

SUMMER UPDATE 2011

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

VOLUME 7 NUMBER 2

Public health nurse gives back to her community

Every day, Charlie Barrows goes to work to give back some of what she got. Barrows is a public health nurse for the Division of Public Health, one of about 120 public health nurses who work out of 22 different communities in Alaska.

Barrows works off the road system in Bethel. That's where she grew up, struggled as a young adult and found help from her neighbors.

"I got pregnant as a teenager. I was living on my own at 15," Barrows said. "I was homeless. I relied heavily on social services and folks in the Bethel community."

In the 1980s, Barrows moved to Washington state with her young daughter. She got married and had two more children. For years, she worked in finance and cash management for a software company. Then she made a career change: in 2005, she graduated with her nursing degree. Early work in intensive care nursing wasn't her passion; public health was. She moved back to Bethel two years ago, and is now a team leader at the Bethel Regional Public Health Center.

"This community really did a lot for me, so I wanted to come back," Barrows said.

Barrows said having had those experiences as a teenager and young adult gives her a valuable tool to



Public health nurse Charlie Barrows completes a well-child visit at the Bethel Regional Public Health Center.

use when talking to Bethel residents who need support meeting challenges. Some people tell Barrows it's difficult to make that next good choice because they had dropped out of school and didn't get their degree or their GED.

Continued on page 4

Nurses: More than giving vaccines

Fairbanks

Nancy Davidian has been a public health nurse in Fairbanks for the past 10 years. She said she was drawn to the profession because nurses here focus on community work. Davidian helps lead the Interior Domestic Violence Workgroup. The group's long-term goal is to decrease domestic violence. The group promotes prevention of violence by increasing the community's awareness, screening and referring people, and partnering with community members. The group also focuses on linking individuals and families to supportive resources. The nurses aren't working alone. They develop relationships with schools, shelters and others involved with awareness and prevention of domestic violence.

Sitka

For the past 20 years, Penny Lehmann has served as Sitka's public health nurse. In 2007, she worked alongside the Sitka Community Hospital, SouthEast Alaska Regional Health Consortium and other groups to start a new annual meeting called the Sitka Health Summit. Every year, these partners get together to

Continued on page 4

Contents

Life of a public health nurse.....1	CHIP performance bonus.....5
MMIS update.....1	Rx for youth, free consults.....5
Health IT update.....2	Suicide prevention.....5
Parenting with love, limits.....2	Student obesity reduced6
Grantee Partnership.....2	Japan's radiation emergency ..6
API teaches healthy choices...2	Childhood immunizations.....6
DHSS Leadership changes.....3	Children's Services improves..6
Governor's message.....3	Fostering independent living ..7
Commissioner's message.....3	DJJ volunteer wins award7
Health Care Commission3	State partners with Selawik.....7
Rural capital projects.....4	OCS: Keep kids at home.....7
McLaughlin's new unit.....4	Choose Respect campaign.....8
Medicaid waiver plan update...4	Pioneer Homes roundup8
Public Assistance speeds up...5	

Medicaid Management Information System: Improving health care services with technology

Two new Web-based services associated with Alaska Medicaid Health Enterprise, the new Medicaid Management Information System (MMIS), will be available this summer. ePrescribe and Non-Emergency Medical Travel (NEMT) streamline processing and will be available 24/7.

ePrescribe features include electronic submission and transmission of prescription information, eligibility confirmations, and integrated fraud prevention measures. NEMT automates the prior authorization decision process for travel requests for non-emergency transportation through drop-down options. Providers will be able to obtain immediate authorization for travel and print relevant travel vouchers.

Progress continues on Alaska Medicaid Health Enterprise, scheduled to go live in 2012. The MMIS Design, Development and Implementation project team is developing Alaska-specific requirements and has started initial testing of the Alaska system. Alaska

Medicaid Health Enterprise will undergo rigorous testing before it is implemented.

Providers will be required to re-enroll electronically through the online provider enrollment portal to ensure up-to-date information is available for Alaska Medicaid Health Enterprise. Letters to providers with detailed instructions and training information will be mailed one month before the start of the re-enrollment period.

Testing with trading partners on the new national electronic transaction standards, known as X12 Version 5010 (5010), began February 2011 with submission of generic HIPAA 5010 test transactions. Trading partners will be able to submit test transactions during the remainder of the calendar year in preparation for the compliancy date of Jan. 1, 2012.

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

Health IT update

Alaska makes first electronic health record incentive payment

The Alaska Medicaid Electronic Health Record (EHR) Incentive Program has paid incentive payments to 29 eligible professionals in the total amount of \$616,250. Currently, 49 eligible professionals and six eligible hospitals have registered for the Incentive Program. The Incentive Program anticipates making approximately \$14.9 million in EHR incentive payments to eligible professionals and hospitals during the 2011 calendar year.

Eligible professionals and hospitals can find out more information and register for the incentive program at ak.rraincentive.com, which is a centralized “one-stop” launching pad of available tools for providers to manage their EHR Incentive Program information.

Another resource for eligible professionals and hospitals is the AeHN Regional Extension Center, which provides technical assistance, guidance and information about best practices to support and accelerate health care providers in becoming meaningful users of EHRs. For more information, go to www.ak-ehealth.com.

