

WINTER UPDATE 2007

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

VOLUME 3 NUMBER 2

Council presents health care strategies report to Governor, Legislature in January

The Alaska Health Care Strategies Planning Council has spent many months working to develop a statewide plan to address the issues of cost, quality and access to health care for Alaskans. The plan will be presented to the Governor and the Legislature in January 2008.

The vision of the 14-member council, which was established by Gov. Sarah Palin in February 2007, is to “make Alaskans the healthiest population in the nation.”

Council members examined other state health reform models and studied the problems of Alaska’s uninsured.

The council also explored health-care infrastructure, work force development, insurance and the Alaska Tribal Health System. Data were assembled from numerous health-care studies, reports and presentations from specialists in the field. These data served as the foundation of a fact-based process to inform decisions and recommendations made by the council.

The council’s December meeting was held in collaboration with the Alaska Public Health Summit, where the council presented its draft recommendations and took public comment. Recommended goals include:



Gov. Sarah Palin and Health and Social Services Commissioner Karleen Jackson share the microphone at a recent Health Care Strategies Planning Council meeting. When Palin established the council early in 2007, she said, “Undertaking this effort will be a tremendous way to educate all Alaskans about the wide array of public policy choices we have when addressing health-care issues.”

- Personal responsibility and prevention in health care will be top priorities for government, the private sector, tribal entities, communities, families and individuals.
- Alaskans’ health care costs will consistently be below the national average.
- Alaska will have a sustainable health-care work force.
- All communities will have access to clean and safe water and wastewater systems.
- Quality health care will be accessible to 100 percent of Alaskans.
- Alaska will develop and foster the statewide leadership necessary to support a comprehensive statewide health-care policy.
- Increase the number of Alaskans covered by health insurance and encourage employers to offer a range of health insurance options.

Table of Contents

Health care strategies plan	1
Denali KidCare coverage	1
Certificate of Need studied	2
Behavioral Health outcomes ...	2
API goes smoke free	2
Fish consumption guidelines ...	2
New leadership team	3
Governor’s message	3
Commissioner’s message	3
eGrants tool for grantees	3
Working with Native groups	4
DD Waitlist shrinking	4
Rural long-term care leader	4
DHSS ‘Stars’	5
Children’s Services surveys	6
FASD waiver	6
Preventing underage drinking ..	7
Bring Kids Home update	7
Veterans Home certified	8
Flu vaccine still available	8

State’s Denali KidCare expands coverage Income eligibility rise helps low-income families protect kids

Gov. Sarah Palin signed Senate Bill 27 in July 2007 to increase the income eligibility guidelines for Denali KidCare, Alaska’s program that provides health coverage to children, teens through age 18 and pregnant women in low-income families.

The Denali KidCare program provided insurance to about 16,000 Alaska children at some point during state fiscal year 2007. The increase to income eligibility levels means an additional 1,280 children could be covered this year.

Senate Bill 27 ensures that children in families earning up to 175 percent of the federal poverty level qualify for Denali KidCare. The program uses a combination of state and federal money to cover health-care costs for children. The federal money comes from the State Children’s Health Insurance Program, commonly called SCHIP.

Before the Governor signed the Senate Bill this summer, the income eligibility level in Alaska had fallen to about 154 percent of the federal poverty level.



New eligibility levels will be adjusted for inflation in early 2008. For more information on eligibility guidelines, go to hss.state.ak.us/dhcs/DenaliKidCare.

Certificate of Need committee considers needed reforms

Health and Social Services Commissioner Karleen Jackson received recommendations in early January from the Certificate of Need Negotiated Rule-Making Committee.

Jackson named 21 individuals to help find solutions and come to consensus on a comprehensive package of Certificate of Need program reforms, including new regulations and possible statutory changes.

Jackson appointed the committee in October 2007 in response to public comment on proposed changes to Certificate of Need regulations.

The regulations specifically defined Independent Diagnostic Testing Facilities and physicians' offices, and specified when such entities need to participate in the program. Many of the comments received went well beyond the scope of the proposed regulations, including proposals that would require statutory changes by the Legislature.

The department sought people affiliated with a health-care facility and health-care providers — including physicians in individual or group practices — to serve on the committee. The department hired a facilitator to conduct a series of public meetings in Anchorage with the committee members who have competing interests and perspectives.

The committee used a special process defined in Alaska statutes as "negotiated rule-making" to pursue development of policies and regulations for the Certificate of Need program.

The negotiated rule-making committee met three times between October and December to reach consensus on a comprehensive package of statutory, regulatory and procedural reforms, and submitted final recommendations in early January 2008.

The commissioner is considering the committee's recommendations regarding developing and implementing regulations, and preparing legislation, if necessary.

