

# **Alaska Department of Health and Social Services**

Summer Update 2014  
Sean Parnell, Governor  
William J. Streur, Commissioner  
Volume 10, Number 2

## **Governor's column, by Sean Parnell**

### **Promise kept**

This past legislative session, we took a big step in securing Alaska's pension promises to more than 64,000 state retirees. From public health nurses to social workers, our retirees have earned and deserve a secure state pension.

I proposed and the Legislature passed the largest pay-down of pension debt in Alaska history. In paying down \$3 billion of the pension debt now, we ensure that future generations are not saddled with this debt. Paying down some of the debt now and lowering the state's annual payment on the unfunded pension obligation better protects ongoing state services.

We honor our commitments to public sector retirees, a commitment that other states and large cities in the Lower 48 have been unable to keep because they have failed to act. Paying down the state retirement debt ensures that retirees' retirement and vital state services will continue to be delivered into the future, as well as our ability to promote and protect the health and well-being of Alaskans.

## **Commissioner's column, by William J. Streur**

### **Closing gaps**

When Governor Parnell announced he would not be expanding Medicaid in 2014, he directed the department to identify Alaskans who fall in the so-called Medicaid gap. We identified approximately 10,000–12,000 non-disabled adults, 18–64, with no health insurance, not otherwise eligible for Medicaid, or covered under another health care system, generally with no dependents and who earn less than 100 percent of the federal poverty level.

Our statewide analysis finds that through a combination of Tribal health organizations, community health clinics, and federally qualified health centers, public health centers and hospitals, uninsured Alaskans can access care in more than 200 Alaska communities.

This comprehensive study is on our website and is a starting point for the newly appointed Medicaid Reform Advisory Group, which will meet regularly over the next several months to review the existing Medicaid program, provide recommendations — and find ways to close the 'gap.'

Our work is not done and we solicit your input on smarter ways to provide health care to more Alaskans in need.

## **No pythons in Alaska for new Medical Examiner**

You tune in to your favorite crime drama where a grisly murder has been committed. The forensic crime specialists show up at the scene and the body is whisked away to the medical

examiner's office. The medical examiner looks at the body, performs a series of tests and, voila!, the crime is solved in an hour.

### **Truth or fiction?**

A little bit of both, according to Dr. Gary Zientek, Alaska's new chief Medical Examiner, known to many as "Dr. Z."

"Cases are solved much quicker on TV — test results come back in hours instead of weeks or months," Zientek says. "NCIS is one of my favorite shows, but the medical examiner (Ducky) makes many diagnoses and findings that are unrealistic."

Zientek knows the reality. He has been working in the field of forensic pathology since 1989. He did his pathology residency at the University of Florida in Gainesville and completed a neuropathology fellowship at the University of Virginia in Charlottesville. He went on to become an attending pathologist at St. Mary's Hospital in Richmond, Virginia. He was a local medical examiner for the state of Virginia, beginning in 1990, and joined the Alaska Medical Examiner's Office in 2009. He advanced to chief medical examiner in February 2014, succeeding Dr. Katherine Raven, who left the state to be closer to family. Personal setback leads to renewal

Although Zientek is now a successful and respected pathologist, he had a setback earlier in his career. A struggle with drugs and alcohol led to his medical license being revoked in 2003 while he sought treatment for his addiction. His license was reinstated in 2007. Zientek has been sober for over 10 years, working with the medical licensing board to assist other doctors who have faced similar challenges.

"I take recovery one day at a time. I will not forget my past, but it doesn't define me," Zientek says. "I'm grateful I don't have to live that way anymore. I hope my experience can benefit, in some way, those Alaskans still struggling in the hopelessness of addiction. A big part of my recovery has been the support of my family, friends and co-workers. I look forward to serving Alaska in my new position."

### **The work is always challenging**

The strangest case Zientek has ever worked on? "Undoubtedly the woman who was strangled by her pet python while trying to give it its medications," he says. "You probably won't see another case like that in your career."

Every case presents something of a mystery, Zientek adds, although he's unlikely to ever encounter a python perpetrator in Alaska.

But solving all mysteries, particularly those that involve deaths, is never a one-person job. It takes a team, he says.

"The wonderfully talented and professional staff here at the office make my job so much easier," Zientek says.

The chief medical examiner commands a small army, which includes administrative assistants, who handle much of the paperwork and record keeping; autopsy technicians, who assist with autopsies; forensic investigators, who take the initial call, go to the scene and investigate the death; and forensic pathologists, medical doctors who perform the actual autopsies and determine the official cause and manner of death.

"Anyone interested in becoming a forensic pathologist will need to be dedicated to their career path," Zientek says. "It's a long road — at least 13 years of education to begin practicing."

Still, according to "Dr. Z," the years of dedication are worth it.

Being able to assist law enforcement in solving crimes, providing positive identities of the deceased, and talking to family members — helping them understand what happened, trying to comfort them — are a few of the challenging but rewarding parts of the job, he says.

## **A new look for Juneau's Johnson Youth Center**

Johnson Youth Center in Juneau now features a stunning piece of art, which was funded by the Alaska 1 Percent for Art program. Artist Dan Roach created a colorful 37 foot panel that has depth and dimension. The panel depicts faceless people taking part in life, involved in productive, everyday activities. In a nod to Alaska, fish in the background seem to swim upstream. The artwork serves a dual purpose: It hides an unaesthetic fuel tank and illustrates lives full of promise.