Health Information Exchange

The Department of Health and Social Services, Alaska eHealth Network (AeHN), and the Health Information Exchange (HIE) vendor Orion Health have been progressively working toward providing statewide access to Alaska’s HIE. Alaska’s HIE will have as a standard service the ability to share/exchange structured and unstructured health care data. This solution will be available to all participants of the Alaska HIE and a “push” solution will be available to send secure messages to non-Alaska HIE providers.

Implementation of the HIE will begin in 2011 with pilot sites and move rapidly to connect others who have live EHRs. As a short-term strategy for providers in 2011 that have not established their HIE connection, they will be able to use Alaska’s Nationwide Health Information Network (NHIN) Direct model. This model will behave like a new kind of Internet service provider and will permit providers to simply and securely exchange data.

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

Families learn to ‘parent with love, limits’ through new program

Families with children who have severe emotional and behavioral problems have a new tool to keep from repeating the same mistakes over and over again.

The program is called *Parenting with Love and Limits*, a process developed by Dr. Scott Sells, of the Savannah Family Institute, who has trained Alaska staff in the brief, strategic, home-focused technique.

The new service began in January 2010 as part of the Bring the Kids Home (BTKH) initiative, which returns severely emotionally disturbed Alaska children to their families or home communities from Outside residential psychiatric treatment centers.

Most of the youth admitted to Outside treatment centers come from families with multiple needs. For example, 70 percent of these youths’ families have a history of substance abuse; 64 percent a history of mental illness; and 64 percent of the youth have experienced physical abuse. *Parenting with Love and Limits* helps families get a healthy new start.

“The PLL intervention has caused a shift of focus to the family,” Bradley Grigg, a behavioral health specialist with the Division of Behavioral Health, explained. “We serve the families in their home in an intense, solution-focused manner

to increase the likelihood that children can live at home successfully.”

BTKH currently funds *Parenting with Love and Limits* projects on the Kenai Peninsula (including Soldotna, Homer and Seward) and Anchorage, with plans for expanding these services into other parts of the state. The program, which has served about 40 families to date, will expand in fiscal year 2012 to up to four new sites, based on continued grant funding.

Parenting with Love and Limits has also been implemented by the Division of Juvenile Justice in Anchorage, where the program appears to be a good fit for juvenile justice families. Parenting with Love and Limits is designated an “Exemplary” model program by the federal Office of Juvenile Justice and Delinquency Prevention with demonstrated effectiveness in reducing recidivism.

“It supports the family getting back on track while providing the necessary supports and training, helping parents to develop their own positive parenting style,” Anchorage Chief Probation Officer Heidi Redick said. “The family and youth are provided skills in boundaries, discipline and communication.”

For more information on Parenting with Love and Limits, go to: www.gopll.com.

Grantee Partnership Project extends through fiscal year 2012

With strong support from members of the Grantee Partnership Project and our grantee partners, the Department of Health and Social Services will continue the Grantee Partnership project through June 30, 2012. The initial project was due to sunset June 30, 2011. Thanks to a reallocation of Rasmuson grant funds carried over from previous years in the amount of \$145,000, and an additional \$100,000 from the department, the project will be able to continue training and transitioning department grant programs with its grantee partners through fiscal year 2012.

Over the past three years the project has worked to change the culture of how DHSS conducts business with its nonprofit sector. As partners, the department and its grantees have moved to a more streamlined and accountable grant process. To ensure consistent grant management across the department, the project developed a Grant Program Manager Training curriculum, which is a mandated training to all DHSS staff who support any form of grant management.

One of the major changes implemented through this project was bringing grantee partners to the table to work with the department as it transitions its programs from outputs (evaluating success based on numbers served) to outcome (measuring success based on client impact) using strategic planning and a Logic Model.



Project Manager Chris Carson, left, is shown with Sammie Pokryfki, Rasmuson Foundation program officer.

The utilization of outcome measure through a Logic Model was not only new to the department’s grantees partners, it was new to department staff. Over the last three years, the project has provided Logic Model training to over 750 grantee partners and department staff and has successfully transitioned over 40 percent of its programs to outcomes evaluation.

To measure the impact the project has had toward meeting its goals and to identify future needs for the project, the Rasmuson Foundation, with support from other project partners, executed a survey during the last quarter of fiscal year 2011. Survey recipients were grantee partners, department staff, and others individuals/organizations that participated in past trainings or strategic planning. Survey results are expected on the GPP website in early June 2011: www.hss.state.ak.us/grantees.

API teaches healthy choices

People with severe mental illness typically die nearly 30 years earlier, on average, than their peers — from reversible medical conditions such as cardiac disease and diabetic complications. Medical research in the last five years has identified this as Metabolic Syndrome.

Alaska Psychiatric Institute estimates perhaps half of its patients could be at risk, so API has developed a special clinic to identify, educate and treat them. The clinic opened in 2010. Since then, many patients have learned to eat leaner and become more active, and they are seeing the payoff as they lose weight and improve their health, clinic coordinator William Henderson said.

Part of the Metabolic Syndrome problem stems from the lifestyle choices people with mental illness make. For example, many with severe mental illness may feel isolated, choosing to stay home — smoking and gaining weight — rather than getting out for regular exercise and obtaining basic health care.