The department's Certificate of Need program reviews applications by health-care providers on facility projects, and evaluates such factors as service development, rational health planning, health-care quality, access to health care, and health-care cost containment. A wide divergence of opinion among health-care providers exists on the effectiveness of the program.

Recommendations are posted and available for viewing at hss.state.ak.us/commissioner/Healthplanning/cert_of_need/recommendations/.

Behavioral Health looks at outcomes

With input from providers and state staff, Behavioral Health is implementing "performance-based funding," a system that uses outcomes and identified results to determine funds to grantees, while ensuring greater quality, productivity and effectiveness of client services.

The division in November completed the process of grant performance scoring and unit cost calculations, which will provide the basis for funding decisions for the remaining two quarters of fiscal year 2008.

The model provides an objective process to determine funding levels for grantees based on program and agency performance, utilization of services, and client and community outcomes.

Accountability and documented outcomes provide transparency in use of public funds, and performance measures provide a critical tool for evaluating Alaska's behavioral health service delivery. Part of the documented outcomes derive from client surveys.

Client survey

All substance abuse and mental health providers have been required since July 2004 to conduct a client status review, a survey instrument that measures quality of life of consumers at intake and at periodic intervals in their treatment and/or recovery process.

For example, when clients enter the behavioral health treatment system, they are asked a series of questions about their housing and financial situation, health, etc. To measure change during treatment, the same questions are asked periodically and also when they leave the treatment system.

Client survey review results provide a detailed description of the impact of treatment on their lives. It is anticipated that as a result of services, clients will experience an increase in their quality of life — a measure of successful treatment and recovery.

During the recent survey period, adults and youths maintained or improved in all areas of life domains: housing situations improved, thoughts of self-harm decreased and both groups engaged in more productive activities.

API goes smoke free

The Alaska Psychiatric Institute campus is now smoke free. According to national health publications, suicide and injury account for 30 percent to 40 percent of deaths in the mentally ill, and 60 percent of



schizophrenic patients die from illnesses linked to tobacco use. Additionally, morbidity and mortality rates for the mentally ill are high due to cardiovascular disease and pulmonary infections, linked to tobacco.

Another positive outcome of the smoke-free campaign at API, which began July 1, 2007, has been the elimination of secondhand smoke.

Public Health reassures public about healthy fish consumption, issues clear guidelines

Alaska's new fish consumption guidelines were made public at a press conference Oct. 15, 2007, in Anchorage. Gov. Sarah Palin was on hand to help educate the public about eating fish.

"We have found no cause for alarm and are recommending that people increase, not reduce, their consumption of Alaska seafood," Gov. Palin said in her opening comments.

Dr. Bob Gerlach, veterinarian with the Department of Environmental Conservation, and Dr. Lori Verbrugge, toxicologist and lead author of the fish consumption report, presented their findings on mercury levels in Alaska fish and mercury testing of Alaska residents' hair.

According to the new guidelines, all Alaskans — including women of childbearing years and children under 12 — can eat as much wild Alaska salmon, cod, pollock and small halibut as they like without worrying about exposure to mercury.

According to the federal government, women who are or can become pregnant, nursing mothers and young children should not eat commercially sold shark, tilefish, king mackerel and swordfish. These large fish species usually contain the highest amounts of mercury.

Information on both the fish monitoring and human hair biomonitoring programs is available online at epi.hss.state.ak.us and at dec.state.ak.us/eh/vet/fish.htm.

Guide to Eating Fish for Alaska Women and Children

Mix and match your fish meals* for up to:

24 POINTS PER WEEK

* A meal size is 6 ounces (uncooked weight) for adults and 3 ounces for children age 12 years and under.

6 Points PER MEAL
 AK halibut 20–39 pounds
 All store-bought AK halibut
 AK rougheye rockfish
 AK lingcod 30–39 inches
 AK black cod (sablefish)

8 Points PER MEAL
 AK halibut 40–49 pounds
 Canned albacore tuna

12 Points PER MEAL
 AK halibut 50–89 pounds
 AK lingcod 40–44 inches
 AK yelloweye rockfish

24 Points PER MEAL
 AK halibut 90 pounds or more
 AK lingcod 45 inches or more
 AK salmon shark
 AK spiny dogfish

Alaska fish is good for you. State health officials recommend that everyone eats fish at least twice a week. All fish contain some level of mercury, a toxic metal that can harm the developing nervous systems in unborn babies and young children.

Women who are or can become pregnant, nursing mothers and children 12 and under should follow these guidelines to limit their mercury intake. Everyone else can eat as much seafood as they like.

0 Points PER MEAL
Unlimited amounts
 All species of wild AK salmon
 AK halibut 20 pounds or less
 AK lingcod 30 inches or less
 AK Pacific cod
 AK black rockfish
 AK walleye pollock
 Canned chunk light tuna
 AK Pacific ocean perch

Eat a variety of fish and other seafood as part of a balanced diet.

