

WINTER UPDATE 2010-11

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

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Health planner named to prestigious national committee studying health care shortage areas

Alaska's unique health care needs are well-known — to Alaskans. Elsewhere in the nation, our state's mostly roadless, vast geography and small population are not well-understood.

Fortunately, Alaska is now represented on an important national committee studying rural and underserved health care shortage areas, and how to equitably distribute federal funds to reach people in need of services.

Alice J. Rarig, a planning team supervisor for Health Care Services' section of Health Planning and Systems Development, has been named to the 29-member committee by U.S. Health and Human Services Secretary Kathleen Sebelius. The committee's task is to formulate a methodology to designate "medically underserved populations and health professions shortage areas," according to the Federal Register. Those designations will dictate the distribution of federal funds.

"Alice is an extremely talented person," said Mark Millard, Alaska's Primary Care Office director. "Her long experience in public health, the Pacific Northwest, and Alaska uniquely qualifies her for service on the committee."

Rarig, a 13-year employee of the Department of Health and Social Services, holds a doctorate in health policy and management from the University of Massachusetts/Amherst; a master of public health from



Alice Rarig's vast knowledge of health care shortages in underserved and rural areas earned her a spot on a national committee.

Yale; a master of arts from Yale in Soviet and East European studies; and a bachelor of arts in Russian history and literature from Harvard.

"My appointment gives a voice to the needs of a state that has small populations in isolated areas," Rarig said in a recent interview. "We know we can't achieve the efficiency of service delivery possible in urban areas, especially with the challenges of recruiting and retaining health care work force in this environment."

Rarig led Alaska's "Healthy Alaska 2010" efforts and is well-versed in the understanding of health disparities and health status indicators. She is qualified in data analysis, statistics, and methodological design.

The committee's monthly two-day meetings in Washington, D.C., are intense and focused, Rarig said. The group, representing 20 states and diverse interest groups, uses "negotiated rule-making," assisted by a federal facilitator. The "negotiated rule" requirement is being addressed with a consensus process, Rarig explained. As the committee works to formulate a new rule, one goal is fairness in distributing resources. "The rural and frontier states want to make sure there is fair treatment ... so what's perceived as 'fair' depends on your point of view," she added.

Achieving consensus is the real task, Rarig said, because some health providers fear there might be winners and losers with a new rule, since there is no guarantee that existing facilities will continue to receive federal funds. Committee members have urged a "do no harm" commitment.

Rarig has had previous experience on other national committees. She served on the Robert Wood Johnson Foundation-sponsored "National Excellence Collaborative on Performance Management" (2000–2003), and the national work group on defining "frontier" for the U.S. departments of Health and Human Services and Agriculture (2008–2009).

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Medicaid Management Information System: Project updates

The Alaska Medicaid Health Enterprise project is progressing toward an implementation date in spring 2012. The MMIS Design Development and Implementation (DDI) project received an initial version of the core product, and they are continuing in the construction of Alaska specific requirements.

Additionally, the project has begun to analyze and develop new services that can be implemented before Alaska Medicaid Health Enterprise is fully operational. These include ePrescribe, Smart Non Emergency Transportation (NEMT), possible Web enablement of some legacy transactions and other considerations.

The new national electronic transaction standard, known as X12 Version 5010 (5010) will affect many stakeholders of the Alaska Medical Assistance Program, including providers, payers, third-party billers and others. The Department of Health and Social

Services will be prepared to receive and send HIPAA X12N 5010 transactions and code sets by the mandated effective date of Jan. 1, 2012.

In winter of 2011, an environment will be available for the trading partners to submit generic HIPAA 5010 transactions for testing. In summer of 2011, trading partners will receive Alaska specific HIPAA 5010 Transaction Companion Guides with the information necessary to populate the transactions with codes for processing claims, eligibility status requests, claim status requests and requests for service authorizations.

Trading partners will be able to test their capability to provide clean transactions during the remainder of the calendar year in preparation for the compliance date of Jan. 1, 2012.

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

Health info technology makes progress

The state Medicaid Health Information Technology Plan has been approved by the Centers for Medicare and Medicaid Services (CMS). The plan outlines the current health information technology activities within the state, a vision for the state's HIT future and the pathway to get there. Additionally the plan outlines how the state will implement the Electronic Health Record (EHR) Incentive Payment Program.

The EHR Incentive Payment Program is under way. The program encourages Medicaid health care providers to adopt, implement or upgrade, and become meaningful users of certified EHRs. The state is responsible for the administration of the program and will verify submitted data and disburse provider payments.

Electronic health records are key factors in helping health care providers enhance the coordination and quality of care for their patients. Alaska eHealth Network — in its role as the Regional Extension Center — is committed to assisting providers with EHR implementation and strategies for achieving meaningful use.

For information on the EHR Incentive Payment Program, including details on provider eligibility, certified EHR technology and meaningful use criteria, providers should visit hss.state.ak.us/hit/.

Health Information Exchange (HIE)

Alaska eHealth Network (AeHN), contracted to procure and manage the Alaska health information exchange, has been making great advances. A rigorous HIE vendor selection process was completed in 2010, resulting in a nationally recognized vendor being selected. The HIE vendor is progressively working towards providing statewide access to Alaska's HIE.

