

## SUMMER UPDATE 2009

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

VOLUME 5 NUMBER 2

### New chief state medical examiner makes the move from Reno to Anchorage, fills real need

**A** doctor new to Alaska is leading the state's Medical Examiner's Office. In May, Dr. Katherine Raven moved from her hometown of Reno, Nev., where she worked as an associate medical examiner for the Washoe County Medical Examiner's Office, to Anchorage to become the Chief Medical Examiner for the state of Alaska. Prior to working in Reno, Raven served as a medical examiner in Everett and Seattle, Wash.

Medical examiners perform autopsies and related medical tests to determine the cause and manner of suspicious deaths. As chief, Raven will oversee a staff that includes two deputy medical examiners, death investigators and forensic technicians and administrators. The department currently has one deputy medical examiner on staff, Dr. Robert Whitmore. The Division of Public Health is working to fill the other deputy position.

Raven fills a position that had been vacant since former Chief Medical Examiner Dr. Franc Fallico retired from the position in April 2008; Fallico died June 14, 2008, at the age of 66. Between spring 2008 and 2009, the department hired contract pathologists to ensure the



As Chief Medical Examiner, Dr. Katherine Raven will oversee a staff that includes two deputy medical examiners, death investigators and forensic technicians and administrators.

state's autopsies could be completed by trained forensic professionals.

State medical examiner's offices are organized in different ways across the nation. Some offices, like the one in Raven's home state of Nevada, operate as separate departments. Others are managed by public safety departments. In Alaska, the Medical Examiner's Office falls under the Department of Health and Social Services, Division of Public Health. Raven said medical examiner's offices can support public health, particularly in preventing the spread of infectious diseases and identifying, and improving, situations that cause injury-related deaths.

Dr. Raven will play an important role in the investigation of natural, accidental and suicidal deaths, and the determination of unsafe and unhealthy conditions that threaten the lives of the citizens of our state. She is board-certified in forensic, anatomical and clinical pathology, and has been performing autopsies for more than a decade. She earned her medical degree from the University of Nevada Reno School of Medicine in 1991. During her career, Raven has

*Continued on page 2*

#### Table of Contents

Chief Medical Examiner.....	1
MMIS launches.....	1
Legislative round-up.....	2
Psychiatric telehealth.....	2
Health Care Commission.....	3
Governor's message.....	3
DHSS Commissioner's message.....	3
Financial stimulus effect.....	3
Sex offender treatment success.....	4
Fairbanks gang activities.....	4
College of Surgeon's EMS report.....	4
Foster kids' clothing discounts.....	5
Statewide health survey.....	5
DHSS 'Stars'.....	5
Youth offenders get cooking.....	6
Children's Services review.....	6
Bring the Kids Home update.....	7
DHSS News & Notes.....	7
Project Homeless Connect.....	8
Faith-Based & Community update.....	8

### Medicaid Management Information System provider enrollment initiative scheduled to launch in summer

**T**he new Medicaid Management Information System (MMIS), known as Alaska Medicaid Health Enterprise, is scheduled for summer 2010. The innovative system will include many new features for providers, recipients, internal users and the general public.

Because accurate information is a critical component for the successful implementation of Alaska Medicaid Health Enterprise, the Department of Health and Social Services is conducting an enrollment of all active providers. The purpose is to ensure current contact and billing information, and that providers are registered for the secure, Web-enabled capabilities when claims begin processing in the new system.

Enrollment activities will begin in July with a letter to all active providers notifying them of the requirement to re-enroll in the Alaska Medical Assistance Program prior to implementation of the new system, Alaska Medicaid Health Enterprise.

Future letters will contain enrollment data currently in the MMIS which will allow providers and their staff to adequately prepare for these activities. Providers can take advantage of online enrollment or the traditional paper enrollment process.

**Enrollment activities will begin in July with a letter to all active providers notifying them of the requirements.**

Follow-up provider enrollment activities from now through May 2010 include mailing of individual enrollment packets, workshops in at least 20 locations, online training via the Internet, personal outreach via telephone, and ongoing print and electronic communications. As the department gets closer to implementation in 2010, training and outreach on the features and benefits of Alaska Medicaid Health Enterprise will be scheduled.

*For more information about Alaska Medicaid Health Enterprise, go to [www.alaskamedicaid.info](http://www.alaskamedicaid.info).*

## 2009 legislative round-up; 2nd session priority

The following health-related bills passed during the first session of the 26th Legislative:

**House Bill 26** extends a program that improves affordable access to **dental services** to nearly 40,000 eligible adult Alaskans enrolled in Medicaid annually. The bill helps adult Medicaid recipients receive more than only treatment for immediate relief of pain and acute infections. The bill also allows preventative and restorative dental services — ranging from exams and cleanings to root canals and dentures.

**Senate Bill 116** appropriates \$9 million to Alaska's **heating assistance programs** to help low-income families purchase heating fuel. Alaskans can find out if they are eligible for these programs at <http://heatinghelp.alaska.gov>.

**House Bill 151** extends the **Alaska Safe Boating Act** for another eight years. Funding supports the life vests for the Kids Don't Float program for the entire state. Kids Don't Float life jackets have saved at least 17 Alaska children. This bill also brings Alaska law into compliance with federal regulations.

**The state's operating budget** includes more than \$1 million to ensure the **Infant Learning and related programs** can provide early intervention services to infants and toddlers (birth to age 3) with special needs. These services, which are federally governed by the Individuals with Disabilities Education Act, can include everything from physical or speech therapy, to specialized equipment, to referrals for other needed care.

### Second session priority

The second regular session of the 26<sup>th</sup> Legislature convenes Jan. 19, 2010. Health and Social Services Commissioner Bill Hogan said he supports an increase in the income eligibility level for Denali KidCare to 200 percent of the federal poverty guidelines, up from the current level of 175 percent. This increase would make health insurance accessible to about 1,300 more children and 225 more pregnant women.

