

SUMMER UPDATE 2010

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

VOLUME 6 NUMBER 2

Children's Services improvements under way

OCS to hire new positions in Bethel area; establishes new 'Western' region

Quyana is the way one Office of Children's Services employee responded to recent systems improvements in the Bethel office where she works.

Sharon Lindley used the Yup'ik word for "thank you" in a recent note to Tim Bolles, Regional Manager.

"Quyana for the new computers, the wireless connection, etc.," Lindley wrote. "It's wonderful to work with a faster tool. Gone is the slowness of the computer, and the little quirks associated with the old set-up."

Speeding up connectivity and eliminating some of those pesky computer quirks that made doing business difficult were among the goals of a wide-ranging and multifaceted systems improvement plan in the area.

In addition to purchasing more bandwidth to improve Internet access for that office, the plan includes allocating and recruiting for additional positions for Office of Children's Services workers in the area.

Also, the Office of Children's Services will expand from its current four to five service regions within the state. The newly proposed region will be named the



Bethel is located in southwestern Alaska, 40 miles from the mouth of the Kuskokwim River, 400 air miles west of Anchorage. Flight time by jet from Anchorage to Bethel is one hour, and there are many daily flights. Bethel has experienced tremendous population growth over the past two decades. The population in 1980 was 3,576 and in 1990 was 4,674. Currently Bethel's population is approximately 6,400.

"Western Region" and will include Bethel, Aniak and St. Marys. Currently those communities are part of the Southcentral Region, which is headquartered in Wasilla.

The state's Citizen's Review Panel advocated for a separate, western service region in its 2008 and 2009 annual reports to the Legislature. Beginning in fall 2009, a task force was formed to improve service delivery of child protective services to the western part of Alaska.

Task force members were drawn from the Alaska Court System, Legislature, DHSS and other agencies. Representatives included Judge Douglas Blankenship, Rep. Bob Herron, Rep. Nancy Dahlstrom, Rep. Wes Keller, Sen. Lyman Hoffman, Sen. John Coghill, DHSS Commissioner Bill Hogan and OCS Director Tammy Sandoval.

Governor Sean Parnell and key members of the Legislature added their support at the start of the legislative session, agreeing this would become a state priority in 2010.

"We must be more responsive to the needs of our most vulnerable kids and families and to our many community partners," DHSS Commissioner Hogan said. "We strongly believe these changes will make a big difference in the way we do business in Western Alaska."

Table of Contents

OCS expands Bethel office 1	Mental Health access 4
Medicaid Management Information System update 1	Ketchikan Pioneer Home fun... 4
Health Information Technology update 2	DHSS news briefs 5
Childhood obesity 2	DHSS 'STARS' 5
Transitional Age Youth 2	OCS Program Improvement... 6
Governor's message 3	OCS disproportionality 6
Commissioner's message 3	Tobacco sales to youth 6
Leadership transitions 3	FAS decreases 6
Health Care Commission in statute 3	Workforce Development 7
Low Medicaid error rate 3	EMS awards 7
Johnson Youth Center 4	ISAs help youth stay home 8
Senior & Disabilities waiver update 4	Adoption incentive funds 8
	Pioneer Homes news briefs 8

Medicaid Management Information System: System design complete

Significant progress continues on the project to implement Alaska Medicaid Health Enterprise, the state's new Medicaid Management Information System (MMIS).

Final design of the new system was completed and approved in March 2010. Completion of the system design phase marks a major milestone and will allow coding of Alaska-specific requirements to begin.

The project's primary goal continues to be to implement a high-quality MMIS that will accurately and efficiently process payments for Alaska's medical assistance providers while meeting the needs of the members enrolled in the programs.

"Our focus remains on quality as we develop an infrastructure that will enable the state to effectively

serve our citizens for years to come," said William Streur, Deputy Commissioner for Medicaid and Health Care Policy.

Alaska Medicaid Health Enterprise will be compliant with the new national electronic transaction standards, known as X12 Version 5010 (5010) and NCPDP Version D.0 (D.0). The technical and business changes of transitioning to the use of 5010 and D.0 are significant. The Design Development and Implementation (DDI) MMIS replacement project team is adding these requirements into the existing implementation and will make every effort to minimize the need for multiple testing cycles by health care providers.

For more information about Alaska Medicaid Health Enterprise, go to www.alaskamedicaid.info.

Health Information Technology Update

The Centers for Medicare and Medicaid Services (CMS) has awarded the Department of Health and Social Services \$1 million in planning dollars to develop the State Medicaid Health Information Technology Plan (SMHP). The SMHP will define how health information is shared between the state and the state health information exchange.

The American Recovery and Reinvestment Act appropriated funds to incentivize qualified Medicare and Medicaid providers to “Adopt, Implement, Upgrade and Meaningfully Use EHR’s” as written in the federal HITECH bill. The SMHP will also define how the state will identify qualified Medicaid providers, verify meaningful use and administer the incentive payments.

The SMHP must be approved by CMS prior to payment of any EHR incentives. The state has awarded a contract to Fox systems to provide technical assistance in the development of the SMHP. Development and approval of the SMHP is expected to take approximately 12 months. The state hopes to begin making EHR incentive payments in the summer of 2011.

Health Information Exchange (HIE)

DHSS has received a grant from the Office of the National Coordinator for Health Information Technology (ONC) to assist in the development of appropriate, secure exchange of health information between health care providers and payers. The state has awarded a contract to Alaska eHealth Network (AeHN) to procure and manage the HIE.

