

SUMMER UPDATE 2007

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

VOLUME 3 NUMBER 1

Infectious disease detective tracks bugs

Epidemic Intelligence Officer is on loan from CDC

In the past year, salmonella, norovirus, even whooping cough sickened Alaskans. Each outbreak starts as a mystery with questions needing answers: How did it start, who was exposed and what can be done to prevent more illnesses?

The Department of Health and Social Services has assigned Dr. Ryan Fagan to lead many of these investigations.

Fagan is on loan to the state from the U.S. Centers for Disease Control and Prevention (CDC) for a two-year stint that ends in summer 2008. He is one of 81 Epidemic Intelligence Service, or EIS, officers dispatched across the country to help run outbreak investigations. The CDC's Epidemic Intelligence Service began more than 55 years ago to train doctors, nurses and veterinarians to respond to all types of epidemics. Across the nation, they've worked with infectious diseases like AIDS and chronic diseases like obesity, according to the CDC. Fagan's specialty is infectious diseases.

EIS officers can work in any state, but Fagan — a St. Louis native — ranked Alaska his top choice. He had never been here before taking the job, but knew Alaska



Dr. Ryan Fagan, right, and Dr. Joe McLaughlin analyze infectious disease statistics in Anchorage, in addition to Fagan traveling to the Bush for on-site investigations of outbreaks.

would offer unique work. Many outbreaks here happen in remote villages, requiring EIS officers to travel often. Even more, with one exception Alaska lacks the city or county health departments found in other states.

people to prevent or treat illnesses. Everyone recovered, never having to leave the village for care.

This spring, Fagan tried to find out what food had

That means Health and Social Services leads most disease outbreak investigations, sending the EIS officers to cities and villages that are sometimes a thousand miles from Anchorage, or farther.

"The main reason I came to Alaska was there are so many opportunities for public health work here," Fagan said.

Soon after he started last August, Fagan flew in a small Bush plane to a village in the Yukon-Kuskokwim Delta. His job was to investigate an outbreak of pertussis, commonly called whooping cough. Four residents were sick, "which in a village of that size was an unusually high number," Fagan said. He later found four more ill people, and ended up providing antibiotics to 72

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Senior benefit legislation passes

In late June the Alaska Legislature passed legislation in a special session to create a new program to benefit low-income seniors, which followed the sunset and end of the SeniorCare program on June 30.

The department began working on implementation soon after the special session to ensure the change will be seamless for seniors for the Aug. 1 implementation of the new Senior Benefit program.

Monthly cash benefits for Alaska's low-income seniors age 65 and older will continue, and even increase, under the recently-passed legislation. The department expects about 10,700 seniors will likely qualify for the new program.

Seniors will need to apply for the new program. Current SeniorCare recipients will receive a letter and

a new application in July. Until the new application is available, Public Assistance will continue to accept the current SeniorCare application form. To apply, seniors can call 1-888-352-4150 (statewide), or 352-4150 (Mat-Su), or download an application to submit to the Senior Benefits Office at www.hss.state.ak.us/dsds/pdfs/SeniorBenefitsapplication.pdf.

When SeniorCare was due to sunset, the department implemented emergency regulations to continue benefits through July. This provided the Legislature time to find a solution, and gave the department time to implement the new benefit program by August.

For information on other state programs for seniors in Alaska, call the Senior Information Office at 1-800-478-6065, or 907-269-3680 in Anchorage.

Senior household size	Annual income up to 75% of AK Federal Poverty level	Annual income between 75% and 100% of AK Federal Poverty level	Annual income between 100% and 175% of AK Federal Poverty level
	\$250 monthly payment	\$175 monthly payment	\$125 monthly payment
1	\$9,577	\$12,770	\$22,348
2	\$12,840	\$17,120	\$29,960

New Fairbanks Virology Lab construction under way

Beginning in May, GHEMM Company Inc. began site preparation for the new Fairbanks Virology Laboratory, which is connected to the University of Alaska Fairbanks' Biological Research and Diagnostics facility. A formal groundbreaking ceremony was held June 12.

This collaborative project will result in the sharing of ideas and new knowledge between the UAF Health Research Program and the Department of Health and Social Services.

The department will occupy approximately 18,000 square feet on the ground and upper levels, and the university will occupy approximately 7,000 square feet in the basement.

Total cost of the project is estimated at \$32 million. The university has contributed \$1.5 million to date for design and construction of the basement level for future UAF use.

The new lab will replace the current lab, which is also located on the West Ridge of the campus in the old Arctic Health Research Building. The new lab will expand its operations to include "Bio-Safety Level 3" space, allowing for the proper isolation of potential biological hazards. The Bio-Safety space also allows for a level of redundancy where Fairbanks could perform laboratory work, which in the event of a disaster could not be performed at the Anchorage lab. Completion is expected in December 2009.

Look for a photo and an update on construction progress in the next issue, Winter Update 2007-08.

Governor's awards



At the 2007 Conference on Community & Faith-Based Service in Anchorage in April, Gov. Sarah Palin honored 20 Alaskans with awards for their outstanding volunteer activities. Shown with the governor is recipient Kay Love, 96, an active volunteer on behalf of Alaska children and preservation of Alaska history. See page 7 for a story on the conference.

Department prepares for federally mandated Medicaid provider audits

An essential component of Medicaid is federally mandated audits of providers, which help ensure that claims are paid in accordance with state statutes, regulations and provider agreements.