## **Electronic Health Record update:**

### **Meaningful Use and HIE**

Alaska eHealth Network Health Information Exchange (HIE) is currently being deployed statewide. Alaska eHealth Network HIE is a secure electronic exchange of patient information, which allows health care providers a quick, secure, reliable access to patient health records.

All eligible professionals, eligible hospitals, and critical access hospitals must use Alaska eHealth Network Health Information Exchange to satisfy their Meaningful Use public health reporting requirements. Organizations that are already interfaced directly with Alaska Division of Public Health reporting systems will work with the department to transition to reporting via the Alaska eHealth Network HIE in the future.

For Stage 1 and Stage 2 Meaningful Use, the eligible professional or eligible hospital must determine which of the Meaningful Use public health measures they plan to report to. They must also register their intent annually with the Alaska Medicaid Electronic Health Record Incentive Program office no later than the 60th day of their electronic health record reporting period.

The electronic health record reporting period is the time period through which an eligible professional or eligible hospital seeking a Meaningful Use Incentive payment must demonstrate meaningful use of EHR technology.

Meaningful Use is defined as the use of certified electronic health record technologies in a manner that moves a provider toward — or achieves the goals of — improving health care quality, efficiency and patient safety.

To learn more about Alaska e-Health Network, please visit its website at: <http://www.ak-ehealth.org/for-providers/join-our-providers/> or contact Alaska eHealth Network at: <mailto:info@ak-ehealth.org>, 907-770-2626, 1-866-966-9030.

## **New initiative aims to reduce health care spending on 'super-utilizers'**

Caring for Medicaid recipients who use hospital emergency room services significantly more than the general Medicaid population accounts for 3 percent of the Alaska Medicaid population. But these clients, called super-utilizers, are responsible for approximately 22 percent of all Alaska Medicaid emergency room expenses.

In order to better assure appropriate use of medical services, improved health outcomes, and better control increasing Medicaid costs, the state Division of Health Care Services is undertaking a 24-month pilot project, the Alaska Medicaid Coordinated Care Initiative, to provide case management and care coordination for this group.

Alaska is one of six states and one territory — Colorado, Kentucky, New Mexico, West Virginia, Wisconsin and Puerto Rico — selected by the National Governor's Association (NGA) in summer 2013 to develop an action plan to serve the emergency room super-utilizers' health needs more efficiently and cost-effectively. Recently, the NGA held an in-state retreat to provide technical and work plan assistance.

"The National Governor's Association worked closely with Alaska Medicaid staff bringing best practices from around the country to ensure the success of this project," Health Care Services Director Margaret Brodie said.

The division's Quality Assurance team has issued an RFP for case management services, which had not been awarded at press time.

To identify the hospital emergency room super-utilizers, the division examined Medicaid claims data for clients who used the emergency room five or more times during an 18-month review period. The division identified more than 6,000 individuals who met the criteria.

The initiative will serve recipients of Alaska's Medical Assistance program, which includes Medicaid, Denali KidCare, Chronic and Acute Medical Assistance, and other programs.

Initiative goals include reduction of emergency room visits, improved use of preventive services, comprehensive case management and care coordination, and integration of medical care and behavioral health services.

A stakeholder engagement campaign is currently being finalized. More information will be forthcoming soon to members and providers.

For questions about the Alaska Medicaid Coordinated Care Initiative, contact Deb Taylor, Quality Assurance Manager, at <mailto:deb.taylor@alaska.gov>, or 907-375-6468. For additional information on the Alaska Medicaid Coordinated Care Initiative, go to <http://dhss.alaska.gov/dhcs/Pages/amcci/default.aspx>

## **Alaska Psychiatric Institute welcomes new chief**

Dr. Melissa Ring started the new year with a move to Anchorage and a new job: director and chief executive of the Alaska Psychiatric Institute – Alaska Recovery Center.

"I love my job, I love the hospital," Ring said. "I'm having such a great time and so looking forward to continuing and to helping things get even better."

Ring has a master's degree in health administration, a Ph.D. in clinical psychology, and more than 30 years' experience as a clinical psychologist. Most recently, she was chief operating officer for Southeast Missouri Mental Health Center in Farmington, Missouri, for nearly 12 years.

During her tenure as COO in Missouri, the hospital's mission changed from acute psychiatric and longer-stay services to 170 longer-stay, primarily forensic psychiatric beds and 153 civilly committed sexually violent predator beds. When she left, Ring was responsible for all areas of clinical treatment services.

Ring was also responsible for assuring the hospital's compliance with Joint Commission and Centers for Medicare and Medicaid Services standards.

Earlier in her career, she worked with tribes in New Mexico and Arizona, providing direct services and managing programs that offered residential substance abuse treatment, individual and group treatment, and crisis intervention.

Ring sees the goal of API-Alaska Recovery Center as supporting recovery. "The likelihood of recovery from mental illness is no longer a dream, but a probable outcome for those who actively develop an individualized recovery plan," Ring is quoted on the director's Web page. "For many it starts at the API-Alaska Recovery Center in an environment that can support the dreams and hopes of persons with mental illness."