The board and staff of Alaska eHealth Network will work with the state, providers and the public to develop the necessary governance, policies, technical services, business operations, and financing mechanisms for the HIE.

For more information, go to: hss.state.ak.us/hit/.

State, partners join to combat childhood obesity throughout state

Health care leaders from the Alaska Department of Health and Social Services met with community partners this spring to work together to reduce childhood obesity across the state.

The partnership, called Alaskans Taking on Childhood Obesity (ATCO), had its first meeting in early May. Commissioners and other directors from the departments of Health and Social Services and Education and Early Development were invited, along with leaders from local school districts and boards, and a doctor working in tribal health care.

The group considered a number of strategies to combat childhood obesity through school-based, child-care and community efforts, said Andrea Fenaughty, the group’s facilitator.

Fenaughty, an epidemiologist with Alaska’s Division of Public Health, said the timing is right to focus efforts on targeting childhood obesity. Estimates show that between 27 percent and 40 percent of Alaska’s children are overweight or obese, she said. These extra pounds come at a heavy price. Obese children have a higher risk of developing chronic

diseases, such as type 2 diabetes, high blood pressure and cholesterol, and certain types of cancer, Fenaughty said.

Medical complications from obesity cost the state’s economy about \$477 million each year.

“The complications of being overweight or obese are now the most worrisome causes of avoidable disease and premature death for Alaskans,” said Dr. Ward Hurlburt, Alaska’s Chief Medical Officer. “We see poor eating and activity habits develop in early childhood, and we need to turn that around now, and for the rest of their lifetimes. Improving the health of our preschool through 12th-grade children will help prevent them from becoming the first generation to have a shorter life expectancy than their parents had.”

Failing to reduce childhood obesity could lead to long-term health problems for affected children. Many overweight children remain overweight later in life. About two out of every three adults in Alaska are above a healthy weight, Fenaughty said.

See the 2009 *Childhood Obesity in Alaska* report at: www.hss.state.ak.us/dph/chronic/obesity/pubs/Childhood_Obesity.pdf. For a national perspective, go to: www.cdc.gov/obesity/childhood.

Youth with behavior disorders need help to become productive, adjusted adults

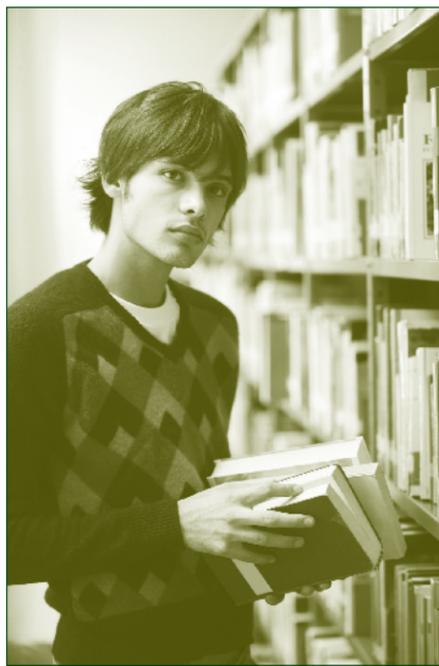
Youth and young adults with behavioral health disorders are at a high risk for poor outcomes as they transition to adulthood.

Alaska’s Health and Social Services fiscal year 2011 budget includes \$400,000 to implement the nationally recognized TIP (Transition to Independence Process) that teaches self-advocacy and relationship skills, and builds a support network for youth. TIP pilot projects will help youth and young adults become productive adults.

“Youth become homeless and struggle to meet their basic needs,” said Brita Bishop, coordinator of the Bring The Kids Home initiative for the Alaska Department of Health and Social Services. “Many have been in mental health residential treatment, foster care or juvenile justice settings,” she said.

The 2005 Alaska Foster Care Alumni Study found that nearly four in 10 alumni reported being homeless since leaving care. Covenant House Alaska reports that 80 percent of their 2009 intakes were mental health beneficiaries, and 34 percent of those seeking services at their Crisis Center have a history of residential psychiatric treatment.

For more information go to: tip.fmhi.usf.edu/ or contact Brita Bishop, brita.bishop@alaska.gov.



Stock photo

In the words of one young Alaskan

“The transition to adulthood is challenging, scary, and emotional. ... being in the system adds a lot of additional obstacles. ... I was pressured to go to college so that I would have a place to stay and some sort of direction. Once my semesters at college were through, it became stressful trying to find a place to live, get financially stable, and obtain a plan for my future. I could not just move back with my parents like many people do because I don’t have any. When you are in the system it feels like you have a ton of people around you: judges, therapists, case workers, etc., but once you leave the system it seems like most or all of your support network is gone, and you have to figure everything out on your own. ... It’s really easy to give up, but if I weren’t so stubborn and resilient I just may have. If I could do things differently, I would develop a real plan for my future and engage in life skills classes and seek out resources early on.”

Retirements bring leadership changes to two divisions

Barbara Henjum will replace Steve McComb, who retired May 28, as director of the Division of Juvenile Justice. Henjum and McComb worked together as co-directors throughout May to ensure a seamless transition.