PERM pilot project

A one-time federal grant was awarded to DHSS in 2004 for a Payment Error Rate Measure (PERM) pilot project, designed to estimate the payment error rate for the Medicaid and State Children's Health Insurance Program (SCHIP). That project yielded an overall payment error rate for Alaska at 42.94 percent.

Most of the provider payment errors in the pilot project were caused by lack of proper documentation for services rendered and failure of the providers to adhere to pertinent state statutes, regulations, policies or guidelines.

"We are doing everything we can to help ensure that our providers' bookkeeping and billing are accurate, efficient and meet best practices," Deputy Commissioner Anthony Lombardo said.

Federal audit

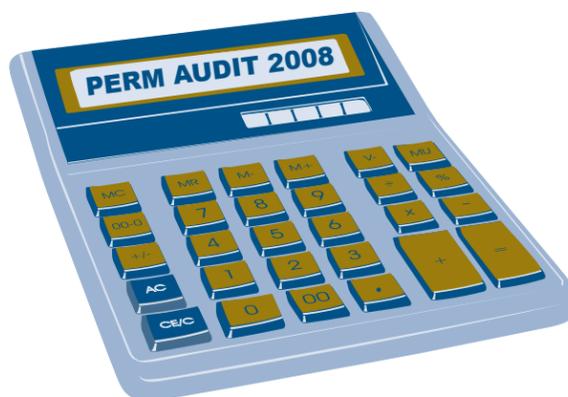
All states were put into a three-year audit cycle beginning in 2006. Each year, one-third of the states are audited, with year of the audit selected randomly. The Centers for Medicare and Medicaid Services selected Alaska for audit by PERM auditors in 2008. That means that Medicaid claims paid during 2007 will be reviewed by contractors employed by

the Centers for Medicare and Medicaid Services.

The department and the Alaska Medicaid providers have one year to address the problems that resulted in the 42.94-percent error rate.

Goal: continuous improvement

The Department of Health and Social Services continues to improve the quality



of its service delivery and the overall quality of the Alaska Medical Assistance Program, which is jointly funded by the federal government and the state.

The department's goal — achieving continuous improvement — helps Alaska providers become more efficient, which in turn helps Medicaid clients receive more streamlined services. To prepare for the 2008 federal audit, Alaska providers are being trained by DHSS. (See sidebar for more information on provider training.)

Editor's note: For more detailed information on Medicaid audit procedures, see the Program Review Web site at: http://www.hss.state.ak.us/commissioner/program_review.htm.

Audit training for providers

First Health Services Corporation, the state Medicaid contractor, presents a free training called "Guidelines for Record Keeping and Potential Audits" for all Medicaid providers. Class schedules are available through First Health's Web site at <http://alaska.fhsc.com>. This training covers the regulatory requirements around documentation, potential errors found in reviews completed to date, and additional information concerning audits that could be performed by either the state or federal agencies.

In addition, the Quality Assurance/Program Integrity unit in the Health and Social Services Commissioner's Office is developing audit training programs and currently managing the Medicaid provider audits performed by the department. The unit also serves as the contact point for Office of the Inspector General, Centers for Medicare and Medicaid Services and legislative audits.

- For questions about provider training, call the DHSS Quality Assurance Manager at (907) 269-0478; or see the Program Review Web site: http://www.hss.state.ak.us/commissioner/program_review.htm.
- Class schedules are available through First Health's Web site: <http://alaska.fhsc.com>.

'Performance-based' funding brings accountability to Behavioral Health grants

The Division of Behavioral Health leadership met with grantees and legislators in mid-February to introduce a new direction for Behavioral Health community grant funding.

Based on a national model called "performance-based funding," work is under way to begin implementing this new system in fiscal year 2008. While there have always been the elements of "performance" and outcomes to help determine funding for new and continuing grantees, there will now be a more objective and defined review and assessment process to make sure service dollars are showing results at the community level.

The national performance-based funding model designates targets, outcomes and identified results to determine funding levels for annual grantee funding. This funding model, used often by education systems across the nation, has been

described as an objective way to assess program and agency performance, utilization, and client and community outcomes.

"The goal of this change is to ensure greater quality, productivity, transparency and effectiveness for grant funding," Behavioral Health Director Melissa Witzler Stone said.

To carry out the mechanics of this new process, specific criteria have been identified by the division for grantees to accomplish. Standards for each section are different, based on type and level of services provided (area of expertise, number of clients, utilization rate, and cost per client) and performance outcomes (helpfulness of services to clients, citizens and communities, and level of positive change promoted by services).

To ensure documented accountability and transparency in the use of public funds in all divisions, the department hopes to activate this review and assessment process departmentwide in the future.

New division directors appointed

Five division directors have been named to the Department of Health and Social Services since the recent change in administration.

Three familiar names — Ellie Fitzjarrald in Public Assistance, Dr. Jay Butler in Public Health and Steve McComb in Juvenile Justice — were promoted to director of their respective divisions.



Fitzjarrald

Fitzjarrald began serving as acting director of DPA in June 2006. She has worked in the department's medical assistance and public assistance areas since April 1980.

In addition to 10 years as a front-line eligibility technician, Fitzjarrald has been involved in systems design and testing, and helping Native organizations build Native Family Assistance Programs. She has earned several awards for her exceptional achievements. "Ellie has a deep understanding of the importance of public assistance in helping people in vulnerable circumstances achieve the highest possible degree of self-sufficiency," Commissioner Karleen Jackson said.