# Video-conferencing to help combat depression, substance abuse

**A**laska once again is on the cutting edge of mental illness treatment and substance abuse prevention via video-conferencing with a pilot project based on the combined models of "IMPACT: evidence-based depression care" and "SBIRT: Screening, Brief Intervention, and Referral to Treatment."

The IMPACT model, which has already been implemented in some Lower 48 states, is based on a team approach: a collaboration between primary physician, social worker, and psychiatrist or psychologist. It begins when patients fill out simple questionnaires in their doctor's office that screen for depression and/or substance abuse. If the patient's answers suggest a problem exists, the patient is offered a treatment plan.

Patients who agree to treatment are assigned a "care manager" — a nurse, social worker, psychologist, or other mental health professional — who educates patients about depression, coaches patients in healthy behavior, supports antidepressant therapy if prescribed by the primary care physician, offers counseling, and monitors symptoms for treatment response.

IMPACT's success hinges on consistent contact and follow-up with each patient. The challenge of implementing IMPACT in rural Alaska is geography. That's where Alaska Psychiatric Institute's telemedicine program comes in.

"Piloting the IMPACT model in Alaska will have a major effect on the treatment of depression," said Ron Adler, Alaska Psychiatric Institute CEO. "Depression is the most frequent diagnosed mental disorder in the state."

Alaska's training for IMPACT/SBIRT was last May, with implementation planned to start in early summer. The IMPACT pilot project is limited to Anchorage Neighborhood Health Center; the combined models will be implemented for Chugachmiut in Seward and Port Graham, and SouthEast Alaska Regional Health Corporation in Kake and Klawok. While it is too early in the project to compile statistics, the

Anchorage Neighborhood Health Center estimates 88 of its patients could be helped using IMPACT.

How and when the three-year pilot project will be evaluated has not been determined, according to Robin Hobbs, API's Telebehavioral Health Program Coordinator. "We have to work the details out," Hobbs said, "but the preliminary plan is to provide psychiatric consultation to sites via live video-conferencing once a week and perhaps less for smaller sites."

The consultations will involve reviewing cases, paying particular attention to patients who are not showing improvement. "If the patient still does not get better," Hobbs explained, "the psychiatrist may evaluate the patient more closely."

An article in the Dec. 11, 2002, issue of the Journal of the American Medical Association (JAMA) reported

that the IMPACT model of depression care more than doubles the effectiveness of depression treatment for older adults in primary care settings.

"With cultural adaptations, this project shows promise for rural Alaska communities and may expand the availability of prevention and intervention services for rural areas," said Katie Baldwin-Johnson, a Program Officer with the Alaska Mental Health Trust Authority. "Nationally, there is lots of evidence that it is effective."

One of the measures of the success of the program is the feedback teams get after following up with patients. "And this approach using telemedicine should save money," Hobbs said. "Psychiatrists don't have to travel, it's accessible, and if you catch people early on (in their illness), that's a savings too."

The pilot project is partially funded by a federal grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) and the Alaska Mental Health Trust Authority.

*For more information about IMPACT, contact Katie Baldwin-Johnson at (907) 269-1049, [katie.johnson@alaska.gov](mailto:katie.johnson@alaska.gov).*

'Psychiatrists don't have to travel, it's accessible, and if you catch people early on (in their illness), that's a savings too.'

—Robin Hobbs

### EXAMINER continued from page 1

performed more than 4,000 autopsies and participated in more than 150 court appearances for trials related to suspicious deaths.

As Chief Medical Examiner in Alaska, Raven will continue to perform autopsies and testify in court. Between Jan. 1, 2008, and Dec. 31, 2008, the Alaska Medical Examiner's Office participated in the investigations of more than 1,200 deaths and completed 263 autopsies, as well as 765 consultations and 93 physical inspections of bodies. The office, however, did not have a full staff of medical examiners during this time and it is likely the number of autopsies will increase as Raven and

another deputy are hired to complete the pathology team, said Deborah Erickson, acting director of the Division of Public Health.

Raven said another key role as Chief Medical Examiner is talking with family members following autopsies of their loved ones.

"I always try to make myself available to the family," she said. That's particularly important after a child dies.

"I call the parents immediately and directly," Raven said. As a mother of a toddler, Raven said those conversations are difficult to have, but they are valued by the family who want to understand what has happened, and why.

Raven said she was impressed by Alaska's Medical Examiner's Office when she visited the state for the first time this spring. She said she plans to work with her new staff to help it attain accreditation from the National Association of Medical Examiners and apply for more grants that could allow the purchase of new equipment to improve the overall quality of the office's services. She also plans to develop and implement a set of policies and procedures for the office.

"You want to have overall good quality of care, no matter what," Raven said. "The client really is the family and the public. You want to give them the best care possible."

# Governor establishes Alaska Health Care Commission

**H**ealth care reform is coming. With the focus at the national level by the president and Congress, it is almost certain some federal legislation will pass by the end of 2009.

At the same time, Governor Palin has been advancing the effort to improve health care in the state through the Alaska Health Care Commission. The Governor announced the creation of the commission in December during a press conference on her health priorities for the coming year, citing



Members of the Health Care Commission are shown at a May meeting. From left, Wayne Stevens, Jay Butler, M.D., Lawrence Stinson, M.D., Keith Campbell, Linda Hall, Valerie Davidson, Sen. Donny Olson, M.D., and Jeff Davis. Not pictured: Rep. Wes Keller and Ryan Smith.

the need for a statewide plan to address the quality, accessibility and availability of health care for all citizens of the state. She appointed the members to the commission on Jan. 27, 2009.

