

WINTER UPDATE 2009-10

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

VOLUME 6 NUMBER 1

Chief medical officer, division head assumes duties as public health tackles H1N1 response

As Chief Medical Officer for the Department of Health and Social Services and Director of the Division of Public Health, Dr. Ward Hurlburt knows the importance of going to meetings, conferences and legislative sessions. He also knows the value of simpler gestures, like posing with a “Don’t let the Flu Catch You” T-shirt.

Immunization goes to the core of the public health mission, he says, and disease and injury prevention means everything from stopping the spread of flu to encouraging healthy lifestyles and building trauma systems that serve rural communities.

“As a surgeon with my clinical background in Alaska, I was involved in the early years of emergency systems and I saw the devastation of childhood diseases,” he explains. “Our job is to assure that all Alaskans have systems for taking care of themselves — whether through emergency services, programs on life jackets and water safety, getting exercise and eating right, or through our H1N1 immunization campaign.”

Hurlburt’s 32 years of experience with the U.S. Public Health Service, much of it in Alaska as a physician, surgeon and administrator, prepared him well for his new role, he says. Although he now oversees a few areas less familiar to him, like licensing and vital



Shortly after Dr. Ward Hurlburt assumed his dual duties as Chief Medical Officer for the state and Director of the Division of Public Health in September 2009, he met Nurse Epidemiologist Barb Smith at the other end of a flu vaccine needle.

statistics, he highly values those functions and supports the experts on his staff.

During his time as an Alaska resident between 1961 and 1993, Dr. Hurlburt worked as a hospital administrator in Dillingham, hospital administrator and chief of surgery at the Alaska Native Medical Center

and deputy director of the Alaska Area Native Health Service.

After retiring in 1993, he left the state and worked as a chief medical officer and consultant for managed care organizations in Washington, Utah and Oregon, including an assignment as chief medical officer of a Medicaid program in Washington. The experience solidified his career as an advocate of quality, cost-effective health care, he says.

“The community health approach has been a part of everything I’ve done,” he adds.

Dr. Hurlburt received his medical degree from George Washington Medical School in Washington, D.C., and completed a Master of Public Health degree at Johns Hopkins University. He is board certified in surgery, medical management, preventive medicine, and as a physician executive. He holds medical licenses in Alaska, Washington and California.

“I had planned to come back to Alaska to retire, but the more I heard about this position, the more excited I became,” he says. “The whole health care area is fascinating to me and the state of Alaska is a fascinating, dynamic place.”

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Medicaid Management Information System: Implementation, delivery taking longer than expected

The new Medicaid Management Information System (MMIS), known as Alaska Medicaid Health Enterprise, is nearing completion of design for the Alaska-specific requirements detailed in the Request for Proposal.

Affiliated Computer Services (ACS), the vendor supplying the system, has informed the MMIS Design Development Implementation Replacement Project management team that delivery of the core Enterprise product will be delayed; therefore, Alaska Medicaid Health Enterprise will be delayed.

This delay is not a reflection of the work done by the joint state/ACS project team, and the team continues to work to minimize the impact of the delay. Development, also known as construction, of Alaska Medicaid Health Enterprise will begin on the Alaska-specific requirements as the core Enterprise product

becomes available. Implementation of the new system is anticipated to be summer to early fall 2011. Schedule updates, when finalized, will be posted to the project Web site www.alaskamedicaid.info.

“The delay in implementation is not something any of us wanted, but also not uncommon in new product development or projects of this size,” said William Streur, Deputy Commissioner for Medicaid and Health Care Policy. “We remain confident of the project’s overall success and believe in the quality and usability of the system that will be built. We are looking at what new services can be implemented early, before Alaska Medicaid Health Enterprise is fully operational, including functions like online provider enrollment, document tracking, etc.”

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

Medicaid waivers and Personal Care Assistance back on track

The Division of Senior and Disabilities Services caught up on overdue assessments of home- and community-based program participants in fall 2009, meeting a key deadline in a joint state-federal plan to improve home- and community-based services in Alaska.

In summer of 2009, the federal Centers for Medicare and Medicaid Services (CMS) placed a temporary hold on new applications to Alaska's four Medicaid waiver programs and its Personal Care Assistance services, instructing the state to make administrative changes and complete annual needs assessments of program participants.

The CMS-funded waiver programs provide home- and community-based care for Alaskans with serious health needs who would otherwise require care in a hospital, nursing home or other facility.

CMS lifted the hold after working with the Health and Social Services to set improvement benchmarks.

The department met one key benchmark on Sept. 3 when it submitted to CMS a Corrective Action Plan to improve service oversight, quality and access. CMS and the department are now finalizing the plan, which could take months.

The division met another high-priority benchmark when it completed all overdue re-assessments possible by Oct. 15, 2009. In some special cases, evaluations are still pending.

Assessors have also completed more than a third of Personal Care Assistance new applicant assessments and current recipient re-assessments.

"Senior and Disabilities Services staff members worked long hours to make this happen, in cooperation with applicants, care coordinators and providers who met with employees early, late and on weekends," Health and Social Services Commissioner Bill Hogan said. "I congratulate and thank them for their efforts on behalf of the Alaskans we serve and their families."

