montague said. "Our home would not be the same without volunteer support. Their dedication and compassion is awe-inspiring."

## Ketchikan Pioneer Home

Hundreds of miles south of Anchorage, the Ketchikan Pioneer Home can barely count its number of community partnerships. In fact, it appears that nearly every resident of the Southeastern island community of 15,000 volunteers in one way or another at the Pioneer Home.

"The community and its caring citizens have been involved in the home since the beginning in 1981 and remain dedicated today," administrator Julie Sande said. In fact, Sande herself was a volunteer when she was in middle school. "I later went on to college with the hope that I would someday be able to return to the Ketchikan Pioneer Home to volunteer and work," she said.

One thing that stands out in Ketchikan is the home's partnership with children of the community. "Two of our most dedicated young groups are the Fawn Mountain Elementary Education Preschool, which is located on site, and the Holy Name Lady Bug preschool, which visits us monthly," Sande said. The children spend time getting to know the residents and share their lives with one another. "They offer each other so much joy that we know the quality of all our days is vastly improved."

Other groups that bring joy include Pioneer's Igloo #7, which has hosted a monthly party for the residents every year for many years.

The Church of Christ has sponsored gospel singing for more than five years, and members of the local Veterans of

Foreign Wars bring their equipment for karaoke nights. Boy Scout Troop 4 has served at family dinners for more than five years. And these are just a few of the ongoing activities, Sande said.

Director Smiley: "Giving and receiving all come full circle when we join together to care for and about one another."

For more information on the state's Pioneer Home system, see [www.hss.state.ak.us/dalp/](http://www.hss.state.ak.us/dalp/).

It would take a book to describe every event, entertainment and activity taking place throughout the year at each of the homes — in Anchorage, Fairbanks, Juneau, Ketchikan, Palmer and Sitka. Here are a few highlights.

## Anchorage Pioneer Home

"The community volunteer support we have at the Anchorage Pioneer Home is phenomenal," recreation therapist Robert Montague said. "People volunteer here nearly

## Alaska's Senior Benefits Program helps pay basic expenses

**A**laskans continue to apply for the Senior Benefits Program, the monthly cash benefit for mid- to low-income seniors that started last summer.

Word of mouth brings in about 275 new applications a month, said Neena Levan, manager of the Senior Benefits Office.

Levan said she and her staff are ready for even more business, as an outreach campaign gets underway.

Herb Simon, who lives outside of Glennallen and signed up for the program earlier this year, said, "I got nothin' but atta girls for that Wasilla office."

The Wasilla staff helped Simon figure out whether or not cost-of-living increases to his combat pay and other income put him over the income threshold.

**'People who are renting or buying a house, I don't know how they do it.'**

— Herb Simon  
Senior Benefits recipient

The benefit — \$125, \$175 or \$250 per month — is based on total income before deductions such as taxes and Medicare. Assets such as savings, investments, or a home or car are not counted.

The income limits are updated each year to keep pace with the cost of living. The 2008 annual income limits range from \$9,750 to \$22,750 for an individual, or \$13,125 to \$30,625 for a couple.

The program is tax-exempt, so seniors do not need to report the income when they do their taxes, Levan said.

Simon said he appreciates that the program is open to any Alaska senior age 65 or older who meets the income limits, unlike past benefits programs, which were tied to length of residence in the state. Plus, with heating, gasoline and food bills all rising, the assistance is welcome for seniors on a fixed income.

Simon said he owns his property and doesn't have any bills beyond living expenses. "People who are renting or buying a house, I don't know they do it," he added.

Seniors who are interested in getting an application can print it off the Internet from [www.seniorbenefits.alaska.gov](http://www.seniorbenefits.alaska.gov), call the Senior Benefits Office at 1-888-352-4150 (statewide) or (907) 352-4150 (in Wasilla), or stop by their local senior center.

# Juvenile Justice ‘reclaims futures’ to help juvenile offenders combat drugs, alcohol

## Reclaiming Futures gives young delinquents new direction

**S**ystems change slowly, but the Reclaiming Futures initiative of the Robert Wood Johnson Foundation is having a positive effect on the way juvenile delinquents with substance abuse problems are handled in Alaska.

When the Foundation solicited applications for its five-year, \$21 million initiative, Anchorage was one of nearly 400 locations nationwide that applied. The Foundation chose Anchorage as one of 10 pilot sites. The original \$1 million grant was awarded in 2001 to cover the 2002–06 period.

Other Health and Social Services core partners in Reclaiming Futures are the Office of Children’s Services and the Division of Behavioral Health.

