

Alaska Department of Health & Social Services

SUMMER UPDATE 2013, Volume 9 Number 2

Sean Parnell, Governor

William J. Streur, Commissioner

Columns:

Shining a light

By Sean Parnell, Governor

This spring, in more than 140 communities, Alaskans joined our Choose Respect marches promoting safer homes and stronger families. I join all Alaskans in expressing gratitude to those who marched in support of victims and survivors, including Health and Social Services Commissioner Bill Streur.

Together, we are making a difference and shining a light on an epidemic that has harmed too many for too long.

The first session of the 28th Legislature was filled with many accomplishments for Alaskans, including Senate Bill 22, our comprehensive crime package. We continue to improve the safety of Alaskans by providing stronger protections for those impacted by domestic violence, sexual assault and trafficking.

We will not rest until all Alaskans have a future free of fear and full of opportunity. Alaskans Choose Respect.

Measuring performance

By William J. Streur, Commissioner

The barriers to better health and wellness for Alaskans and the solutions our department proposes to address those barriers are numerous and complex.

We know it is not possible for policymakers, public officials, business owners or the average Alaskan to possess detailed knowledge about the intricacies of why government does what it does. Yet, we believe Alaskans deserve to know the benefit that government provides its citizens and at what cost that benefit comes.

During the recent session, we informed the members of the Legislature about our new “results-based management” efforts. These efforts are based on the assumption that it is no longer enough to report on work process outputs and productivity.

We believe that by measuring and improving performance we are best able to provide the right care to the right person at the right time for the right cost.

Juvenile justice mystery in Ketchikan puzzles

It's a Juvenile Justice mystery. For the past 30 years, around a third of the female residents of Cottage 5 at Anchorage's McLaughlin Youth Facility have consistently been from the small town of Ketchikan.

That is, out of perhaps 25 Alaska girls in the residential treatment program and detention unit during the course of a year, around eight are from a town with a population of about 8,000. Year after year after year.

Seen in a pie chart compiled by the Alaska Division of Juvenile Justice, the numbers show that out of 32 unduplicated female residents from July 1, 2009, to June 30, 2012, 41 percent, or 13, were from Anchorage, Alaska's largest city. Juneau and the sprawling Mat-Su area each had one girl, or 3 percent each, and Kenai had two girls, or 6 percent.

However, of the total of 32 girls from around the state, nine — 28 percent — were from Ketchikan.

The question is: Why?

Nobody is exactly sure.

Division director Barbara Henjum started her DJJ career in 1983 as a youth counselor on the McLaughlin girls unit and has seen the problem firsthand.

“Data analysis provided evidence for our anecdotal knowledge,” she said. “But the data doesn't tell us why.”

Last September, in an attempt to begin to explore the mystery, Henjum convened a meeting of 60-some concerned professionals and others — including two local girls who'd been residents of Cottage 5 themselves — in Ketchikan.

Her message to the group wasn't that they were doing something wrong, but rather: "There's got to be something going on here."

Closer examination of the data may reveal more clues.

Another pie chart from the same time period mentioned previously geographically breaks down the total institutionalizations of girls. That total is 40, and Ketchikan isn't in second place this time. It's first: 35 percent of the 40 institutionalizations were of girls from Ketchikan. Anchorage had 32 percent.

Another chart graphs the average age of institutionalization for girls. Statewide the average is a bit younger than 17 years old. Ketchikan has the youngest average age of all areas, a bit shy of 16.

So where does all this data lead?

"As usual, there are no simple answers to complex issues," Henjum said.

John Jepson is a Juvenile Probation Officer III, and district supervisor of the region including Ketchikan. He's lived and worked there since 1997 and says what people need to understand is that the decision to send a local youth to Cottage 5 isn't made lightly.

"We don't just come in one day and decide we're going to institutionalize this kid. We look long and hard at having to remove them from this community."

By the time that happens, Jepson said he and his well-experienced staff and other providers in Ketchikan have already tried a "myriad" of interventions and other treatments, often over a period of several years.

An entire team has been focused on trying to help that girl and by the time they decide to send her to Cottage 5, he says there's almost never a fight. That's especially true when the safety of the girl is an issue, because of her lifestyle or the potential of her harming herself.

"I don't know what it is with girls, but they tend to be on the run more than boys," Jepson said. "They tend to hit the streets and do things that aren't good for them."

Jepson said a lot of the girls have trauma, which can lead to the subsequent acting out behaviors.

And in terms of getting the girls help and keeping them safe, "we look at McLaughlin as the best treatment the state has to offer," Jepson said. "I think we probably institutionalize a higher proportion of the boys, too. I guess it's how we choose to deal with it. We use everything we have."

In fact, the two young women who attended the community-wide meeting Henjum convened in September attested to the importance of Cottage 5 as a safe place.

"They said if they weren't institutionalized, they probably wouldn't be here," Jepson said.

Getting the girls back home, healthy and safe, where they can begin after care and be reintegrated into their families and their town, is the goal.