For more information and a video interview with Senior and Disabilities Services Director Rebecca Hilgendorf on the CMS review, see <http://hss.state.ak.us/dsds/cmsreview>.

Alaska site of nation's first demo project to reimburse 'Frontier Extended Stay Clinics'

Alaska is the first site nationwide to host a demonstration project that allows Medicare and Medicaid to pay for extended stay medical services in rural areas. The project began as a Medicare pilot and, seeing the value, the state joined in and will reimburse these services through Medicaid.

Although the demonstration project was initiated in 2003, recently it has seen renewed support by the Department of Health and Social Services. Deputy Commissioner Bill Streur was recently recognized at the FESC National Partners Meeting in Washington, D.C., for his efforts in moving this project forward with renewed energy. Sites are now ready to start demonstrating the need for the service.

The Frontier Extended Stay Clinic (FESC) demonstration fulfills Section 434 of the Medicare Modernization Act. According to the law, FESCs must be located in communities that are at least 75 miles away from the nearest acute care hospital or critical access hospital, or that are inaccessible by public road.

"Alaska had no problem meeting those criteria," said Health Program Manager Faith Allard, with Health Planning and Systems Development, a section of the Division of Health Care Services.

Background

In remote frontier areas of the nation, and of Alaska, weather and distance can prevent patients with severe injury

or illness from being quickly transported to an acute care hospital in a larger community or may require monitoring or observation for an acute episode of care. Local providers often observe these patients as best they can until they can

be transferred to a larger facility or can be released. However, providing these services requires additional space, staffing and equipment, and "extended stay" services have not been reimbursable up until now by Medicare or Medicaid.

"This demonstration project enhances health-care delivery in Alaska with the right care, at the right time, in the right place," Allard said. "Providing extended stay care not only supports the viability of the health-care delivery system in the

community, it provides the patient with quality care close to home." Streur added, "This is a big deal and may redesign care in rural Alaska."

Participating providers

The FESC Consortium is led by SouthEast Alaska Regional Health Consortium and includes members representing the Haines Medical Center in Haines, the Alicia Roberts Medical Center in Klawock, the Iliuliuk Family and Health Services in Unalaska, the Cross Road Medical Center in Glennallen, and the Inter-Island Medical Center in Friday Harbor, Wash.

Questions about the FESC should be directed to Patricia Carr at (907) 465-8618, or click on <http://www.hss.state.ak.us/dhcs/healthplanning/FESC/default.htm>.



New loan repayment program hopes to attract health-care professionals to Alaska

A new student-loan repayment grant program for health-care professionals who serve in Alaska was announced in September.

"The overall number of care providers in Alaska is slowly growing, but many Alaskans are still not getting the care they need," Health and Social Services Commissioner Bill Hogan said. "It's time we joined other states that offer providers this incentive to work and stay in communities where Alaskans face financial, cultural or geographic barriers to care." In 2006, the Physicians Supply Task Force identified loan repayment and direct incentive as two key recruitment tools, which Alaska lacked.

The federal program has been in existence since 1987, but Alaska has not been part of the program up till now due to organizational considerations and lack of non-federal matching funds.

Those eligible for the program include medical and osteopathic doctors who are family practitioners, internists, pediatricians or obstetrician-gynecologists; nurse practitioners; physician assistants; dentists; registered clinical dental hygienists; psychiatrists; clinical or counseling psychologists; clinical social workers; psychiatric nurse specialists; mental health counselors; licensed professional counselors; and marriage and family therapists.

The \$1.2 million loan program — \$600,000 from Alaska health-care organizations and \$600,000 from the federal Health Resources and Services Administration — will pay up to \$35,000 a year toward student loans for physicians and dentists and \$20,000 per year for other eligible providers. They must work full time for at least two years for an organization federally recognized as serving an area or population with a health-care shortage.

DHSS partners and their contributions to the fund include the Alaska Mental Health Trust Authority (\$400,000); Anchorage Neighborhood Health Center (\$35,000); Interior Community Health Center (\$55,000); and Kodiak Community Health Center (\$110,000).

The department's Section of Health Planning and Systems Development will manage and oversee daily operations of the program.

DHSS will begin accepting applications in December 2009. The program will have an Interagency Advisory Council and plans to place 23 practitioners during 2010. For details on the Alaska State Loan Repayment Program, contact Robert Sewell, Program Director, at (907) 465 4065, robert.sewell@alaska.gov, or visit <http://hss.state.ak.us/dhCS/healthplanning/primarycare/loans/aslrp.htm>.

H1N1 outreach: summer, fall, winter

Health and Social Services opened its Emergency Operations Center in May 2009 to work with local government, tribal partners and health-care providers in responding to the 2009 H1N1 influenza pandemic. The month-long effort focused on sending antiviral medication and personal protective equipment to communities.

DHSS prepared for the fall flu season over the summer by developing an H1N1 vaccination distribution plan, creating communications materials and strategies, and putting into place the VacTrAK vaccine information system.

At the end of September, the DHSS Preparedness Program re-opened the Emergency Operations Center and Joint Information Center for the fall flu response, focusing on the distribution of H1N1 vaccine to VacTrAK-registered providers and assisting communities that had exhausted local response resources.