The 10-member commission, chaired by the state's Chief Medical Officer, Dr. Jay Butler, includes six additional voting members representing health-care consumers, health-care providers, hospitals, health insurers, the tribal health system and the business sector. Three additional ex-officio members representing the Alaska Senate, House of Representatives and the Executive Branch complete the group.

The commission's plan, due to the Governor and Legislature in January 2010, will address four critical components of health-care delivery system improvement:

- Access (to health-care coverage and to providers and services)
- Cost control
- Quality and safety
- Prevention

The commission has defined their vision of Alaska's future health-care system as one that is sustainable, produces improved health, provides value for Alaskans' health-care dollar, and satisfies consumers by ensuring they have sufficient information, access and control. They are also emphasizing the need for improved efficiency and effectiveness in clinical and administrative processes and the importance of individual choice and personal responsibility as essential values for guiding reform efforts.

Short-term priorities that are the current focus of the commission include: 1) health information technology; 2) workforce development; 3) primary care access for Medicare patients; 4) the role of the consumer; 5) the need for a permanent body established in statute for continuing and overseeing health-care system planning and implementation; and, 6) monitoring and response to federal health-care reform proposals. Commission members will spend the summer and fall formulating policy recommendations for these areas.

For more information on the Alaska Health Care Commission and a list of its members and their backgrounds, visit <http://hss.state.ak.us/healthcommission>.

*Editor's note: Dr. Jay Butler resigned from the Department of Health and Social Services, effective June 21, 2009, to join the federal Centers for Disease Control and Prevention in response to the novel H1N1 (swine) flu outbreak. DHSS Commissioner Bill Hogan has assumed temporary chairmanship of the Alaska Health Care Commission.*

**Sarah Palin**  
Governor



**The best medicine**

**A**lthough May is national "Exercise is Medicine" month, we Alaskans need to celebrate that idea *every month*. I want to remind all our partners who read this biannual newsletter that whether you are an agency, a provider, a legislator, or a health-care professional — it's time to get up out of those chairs and walk the stairs.

Or walk to the store. Or play ball with your children in the park.

We need to remember that one of our most important responsibilities is to take care of the bodies we've been given — so we can give our best to those in our care.

We cannot all be athletes, but we can all find a way to administer the healing medicine of exercise to ourselves.

I'm encouraging all Alaskans to dedicate themselves this summer to walk, bike, hike, swim ... enjoy every minute of our short, glorious summer.

And be well.

**Bill Hogan**  
Commissioner



**Partners = strength**

**O**ur department depends on strong partnerships with the Legislature, the federal government, other state departments, providers, tribal organizations, advocacy groups and family members statewide to ensure that Alaskans in need — young and old — have access to our health and social service programs.

Through these partnerships we were successful during the 2009 legislative session in achieving several statutory and budgetary objectives:

- Medicaid-eligible adults will continue to receive preventive and restorative dental care.
- Low-income families will receive help buying heating fuel.
- Infants and toddlers with special needs will get early intervention services.
- The Alaska Safe Boating Act, which supports our successful Kids Don't Float program, was extended for another eight years.

A priority of Governor Palin and our department for the January 2010 session continues to be increasing the income level for Denali KidCare, which will help more children and pregnant women become eligible for health insurance.

Just as our partnerships make us stronger, our programs make Alaskans stronger.

## Federal economic stimulus brings needed funds

**T**he federal economic stimulus — American Recovery and Reinvestment Act (ARRA) of 2009 — will bring an estimated \$175 million to the following Health and Social Services programs:

### Senior and Disabilities Services

*Administration on Aging, Home Delivered Meals and Congregate Meals*

- \$485,000 helps continue senior meal programs. This is an expansion of an existing program.

### Public Assistance

*Supplemental Nutrition Assistance Program (SNAP), Food Stamps*

- \$462,000 is for increased administrative costs associated with implementing the April 1 increase in benefits, required by ARRA, and for administering SNAP.

*Supplemental nutrition program for women, infants and children (WIC)*

- \$777,700 will support WIC operations should the program's participation levels exceed federal estimates.

*Child Care Development Block Grant (CCDBG)*

- \$4,036,000 will help improve the quality of child care. Of the Alaska allotment, \$333,660 is for quality expansion, and \$193,232 is for activities that improve the quality of infant and toddler care.

### Office of Children's Services

*Individuals with Disabilities Education Act (IDEA), Part C Infant Learning Program (ILP)*

- \$2,139,800 will help develop infrastructure and implement personnel development plans.

*Enhanced Federal Medical Assistance Percentage (FMAP) for foster care and adoption assistance*

- \$1,791,300 provides fiscal relief and insures continued functionality of Alaska's Medicaid program. This is not a new program or an expansion of an existing program. It represents a change in federal FMAP participation funding.

### Public Health

*Centers For Disease Control — Immunization Grants*

- \$539,000 will help maintain vaccine materials.

### Health Care Services

*Centers For Medicare and Medicaid Services — Medicaid Provider Health Information Technology (HIT) for implementing Electronic Health Records*

- Total ARRA funds available to Alaska is not fully determined, but approximately \$38 million has been identified through 2015. Alaska's share will be based on the number and type of qualifying providers and the extent of their participation.

*Enhanced FMAP, Medicaid*

- \$126,700,000 will help provide fiscal relief and insure continued functionality of the Medicaid program. This is not a new program or an expansion of an existing program. It represents a change in federal FMAP participation funding.

## Confronting Fairbanks gangs

**T**he Division of Juvenile Justice is taking a proactive stance on gang prevention and intervention in Fairbanks with the help of other concerned agencies.

“Every single law enforcement agency continues to come to the table to communicate what’s going on every month,” said Juvenile Probation Officer Shea Daniels, referring to the Fairbanks Multi-Agency Law Enforcement Gang Task Force that was created under the Fairbanks Gang Prevention Program program. Daniels coordinates the program, which began in October 2007.