Clients of the API clinic get connected with medical care and learn about health management skills like reading labels and healthy substitutions for fatty foods. Clinic specialists, including nutritionists, psychiatrists, social workers and medical staff, collaborate to coordinate clients’ long-term health care needs.

“We’re trying to bridge that gap,” API Chief Executive Officer Ron Adler said about integrating psychiatric and medical care. “They can take this awareness with them back into the community.”

Leadership changes: Familiar faces assume new duties

Governor Sean Parnell named William J. “Bill” Streur commissioner of Health and Social Services in February. Streur had been deputy commissioner for Medicaid and Health Care Policy since 2007. Streur has more than 30 years of experience in health care administration. He previously served as senior director for First Health Services, where he oversaw the fulfillment of the state Medicaid Management Information Systems contract.



Streur

Replacing Streur as deputy commissioner is Kimberli Poppe-Smart, who has served the department in various capacities since 2009, most recently as director of the division of Health Care Services. She will continue as division director until a replacement can be found. A registered nurse and lawyer, Poppe-Smart’s background is in legal, risk and quality management aspects of the health care field.



Poppe-Smart



Kreher

Veteran employee Ron Kreher was named director of the division of Public Assistance, replacing the retiring

Elinor Fitzjarrald. Kreher has more than 20 years experience with the division, beginning in the 1980s when he tested and implemented the division’s groundbreaking Eligibility Information System. He holds undergraduate and graduate degrees in anthropology.

Another veteran employee, Duane Mayes, was named director of Senior and Disabilities Services. Mayes most recently worked as a health and social services planner for the Governor’s Council on Disabilities and Special Education, which works closely with the division of Senior and Disabilities Services. Previously, he was the assistant chief of rehabilitation services for the division of Vocational Rehabilitation.



Mayes

After serving as acting director of the Office of Children’s Services since August 2010, Christy Lawton has been named director of the agency. Lawton has an extensive background in Children’s Services. She first joined OCS in 1998 as a social worker. In the years since, she has been a supervisor, staff manager, Children’s Services manager and child welfare administrator with the division. She holds a master of social work degree from the University of Alaska Anchorage and a bachelor’s degree in social work from the University of Alaska Fairbanks.



Lawton

University of Alaska Anchorage and a bachelor’s degree in social work from the University of Alaska Fairbanks.

Sean Parnell
Governor



Safe homes
Strong families

As Alaskans, we work together to improve health and safety. This past March, Alaskans in more than 60 communities and Washington, D.C., answered the call to Choose Respect.

We can turn the tide on domestic violence and sexual assault, as we send a message of hope and healing to the victims and survivors of these horrific crimes.

During this past legislative session, we have seen progress in making Alaska safer for our families. House Bill 127 has passed, strengthening laws relating to child exploitation and stalking, and we will continue our work on House Bill 150/Senate Bill 86, which will ensure that our disabled and elderly are afforded the security, comfort, and dignity they deserve.

We will continue to partner with Alaskans like you to protect all who are vulnerable and to champion the rights of victims.

Be they young or old, every Alaskan deserves respect.

Health Care Commission focus: Understanding costs, strengthening primary care

Moving Alaska’s health care system toward an ideal state where all Alaskans can access high-quality affordable care is one goal of the Alaska Health Care Commission. To that end, the commission is concentrating its efforts right now on learning about health care costs in Alaska, and also how primary care delivery models can be improved.

Underlying the commission’s work is a fundamental belief that the way health care is delivered and financed can be transformed — so the system works better for both providers and patients.

“It is important to understand how money is flowing through the health care system and what is driving health care cost increases before developing recommendations regarding how health care can be financed in a better way,” Commissioner Executive Director Deborah Erickson said. To that end,

the commission is currently studying spending and pricing for health care services in Alaska.

Later this year the commission will be considering various approaches to

Underlying the commission’s work is a fundamental belief that the way health care is delivered and financed can be transformed — so the system works better for both providers and patients.

containing cost increases, such as price and quality transparency, and payment reforms that group prices into a single charge for all services related to a particular diagnosis or episode of care.

The commission also hosted a series of Webinars this spring profiling patient-centered medical home initiatives in the Lower 48 that have taken innovative approaches to

improving how care is managed. The programs that were profiled have been demonstrating results for some time, and the commission is using lessons learned from these leaders’ perspectives — looking at the experiences of both the payers (health insurance plans, Medicaid programs, and managed care organizations) and the providers (the clinicians responsible for providing the care) — to inform Alaska’s future direction and recommendations.

The commission will release a draft of its 2011 report for public comment in November 2011. Its next meeting is scheduled for Aug. 25–26.

For more information on the Alaska Health Care Commission go to: hss.state.ak.us/healthcommission.

William J. Streur
Commissioner



Asking the right questions

The Department of Health and Social Services has long provided exceptional services to many residents in need in the state of Alaska. But do we really know it is the best we can do?

I wonder about that and often ask: “Is it the Right Service, at the Right Time, in the Right Place, for the Right Price?”

I believe we often do not know — and that we need to take steps to ensure we are answering each of the questions in all we do for our citizens.