Key components in the support continuum include consultation with individuals and providers before admission, patient care and family involvement at API, and follow up with local providers after discharge.

API services range from traditional inpatient care to statewide telehealth, so patients don't always have to come in to the hospital for follow-up appointments, or can avoid coming in at all by receiving care remotely in their home communities.

More information on API can be found at: <http://dhss.alaska.gov/dbh/Pages/api/default.aspx>

## **Welcome 3 new division directors**

The Department of Health and Social Services has welcomed three new division directors —

### **Karen Forrest**

Karen Forrest, Juvenile Justice; Albert Wall, Behavioral Health; Leslie Houston, Public Assistance — to its Leadership Team in the last few months.

Karen Forrest is no stranger to Juvenile Justice, where she served as deputy director of programs and administration for more than 10 years. Forrest began her career in social services as a juvenile justice officer in DJJ's Johnson Youth Center in 1988.

Forrest, a lifelong Alaskan, holds a bachelor's degree in criminology and a master's degree in clinical and counseling psychology. She has worked in a variety of roles in public, nonprofit, and private agencies, including several years as an administrator for the Division of Behavioral Health.

Her range of experience has helped Juvenile Justice make several system improvements over the past decade, including the development of services to address the behavioral health needs of juveniles, expanding the division's data capabilities, and implementation of evidence-based practices. She also led the division's application of results-based accountability and results-based budgeting.

As director, Forrest lists as one of her top priorities the continued implementation of Trauma-Informed Care, an approach to working with juveniles that recognizes some of their challenging behaviors developed as a response to abuse, neglect, and other adverse childhood experiences.

### **Albert Wall**

The department in April welcomed Albert Wall as the new director of Behavioral Health. Born and raised in Juneau, he has lived and worked in a variety of settings in Alaska from Southeast to Central, urban to bush communities. For the last 20 years, Wall has worked at every level of behavioral health, from volunteer in direct services organizations, to clinician, to CEO of a nonprofit counseling group. He holds a master's degree in counseling psychology and a master of divinity.

In the military he provided direct counseling and crisis intervention, case management, and oversaw a number of programs and budgets designed to provide social services and behavioral health services. In civilian life, he has worked as a manager of behavioral health and developmental disabilities programs, served as the vice president of development of a large nonprofit provider in Georgia, and designed and implemented programs with large impact for supported employment and direct services to those in need.

Looking forward, Wall says his division is encouraging a care model called Assertive Community Treatment, an intensive and integrated approach for community mental health delivery whose cornerstone is supported housing. ACT programs can serve outpatients with serious and persistent mental illness, or can be modified to serve those in need of substance abuse treatment, or can be combined to meet specific target populations with specific needs.

Integrated care means that services such as supported employment, case management, residential independence, physical health and wellness, money management, social relationships and other types of services can be provided to the clients in conjunction with, and often at, the supported housing site.

### **Leslie Houston**

As the new Director of the Division of Public Assistance, Leslie Houston brings strong management and leadership experience within the state, most recently as Deputy Commissioner for the Department of Corrections. The 37-year Alaska resident began her administrative career with the state in 1977. Within DHSS, she has held positions in the divisions of Public Health, Health Care Services and Behavioral Health. She has also held posts in the departments of Labor, Revenue, Education, Fish and Game, and Transportation and Public Facilities.

Prior to state service, she was Executive Director of the nonprofit Juneau Montessori School for five years.

Houston said she is very pleased to return to DHSS as the Public Assistance director: "I am a can-do manager but not a micro-manager," she said. "I believe in providing the tools and resources needed to do the job and empower staff to reach new heights," she said.

The Public Assistance director position is responsible for the oversight and direction of the division, responsible and accountable for the planning, budgeting, staffing and overall operations.

Houston holds a bachelor's degree in education with an emphasis on early childhood and brain development from the College of New Rochelle, New York.

## **Health Care Commission's work extended to 2017**

The Alaska state Legislature acted during the 2014 Session to lengthen the life of the Alaska Health Care Commission for three more years. Originally slated to sunset June 30, 2014, legislators determined the commission is fulfilling its intent and serving an important public purpose. The commission's new sunset date is 2017.

Over the past three years, the commission conducted a series of important studies — increasing knowledge and understanding of current conditions in Alaska's health care system. It also designed a comprehensive body of specific, relevant and measurable market-based policy recommendations for improving health care cost and quality.

Over the next three years the commission's study and advisory role will continue. The group will also broaden its scope to serve as convener and facilitator of state agency leaders and health system stakeholders as part of a Department of Health and Social Services initiative to develop a Statewide Health Plan to implement commission policy recommendations. The commission will also increase its focus on the important role employers and other payers play in driving change in health care organization and service delivery.

Excessive health care costs and medical inflation threaten the sustainability of Alaska's health care system and create a burden on families and public and private employers. Continuation of the commission will promote accountability and evaluation of state health policy implementation, increased transparency in the health care system, and continuing consultation and coordination with employers in support of their health care value improvement strategies.

For more information on the commission, visit <http://dhss.alaska.gov/ahcc/Pages/>

## **Retired director: What I learned in 30 years at the Division of Juvenile Justice**

By Barbara Henjum

I first worked with juvenile offenders in 1979 in Chicago. They were 12- to 14-year-old gang-involved boys. I was 19.