Tracy Dompeling, a juvenile probation supervisor in Fairbanks, said that shared information gives agencies time to take steps toward preventing incidents from happening versus reacting to them once they have happened.

Daniels and Dompeling said their increased understanding of gang culture helps them build relationships with youth who are involved in gang activity. The women believe it is imperative to get input regarding community services and activity gaps directly from the target population they are trying to work with.

This allows the gang-involved youth and young adults — a population generally thought of as unapproachable or not easy

to engage — a chance to have their voices heard. Dompeling roughly estimates that “self-admitted gang members” in Fairbanks may be around 150 adults and juveniles.

The Fairbanks Gang Prevention Program includes delivering “Gang 101” training to social service agencies, schools, hospitals, and other groups by request. This training provides a basic overview of gang behavior including history, trends, risk factors and indicators.

*For more information on the Gang Prevention Program, contact: Shea Daniels, (907) 451-2042, or Tracy Dompeling (907) 451-2160.*

## Youth sex offender treatment holds promise

**Z**ero percent of the youth who have completed McLaughlin Youth Center’s sex offender program since 1999 have re-committed a sexual offense during the 12 months past their release date.

The results of the program are “absolutely amazing,” according to Unit Supervisor Bee Roberts. “If we didn’t believe there was hope for these guys,” Roberts added, “we wouldn’t be doing this work.”

Measuring recidivism rates, as was done by this program evaluation, is a way the Division of Juvenile Justice (DJJ) determines whether its services help prevent youth from repeating criminal behaviors. The sex offender program began in 1987.

University of Alaska Anchorage Ph.D. candidate Tonie Marie Quaintance conducted the evaluation of the program, referred to as “Cottage 3,” in spring 2008. The study’s sample consisted of 107 male juveniles who completed the treatment between 1999 and 2008.

Treatment takes place in a therapeutic environment that helps youths change their thinking so they can change their behavior. It includes one-on-one counseling, and group and family therapy. Depending on the youth’s level of engagement and if he meets the program’s requirements, treatment usually takes an average of 20 to 22 months or longer to complete. Thirty-two of the 1,536 juveniles charged in Anchorage during fiscal year 2008 committed sexual offenses.

A major program value is a belief that youth who have committed sexual offenses have the capacity to change and “are deserving of the opportunity to participate

in treatment,” according to the Cottage 3 Treatment Program Philosophy Statement. Youth must demonstrate consistent progress over time and “observable change” in areas such as “interpersonal skills and positive conflict resolution.”

To complete treatment and be considered at a “lower risk of re-offending,” youths’ progress must be observable and corroborated with information gleaned from mental health, school and psychological assessments.

The Cottage 3 Treatment Program consists of 20 of the 99 treatment beds available at McLaughlin Youth Center. Only males between the ages of 13–20

and with a history of committing sexual offenses are accepted in the program. Females adjudicated with the same charge are provided treatment, but in a different unit. This program is the only one of its kind under the DJJ and therefore serves youth statewide.

The Division of Juvenile Justice oversees the McLaughlin Youth Center, which opened in 1968. It is the largest of eight DJJ facilities in Alaska for youth between the ages of 12-19, who have committed juvenile offenses. The facility contains 66 detention beds and 99 treatment beds. It is divided into units and cottages according to the severity level and nature of the offense.

McLaughlin Youth Center partners with community organizations to provide a variety of services to ensure that youth are held accountable for their behavior; that safety and restoration of victims and communities are promoted; and that youth who have committed crimes and their families are assisted with the skills necessary to prevent crime.

**‘If we didn’t believe there was hope for these guys we wouldn’t be doing this work.’**

## Report: State’s EMS needs improvement

**A**fter reviewing Alaska’s trauma response system in late 2008, the American College of Surgeons released a 108-page report earlier this year that includes 85 recommendations on ways to improve the state’s emergency medical services.

On the positive side, the report noted Alaska’s excellent Injury Prevention Program, extensive and creative networks for ground and air medical transport, and exceptional working relationship with Harborview Trauma Center in Seattle.

“Clearly the ‘Last Frontier’ is challenged with issues of geography, remoteness, inclement weather and limited health care resources,” the report reads. “State and regional leaders, along with a wide-ranging cadre of health-care providers are to be congratulated for their efforts to achieve the trauma system mantra of ‘getting the right patient to the right place in the right amount of time.’”

The report went on to criticize Alaska for the lack of a strategic plan, the lack of standards for on-scene triage and inter-agency transfer of patients, and the lack of attention to the problems within the Alaska Council on Emergency Medical Services, the Department of Health and Social Services and the general public.

Of the 85 recommendations, 16 were considered critical, including:

- requiring participation of all acute-care hospitals in the state trauma system within two years;
- establishing a second Level II trauma center in Anchorage to meet the state’s needs (to date, the only Level II trauma center in Alaska is the Alaska Native Medical Center);
- integrating the trauma system into state and local disaster planning exercises;
- developing a central coordination center for medical aircraft used in Alaska and monitoring the availability and location of such aircraft; and
- developing and disseminating public information about the challenges in providing trauma care and the status of the trauma system in the state for Alaskans.

“An honest assessment of the state’s trauma system is an excellent place to begin,” said Tim Bundy, Injury Prevention and Emergency Medical Services section chief within the Division of Public Health. “We plan to focus on what we’re doing right, and continue to improve on the rest. Alaska is lucky to have dedicated emergency medical service personnel who are committed to doing the best job they can within the system provided. Our job will be to help improve that system as best we can.”