Henjum has an extensive background in juvenile justice. She first joined DJJ in 1983 as a youth counselor at McLaughlin Youth Center in Anchorage. Prior to moving to Alaska, Henjum worked at Hennepin County Juvenile Center in Minneapolis. For the past seven years, she served as a Superintendent III of MYC, where her duties included administration and supervision of the 160-bed detention and correctional facility, as well as community detention and aftercare services. In addition to her MYC duties, she also supervised the Kenai and Palmer facilities.

Henjum holds a master of science degree in counseling psychology from the University of Alaska Anchorage and a bachelor of arts in psychology from St. Olaf College in Minnesota.

Among her many professional activities, she is currently a member of the Anchorage Domestic Violence Fatality Review Team, Office of Victim's Rights. She is also active with the



Henjum

Alaska Workforce Investment Board Youth Council. Since 2008, she has served as vice president of the National Juvenile Detention Association Western Region. In 2002, she was named Alaska Mental Health Professional of the Year and received the Carolyn Frichette Award at the Children's Mental Health Conference in Anchorage.

Interim appointment for Senior and Disabilities Services division

Senior and Disabilities Services Division Director Rebecca Hilgendorf retired this past spring after 27 years of service to the state of Alaska. Kimberli Poppe-Smart, director of Health Care Services, was named acting director during the search for a permanent replacement.



Poppe-Smart

Last year, Hilgendorf and Poppe-Smart worked together to respond to a review of SDS' Medicaid waiver program by the federal Centers for Medicare and Medicaid Services. SDS began many changes to better reflect the division's philosophy of client-centered care and commitment to timely, high-quality services. Top division issues include the ongoing response to the CMS review and the needs of Alaska's fast-growing senior population.

Sean Parnell
Governor



Choose Respect

Violence affects everyone. Women, children, and men of every age, race, income, lifestyle, faith, culture, and region have experienced the pain of domestic violence and sexual assault. Children exposed to these crimes suffer physical, psychological, and emotional scars as a result.

Alaska's Department of Health and Social Services, through the Divisions of Behavioral Health, Juvenile Justice, and Public Health, and the Office of Children's Services, provides safety for children in need, helping them to heal, and to lead healthy and productive lives.

Our administration's priority is to end the epidemic of domestic violence and sexual assault — to urge Alaskans to "Choose Respect" for themselves and for others, and to set a new standard of community and accountability in Alaska.

Every Alaskan deserves to be safe. This will happen when Alaskans work together to report and stop these crimes. Together, we can make a difference.

Health Care Commission now in statute

Senate Bill 172 has established the Alaska Health Care Commission in statute: AS 18.09.010. The commission was created in 2008.

The statute expands the commission's membership from 10 to 14. The 11 voting members appointed by the Governor include the DHSS medical director; representatives from the tribal health community; the statewide chamber of commerce; the Alaska State Hospital and Nursing Home Association (ASHNHA); the Alaska Mental Health Trust Authority; the health insurance industry in Alaska; community health centers; the federal Veterans Affairs health care industry; an active, licensed health care provider not affiliated with ASHNHA; a health care consumer, with no affiliation to the health care industry; and a licensed primary care physician with an active practice of family medicine, primary care internal medicine or pediatric medicine.

The commission serves as the state health planning and coordinating body, providing recommendations to the Governor and the Legislature on a comprehensive statewide health care policy and on strategies for improving the health of Alaskans.

For more information, go to: hss.state.ak.us/healthcommission.

Alaska's low Medicaid billing error rate draws kudos

A national review of how accurately providers bill Medicaid found Alaska had an error rate of less than 1 percent, lowest of 17 states in federal fiscal year 2008.

The Payment Error Rate Measurement (PERM) review examines states' Medicaid billing procedures and provider compliance. Groups of states are measured every three years in the staggered review. The round of the review that included Alaska and 16 other states looked at Medicaid claims paid between Oct. 1, 2007, and Sept. 30, 2008. The average error rate for this group was 8.71 percent; Alaska's rate was 0.59 percent.

"I want to thank our Medicaid service providers for their conscientious work that resulted in Alaska's excellent

rate," said Department of Health and Social Services Commissioner Bill Hogan. "I also congratulate our Program Integrity staff for their support of Alaska's provider community, and our Public Assistance Division that ensures individuals are

accurately enrolled in Medicaid and qualify for the benefits they receive."

Medicaid pays more than \$1 billion in medical costs for low-income and vulnerable Alaskans annually. The joint state and federal medical assistance program covers medical services and related equipment

from dental care to elders' medical care.

For more information, see the *Alaska Payment Error Rate Measurement website*: www.permaudit.alaska.gov.



Bill Hogan
Commissioner



Families First

Each day the Department of Health and Social Services has the privilege of helping the families we serve become healthy, safe and productive.

When families walk through our door, they are actually walking through one of many doors. Families that come to us or to our providers for assistance often require multiple services from our department to help cope with the complexities of daily life.

While we have separate agencies — Public Assistance, Children's Services, Behavioral Health, Juvenile Justice — that deliver a variety of specific services, a family's success requires that we look across boundaries and, working together, put the needs of families first.

This family-centered approach helps families achieve their goals and it provides greater efficiency for government services.

Our Families First team training sessions for DHSS staff and partners in the private and public sector are under way this summer. Look for a story about concrete results in the next issue, Winter Update 2010–11.