### Changing the ‘system’

Reclaiming Futures is not a program per se as much as a change in the way the juvenile justice system works, McLaughlin Youth Center Superintendent Barbara Henjum explained. “We now focus on early substance abuse identification with a common screening tool, a more broadly defined treatment team, evidence based programs, and building on a youth’s strengths,” Henjum said.

### Overwhelming need

The statistics tell the story. Each year, Juvenile Justice processes more than 2,000 youth through its Juvenile Intake Services. In 2001, more than 69 percent of female teens and 43 percent of male teens who were arrested tested positive for marijuana use. In the 2006–07 school year, 7.5 percent of all secondary Anchorage School District expulsions were alcohol-drug related.

To be eligible for the Reclaiming Futures project, youngsters must be in the juvenile justice system, have a substance abuse problem, and be willing to join the project. The grant monies support training for probation staff and community providers on evidence-

based practices, which assures that services provided to youth are proven to be effective.

### Teamwork works

The power of the system approach to forming a treatment plan lies in the teamwork between the providers, the courts, Juvenile Justice, and all involved. “The kids going to Reclaiming Futures are getting much more of everything,” said Tony Piper, Community Prevention Coordinator with Behavioral Health. “The project connects the family to resources, connects with the school, mentoring and substance abuse programs — it surrounds them with a lot more resources.” Piper was in on Reclaiming Futures from the beginning in Anchorage and helped craft the original grant. He now serves on the Reclaiming Futures executive committee.

### Strength-based approach

In addition to standardizing the approach agencies take when dealing with substance-abusing youth, a new emphasis has emerged in treatment, Henjum said. “We have a strong belief that we also need to ask kids and their families what’s working in the kid’s life.” For example, part of the plan for a youth might include job training or mentoring. “So you build on the kid’s strengths and interests to help motivate them to stay in treatment,” Henjum said. “That’s a change — our focus before this was primarily on what they were doing wrong.”

### Measuring outcomes

It is not known yet if Reclaiming Futures will affect recidivism rates of juvenile delinquents, Henjum said. The evaluation phase of the initiative is in the early



Juvenile Probation Supervisor Mary Kearns, middle, and Juvenile Probation Officer Wanda Greene, right, help delinquents connect with resources that support positive goals and guide youngsters in changing direction. (Photo illustration)

stages and results are encouraging. For example, a survey of 171 youth from January 2006 to October 2007 revealed youth were more than twice as likely (56 percent vs. 25 percent) to complete treatment if their individual service plan was strength-based.

For more information on Reclaiming Futures in Alaska, go to: [www.reclaimingfuturesanc.org](http://www.reclaimingfuturesanc.org).

*The Reclaiming Futures initiative’s core partners, in addition to Juvenile Justice, include the DHSS Office of Children’s Services, Behavioral Health; Anchorage School District; Anchorage Police Department; Alaska Court System; Alaska Public Defender Agency; the state Office of Public Advocacy; Attorney General; Volunteers of America-Alaska; Denali Family Services; Alaska Children’s Services; and Cook Inlet Tribal Council.*

## Juvenile Justice’s ‘transitional services’ begin on admission

**J**uvenile Justice’s Transitional Services Unit began in 2003 and concentrates on providing as much training and counseling as possible to youth so they will be prepared to re-enter their communities as law-abiding, productive citizens.

“All these kids get out,” said Social Services Program Coordinator Bridget Crawford. “We can’t just open the door and say, ‘there you go.’”

The Transitional Services Unit is based on a model of intensive aftercare. The national model began under the direction of Dr. David Altschuler of Johns Hopkins University and Dr. Troy Armstrong of Cal State University, Sacramento. The reintegration program’s success depends on close collaboration of juvenile justice professionals, the youth’s family and community partners.

In Alaska, those partners include Big Brothers Big Sisters, the Boys and Girls Club, substance abuse outpatient programs, Alcoholics Anonymous sponsors, and community mental health programs, among many others.

What’s really unique about the program is that probation officers stay in touch with the juveniles after they have left detention. “We check up on them to see how they’re doing,” Juvenile Justice Director Steve McComb said. “It’s amazing how the kids appreciate us being there.”

## An Alaska first: central source for child abuse, neglect data

**A** central source for data on child abuse and neglect promises to help focus prevention and intervention efforts in Alaska.

The Alaska Surveillance of Child Abuse and Neglect Program (Alaska SCAN) was started in February 2008. The program is a part of the Public Health’s Maternal-Child Health Epidemiology Unit.