*The report may be accessed at: [http://www.chems.alaska.gov/EMS/Assets/Trauma\\_Center/ASC-Trauma-Recs.pdf](http://www.chems.alaska.gov/EMS/Assets/Trauma_Center/ASC-Trauma-Recs.pdf).*

# News Briefs

## Clothes discounts for foster kids

Earlier this year, the state launched a new program designed to help Alaska foster youth obtain quality clothing at a discount. Under the new plan, called “FosterWear,” licensed foster families will be offered discounted clothing at local participating stores.

A press conference was held in Anchorage in January at REI-Recreational Equipment Inc., which helped design the plan, and was the first store to sign on.

Among those attending were DHSS Commissioner Bill Hogan and Amanda Metivier, a graduate of Alaska’s foster care system. Metivier worked for more than a year with Rep. Les Gara and Office of Children’s Services staff to find a solution to a common program facing foster youth — not having the money needed for basic clothing.

“Foster youth face a lot of challenges, and it doesn’t help when they stand out among their peers in used or inadequate clothing,” Metivier said.

Other Alaska stores have been invited to join in the program and several began taking part in the program this spring. Although the state suggests a 25-percent discount on clothing items, the percentage discounted is up to participating retailers.

In late February, McDonald’s restaurants in Alaska (except in Juneau and Ketchikan) began using a new liner for food trays urging customers to become foster parents. Participating restaurants also offered a 10 percent food discount for foster families.

## Statewide telephone survey collects health information

The Department of Health and Social Services is continuing its annual survey of Alaska adults to better understand health behaviors and risk factors that may lead to chronic or infectious diseases, or other health problems.

The survey is called the Behavioral Risk Factor Surveillance System. The ongoing research, funded by the U.S. Centers for Disease Control and Prevention, is conducted in every state.

Health and Social Services staff members administer the survey by telephone, and phone numbers are randomly selected. The department does not know or collect the interviewee’s name or address. The survey collects information on health-care access, exercise, fruit and vegetable consumption, tobacco use, immunizations, chronic diseases, disabilities, cancer screenings and more.

All information is kept confidential and is used to help the department design effective prevention programs and improve the services it provides.

Findings from the most recent survey can be found at <http://www.hss.state.ak.us/dph/chronic/hsl/brfss/pubs/BRFSS07.pdf>. For more information about the national Behavioral Risk Factor Surveillance System, visit <http://www.cdc.gov/brfss>.

# DHSS Stars



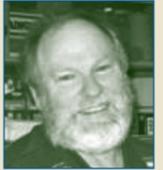
### SUSAN ARTS

**Susan Arts**, Northern Regional Staff Manager for the Office of Children’s Services, was nominated and selected to be Alaska’s award winner for the prestigious Administration on Children, Youth and Families (ACYF) Commissioner’s Award. This award honors one person for their exceptional contributions to the prevention and treatment of child abuse and neglect in their state. The award was presented at the 17th Annual Conference on Child Abuse and Neglect March 30–April 4 in Atlanta, Ga.



### STEVE BEATTIE

**Steve Beattie**, Maintenance Foreman, Ketchikan Pioneer Home, performs many duties and undertakes many projects that keep the residents safe and makes their lives better. Steve always goes the extra mile in serving the residents, putting their needs first. “He often takes on additional tasks that could be contracted out to save the department money,” said Home Administrator Julie Sande.



### STEPHANIE BIRCH

**Stephanie Birch**, Health Program Manager IV with Women’s, Children’s and Family Health, Division of Public Health, was elected President of the national Association of Maternal and Child Health Programs. Stephanie will serve two years as President-Elect (2009–11), two years as President (2011–13), and two years as Immediate Past President (2013–15) for a total of six years as a member of the AMCHP Executive Committee and Board of Directors.



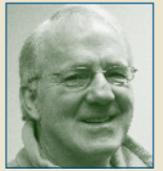
### L. DIANE CASTO

**L. Diane Casto**, Manager for Prevention and Early Intervention Services with the Division of Behavioral Health, currently is serving her first term as the Vice President of External Affairs for the National Prevention Network, an organization within the National Association of State Alcohol/Drug Abuse Directors (NASDAD). She also serves as a member of the Expert Panel for the Substance Abuse and Mental Health Administration FASD Center for Excellence; is an advisory member of the Arctic FASD Regional Training Center; and works closely with Community Anti-Drug Coalitions of America (CADCA).



### BOB FROEHLE

**Bob Froehle**, Nome Youth Facility Superintendent, Division of Juvenile Justice, has developed an extensive Community Work Service Program that allows detention youths to earn participation. If their behavior warrants trust, they can leave the detention center with supervision to shovel snow for elders, clean churches, work at the food bank and volunteer at the recycling center. Sitnasuak Native Corporation was so impressed with Bob’s program they donated land to the detention facility so the youths could catch fish during the summer for the elders.



### TRACIE GARDNER

Epidemic Intelligence Service Officer **Tracie Gardner, Ph.D.**, was selected as a finalist for the 2009 Donald C. Mackel Memorial Award. This exclusive and prestigious award is given by Centers for Disease Control for a presentation that best exemplifies the effective application of a combined epidemiologic and laboratory approach to an investigation. Tracie was nominated for the award because she led an outstanding multiagency investigation into an outbreak of *campylobacteriosis* associated with raw peas in Palmer and continues to be a valuable asset to the state.



### RICH SAVILLE

Residential Adult and Children’s Facilities Licensing’s supervisor **Rich Saville**, with the Division of Public Health, has shown extraordinary performance going “above and beyond” expectations. This past year due to staff shortages, in addition to his supervisory duties, Rich covered an additional caseload of 60+ facilities working the inherent serious investigations that accompany the cases. He has led or co-investigated 48 complaints while providing steady coaching to his team of specialists.



### TIM STRUNA

At the 2008 Alaska Health Summit in December, Southcentral Public Health Nursing Manager **Tim Struna**, Division of Public Health, was one of two participants awarded the Alaska Public Health Association Short Term Service Award. Tim was cited for outstanding contributions to the Alaska Public Health Association by promoting ALPHA’s purpose, “to advance the public’s health.”