Dr. Jay Butler has served as Public Health Deputy Director for Science and Medicine since 2006. "Jay is a



Butler

highly competent and skilled epidemiologist who will provide strong leadership in public health," Jackson said. "He brings a strong connection to the Centers for Disease Control

and Prevention, which has significantly helped us in pandemic flu preparedness."

Steve McComb has served as acting Juvenile Justice director since June 2006. Prior to serving as acting director, he was deputy director and Social Services Program Administrator for Juvenile



McComb

Justice from January 2002 to May 2006. He has worked for the department in various capacities in Juvenile Justice since 1981. "Steve's entire career has focused on youth and youth issues," Jackson said. "I'm

pleased he will continue to share his wealth of knowledge and experience with the department."

Two new faces have joined the department — Health Care Services director William Streuer and Behavioral Health director Melissa Witzler Stone.

Streuer came to the department from

First Health Services Corporation, where he served as the Senior Director of



Streuer

Alaska Operations since 2003. First Health manages the state's Medicaid claims system. "Bill brings significant experience in Medicaid, and he

will help us tackle the current Medicaid challenges," Jackson said. Streuer began work April 1, 2007.

Melissa Witzler Stone comes to the department from Seward, where she was Executive Director of SeaView Community Services since 1994. When announcing the appointment, Commissioner Jackson noted that Stone has substantial experience in behavioral health services in rural and urban settings, and in public and



Stone

nonprofit sectors. "Behavioral Health has undergone quite a transformation as a result of the department's 2003 reorganization," Jackson said.

"Melissa has the vision and experience to complete the system reforms needed to better serve Alaskans in this critical area." Stone assumed her new position May 1, 2007.

Sarah Palin
Governor

Protecting our
Treasure



Compassion is a prime characteristic of a caring, efficient administration, and the Department of Health and Social Services exemplifies this quality throughout its eight divisions.

The public may perceive a faceless bureaucracy when it thinks about state government — but that changes quickly when a family or individual in crisis finds a safety net through Health and Social Services.

A current example is the dilemma many of our most vulnerable, low-income seniors find themselves facing without having a reauthorization of the SeniorCare program. As a stop-gap, we put in place emergency regulations to continue cash benefits for July, beyond the June 30 end of SeniorCare. This was a short-term solution to give us time to find a long-term solution, working with our legislators. I am pleased that during its special session the Legislature found a solution, which will now continue assistance to Alaska seniors.

Our state is only as strong as the health and well-being of all Alaskans, who remain our most precious treasure.

Karleen K. Jackson
Commissioner



Council tackles
health care

More questions than answers confront Alaska (and the nation) on the overriding challenge of health care, its availability, accessibility and affordability.

Just a few of the many questions facing the newly formed Alaska Health Strategies Planning Council include: (See story, page 8.)

What does it mean to be "healthy"? What changes are we willing to make to our personal habits and behaviors in order to maximize our personal health? How much should Alaskans pay in order to stay as healthy as possible or be restored to health?

What would an effective "health care delivery system" look like in Alaska — a state with 670,000 people spread across 586,000 square miles?

And how do we develop an effective health care delivery system that minimizes cost of care, while maximizing access to care and quality of care?

I look forward to chairing the council, which is composed of Alaskans committed to developing an action plan for health care in Alaska. And I thank them for their work.

INFECTIOUS continued from page 1

sickened two people from western Alaska with botulism. Alaska has the highest rate of foodborne botulism nationwide. The toxin released by the botulism bacteria is one of the most potent toxins known. Botulism infections in Alaska are usually associated with eating contaminated traditional Alaska Native foods, such as fermented beaver tail.

Dr. Joe McLaughlin, acting chief of the state Section of Epidemiology, is familiar with the challenge of Fagan's daily work. Six years ago, McLaughlin came to Alaska as an EIS officer. During his two-year assignment, he led numerous outbreak investigations, including one that required him to fly in a Bush plane in search of a beached beluga whale linked to botulism infections in eight rural villagers.

McLaughlin said the state benefits from supervising EIS officers because they are highly skilled epidemiologists who work toward improving the health of Alaskans, but are paid by the federal CDC. Several EIS officers have also remained in Alaska after their CDC assignments are over, making long-term commitments to the state.

In addition to McLaughlin, other Public Health employees who have also worked with the EIS include Dr. Louisa Castrodale, a state veterinarian and epidemiologist, and Dr. Brad Gessner, director of the Maternal and Child Health Epidemiology unit. Public Health Division Director Dr. Jay Butler also is a former EIS officer, but served his two-year term outside Alaska.

Employees win top awards

Five Health and Social Services employees received the Denali Peak Performance Award in May. The award program, established in 2007 by Gov. Sarah Palin, recognizes individuals and team performance in five categories — co-worker recognition; customer service excellence; exceptional performance; leadership; and continuous improvement — that promote good government service.

Kathy Perhman-Hester, a Public Health Specialist II, received the **Co-worker Recognition** award. Perhman-Hester is the coordinator of the Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), a statewide epidemiologic study of women's and infants' health during pregnancy. Kathy's supervisor Janine Schoellhorn said, "Because of Kathy's high level of professional and scientific integrity, Alaska PRAMS has been awarded several national awards of excellence."

Irene Ferguson, Medical Records Assistant at the Sitka Pioneers' Home, received the **Customer Service Excellence** award. "Irene has consistently provided outstanding service to residents, families and staff," Klaudia Leccese, Pioneers' Home Administrator I, said. "She uses her time wisely and responds quickly, efficiently and professionally to routine and emergent needs."