Johnson Youth Center gets a major facelift

Need for increased safety, security and relief of overcrowding spurs renovation

Juneau's Johnson Youth Center — a Division of Juvenile Justice detention facility — is about to undergo a much-needed renovation that will improve safety and security, and lead to more effective rehabilitation.

The changes are the result of a 2007 study commissioned to identify significant safety and security needs within the division's four oldest facilities.

The original Johnson Youth Center detention unit was built to house adult female offenders. Although adequate at the time, the safety and security needs of adult female offenders in the early 1980s were very different than the standards of care applied to detained at-risk youth in 2010.

"The residents, their families, our partners in law enforcement and the community of Juneau have an expectation that our juvenile detention unit will provide a safe and secure environment," Division Director Steve McComb said. "The current structure makes this expectation difficult to meet."



Johnson Youth Center in Juneau. (Photo courtesy Richard Ross)

The \$9.8 million reconstruction, which begins this summer, will completely renovate and expand the existing detention unit, and provide a new secure admissions area and medical suite.

The center's renovation will have a far-reaching effect, McComb said.

Young people ordered by the court to live in the state's youth facilities are there so they cannot harm other members of the community. They require intense proactive counseling and individual programming to attempt to alter behavior patterns before they are ingrained.

"If the institutions are not safe and the residents feel threatened, it has a negative effect on our therapeutic work," McComb said.

"This investment not only protects our citizens today, but also helps reduce any future threats," he added.

For more information on Johnson Youth Center, go to: www.hss.state.ak.us/djj/facilities/jyc/default.htm.

Senior and Disabilities Services waiver programs on track after moratorium

The Division of Senior and Disabilities Services' (SDS) Medicaid Waiver Corrective Action Plan was on track to be approved by the Centers for Medicare and Medicaid Services (CMS) this spring, when this publication went to print.

The plan is one of the steps CMS required of Alaska after the federal agency put a moratorium on applications to four state Waiver programs last summer. "We had an excellent face-to-face meeting with CMS in March," said Kimberli Poppe-Smart, acting division director. Division staff also met with a representative from Tennessee's waiver programs, which underwent a moratorium nine years ago. The Tennessee representative talked candidly about how, working with CMS, the program emerged several years later with strong quality assurance. The input was very helpful, Poppe-Smart said.

For its Corrective Action Plan, Senior and Disabilities Services is making major changes internally to use continuous quality improvement processes as promoted by CMS.

Initially, the changes should result in shorter processing times for waiver participants and applicants.

Over time, SDS will work more closely with providers. The division may partner with providers on elements of the waiver program, such as an interim risk assessment and status report, and the development of person-centered planning standards.

"We're embracing continuous quality improvement, and change will be a constant," Poppe-Smart said, "but it's measured, thoughtful change, with the goal always being to improve services to Alaskans."

New mental health video-clinic opens

Providers and patients in small, remote Alaska communities have a new, easy way to access care from Alaska Psychiatric Institute mental health experts.

API has long used videoconferencing to link rural patients with its psychiatrists and other staff. Typically, large health care centers in major rural hubs have formal year-long contracts, and pay to reserve blocks of staff time.

To make its telebehavioral health program more accessible, API recently added a new virtual "walk-in" clinic. Now, providers in small health centers can call and schedule an appointment, often for the same day, and pay for that appointment alone.

Susan Cox, health care ombudsman with Naknek's Camai Community Health Center, said the video-service is a good fit for the community near Bristol Bay for several reasons, including its location, 290 air miles from the nearest hospital in Anchorage. Another reason videoconferencing is ideal is because of the fluctuating level of need, as the population swings from 1,000 in the winter to seven to 10 times that size in the summer as commercial fishing kicks in.

"There are no mental health services out here on the ground," Cox said, but "the need is great."

There's typical depression and anxiety, Cox said, "and then we have some psychotic issues, too. We also have substance abuse, domestic violence, sexual abuse."

The community tried a standing contract with API in the past, but it didn't work well when the level of need varied so widely. The as-needed availability of the new clinic is very helpful, Cox said. "We're already advertising it in the community," Cox added.

The clinic was opened using a \$221,000 grant from the federal Substance Abuse and Mental Health Services Administration. The grant will cover staff salaries for most of the first year the clinic is open, until demand increases and the clinic can become self-sustaining.

For more information on remote access services, go to: hss.state.ak.us/dbh/API/remote_access.htm.

Preschool group brings winter sunshine to Pioneer Home residents

Ketchikan Pioneer Home resident Harley Hall, 92, left, poses as the "world's strongest man" with 4-year-old Marley Lewis, wearing the "world's tallest hat," during a visit to the home from the Holy Name Lady Bug Class. The preschool group visits the home monthly during the school year to perform and take part in activities with the residents. Each month is a different theme. During this Fun in the Sun winter activity, the preschoolers sang sunshine songs, brought beach towels and wore sunglasses. Pioneer Home Nurse's Aide Kim Falvey, right, helps the pair pose.



News Briefs

Autism PSA airs statewide



The Alaska Autism Program started a public service announcement campaign this spring to raise awareness about autism and guide Alaskans toward community resources. The announcement begins with parents asking questions about their child's early development. One sign of a developmental disorder is young children not responding when a parent talks to them — as depicted in the photo illustration above. The PSAs began airing on television and radio stations statewide April 15. They will air during three months in 2010. For more information, visit www.autism.alaska.gov, or call 269-3400 or (800) 799-7570 toll-free.