In 1983 I came to Alaska from Minnesota and was hired as a Youth Counselor I at McLaughlin Youth Center in Anchorage. Over the past 30 years with the Department of Health and Social Services and the Division of Juvenile Justice, I've had a variety of positions from Youth Counselor to Unit Supervisor to Superintendent and most recently division director.

I had no idea when I began this career 35 years ago that it would be so fulfilling. I know I've learned as much from the children in my care as they could possibly have learned from me.

Some of my lessons learned include:

- In our profession we have the power to do a great deal of good for the youth in our care — we also have the power to do devastating harm. Be wary of the power you hold.
- Don't be afraid to give a kid a first, second or third chance. More often than not, with your support, they will prove you right.
- Take care of yourself and your own family as your first priority. To do this work for the long haul you need to enjoy life outside of work to balance the demands of the job.
- Take care of your co-workers. They are your team in good and bad times. But don't put those relationships ahead of doing the right thing for the kids in our care.
- Remind yourself and your co-workers: When you are in the business of caring for kids, care for the kids. If you don't care, then leave.
- The youth in our care have families and relationships that mean the world to them. Respect the value and meaning of those relationships.
- Our measure of success is how well the youth in our care do when they return to their families and communities. Being compliant with our expectations is a short-term goal — not the long-term goal.
- Understanding the impact of a history of trauma on the youth and their families is essential to their success and to our ability to address their needs.
- If you want an easy and predictable career, don't work with delinquent youth. If you want a guarantee that you will never be challenged or hurt by the youth in our care, this isn't the job for you. If you want to always be appreciated by the kids you work with, you will be sorely disappointed. But if you want a career that gives troubled kids the chance they need to find hope and have a good life, this is it.

As I retire and reflect on my future, I remember what former Deputy Commissioner Pat Hefley told me, "You spend the first third of your life learning, the next third earning and the next third returning." I hope to enjoy gardening, creating art, spending more time with my family and friends, and finding places in my community to give back through volunteering to help others in this wonderful place — Alaska — that I will always call home.

[Barbara Henjum retired from DJJ at the end of April 2014.]

## **Alaska youth have a say in health and social programs**

The Youth Alliance for a Healthier Alaska (YAHA) advises the Adolescent Health program and other Division of Public Health programs in Alaska. Each year, YAHA recruits 10 to 14 Alaska youth who work as a team in creating interventions to improve the lives of adolescents.

The Department of Health and Social Services coordinates the YAHA through Public Health in the Section of Women's, Children's and Family Health. Participants receive incentives for each hour of active participation in meetings and activities.

Since 2009, the group has addressed issues like teen pregnancy, bullying, underage drinking, domestic violence and nutrition. The YAHA participated in the Healthy Alaskans 2020 Advisory Committee and the StandUpSpeakUp! campaign for more than two years, for example. They also helped advise the All Alaska Pediatric Partnership on an adolescent

health mobile phone application, and provided design and programmatic feedback on projects like Careline Alaska and the Choose Respect Campaign.

Applicants 14-18 years old can apply each spring. The next session will begin in September. To find out more, contact Jennifer Baker at 907-269-4517 or visit the website, <http://dhss.alaska.gov/dph/wcfh/Pages/adolescent/yaha.aspx>

## **Monitoring psychotropic medication of children**

The Department of Health and Social Services is in the process of contracting with a clinical group with special expertise to act as an independent third-party expert reviewing the use of psychotropic medications used to treat children in state custody or on Medicaid. The current contract is anticipated to begin in the summer of 2014.

The contractor will conduct periodic reviews of up to 1,000 cases a year of pediatric and adolescent children in state custody and on Medicaid receiving psychotropic medications. The cases of concern are those children taking more than two atypical antipsychotic medications, children 4 years old or younger receiving psychotropic medications, or children receiving four or more psychotropic medications.

The federal government mandates that states have policies in place to review the administering of these drugs due to the steady rise in their use in addressing children's emotional and behavioral problems. Of concern are instances of children being prescribed too many psychotropic medications, too much medication, or at too young an age. Psychotropic medication use is of special concern in young children because of their vulnerability to adverse effects, which require careful management and oversight.

## **News Briefs**

### **Healthy Futures Challenge grows throughout state**

The Department of Health and Social Service's Play Every Day program has boosted school and student participation in the Healthy Futures Challenge to get Alaska elementary school students physically active.

Before Play Every Day's involvement, the challenge enrolled 36 schools from four school districts, with 1,342 students turning in logs in the spring of 2011. Play Every Day partnered with Healthy Futures, a program of the nonprofit Alaska Sports Hall of Fame, the following year. This spring, 164 schools from 35 school districts completed the challenge, with 14,242 kids participating by getting active and turning in log sheets.

Play Every Day supports Healthy Futures by organizing school-based events that get kids excited about physical activity. The program also runs a public education campaign that promotes Healthy Futures and daily physical activity through public service announcements and other messages. As part of the state's Obesity Prevention and Control Program, Play Every Day tackles topics related to youth health, nutrition and physical activity.