The **Leadership** award went to Theron Powell, Facility Operations Manager at McLaughlin Youth Center in Anchorage. Powell was cited for setting "an example of leadership, ambition and ownership to the mission of Juvenile Justice," according to co-workerCarolynn Greene.

Two department employees won honorable mentions in the **Leadership** category. Tony Newman, Juvenile Justice Social Services Program Officer, was nominated for his exceptional leadership ability. Dr. Brad Whistler, Health Program Manager III with Public Health, is credited with the establishment of the state's Oral Health Program.

Alaska Medicaid expands dental care for adults

Preventive and proactive care can lower costs in long run

For years, Alaska's Medicaid program has provided only emergency dental care for adults. While clients did benefit from treatment for pain and acute infections, dentists told state administrators they were frustrated that Medicaid did not cover care that could prevent dental emergencies.

State dentist Brad Whistler gives one example of the limits of emergency care: A client on an organ-donation waiting list had a tooth so infected that the client risked removal from the wait-list if it weren't treated. However, the tooth anchored the client's partial denture, and the client needed that denture to maintain adequate nutrition, crucial for a person awaiting major surgery and an organ transplant.

A root canal would have saved the tooth and the partial denture, but root canals weren't covered. Pulling the tooth would have been covered, but then the client would have needed a full denture, and dentures weren't covered.



Mental Health Trust Authority. The annual total of \$10.2 million marks an eightfold return on the general fund dollars.

"When we put over a million dollars in community grants for direct benefit beneficiaries," said Jeff Jesse, chief executive officer of the Trust, "over 70 percent of that money went to dental care. That made clear that a huge unmet need among our beneficiaries was dental care."

Keeping appointments

The state also is encouraging Medicaid clients to keep their dental appointments. Missed appointments have been a frustration for dentists in the past, so lawmakers clarified for dentists that if they charge other patients for missed appointments, they can charge Medicaid patients as well. Medicaid will not cover that cost.

Pat Luby, Alaska advocacy director for AARP, said many members have expressed interest in the benefits.

Legislation

To help avoid such quandaries, Alaska lawmakers passed legislation in 2006 to add preventive care; federal approval came in spring of 2007. In April, Alaska Medicaid began offering Alaskans 21 and older, who receive Medicaid services, an annual allowance of \$1,150 for preventive and restorative care, from exams and cleanings to dentures.

The new dental services, which also include root canals, should mean fewer teeth pulled and fewer trips to hospital emergency rooms.

Emergency room burden

Earlier this year, Dr. Richard Navitsky, medical director of the Department of Emergency Medicine at Providence Hospital, told the Alaska Dental Action Coalition that the Providence emergency room gets two to three dental-related visits a day.

The Department of Health and Social Services estimates that over the next few years, the new preventive care could cut the need for expensive emergency treatment in half. Preventive care tends to be less expensive, and oral health has been tied to overall health as well, said state dentist Whistler.

Funding

Funding for the benefit expansion comes from a \$1.3 million investment from state general funds, matched with federal funds and \$1.425 million a year from the Alaska

The Department of Health and Social Services estimates that over the next few years, the new preventive care could cut the need for expensive emergency treatment in half.

The amount of care Medicaid recipients can access will be limited both by the cap on the benefit and the number of dentists who take Medicaid.

The state is working with AARP and the Trust to make sure their members understand the cap on

the benefit, and encourage clients to be proactive about planning and scheduling for preventive care.

Being proactive

For example, the benefit likely isn't enough to cover an entire set of dentures. Since a client would be hard pressed to walk around with a new top set of teeth over an old set of bottom teeth with a mismatched bite, he or she may need to schedule the work just before and after the end of the fiscal year, June 30, to tap into two years' worth of coverage.

Also, if a client can pay for at least part of a procedure with the annual limit, that would trigger the lower Medicaid billing rate. Clients may then be able to afford the rest of the procedure.

If clients have difficulty finding a dentist in their area of the state who accepts Medicaid patients, they can call the Medicaid recipient helpline, at 1-800-780-9972.

Additional information on the adult dental Medicaid services including a full list of covered services can be found at: <http://www.hss.state.ak.us/dhcs/dental/>.

Escalating Medicaid costs prompt department review

Possible solutions under consideration

The Department of Health and Social Services is investigating new ways to provide services paid for by Medicaid in order to address financial concerns raised in a recent independent review of Alaska's Medicaid program.

Last year, the Senate Finance Committee hired the Pacific Health Policy Group to review the state's Medicaid program. The policy group, based in California, published its report in January and shared it with the Legislature.

Medicaid, a government medical assistance program funded with state and federal dollars, covers medical care costs for families with low incomes and people with disabilities. Program costs are escalating. In state fiscal year 2005, Alaska's Medicaid spending exceeded \$1 billion, said the report issued by the Pacific Health Policy Group.

The group gave recommendations for curtailing expenses, while continuing to offer needed services. The department has given top priority to the following recommendations:

Support tribal health care systems, helping them expand the types of services they offer

The government reimburses tribal health care programs serving Medicaid-eligible Alaska Natives with 100 percent federal money, which saves state general funds, said Jerry Fuller, state Medicaid director. Tribal health care programs also are better trained to provide more culturally appropriate health care to Natives, said Fuller and Deputy Commissioner Bill Hogan.

Restructure long-term health care

As the elderly population grows larger in Alaska, more residents will need long-term health care. This includes nursing homes, assisted living homes, personal

care assistance and more. Today, Medicaid is the major payer for those services, Fuller said.