The state received its first shipment of H1N1 vaccine the first week of October and allocated vaccines to communities based on population. As of the end of November, the state had shipped out over 130,000 doses, and the following outreach efforts were achieved:

- Materials about home-care readiness, vaccine availability and epidemiological surveillance, along with press releases, public service announcements, and reports and guidelines from the Centers for Disease Control and Prevention and other agencies were added daily to the state Web site: www.pandemicflu.alaska.gov.
- From May through November, more than 39,400 unique visitors went to the pandemic flu Web site for a total of 66,177 visits and 138,543 page views.
- More than 45,000 pandemic flu Home Care Guides were delivered to public and private clinics, hospitals, tribal partners, schools, community organizations, conferences and other events throughout the state.
- By the end of the flu season, the state will have supplied 100,000 pocket-sized hand sanitizers statewide, labeled with the pandemic flu Web site and hotline.
- Outreach materials were delivered to more than 120 conferences, gatherings and events, including the Alaska Federation of Natives Convention and the Elders and Youth Conference.
- ‘Fight the Flu’ posters were placed in all post offices; ads about vaccination clinics and protecting against H1N1 were placed in 25 newspapers.
- Public service announcements were aired statewide on more than 30 radio stations (in English, Spanish, Inupiaq and Yupik) and on TV in 125 communities.
- Pandemic flu hotline calls were fielded daily.
- Dozens of statewide workshops and community outreach efforts were completed.
- Utility companies publicized the pandemic flu hotline and Web site in their consumer newsletters.

Targeting suicide, substance abuse

Alaska is mobilizing major federal grants to address two critical problems in the state: suicide and substance abuse.

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) gave the Department of Health and Social Services, Behavioral Health Division, a \$1.5-million youth suicide prevention grant in October 2008 and a \$10.7 million substance use prevention Strategic Prevention Framework State Incentive grant in July 2009.

The first SAMHSA grant funded three state grants to build regional youth suicide prevention teams around Fairbanks, Bethel and Southeast; they were awarded in October 2009.

The second will develop regional substance use prevention teams to promote and enhance community and regional infrastructure around substance use issues in Alaska, through grants to be awarded next fall.

Standardizing health records electronically

Alaska health-care providers and patients have been relying on an outdated health-care infrastructure, with many providers using only paper-based systems, which contribute to dangerous drug interactions, missed diagnoses, costly delays, duplicate testing and administrative overhead.

Senate Bill 133, introduced during the 26th Alaska State Legislature by Sen. Joe Paskvan and signed into law by Governor Sarah Palin in May 2009, will help modernize Alaska’s health-care IT infrastructure by initiating development of a secure electronic Health Information Exchange system.

According to national studies, these problems contribute to approximately 5 percent of health-care expenditures, or \$250 million annually in Alaska, and unnecessarily degrade the quality of health care for all Alaskans.

The massive endeavor will take time to accomplish, but resources are being deployed. Health and Social Services has submitted an application for federal grant funding through the Health Information Technology for Economic and Clinical Health Act, an integral part of the American Recovery and Reinvestment Act of 2009 (ARRA). These funds will be used to develop an interoperable Health Information Exchange System for Alaskans statewide.

A comprehensive compilation of health information technology efforts throughout Alaska, “Status Report on Telehealth and Health Information Technology Programs and Initiatives in Alaska,” is available online at <http://www.hss.state.ak.us/dhcs/Healthplanning/telehealth/HIT.pdf>.

New, improved detox services work to meet demand increase

The Department of Health and Social Services has expanded substance abuse treatment and detoxification services by broadening and strengthening the treatment spectrum in Alaska as demand remains high.

The Fairbanks Native Association’s Gateway to Recovery Enhanced Detoxification Center in Fairbanks reopened in December. It closed temporarily in August when a required staff position became vacant. During the closure, the Division of Behavioral Health provided Center employees with training and technical assistance on developing a facility and staffing plan that ensure the Center’s operations

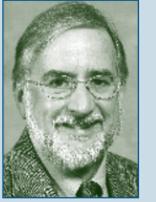
comply with national certification requirements.

Two methadone clinics remain at capacity despite four years of funding increases.

The state’s two methadone clinics, in Anchorage and Fairbanks, remain at capacity despite four years of funding increases.

New programs include: an involuntary residential treatment program to stabilize chronic inebriates in Anchorage, and substance abuse treatment for families engaged with Office of Children’s Services in Fairbanks and Anchorage. Existing programs were strengthened with an increase of five detox beds and more intensive outpatient treatment in Anchorage.

Bill Hogan
Commissioner



Clear goals in view

One of Governor Sean Parnell’s tenets is the belief that strong families are the foundation of a healthy society. Health and Social Services shares that conviction, which is apparent in this Winter Update 2009–10 issue. Many of our articles give details on programs and projects whose goals are family-centered and designed to strengthen families.

Our Women’s, Children’s and Family Health section in Public Health is launching a statewide safe sleep initiative to reduce infant death. The Office of Children’s Services is implementing early intervention programs to keep kids with their families and prevent children from ending up in the child protection system in the first place. The department continues to develop its “Families First Initiative,” which involves many divisions working collaboratively on one case plan for each family in need of multiple services.

Positive results are possible for families, even those with complex obstacles to overcome. By working together we can help these families be successful.