### **Injury Prevention program puts helmets on heads**

Summertime brings more children to parks, trails, neighborhoods and busy streets, and some of those kids can now ride, skate and scoot more safely because of a state program that offers helmets to kids who need them.

The Injury Prevention Program of the Department of Health and Social Services makes helmets available to children through a school program geared toward safety education. Schools that hold safety events can request reflectors for all students and helmets for those who don't already own them, said Stephanie Holmquist, program manager for the Be Safe Be Seen program.

(<http://dhss.alaska.gov/dph/Chronic/Pages/InjuryPrevention/BeSafeBeSeen/Default.aspx>).

There's a limit on helmets, but not on reflectors, she said. For more information about the program, contact Stephanie Holmquist at 754-3421 or email her at <mailto:stephanie.holmquist@alaska.gov>

For more information about the Injury Prevention program in the Chronic Disease Prevention and Health Promotion section of Public Health, visit <http://dhss.alaska.gov/dph/Chronic/Pages/InjuryPrevention/default.aspx>

## **Mini-grants support youth**

The latest StandUpSpeakUp! mini-grant awards from the state Division of Public Health helped support youth projects ranging from the production of a Bethel video showing what healthy and unhealthy relationships look like, to an outdoor leadership camp in Southeast Alaska that focuses on healthy relationships, peer education, and self-respect.

Thirteen recipients from throughout Alaska were awarded up to \$2,000 (for a total of \$18,000) in 2014 to support projects aimed at preventing violence and promoting respectful relationships. Ten projects were awarded mini-grants in the previous year (also for a total of \$18,000).

Another round of applications will be accepted in the fall. Find out more at <http://www.StandUpSpeakUpAlaska.org>

## **DHSS STARS**

### **MARCEY BISH**

Marcey Bish, Public Assistance Program Officer for the Division of Public Assistance, collaboratively developed a strategic planning tool for the Child Care Program Office (CCPO) leadership to use for an organized approach toward appropriate goals, while considering office workload, routinely evaluating solutions, and feeding into the Results Based Accountability model for the department. "Marcey has a clear vision for CCPO's future and is laying the foundational pieces for everything to fall into place with adequate resources supporting it," said her supervisor, Division Operations Manager Aimee Olejasz.

### **FENNISHA GARDNER**

Fennisha Gardner is a Family Services supervisor in the Wasilla Office of Children's Services. Her dedication to child safety is exemplified by her ability to create a strong team of Family Services workers who consistently visit the children on their caseloads who are in-out-of-home care, thereby assessing and ensuring child safety. Over a six-month period, Gardner's unit was responsible for conducting in-person visits with 142 children. At times, her unit has been responsible for seeing as many as 171 children during a month. Gardner has ensured that her unit successfully completed nearly 100 percent of required visits.

### **BARBARA KNAPP**

Barbara Knapp, Medical Assistance Administrator III for the Division of Behavioral Health, was the project manager for the Psychiatric Residential Treatment Center Waiver project,

which provided youth experiencing a serious emotional disturbance and fetal alcohol spectrum disorder with community-based services through Community Behavioral Health Centers instead of institutional care. A white paper on the project that Knapp co-authored with former Behavioral Health employee Shannon Cross, published by the CMS grant contract management agency, was a 2013 Platinum Award-winner from the Association of Marketing and Communication Professionals. A video featuring all nine states that participated in the project and highlighted Alaska's program was prepared by Georgetown University and won a Communicator 2013 Award of Distinction.

### **ANN POTEPA**

Ann Potempa, Public Health Specialist II with the Division of Public Health, was recognized for her work with the Play Every Day campaign as a Top Forty Under 40 by the Alaska Journal of Commerce. The award goes to those who have demonstrated professional excellence and a commitment to the community. The Journal received 160 nominations for 120 individuals.

### **STACY TONER**

Behavioral health organizations statewide honored Stacy Toner, Division of Behavioral Health deputy director, in May 2014. Alaska's Annual School on Addiction Studies and Behavioral Health gave Toner its Francis J. Phillips Award, which recognizes excellence, innovation and leadership over many years of outstanding statewide contributions to the addictions field.

### **CHARLES UTERMÖHLE**

Charles Utermohle, Public Health Specialist II / Data Analyst with the Division of Public Health, recognizes the value of computerized mapping in public health. Utermohle launched a pilot Geographic Information System (GIS) project that allowed Public Health sections to use ArcGIS Online for a year. He formed a GIS users group that meets monthly for training. Users post maps to a website and share mapping resources.

### **PUBLIC INFORMATION TEAM**

The Northwest Chapter of the National Academy of Television Arts and Sciences awarded the Public Information Team a 2014 Emmy in the category of Community/Public Service for its video PSA, "Safe Surrender." The Northwest Chapter serves television and media professionals in Alaska, Idaho, Oregon, Montana and Washington. The awards ceremony took place in Seattle on June 7, 2014. The PSA explains Alaska's Safe Surrender law, which allows an infant to be anonymously and safely surrendered to peace officers, firefighters, EMS providers, or other medically trained people, including doctors, nurses or health aides, among others.

## **Alaska foster care innovations help families**

While the Office of Children's Services makes diligent efforts to identify relatives and family friends as the primary placement option to keep a child safe, sometimes that is not possible. When a child in state custody is placed in a licensed foster home, OCS continues to assess the foster family's needs and provide help.