### SANDRA WOODS

At the 2008 Alaska Health Summit in December, Nurse Consultant II **Sandra Woods**, Division of Public Health, was one of two participants awarded the Alaska Public Health Association Short Term Service Award. Sandra was cited for outstanding contributions to the Alaska Public Health Association by promoting ALPHA’s purpose, “to advance the public’s health.”



### FAIRBANKS CHILDREN’S SERVICES OFFICE

The Fairbanks OCS office has received the 2009 Family Friendly Workplace Award. The office was selected in the public sector category with 25-plus employees. The award was presented by the Fairbanks North Star Borough Early Childhood Development Commission. A proclamation was issued by the Office of the Mayor declaring April 28 Family Friendly Workplace Day in the borough, and congratulating the OCS office.

## Johnson Youth Center trains chefs for jobs

Imagine, if you will, a sumptuous meal: Succulent tomatoes, picked perfectly ripe from the greenhouse; crisp lettuce from the garden; delicious caramelized onions. And the piece de resistance? How about a savory Stromboli — a sort of rolled pizza comprised of seasoned meats and cheeses enclosed in warm, freshly made Italian bread.

Sound good? Well, how about if the meal not only satisfies appetites, but also feeds a hunger among young Alaskans in need of guidance and a pathway to a well-paying future? Welcome to the new culinary arts program at Johnson Youth Center in Juneau, run by the Division of Juvenile Justice.

“This is not a program that will get you ready to carry onions into the kitchen from the truck,” said Superintendent Dennis Weston. “This program prepares you to be someone who can run an entire kitchen.”

The new 16-week program, which equips the center’s clients to prepare a multi-course meal from start to finish, began earlier this year with six students. That’s a large percentage of the clients at the 22-bed center.

In helping their clients plan for the future, Weston said the center routinely uses a Youth Competency Assessment tool to determine where a teen’s interests might lie. Other fields of training in the past have included commercial diving and construction trades. “We’re basically asking kids: what are your strengths?” he said.

The goal is to help each one find work that will give him or her a stable future.

“Culinary arts programs will allow our kids to go out and get competitive salaries,” Weston said, “so they’re not having to support themselves on minimum wage jobs. These programs will allow them to be able to not just work in a kitchen, but to be a lead cook.”

The curriculum used for the culinary program is called ProStart, and is a career-building program for high school students. Half of the 16-week curriculum is spent in the classroom and the other half is hands-on learning.

The course includes information about topics like food safety, put into practice with hands-on learning about proper care and cleaning of equipment and use of a

meat thermometer, for example. Classes have titles like “The Art of Garnishing” and “The Versatile Egg.”

But how safe is it to put kitchen utensils into the hands of the center’s occasionally troubled young clientele? Weston points out that the youth are using special food preparation tools, and not regular knives, but acknowledges careful supervision is required.

“It is a risk, just as any component at the center is. You allow kids to go out in the community on pass and that’s a risk,” Weston said. “Certainly having cutting utensils, that is a risk. But we try to build good relationships with kids and make sure they’re in a good space and supervise them closely.”

The youth in the program also have the opportunity to work with the Alaska Job Center’s ALEXsys system to develop résumé writing skills.

Youth leave the program with a Food Handlers Card, which is required for employment in most establishments that prepare and serve food. To obtain the Food Handlers Card, youth must take and pass an online test that focuses on food worker knowledge such as cross contamination, dishwashing and temperature control for different foods.

And while the culinary program isn’t for every youth at the center, those who take part will emerge with a thorough understanding of the operations of a top tier professional kitchen.

At two months into the course, the first group of students was already adept enough at their new skills to prepare a large meal for 150 people at a local church. The main dish was the aforementioned Stromboli, which proved to be a big hit, Weston said.

Adding variety — and fresh produce — to the program’s mix is that the center already has greenhouses in use year-round and a 16-bed garden. Weston hopes eventually the center will be a sort of one-stop shop, where young clients can learn to garden, work in the greenhouses, be instructed in how to catch and dress wild game and fish, and then professionally prepare it all in the kitchen.

It’s all part of an overall plan to show the center’s residents the way to a brighter, and more prosperous, future.

“This kind of program gives kids confidence,” Weston said. “It gives kids an opportunity to put these skills into practice. And then, given just an ounce of encouragement, most of these kids will be able to succeed.”



Johnson Youth Center youths get hands-on training and experience preparing meals for events in Juneau. A specialty: fresh-baked breads and puff pastry stuffed with crab spread (above).

## Children’s Services has strengths, areas needing improvement to better serve Alaska’s families, per federal report

Alaska has received results from the Child and Family Services Review undertaken last year by the U.S. Administration for Children and Families. A Program Improvement Plan (PIP) is being developed to address areas found in need of improvement. Alaska will have two years to complete the plan once it is finalized.

“I think the PIP is the most exciting part of the review process,” said Social Services Program Administrator Kristie Swanson, with the state Office of Children’s Services. “This is our opportunity to create, strategize, develop and implement changes that will keep Alaska’s children safe and help their families grow stronger.”

The federal Children’s Bureau began the review last year with an analysis of Alaska’s child welfare data and a Statewide Assessment developed by the Office of Children’s Services. Additionally, during one week in September 2008, on-site reviews of 65 Alaska cases (from Anchorage, Juneau and Bethel) and interviews were conducted with local and state stakeholders.

The review measured performance on 23 items related to seven safety, permanency and well-being outcomes, and 22 items related to seven systemic factors. Items were rated as a “Strength,” or as an “Area Needing Improvement.”

Alaska’s results were received in March and showed a rating of Strength in several areas, including: maintaining children in their own communities; providing relative placement resources when needed; ensuring children’s relationships with their parents and siblings are maintained; and meeting the national standard for the length of time it takes to find permanent homes for children who have been in foster care for extended time periods.