Update: Health Care Commission makes recommendations

The Alaska Health Care Commission is one year old in January 2010. The commission’s first year of study and planning —health-care access, cost control, quality and safety, and prevention — culminates mid-January 2010 with a report to the Governor and the Legislature.

The 10-member commission is led by Dr. Ward Hurlburt, Chief Medical Officer of Health and Social Services and Public Health Director; C. Keith Campbell, representing consumers; Valerie Davidson, representing the tribal health system; Jeff Davis, representing the health insurance industry; Ryan Smith, representing hospitals; Wayne Stevens, representing business; and Dr. Larry Stinson, representing health-care providers. Non-voting members are Linda Hall, Director of the state Division of Insurance; Rep. Wes Keller, of Wasilla; and Sen. Donald Olson, of Golovin.

To read the commission’s report to the Governor and the Legislature, go to: <http://hss.state.ak.us/healthcommission/default.htm>.

‘Think tank’ work group seeks ways to address alcohol addiction, substance abuse in Alaska

The Alaska Mental Health Trust Authority (The Trust) and the Department of Health and Social Services are heavily engaged in a “think tank” on substance abuse in Alaska. Participants were brought together earlier this year by the Rasmuson Foundation, a philanthropic organization dedicated to promoting a better life for Alaskans.

Along with leaders from service providers, Native groups, and other state agencies, the group has been taking a hard look at the ongoing struggle many Alaskans have with alcohol addiction and its destructive effects, especially in rural areas, and is seeking ways to address its root causes.

Participants meet regularly to examine ways to improve the systems of care available to those seeking treatment and how to change public perception so that addictions, especially excessive drinking, are viewed as health issues that can be treated. Several short-term and long-term programs are under consideration, including a pilot project using video teleconferencing to provide distance-delivered treatment for participants in Alaska’s therapeutic courts.

The costs associated with alcohol addiction in Alaska are enormous. The human cost is found in the large number of deaths and high rates of homelessness, crime and physical abuse related to alcohol addiction. There is a corresponding cost to Alaska’s economy. A 2005 MacDowell Group study estimated the cost to our economy for alcohol and drug dependence at \$738 million per year. Annually, The Trust and the state spend millions

on treatment programs, public safety, the courts and the criminal justice system. In addition, businesses lose money due to lost productivity when employees miss work because of alcohol-related issues, such as depression or injuries.

“Until we find a long-term, comprehensive way to address this problem, we won’t be able to break the stranglehold alcohol has on so many Alaskans and the systems that support them,” said Jeff Jessee, chief executive officer for The Trust. The Trust is a state corporation that manages the Mental Health Trust, a perpetual endowment created prior to statehood to benefit people with alcoholism, mental illness, developmental disabilities, and Alzheimer’s disease and related dementia.

According to the Alaska Scorecard, a review of key issues impacting Trust beneficiaries, Alaska’s rate of alcohol-induced deaths is consistently about 2.5 times higher than the U.S. rate. Alaska ranked sixth in the United States in 2007 for binge drinking and eighth for heavy drinking. More than half of the arrests by state troopers in the last 10

years were alcohol- and/or drug-related. The department compiles the scorecard data annually, with coordination and input from The Trust. It can be found at <http://www.hss.state.ak.us/dph/Healthplanning/scorecard/default.htm>.

Alaska Scorecard on alcoholism

- 2.5 times U.S. rate of alcohol-induced deaths
- 6th in U.S. for binge drinking
- 8th in U.S. for heavy drinking
- 53%: percent of arrests in last 10 years that were alcohol/drug-related

(December 2008)

Obesity: state targets nutrition, exercise

Over a quarter of high school students and two-thirds of adults are overweight or obese, according to the most recent Alaska data (from 2007).

“These numbers are alarming because being overweight or obese increases the risk for health problems, including chronic diseases,” said Karol Fink, a public health specialist with Health and Social Service’s Obesity Prevention and Control Program.

The 2009 Childhood Obesity in Alaska report isolates some of the factors contributing to obesity.

On an average day, over half (58%) of 2-year-olds from the Northern and Southwest regions of Alaska and about a quarter (21% to 26%) of toddlers from other regions of the state consume sweetened beverages, such as soft drinks and sports drinks (Childhood Understanding Behaviors Survey, 2006).

Less than a fifth (16%) of high school students said they ate the recommended five serv-

ings of vegetables and fruits a day, but more than a fifth (22%) reported drinking at least one can of soda a day (Youth Risk Behavior Survey, 2007).

Only 19% of high school students said they exercised 60 minutes every day, but half reported spending over two hours watching TV, playing video games or using the computer for something other than school work on school days (Youth Risk Behavior Surveillance, 2007).

To combat these trends, the obesity program collaborates with partners to teach and promote good eating and physical activity habits. The program conducts outreach education with child care workers, for example, and it helped facilitate the Alaska School Health and Wellness Institute last October.

Efforts include everything from encouraging traditional foods and physical education standards in schools to developing manuals and conducting surveillance of obesity, physical activity and nutrition behavior in Alaska.

To find out more about the program and its goals, go to <http://www.hss.state.ak.us/dph/chronic/obesity>.