The department’s costs are going up faster than our leaders think they should, and we need to do all we can to assure this becoming our mantra.

Our efforts in the coming months around Medicaid — and all we do — will be focused on finding answers and ensuring that providing quality services is central to those efforts.

Will you join me in making it happen?

Far-reaching partnerships: Bringing capital projects to rural Alaska

An 18-bed long-term care facility opening in Kotzebue at Maniilaq Health Center in October. A five-bed therapeutic group home for severely emotionally disturbed children now operating in Dillingham through community partnership. Individual and group therapy, case management and family services for teens in Kodiak now in place through the Kodiak Area Native Association.

What do all these new projects have in common? “The significant part is that it’s been a multi-year work effort across divisions within DHSS and with several other funding entities and service providers,” said Renee Gayhart, tribal health program manager. Gayhart has been one of the key players at the department working on the capital and operational components from the beginning. DHSS is unique in having a position (Gayhart) to assist tribal providers on Medicaid issues that impact delivery of rural health services.



Kotzebue’s 18-bed facility (photo) is scheduled to open in October. “Opening the long term-care facility in Kotzebue will allow Maniilaq Association to provide necessary services to our people in a culturally relevant setting, therefore improving the overall quality,” said Ian Erlich, President/CEO, Maniilaq Association. “Long-term care has been a goal of the Maniilaq Board Of Directors for several years.”

“What is really satisfying,” Gayhart said, “is that the concept for these projects originated at the community level and modified service delivery to meet the needs of elders and kids closer to home, which has a positive therapeutic effect on individuals and families.”

The partnerships making this happen have included the Denali Commission, Rasmuson Foundation, the Alaska Mental Health Trust Authority and DHSS Senior and Disabilities Services, Health Care Services, Public Assistance, Behavioral Health, Office of Children’s Services and Juvenile Justice, Facilities and Planning, and Financial Management Services, as well as the provider agencies mentioned earlier.

The impetus for these partnerships is in part attributable to the Bring the Kids Home initiative and various studies from Lewin Group and Pacific Health Policy Group indicating the need for long-term care in rural areas.

McLaughlin Youth Center dedicates new unit

The grand opening of McLaughlin Youth Center’s new 25-bed detention unit in Anchorage on April 8, 2011, drew about 50 people, including Juvenile Justice Director Barbara Henjum, Health and Social Services Deputy Commissioner Pat Hefley, McLaughlin Youth Center Superintendent Dean Williams, Juvenile Justice staff



and interested community members. The new detention unit replaces McLaughlin’s oldest unit, which was built in 1968. Pictured accepting a plaque from the Governor’s Office marking the new unit’s dedication, are (from left) Williams, Anchorage Police Chief Mark Mew, and Henjum.

Medicaid waiver plan proving successful

The federal Centers for Medicare and Medicaid Services (CMS) briefly halted admissions to Alaska’s Medicaid waivers in 2009, and required the state to submit a plan to improve the program. The waivers allow Alaskans who require an institutional level of care to receive services in their homes or other less restrictive settings. One improvement CMS required was a data-gathering and tracking system.

In January 2011, the Division of Senior and Disabilities Services (SDS) sent CMS its first batch of quality-monitoring data that tracks service delivery. CMS complimented SDS on the quality of its system.

“We can now monitor performance measures for clients, providers and services — looking at health and welfare, financial accountability and more — and identify system improvements that need to occur,” said Odette Jamieson, SDS quality assurance operations manager.

In June, CMS staff visited SDS to review the state’s progress on its plan and consider the state’s renewal application for the waiver program. Renewal applications are due every five years.

The renewal seeks to rename some waivers, among other updates. Proposed names are Alaskans Living Independently (ALI) for Alaskans age 21 and older who have physical disabilities; and Adults with Physical and Developmental Disabilities (APDD) for individuals age 21 and older who meet eligibility criteria for both physical and developmental disabilities. The Mental Retardation and Developmental Disabilities waiver name would be updated to Persons with Intellectual and Developmental Disabilities, or IDD; Children with Complex Medical Conditions remains the same.

Updated regulations for the waivers were due out for public comment before press time.

The new names and regulations will likely take effect late this year, pending CMS approval of the waiver renewal application, and will be posted on the SDS website: www.hss.state.ak.us/dsds.

PUBLIC continued from page 1

“I say, ‘So did I,’ but I went back. I got my degree. If I can do it, you can do it,” she said.

Barrows’s day-to-day work shows just how unique public health nursing is in Alaska. In a given week, she may visit the senior center to give flu shots, perform a well-child exam on a toddler and make a home visit to a family struggling to give the right dose of medicine to a child with tuberculosis. Alcohol abuse and domestic violence also are issues that need attention in Bethel, Barrows said.

Commuting to work may be getting in a small plane to fly to one of more than 50 villages public health nurses serve in the Bethel area. Other times, Barrows travels down the Kuskokwim river on a boat or drives on the ice highway to help residents in the village of Napakiak.

Barrows makes an investment in her patients

“As a public health nurse, I need to sell to them that their health is important,” Barrows said. “I need to know them as people, as communities, as cultures.”

“You really get to know the folks, who they are. It’s very gratifying to make that connection. You feel like you are part of the community.”