For more information:
www.epi.hss.state.ak.us/
 (907) 269-8000

Commissioner names new team

As a continuation of the Department of Health and Social Services' streamlining process, which began in 2003, Commissioner Karleen K. Jackson announced leadership changes and realignment of several functions in Summer 2007.

Bill Streur, formerly director of Health Care Services, was appointed Deputy Commissioner for Medicaid and Health Care Policy. Cheryl Howdyshell was appointed Deputy Commissioner for Finance and Accountability. Bill Hogan will continue as Deputy Commissioner, with primary responsibilities for Family, Community and Integrated Services. Hogan was first appointed Deputy Commissioner in October 2005.

"I am pleased that both Bill Streur and Bill Hogan will continue to serve this department in their newly defined leadership roles," Jackson said. "Bill Streur has done an exemplary job managing Health Care Services, demonstrating the depth of his knowledge and experience in Medicaid." Streur will oversee all operations related to Medicaid, including Medicaid reform efforts, rate review and Medicaid financing.

Hogan began work with the department as Behavioral Health Division Director in April 2003. He is



Alaska Department of Health and Social Services Leadership Team as of October 2007: Back row, Dr. Jay Butler, Chief Medical Officer; Melissa Stone, Behavioral Health Director; Tammy Sandoval, Children's Services Director; Beverly Wooley, Public Health Director; Bill Streur, Deputy Commissioner; Rod Moline, Senior and Disabilities Services Director; Cheryl Howdyshell, Deputy Commissioner; Steve McComb, Juvenile Justice Director; Jerry Fuller, Medicaid Director. Front row, Virginia Smiley, Alaska Pioneer Homes Director; Wilda Laughlin, Special Assistant to the Commissioner; Janet Clarke, Assistant Commissioner (retired Jan. 15, 2008); Sherry Hill, Assistant Commissioner for Public Affairs; Gov. Sarah Palin; Karleen K. Jackson, DHSS Commissioner; Ellie Fitzjarrald, Public Assistance Director; Stephanie Wheeler, Faith-Based and Community Initiatives Executive Director; Bill Hogan, Deputy Commissioner; and Tara Horton, Special Assistant to the Commissioner.

a social worker with experience as a clinician, supervisor and administrator.

Howdyshell joined the department in October. She brings more than 25 years of management experience that includes an emphasis in social services. Howdyshell formerly was Director of Volunteer Services at Providence Health Systems in Alaska.

Former Public Health Director Dr. Jay Butler was named the department's first Chief Medical Officer. In addition to Public Health oversight, Butler is charged with advising Jackson, other department leaders and the Governor's Cabinet regarding medical issues.

Replacing Butler as Public Health Director is Beverly Wooley, formerly director of the Municipality of Anchorage's Department of Health and Human Services. Prior to that, Wooley promoted nutrition, environmental sanitation and community health through various positions in the municipality.

Named Assistant Commissioner for Public Affairs is Sherry Hill, department communications officer and legislative liaison since 2003. Wilda Laughlin, most recently Senate Minority Press Officer, was named Special Assistant in Juneau. Laughlin will support department Public Affairs efforts, including legislative coordination and media relations.

eGrants: electronic reporting and management tool smooths process for HSS grantees

Grantees and Health and Social Services staff are using a new Web-based electronic grant management system called "eGrants" to track grants through their life cycles. eGrants enables users to submit financial quarterly reports online, and

review budget and payment information. Department staff have used eGrants internally for several years, and this summer conducted training sessions for grantees.

The development of eGrants began prior to the department's Grants Management Project, but was bolstered by the joint effort of Health and Social Services and the Rasmuson Foundation.

Grantees and department staff have been very pleased with the new system, said Darla Madden, chief of the grants and contracts section. Grantees previously prepared reports, sent them in, and staff would re-enter all the data into the state system. Ilisagvik College grants manager Marilyn Venable said, "I wasn't aware of all the possibilities, but my boss Mark Hermon was very impressed with the training and was hoping all state agencies would go to it because it is so user-friendly!"

More information about the grants management project is available at:

hss.state.ak.us/das/gandc/grants_management_project.html.



Chief of Grants and Contracts, Darla Madden, conducts an eGrants workshop. To request training and technical assistance, grantees may contact Barbara Rhea (907) 465-2835 or Victoria Gibson (907) 465-4738, or Madden at (907) 465-1624.

Sarah Palin
Governor



It's 'our' health

Alaska offers incredible outdoor activities — from skiing to running, hiking to kayaking — all in beautiful surroundings. Even though finding the time can be challenging, I urge all Alaskans to make a New Year's resolution to get active!

Physical activity can make a huge difference in a person's health and outlook on life. The benefits of regular exercise and healthy eating can improve Alaskans' health and have a positive impact on our health care resources.