Refinancing state public assistance

The department provides financial assistance to Alaskans with life-threatening or chronic illnesses through Chronic and Acute Medical Assistance. This program, also called CAMA, is funded with state money. CAMA may be able to receive some federal reimbursement if it is run in a different way, Fuller said.

The Legislature and governor approved Senate Bill 61 this spring, which dedicates about \$2.3 million in state and federal money to investigate these recommendations. Department staff and contractors will look into how the options might work for Alaska, and if they would reduce the cost of the Medicaid program, Fuller added.

Consultant examines Children's Services

Objective review helps staff focus, establish priorities

In May 2006, the Department of Health and Social Services contracted with ACTION for Child Protection, Inc., a national child safety intervention organization, to study and evaluate Alaska's Office of Children's Services.

The North Carolina-based nonprofit was asked to evaluate OCS in four areas: organizational structure, community relationships, effectiveness of policies, and training curriculum. The cost of the study was \$121,200.

In recent years, the Office of Children's Services and OCS head Tammy Sandoval have made a number of changes to improve the effectiveness of

Sandoval plans to conduct an annual 'staff morale survey' to measure effectiveness and efficiency of OCS organization.

internal operations. Changes included developing and implementing a new child protection information management system (ORCA); training staff in and implementing a new safety assessment model for child abuse investigations; and successfully completing a federally mandated Program Improvement Plan (PIP).

"We felt it was time to evaluate OCS internal operations to better plan for and implement future improvements," Commissioner Karleen Jackson said.

The evaluations were completed in fall 2006. Staff members from around the state and the Citizen Review Panel were briefed before Sandoval and Jackson presented the consultant's findings in hearings before the Senate and House Health, Education and Social Services committees in late March 2007.

The reports were also released to the public and media at that time.

OCS head Sandoval will continue to meet with staff, tribal partners, stakeholders and interested parties to share the findings and recommendations.

Future uses of the reports

The consultant's findings, which corroborate concerns and suggestions the Office of Children's Services has received from the federally mandated Citizen Review Panel (story, page 6) and others, will be used to help continue ongoing systems reform work.

Several of the reports mentioned improved communication as a need, and a number of efforts are under way in this area. Other recommendations include the challenge of retaining good staff in direct service positions, and having adequate resources to achieve manageable workloads.

Sandoval plans to conduct an annual "staff morale survey," similar to the one done by the consultant, to measure the effectiveness and efficiency of the OCS organization.

The report also indicated several other needs for improvement, including updating policies to reflect beliefs and values related to the OCS mission regarding child safety intervention procedures.

"OCS has already been on a path of continuing system reform," Sandoval said. "These reports give us detailed guidelines for the continued direction OCS should go in the future."

The consultant's findings and recommendations are available online at http://hss.state.ak.us/ocs/Publications/2007_consultant/.

DHSS Stars



GUDRUN BERGVALL

Gudrun Bergvall, Social Services Program Coordinator for the Office of Children's Services, was nominated by Region X of the Administration for Children and Families, and approved as a federal Title IV-E Review Consultant. "This is a tribute to Gudrun's knowledge, expertise, education and quality of work," said Gudrun's supervisor, Program Administrator Joanne Gibbens.



DPA TEAM

The Division of Public Assistance's redesigned "application for services" continues to win awards (see Winter Update 2006-07 Stars). The division's most recent is the Award of Excellence from the Intermountain Chapter of the Society for Technical Communication. The judges called it "well-crafted — a nice job of chunking technical information, creating an easy access document. From a usability perspective, you've done your homework." Project Team Leader **Joan Chase (photo)** credits her entire team with the successful redesign, including Karen Aaltonen (now with Health Care Services); Eileen Monaghan; Clarissa Moon; Elizabeth Lebert; Kathy Ensor; Jim Steele; Venietia Santana; Claudia Cook; Carolyn Spalding; and Clay Butcher (Public Information Team).



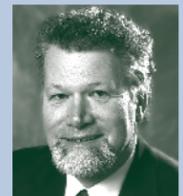
BERNARD GATEWOOD

Bernard Gatewood, Fairbanks Youth Facility superintendent, received the 2007 Commissioner's Award from the Administration on Children, Youth and Families for his outstanding achievements in the prevention and treatment of child abuse and neglect. The Commissioner's award is presented to an individual from each state and territory who has made a significant contribution to the field of child maltreatment research or practice and has inspired others to join this crucial endeavor.



JAMES HEAFNER

Jim Heafner, recently retired Associate Coordinator of the Transitional Services Unit at McLaughlin Youth Center in Anchorage, was recognized as one of the "Best in Business" by the American Correctional Association in the June 2007 publication of *Corrections Today*. "Jim has worked tirelessly to develop a quality re-entry/aftercare program that provides appropriate supervision of and support for youth leaving the institution, to best ensure their success and the community's protection," said his supervisor, Kathy Shankel.



ALAN MITCHELL

Juvenile Justice Officer II Alan Mitchell received a "citizen service medal" from the Fairbanks Police Department for exceptional acts of service. Mitchell was recognized for his efforts in coordinating the development of a poster aimed at deterring drunk drivers. He brought together numerous law enforcement agencies, including the Fairbanks Police Department, North Pole Police Department, Airport Police, University of Alaska Fairbanks, and Fort Wainwright. He also involved MADD and the Fairbanks Daily News-Miner, as well as a host of other entities.