“Currently, no agency in Alaska or the nation does a comprehensive evaluation of child abuse data,” said Jared Parrish with Public Health’s epidemiology unit. “We hope to bring all available data together in one place to provide a more accurate picture of child abuse and neglect in Alaska.”

By identifying groups at highest risk, Alaska SCAN will contribute to efforts designed to help combat child maltreatment in Alaska.

This publication was produced by the Alaska Department of Health & Social Services to inform Alaskans about its activities. It was printed at a cost of \$1.27 per copy in Juneau, Alaska. This cost block is required by AS 44.99.210.

# SUMMER UPDATE 2008



Dept. of Health & Social Services  
Summer Update 2008  
Vol. 4 No. 1

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## Top stories:

- New Chief Medical Officer position
- Provider rate increases
- Immunization records database

## New project coordinator for DHSS-grantee partnerships

Health and Social Services recently hired Chris L. Carson as project coordinator for the Grantee Partnership Project. Carson will manage ongoing efforts to reduce the department's administrative burden, ensure adequate fiduciary controls, increase customer/grantee satisfaction and reduce the administrative burden for grantees.

Carson will continue development of the streamlined grant system over the next three years, including a department-wide, performance-based management tool and uniform evaluation language to be included in all DHSS requests for proposals.



Carson has worked for the department since 1991 and has worked on many projects and programs over the past 13 years.

### Focus on three areas

The project will continue to focus on three main areas: internal organization, grantee relations and streamlining. In the area of grantee relations, the project is improving communication and accountability, and increasing predictability of Requests for Proposal (RFP) and payments. Streamlining entails reducing paperwork for RFPs, and reporting and implementing process efficiencies for RFPs and report submissions.

### Reporting pilot project

The semiannual reporting pilot project completed its first full year, which means that the Juvenile Justice, Public Assistance and Children's Services grantees involved are reporting their second and final report for fiscal year 2008 at the time of this writing. An evaluation process will take place to measure the success of this reporting project in the hope that more programs will volunteer to participate in the future.

### New processes

The new process gives grantees and DHSS program coordinators the tools and experience necessary to effectively issue and respond to solicitations, manage and administer programs, report and collect program information, and provide immediate technical support to programs.

With continued efforts on the part of the department, Rasmuson Foundation and nonprofit partners, Health and Social Services is confident it can successfully develop a grant process that will result in less administrative effort, provide more accountability, be fiscally responsible, and allow for more direct services being offered to the citizens of Alaska.

Chris L. Carson can be contacted at (907) 465-6522 or at [chris.carson@alaska.gov](mailto:chris.carson@alaska.gov).

## API's telemedicine delivers expert treatment to rural areas

The need for mental health services in remote Alaska communities is increasingly being met by cutting-edge communications technology through Alaska Psychiatric Institute's "telemedicine" program.

Starting in February 2008, API and the Alaska Federal Health Care Access Network began offering free monthly behavioral health videoconferences to Alaska Native Tribal Health Consortium (ANTHC) providers.

Through this collaboration, 34 health organizations that are part of ANTHC can take part in the videoconferences. The lectures and consultations let rural mid-level providers — such as physician's assistants and advanced nurse practitioners — ask API's behavioral health specialists about medication and treatment options. The system is also used for direct patient care, allowing specialists at API to talk directly to patients in remote areas.

The need for mental health services in remote rural communities is well-documented. The suicide rate for rural Alaska children is nine times the national average; the Native adult suicide rate is four times the national average.

"Mid-level primary health-care providers are the first contact for people who need behavioral health treatment," API chief Executive Officer Ron Adler said. Telemedicine brings expert help to patients quickly, often allowing patients to stay in their communities for treatment instead of traveling to Anchorage.

"The real business of telemedicine is seeing patients," said Robin Hobbs, Telebehavioral Health Program Coordinator. In 2007, 55 patients received direct treatment through API's telemedicine program, many with more than one consultation. Those numbers are expected to increase markedly in 2008: in the first three months of this year, 33 patients received direct treatment.

API's telehealth team includes psychiatrists Wandal Winn, Karen Jackman and Marc Pellicciaro.

"This collaboration brings a substantial benefit to our clinical partners, who are confronted with a range of pressing mental health needs," said Kathleen Graves, ANTHC's director of behavioral health. ANTHC is the managing partner of the Alaska Federal Health Care Access Network.

A map showing the telemedicine network can be downloaded at [www.hss.state.ak.us/dbh/API/pdf/200710\\_diagram.pdf](http://www.hss.state.ak.us/dbh/API/pdf/200710_diagram.pdf).