NURSES continued from page 1

discuss ways they can help Sitka residents become healthier. In 2007, they set out to create a bike-friendly city. A year later, Sitka became the first city in Alaska to earn the distinction of “Bike Friendly Community” from the League of American Bicyclists. In 2010, the Health Summit partners followed Gov. Sean Parnell’s lead and started a “Choose Respect” project, Lehmann said. The project to prevent violence is now supported by several grants. It will conclude with a Choose Respect mural that will show the seriousness of violence and possible solutions to all types of violence in Sitka, including bullying, domestic violence and sexual assault.

Delta Junction

Rachelle Hill has been a public health nurse in Delta Junction for seven years. Hill is the board secretary of the Deltana Community Services Partnership. At that time, the group surveyed community members to determine the key health issues facing residents: senior services, children’s services, youth activities, behavioral health, and medical needs like speech and physical therapy. Work groups formed to tackle these issues. Hill said the partnership recently took over Delta Junction’s Food Box program and now serves almost 90 families in need. Another partnership goal is to build a 12-unit housing facility for Delta Junction’s seniors.

Public Assistance serves faster, with less stress

The division of Public Assistance is re-engineering and streamlining the way it does business in order to provide same-day service to a growing number of Alaskans in need.

The division used both 'LEAN' business practices and Kaizen events to examine every aspect of customer service for process improvement. Kaizen, Japanese for "improvement" or "change for the better," is a five-step process for streamlining multistep tasks. "The chance to take a critical look at how we do business and to actually implement changes that both add value to our work and are meaningful to our clients is an opportunity we cannot afford to miss," Division Director Ron Kreher said.

The recent national economic downturn has brought more and more Americans to public assistance offices, needing food stamps, general relief, Medicaid, senior benefits, chronic and acute medical assistance, or child care. Although Alaska has been spared more than many states, the division's central region workload has soared more than 20 percent in the last two years.

However, the number of employees trying to serve Alaskans in need has not increased to meet the demand. "Something had to change," Kreher said.

The essence of the new system includes assigning team members to each aspect of the multistep process of intake, eligibility determination, and case maintenance. Staff members are cross-trained so they can rotate through each component as needed. Workflow is smoother, staff time is maximized, and application processing time is speedier.

For new applications	
Expedite Food Stamps	4.8% faster
Regular Food Stamps	8.1% faster
Temporary Assistance	17.6% faster
Medicaid	14.9% faster
Adult Public Assistance	11.7% faster
Ongoing benefit issuance	
Food Stamps	3.1% faster
Temporary Assistance	3.7% faster
Medicaid	2.1% faster
Adult Public Assistance	4% faster

The result: Higher morale, increased job satisfaction, less stress for staff, and, most important, better service for Alaskans in need.

For more information on the division's mission and guiding principles, go to: www.hss.state.ak.us/dpa/features/org/mission.htm.

State earns 'performance bonus' in 2010 for CHIP

The U.S. Department of Health and Human Services has awarded Alaska \$4.4 million for streamlining and improving the Children's Health Insurance Program (CHIP) Reauthorization processes.

Eligibility simplifications involve continuous evaluation of processes. Four simplifications have been in place since the program began in 1999 and the fifth simplification — 12-month continuous eligibility — was added in April 2009, said CHIP Manager, Barbara Hale. The Division of Public Assistance is improving quality and streamlining eligibility further through adoption of the Kaizen process improvement model (see story above).

"Not only have children in Alaska's low-income families benefited from the application and renewal simplifications," Hale said, "but also the Public Assistance caseworkers, who have been able to enroll children with less red tape while removing barriers to care."

The CHIP program was created by the federal government to provide coverage to low-income uninsured children who were not eligible for Medicaid. Alaska's CHIP streamlined eligibility process improvements and outreach models are being viewed at the national level as templates for Health Insurance Exchange implementation.

Free consults for physicians prescribing drugs to youth

Free consultations are now available for primary care providers who prescribe psychiatric medication to youth. Providers can call A-PAL (Alaska Physician Access Line) toll-free to speak with a child/adolescent psychiatrist at Seattle Children's Hospital.

Alaska is the third state to offer the service, after Massachusetts and Washington, following in the steps of the private sector. Alaska Psychiatric Institute is the program sponsor.

A survey of Massachusetts physicians found that few felt comfortable and well-prepared to prescribe psychotropic drugs and manage behavioral health conditions, and especially appreciated psychiatric consultation for mental health problems other than ADHD and depression. However, few physicians had access to formal psychiatric consultation programs to assist them with difficult cases. The phone line provides that service.

A-PAL is part of Bring the Kids Home, the ongoing department initiative to care for Alaska children with severe emotional disturbance as close to their homes as possible.

The toll-free A-PAL number is 855-345-2725. Three hours a week are currently available for practitioners to call; API can change the hours if other times are better for providers.

For more details, visit hss.state.ak.us/dbh/API/a-pal.htm or contact Kathleen Myers, M.D., MPH, Seattle Children's Hospital, at 206-987-1663 or kathleen.myers@seattlechildrens.org.