Student loan repayment applications available for health care clinicians

Alaska's SHARP loan repayment program (Supporting Health care Access through loan Re-Payment) for health care professionals, announced in fall 2009, is now accepting applications. The \$1.2 million loan program — \$600,000 from Alaska health care organizations and \$600,000 in federal money — will pay up to \$35,000 a year toward student loans for physicians and dentists, and \$20,000 per year for other eligible practitioners. The goal is to encourage health care clinicians to work with underserved populations or in underserved areas. To learn more and/or to download an application, go to: www.hss.state.ak.us/dhcs/healthplanning/sharp.

Bonus from USDA to Alaska WIC

U.S. Department of Agriculture Secretary Tom Vilsack announced recently that the Alaska Women, Infants and Children (WIC) program will receive \$72,515 in bonus funds because of excellent breast-feeding rates in fiscal year 2008. The award is only given to high-performing state WIC programs. The funds can be used to support and expand breast-feeding activities in the state. "We plan to work with state and local agency partners to identify service gaps and possible strategies to further breast-feeding services in the state," said Public Health Specialist Dana Kent, with the Division of Public Assistance.

Demand for food stamps, Medicaid up

The number of Alaskans receiving Medicaid and food stamps rose over the past year, due to a weakening economy and higher unemployment. From February 2009 to February 2010, Alaskans on food stamps rose 23 percent and Medicaid enrollment increased 16 percent. Statewide unemployment rose from a multiyear low of 5.3 percent in August 2007 to 9.8 percent in February 2010. Although higher numbers of Alaskans applying for benefits places an increased burden on staff, in February 2010 Division of Public Assistance had an error-free record of issuing benefits.

Juvenile Justice recruitment videos on website

Recruitment videos for the Division of Juvenile Justice are now available on the DHSS website. The videos, which were shot in several locations throughout the state, extol Alaska's exotic locations, natural beauty, and job satisfaction through interviews of current staff. Go to www.hss.state.ak.us/djj/jobs/.

DHSS Stars



ANCHORAGE DPA OFFICE 'LEAN' TEAM

The Anchorage Gambell Office "LEAN" Team is recognized for their work in re-engineering customer services and business process. In the midst of difficult economic times, rising rates of unemployment, and increasing costs of gas, food, energy and other vital needs, more households in Alaska are turning to the Division of Public Assistance for help. The increased demand resulted in unacceptable service delays. The Anchorage Gambell office volunteered to be the "Pioneers in LEAN" and as a result successfully shortened wait times to "same day-next day service," putting customers first, and setting a procedure for the entire division.

Division of
Public
Assistance

JAYME BALLANTYNE

Jayne Ballantyne, a Public Health Microbiologist II, has been selected by the Association of Public Health Laboratories and the federal Centers for Disease Control and Prevention as a technical consultant to conduct international laboratory site visits in Lusaka, Zambia. The purpose of the visits is to perform capacity reviews around general influenza diagnostics and to provide short-term technical assistance for the enhancement of real-time testing to detect and subtype influenza.



PAT CARR

Pat Carr, director of the Alaska Office of Rural Health and chief of the Alaska Section of Health Planning and Systems Development, received the 2009 James D. Bernstein Mentoring Award from the National Organization of State Offices of Rural Health (NOSORH). Carr received her award Nov. 18, 2009, during the organization's annual conference in Austin Texas. NOSORH was created in 1995 to serve as an influential voice for rural health concerns and promote a healthy rural America through state and community leadership.



PAULA CINIERO

Paula Ciniero, Public Health Nurse III, was awarded this year's March of Dimes Nurse of the Year award in the category of Public Health/Community Health/Rural/School. Ciniero received several letters from community members in support of her work and efforts. "She is a true asset to our team, to the communities of the Fort Yukon sub-region, and to the Fairbanks community," said Verl Harrison, Ciniero's supervisor.



JO DAHL

Jo Dahl, lead teacher at Johnson Youth Center, led a team of JYC residents to victory in Battle of the Books in Juneau, and earned the right for JYC to represent the Juneau School District in the statewide competition via telephonic conference call proctored by the Alaska Librarians Association. Dahl has taught for the school district at Johnson Youth Center since December 1999. Among many other contributions, she has helped the JYC residents compete in the Battle of the Books competition in four of the past six years. Dahl was also a driving force behind the JYC receiving the highest score in the Alaska Performance Incentive Program that measures academic achievement by using the Standards Based Assessment.



JENNIFER SCHMIDT

Jennifer Schmidt, Public Health Nurse IV, has been selected as a Fairbanks Woman of Distinction and was honored at a banquet on May 6, 2010, in Fairbanks. The Farthest North Girl Scout Council designed the award a decade ago to honor women who have made highly visible — as well as silent — contributions to the Fairbanks community. Each May the Girl Scout council recognizes four women who make Fairbanks a better place in which to live and who are positive role models for young girls.



KARA THRASHER-LIVINGSTON

Kara Thrasher-Livingston, Training Specialist II, is the Senior and Disabilities Services ace-in-the-hole. She has served SDS as its sole training specialist since her arrival in September 2008. Kara has developed an amazing 29 training curriculums from scratch to serve an internal division staff of over 100 and more than 450 external waiver service agencies. Thrasher-Livingston projects positivity in all that she does and is frequently lauded for her classroom training excellence. "The energy and enthusiasm that Kara has injected into the training component of SDS is nothing short of outstanding," said her supervisor, Andrew Sandusky.