The goal is to use Alaska's HIE to improve quality, safety, outcomes and efficiencies in health care by making vital data available to patients, providers and payers when and where they need it. The HIE will connect providers via a single, secure technology platform. Implementation of the HIE will begin early this year with two pilot sites and move rapidly to connect others who have live EHRs.

The board and staff of AeHN continue to work with the state, providers and public to develop necessary policies, technical operations and financing mechanisms for HIE.

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

Families First: Getting people to work, plus self-sufficiency

Families First is the Department of Health and Social Services' strategy to promote self-sufficiency for clients participating in Alaska's Temporary Assistance Program.

The uniquely personalized approach considers the "big picture" of the client's family circumstances, and features collaboration among four divisions: Juvenile Justice, Children's Services, Public Assistance and Behavioral Health.

Families served by the Temporary Assistance Program are at varied levels of readiness to enter or reenter the competitive job market. Some require minimal assistance and quickly move to unsubsidized employment. Others experience challenges that interfere with finding or keeping a job. The latter families are often characterized by long-term reliance on welfare, intermittent short-term attachment to the workforce and a variety of challenges to employment.

Families First strategy

Families First is designed to resolve personal and environmental barriers to self-reliance. Collaboration is the focus, relying on the creative and efficient use of family, community, and multi-agency resources. Employment is a positive outcome that has demonstrated benefit in many areas of family stability.

In addition to promoting the best possible outcomes for families, family-centered services create opportunities for collaboration among service providers and reduce duplication of efforts by making optimal use of private and public resources.

For more information on Families First, contact Nathalie Miller, program coordinator, at 907-269-7874.

New initiative funds rural programs to reduce fetal alcohol spectrum disorders

Women struggling with addiction and rural Alaskans experiencing fetal alcohol spectrum disorders have new treatment resources on the way. The new programs address the toll that drinking and using drugs during pregnancy takes on Alaskans and their communities.

At press time, the Division of Behavioral Health had asked providers for proposals to provide substance abuse treatment for

pregnant women. The Governor's office requested and the Legislature approved \$500,000 for these services, which may include safe housing, child care, prenatal care and transportation.

The 18-month grant will fund outpatient treatment, but the division is optimistic that successful projects can be continued after the initial 18-month time period.

The grants will require providers to collect data on their efforts, both for accountability and research purposes, so Alaska can fine-tune the best practices identified by national research.

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APPOINTMENT continued from page 1

Primary Care Office director Millard said that Rarig's experience and expertise in consensus-building will serve Alaska well in the rule-making process. She has also been the Primary Care Office's point person in applying the current rules.

Alaska's Primary Care Office, which is funded by the federal Health Resources and Services Administration, has been in existence for more than two decades. Its goal is to insure that all Alaskans have good access to health care. "We support organizations that share those goals," Millard said, "and who do yeoman's work to achieve those goals."

The Primary Care Office works with other state and federal efforts supporting health care access, such as



Primary Care Office director Mark Millard, left, recommended Alice Rarig for her federal committee appointment.

work force and training programs, and provider reimbursement systems. The office also has coordinated special service and funding efforts to outpatient clinics and community health centers throughout the state, such as the coordination of funding to promote senior access to health care, and services to enhance both vision care and oral health to communities and populations that lack access.

"The staff supports health care efforts by providing information to policymakers, and technical assistance to health care providers and advocates," Millard added,

Rarig's appointment is for one year. The committee's target date for a final report to Sec. Sebelius is July 1, 2011.

Alaska Health Care Commission report due in January 2011

The Alaska Health Care Commission, established in state law in 2010, began meeting in October to work on its report to the Governor and the Legislature, due Jan. 15, 2011. The report



The Alaska Health Care Commission met Oct. 14, 2010, in Anchorage. From left: Dr. Noah Laufer, David Morgan, Valerie Davidson, Col. Paul Friedrichs, Patrick Branco, Rep. Wes Keller, Emily Ennis, Dr. Larry Stinson, Deborah Erickson, Dr. Ward Hurlburt, Keith Campbell, Jeffery Davis, Wayne Stevens (missing), Linda Hall; Sen. Donny Olson.

continues building on the plan to address the quality, accessibility, and availability of health care for all citizens of Alaska developed by the original Commission, established under administrative order by Governor Palin in 2009. The report can be found at hss.state.ak.us/healthcommission/default.htm.

In September 2010, Governor Sean Parnell reappointed seven current commission members: Keith Campbell, Valerie Davidson, Jeffery Davis, Dr. Ward Hurlburt, Wayne Stevens, Dr. Larry Stinson and Linda Hall. The House Speaker and Senate President reappointed Rep. Wes Keller and Sen. Donny Olson, respectively. Parnell also appointed new members: Patrick Branco, Emily Ennis, Col. Paul Friedrichs, Dr. Timothy (Noah) Laufer and David Morgan. The following is a brief description of each member:

- Branco, of Ketchikan, is the regional CEO of Ketchikan General Hospital.
- Campbell, of Seward, is a retired hospital administrator. He has held national positions with the American Association of Retired Persons (AARP).
- Davidson, of Anchorage, is senior director of legal and intergovernmental affairs for the Alaska Native Tribal Health Consortium.
- Davis, of Anchorage, is the president of Premera Blue Cross Blue Shield of Alaska.