Iron Dog promotes suicide prevention

Iron Dog racers Chris Olds and Tyler Huntington rode the 2,000-mile snowmachine race to do more than win (again) this year. They spread the word that Alaska's suicide rate is too high, and that individuals and communities can take action to bring that rate down.

Tanana resident Cynthia Erickson, a long-time Iron Dog volunteer, recruited Olds and Huntington in the aftermath of several youth suicides in her village. The rate of suicide among young Alaska Native men is 14 times higher than the national average.

The Statewide Suicide Prevention Council and Division of Behavioral Health stepped up to make Erickson's prevention campaign vision a reality. With help from the Alaska Mental Health Trust Authority, Iron Dog race administrators and the Alaska Native Tribal Health Consortium, state Health and Social Services produced posters and sports cards featuring Huntington and Olds and the number for Careline, the statewide suicide prevention hotline: 877-266-HELP (4357).

"Life is a team effort!" the cards and posters say, and DHSS staff joined with others who answered Erickson's call, such as the Department of Public Safety. The campaign expanded to include more partners, including the Alaska Brain Injury Network, and more materials: reflective stickers, newspaper letters to the editor and an opinion piece, radio and television public service announcements, and visits to several villages along the race route by two Alaska Native men who work as state wildlife troopers and a DHSS public information officer.

Together, they shared a message of hope and determination: Suicide prevention is possible. Schools and communities can adopt prevention programs; individuals can take simple steps to promote and protect their own mental health; Careline is available by phone, chat at carelinealaska.com, or text at 907-2-LISTEN (547836). For more information on suicide prevention in Alaska and to see campaign materials, visit www.hss.state.ak.us/suicideprevention.



DHSS Public Information Officer Sarana Schell listens as Alaska Wildlife Troopers Darrell Hildebrand (middle) and Jon Simeon speak to Tanana residents at a community meeting in late February on preventing suicide.

Percentage of overweight, obese Mat-Su students down

A recent Health and Social Services analysis of heights and weights collected from Matanuska-Susitna Borough students showed that the percentage of overweight and obese students in that school district decreased between 2003 and 2010.

Andrea Fenaughty, a Division of Public Health epidemiologist, said this decline in obesity rates is being seen in a district that adopted policies to change vending machine contents and provide a number of opportunities for physical activity during and after the school day.

Between 2003 and 2010, Mat-Su Borough school nurses collected 19,357 individual reports of heights and weights from students in kindergarten, first, third, fifth and seventh grades. These measurements were used to

calculate body mass index, an indicator of body fat. The analysis showed the following key findings:

Thirty-two percent of Mat-Su students were overweight or obese during the 2003–2004 school year; by the 2009–2010 school year, that percentage had dropped to 26 percent.

The problem of excessive weight began before school started; about 22 percent of children were above a healthy weight in kindergarten and first grade.

The department also is studying heights and weights of Anchorage School District students. In 2009, DHSS reported that the percentage of obese and overweight youth attending Anchorage schools had leveled off since 2003.

Survey aims to increase childhood immunization rate

Alaska is ranked second to last in completion of recommended childhood immunizations, according to a 2009 Centers for Disease Control and Prevention survey. The national rate was 70.5 percent, while Alaska's rate was only 56.6 percent — putting it in 49th place among all states.

To learn why, Health and Social Services public health nurses launched an online survey in winter 2010–2011 called SHOTS: Searching for Hardships and Obstacles to Shots. One thousand parents of young children completed the survey, with the majority saying the greatest barrier to getting vaccines for their kids is concern about the safety of vaccines and the ingredients in the vaccines.

“It's critical that we find new ways to help parents make sense of conflicting information about vaccines and understand that childhood immunizations are the safest and most effective way to protect their children from preventable illnesses,” said Laurel Wood, Alaska's immunization program manager.

Several public health programs within Health and Social Services are working together to find ways to increase the number of Alaska children who are up-to-date on their immunizations. Strategies include educating parents and health care providers, making vaccines more available, and encouraging parent-to-parent support of vaccines.

Japan's radiation emergency alerts Alaskans

State Public Health officials responded to daily public and media inquiries following the March 11, 2011, earthquake and subsequent tsunami in Japan that crippled three nuclear power reactors. Although the disaster was thousands of miles from Alaska, there was heightened public concern that radiation could reach Alaska or impact the state's food supply.

While minute traces of radiation from Japan were detected in Alaska and across the Lower 48, levels were



thousands of times below any conservative estimate for concern.

The Division of Public Health continues to coordinate with local, state, federal, Tribal, national and international partner agencies to monitor the situation in Japan. Alaskans can still see real-time results from six radiation monitoring stations in Alaska on the U. S. Environmental Protection Agency's website at www.epa.gov/radiation/rert/radnet-data-map.html.

Children's Services' improvement plan ahead of schedule

Feds commend state's progress

The Office of Children's Services is ahead of schedule in completing action steps required following a 2008 federal review. Alaska has already met seven out of nine goals required in its Program Improvement Plan, formulated to address areas found to be needing improvement during the federal review of the state's child welfare system.

The 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 Program Improvement Plan (PIP) was designed to create, strategize, develop and implement areas of change highlighted by the review. OCS was given two years to complete the action steps included in the plan.