VacTrAK STAFF

Alaska's Immunization Information System (IIS), part of the Division of Public Health, recently was named a "Center of Excellence" by the national American Immunization Registry Association. VacTrAK staff received this prestigious honor at the 2010 National Immunization Conference in recognition of their ability to rapidly modify the IIS to support all activities related to H1N1 influenza vaccine distribution in Alaska, including vaccine distribution, tracking, and inventory management. Data from VacTrAK allowed state officials to incorporate current information on vaccine availability when making decisions about distribution of this initially scarce resource. VacTrAK staff members include Mara Ohrt, Mark Palmer, and Danny McDevitt.



Program Improvement Plan under way in state

Children's Services has two years to complete action steps

Alaska's Program Improvement Plan (PIP), formulated to address areas found to be needing improvement during a federal review of the state's child welfare system in 2008, officially began on Dec. 1, 2009.

The federal on-site Child and Family Services Review was undertaken by the U.S. Administration for Children and Families and included an analysis of Alaska's child welfare data and a Statewide Assessment developed by the Office of Children's Services; on-site reviews of 65 Alaska cases (from Anchorage, Juneau and Bethel); and interviews with local and state stakeholders.

The resulting improvement plan was designed to create, strategize, develop and implement areas of change highlighted by the review. OCS will have two years to complete the action steps included in the PIP.

OCS actually began its PIP process prior to the federal review, thanks to insights gained while conducting an analysis and evaluation of practice, reviewing data from the National Data Profile and the Statewide Automated Child Welfare Information System, and reviewing findings from Quality Assurance Reviews.

The results of the federal review confirmed that the work Alaska had already begun was necessary to keep Alaska's children safe and Alaska families strong.

The division's self-assessment indicated that efforts would be necessary across the spectrum of safety, permanency, well-being, and areas of Alaska's child welfare system. Strategies that would have an immediate effect were developed and incorporated into the PIP. Longer-term efforts have been developed and incorporated into the five-year Child and Family Services Plan. The implementation of these strategies will begin with a clearly articulated Alaska Practice Model followed by system reform efforts.

The OCS has designated two innovation sites, Anchorage and Fairbanks, where a number of specific strategies will be exclusively implemented. Both of these sites have a population size which is sufficient to allow for ongoing measurement of the outcomes needing improvement.

A copy of the PIP can be viewed at: hss.state.ak.us/ocs/Publications/2009_pip.pdf.

New project: Children's Services works with tribes to reduce disproportionality

The Alaska Child Welfare Disproportionality Reduction Project is a four-year implementation project that embraces cultural competence and interagency collaboration as its core framework. The project is a collaboration of 15 Alaska Title IV-B tribal partners supported by the Office of Children's Services (OCS) and the Court Improvement Project.

The project is designed to significantly reduce disproportionality through supporting full compliance with the Indian Child Welfare Act while building tribal/state cooperation and capacity in key Indian Child Welfare programs, including tribal courts, tribal foster care licensing, and tribal Indian Child Welfare data/reporting/evaluation systems.

The proposed implementation project will allow tribal partners to develop and implement changes in child welfare practice for Native American children, youth, and families that will focus on key changes in initial safety assessments and placement decisions.

The project will promote the use of a family-centered, state-tribal, bilateral, collaborative approach in which OCS will rely more heavily on tribes to participate in the initial decision making and service delivery.

The project will also build the capacity of the tribes to deliver effective child welfare services needed by identified families to prevent out-of-home placement whenever possible.

Desired outcomes for both the child welfare system and children and families include:

- Improved child safety
- Reduced reliance on out-of-home care
- Reduced tribal disproportionality in child welfare
- Enhanced tribal capacity to provide child welfare services

This implementation project complements the efforts of the Tribal State Collaboration Group's continued work to improve outcomes for Native children and families.

Fetal alcohol decrease may be linked to education and prevention

The number of Alaska Native babies born with fetal alcohol syndrome (FAS) every year was reduced almost by half between 1996 and 2002, according to a recent analysis of the Alaska Birth Defects Registry.

FAS is the most severe form of several fetal alcohol spectrum disorders caused by prenatal exposure to alcohol. A baby's exposure to alcohol while growing in the uterus can lead to growth and nervous system abnormalities, resulting in life-long disabilities.

Data from the state's birth defects registry show that Alaska's overall rate of FAS fell 32 percent between 1996 and 2002. In 1996, 20 children were born with FAS per 10,000 live births. Six years later, 14 children were born with FAS per 10,000 live births, according to Janine Schoellhorn, the state public health epidemiologist who led the analysis.

"This reduction is what we've been striving for, and continue to strive for," said Health and Social Services Commissioner Bill Hogan. "FAS and other conditions collectively known as fetal alcohol spectrum disorders (FASD) are one of the most common causes of developmental disabilities and the only cause that is entirely preventable."

The number of children diagnosed with FAS fell during a time when Alaska participated in a major federal-state prevention and education effort focused on fetal alcohol syndrome.

L. Diane Casto, manager of Prevention and Early Intervention Services for the department's Division of Behavioral Health, said the department can't definitively link the decrease in the number of affected children to the prevention efforts, but the timing of both strongly suggests a link.

"This is clear encouragement that we can change these statistics which represent so much lost potential and needless heartbreak," Casto said.