"For the most part, these young ladies come back and most go on to do well in the community," Jepson said.

Director Henjum said meetings exploring the curious data involving young women from Ketchikan continue to be ongoing.

For Jepson, at least part of the puzzle is clear.

"It all comes down to: We have a place to keep them safe. To me, (McLaughlin) is a tool we have. If an individual needs it, we should use it."

Partnership eases transition to adulthood for Alaska's foster children

When Amanda Metivier first cofounded Facing Foster Care in Alaska (FFCA) in 2003, the then-19-year-old was still in foster care herself. Today both Metivier and the organization are a decade older, and working harder than ever to improve the lives of current and former foster youth.

Metivier now has her master's degree in social work, and her day job with the Child Welfare Academy, a University of Alaska Anchorage training center for Office of Children's Services employees, is helping dozens of foster youth go to college.

FFCA is blossoming, too, still under Metivier's leadership. At some point in the past 10 years, some 300 Alaska foster and former foster youth have been involved with the non-profit. Currently, 150 or so young people between the ages of 15 and 24 participate actively in the group. Metivier says FFCA is exploring how it can offer services to those older than 24, too, since needs often continue into adulthood.

Independent Living program

Social Services Coordinator Dee Pearson runs the Office of Children's Services Independent Living (IL) program, which works with youth between the ages of 16 and 21 in foster care. Pearson said her program's goal is to do everything possible to provide young people in foster care with the skills — and adult connections — they need for self-sufficiency as they age out of the foster care system and learn to live on their own.

Metivier and Pearson are both dedicated to bettering the futures of Alaska's foster youth. And they've learned that the more they do together — and the more OCS and FFCA collaborate and coordinate their efforts — the better the outcome for the youth they serve.

"They're our official advisory group," Pearson says of FFCA. "Everything we do, we go to them first for feedback."

That includes a recent Independent Living effort to create "tool kits" with materials and resources for older youth. Pearson took all the draft materials and ideas to one of FFCA's quarterly retreats, funded by OCS and Casey Family Programs, to gather input about what worked and what didn't.

For both IL and FFCA, establishing adult contacts for youth after they age out of the system is a priority. Having those ongoing connections with an older adult might be a given for a young person in an intact family — just think of calling home to get advice from a parent on buying a car or cooking a turkey. But many former foster youth are simply on their own once they're out of the system.

Mentoring programs to provide those kinds of connections are important, but so is something as simple as having someone to call after an accident or during an illness.

"Many youth don't have anyone to put down as an emergency contact" on forms, Metivier said. "I'm the contact for lots of them!"

Pearson and Metivier talk weekly about ways to improve the lives of current and former foster youth. IL has nearly tripled services to youth in the past two years and more improvements, like the planned tool kit, are coming.

"I think we're much more engaged with youth now than we ever were," Pearson said.

Metivier agrees. "We have a true collaboration here in Alaska."

Individuals soon able to access own health records online

Health care consumers are seeking the ability to be more involved with their care — and looking for easy, secure electronic access to their health information in a usable format. Consumers have a legal right to see and get a copy of their own health information held by doctors, hospitals and others that provide health care services.

Many consumers don't obtain their health care records, either because they don't know they can, or because they are not sure what to do with it. Until recently, most medical information was stored in paper files, so it wasn't very easy to access or use. All of this is changing as our health care system is rapidly moving towards being digital.

The Alaska Department of Health and Social Services is developing a way for consumers to get secure, online access to their health information by using Blue Button® technology in the Health Information Exchange. Blue Button is a Web-based feature, developed by the U.S Department of Health and Human Services, through which health care consumers may easily download their health information and share it with health care providers, caregivers and others they trust. Being able to access health care data on demand can be lifesaving in emergency situations, can help prevent medication errors, and can improve care coordination.

Once implemented in Alaska's Health Information Exchange, consumers will be able to click on the Blue Button and download any of their records contained within the Health Information Exchange. Blue Button is anticipated to be available to Alaskans in 2014.

For more information about electronic health records and health information exchange, visit the DHSS Health Information Technology website at: <http://dhss.alaska.gov/HIT/Pages/Default.aspx> or Alaska eHealth Network's website at: www.ak-ehealth.org.

Health Care Commission targets waste in health care spending

An estimated 30 percent of health care spending is wasted on unnecessary services and other health system problems, according to the Institute of Medicine of the National Academies. Stories abound in the media about

drugs pulled off the market due to newly identified dangerous side-effects, ongoing disputes about whether or not certain screening tests are necessary, and commonly used therapies found to be no more effective than less invasive and less costly treatment.

“No wonder the public — and practitioners — are confused,” said Deborah Erickson, executive director of the Alaska Health Care Commission, which serves as the state health planning and coordinating body.

The commission is responsible for providing recommendations to the Governor and the Legislature on a comprehensive statewide health care policy. The commission — established in 2010 under Alaska Statute 18.09.010 — is charged with recommending strategies for improving the health of Alaskans.