- Ennis, of Fairbanks, is the executive director of Fairbanks Resource Agency, a nonprofit corporation serving Interior Alaskans with disabilities and seniors.

Friedrichs, of Anchorage, is the commander of the Air Force/Veterans' Affairs Joint Venture Hospital. He is also the Air Force representative to the American Medical Association.

Hall, of Anchorage, has served as the director of the Division of Insurance since 2003.

Hurlburt, of Anchorage, is the chief medical officer for the State of Alaska and the director of the Division of Public Health. As medical director for the Department of Health and Social Services, he is reappointed as the chair of the commission.

- Rep. Keller, of Wasilla, has served District 14 in the House of Representatives since 2007. He is co-chair of the House Health and Social Services Committee and chair of the Administrative Regulation Review Committee.
- Laufer, of Anchorage, is a physician at Medical Park Family Care in addition to serving as president of the practice.
- Morgan, of Anchorage, is the director of reimbursement for Southcentral Foundation. He is also the chairman of the Municipality of Anchorage Health and Human Services Commission.
- Sen. Olson, of Golovin, has represented Senate District T since 2000. He is chair of the Community and Regional Affairs Committee. Olson is a physician, commercial pilot, and reindeer herder.
- Stevens, of Juneau, is the president and CEO of the Alaska State Chamber of Commerce since 2004.
- Stinson, of Anchorage, is the co-founder of Advanced Pain Centers of Alaska, which operates clinics in Anchorage, Fairbanks, and Wasilla.

For commission members' biographies and other information, go to: hss.state.ak.us/healthcommission/default.htm.

Department's long-term strategic planning moves forward

The Department of Health and Social Services has awarded a contract to The McDowell Group to work with divisions on strategic planning and performance management to align with the department's overall strategic plan.

Over 2009–2010, department leadership formed the strategic plan to align with previously set department priorities and goals:

- Substance abuse: Decrease the negative impacts of alcohol and drug use in Alaska.
- Health and wellness: Improve the health status of Alaskans.

- Health care reform: Improve access to quality health care in Alaska.
- Long-term care: Increase the percentage of adults 65 and older living independently in Alaska.
- Vulnerable populations: Increase the percentage of at-risk individuals who are able to live safely in their home in Alaska.

The intent of the McDowell contract is to ensure the vision, mission, goals and outcomes outlined in the department's

overall performance management and strategic plan are addressed and accounted for in the eight divisions' performance management and strategic plans.

Division plans are currently in various stages of completion, and it is expected that the contractor will assist the divisions in bringing their plans to completion by September 2011.

Sean Parnell
Governor



Our future
is bright

Safe homes and strong families are the essence of Alaska. Together, we are moving to end the epidemic of domestic violence and sexual assault. We are breaking the silence that isolates victims and protects predators. Meanwhile, we are committed to helping survivors through the healing process and bringing perpetrators to justice.

This year, I am also proposing tougher laws to protect children from child pornographers and online exploitation, and to protect the elderly from financial exploitation and abuse.

The Safe Homes, Strong Families initiative will improve safety for vulnerable Alaskans, promote healthy Alaska homes, and preserve personal dignity.

Thank you for your continued investment in Alaskans. Working together, we can build a better, brighter future for our people.

Bill Hogan
Commissioner*



Addressing
reform

Elsewhere on this page you will find a brief article about the ongoing work of the Alaska Health Care Commission, whose report to the Governor and the Legislature is due this month.

Health care reform is one of the department's five priorities, and establishing the commission in state law was one of our main strategies under that priority in 2010.

The commission's task — to formulate a plan for the state — is formidable, given the changing face of health care and its complexities, especially affordability.

As health care costs continue to climb, consuming increasing portions of the state's budget, as well as families' paychecks, the need to address affordability is greater now than ever before.

What does all this mean to our department and to our partners, providers, legislators, and other stakeholders? It means change.

What remains a constant is our mission, where our eyes remain fixed:

To promote and protect the health and well-being of Alaskans.

* Mr. Hogan served as Commissioner from July 24, 2008, through Dec. 6, 2010

Assessing the effects of ‘development’ on health

The Division of Public Health’s Section of Epidemiology has accepted a leadership role in guiding the practice of Health Impact Assessments in Alaska.

Health Impact Assessments aim to protect the health and safety of Alaskans by anticipating the health impacts of new development projects, programs and policies in the state.

Health Impact Assessments have been completed internationally since the 1990s and are becoming more prevalent in the United States. A number of assessments completed in Alaska in 2004 generated interest, but also raised concerns about standardizing an Alaska approach to assessments. In 2008, the first Health Impact Assessment workshop was scheduled in the state, and a multi-agency working group was formed to guide future health assessment practice.

In July 2010, Epidemiology hired Dr. Paul Anderson, a doctor who specialized in occupational and environmental medicine, to start the state’s first program designed to increase the capacity to complete Health Impact Assessments and standardize how assessments are done.