Many resources that help support the children are available for foster care families in Alaska, including:

- Foster care rates. Foster care rates are designed to assist foster parents with the care and supervision of children who must reside away from their families. A new rate schedule was implemented in 2013. If a child displays behaviors or has identified medical needs that require additional supervision, OCS offers specialized

and augmented foster care rates to assist the foster parents with the increased care and supervision needs of the child. More information:

<http://dhss.alaska.gov/ocs/Documents/FosterCare/pdf/fostercarerates.pdf>

- FosterWear. OCS and state Rep. Les Gara's office teamed up with community partners to provide the FosterWear program, which works with local and national businesses to provide a discount on clothing for foster youth. More information: <http://dhss.alaska.gov/ocs/Pages/fosterwear/default.aspx>
- Unlicensed Relative Initiative (ULR). Relative caregivers are not required to become licensed as a foster home in Alaska. The ULR process assists by providing all relative caregivers with information about their options for licensure, services available, and resources they may find helpful. Unlicensed relatives receive a phone call and letter about their options.
- Recruitment and retention of resource families. There is an ongoing need for foster care homes in Alaska. OCS is responsible for recruitment of foster care and adoptive homes to meet the special needs of children in custody. In the past year, OCS has focused on recruitment for homes that are able to serve medically fragile children, sibling groups with three or more children, and Alaska Native homes.
- Resource Family Advisory Board (RFAB). This board works to make positive change in our foster care system with a vision of strengthening and improving support for resource families and OCS through partnering to care for Alaska's children. More information: <http://www.acrf.org/advisory/rfabsite.html>
- Training and support through the Alaska Center for Resource Families (ACRF). ACRF receives grant funding through OCS to provide support and training to foster families. A variety of courses and resource materials to assist individuals in learning about their role as a foster home, the needs of children in care, and services available in their community are available. More information: <http://www.acrf.org/>

Interested in becoming a foster parent? Please call the ACRF at 1-800-478-7307.

## **Office of Children's Services listens to former clients – and learns**

"You didn't trust us and we didn't trust you either. You were OCS and we were scared."

Those words were spoken by a former OCS client at a gathering called a Community Café in Kenai recently. The event, hosted by the Kenaitze Indian Tribe, was geared toward facilitating open discussion between OCS workers and former clients in developing the Child and Family Services Five Year Plan.

"There was a little bit of uncertainty before the event, because we just didn't know what the response might be," OCS Protective Services Manager Tim Bolles said. "Some of the people were reunited with their children and done with OCS – would they even want to come back to talk to us?"

Bolles was pleased that six parents and former clients took time out of their afternoon to attend. He was also impressed by their honesty. The man who admitted to not trusting OCS initially said everything changed when he sat down face-to-face with his worker.

"He never felt talked down to, he felt like his worker treated him with respect," Bolles said. "She treated him like an equal, like a human being. That's when the case changed for him. That's when he began to change his way of thinking."

Another parent told the OCS workers present: "I hated you guys (at first). Then I had to go back and make amends once I got sober."

It was also striking to Bolles that parents in attendance admitted to being nervous when, after working with OCS and becoming free of all substance misuse, it was time to be reunified with their children.

"I thought it was profound how every last one of them was scared to have their kids come home, to face parenting clean and sober," he said.

It's all information that Bolles believes will help OCS work more effectively with clients in the future. And it's also good to know that their work doesn't go unappreciated.

Quoting the Kenai supervisors, "All social work flows from relationships and OCS works very hard at building them," said Bolles. "There's a lot of good work going on in Kenai."

## **Pilot project strives to keep OCS families in 'driver's seat'**

A new court process designed to help families with children under 3 years old has been started by Ketchikan Office of Children's Services and Alaska's Infant Learning Program.

This pilot project, the Family Infant Toddler Court Team (FIT), works to bring together everyone important in a child's life — parents, relatives, foster family, friends, attorneys, guardian ad litem OCS worker, court team coordinator, service providers and therapists — early in a child protection case to focus on the parents' strengths and accomplishments, while also addressing important areas of need. Organizers say this keeps the family in the "driver's seat," able to guide their own plan to address existing threats to their children's safety.

"The FIT Court Team has been in existence less than a year, and we're very excited to be moving forward with families and community partners" said Jessica Mills Clark, an Early Childhood Special Educator with the Early Learning Program in Ketchikan. "We are networking with other resources around Alaska to streamline the program's design based on what has worked best nationally and here at home."

The families who volunteer for the program participate in monthly court hearings with their team to report on progress toward being able to bring their children home for good. The team has been supported and encouraged by the Honorable Judge Trevor Stephens. Clark's position as a part-time court team coordinator was funded through the Infant Learning Program.

## **Child care improvement system gets under way**

Several early childhood organizations and professionals are tackling the task of defining quality standards for child care in Alaska as a first step towards implementing a Quality Rating and Improvement System (QRIS).

QRIS is a method to assess, improve and communicate the level of quality in early care and learning programs, including child care, Head Start, pre-K and pre- elementary, and after-school programs. Alaska is one of seven states that does not currently have a pilot or statewide implementation of a QRIS in place.