The overall goal of the commission, says chair Dr. Ward Hurlburt, the Department of Health and Social Services chief medical officer, is to assure that health care resources are used most effectively and efficiently — to achieve the greatest health outcomes for Alaskans.

Given the ambiguity in the literature, how do patients and their clinicians determine the best options for their care? Health care professionals and others can learn the skills required to critically appraise medical articles and develop competency in evaluating studies and sources.

To help answer this question, the commission is sponsoring a free workshop on evidence-based medicine for invited health industry leaders in Anchorage on Aug. 21, 2013. Workshop participation is by invitation only, however all meetings of the commission are open to the public, and seating will be provided for non-participants to observe the session.

For more information on the workshop, contact Erickson at 907-334-2474 or email

deborah.erickson@alaska.gov.

For general information on the Alaska Health Care Commission, go to:

<http://dhss.alaska.gov/ahcc/Pages/default.aspx>.

Health Information Exchange campaign recognized

Alaska has been named a state leader for a campaign to encourage medical professionals to convert to electronic health records.

The federal Office of the National Coordinator for Health IT (ONC), State Health Information Exchange Program, profiled Alaska as a state leader for the Bright Spots Initiative (<http://statehieresources.org/bright-spots/>). The profile explores how the state Department of Health and Social Services created communications materials about electronic health records and the health information exchange with messages tailored to Alaska residents.

ONC hopes that other state health information exchanges will leverage the guidance in the profile to implement similar programs for their states.

As a result of the Alaska campaign, more medical records are coming out of the filing cabinet and into an electronic format. Additionally, Alaska’s hospitals and health centers are joining the Alaska eHealth Network, a non-profit organization that manages Alaska’s health information exchange.

Beginning with the pilot program sites in Fairbanks, the health information exchange provides secure access to medical records wherever patients get medical care. Doctors can communicate directly with other providers in directed exchange. Providers can also query a central database to obtain needed information about a patient.

For more information, visit ak-ehealth.org. Watch the department’s public service announcement at

<http://vimeo.com/58934429>.

Medicaid Management Information System

State, fiscal agent and providers get ready for October 2013 implementation of new system

Final preparations have begun as Alaska Medicaid Health Enterprise — the new Medicaid Management Information System (MMIS) — is readied and tested for an Oct. 1, 2013, implementation date.

Computer-based training modules are available to Department of Health and Social Services staff, the state’s fiscal agent Xerox and Alaska’s medical assistance providers this July on the new learning management system. Instructor-led and in-depth training “boot camps” are also in progress.

Business transformation training for state staff will begin in August to ensure that current and new state processes transition smoothly to the new MMIS. Hands-on exercises will reinforce the training to ensure state, fiscal agent and provider staff are comfortable with the system features and functionality.

Health and Social Services staff have been actively executing testing activities on the new MMIS since early spring. This testing is critical for state staff exposure to the new system.

Testing of Health Enterprise against the current legacy MMIS for verification and accuracy of the new system continues, as well as additional testing to ensure the new MMIS will scale to meet future processing needs continues, as the teams move forward toward operational readiness.

For further information about Alaska Medicaid Health Enterprise, go to <http://www.alaskamedicaid.info>.

Four new faces for Leadership team

William J. Streur, Commissioner of the Department of Health and Social Services, has added four new faces to his leadership team.

Craig J. Christenson, DPM, was appointed Deputy Commissioner for Medicaid and Health Care Policy, effective Feb. 1, 2013.

Most recently, Dr. Christenson was the Commander of the 673d Medical Operations Squadron at Joint Base Elmendorf-Richardson in Anchorage, where he directed the operations of 17 clinics. While in that role, he assessed health care needs and expectations, providing strategic guidance and planning to ensure a comprehensive system of health services.

For more than two decades, he has served in both the Air Force and the Army, and prior to that had a private practice as a podiatric surgeon.

Dr. Christenson holds a doctorate in podiatric medicine from Pennsylvania College of Podiatric Medicine, and a bachelor's degree in biology from Washington and Jefferson College. He is a licensed podiatrist in Alaska and is board certified in podiatric surgery.

G. Ken Truitt was appointed as director of the Alaska Pioneer Homes division, effective April 19, 2013.

Truitt is an attorney who brings expertise in a variety of health care areas.

"Mr. Truitt's background in law, health care administration and Alaska state government will be very helpful to the division during this time of great demographic and administrative change, both in Alaska and nationwide," Commissioner Streur said.

Most recently, Truitt was legislative aide and general legal counsel for Sen. Fred Dyson. Previously, he served the SouthEast Alaska Regional Health Consortium as general counsel and interim president/chief executive officer, and he served the state of Alaska as an assistant attorney general for nearly a decade from 1995 to 2004. Mr. Truitt is a member of the Alaska Bar Association.

Truitt holds a juris doctorate from Arizona State University College of Law.

Kerre Fisher was appointed Director of the Division of Public Health effective May 16, 2013.