Alaska's tobacco sales to minors decline

Tobacco sales to Alaska minors were below the national rate in 2009, the most recent statistics available. The Alaska rate of 9 percent confirms a steady decline since the 1997 rate — the first year measured — of 34.3 percent. The national rate of illegal sales in 2009 was 9.9 percent.

The federally required sales data are gathered each year and published as the Synar Report.

"Preventing youth from starting tobacco use is a key part of Alaska's plan to reduce tobacco-related death and disease," said L. Diane Casto, manager

of the section of Prevention and Early Intervention Services in the state Division of Behavioral Health.

Alaska's plan is based on practices recommended by the national Centers for Disease Control and Prevention that have been proven to work, and it's getting results in Alaska, Casto said.

In state fiscal year 2008, funding for state tobacco prevention and enforcement programs totaled \$8.82 million. By contrast, the tobacco industry spent an estimated \$28.1 million annually on marketing in Alaska.

Of the 439 vendors approached in 2009, 408 did not sell tobacco illegally. For a list of vendors who did not sell to minors and the full federal report, visit hss.state.ak.us/dbh/prevention.

Health care workforce development aims to support underserved populations

Health care is big business, and shortages are widespread and expensive. Health care jobs currently comprise more than 8 percent of Alaska's workforce, or about 26,500 people. And 11 of the 15 fastest growing Alaska jobs are in health care. Yet shortages exist in virtually all 119 health care occupations, particularly in rural Alaska and with underserved urban populations.

Workforce development efforts

Alaska Rural Behavioral Health Training Academy — Medicaid training specifically designed for providers serving rural Alaska: In a unique partnership between the Department of Health and Social Services, Alaska Native Tribal Health Consortium, Tribal Behavioral Directors and the UAF Rural Behavioral Health Training Academy (ARBHTA), providers in rural Alaska will receive behavioral health Medicaid training specifically designed for rural Alaska providers. The goal is to support rural communities in maximizing behavioral health Medicaid reimbursements as one way to provide financial stability for rural behavioral health programs. For more information, go to www.uaf.edu/arbhta.

The Alaska Area Health Education Center program — a thriving health care industry-education partnership: Alaska's AHEC centers address workforce gaps by serving as the bridge between education and the local health care industry. Alaska's AHEC program feeds the health care workforce pipeline with three focus areas:

- Recruiting Alaskans into health careers
- Coordinating student clinical rotations
- Improving retention of rural providers through greater access to continuing education and professional development opportunities

Four centers — hosted by Fairbanks Memorial Hospital, Yukon-Kuskokwim Health Corp., SouthEast Alaska Regional Health Consortium, and Providence Health Services Alaska — currently operate statewide with federal funding matched by

Shortages exist in virtually all 119 health care occupations, particularly in rural Alaska and with underserved urban populations.

the host institutions, the University of Alaska and the Alaska Mental Health Trust Authority (the Trust).

Some examples of their work include placing over 400 students during the 2008–09 school year in hospitals and clinics across Alaska. These students were enrolled in various health programs including nursing, radiologic technician, paramedic, medical, dental, physician assistant, rehabilitation, social work, pharmacy and more.

As demonstrated in national research and in Alaska, the higher the number of students placed in underserved locations, the higher the number of graduates selecting employment in those communities. Also, throughout the school year, AHEC centers coordinate various health career exploration activities for youth to raise awareness of health career opportunities. Job shadow activities, hospital tours, classroom presentations and career fairs reached almost 2,500 students in the 2008–09 school year across the state. For more information, go to nursing.uaa.alaska.edu/acrh/.

Alaska Psychology Internship Consortium (AK-PIC)

Consortium (AK-PIC): A pre-doctoral psychology internship consortium has been developed to complete the training of students enrolled in the UAA/UAF joint doctoral program in Clinical/Community Psychology and other psychology doctoral students who wish to train and work in Alaska. The internship development is a collaborative effort between the Western Interstate Commission for Higher Education (WICHE), the University of Alaska Anchorage/Fairbanks, the Trust, and DHSS.

AK-PIC consists of five sites across the state: Norton Sound Health Corp., SouthEast Alaska Regional Health Consortium, Alaska Psychiatric Institute, Alaska Family Medicine Residency–Providence Hospital, and Hope Counseling Center. Each pre-doctoral intern will be trained specifically to work in rural areas and with Alaska's diverse cultural groups, including a dedicated training rotation in tribal villages. This project will directly address the critical shortage of clinicians in rural Alaska by developing an in-state career ladder to train qualified psychologists to meet the specific needs of these communities.

For more information, go to: www.ak-pic.org.

Governor's 34th annual emergency medical service awards

The Governor's 34th Annual Awards for Emergency Medical Services, sponsored by the Alaska Council on Emergency Medical Services, were announced at the State Emergency Medical Services Symposium in November in Anchorage. The following were honored:

- **George H. Longenbaugh Memorial Award: Dr. Michael Levy** — In recognition of 20 years of service as a staunch supporter of pre-hospital and emergency medicine, and his dedication to public service ethics and the people of Alaska.
- **EMS Provider Award: Soren Threadgill** — In recognition of his vision, positive attitude and magnanimous heart in serving his community, region and state. His work to improve patient outcomes from strokes will effect positive changes for years to come.
- **EMS Educator Award: Tom Vaden** — In recognition of his dedication and commitment to the cause of emergency service as the primary EMS trainer for the Norton Sound Region.
- **EMS Administrator Award: Charles Lean** — In recognition of his lifelong commitment as a leader, mentor, advisor, administrator and friend to the EMS system in the Norton Sound Region and throughout Alaska.