Anderson said his new program is only one step toward more efficient and effective assessment practice in Alaska. “Now, when large-scale development projects

are being considered in Alaska, a public health expert is present at the decision-making table to help minimize adverse and maximize beneficial health outcomes related to the project,” Anderson said. These health outcomes can be injuries, potential exposure to infectious diseases or toxins, changes in dietary behaviors, limited access to health care and more.

Anderson said most of his time is spent on completing assessments for new development projects, such as mining or pipeline initiatives. Federal law requires the preparation of an Environmental Impact Statement whenever a proposed development invokes the jurisdiction of a federal agency such as the Bureau of Land Management.

Proposed developments also must receive a permit from the state of Alaska (often the Department of Natural Resources) before construction may begin, Anderson said. A health assessment is not required under federal or state law, but many companies and agencies now include one when they prepare an environmental impact statement or perform studies prior to obtaining a permit from the state. Requests for health assessments are increasing and the trend is likely to continue, Anderson said.

For more information, go to: www.cdc.gov/healthyplaces/hia.htm.

Speedy response in treating STD partners

In May 2010, the Division of Public Health’s HIV/STD Program asked the federal Centers for Disease Control and Prevention for help exploring “enhanced partner services” in Alaska through Expedited Partner Therapy.

This form of therapy, also called EPT, involves treating sexual partners of people infected with sexually transmitted diseases (STDs), such as chlamydia and gonorrhea, without prior medical evaluation or counseling. Studies on EPT show an overall 27-percent relative reduction in re-infection rates among patients who received the therapy, compared to patients who instead referred their sexual partners to health care providers.

The division’s Section of Epidemiology is exploring whether this prevention and control therapy will combat the increasing rates of sexually transmitted diseases in Alaska.

Alaska has had the first or second highest chlamydia infection rates in the country every year since 2000. The gonorrhea infection rate climbed in almost every region of Alaska during 2009.

“In order to help control our already soaring rates of chlamydia infection and our rising rates of gonorrhea infection, Expedited Partner Therapy is an important tool that we need to add to our STD-control tool box, wherever feasible,” said Dr. Joe McLaughlin, state epidemiologist.

In response to the state’s request, the Centers for Disease Control and Prevention deployed two Epidemic Intelligence Service officers to assist the section’s staff in gathering information on how EPT would best work in Alaska.

The team conducted interviews with medical providers and also invited health care providers and patients at risk for STDs to fill out anonymous, online surveys to gauge knowledge and attitudes about EPT, as well as possible barriers to this type of therapy in Alaska. Survey submissions and interviews are completed, and state epidemiologists will now evaluate the responses to set recommendations for future use of EPT in Alaska.

For more information, go to: http://www.epi.hss.state.ak.us/bulletins/docs/b2010_15.pdf.

Grant helps recruit health volunteers

Alaska is one of 25 recipients — out of 62 states and cities that applied — to receive a three-year, \$200,000-a-year, federal grant to expand the state’s ability to register emergency medical volunteers and deploy them during disasters and public health emergencies. The grant will be administered by the Division of Public Health’s Section of Emergency Programs. Awarded by the federal Office of the Assistant Secretary for Preparedness and Response, the grant will be used to expand the Alaska Nurse Alert System, a registry of volunteer nurses ready to respond to statewide emergencies, and align it with the federal program called the Emergency System for Advanced Registration of Volunteer Healthcare.

The federal program recruits, trains, credentials and deploys health care professionals to respond to a disaster. For example, the Alaska Nurse Alert System deployed two nurse practitioners and several behavioral health counselors to Eagle following severe flooding there. With the new grant funding, the recruitment and credentialing of medical professionals will expand to include doctors, dentists, physician assistants, pharmacists and other professionals.

For more information about ESAR-VHP, visit phe.gov/esarvhp/Pages/default.aspx.

Childhood vaccination has nearly eliminated hepatitis A in Alaska

A study published in the summer 2010 issue of *Vaccine* examined hepatitis A cases in Alaska during the past four decades and determined that routine childhood vaccination has virtually eliminated hepatitis A infection in the state.

Hepatitis A is a liver disease caused by a virus that is passed in fecal matter. People become infected following close contact with someone who is ill, or from eating or drinking contaminated foods.

In the past, Alaska has had hepatitis A epidemics every 10 to 15 years, with thousands of people becoming ill. During those epidemics, Alaska Native people living in rural villages were affected at higher rates than others, according to the published study.

In 1996 and 1997, the Division of Public Health,

Section of Epidemiology, recommended hepatitis A vaccination with state-supplied vaccines for all Alaska children ages 2 through 18. In 2001, the state started requiring hepatitis A vaccine for children to attend child care settings and school.

The study showed that these actions resulted in more than a 98-percent decrease of hepatitis A infections in Alaskans of all ages, when comparing the period before 1996 to the period afterward. The decrease was even higher among Alaska Natives: 99.9 percent.

The decrease in infections followed a coordinated vaccination effort by a number of health agencies, including the sections of Epidemiology and Public Health Nursing, regional health corporations and the Alaska Native Tribal Health Consortium.