LAUREL WOOD

Laurel Wood, Alaska Division of Public Health Immunization Manager, received the 2007 Natalie J. Smith, M.D., award, conferred annually by the national Association of Immunization Managers (AIM). The award is given to the person whose work has had a demonstrable impact at the city, state, territorial and/or national level. Laurel received the award "in recognition of her high level of initiative, creativity and commitment to achieving vaccine-preventable disease goals, her service as a role model for immunization program managers, and her significant contributions to the advancement of the mission of the Association of Immunization Managers." Laurel was also elected as chair-elect of AIM for the coming year, and she will be serving as chair of the organization in 2008.



JUNEAU PIONEER HOME

The Juneau Pioneer Home has been approved by Labor Commissioner Click Bishop for the Safety and Health Achievement Recognition Program (SHARP) award as a result of outstanding employee safety and health program. "This crew has set a shining example for organizations throughout Alaska," Bishop said. "As the first state agency to receive the SHARP award, the Department of Health and Social Services has taken the lead dog position for agencies focused on reducing injuries and associated workers' compensation cost."



Alaska Pioneer Homes division director Virginia Smiley accepts SHARP award.

Citizen Review Panel teams with Children's Services to improve child welfare programs

One thing Fred Van Wallinga wants to make clear is that the Citizen Review Panel is not an adversary of the state's Office of Children's Services.

"We want to work with them," said Van Wallinga, chair of the panel. "Our bottom line is really the same, doing the best for the children of Alaska. OCS can't do the job all by itself."

Van Wallinga and seven other Alaskans from around the state comprise the panel, which is federally mandated through the Child Abuse Prevention and Treatment Act and also through Alaska statute. Van Wallinga lives in Willow and has headed the panel for two years. Other members come from every area of Alaska — Nome, Ketchikan, Soldotna, Kodiak, Fairbanks, Anchorage.

In a nutshell, the panel is charged with examining the policies, procedures and practices of state and local agencies — and where appropriate, specific cases — to evaluate the extent to which those agencies are doing their jobs effectively.

The panel is funded by the Legislature and received \$100,000 this year. Most of that money is used for traveling and information-gathering around the state.

Each year the panel writes a report summarizing its activities and recommendations. Those reports are given to the governor, Legislature and public. Within six months, the Office of Children's Services must write a response to the report, including a description of whether and how it will incorporate the recommendations of the panel.

How the panel works

Much of the group's work happens in outlying areas. Once panel members arrive in a community, their information-gathering begins, typically in the form of interviews and discussions. They no longer do town meeting-type gatherings, having learned that

those attending tend to discuss personal cases, rather than policies or processes of the entire agency. For example, during one such meeting, a father asked his 10-year-old son to discuss what happened to him and his family. Van Wallinga worries such public scrutiny and exposure can "re-victimize" families.

Panel members speak often and in depth to agencies doing work with the Office of Children's Services. They also spend a lot of time at tribal meetings and with others working on the problem of large numbers of non-Caucasian children in state care, and talk frequently to foster parents. They do not get involved in individual cases, although they are legally able to enter any OCS office and check on any case to ensure that policy and procedures have been properly followed.

Basically, Van Wallinga said the panel tries to break down any barriers that might exist between the public and the Office of Children's Services.

In a perfect world, Van Wallinga said he'd like to be assured that policy is uniformly followed as written and that valuable front-line staff could be retained longer than the average of 17 months.



Citizen Review Panel members, from left: back row, Dana Hallett (Soldotna), Ralph Taylor (Nome), Fred Van Wallinga (Willow), front row, Carol Olson (Anchorage), Esperanza Redelfs (Ketchikan), Sylvan Robb (CRP Coordinator, Fairbanks), Art Hansen (Fairbanks), Susie Heuer (Anchorage), Pam Dupras (Kodiak).

The big question

Van Wallinga would also like an answer as to why Alaska faces so much child abuse and neglect. It could be the isolation or the fact that the state truly is the end of the road for some people. "I wish we knew," he said. "We ask that question a lot."

With the release in March of reports on OCS operations by a national consultant (see story page 5), Van Wallinga was eager for the panel to assist division head Tammy Sandoval in making whatever changes she deemed necessary.

"We're part of the team," Van Wallinga said. "Now, let's find a way to fix it and what can CRP do to help?"

To learn more, visit the Citizen Review Panel Web site at: <http://www.crp.alaska.org/>.

Children's Policy Team unifies several divisions

The Children's Policy Team was formed in March 2004 to discuss children's behavioral health, social service and financing issues that impact several divisions or agencies within the department — ultimately to better serve Alaska's children and families.

Several divisions within the department often work with the same families on social services issues in different capacities. The team was developed in response to continual program and budgetary overlap in an attempt to streamline problem-solving and project development on issues impacting services for children.

While the team began as a core leadership group within the Deputy Commissioner of Operations' office, the divisions of Behavioral Health, Juvenile Justice and the Office of Children's Services, it has expanded departmentwide and includes select program staff.

"As coordinator of the department's Children's Policy Team, I am proud of the work we have accomplished," Deputy Commissioner Bill Hogan said. "The team's expansion departmentwide allows us to effectively serve Alaska's families individually by bringing all divisions together for one goal."

Regularly included in the biweekly agenda are updates on programs such as the Bring The Kids Home Initiative (see page 7); the Co-Occurring Disorders Institute (CoDI) Mat-Su Project; and upcoming regulatory issues.

For more information on the Children's Policy Team, see <http://www.hss.state.ak.us/commissioner/childpolicyteam.html>.