The plan officially began on Dec. 1, 2009. By Nov. 30, 2011, all PIP strategies must be completed, and the state has until November 2012 to complete all the goals.

According to a March 14 update letter from the Administration for Children and Families, the most recent report shows substantial progress by the state in completing

its plan. Many goals were met or exceeded, and numerous action steps have been taken. In addition, the state was commended for significant work, including creating a Resource Family Advisory Board, a foster care recruitment plan, and more.

“Alaska's collaboration with staff, stakeholders, tribal and community partners will be helpful not only to the achievement of identified goals, but to help sustain meaningful system change,” wrote Tina Minor, Children's Bureau Regional Program Manager. “We appreciate Alaska's commitment and effort to make systemic

improvements that have a direct impact on Alaska's child welfare system.”

According to OCS Social Services Program Administrator Kristie Swanson, while the division is on track to complete the necessary goals set forth by the review, that won't mean an end to continued study and improvement.

“We began this work well before the federal review, and will continue long after we've completed all the strategies and goals required by the PIP,” she said.

OCS Director Christy Lawton concurs, and gives the credit for the improvements to the continuing efforts of staff members.

“OCS's success thus far can be attributed in large part to the commitment and hard work of our staff up and down the line to improve outcomes for the families served. Without them and their collective dedication to the OCS vision, we couldn't do what we do every day to ensure safety, permanency, and well-being to Alaska's most vulnerable residents.”

‘We appreciate Alaska's commitment and effort to make systemic improvements that have a direct impact on Alaska's child welfare system.’

—Tina Minor, Children's Bureau Regional Program Manager

State, Selawik join to identify, solve problems

In 2009, the Selawik Tribal Council invited the Department of Health and Social Services, Division of Juvenile Justice and Office of Children's Services to meet with the community to discuss some concerns. These included poor school attendance, substance abuse, "out of control" youth, mental health and grief issues, and the "disconnect between the community and the school."

The issues weren't unique to Selawik. What is different is that the community reached out for support and assistance, and a partnership was formed between Selawik and the state that has grown to add even more members and continues today.

"The multi-system group is looking at a different way of working with communities at their pace and to empower communities to take small steps to make change that will be long lasting," said Steve Williams with the Alaska Mental Health Trust.

Some or all of the partners have met in Selawik four separate times, for multiple days during each visit, to identify the issues and possible solutions, existing assets and resources, and strategies to move forward. The Tribal Council has also extended an invitation for representatives from the partnership to participate in their scheduled council meetings.

The overarching goal of the multi-systems team was to understand how multiple state agencies can collaborate with the rural community to develop and implement strategies to more effectively support the strengths, cultural activities and diversity of the community. These strategies are designed to improve outcomes for Selawik youth, and improve the overall health and wellness of the community. In addition, the hope is that lessons learned from the experience will guide future partnerships and efforts in other rural communities.

Fostering independent living resources for foster children

The Office of Children's Services and the Department of Labor are working together on a unique pilot project to help foster youth create their own personal career transition plans.

The project — which will include educational, apprenticeship and mentorship opportunities — is just one of several efforts under way by the Independent Living Program (ILP) to help Alaska's youth more easily transition from foster care to independent living.

Currently, 524 youth ages 16–21 are eligible for Independent Living services. The only requirement is that they were in foster care on or after attaining 16 years of age. The goal is to provide opportunities to help the youth become self-supporting,

Currently, 524 youth ages 16–21 are eligible for Independent Living services. The only requirement is that they were in foster care on or after attaining 16 years of age.

independent adults. Forty-two of the youth are currently attending college with the help of educational training vouchers. Of those, 19 are also receiving tuition waivers.

Additional funding increases to the program this past year provided:

additional rental assistance; two additional staff positions and mentorship opportunities for youth through the Big Brothers/Big Sisters organization; and guidance through the local Facing Foster Care in Alaska group.

Beginning this fall, the University of Alaska Anchorage is also piloting a "Campus Connections" program, which would provide mentorships to foster youth attending the school.

Through the pilot partnership with the Department of Labor, six ILP specialists around the state will have access to job developers who will work one-on-one with youth to help them find a vocation that fits their skills and interests. The transition planning will start early, at age 16.

Youth could receive customized services such as: pre-apprenticeship training; career technical schools which lead to certificates and/or a degree; and post-secondary opportunities, coupled with employment opportunities.

Specialized job developers will negotiate short-term (as short as two weeks) paid work experiences in occupations that interest the youth and lead to careers. The youth will have the opportunity to participate in multiple work experiences until they find one that fits their own goals.

Juvenile Justice volunteer wins national award



An Alaskan who has dedicated almost 40 years to fostering at-risk youth in Anchorage received a national award in January. Frances Macon, 84, was chosen to receive the 2011 Lewis Hine Award for Volunteers. The award was presented to Macon and other recipients on Jan. 31, 2011, by the National Child Labor Committee in New York City. Macon first became a licensed foster parent for the Department of Health and Social Services in 1973. In the late 1980s, she obtained special training to become a foster parent to male teenage sex offenders in the foster care system, working with the Division of Juvenile Justice. The Lewis Hine Award is named for the acclaimed NCLC photographer who documented early-20th century exploitation of children.