- Adults need at least 150 minutes of aerobic activity every week, along with muscle-strengthening activity two or more days a week.
- Children and youth should do at least 60 minutes of physical activity every day.

Telemedicine serves geriatric psychiatric needs

As people are living longer and baby boomers are becoming senior citizens, the Alaska Pioneer Homes are noticing an increase in the number of seniors that come to them with some form of mental illness.

While the number of residents who are mentally ill or combative is small, they can be very disruptive, take up staff time, and can be a liability risk to the homes.

To begin to address this growing problem, the Ketchikan Pioneer Home has entered into a pilot telemedicine project with the Ketchikan General Hospital and the Gerontology Institute through Sacred Heart Medical Center in Eugene, Ore.

“Caring for this type of resident requires staff to have additional training for dealing with aggressive or disruptive residents,” Alaska Pioneer Homes Director David Cote explained. “While these residents are not appropriate for a Pioneer Home, discharging them is extremely difficult because residential care for seniors with behavior management and mental health concerns is virtually nonexistent in Alaska.”

Through the telemedicine project, a number of Ketchikan Pioneer Home residents are now receiving telephone/video geriatric assessments and treatment for issues such as change in mental status, mood or behavior changes, multiple medication interactions, and gait and balance disorders.

This trend is not unique to the Pioneer Homes. The need for geriatric psychiatric services is occurring in Alaska’s nursing homes as well, Cote added.

“While the telemedicine project is valuable,” Cote said, “it would be beneficial to have an Alaska facility that houses residents for a short stay while medication management and behavior modification for behavior management are completed, and would provide a safe temporary transition, allowing the resident to return home once stabilized.”

News briefs*

Juvenile Justice improves ability to track troubled kids from state to state

The state of Alaska adopted an updated Interstate Compact for Juveniles last summer that improves a 55-year-old mechanism for tracking and supervising kids who cross state borders.

The new compact specifically addresses how states should monitor and return young people under the jurisdiction of Juvenile Justice. Through the compact, Alaska can continue to coordinate with other states without having to arrange a special agreement each time.

The Division of Juvenile Justice expects to spend \$45,000 a year to support the compact, but the division will save money in the long run, said Tony Newman, DJJ Social Service Program Officer. Working without the compact would mean trying to negotiate each case individually, he said. "Alaska would eventually have faced serious challenges in its ability to monitor juveniles who arrive here from out of state, including potentially dangerous juveniles who may present a risk to public safety and a liability concern for Alaska," Newman explained.

The original compact was established in 1955 and Alaska adopted it into statute five years later. Changes to the compact include the establishment of an independent compact operating authority and mandatory funding.

Medicare Info Office wins kudos, dollars

The federal Centers for Medicare and Medicaid Services recognized Alaska's Medicare Information Office, led by program manager Judith Bendersky and Jeanné Larson, for doing an exceptional job of helping Alaskans get the most out of their Medicare. Alaska's office was ranked sixth in the nation, based on measures such as the number of Medicare beneficiaries counseled and number of active volunteer counselors. Their work won them an \$18,850 performance award to do even more outreach.

Process for hospitals, patients to collaborate

Alaskans who need long-term care after leaving a hospital are likely to have a smoother transition in the future due to efforts underway now in the Division of Senior and Disabilities Services.

Using a \$1.2 million federal grant with a \$62,000 state match, the Real Choice System Change project brings together hospitals, Aging & Disabilities Resource Centers (ADRC), and other stakeholders to build a system that more closely involves patients' concerns, needs and preferences in hospital discharge plans. The process being created will also link patients to community resources such as ADRCs for support beyond the hospital.

For more information on community resources for patients in Alaska, call 1-877-6AK-ADRC (1-877-625-2372).

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DHSS Stars



ANNE ASHTON

Anne Ashton, a Social Worker II with the Office of Children's Services, was named November 2009 Caseworker of the Month by AdoptUsKids, a nonprofit organization based on a cooperative agreement with The Children's Bureau, Administration for Children & Families, and the Department of Health and Social Services. Ashton was honored for her efforts helping three sets of sibling groups find permanent placements with two adoptive families.



EMMONAK & RURAL ALASKA RELIEF TEAM

The Division of Public Assistance honors Ron Kreher, David White, John Helton and Christine Lorentzen for helping with food and fuel relief in Emmonak and surrounding villages. "The team provided a level of service that surpassed their daily duties in order to ensure the health and safety of dozens of Alaska families," said DPA Director Ellie Fitzjarrald. The team provided information about programs available to families in need: Heating Assistance, Temporary Assistance, Food Stamps, WIC, Denali KidCare, Medicaid, Adult Public Assistance, Senior Benefits, Bulk Fuel Loan Fund, Energy Rebate (Weatherization), and Power Cost Equalization.

Division of
Public
Assistance

PATRICIA ESTEP

Environmental Services worker Patricia Estep, Alaska Veterans & Pioneers Home in Palmer, is a "Shining Star" for her successful and creative efforts in communicating with a resident who had suffered a stroke and could not speak. "Patricia's determination to communicate — by photographing the resident's personal belongings and mounting the photos on a board — enabled the resident to at last make contact," Administrator Lynda Garcia said.