Grants aim to help prevent teen pregnancy

To help prevent teen pregnancy as an outcome of teen violence, the Division of Public Health’s Section of Women’s, Children’s and Family Health awarded 11 youth groups small grants. The grants, which went to programs in Shishmaref, Venetie and other communities, were funded by the Temporary Assistance for Needy Families program, through the Division of Public Assistance. They were given in conjunction with the statewide *Stand Up Speak Up!* campaign that promotes respect.

Alaska’s 2009 Youth Risk Behavior Survey revealed that dating violence remains a concern in Alaska; with the rate of violence here slightly higher than the national average.

According to the survey 13 percent of randomly selected Alaska high school students said they had been hit, slapped or physically hurt by their boyfriends or girlfriends in the past year; 10 percent of U.S. students reported such violence. Ten percent of participating Alaska teens said they had been physically forced to have sexual intercourse.

For more information on Stand Up Speak Up!, go to: www.standupspeakupalaska.org.

News briefs

What if everyone stopped ...?

What if everyone stopped just three risky health behaviors? Turns out they could cut the number of deaths worldwide in half.

The Department of Health and Social Services is promoting the “3-Four-50” campaign created to prevent chronic diseases. The campaign’s message is simple: Three risk factors — using tobacco, eating poorly and being inactive — contribute to four chronic diseases: heart disease, diabetes, lung disease and many cancers. These four chronic diseases cause 50 percent of the deaths across the globe.

“Clean water, sanitation, improved housing, immunizations, and advancements in medical care have all contributed to a longer life expectancy for Americans. Despite all these improvements, we now die prematurely all too often from what I call ‘diseases of choice,’” said state Chief Medical Officer Dr. Ward Hurlburt. “Most significantly, poor choices related to tobacco use, poor diet, and inadequate physical activity directly lead to poor health and early deaths.”

For more information on the Oxford Health Alliance 3-Four-50 campaign, go to: www.3four50.com/.

Emergency programs reorganized

The Department of Health and Social Services added a new section to its Division of Public Health in 2010, called Emergency Programs: Preparedness, EMS and Trauma. The new section comprises pieces of a former section that was disbanded: Injury Prevention and Emergency Medical Services (IPEMS). The injury prevention portion of IPEMS was moved to the Section of Chronic Disease Prevention and Health Promotion. The injury surveillance portion of IPEMS was moved to the Section of Epidemiology. The emergency medical services and trauma components join the preparedness program in the new Emergency Programs section.

Division earns bonus for Food Stamp program

The Division of Public Assistance has received a bonus award from the U.S. Department of Agriculture for outstanding and timely customer service in providing Food Stamp Program benefits in fiscal year 2009. This is the second year in a row that the division has received a performance bonus award. In fiscal year 2008, Alaska also received an award for being among the most improved states for providing accurate payments to food stamp recipients. This achievement in performance is significant because it comes at a time when the state Food Stamp caseload has risen dramatically. Alaska will receive \$295,630 in bonus award funding.

DHSS Stars



ALASKA’s Self ImmAGE

Alaska’s *Self ImmAGE* program (Division of Public Health) was selected for a “2010 Bull’s-Eye Award for Innovation and Excellence in Immunization,” presented by the national Association of Immunization Managers. *Self ImmAGE* is a popular Web-based application used by Alaska schools and child care facilities to determine if children meet state immunization requirements. Although many persons have worked on *Self ImmAGE* over the years, the Immunization Program notes that “no one is more responsible for the program’s success than **Lorraine Alfson**,” the program’s School and Child Care Facility Manager.



MICHAEL CASSISTA

Michael Cassista, Public Health Nurse III, partnered with multiple health corporations to address the issue of incomplete childhood vaccination records in the Southwest Alaska region he serves as an itinerant public health nurse. As a result, the immunization rate is now over 90 percent, up from 20 percent just two years ago, and far exceeding the Alaska and national rates.



DPA HUNGER CHAMPIONS

The U.S. Department of Agriculture, Supplemental Nutrition Assistance Program, named the Alaska Division of Public Assistance central region offices — Gambell, Muldoon and Mat-Su — 2010 Hunger Champions for their exemplary work. The offices collaborated with the Food Bank of Alaska to provide snacks and lunches to children as part of the Summer Food Program available to low-income families. Administrative Assistant II **Tammie Walker** and Office Assistant IV **Lisa Gibbs** were instrumental in the coordination of the summer food program. “Their continued focus on this project ensured meals were available for children each day,” said Field Services Manager **Suzi Pulczynski**.



FATIMA HOGER

New federal regulations require state WIC (Women, Infants and Children) programs to revitalize their nutrition assessment and education practices to ensure WIC services are client-driven. Fatima Hoger, as the WIC Nutrition Services Program Coordinator, was tasked to develop these new client service systems in Alaska. Hoger and her Western Region colleagues worked as a region to develop participant-centered education models that could be used by all the Western Region state WIC agencies. The resulting Tool Kit received national attention and was published as a research article (co-authored by Hoger) in the *Journal of Nutrition Education and Behavior*.