Consumers and health-care providers are realizing that simply increasing spending doesn't always mean better health care. Providers can help with preventative measures, such as supporting physical fitness programs for their staffs.

Our goal for 2008 — a healthier Alaska!

Karleen K. Jackson
Commissioner



Renewal

In order to successfully achieve our mission, we — servants of the public — must find new ways to address challenges to the health and well-being of Alaskans. Those changes require us to transform our thinking and actions from "how it's always been" to something "new."

This process was fostered throughout the last year by a new administration, which provided opportunities for innovative changes, improved organization and increased efficiencies.

As you read this issue, note how often you see the word "new."

We have a *new* leadership team in place; *new* recommendations from the Governor's Health Council; *new* fish consumption guidelines; a *new* company to help us with Medicaid management.

We are finding *new* ways to improve our health-care system. We have a *new* plan to combat underage drinking. And all these new efforts require creativity, flexibility and plain old hard work.

I am grateful to each of our employees and partners for their efforts to find new and successful ways to advance our mission to "promote and protect the health and well-being of Alaskans."

Department coordinates health policy priorities with Native organizations

Areas of mutual interest cover gamut from Medicaid to rural water, sanitation

The Department of Health and Social Services is invited to participate during one day of the weeklong “Mega Meeting,” which occurs twice a year, to discuss overlapping health-care issues with the Alaska Native Health Board and Alaska Native Tribal Health Consortium.

The Alaska Native Health Board is the statewide voice on Alaska Native health issues. It has been active for 38 years as an advocacy organization for the health needs and concerns of all Alaska Natives. The board continues to emphasize the importance of self-determination in health-care services and encourages wellness and healthy ways of life in Native communities through policy change.

The purpose of the mega meeting is to discuss the annual health-care policy priorities for consideration by policymakers within the Alaska Tribal Health System, which comprises Alaska Native Tribal Health Consortium and Alaska Native Health Board, along with

the Health and Social Services priorities. Specifically, leaders discuss federal and state legislative priorities and initiatives.

At the August 2007 mega meeting, Gov. Sarah Palin and Health and Social Services Commissioner



From left, attending the recent mega meeting are Valerie Davidson, Senior Director of Legal and Intergovernmental Affairs for Alaska Native Tribal Health Consortium; Gov. Sarah Palin; and Health and Social Services Commissioner Karleen Jackson.

Karleen Jackson committed to working with the board to find ways to help support behavioral health services, tobacco prevention initiatives, disease prevention and health promotion. Of special concern are the behavioral health needs and prevalence of suicide in rural areas.

Other major areas of mutual interest include funding through Medicaid to improve health-care delivery in village clinics and hospitals, and rural water and sanitation systems that affect the quality of health.

“The mega meeting is a good time for those of us that work on or are affected by health issues across the state — practitioner, policymaker, a person receiving care, a tribal board member — to get together and discuss emerging trends,” Health and Social

Services Tribal Health Program Manager Renee Gayhart said. “We gain a better understanding of everyone’s limitations, and we try to resolve problems in our diverse geography, demography and economy.”

Developmental Disabilities Waitlist on track to disappear More eligible applicants receiving services

Senior and Disabilities Services leadership in fiscal year 2007 set a goal of responding to everyone on the Developmental Disabilities Waitlist within four years, and ultimately eliminating the list altogether.

The list is a registry of people with mental or other developmental disabilities who are interested in getting support in the workplace, at home, and for their family caregivers who need respite.

Currently, 1,200 names are on the list, compared with 907 names a decade ago. However, the list declined 212 names in 2007, more than in any of the last five years.

“We changed focus from keeping up and managing crises to eliminating the list as we know it,” said Marcy Rein, long-term care program manager for individuals with developmental disabilities and children with complex medical needs. Also, the state is introducing a more detailed application form to help rank individuals’ needs. “We hope to make the selection process fairer and more clear,” Rein said.

Last year, the division started offering services to 25 eligible people from the waitlist each quarter. In October 2007 that doubled to 50. The effort reflects reorganization within Senior and Disabilities Services to better meet the needs of people on the waitlist and leverage federal funds.

Senior and Disabilities Services names rural long-term care coordinator

Elders in rural communities are often forced to relocate to larger communities because the supports and services necessary to allow them to remain in their community are not available.

“This has profound negative effects on elders, their families and their community,” said Kjersti Langnes, recently hired as Senior and Disabilities Services’ rural long-term care coordinator.

The rural long-term care coordinator position, funded by the Alaska Mental Health Trust Authority, assists with the development of services, such as suitable housing and care options, from wheelchair ramps to assisted living homes. Langnes also works with rural communities to establish collaborations with other agencies, and with Alaska’s Aging and Disabilities Resource Centers.