"A well designed QRIS will not only result in positive outcomes for children, families and providers," said Health and Social Services Child Care Program Manager Marcey Bish, "but

also in long term beneficial social and economic impacts to Alaska communities and the state as a whole.”

Most working parents are familiar with the challenging process of finding quality child care or suitable after-school programs. Many families find that quality early care and learning is broadly defined across Alaska. Additionally, the supports needed for early care and learning programs to provide quality care are limited.

While an effort to implement a QRIS in Alaska began several years ago, it was slowed due to available resources. Last year, thread — Alaska’s Child Care Resource and Referral Network — received state funding to help move the development and implementation of a QRIS forward.

In December, thread hired Meghan Johnson as director of QRIS to coordinate the effort. Since then the initiative has gotten under way with key stakeholder meetings to review systems from other states, define quality standards, establish a project plan and identify a name for Alaska’s QRIS (soon to be announced). Additionally, parents and early childhood professionals have been invited to weigh in on the conversation.

When fully implemented, QRIS will be a comprehensive quality assurance system that will define standards for early care and learning, give early childhood professionals access to the tools and training to achieve and maintain quality programs, and give families a new way to review early care and learning options (similar to a rating system).

For more information, visit the thread website at <http://www.threadalaska.org> or contact Meghan Johnson at [mjohnson@threadalaska.org](mailto:mjohnson@threadalaska.org)

## **WIC food rule expands choices**

The federal program that provides supplemental nutrition vouchers to eligible women, infants and children (the WIC program) expanded its approved foods list in March 2014. Now, in addition to eggs, milk, low-sugar cereals and juice, fruits, vegetables and other nutritious foods, the list includes foods such as low-fat yogurt and canned mackerel. Additionally, the rule authorized an increase in the children’s benefit for fruits and vegetables at stores and farmers’ markets.

“This change is particularly exciting for rural Alaska because it increases Alaskans’ access to fresh fruits, vegetables, whole grains, and low-fat dairy,” said Ron Kreher, former Director of the Alaska Division of Public Assistance.

Recent Centers for Disease Control and Prevention research indicates that changes to the WIC food packages may be a contributing factor in the decline in obesity rates among 2–5 year olds.

For more information on the WIC program, go to:  
<http://dhss.alaska.gov/dpa/Pages/nutri/wic/default.aspx>

## **Senior, Disabilities Services upgrades old data systems**

A year-long project to consolidate and upgrade Division of Senior and Disabilities Services data management systems is underway. Division representatives signed a contract with

Harmony Information Systems in January, and kick-off meetings for the Automated Service Plan project followed in February.

The project will fold together several outdated data entry, storage and management systems into a single automated system that is secure, transparent and efficient. Providers, Senior and Disabilities Services employees and clients will eventually be able to submit documents and track the status of plans.

For more information on the project, contact <mailto:keith.burke@alaska.gov>

## **Alaska and Tanana Chiefs Conference sign historic Tribal agreement**

For the first time in Alaska's child welfare history, the state has entered into an agreement with a Tribal organization that supports and recognizes the ability of a Tribe to provide services to its own citizens. This will increase the likelihood for Tribal foster children to stay in their communities with relatives, culture and traditions. The agreement will allow Tanana Chiefs Conference to receive federal Title IV-E funds to help pay for the care of Tribal children placed in Tribal foster homes. TCC, a nonprofit organization, consists of 37 member Tribes in Interior Alaska. The historic agreement was officially signed by TCC President Jerry Isaac and Department of Health and Social Services Commissioner William J. Streur on Dec. 18, 2013, at the Morris Thompson Cultural Center in Fairbanks. "This landmark agreement embodies the commitment and tenacity of DHSS and the Tribes to partner for the well-being of Alaska's children," Streur said. "This effort has been in the works for a long while, and our vision has been challenged more than once. But this day makes the efforts and challenges all worthwhile."

## **Breast-feeding peer counseling program receives USDA grant**

The U.S. Department of Agriculture in April released nearly \$60 million in funds to Women, Infants and Children's (WIC) agencies throughout the nation, including Alaska, to support breast-feeding support programs.

Alaska's grant of \$214,733 will be used to bolster the Division of Public Assistance breast-feeding peer counseling efforts through its WIC nutrition program.

Alaska currently has 12 breast-feeding peer counselors and three in training. Six WIC agencies across the state provide these counseling services. They are:

- Municipality of Anchorage
- Resource Center for Parents and Children (Fairbanks)
- SouthEast Alaska Regional Health Corp.
- Yukon-Kuskokwim Health Corp.
- Bristol Bay Area Health Corp.
- Alaska Family Services (Mat-Su, Kenai, Homer area)

"Peer counseling makes a big difference for WIC families," said Dana Kent, a public health specialist with Public Assistance who oversees the breast-feeding program. "The funds will primarily be used for direct client services to strengthen, build upon and expand our current peer counseling programs." Research has shown that breast-feeding is the best source of infant nutrition and offers protection against infections and illnesses. Peer counselors are usually women in the community with personal breast-feeding experience who provide information and support to WIC mothers.