DONNA FEAREY, LOUISA CASTRODALE

Donna Fearey, RN, ANP, MS (left) and Louisa Castrodale, DVM, MPH (right), both with Division of Public Health, Section of Epidemiology, are honored for their extraordinary work developing new strategies to measure influenza morbidity and mortality in Alaska during the H1N1 pandemic. The information that their work makes available helps the Emergency Operations Center inform health-care providers about the current flu situation statewide.



CHRIS HAMILTON

Chris Hamilton, a Research and Analysis Team Manager for the Division of Senior and Disabilities Services, is honored as the "architect" of DS3 Data System, which allows the division to process information directly related to program management. DS3 currently serves about 150 users, contains approximately 16,000 individual client records, and logs approximately 15,000 database actions per day. The centralization of data management helps bring operations into alignment with regulatory and policy objectives.



IMMUNIZATION PROGRAM STAFF

The Public Health Immunization Program staff is honored for its work procuring, distributing and tracking the 2009 H1N1 vaccine during the national emergency. "They have been working very long hours during the week and weekends to make sure Alaskans receive the influenza vaccine as quickly as possible," said Dr. Joe McLaughlin, Chief of Epidemiology. They include Lorraine Alfson, Joy Bigelow, Dennis Brown, Bruce Dougherty, Jeff Jessen, Daniel McDevitt, Della Fisher, Francine Larsen, Maurice Lockhart, Mara Ohrt, Mark Palmer, Monique Petrofsky, Jan Pfenninger, Luke Phillips, Joyce Ray, Brenda Snelson, Doreen Stangel, Shanasty Stewart, Tinna Thomas, Laurel Wood and Gerri Yett.



PATRICIA NAUGHTON

Bethel Public Health Nurse II Patricia Naughton was elected to serve as the Incident Commander for the Bethel H1N1 Emergency Response, for which she volunteered. Naughton is also co-chair of the STD Coalition, serves on the state Public Health Nursing Planning and Procedures Committee, volunteers at numerous local organizations, and finds time to take a leading role in management of Bethel's Public Health Nursing Clinic, where she mentors young public health nurses.



DAVID O'BRIEN

Public Health Specialist II David O'Brien, with Chronic Disease Prevention & Health Promotion, was chosen for the North American Association of Central Cancer Registries (NAACCR) Mentor Fellowship Program. The program provides one-on-one training with a mentor in a specific central cancer registry operation. Two registries, Maine and Vermont, specifically requested David to travel to their location and provide mentorship.



ROBERT SEWELL

Robert Sewell, Ph.D., Health Program Manager II with Health Planning & Systems Development, received the Coho Award from the Alaska Primary Care Association. The award is given for an initiative or best practices that supports or optimizes access, delivery, services and/or outcomes in Alaska. Sewell was recognized for his work on the Health Care Professions Loan Repayment & Incentive Program, which he manages.



'Early Intervention' changes life of special needs children

Almost from the moment Kama Gregory's son Jonah was born, he needed Alaska's Early Intervention services, known as the Infant Learning Program.

Just 30 weeks into Kama's pregnancy, during a routine sonogram, she learned her son was having serious problems. After a clean bill of health a few days before, suddenly the left ventricle of the baby's brain was hemorrhaging.

Three days after Jonah was born, doctors inserted a shunt into his brain to relieve pressure from the bleeding. He'll have the shunt the rest of his life.

"He has brain damage," Kama says. "It's like a stroke. Jonah came into the world with us knowing he would need every service under the sun."

Fortunately, those services were there. The Alaska Early Intervention/Infant Learning Program (EI/ILP) works to ensure that a wide variety of early intervention services are available for families with infants and toddlers (birth to age 3) with special needs.

In fiscal year 2009, more than 2,500 children were referred to EI/ILP, with the majority referred between birth and 11 months of age.

The most frequent diagnosis for enrolled children is Down Syndrome, followed by cleft palate and hearing impairment.

In Jonah's case, he was diagnosed with hydrocephalous from the bleeding into his skull, and resulting partial paralysis, or hemiplegia.

Through Early Intervention the Gregory family received needed therapies and services each week. As a result, at the age of 3, Jonah now walks. And against all predictions, he can even run.

"It's not pretty, but he can do it," Kama says.

Kama believes so strongly in Alaska's Early Intervention/Infant Learning Program, she's testified to legislators about the need to fund it, and the need for more practitioners.

It helps that Jonah, who just "graduated" from speech therapy, is able to attend hearings and testify too.

"He's very independent now," his mom says. "He's doing things he never would have done without Early Intervention. I think parents can do anything with the support and encouragement of people who believe in their child's potential."

OCS sets improvement goals

As a result of findings from a federal review of the Offices of Children's Services, the state has submitted a Program Improvement Plan (PIP) to address each area found to be needing improvement.

The Child and Family Services Review, conducted by the Children's Bureau, U.S. Administration for Children and Families, began with an analysis of Alaska's child welfare data and a Statewide Assessment developed by the Office of Children's Services in early 2008.

The federal review is designed to help ensure that the state of Alaska's child protective services system and Office of Children's Services are providing quality services to children and families served within the system.

The review is the federal government's program for assessing the performance of state child welfare agencies in achieving positive outcomes for children and families. It examines key areas of Alaska's child welfare policy and practice, to ensure conformity with state plan requirements, found in titles IV-B and IV-E of the Social Security Act.