Prior to her appointment, Fisher served nine months as acting director for the division. From 2008 to 2012, Fisher was deputy director and division operations manager, a role largely responsible for strategic planning, policy development, supervision and management of multiple sections within the Division of Public Health. Fisher, an Air Force veteran, holds a bachelor's degree in journalism and public communications from the University of Alaska Anchorage, followed by more than a decade of experience in the public health field.

Sana Efird was appointed Assistant Commissioner of Finance and Management Services effective May 16, 2013. Efird previously served as the budget manager for the department, a position which oversees the department's \$2 billion operating budget. Prior to her work with the department, Efird was the executive director of the Asheville-Buncombe Community College Foundation, and previous to that, director of development for the Carolina Day School.

Efird's experience with the state of Alaska includes serving as both budget analyst within the Office of Management and Budget, and deputy director within the former Department of Community and Regional Affairs. She holds a bachelor's degree in education from the University of South Carolina, and a master's degree in philanthropy and development from St. Mary's University of Minnesota.

Changes in buying health care insurance coming

Starting this fall, there will be a new way for people to buy health insurance in Alaska — the federal health insurance exchange, now known as the Marketplace.

The Marketplace is for individuals and small employers to directly compare certain competitive private health insurance options on the basis of price, quality, and other factors. The Marketplace is scheduled to become fully operational by Jan. 1, 2014.

Information about prices and benefits are to be written in simple terms that everyone can understand, so no one has to guess about costs. Ideally, participants will get a clear picture of what they are paying and what they are getting before making a choice.

Through the Marketplace, applicants will be able to find out if they are eligible for the new tax credits; cost-sharing reductions; or other health insurance programs, like Medicaid and the Children's Health Insurance Program (CHIP).

Application process

States will use a single, streamlined application for coverage through the Marketplace for health insurance from private plans, the new tax credit, reduced cost sharing, Medicaid, and the Children's Health Insurance Program (CHIP).

Applications may be submitted online, by phone, by mail, and in person. Enrollment is scheduled to start Oct. 1, 2013, for coverage to begin January 2014.

After several feedback sessions from the states, a simplified application was developed. An earlier version of the application raised concerns that it was as bad as tax forms and might overwhelm and frustrate people who have never applied for insurance before, causing them to give up in frustration. The biggest change: a five-page short form that single people can fill out. The abridged application form for families starts at 12 pages, and grows as you add children.

The Alaska Department of Commerce, Community, and Economic Development, Division of Insurance is the point of contact for Alaskans applying to take part in the federal Marketplace. That department will be adding new information on its website at <http://commerce.alaska.gov/ins/>. To check for updates on health care reform, visit <http://www.healthcare.gov>.

Public service announcement video encourages Alaskans to become foster parents

A new public service announcement from the Department of Health and Social Services, Office of Children's Services, titled "One Child," encourages Alaskans to consider becoming foster parents. All the "actors" in the piece are Alaska foster/adoptive parents or former foster youth who feel strongly about the impact a caring foster parent can have on a child. One youth in the public service announcement, Jesse, is currently in foster care and is searching for his "forever home" — an adoptive family. The PSA is currently airing on TV stations around the state throughout 2013.

Actors in the video include: Amanda Metivier, former foster youth turned foster parent and co-founder of Facing Foster Care in Alaska, who recently was given the national Casey Excellence for Children Award for her work with youth; fellow FFCA members Rebecca Shier and Michael Schwieter; foster parent Laura Ingham, two-time Alaska high school basketball player of the year and college standout at Ohio State; state Sen. Fred Dyson, a longtime foster parent; and state Rep. Les Gara, a former foster youth who went on to Harvard Law School and the Alaska Legislature.

Funding to place the PSA on TV stations around the state was allocated by the 2012 Legislature. The video can be viewed at <https://vimeo.com/54545267>.

Juvenile Justice centers celebrate renovations

The Division of Juvenile Justice recently celebrated renovations at its McLaughlin and Johnson youth centers to improve conditions for our youth. In February, McLaughlin Youth Center in Anchorage completed the final phase of its capital project, including a medical suite and training suite. An open house for the public was held Feb. 22. Johnson Youth Center in Juneau held an event March 27, marking the completion of remodeling and upgrades to that facility, originally constructed more than 30 years ago.

News Briefs ...

Electronic registry for births, deaths in progress

After more than 25 years, the Alaska Bureau of Vital Statistics is updating how the state stores birth and death records. “The previous system was so old we had to buy replacement parts on eBay,” Phillip Mitchell, the bureau’s chief, explained. “It was time to move into the 21st century.” The bureau completed the Electronic Birth Registry in October 2012, moving more than 636,000 records into the new system. All Alaska birthing hospitals can now report births directly into the system. Work on phase two of the project, the Electronic Death Registry, begun in February 2013, is scheduled for completion by January 2014.