“The ultimate goal is to see a variety of services in rural areas so that elders can remain as close to home as possible when they need extended care,” Langnes said.

Langnes is eager to hear from communities about how she can help. Contact her at (907) 269-3681 or kjersti.langnes@alaska.gov.



Kjersti Langnes, recently hired by Senior and Disabilities Services as rural long-term care coordinator, has 13 years experience helping people with developmental disabilities, behavioral health issues and Alzheimer’s.

News briefs

Bethel Youth Facility performance shines

The Bethel Youth Facility was one of three juvenile facilities nationwide to win the Performance-based Standards Award.

Juvenile Justice Director Steve McComb and Deputy Director Pat Leeman accepted the award in August at the Council of Juvenile Correctional Administrators Meeting, in Kansas City, Mo.

Performance-based standards are national standards that identify, monitor and improve conditions and treatment services for incarcerated youths.

A formal ceremony acknowledging the award was held at the Bethel facility on Oct. 1, 2007.

Senior Benefits enrollment available

Nearly 8,200 seniors are enrolled in the new Senior Benefit Program that started in August 2007.

As of the end of November, more than \$5 million in financial assistance had been paid to seniors who qualify for the new program. Seniors who would like to apply for the program can call the Senior Benefits Office at 1-888-352-4150 (statewide) or 352-4150 (Mat-Su), or download an application to submit to the Senior Benefits Office at seniorbenefits.alaska.gov.

Medicaid claims system upgrades technology

The Department of Health and Social Services signed a contract in September 2007 with Affiliated Computer Services to replace the state's Medicaid claims system. Each year, the electronic system pays more than \$1 billion to providers who offer care and services to more than 100,000 Alaskans receiving Medicaid and other government medical assistance.

The state selected Affiliated Computer Services following a competitive bidding process. The Texas-based company submitted the proposal with the lowest cost and the best technological improvements.

Including vendor and technical assistance contractor expenses, the new Medicaid claims system, commonly called the Medicaid Management Information System, will cost about \$45 million to develop during the next 32 months. Federal money typically pays 90 percent of these developmental costs. The new system should be ready for use in summer 2010.

DHSS Stars



LISA AQUINO

Lisa Aquino, manager of the Alaska Tobacco Prevention and Control Program in Public Health, received one of "Alaska's Top 40 Under 40" awards from the Anchorage Chamber of Commerce and the Alaska Journal of Commerce. The annual awards recognize the state's top young professionals who have demonstrated professional excellence and a commitment to their community.



KATHRYN CURRY

Kathryn Curry works with Senior and Disabilities Services in the Adult Protective Services Unit as a Social Services Specialist II. Curry works with a team of other professionals to protect seniors and people with disabilities from abuse and neglect. Curry was recently recognized in a letter from Gov. Palin for spending an incredible amount of time assisting a senior resident. Gov. Palin complimented Curry for being willing to go above and beyond the call duty to assist those who are most vulnerable.



TED ELCONIN

Ted Elconin, Juvenile Justice Officer II at the Kenai Peninsula Youth Facility, received the Bob Rader "Line Staff Worker of the Year" for 2007 award because of his outstanding work with juveniles at the Kenai facility. He was also recognized by his peers as the Kenai facility's "Staff Person of the Year" for 2006, for his exceptional ability in counseling youth and his work with the transitional program.



BERNARD GATEWOOD

Bernard Gatewood, Superintendent of the Fairbanks Youth Facility, received a special recognition plaque from the Alaska Native Justice Center during the Alaska Federation of Natives conference in October 2007. The award was for his work with the Native community in the area of re-integration and his commitment to restorative justice.



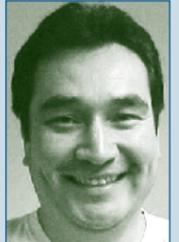
KATHY TENNEY

Kathy Tenney, Administrative Manager II for Juvenile Justice at the Nome Youth Facility, received the National Juvenile Detention Association's Bob Rader 2007 award for "Detention Services Worker of the Year." Tenney was nominated for the award by the Nome Youth Facility for her outstanding professionalism and expertise.



MICHAEL TUCKER

Michael Tucker, Juvenile Justice Officer III at the Nome Youth Facility, received the National Juvenile Detention Association's Bob Rader 2007 award for "Line Staff of the Year." "In a facility of highly motivated staff, Mike stood out through his attention to detail, excellent administrative skills and vigilance in his pursuit of obtaining his substance abuse counselor certification," his supervisor Bob Froehle said.



RITA WALKER

Rita Walker works with Senior and Disabilities Services as the Nursing Home Transition Program Coordinator. Walker helps people move back home after spending time receiving rehabilitation and other services in nursing homes. She was recently recognized at the 25th anniversary conference of the National Council for Independent Living held in Washington, D.C., where Walker received the Region X Advocacy Award for her dedication to promoting the rights of people with disabilities and advancing the Independent Living movement in Region X.