For more information on the breast-feeding peer counselor program, call Dana Kent at 465-5322 or contact a local WIC agency that provides peer counseling services. Agency contact information is found at:

<http://dhss.alaska.gov/dpa/Pages/nutri/wic/participants/wicfindclinicmap.aspx>

## **Those with severe mental illness can work**

More than 100 Alaskans who experience severe mental illness are taking steps to prove that they can, and do, find jobs and keep them.

They have help in their quest from the Alaska Division of Behavioral Health's supported employment program, which started in 2003. Currently three agencies have grants — two in Juneau and one in Kenai.

The programs help individuals get jobs with competitive wages in integrated settings (i.e., with others who don't necessarily have a disability) in the community. In contrast to other approaches to vocational rehabilitation, supported employment de-emphasizes pre-vocational assessment and training. The program puts a premium on quickly finding a job and then provides the supports necessary to ensure success in the workplace.

The Kenai program, at Frontier Community Services, uses a Supported Employment Evidence-Based Practices toolkit from the U.S. Substance Abuse and Mental Health Services Administration, and had 100 people enrolled early this year.

Ron Paul, a disability employment specialist at Frontier, called the program "fantastic." In May, he said the program was running an 88-percent employment rate. "We just love what we do," Paul said. Supported employment gives participants a supportive group of people to trust — sometimes for the first time in their lives, he said he hears — and all the things that come with employment: self-esteem, income, and independence. "It brings families back together," he said.

Gastineau Human Services in Juneau focuses on prisoner re-entry. As of April 2014 they had 26 people enrolled, and four had found a job in the past quarter.

### **Partners make program work**

Behavioral Health's supported employment coordinator works with a variety of private and public agencies to help place and support adults and transition-age youth. Other partners include the Division of Public Assistance, the Governor's Council on Disabilities and Special Education, the Department of Labor — especially its Vocational Rehabilitation Division — and the Alaska Mental Health Trust Authority.

In fall 2013, the Trust started a new program to promote consumer employment, committing over \$1 million to their Beneficiary Employment Initiative. Behavioral Health and its staff are an important part of this effort and have been appointed to the Trust's Beneficiary Employment Initiative Core Workgroup. The division is also exploring the establishment of an Alaska chapter of the Association of People Supporting Employment First.

For more information, contact Behavioral Health's supported employment program coordinator Shanna McPheters, <mailto:shanna.mcpheters@alaska.gov>, 907-269-1088.

## **Two decades of Medicaid waivers in Alaska keep families together**

Decades ago, Alaskans who had substantial care needs covered by Medicaid only had one way to get that care — in an institution such as a nursing home, even if they could have lived in the community successfully with the right services and supports.

Health care professionals and policymakers, dismayed by what they saw, pursued Medicaid waivers, a Centers for Medicare and Medicaid Services program that allows Americans to get that care at home or in the community instead of in a facility like a nursing home.

The policymakers were successful, and over the last 20 years established four waivers, including waivers for children with complex medical conditions, and Alaskans of any age with physical disabilities that meet the waiver level-of-care needs requirements.

Some 4,900 Alaskans currently receive waiver services.

“My daughter has the opportunity to learn and work and be a part of the wonderful things that life has to offer everyone” because of her Intellectual & Developmental Disabilities waiver, said Kathy Fitzgerald, describing what the waiver has meant to her family. She said her 31-year-old daughter has blossomed despite a severe disability. “What a tremendous feeling that your loved one isn’t going to be in an institution. We have a state that provides for community thanks to waivers.”

These programs make sense financially as well as in human terms. In a presentation to the Legislature during the last session, Senior and Disabilities Services Division Director Duane Mayes demonstrated the importance of the program to Alaska by showing a comparison between actual costs for home- and community-based services and what the same services would have cost in an institutional setting. The cost was \$331 million instead of \$759 million.

The savings stretch limited resources further, and allow more Alaskans to receive support.

For more information on Medicaid waivers, consumers may call the Aging and Disability Resource Center, 1-877-625-2372 (1-877-6AK-ADRC). Providers may contact Moli Atanoa, <mailto:moli.atanoa@alaska.gov>, 907-269-4133.

## **Prevention and Early Intervention debuts innovative new RFP**

Communities applying for fiscal year 2015 prevention grants from the state Division of Behavioral Health were asked to step back and take stock of the factors that influence behavioral health in their community without preconceived notions.

Behavioral Health’s Prevention and Early Intervention section issued its new Request for Proposal format in March, after a long and intense re-invention process.

The new process challenges applicants to form diverse coalitions to address local issues (not one agency trying to make community-wide change) and to imagine a broader vision for change.

Applicants were required to move beyond agency boundaries to gather data on positive and negative influences on their community's behavioral health. Their proposals needed to reflect the data and be truly "data-driven."

There are two grant categories. The first is for communities with populations under 20,000. The second is for communities of 20,000 or more, statewide service areas, or coalitions working with three or more communities.

"We are really excited to see true community transformation," said Diane Casto, Prevention and Early Intervention manager.

Twenty-seven applications were submitted by the April 30 deadline, Casto said. Another new and exciting change: Coalitions submitted their applications online using the division's new Web-based grant-management system, GEMS. Grant recipients were expected to be announced by the end of June.

For more information on Prevention and Early Intervention, go to:  
<http://dhss.alaska.gov/dbh/Pages/Prevention>