Healthy Alaskans 2020 sets 10-year goal

What are the most important health issues facing Alaska? Healthy Alaskans 2020, a joint effort of the Alaska Department of Health and Social Services and the Alaska Native Tribal Health Consortium, has a pretty good idea. The campaign has now completed two health priority surveys, with more than 2,300 responses from Alaskans statewide. The second survey, which ran during the first two months of 2013, reinforced what was learned in the first — that the effects of alcohol and drugs, nutrition and exercise, access to health care, suicide, and safe water and sewage systems — are considered by Alaskans to be the most important health-related issues. The next step includes setting goals for improvement in these areas and planning how to reach those goals over the next 10 years. For the latest updates on the progress of Healthy Alaskans 2020 go to www.ha2020.alaska.gov.

Caution: Raw milk can be infected

In January and February of 2013, dozens of people on the Kenai Peninsula became ill from drinking raw milk. An investigation by the Alaska Section of Epidemiology, with help from the Department of Environmental Conservation, linked 31 cases of campylobacter infection with drinking raw milk from a Kenai area dairy. Raw milk can also contain E. coli, salmonella and other bacteria, which is why pasteurization of milk and milk products has been common practice in the United States since the 1950s. It’s against the law to sell raw milk in Alaska, but people can buy “shares” in the dairy, making them co-owners, not customers. For more information on raw milk, go to: <http://www.cdc.gov/foodsafety/rawmilk/>.

Incident Tracker provides reliable data retrieval

The Division of Juvenile Justice’s Incident Tracker system is an online database application that allows for easy entry of incident reports documenting significant events which occur in DJJ facilities and in field probation services. Since Sept. 1, 2012, the database has provided a uniform format in which staff enter specific data about an incident. This allows for reliable data retrieval, as well as providing a single system that will be familiar to staff statewide. Incident Tracker also enables managers to monitor the frequency and seriousness of incidents which occur in their areas of jurisdiction.

Important to vaccinate children on time

In recent years, Alaska’s immunization coverage rates for children age 19–35 months has been among the lowest in the nation. In 2009, Alaska ranked 49th out of 50 states; by 2011, the state rose to 39th. “Study after study reaffirms the safety, timing, and effectiveness of the U.S. childhood vaccine schedule,” said Dr. Joe McLaughlin, epidemiology section chief for the Division of Public Health. Due to vaccines, there has been a 74 percent to 100 percent reduction in cases of all 14 of the childhood vaccine-preventable diseases in the United States. “Due to high rates of international travel, immunization is the only thing preventing vaccine-preventable diseases from quickly coming back to our doorstep,” McLaughlin said.

Alaska’s current pertussis (whooping cough) epidemic — with more than 500 cases and one pertussis-related infant death reported since January 2012 — underscores the continuing need for each child to be up-to-date on his or her vaccines.

“Vaccinating is an issue of both personal and social responsibility,” McLaughlin added. “When we vaccinate our children on time, we protect their health and the health of our community.”

Learn more at: www.cdc.gov/vaccines.

DHSS Stars

TRAVIS ERICKSON

Travis Erickson, Office of Children’s Services Field Administrator, has achieved the unachievable. Through his innovation and perseverance he was able to solve a long-standing challenge of essential data not being entered timely into the system. In child welfare, the people come first and the paperwork second, hence the creation of a very pesky problem. “However, 3,000+ records later, the backlog is gone, and a new strategy to prevent future buildup is in place which still keeps our focus first and foremost on those we serve,” said Division Director Christy Lawton.

CAROL GRAHAM

Office of Children’s Services Protective Services Specialist Carol Graham has shown leadership and determination in pushing the Southeast region of OCS to improve its numbers of caseworker visits with children in custody to a level of achievement not seen before. “Compelled to assure that all children in custody are safe, Carol went beyond her role and raised the bar for the region,” said Regional Manager Sharon Fleming.

KATHY PERHAM-HESTER and the ALASKA PRAMS TEAM

Congratulations to Kathy Perham-Hester, Public Health Specialist II; Cindi Baker, Statistical Clerk; and Jennifer Higby, Research Analyst II for national acknowledgement at the December 2012 National PRAMS (Pregnancy Risk Assessment Monitoring System) Meeting in Texas. Perham-Hester received an Outstanding Service Award for “19 years of outstanding service and dedication to PRAMS.” All three Alaska PRAMS team members received a PIDS Leadership Award for pilot testing the new PRAMS Integrated Data System (PIDS) software.

ERIN KINAVEY

Office of Children’s Services Infant Learning Program Manager Erin Kinavey was recently selected for the Alaska Journal of Commerce’s “TOP Forty Under 40” award, which honors Alaska’s best 40 up-and-coming leaders who are under 40 years old. Recipients demonstrate professional excellence and a commitment to community. A selection committee chose these outstanding individuals from nearly 200 nominations.

Play Every Day child obesity campaign grows

In February, students at Ravenwood Elementary School in Eagle River helped kick off the spring Healthy Futures Challenge. As part of its Play Every Day campaign, the Department of Health and Social Services partners with Healthy Futures to help run spring and fall physical activity challenges in Alaska. For the challenge, students from kindergarten through sixth grade keep a log of their physical activities outside of gym class and win prizes for being active.