DAN WALTERS

Dan Walters, a Maintenance Generalist at the Kenai Peninsula Youth Facility, received the National Juvenile Detention Association's Bob Rader "Detention Services Worker of the Year" 2007 award for his dedication to working with youth in the facility. "Dan has worked tirelessly to build a large garden area that serves to educate residents about gardening techniques," said Kenai Superintendent Dan Kiefer. Walters also introduced recycling and composting of food waste, which teaches residents to be environmentally conscious.



JUVENILE JUSTICE

Juneau's Johnson Youth Center received the U.S. Department of Labor's SHARP award — Safety Health Achievement Recognition Program — for its exemplary safety management system.

CHILDREN'S SERVICES

The Office of Children's Services received United Way's "Success by 6" Work Family Award 2007 for "demonstrating outstanding practices in creating a family friendly workplace."

Stakeholder surveys provide Children's Services with road map to improvement

The Office of Children's Services has a continuous quality improvement process in place that monitors its service delivery to families, assures that its programs operate at a high standard of care, and offers its stakeholders a method for providing feedback. Learning how stakeholders and community partners rate the effectiveness of their interactions with Children's Services was the goal of surveys conducted in 2007.

The surveys were sent to tribal partners, foster parents, relative caregivers, community service providers and the judicial community. In addition, a phone survey was conducted with families who participated in the team decision-making program in Anchorage, and Children's Services employees were also surveyed. The results of each survey have been compiled and are posted on the Children's Services Web page at hss.state.ak.us/ocs/.

This is the third year for the stakeholder surveys. In 2002, the U.S. Administration of Children and Families conducted an on-site review of Alaska's Children's Services. As a result of that review, the following year Children's Services entered into a two-year federal Program Improvement Plan with specific action steps, tasks and goals.

Additionally, the division took on the self-imposed responsibility of creating a Continuous Quality Improvement program, which included interviews with community stakeholders to assess the overall effectiveness of the program. A decision was made in

2003 to conduct annual reviews with stakeholders.

Each of the reports includes the highlights of the findings, the methodology, detailed findings, and synopses of the comments from the respondents.

The comments from those responding to the surveys give Children's Services a wealth of invaluable information. For example, foster parents who participated in the survey were asked if there was any other information they would like Children's Services to know. Their comments were divided into three areas: strengths, concerns and needs, and resource issues.

While many of the 423 respondents indicated positive experiences with Children's Services, others expressed a desire for specific changes in the system. These included increased numbers of home visits from caseworkers, increased stipend payments and foster parent support groups — all of which are being explored.

Information such as this from all the surveys is used by Children's Services managers, supervisors and staff in making changes to improve the quality of services.

To Director Tammy Sandoval, the surveys point out the improvements the agency has already made in being more responsive to community partners, and in working more closely with tribal partners and community stakeholders. They also sketch a clear road map of where Children's Services needs to go in its efforts to make ongoing effective systems reform changes.

While many of the 423 respondents indicated positive experiences with Children's Services, others expressed a desire for specific changes in the system.

Children's Services improves employee communications

The 2007 Office of Children's Services employee survey results indicate a clear desire for more and better communication within the agency.

Organizational communication was one of the top concerns among survey respondents for the second year. More than half of the 70 percent of Children's Services employees who responded to the survey also cited a need for more initial and ongoing training.

Of those employees who participated in the second annual survey in 2007, about a third also provided written comments. When Children's Services managers gathered in Fairbanks in October, the results of the survey and how to address the concerns it revealed were discussed.

For Director Tammy Sandoval, the results indicate that the agency is on the right track in many ways.

Sandoval said she is dedicated to making communication improvements for all staff members. Her regular column in the agency's new internal newsletter — "Pipeline, the Flow of OCS" — is intended to be one way in which staff working in the most remote field offices can stay connected to what is happening in the agency in all corners of the state.

The newsletter began Jan. 2, 2007, in response to the results of the previous year's employee survey asking for more and better communication within the agency. While the newsletter is changing form every month — incorporating articles written by staff members and suggestions from readers across the state — its stated goal to be a conduit of information remains intact. Sandoval said she reads all employee responses to the newsletter very carefully and takes each one seriously.

"Our administration has a lot of work to do," Sandoval said, "because we know that retaining quality staff is the key to our success with children and families."

'Our administration has a lot of work to do because we know that retaining quality staff is the key to our success with children and families.'
— Director Tammy Sandoval

Fetal alcohol spectrum disorder waiver project enhances 'Bring The Kids Home' initiative

The Department of Health and Social Services has launched a five-year demonstration project that allows Medicaid payment for special services for youth with a severe emotional disturbance who are also diagnosed with or suspected to have a fetal alcohol spectrum disorder.