During early September 2008, on-site reviews of 65 Alaska cases (from Anchorage, Juneau and Bethel) and interviews with local and state stakeholders were also conducted. The review measured performance on 23 items related to seven safety, permanency and well-being outcomes, and 22 items related to seven systemic factors. Items were rated as a "Strength" or an "Area Needing Improvement."

The PIP is organized into the following areas: Practice Model; Accountability and Supervision; and Strengthening Systems. Strategies were developed to address the areas needing improvement. Many will be implemented statewide. However, based on experience with systems change, the PIP team decided to focus specific efforts in Anchorage and Fairbanks based on factors such as population and success with the Family to Family Initiative.

"Alaska is extremely fortunate to have numerous internal and external stakeholders who are committed to working together to better outcomes for children and families," said Kristie Swanson, OCS Social Services Program Administrator.

The PIP was submitted for final approval on Oct. 16, 2009. Alaska will have two years from the time the PIP is approved by Region X to complete the goals contained within the PIP.

Keep babies safe with correct sleep, responsible family behavior

Health and Social Services' Section of Women's, Children's and Family Health (WCFH) has spearheaded the Alaska Infant Safe Sleep Initiative to create a policy statement, establish social marketing messages, and design educational materials for promoting safe sleep practices.

Behaviors that will be addressed by the initiative's task force include avoiding tobacco during pregnancy and after birth, placing babies to sleep on their backs on a firm surface, and assuring a hazard-free sleep environment, including how to share a bed with infants more safely.

Many states tell people to never share beds with babies, but the task force wants to address the fact that 47 percent of Alaska women say they always or almost always sleep with their newborns. "We recognize the need to communicate with parents who choose to bed-share," explained Debbie Golden, a perinatal nurse consultant with WCFH. "The first thing that came up at the task force meeting was to know your audience and respect values. It's often a cultural value to share a bed, not to mention an issue of practicality."

Additionally, a recently published study by WCFH epidemiologists Margaret Blabey and Bradford Gessner looked at infant deaths over a 13-year period. Almost all (99 percent) Alaska infant deaths that involved sleeping with another person were associated with other factors, such as sleeping on a sofa or waterbed, parental smoking and impairment due to alcohol or drugs.

The initiative's task force includes nurses and physicians, representatives of social service agencies, midwives, public health workers, child care providers, parents, grandparents, and others.

The group will meet monthly over the next 12 months and will showcase its accomplishments at the Alaska Infant Safe Sleep Summit in September 2010 in Anchorage.

Find out more about the initiative at <http://www.hss.state.ak.us/dph/wcfh/awareness/default.htm>.

Passing on cultural heritage essential for young, old alike



Marge Nakak, right, demonstrates a dance to Deana Ambrosio as part of an Office of Children's Services TV advertisement being shot at the Alaska Native Heritage Center in October. Visual Information Specialist David Caldwell and Public Information Officer Susan Morgan filmed the two, along with four other volunteer actors, for a piece highlighting the need for Alaska Native foster homes in the state.

Last chance ed: Juvenile Justice, partners step up to meet troubled students' needs

What can be done to intervene in the lives of kids who have been expelled or suspended from school? McLaughlin Youth Center superintendent Dean Williams pondered the question for a long time: It was a question that many other agencies and individuals were asking as well.

Taking action

Then Williams took action. With direction and support from the Anti-Gang and Youth Violence Policy Team, he helped develop a team — including representatives from the Alaska Division of Juvenile Justice, Anchorage School District, private schools, and the city of Anchorage — that went to work to find a solution. “It took us awhile, about two years, to read and research the issue around the nation,” he said. The group looked at what other cities and states were doing. They discovered what research told them: kids not in school represent a high risk to the community, and intervention in this area made sense for many reasons.

The next step

The next step was what to do about it in Anchorage. The Step Up program launched during summer 2009, but officially opened in September 2009 with space for 12 students who want to finish their high school education. “This program is for kids who aren’t in enough trouble to be locked up, but have done enough to ruin their chances at school,” Williams explained. “We want to save a kid’s education and we want to get them off the street, walking around in malls, or sitting at home for hours playing video games — all are recipes for trouble.”

How it works

The school currently occupies two rooms in downtown Anchorage, in a space partially donated by Nine Star Education & Employment Services, a nonprofit dedicated to developing Alaska’s workforce. Students must go through a metal detector when entering. Although a teacher from the school district oversees the

students’ self-study, two juvenile justice officers from MYC help the kids learn about anger management, substance abuse dangers and social skills. The Step Up staff select the youngsters who are accepted for Step Up after reviewing their histories. “We get referrals from probation officers and others in the community, but most come from the school district,” Williams said.

Juvenile Justice provides operational oversight, makes sure the program is working, and that the classroom is safe and orderly. The school district does the teaching, provides books, computers, and designs the curriculum depending on each student’s needs.

If it can find larger space, the Step Up program hopes to accommodate 25 students in the 2010–11 school term.