KAREN MARTINEK

Nurse Consultant II Karen Martinek’s work as the lead tuberculosis nurse with the Division of Public Health has paid dividends for providers and the public statewide. As a result of her integrated and “Alaskanized” contact investigation training, the TB program has exceeded its contact follow-up goal that 70 percent of TB contacts to infectious cases receive follow-up. Recent contact follow-up results were up to 80 percent, the highest in 10 years.



SUSAN MORGAN AND DAVID CALDWELL

Public Information Officer Manager Susan Morgan and former Visual Information Specialist David Caldwell received First Director’s Choice award for “Best :30 Community Voice Message” from the Alaska Broadcasters Association. The award was for a video made by the department about the need for Alaska Native foster homes. The pair received a framed “Goldie” award at the November banquet in Anchorage.



PUBLIC INFORMATION TEAM

Members of the Alaska Department of Health and Social Service’s public information team received NPHIC (National Public Health Information Coalition) awards for public health communication. Pictured, from left: **Sarana Schell** received a bronze award for a breaking news release on gonorrhea rates in Alaska; **Greg Wilkinson** accepted a silver award on behalf of the Governor’s office for the state’s television public service announcement on flu; and **Regina Moran** and **JoAnne Zito-Brause** (with the state Tobacco Program, not pictured) received a silver award for the 2009 Tobacco program annual report update.



GWENDA STEWART

Division of Public Assistance Eligibility Technician III Gwenda Stewart became aware of the burden of Ketchikan families who are not eligible for Medicaid and have no other insurance coverage for severe dental needs. She arranged for volunteer dentists with the Baptist Medical and Dental fellowship to travel to Ketchikan for a five-day clinic, “Ketchikan Smiles,” which was held in August 2010. “This was the direct result of Gwenda’s initiative to help local community members who are in need of dental services,” said Eligibility Office Manager Elizabeth Chambers.



COLLEEN WATSON

Colleen Watson, Public Health Nurse III in Craig, was one of seven women recently nominated as “Women Who Rock” on Prince of Wales island for her campaign to increase awareness and prevention of domestic violence through her support of the development of the community-based service organization HOPE (Helping Ourselves Prevent Emergencies).



Getting to know our clients



The Senior and Disabilities Services Division Anchorage office moved to 550 W. Eighth Ave. in late 2009. While employees no longer worked in cramped quarters, the freshly painted halls and stairwells were blank. Acting Director Kimberli Poppe-Smart commissioned Karen Copley, Department of Health and Social Services Publications Specialist II, to make photo collages of division clients to hang on the walls. Now each day the staff gets to see the cheerful smiles they help make possible.

Federal grants available to help combat alcohol abuse

The Division of Behavioral Health is using a five-year, \$10.7 million federal infrastructure grant to help build a solid foundation for delivering and sustaining effective substance abuse prevention strategies throughout Alaska.

The Substance Abuse and Mental Health Services Administration grant — called the Alaska Strategic Prevention Framework State Incentive Grant — has three main goals:

- prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking;
- reduce substance abuse-related problems in communities; and
- build prevention capacity and infrastructure at the state and community levels.

The Strategic Prevention Framework is a data-driven planning model, built on a community-based risk and protective factors approach to prevention. Through the collection and analysis of cross-discipline data related to substance use in Alaska, the grant's advisory council identified two top consumption patterns that impact Alaska in a significant way.

- Youth alcohol abuse (ages 12–18)
- Adult heavy and binge drinking (ages 19–44)

Data show that alcohol continues to be the substance of choice for most Alaskans, most often associated with harmful social and health consequences. In addition to selecting alcohol use as the focus for this ongoing program, six consequences were identified as the most serious in Alaska communities, with the worst outcomes.

- Alcohol-related deaths
- Alcohol-related crashes/collisions
- Drinking under the influence arrests
- Minors-consuming-alcohol citations
- Alcohol-related suicides
- Alcohol-related interpersonal violence

Using these priorities as a framework, the state has begun soliciting potential grantees to fund regional; sub-regional; or community coalitions. Grantees will address these priority issues through a process of local assessment of needs, capacity-building, and working to reduce youth or adult alcohol use/abuse through evidence-based environmental strategies: changing knowledge, attitudes, beliefs and behaviors by impacting local practices, policies and programs.

The expectation is that each funded coalition will be able to show measurable change in alcohol use within its region/community within the three-year grant cycle.

For up-to-date information on the Strategic Prevention Framework State Incentive Grant, go to: hss.state.ak.us/dbh/prevention/programs/spfsig/default.htm.

Medicaid Waiver Corrective Action Plan update

For a little over a year, the Division of Senior and Disabilities Services has been working on a Medicaid waiver Corrective Action Plan required by the federal Centers for Medicare and Medicaid Services (CMS). Most of the tasks have been completed, and the division moved from biweekly to monthly meetings with CMS in November. The division may have a ways to go yet, but division employees have made great strides.

One major improvement has been developing a comprehensive data collection system to monitor the waiver program's home and community-based services. The division now has a data tracking system that gives daily reports and allows managers to see "hot spots." For example, a manager can see that care coordinator Jane Doe is consistently late with submitting plans of care, and can offer her technical assistance.

"We now track 28 performance measures," said Odette Jamieson, Corrective Action Plan project coordinator. Measures include provider qualifications, timeliness of assessments and appropriateness of services. All measures support the health and welfare of waiver participants.