The demonstration project, which began under emergency regulations issued Oct. 5, 2007, allows eligible children to live at home and receive specialized services based on a new delivery method of "Modeling, Mentoring and Monitoring."

The new services are designed to address the unique needs of youths with fetal alcohol spectrum disorder, who might otherwise have to live away from home at a residential psychiatric treatment center. This demonstration project allows them to live and work in their own community.

Fetal alcohol spectrum disorder is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. Effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong complications.

Prior to adoption of the emergency regulations, children in this category had to leave home and live in residential psychiatric treatment centers. The new project is part of the larger Bring The Kids Home initiative.

During the week of Oct. 8–12, 2007, the department sponsored training for providers and families in Anchorage. The department took the necessary steps to make the emergency regulations permanent, and they were signed by the Lieutenant Governor in January 2008. For more information, visit hss.state.ak.us/commissioner/fasd-rptc.html.

Alaska takes action to reduce teenage drinking

Statewide town hall meetings over two-year period provide blueprint

Two years of gathering comments from communities across Alaska culminated this fall in the release of the draft Alaska Plan to Reduce and Prevent Underage Drinking.

Alaska joined states across the nation in 2005 in establishing the Alaska Interagency Coordinating Committee to Prevent Underage Drinking, modeled after the national Interagency Coordinating Committee to Prevent Underage Drinking. Committee members represent the departments of Health and Social Services, Education and Early Development, Transportation, and Public Safety; the Alaska Court System; and the Alaska Native Justice Center.

With the theme “Start Talking Before They Start Drinking,” the committee held town hall meetings in Anchorage, Juneau, Valdez, Fairbanks, Galena, Yakutat, Nome and Sitka. Based on that feedback, the committee determined that Alaska needed its own plan.



Using a 2004 report from the National Research Council and the Institute of Medicine, “Reducing Underage Drinking: A Collective Responsibility,” and the Surgeon General’s “Call to Action to Prevent and Reduce Underage Drinking,” in February 2007 the committee developed a strategy to address underage drinking in Alaska.

The recommendations provide a blueprint for a range of science-based state and community actions necessary to successfully reduce underage drinking in Alaska.

Alaska’s plan for action is a first step in addressing this critical issue and echoes the words in the Surgeon’s General Call to Action, “We owe nothing less to our children and our country.”

To read the plan, get details on how to comment, or to request a meeting in a community, see hss.state.ak.us/dbh/prevention/default.htm. Deadline for public comment is April 14, 2008.

‘Bring The Kids Home’ works to expand in-state facilities to serve children in their own communities, not Outside

Brita Bishop named Bring The Kids Home coordinator

Brita Bishop was named coordinator for the Bring The Kids Home program, effective July 9, 2007. Bishop will work in the Commissioner’s office, reflecting the support of this program across several divisions and programs.