This spring, new records were set. A record 10,424 kids, or 15 percent of Alaska elementary students, from 136 schools participated in the spring 2013 challenge.

Children need at least 60 minutes of physical activity each day for good health. The Play Every Day campaign increases awareness about childhood obesity, gives tips for raising healthy kids in Alaska, and encourages children and their families to be physically active for good health.

For more information and activity ideas, visit www.playeveryday.alaska.gov.

Trauma-informed care conference a success

Trauma-informed care seeks to change health care systems so that they ask, “What has happened to you?” instead of “What’s wrong with you?” Also, care should be delivered in places that are healing and soothing. Alaska held its first statewide conference on trauma-informed care this year, after holding regional conferences last year. The state conference, part of Governor Parnell’s Choose Respect Initiative, was the result of three years of planning.

National experts spoke, and providers who attended were enthusiastic; some commented that it was the best conference of their careers.

Trauma may be experienced directly or indirectly, at the individual level or cultural level. For example, a person who is assaulted and a child who witnesses the assault both experience trauma. The loss of a village leveled by an epidemic, the loss of culture from forced boarding school attendance; these are traumas that can affect generations.

Alaskans are now gearing up to transform their practices and agencies to reflect this reality.

The Department of Health and Social Services is still developing how it will implement the approach, said Stacy Toner, deputy director of the Division of Behavioral Health, but it will touch everything the department does, especially Behavioral Health, the Office of Children's Services, and the Division of Juvenile Justice. Healing is possible. For more information on trauma-informed care, visit www.codialaska.org or call Toner at 907-465-2817.

Alaska psychology internship consortium achieves speedy accreditation

Planning began in 2008, first applications in 2009, first graduates in 2011 and — national accreditation in 2012. “It was a major success for the Alaska Psychology Internship Consortium (AK-PIC) to become accredited in only two years,” said Tamara DeHay, Ph.D., AK-PIC's consultant from the Western Interstate Commission for Higher Education's Mental Health Program. “Most programs take an average of seven years from becoming operational to achieving accreditation.”

Application process

AK-PIC receives approximately 70 applications per year. The one-year internship begins in July each year. Five interns began in July of 2010, seven interns in 2011; and seven in 2012. The fourth cohort begins this month and will include nine interns.

As of July last year, 10 of the 12 graduates have remained in Alaska to work. “Of the seven who will graduate this month in 2013, most of them are currently seeking positions in Alaska,” DeHay said. Eleven of the graduates, including this year's, have been students from the University of Alaska Fairbanks and Anchorage joint doctoral program in psychology.

Internship compensation

The interns' yearly stipends have been \$24,000, which increases to \$26,000 in 2013 to remain consistent with average stipends in other areas. AK-PIC provides interns with competitive internship salaries, health benefits, and clinical resources, as well as administrative and supervision support from licensed psychologists. Intern travel for training rotations in various parts of Alaska is also funded, including a village-based rotation in Nome, a transcultural medicine rotation at the Alaska Family Medicine Residency at Providence Hospital, and a state hospital rotation at Alaska Psychiatric Institute.

Program funding

DHSS currently funds AK-PIC in the amount of \$100,000 a year, approximately 30 percent of the annual training budget. Initial funding for the development of the program was from The Alaska Mental Health Authority Trust and UAA/UAF. The five AK-PIC training agencies fund the intern stipends and benefits.

Next application period

The next application period opens in fall 2013, with a deadline in early November. For more information on the Alaska program, go to <http://www.ak-pic.org/>.

Alaska becomes a ChildFirst state

The Office of Children's Services recently established Alaska as a ChildFirst™ state, in partnership with the Department of Public Safety, the Alaska Children's Alliance and the University of Alaska Child Welfare Academy.

ChildFirst is the forensic interview training program of the National Child Protection Training Center. This course is designed for investigative teams of law enforcement officers, social workers, prosecutors, child protection attorneys and forensic interviewers.

This program will develop Child Advocacy Center (CAC) staff and multi-disciplinary team members as Alaska-based trainers to provide forensic interview training locally. Currently, most forensic interview training is provided outside of Alaska, greatly increasing the cost to CACs and the state of Alaska.

This project will ensure the collaborative investigation of child maltreatment in communities throughout Alaska. It includes training of law enforcement, social workers, child protection attorneys, prosecutors, medical professionals, CAC and family advocacy staff using an evidence-based process and promoting a culturally relevant approach to service delivery by growing local trainers.

For more information about the ChildFirst project, contact Richard Bloomquist at 907-465-3207.

Agencies partner to respond to child abuse

The Children's Place is a nonprofit child advocacy center (CAC), located in and serving the Matanuska Valley. It's a location where professionals from many agencies, including the Office of Children's Services, Law Enforcement, medical experts and private nonprofit family services meet to provide a fully coordinated response to cases of child abuse.