The division will apply to renew Alaska's waiver program in spring 2011. Before applying, the division must present required data. Using the new system, staff will report data from November, December and January in three reports, to be submitted in January, February and March.

The change necessitated by the improvement process has been hard work but entirely worthwhile, Jamieson said. "This has been wonderful. It's taught us so much about what we need to do to make our programs healthy. I think our programs benefit, providers benefit and, most importantly, our participants benefit."

More information on the Corrective Action Plan is at: www.hss.state.ak.us/dsds/pdfs/CAP_Newest_DRAFT_Version.pdf.

'SAFTee' is goal of committee tackling domestic violence

A committee has been formed to improve collaboration between agencies and programs that work with Alaska families experiencing domestic violence.

OCS representatives and domestic violence/sexual assault victim advocates comprise the Safe Alaskan Family Tool-box Team (SAFTee Team). The team has an ambitious and important vision statement: "By 2025, every child, woman and man in Alaska is safe in their own home and family."

The SAFTee team first came together in fall 2007 and includes the Council On Domestic Violence and Sexual Assault; OCS; the Family and Youth Services Training Academy; University of Alaska Anchorage; Alaska Network on Domestic Violence and Sexual Assault; and numerous community teams.

"It's quite a collaborative effort," said Ann Rausch, Program Coordinator with the Council On Domestic Violence and Sexual Assault.

The team is funded for at least the first year of planning through a federal Administration for Children and Families grant. The award provides \$150,000, with the potential of two more years of the same amount each year.

"Depending on how the planning year goes, we have the opportunity to receive two more years of funding. That would cover the implementation and evaluation components of the project," Rausch said.

The goal, Rausch said, is to break down some of the "siloeed systems" across child welfare and domestic violence work, which might focus on one part of the problem but not look at a family as a whole. Improved coordination between child welfare and domestic violence programs will provide better outcomes for children and nonoffending parents, plus greater accountability for offending parents.

Members of the team are committed to developing goals and objectives to develop a pilot project on issues related to child welfare and domestic violence. The two issues are often found in the same homes, and the goal is to develop methods that will facilitate cross-communication and lessen conflict and confusion for impacted families. Four regions have been identified as sites for the pilot projects: Juneau, Dillingham, Kodiak and Fairbanks.

Collaborative efforts for the team will include regular meetings, cross-trainings, shared community projects and participation in team decision-making meetings.

New guidelines aim to improve Office of Children's Services Family Contact Policy

The Office of Children's Services' new Family Contact Policy went into effect in July 2009. Formerly known as Supervised Visitation, Family Contact is progressively changing the way caseworkers think about time spent among the families they work with. It can also help make a difficult situation easier for those who are most vulnerable.

"Imagine being in the shoes of a 5-year-old, met at school by an unknown caseworker and taken to a home you have never been in before. Despite whatever happened that morning before school or the prior night, you undoubtedly feel confused and want to know where your parents are," said Sara Childress, staff manager with the Anchorage Regional Office. "Just hearing a parent's voice before bed can make the difference in whether a child gets any sleep that night."

The Family Contact policy includes timeframes for the initial visit and family contact plan, as well as ongoing assessment and inclusion of others in the planning process. The policy takes the decision-making out of the sole hands of OCS, providing a team approach to determining what contact is best for the family.

This change began several years ago when the Court Improvement Project focused on addressing this issue. Training sessions were held across the state, and, slowly, change began to take place. Data are being collected by OCS' Quality Assurance Team to determine the success of this new model.

Regional Family Contact Teams are in place in each region of the state. Training in the new policy and how it will work for each caseworker will be sent via

hyperlink or CD to OCS staff. In addition, the Family Contact Subcommittee will be traveling to train all of the grantees that provide visitation for families and their partnering OCS offices across the state.

By February 2011, it is expected that every Family Contact grantee in the state will be trained in the OCS policy, alongside the respective OCS field staff. The co-training of the policy, referral process and utilization of resources will be a true step forward in the collaboration with OCS providers.

"Family Contact is an expressway to permanency, whatever permanency outcome that may be for a particular family," Childress said. "Expediting that process positively affects the entire system, but most of all the children and families we serve."

Keep your keys in your pocket: Office of Children's Services lobby reflects changes in approach throughout agency

Not long ago, the first thing visitors would do upon entering the Anchorage Office of Children's Services building would be to empty their pockets of loose change and keys. Then they would walk through a metal detector while a uniformed security officer watched.

Walk through those same doors today, keys still safely in your pocket, and the first thing you see is a wall covered with an artist's large-scale rendering of a man and boy fishing on a wide, blue-tinged river. Soft green hills and snow-capped mountains surround the pair. Turn to the left, and a winter tableau covers another entire wall, with vibrantly colored northern lights shooting across a nighttime sky. Elsewhere in the lobby, see musk oxen protectively guarding their calves, undersea creatures and a clam-digging scene on a typical Alaska beach.

Yes, Toto, you are still in the OCS building, but it's a much friendlier place these days. And that's by careful — and creative — design.