Alaska’s comprehensive data system, the Online Resource for the Children of Alaska, known as ORCA, also received high marks.

“We’re pleased to see from this review that Alaska has made measurable strides in our child protective services system,” Children’s Services Director Tammy Sandoval said.

The review also found several areas needing improvement, including safety; permanency or well-being; quality assurance; and training. Areas requiring

attention included foster and adoptive parent licensing; and recruitment and retention efforts.

In the months since the review was completed, the Office of Children’s Services has demonstrated improvements in some of those areas.

More than 50 participants attended the Program Improvement Plan kick-off meeting in Anchorage in January, and have continued meeting through the year. Those participating included Children’s Services staff, service providers, program staff, focus groups, and other partners and organizations. Workgroups were established to meet twice a month and reach out to a broad array of stakeholders through the use of focus groups, using established community and statewide forums. In addition, data are being analyzed and action steps determined.

A draft PIP was submitted in May, and it is expected to be finalized this summer. “We appreciate each and every person who has attended these meetings and their commitment to better Alaska’s child welfare system,” Swanson said. “We’re all very excited about this process and ready to get started.”

*More information and a copy of the Child and Family Services Review report can be found at <http://hss.state.ak.us/ocs/Publications/CFSR.htm>.*

# Bring the Kids Home works to reduce ‘acute care’

*Juvenile Justice, Behavioral Health, Office of Children’s Services, all work together*

One of the challenges for the five-year-old Bring the Kids Home Initiative, whose goal is treating Alaska youth with serious emotional disturbances in their own homes and communities, is trying to decrease the need for “acute care” services, meaning mental health hospitalization.

The initiative is working to ensure that children do not remain in acute care longer than necessary due to a lack of resources in the community. Over-use of acute care has the potential for fiscal and individual client impacts.

## When Medicaid stops paying

When children remain in acute care after their needs no longer require that level of service, the child is “decertified.” This means that the services can no longer be covered by Medicaid. A parent would then have to pay for the cost of the services instead of Medicaid. For children in state custody, the state would have to pay 100 percent instead of only about 50 percent of the cost.

Losing Medicaid eligibility causes financial pressure to get the child out of acute care. However, it often takes time to develop community resources and appropriate in-home supports. “Some youth have behaviors that are difficult,” said Judy Helgeson, a utilization review specialist with Behavioral Health. “They may have aggression, which is not controlled by medications, but by continued work with the youth and the family outside an institutional setting the youth may learn appropriate social skills.”

When community supports are not available, there is increased pressure for children to move into residential services. This is an issue of concern for Health and Social Services. “While we try to *decrease* utilization of acute care,” Bring the Kids Home Coordinator Brita Bishop said, “we could unintentionally *increase* utilization



of out-of-state care, which is contrary to ‘bring the kids home.’”

To address this, several Health and Social Services divisions — Juvenile Justice, Behavioral Health and the Office of Children’s Services — work together on a cross disciplinary “resource team.” Acute care providers such as North Star, Alaska Psychiatric Institute and Providence work with the Team to find in-state options for youth. All youth receiving Medicaid who are referred for out-of-state treatment are also reviewed to ensure that appropriate resources within the state have been attempted.

## Results

The effort is working, according to Bishop. In the past, approximately five children in state custody per month were decertified. This year for March and April only one child (total) was decertified. “For fiscal year 2008, the total number of Outside residential treatment admissions decreased by 32 percent,” Bishop said. “So at this point it does not appear that our efforts to avoid decertification — and to keep children from lingering in acute care — have increased out-of-state care.”

## DHSS News & Notes ...

### Alaska Pioneer Homes

#### Alaska Veterans and Pioneers Home in Palmer

- Was recertified — with an excellent score — by the U.S. Department of Veterans Affairs.

#### Juneau Pioneer Home

- Received a perfect score on its state certification and licensing inspection earlier this year.
- Was recertified both in Alaska’s Occupational Safety and Health Administration’s Safety and Health Achievement Recognition Program, and as an Eden Alternative home.

#### Ketchikan Pioneer Home:

- Social worker Vanessa Ohlson was honored by the local Chamber of Commerce for her work with local emergency departments to transport fragile residents “Home for the Holidays” in ambulances. Ohlson told the local paper the program “brings back the sense of family for the elders.”

### Behavioral Health

#### Suicide Prevention Update

- The Legislature extended the Statewide Suicide Prevention Council for four more years, and made it easier for youth and people

who work with them to get a seat. Legislators made their own seats nonvoting so their absences won’t hold up votes, and added a public seat.

- Three regional three-year youth suicide prevention grants, of about \$100,000 per year, started July 1. The University of Alaska Anchorage’s Behavioral Health Research and Services team will help local grantees evaluate their training and outreach efforts, as required by the grantor, the federal Substance Abuse and Mental Health Services Administration. For details, go to: <http://www.hss.state.ak.us/dbh>.
- The state grantee that runs Alaska’s 24/7 hotline (1-877-266-HELP), Careline Crisis Intervention, now also offers online chat help, at <http://www.CarelineAlaska.com>.

### Senior and Disabilities Services

- A bill to link payment rates for home and community-based services to the costs of providing those services stalled in the Legislature; the bill is to be considered again next year. Health and Social Services Commissioner Bill Hogan is committed to developing such a system. The Legislature approved an interim rate increase for the services.
- The Legislature approved \$609,900 to maintain senior meal programs and off-set federal funding shifts made to match regional senior population shifts. The American Recovery and Reinvestment

Act slated \$485,000 to expand congregate meals and home-delivered meals through providers such as senior centers and Meals on Wheels.