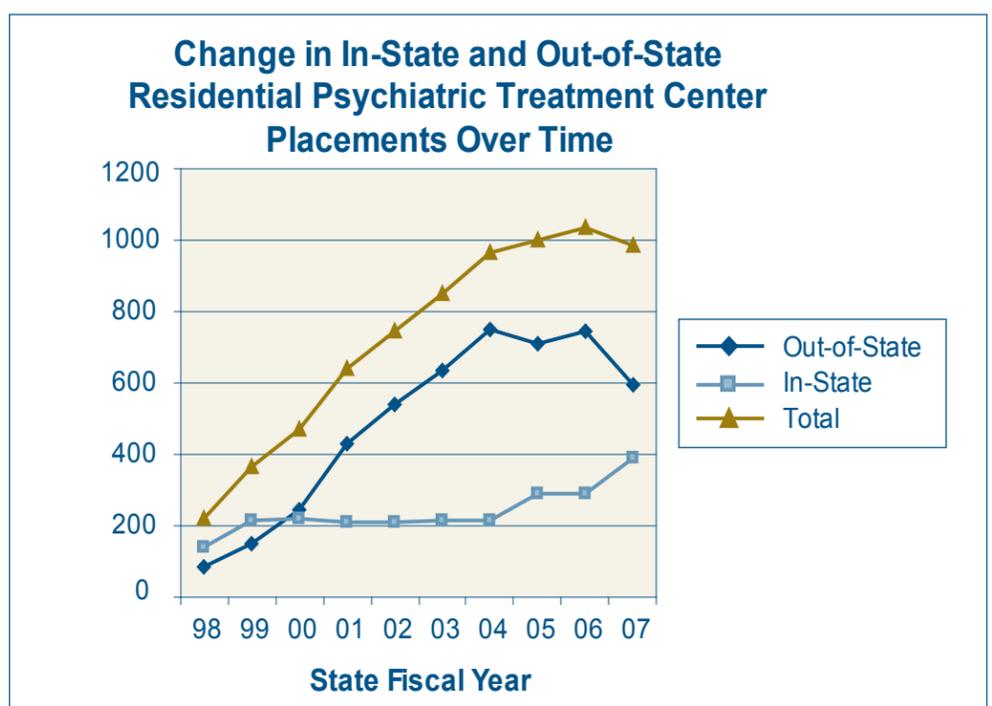
Brita Bishop

Bishop has extensive experience in children’s behavioral health, including her previous service as the state’s behavioral health staff member responsible for developing community-based systems of care for children and families. Bishop will bridge communications between the partner groups, both inside and outside of the department, helping to decrease the number of Alaska children in out-of-state residential psychiatric treatment facilities.

The Bring the Kids home project — a major Health and Social Services initiative — began in 2004 with the goal of treating Alaska’s youth with serious emotional disturbances in their own homes and communities. The initiative is developing a comprehensive system of care that includes enhanced in-state capacity to serve children with full family participation, in the least restrictive settings and as close to home as possible. These principles are being integrated into policies, procedures and management practices to ensure measurable successes.

The dependence on out-of-state care arose for many reasons, including gaps in in-state service, a lack of coordination of resources, and a need for revised policies and regulations. Negative impacts include children being disconnected from home, family, and culture; difficulty transitioning children back into their homes from restrictive and distant treatment centers; and in many cases, less effective treatment.

The collaboration between the state, the Alaska Mental Health Trust Authority, Alaska Planning Boards and community stakeholders has increased the available treatment options, resulting in improved in-state services and supports for children and families. On Oct. 26, 2007, there were 265 children in out-of-state residential psychiatric treatment facilities, compared to 429 in April 2006, a 38-percent decrease (point-in-time numbers).



Office of the Commissioner
350 Main Street, Room 404
P.O. Box 110601
Juneau, Alaska 99811-0601
Phone: (907) 465-3030
Fax: (907) 465-3068
TDD/TTY: (907) 586-4265
www.hss.state.ak.us/

Dept. of Health & Social Services
Winter Update 2007
Vol. 3 No. 2

A biannual publication printed on recycled paper

This publication was produced by the Alaska Department of Health & Social Services to inform Alaskans about its activities. It was printed at a cost of \$1.23 per copy in Juneau, Alaska. This cost block is required by AS 44.99.210.

WINTER UPDATE 2007



Alaska Department of Health & Social Services
Office of the Commissioner
P.O. Box 110601
Juneau, Alaska 99811-0601

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

Top stories:

- Health Care Strategies report to Governor, Legislature
- Denali KidCare expands coverage
- New fish consumption guidelines
- New leadership team in place

Palmer veterans' home certified by Veterans Affairs



Alaska Veterans and Pioneers Home resident Ed Walker greets Gov. Sarah Palin during the certification celebration Aug. 23, 2007.

In May 2004 the Alaska Legislature approved the development of the state's first veterans' home, but it took another three years of hard work by Alaska Pioneer Home staff to gain certification by the U.S. Department of Veterans Affairs. As a result, qualified veterans now get help paying for their residency at the home.

Retroactive to Feb. 7, 2007, Veterans Affairs will pay a "Veterans Domiciliary benefit" of \$31.30 per day to the state for each qualified veteran who resides in the Alaska Veterans and Pioneers Home in Palmer. For an average month, the benefit totals \$939, which represents 16 percent to 42 percent of the monthly rate at the Pioneer Homes, depending on the level of service the veteran requires.

The remodeled facility opened in July 2006 and was renamed the Alaska Veterans and Pioneers Home. Seventy-five percent of the home's 79 beds are designated for veterans, and 25 percent are available for non-veterans.

For more information on the Alaska Veterans and Pioneers Home visit hss.state.ak.us/dalp/palmer/default.htm.

For more information on the Veterans Domiciliary benefit, contact the Alaska Pioneer Home Veterans Liaison at (907) 465-5737, or visit www1.va.gov/domiciliary/.

Not too late to vaccinate

Although it varies from year to year, flu season in 2007 peaked in March. Once a person gets a flu shot, it takes about two weeks for that person's body to develop immunity against influenza viruses represented in the current season's vaccine. Most adults and children can receive protection by being vaccinated.

"Influenza occurs year-round in Alaska," said Doreen Stangel, Education and Training Manager for the Alaska Immunization Program. "It's certainly not too late for people to protect themselves and their loved ones by receiving influenza vaccine now."

Public Health began distributing more than 90,000 doses of flu vaccine to clinics across the state in mid-September — and most public and private health-care providers have now received the state-supplied vaccine.

For more information, visit www.epi.hss.state.ak.us/.



Dr. Jay Butler, Health and Social Services Chief Medical Officer, cheerfully gets his flu vaccination.