"The changes started about a year ago," Children's Services Manager Travis Erickson said. "We'd actually been talking about security for quite some time — about whether we still needed it or not. In the end, we decided to go ahead and pull the metal detector and security guards from the lobby."

Erickson said OCS began to realize the public was being welcomed to the Anchorage building in a "fairly negative way." Plus, community partners who work with many of the same clients wondered why OCS needed the added security.

A few potentially dangerous incidents in the past led to the need for a security checkpoint in the first place, Erickson said. But he believes OCS is operating differently these days.

"There's a different culture now in terms of how we're interacting with families, the inclusion of families in decision-making, and how we collaborate with everyone involved in a situation," he said. "This collaboration and openness to discussion allows us to address any issues as they arise."

Creating a lobby that would be more "family-friendly" meant not just removing the security, but adding a mural designed and created by Alaska artist Susan Watkins — and positioned right at child's eye level.

"We wanted to create a more welcoming and fun environment, recognizing that the kids who come in are sometimes under enormous stress," Erickson said. "For some, merely coming to our building can remind them of past trauma they've been through. We wanted to do what we could to make it friendlier here for them."

Despite the recent security changes, Erickson notes that the OCS building is still very safe. Receptionists sit behind a glass partition, and funds that were previously used for security in the building have been reallocated to provide staff with Crisis Prevention and Intervention training. Erickson notes that caseworkers often are the most vulnerable when visiting private homes for the first time after a report of abuse or neglect, so the training is invaluable outside the building, as well.

"Security threats still exist. Things still do occur that are threatening," Erickson said. "However, we're trying to handle them on a case-by-case basis. And now with the training, people are using their skills to prevent a crisis and are taking responsibility for security in their own environment."



Photo credit for mural: Wanda Henry, Eligibility Technician II, OCS

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DHSS hears about suicide firsthand

Concerned officials took a listening trip to Bethel and Mountain Village in August to meet with residents about suicide prevention. Nine young people in the area had recently taken their lives.

The group included Health and Social Services Commissioner Bill Hogan, Behavioral Health Director Melissa Stone, State Suicide Prevention Coordinator James Gallanos, Governor's Rural Affairs Advisor John Moller, Public Safety Commissioner Joe Masters, and representatives Bob Herron and Neal Foster.

Yukon-Kuskokwim Health Corp. helped organize meetings on local prevention efforts in Bethel, and a community forum in Mountain Village.

In Mountain Village, community members shared powerful personal stories of loss and grief. They acknowledged their power to change their community, and asked for help with alcohol control, enforcing curfews, fostering healthy relationships, and creating more youth activities.

Their prevention ideas include youth job training, a parenting-mentoring group, and teaching children traditional Yupik values.

Mountain Village has had a \$24,000 suicide prevention grant for the past two years, but couldn't hire a coordinator to implement it. As part of the state's efforts, Gallanos and the Asa'carsarmiut Tribe are re-starting the grant. Locally, the Tribal Council reconvened its 20-member Youth Advisory Group, which includes elders, youth, clergy, school representatives and village health aides.

From telehealth to expansion — Pioneer Homes plans for future

Around the Pioneer Homes

Tele-psychiatry: In fiscal year 2010, the Ketchikan Pioneer Home began its partnership with the Gerontology Institute through Sacred Heart Medical Center in Eugene, Ore., which provides tele-psychiatry to the home. For fiscal year 2011, on behalf of all the homes, the division is proposing to collaborate with the Alaska Psychiatric Institute in a pilot tele-psychiatry project. This project will attempt to resolve an ongoing need for better response options for Pioneer Home residents who develop behaviors that are a threat to self and others.

Managing dementia: People with some forms of dementia can become physically and verbally aggressive, and pose a serious safety risk for residents, staff and themselves. Fifty-seven percent of the Pioneer Home residents have dementia, and those with threatening behaviors are at risk for out-of-state placement. The proposed tele-psychiatry project will provide ongoing consultation with a geriatric psychiatrist using a psycho-social intervention technique that provides assessments, intervention and stabilization to manage acute behaviors.

Growing senior population: The statewide number of seniors is projected to increase substantially over the next several decades as baby boomers age. A report by Information Insights issued in December 2009 recommended additional beds for the Pioneer Homes system in order for the state to meet the increased demand. "Looking Forward, Alaska Pioneer

Homes" is the division's report and proactive plan to develop a course of action to respond to a projected threefold increase in Alaska's aging population. Currently, the Fairbanks Home has more than a four-year waiting list, and the division

is beginning the process for a new 24-bed wing for the home.

Juneau update: Tlingit and Haida Central Council operates a Head Start program in the Juneau home, and this year the federal auditors were so impressed that they featured this program as a national model. The auditors are hoping to encourage other long-term care facilities to replicate this model throughout the nation.

Sitka update: The Totem square renovation to stabilize the square's seawall, level the ground, install walkways, seating and ground lighting is under way.

Palmer update: The Alaska Veterans and Pioneers Home staff continue to improve their disaster preparedness.

Anchorage update: The Anchorage home completed several construction improvements in order to provide a better quality of life for the residents.



Resident Lucky Wells, left, and Anchorage Pioneer Home Acting Administrator Josh Shaver inspect Wells' South Carolina collards.