Left to right: NCLC President and Executive Director Jeff Newman; 2011 Lewis Hine Award Honoree Frances A. Macon of Anchorage, Alaska, licensed foster parent, Alaska Division of Juvenile Justice; 2011 NCLC Lewis Hine Awards Chair and President of U.S. Business for MetLife William J. Mullaney. (Photo by Lisa Berg)

OCS: Keep children at home

Keeping kids in their own homes whenever possible — and doing that safely — is how Travis Erickson sums up the goal of the Office of Children's Services.

That represents something of a departure from past practices, when Erickson, the OCS Acting Child Welfare Administrator, said caseworkers sometimes worked with options on opposite ends of the spectrum: either little to no intervention in a family, or removal of a child from the home.

Now, "best practice methods advocate for family continuity," Erickson said. Caseworkers strive to establish plans, whenever possible, that ensure the child's safety while still in the home and living with their family.

This new practice method requires an investment of time and resources at the front end of a case. Erickson said the payoff comes later, in the form of healthy, intact families and fewer children placed in foster care. Alaska is one of many states moving in this direction, he added.

Included in that initial front-end investment are: intensive training of staff; modifications in the division's policy and procedures; and using the division's Team Decision Making meetings for more than placement decisions.

The result? "More families are now being served in their own homes, and fewer children are in out-of-home care," Erickson said.

In Anchorage, for example, there has been a 25-percent reduction in the number of children in out-of-home care in the last few years — from an average of about 1,000 children, down to about 700.

Erickson said much more work remains to be done, but the division is solidly on the right track.

"This is going to be an evolution," he said. "And while we've still got a long ways to go, we're seeing payoffs. We're starting to see a new normal."

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 \$0.72 per copy in Anchorage, Alaska. This cost block is required by AS 44.99.210.



Department of Health & Social Services
 Summer Update 2011
 Vol. 7 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

PRSR STD
 U.S. POSTAGE
PAID
 Anchorage, AK
 Permit No. 630

Top stories:

- DHSS leadership changes
- Life of a rural public health nurse
- Grantee Partnership Project extends

Preventing domestic violence, sexual assault in rural Alaska

Although the state has been helping victims of domestic violence and sexual assault for many years, in January the state pledged nearly a million dollars to prevent that violence from happening in the first place. More financial support is slated to follow in the next three years.

Four grants to build violence-free communities in rural areas were awarded, and will be overseen by the Division of Behavioral Health. Successful applicants proposed new ideas, demonstrated community involvement and set measurable goals for their regions. The grants are part of Governor Sean Parnell's statewide initiative to end Alaska's epidemic of domestic violence and sexual assault within a decade.

Recent research has linked traumatic childhood experiences, including living with domestic violence and sexual assault, to later health issues such as obesity, alcohol addiction, tobacco use and injected drug use.

"We believe the work in these communities will be an important new approach to breaking the cycle of violence, sexual assault and substance abuse — especially the use and abuse of alcohol," Behavioral Health Director Melissa Stone said.

Safe and Fear-Free Environment in Dillingham won the centerpiece grant of \$372,642 in the first year and up to \$1 million per year over the next three years, depending on future funding appropriations. This grant will also serve Aleknagik.

Three grants of \$200,000 per year for this year and the next three years were awarded each to *Sitkans Against Family Violence*, which serves Sitka, Kake and Angoon; *Association of Village Council Presidents* to serve Bethel and surrounding villages; and *Kodiak Area Native Association* to serve Kodiak, Port Lions, Akhiok, Karluk, Old Harbor, Ouzinkie and Larsen Bay.

Find details on the grantees at hss.state.ak.us/press/2011/DVPrevGrants_fs_020111.pdf.



Governor Sean Parnell, right, with First Lady Sandy Parnell, led a Choose Respect awareness rally and march in Anchorage on March 31.

Pioneer Homes roundup

Eden Alternative — aging as a stage of development, growth

This year the Sitka, Juneau and Anchorage Pioneer Home participated in an online Eden Alternative™ training. The distance-delivered certified Eden associate training was held over a 10-week period from September through December 2010. The Alaska Pioneer Homes are certified Eden Alternative homes, a way of operating based on the core belief that aging should be a continued stage of development and growth, rather than a period of decline.

The Eden Alternative shows how companionship, the opportunity to give meaningful care to other living things, and the variety and spontaneity that mark an enlivened environment can succeed where pills and therapies often fail.



Ketchikan Pioneer Home resident Lillian Ference helps 5-year-old Abby Johnson read. Abby attends pre-school at the Home. The Library Program involves residents with local children.

Anchorage Pioneer Home enjoys a new look

The Anchorage Pioneer Home enjoyed several significant upgrades this past year. The glass in the south building was installed in the 1970s and many of the panels had lost their seal, causing a fogged effect. The glass also did not have any solar tinting to prevent solar gain, which caused many of the rooms to become overheated in the summer. The new glass took care of that. The \$250,000 project was funded by deferred maintenance capital funds.

Another project replaced the suspended ceiling, which was not seismically sound and did not meet code, with a lighting project to increase and enhance the light levels throughout the home while reducing lighting energy cost by 30 percent. The \$600,000 project was funded by deferred maintenance capital funds.