From left, Lt. Gov. Craig Campbell, Sen. John Coghill, Soren Threadgill.



Sen. John Coghill, left, and Tom Vaden.



Greg Nappi, left, and Lt. Gov. Craig Campbell.

- **Consumer/Citizen Award: Greg Nappi** — In recognition of his courageous and enduring act of skiing through the night and the next morning to save a friend who had tumbled more than 1,000 feet during an ice climb in April 2009.
- **Outstanding Ambulance Service Award: Hoonah Emergency Medical Services** — In recognition of the staff's volunteer spirit, professionalism and long-term dedication to insuring that injured and ill residents and visitors receive the best emergency care.
- **Special Commendation: Matt Jones** — In recognition of his response to a 911 call while on duty as an Unalaska police officer in February 2009. He quickly and efficiently applied his Automated External Defibrillator to a person having a heart attack and got a stable rhythm. The patient survived.

This publication was produced by the Alaska Department of Health and Social Services to inform Alaskans about its activities. It was printed at a cost of \$1.12 per copy in Juneau, Alaska. This cost block is required by AS 44.99.210.

SUMMER UPDATE 2010



Dept. of Health & Social Services
Summer Update 2010
Vol. 6 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
www.hss.state.ak.us/

A biannual publication printed on recycled paper

PRRST STD
U.S. POSTAGE
PAID
Juneau, AK
Permit No. 98

Top stories:

- OCS expands Bethel office
- Retirements bring leadership changes
- Johnson Youth Center gets facelift

ISAs help keep troubled youth from Outside treatment

Enough providers have now signed up for ISA (Individualized Service Agreements) — a state program to keep youth with significant mental health needs out of residential care — that nearly all available funds are being used. Additional funds have been requested.

Bring The Kids Home task force members would like to expand ISA to serve youth with a primary diagnosis of substance use disorders, in addition to those with severe emotional disturbance, and to allow additional providers to sign on. The aim is to strengthen the state's safety net of in-state treatment for troubled children before the Bring The Kids Home initiative ends in 2013.

While measuring the program's impact is difficult, one benchmark points to success: Less than 1 percent of youth using ISA (five out of 506) have gone into a residential psychiatric treatment center.

Part of the program's appeal is its flexibility. ISA lets providers "plug the gaps" in a youth's treatment plan by paying for services, treatments or practical aids not covered by any other funding source, such as family insurance or Medicaid.

For more ISA information, go to: www.hss.state.ak.us/dbh/isa.

Federal incentive funds awarded for foster care adoption increase

For the second year in a row, Alaska received Federal Adoption Incentive Funds for increasing the number of children adopted from foster care. The U.S. Department of Health and Human Services awarded \$224,000 to the Office of Children's Services for increasing the number of adoptions in the state 18.3 percent, to 329.

Funds will be used to enhance services for foster child adoptions.

A 2008 law — Fostering Connections to Success and Increasing Adoptions Act — revamped adoption incentives to encourage states to find loving adoptive homes for foster children who need them, particularly older children and children with special needs.

The state received \$194,000 in Adoption Incentive funds in 2008. That year, adoptions in the state increased 12.6 percent, from 247 to 278.

Celebrating 100 years of service to the Anchorage Pioneer Home



In April, the Anchorage Pioneer Home had a home-wide potluck and presented four honored employees with a certificate, a letter from Governor Parnell and a gold pan in recognition of each one's 25 years of service to the Anchorage Home.

Holding their gold pans, from left, are Juli Hinson, food service department; Toby Tobias-Anderson, activities department; Una Lim, housekeeping department; and nurse Janet Sumner.

Pioneer Homes: News & Notes

"Planning for Tomorrow," a report on future program needs for the Alaska Pioneer Homes, is now on the division's site: www.hss.state.ak.us/dalp. The report recommends adding 230 more beds in the next decade, up to 730 more by 2030. As seniors make up an increasing percentage of Alaska's population, other issues include assuring a trained health care workforce and expanding the entire range of senior services.

In other news

- The Palmer Veteran and Pioneer Home was recertified by Veterans Affairs as a veterans home. After the two-day annual inspection, Centers for Medicare and Medicaid Services evaluators commented that the program went above and beyond what they had seen at any other facility like it in the country. "It is clear the staff has initiative, heart and compassion," evaluators said, and "Residents are very happy and well taken care of."
- The Palmer home's council, led by Ed Willis, who served in the Alaska Senate and House of Representatives, helped develop a wheelchair-accessible community garden.
- Lawmakers codified a policy, developed by Homes, legislators and Veterans Affairs officials, that ensures veteran residents can safely use their VA medication benefits despite manufacturing differences between VA and home medications. While working on the issue, some veteran residents had to pay for their medications, but the Homes reimbursed them in full.
- The Juneau Pioneer Home partnered with UAA on a pilot project to develop the first Eden Alternative university course via distance delivery; 13 staff and four elders became Certified Eden Associates.
- Renovations at the Ketchikan Pioneer Home included replacing and lowering windows so residents in wheelchairs can now look out at eye-level.