Cost

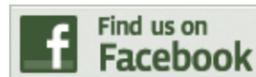
The Step Up program is too new to analyze its cost-effectiveness per student, but Williams’ estimates include the reassignment of two full-time DJJ staff, plus another half-time DJJ staff for screening, for about \$200,000 a year, plus one full-time ASD teacher, and other incidental costs. The municipality and United Way are donating some financial support, as well. In other words, it doesn’t come cheap. But the up-front cost of saving a kid’s high school diploma and keeping him or her out of jail is cheap compared to incarceration and a young person’s inability to make a living wage because he or she failed to get a high school diploma, Williams said.



News briefs ... continued from page 5

Healthy networking via Twitter, Facebook

We tweet! We Facebook! Those words entered DHSS’s lexicon in April 2009. As of this writing, the department has over 800 Twitter “followers” and more than 450 Facebook “fans.” DHSS posts daily “tweets” and Facebook updates on many topics, including the latest on H1N1, healthy eating, and vaccination information. Using these networks, DHSS can get news and advice to the public quickly in the event of a health or other emergency. To join Twitter and follow our updates, go to http://twitter.com/Alaska_DHSS. To sign up and connect with DHSS’s fan page on Facebook, search for Alaska Department of Health and Social Services at <http://www.facebook.com>, then click a button to become a fan.



WIC changes bring variety, healthier food to Alaskans

Alaska’s Women, Infants and Children Nutrition (WIC) program changed Oct. 1, 2009, to provide more variety, healthier foods, and healthier choices for infants. New choices include fresh fruits and vegetables, low-fat milk and a variety of whole grain foods. The WIC program will also increase the amount of food provided to mothers who breast-feed their babies full time to better promote and support breast-feeding.

Each month, more than 26,000 women, infants and children in Alaska participate in the WIC program, a federally funded nutrition program for lower-income and nutritionally-at-risk pregnant and breast-feeding women, their infants and young children.

Under the new rules:

- WIC clients can purchase whole grains and fresh, canned and frozen fruits and vegetables.
- Beginning at 6 months, all infants receive infant

fruits and vegetables, while fully breast-fed infants also receive infant meats.

- Soy milk and tofu may be given as an alternative to milk.
- Juice is eliminated for infants.
- The amount of infant formula is reduced for partially breast-fed and older infants.

Heating Assistance applications available

Applications are being accepted until April 30, 2010, for the state’s Heating Assistance Program. In May 2008, the Legislature created the Alaska Heating Assistance Program (AKHAP) for households with income between 150 percent and 225 percent of the poverty income guidelines. Payments from the Senior Benefits Program and the PFD do not count as income. Applications may be downloaded at www.heatinghelp.alaska.gov or call 1-800-470-3058.

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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/

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- Dr. Hurburt assumes dual public health duties
- Loan repayment attracts health-care workers
- Medicaid waivers, PCA back on track



Juvenile Justice recruitment video shot by in-house staff

Hand-in-hand with the Department of Health and Social Services' Public Information Office, the Division of Juvenile Justice has produced several videos to help recruit dedicated women and men for work in its statewide facilities.

"Juvenile justice offers everything someone could want in a career," Division Director Steve McComb said. "This is exciting, meaningful work, a worthy

mission, and terrific coworkers, all in a magnificent Alaska setting."

Videographer David Caldwell and Public Information Director Clay Butcher visited DJJ facilities in Juneau, Bethel, Nome, Kenai and Anchorage over a four-month period, interviewing key personnel on camera.

"We wanted to give people in and out of Alaska a feel for what it's like to work with



Health and Social Services Visual Information Specialist David Caldwell, right, films Patricia "Z" Zulkowsky, superintendent of the Bethel Youth Facility, for a Juvenile Justice recruitment video.

kids and live in rural Alaska," Butcher said. "The Anchorage video will focus on the day-to-day work and give a realistic job preview so potential applicants can know ahead of time what the job might be like."

By shooting the video in-house instead of contracting it to an agency, the department estimates it saved about \$70,000. DHSS estimates its cost for five 5-minute videos and a 10-minute feature on the Nome Youth Facility was roughly \$7,500.

"It was exciting to see how well these kids are cared for and the pride the DJJ staff have in their jobs," Butcher said. "They were very willing to let us come in and become a part of the important work that they do every day."

McComb added, "We are always in need of bright, energetic people with good interpersonal skills who want to work in a government agency that makes a difference."

Pioneer Home gardens furnish good nutrition, meaning, purpose



LEFT: Alaska Veterans and Pioneers Home resident Ed Willis proudly displays some of the potato harvest.

BELOW: Resident Thelma Thomlinson shucks fresh peas from the garden.

Both Willis and Thomlinson are veterans. Willis also served in the Alaska Senate and House of Representatives.



A bountiful vegetable garden is the result of efforts by the Alaska Veterans and Pioneers Home Resident Council, which is led by resident Ed Willis, who has served in both the Alaska state Senate and House of Representatives.

The council played an active role in the planning and development of a community wheelchair-accessible garden on the Palmer facility's grounds. The project was a collaborative effort between the home and the University of Alaska Mat-Su College students and professors. Learn & Serve in America provided funding. The new garden increases the abundant harvest of herbs and vegetables already produced by residents on small sites throughout the grounds.

Residents enjoy wonderful soups, homemade sauerkraut, breads, and jellies that residents and staff make from the bounty.