Studies have shown that on average, serious child abuse cases are resolved much sooner and often with better outcomes for families when CACs are used. Alaska's CACs are funded in part by a grant from the Office of Children's Services.

The goals of the Children's Place, as of all child advocacy centers, are to reduce the chances of re-traumatizing children, hold more offenders accountable, and link families with services both during and after the investigation. Since 2008, more than 1,400 children and their families have been served at the Children's Place.

Pioneer Home system gears up for senior tide

Alaska's growing senior population — mirroring national trends — will undoubtedly have an impact on the state's unique Pioneer Home system.

From 2000 to 2011, there was an 85-percent increase in the number of Alaskans age 60 and above. Alaska ranks No. 1 in the nation as the fastest growing population per capita, age 65 and above. Increasingly, many of these elders are experiencing the onset of Alzheimer's Disease or related dementias, including Parkinson's disease.

"We must be ready to address this growing need within our state and provide appropriate placement for senior Alaskans as well as the special education needed for our direct care providers to serve this population," said Philip Welsh, Sitka Pioneer Home administrator.

Current waiting lists for all homes

Alaska Pioneer Homes currently have the capacity to serve approximately 500 Alaskans and are located in six communities: Anchorage, Fairbanks, Juneau, Ketchikan, Palmer and Sitka. The Palmer Home is also called Alaska Veterans and Pioneers Home, with 75 percent of the 79 beds designated for veterans.

The active wait list — applicants who are ready to come in within 30 days — contains 384 people. The inactive list — those who have not activated yet, but have submitted the appropriate paperwork to the division — contains 3,880 people.

"We do not know what level of care someone might need until we perform an assessment which is done when an opening is available and the resident has become eligible to be assessed for that opening," said Welsh, who came to the Sitka home seven years ago after working in health care for two decades.

Pioneer Home applicants are selected for admission on a "first-come, first-serve" basis. The date and time an application is received by the Juneau office is the application date. People on a waiting list have to reapply every year. The homes have three levels of service, depending on the needs of the resident, and costs per month for different levels (as of 2012) are Level I: \$2,350; Level II: \$4,260; Level III: \$6,170.

Recent studies

Two recent studies commissioned by the state examined the current and future needs of caring for the senior population: Planning for Tomorrow (Information Insights, Inc., 2009), and Looking Forward (Steve Fishback, Northwind Architects, LLC and Estimations Inc., 2010). The latter report identified potential locations for homes as well as related costs and outlined a 10-year timeline within which the projects could be completed.

"The studies are a fundamental piece that needs to be in place before any further concrete steps can be taken," Welsh explained.

Senior housing needs grow with population

Safe, affordable and appropriate housing for Alaska's growing senior population is high on the priority list for state agencies, including the Department of Health and Social Services, Alaska Mental Health Trust Authority, and Alaska Housing Finance Corporation (AHFC).

Work has been ongoing since a first-ever summit was held in late 2012 in Anchorage, which brought together community members, policymakers and providers dedicated to raising public awareness and finding solutions. "We cannot deny that growing old in Alaska requires appropriate housing that is accessible and affordable," said Denise Daniello, executive director of the Alaska Commission on Aging (ACoA). "Alaska will have an increasing demand for senior housing across the full continuum of care statewide."

More seniors, increasing housing needs

The state's senior population is growing at an annual rate of 6 percent to 7 percent, which is projected for another 20 years, Daniello explained. Seniors over 85 are of special concern, particularly in terms of long-term care facilities that specialize in dementia care. "Almost two-thirds of the senior population cannot afford the fair market rent based on 30 percent of their household income" according to the AHFC, she said.

Concrete actions

The summit helped galvanize advocacy efforts that restored funding for AHFC's Senior Citizen Housing Development Fund back to the Governor's proposed budget levels (\$4.5 million) after being reduced \$500,000 by the Senate Finance Committee.

Some senior housing participants were motivated to actively support development of senior housing efforts in their communities.

Stay tuned

The commission is planning for its next educational forum, "Aging in Alaska," to take place in late 2013 or early 2014. Watch ACoA's website for more information: www.alaskaaging.org.

Suicide prevention progress includes training, outreach

Alaska's five-year suicide prevention action plan has six broad goals and several benchmarks for each. Alaska's progress towards those goals last year are detailed in the Statewide Suicide Prevention Council's first annual progress report.

One highlight: More than 1,800 Alaskans were trained in suicide prevention in 2012.

Another measure: Calls to Careline, the statewide suicide prevention line, increased 35 percent from the end of 2010 to the end of 2012, reflecting both increased efforts to publicize the resource and a willingness by Alaskans to reach out.

The report and action plan are available on the Council's website or at

<http://dhss.alaska.gov/suicideprevention/Pages/default.aspx>. The Council invites all Alaskans to do one of the activities in the state suicide prevention plan as a step toward the first goal: Alaskans learn and understand that suicide is preventable.