Popular nutrition program moves to Public Assistance

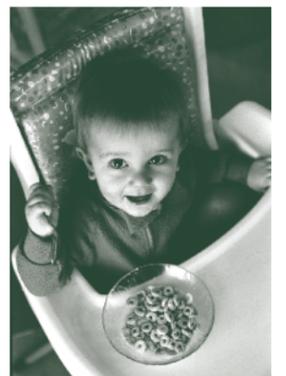
Based on the unanimous recommendation of a Department of Health and Social Services workgroup, Family Nutrition Programs, which includes the Women, Infants and Children nutrition program, has been transferred from the Office of Children's Services to the Division of Public Assistance, effective July 1, 2007.

The workgroup met four times between October 2006 and January 2007. Members included Janet Clarke, Assistant Commissioner, Finance and Management Services; Claudia Shanley, Office of Children's Services; Kathleen Wayne, Family Nutrition Programs; Stephanie Birch, Public Health; and Carolyn Spalding, representing Public Assistance.

The workgroup based its recommendation on the determination that Family Nutrition Programs fits best with Public Assistance because of numerous factors, including the fact that they possess similar missions and target audiences. In addition, the state and local agency structures have comparable eligibility criteria, range of services, and emphasis on nutrition themes and programs that serve all families.

Both Family Nutrition Programs and Public Assistance also possess eligibility processes that are nearly the same. Public Assistance uses compliance monitoring that could benefit state and local Family Nutrition Programs, client databases could be shared, and referrals could be made across programs.

Meetings with grantees began in early April to discuss any issues and concerns regarding the transfer to Public Assistance from Children's Services. Family Nutrition Programs will continue to collaborate with all programs and divisions where nutrition education is a focus.



'Compassion Alaska' under way with federal help

Federal grant allows Faith-Based Office to reach rural areas

Six months into a 17-month federally funded project to strengthen the outreach of local organizations, the Alaska Office of Faith-Based and Community Initiatives is moving full speed ahead, according to Executive Director Stephanie Wheeler. The project has been named Compassion Alaska.

"The \$500,000 federal grant is helping us build capacity among community and faith-based organizations throughout Alaska," Wheeler said. "We're helping these groups in organization and leadership development, revenue development and training, community engagement and board training development."

Sub-grants to selected organizations

Alaska's three-person office, along with selected contractors, will hold two-day "capacity building" workshops in the Southeast, Southcentral, Far North, Interior and Southwest regions of the state over the next eight months. The office has earmarked \$200,000 of the federal grant for 10 sub-grants — two per region — to provide intensive technical assistance to selected organizations.

Successful grant recipients must provide social services in one or more of the priority areas: homelessness; ex-offenders; at-risk youth; elders in need; substance abuse; welfare-to-work; and/or healthy marriages. Awardees must also have an annual budget of less than \$500,000; have fewer than 10 staff; have never received a federal grant nor more than one state grant; and be willing to take part in an evaluation.

The sub-grants will not fund direct social services, and no part of the grant may be used to fund inherently religious activities, materials or training. Awardees will be announced in July.



DHSS Commissioner Karleen K. Jackson introduces Jay Hein, of the White House Faith-Based and Community Initiatives Office, to Alaska during the conference.

2007 Conference on Community & Faith-Based Service

Because of the federal grant, the Alaska office was also able to provide \$20,000 in travel scholarships to help more than 43 representatives of rural organizations attend a major conference in Anchorage last April, the 2007 Conference on Community & Faith-Based Service.

The conference — attended by more than 400 — was co-sponsored by the Alaska State Community Service Commission, part of the Department of Commerce and Economic Development.

The April conference theme, "United to Serve Alaska," focused on the value of partnerships in disaster preparedness. "We believe the conference provided additional information, tools, training and resources for volunteers, faith-based and community organizations in preparing for, responding to and recovering from disasters," Wheeler said. "Establishing partnerships among all of these groups is definitely the key to dealing effectively with natural or man-made disasters."

Deputy Assistant to the President and director of the White House Office of Faith-Based and Community Initiatives Jay Hein was keynote speaker. Other speakers included Kristin McSwain, director of Americorps; Terri Hasdorff, director of the USAID Center for Faith-Based and Community Initiatives; and Shawne Langston, program coordinator of Set Free Indeed Ministry and Free Indeed Faith-Based Intense Outpatient Clinic in Louisiana — whose work during Katrina earned national attention.

The Alaska office's overall goals are to foster partnerships between and among government, faith and community groups. It accomplishes these goals by building capacity in faith-based and community organizations, and expanding awareness by educating all community groups about Faith Based and Community Initiatives contributions, opportunities and issues that impact Alaskans in need.

Wheeler added, "We hope to achieve this through our conference workshops as well as through Compassion Alaska".