- A new provider search tool on the SDS site lets Alaskans search for care providers by service, place or name. Select “adult day care,” type in “Nome,” and bingo!: the Nome Community Center appears. “People can search any time, quickly and easily,” said SDS Director Rebecca Hilgendorf.
- SDS promoted Alaska’s three Aging and Disability Resource Centers during May, in recognition of Older Americans Month. More than a referral line, ADRCs empower seniors, people with disabilities and caregivers — regardless of age or income — to make their own long-term support choices. Contact: Amanda Lofgren, 334-2612, or 1-877-6AK-ADRC (1-877-625-2372) toll-free.
- The Senior Information Office is now the Medicare Information Office, better reflecting the office’s mission. Call for independent Medicare counseling: 269-3680 in Anchorage; 1-800-478-6065 toll-free statewide.
- To promote Medicare awareness, the Medicare Information Office ran an ad in local newspapers statewide and gave seminars in Juneau, Anchorage and Bethel.

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 \$1.02 per copy in Anchorage, Alaska. This cost block is required by AS 44.99.210.

# SUMMER UPDATE 2009



Dept. of Health & Social Services  
Summer Update 2009  
Vol. 5 No. 2

Office of the Commissioner  
350 Main Street, Room 404  
P.O. Box 110601  
Juneau, Alaska 99811-0601  
Phone: (907) 465-3030  
Fax: (907) 465-3068  
TDD/TTY: (907) 586-4265  
[www.hss.state.ak.us/](http://www.hss.state.ak.us/)

A biannual publication printed on recycled paper

PRSR STD  
U.S. POSTAGE  
**PAID**  
Anchorage, AK  
Permit No. 69

## Top stories:

- Meet the new Chief Medical Examiner
- Video-teleconferencing combats depression
- Governor establishes Health Care Commission

## One-stop service for homeless

**M**en, women and children experiencing homelessness receive immediate access to services at Anchorage's biannual Project Homeless Connect, a partnership between the Department of Health and Social Services and many other organizations.

In January, 669 individuals received a gamut of social services at the downtown Egan Civic and Convention Center during the fourth successful Project Homeless Connect. The next event is planned for July 31, 2009, 10 a.m.–3 p.m., at the Egan Center.

**The next event is planned for July 31, 2009, 10 a.m.–3 p.m., at the Egan Center in Anchorage.**

Health and Social Services has partnered in this community-wide project since it was initiated by the Anchorage Coalition on Homelessness in July 2007. The one-day event offers access to a range of services, such as housing; Social Security information; public assistance applications; on-site medical, vision, and dental care; state identification cards; birth certificates; access to mental health and substance abuse treatment; haircuts, and more. Services available at Project Homeless Connect are free due to donations and grants received from public and private sources.

A total of 2,070 individuals have received help through Project Homeless Connect since 2007. Data collected from the January 2009 event showed that a majority of the individuals who attended have been homeless for six months or less.

Health and Social Services is one of approximately 60 service providers that set up mobile offices at Project Homeless Connect to improve access to the critical services people need to secure safe, affordable, and sustainable housing and other basic needs, including food and medical care. Department services, such as food stamps, public assistance and birth certificates, are among the most requested from attendees.

The Project Homeless Connect model began in San Francisco in 2004 and has been replicated in more than 115 cities nationwide. Locally, Project Homeless Connect is one of 14 broad strategies proposed in Anchorage's Ten Year Plan on Homelessness, which was developed in 2004 by a Mayoral Task Force representing all sectors of the community (i.e., individuals who are homeless; government; social services, law enforcement; faith-based communities; and businesses).

Trevor Storrs, co-chair of the Anchorage Coalition on Homelessness, said "DHSS is a great example of how strong partnerships have made Project Homeless Connect a successful event."

For more information on Project Homeless Connect's July 31 Anchorage event, e-mail: [phanchorage@gmail.com](mailto:phanchorage@gmail.com) or visit: [www.anchoragehomeless.org](http://www.anchoragehomeless.org).

## Renewed presidential focus may impact direction of Alaska's Faith-Based and Community Initiatives

**P**lans to redefine the role of Alaska's Office of Faith-Based and Community Initiatives (FBCI) and its advisory council are under way. A new Administrative Order, which is being developed, will decrease the number of council members and ask them to consider the most effective positioning and function of the office and council in the coming years.

The Office and its advisory council were first established by Administrative Order 221 in January 2005. Council membership is made by gubernatorial appointment.

Alaska's Juneau-based FBCI project coordinator, Michael Curran, recently took part in a national teleconference with President Obama's newly named director of the White House Office of Faith-Based and Neighborhood Partnerships, Joshua DuBois, and multiple state liaisons. The purpose of the teleconference was to update liaisons on the priorities of President Obama's re-vamped White House Office of Faith-Based and Neighborhood Partnerships and to listen to promising models of grassroots efforts across the nation.

Top priorities of the White House Office include: economic recovery; reducing poverty; promoting responsible fatherhood, supporting women and children; and fostering a worldwide interfaith dialogue.

A major focus for Alaska's FBCI during fiscal year 2010 is to manage the Community Initiative Grants, funds distributed to agencies that provide essential human services and are located outside of Anchorage, Mat-Su, and Fairbanks.

Alaska's FBCI priority areas remain homelessness, hunger and at-risk youth with an emphasis on foster care. Curran will continue to uphold the office's mission "to improve the well-being of Alaskans by strengthening and expanding the contributions of faith-based and community initiatives" through his coordination of a Rural Food Distribution Initiative, serving as vice-chair of the Alaska Coalition on Housing and Homelessness, and as a member of the Juneau Homeless Coalition.

For questions about Alaska FBCI, see <http://hss.state.ak.us/fbci/default.htm>, or contact Michael Curran at 465-6817, [michael.curran1@alaska.gov](mailto:michael.curran1@alaska.gov).