Alcohol, drug abuse cost economy

Alcohol and drug abuse took a heavy toll on Alaska's economy in 2010, according to a recent report funded by the Advisory Board on Alcoholism and Drug Abuse, Alaska Mental Health Board, and the Alaska Mental Health Trust Authority.

The total estimated alcohol and drug abuse costs for 2010 were \$1.2 billion, including \$673.2 million in productivity losses, and \$217.7 million in criminal justice and protective services. The report uses the most recent data available.

An estimated 21,000 Alaskans over age 11 are dependent upon alcohol, according to the 2011 Alaska Scorecard.

To read the report, visit <http://dhss.alaska.gov/abada/Pages/default.aspx>. The Alaska Scorecard is at <http://dhss.alaska.gov/dph/HealthPlanning/Pages/scorecard/default.aspx>.

Helping Alaskans on temporary assistance achieve self-sufficiency has many variables

Attaining self-sufficiency is not easy for Alaskans on public assistance facing mental health issues, physical injuries, disability and domestic violence. To better serve these families, the Division of Public Assistance and the University of Alaska Anchorage, Institute for Circumpolar Health Studies, collaborated on a study to assess what prevents clients from finding and keeping employment and to identify strategies that help remove barriers to self-reliance.

The study surveyed families with long-term reliance on public assistance and those with a parent unable to participate full-time in work and other activities. The findings — documented in the report *Evaluating the Challenges to Self-sufficiency Faced by TANF Clients in Alaska* — validated the need for strategies to support families with multiple challenges to self-sufficiency. Families First Services will assist these families while Work Services, formerly called Work First, will help families with a job-ready parent.

Families First — how it works

Families with multiple or profound barriers to self-sufficiency will receive more intensive help, plan coordination with partner agencies, and better integration of services. To this end the department has instituted: The Alaska Screening Tool to identify the need for behavioral health and other community services that address specific issues, including mental health, substance abuse, family violence, traumatic brain injury and other challenges.

Family Support Teams to coordinate services between agencies serving the family to simplify and align multiple service plans and resources.

Family Progress Reports or self-assessments periodically completed by each family to track the status of family health, safety, and access to supports and services.

Measuring results

A process is in place to measure self-sufficiency outcomes, including adults with earnings; cases that close with earnings; and full-time participation in work activities. The Family Progress Reports will measure improvements in the family's health, safety and wellness, increased ability to participate in self-sufficiency activities, and successful access to needed services, resources, and supports.

Read the report at:

http://dhss.alaska.gov/dpa/Documents/dpa/pdf/Challenges_Faced_TANF_Clients_Final_Report.pdf.

New Public Assistance eligibility information system under way

It's huge, it's complex, and it's going to have ripple effects throughout the Division of Public Assistance. It's a modernized eligibility information system to replace the legacy system that has served the division well since 1983. The replacement system is expected to cost approximately \$62.4 million.

"The project faces an ambitious timeline," said Public Assistance Director Ron Kreher. "There has already been a tremendous amount of work accomplished in the last few months in order to get the ball rolling."

The Eligibility Information System-Replacement project (EIS-R) program office was established in December 2012 with five project staff responsible for project planning, management support, vendor oversight, monitoring deliverables, and a host of other duties and responsibilities associated with managing a major IT project.

Contractor selected

Recently, the project staff concluded a two-month period of negotiation by signing a contract with Deloitte Consulting LLC for the design, development and implementation (DDI) of the replacement system. Deloitte will implement its NextGen product, currently in operation or under development in 18 states, to replace Alaska's legacy EIS. Deloitte located approximately 25 personnel in Anchorage to support the design, development and implementation of the new system.

The EIS-R Project Office will soon be sending regular updates to stakeholders about the effort to modernize the division's eligibility information system.

Timeline

The replacement system will be implemented in two releases. The first contains the federally mandated Medicaid eligibility determination functionality that must be operational by October 2013. The second phase adds the remaining programs administered by DPA to the system and is scheduled to "go live" on June 1, 2015. For more updates, go to: <http://dpaweb.hss.state.ak.us/node/476>.

Rating child care, education programs

Alaska's Statewide Child Care Resource and Referral Network, known as thread, has received state funding in the amount of \$50,000 to work on developing and implementing a Quality Rating and Improvement System for children's early care and education.

The rating system's goals are to assess, improve and communicate the level of quality in early care and education settings, to include child care, Head Start, pre-elementary and pre-kindergarten programs.

"When the rating system is fully functioning, consumers will be able to go online to review information about the quality of Alaska's early childhood programs and make informed choices about the care their children receive," said Health and Social Services Child Care Program Manager Marcey Bish.

The department is working with thread and stakeholders to establish a timeline for project completion.

For more information, and to view Alaska's Quality Rating and Improvement System—Final Report with Recommendations 2008 and Alaska's QRIS Report 2011, go to

<http://dhss.alaska.gov/dpa/Pages/ccare/reports.aspx>.