Bring The Kids Home Initiative brings home, keeps kids in Alaska

Provider input helps Behavioral Health develop individualized services

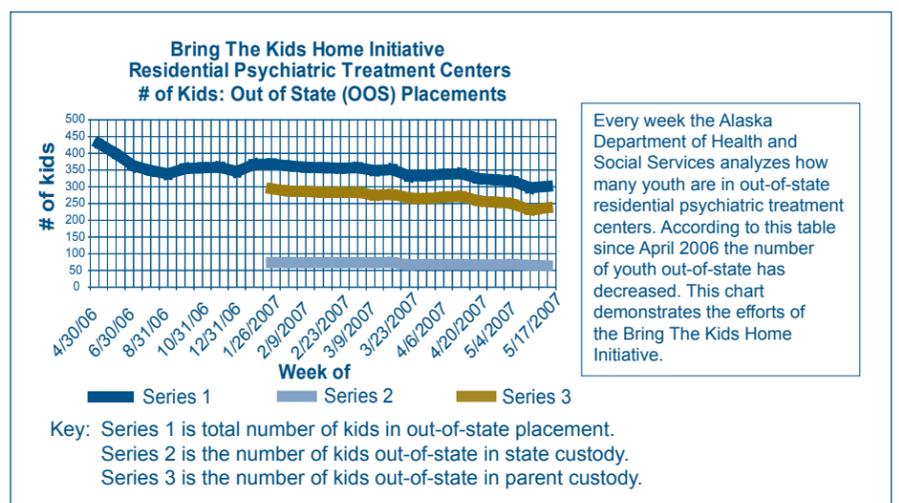
Since its inception in 2004, the Bring The Kids Home Initiative (BTKH) has worked with community, regional, state, and federal bodies to reduce the number of youth in out-of-state care facilities. This includes expanding community-based services and in-state residential treatment capacity.

A cost-effective and creative resource that has contributed to the success of the BTKH program is the implementation of Individualized Service Agreements (ISA) with agencies in Alaska. ISAs help an agency develop individualized services to high-risk and high-needs youth by providing wraparound services, and expertise from a variety of public and private agencies. This ensures that the needs of a child can be met in his or her community, with increased family involvement and better outcomes.

The Division of Behavioral Health realizes how important provider input is for the success of the BTKH Initiative. Alaska provider summits were held in Fairbanks, Juneau, Kenai, Bethel and Barrow from April to June 2007.

Summit organizers successfully coordinated a forum where providers could discuss barriers and challenges to providing services and brainstorm solutions. Providers from all areas within the state were invited to participate.

DBH recognizes the importance of monitoring outcomes, and Utilization Review staff monitor placement of children in and out of state. (See chart for results.)



As in-state services continue to expand capacity, it is expected that the number of out-of-state placements will continue to decline.

More information on BTKH can be found at www.hss.state.ak.us/dbh/resources/initiatives/kids_home.htm.



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Inside:

- Disease detective on loan from CDC
- New division director appointments
- Medicaid expands dental care for adults
- Citizen Review Panel oversees Children's Services

Citizen council examines health care

A major issue concerning Alaskans is the affordability and fairness of health care. To address these concerns, Gov. Sarah Palin established the Alaska Health Care Strategies Planning Council last February.

The council will prepare a health care action plan for the governor and the Legislature by Jan. 1, 2008. The statewide plan will identify short-term and long-term strategies to effectively address issues of access to, and cost and quality of health care for Alaskans.

Alaskans will have the opportunity to give written and verbal input to the council over the next several months.

Council members include:

Anchorage

- Jeff Davis, president of Premera Blue Cross Blue Shield of Alaska for nine years;
- Cathy Giessel, Alaska Board of Nursing chair, registered nurse and advanced nurse practitioner with 30 years experience;
- Dr. Derek Hagen, doctor of osteopathy and lifelong Alaskan;
- Thomas Hendrix, University of Alaska School of Nursing faculty, specializing in health care policy, economics and fundamentals;
- Don Kashevaroff, chair and president of Alaska Native Tribal Health Consortium;

Fairbanks

- Brian Slocum, administrator at Tanana Valley Clinic, the largest multispecialty, multisite practice in Alaska;
- Dr. Michael Carroll, physician specializing in internal medicine and oncology;

Homer

- Donna Fenske, Alaska public health nurse from 1979–2004 who has provided community health aide services in Port Graham and Nanwalek clinics, as well as nursing to K-12 rural students;

Soldotna

- Steve Horn, executive director of the Alaska Behavioral Health Association;

Wasilla

- Dr. Cathy Baldwin-Johnson, private practice family physician and co-founder of The Children's Place;
- Karen Rhoades, owner and operator of five assisted-living homes;

Cordova

- Tim Joyce, three-term mayor of Cordova;

Juneau

- Rod Betit, president and CEO of the Alaska State Hospital and Nursing Home Association; and
- Dr. Bob Urata, family physician, board of directors of Bartlett Regional Hospital.
- DHSS Commissioner Karleen K. Jackson will chair the council; ex-officio, non-voting members are Sen. Bettye Davis and Rep. Peggy Wilson, chairs of the Senate and House Health, Education and Social Service Committees.

See <http://www.hss.state.ak.us/hspc/> for detailed information about council meeting schedules, activities, and to access the resources council members are reviewing to prepare for discussions about Alaska's health care.

Background checks on workers protect clients

Alaskans who want to work for a health care provider may need the services of the newly created Alaska Background Check Unit, a part of the Division of Public Health.

Background checks research a person's criminal history by electronically tracing his or her personal information and fingerprints through at least seven different state and national databases, including the Alaska Public Safety Information Network, the National Sex Offender Registry and the Alaska Court System.

The new unit, which began work in February, completes background checks for service providers working in a program administered, licensed, certified or funded, either in whole or in part, by Health and Social Services, according to Jane Urbanovsky, Certification and Licensing section chief.

"Alaskans needing assistance should not be at risk in their own home or other setting, where care and support is provided," Urbanovsky said. "One of the most effective ways to curb abuse is to screen out applicants with a criminal past."

State law requires background checks for anyone working directly with vulnerable populations such as children, the disabled and the elderly.

The unit processes an average of a thousand background checks each month. An applicant must pay \$84 for the state and federal searches plus the cost of having his or her fingerprints taken.

For more information on background checks, go to <http://www.hss.state.ak.us/dph/CL/bgcheck/>, or call the Background Check Unit at 334-4475.