

## WINTER UPDATE 2013–14

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

Volume 10  
Number 1

### Recipe for juvenile rehabilitation

**T**ake your basic ingredients:

- 3 vehicles
- 14 people
- 7 canoes
- 1 Zodiac
- 8 days of food
- 2 bear fences

Then drive (in some cases, after a ferry ride to Haines) to Tangle Lakes at Mile 21 of the Denali Highway. Get a flat tire on the way. Once there, by water and on foot, head three miles deeper into the wilderness. Set up tents, filter water, shoot and butcher two moose and haul everything you need for a week — plus the aforementioned moose — on your back.

What does it all add up to, besides a good workout?

If you're Dennis Weston, superintendent of McLaughlin Youth Center (MYC), the "armada," as he calls it, is all part of an intricately-detailed plan geared toward broadening the lives of seven young Division of Juvenile Justice clients.

The trip was the second of its kind for DJJ. The first, in the fall of 2011, took place in the Juneau area with residents of the Johnson Youth Center (JYC). This latest trip in August 2013 included youth from both facilities and was also a partnership with the Alaska Native Heritage Center in Anchorage. Prior to the trip, elders from the center met with the youth to talk about the significance of a hunt, and how to be respectful of one another and animals in nature.

For most of the youth, it was their first real exposure to Alaska's wilderness.



ABOVE: Almost every part of the animal must be hauled out on a subsistence hunt. The residents provided the muscle. RIGHT: Wide open spaces invite reflection.



"Some of these 16-, 17- and 18-year-olds were born and raised in Alaska, but had never really been outdoors," Weston said. "This was a way to introduce them to it."

It was an intense introduction. During the week-long adventure, there was plenty of time for lessons in teamwork, afternoons of often-successful fishing, and the kinds of discussions that just naturally occur around campfires.

But in addition to all that, the seven DJJ staff members accompanying the youth shot two moose — about 1,000 pounds worth — two miles away from base camp. This was a subsistence hunt, and that meant every part of the moose, except stomach contents

and hooves, had to be hauled out along with the meat.

The young residents provided much of the muscle.

The youth didn't have any contact with firearms on the hunt, but helped with the spotting and tracking. And hopefully, along the way, they picked up some lessons about the value of hard work and self-reliance.

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### Effective disaster response involves myriad agencies, organizations

#### It takes a village

Last May, Alaska experienced widespread flooding, devastating communities along the Yukon River. In Galena, the loss of power, water, and sewer services, along with flood damage to 113 homes and numerous community buildings, forced the evacuation of more than 350 residents.

#### Overall coordination

The State Emergency Operations Center (SEOC) fully activated to provide disaster command and control. The DHSS Health Emergency Response Operations (formerly "Preparedness") activated the DHSS Emergency Operations Center (EOC) to provide health, medical and life safety response to communities and DHSS field offices directly impacted by the flooding.

The Galena Office of Children's Services and Public Health Nursing used their Continuity of Operations



An aerial view of Galena shows the devastation from the spring floods.

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## Transmitting public health reportable data via Health Info Exchange

Health Information Exchange (HIE) has become increasingly important for moving clinical information among disparate health care information systems, while maintaining the meaning of the information being exchanged. The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer and more timely, efficient, effective, and equitable patient-centered care.

The Alaska HIE went into production in June 2013. Two facilities are live with the query-based/interfaced HIE; eight facilities are in the process or have already joined the query-based/interfaced HIE; 10 clinics are using the view-only HIE access; 30 clinics are requesting access to the view-only HIE access as soon as possible; and several other facilities are in the process of reviewing contracts and discussing options with their internal stakeholders.

The Alaska HIE will be the most convenient way to transmit reportable public health data, such as immunization data, syndromic surveillance data, cancer case data, and reportable laboratory results to the department.

The Alaska HIE will be the only transport mechanism by which DHSS will accept public health reportable data. Beginning Dec. 1, 2013, no new interfaces have been implemented between providers and DHSS. Messages that were being sent through previously developed interfaces will continue for a short period of time to allow for proper reporting transitions.

The Alaska HIE service can be used to meet the public health Meaningful Use requirements and options for Stage 2.

For more information on participation with the HIE and Alaska eHealth Network, please visit [www.ak-ehealth.org](http://www.ak-ehealth.org).

# Childhood vaccination: an ongoing public health challenge

## Alaska's immunization rates need a shot in the arm

By Joseph McLaughlin, M.D. and Brian Yablon, M.D.

In 2013, an Alaska infant died of pertussis (whooping cough) and another died of meningitis. These deaths are especially tragic as both diseases are vaccine-preventable. Childhood vaccinations have enormously reduced the burden of infectious diseases like polio, measles, and chicken pox, saving innumerable lives.

Yet Alaska's children remain vulnerable. Alaska's childhood vaccination rate (the percentage of children who receive all necessary vaccines by the age of 3) lags well behind the national average, and thus unnecessarily exposes Alaska's children to disease. Pertussis is a sobering example — epidemic pertussis has caused more than 600 known (and likely thousands of undiagnosed) illnesses in Alaska since 2012, the vast majority among children.

Improving immunization rates requires a sustained three-part effort: educating parents to increase a demand for vaccinations, improving access — making it easier for people to get vaccinated, and enhancing medical-provider-based interventions.

### Increasing demand

Fears about vaccine safety, receiving too many vaccines, or the possibility of autism all impact the demand for vaccines. These fears play off of parents' natural concern for their children's health. While any vaccine can cause side effects, most are mild (sore arm, low-grade fever) and resolve quickly; there is robust monitoring for serious reactions, which are extremely rare. The immune system can handle many vaccines simultaneously, as billions of healthy children and adults can attest. And there is zero evidence that vaccines cause autism — that bogus claim has been thoroughly debunked and retracted from the scientific literature. Reminder calls, incentives, and daycare and school requirements all amplify demand.

### Improving access

Parent surveys from 2008 to 2011 showed that more than

one in six Alaska 3-year-olds lacked health insurance sometime during their lives. Lack of insurance limits preventive care, and families may not know the safety-net options in their area. Even insured families can face financial, scheduling, or transportation barriers. Outreach efforts, like WIC coordination and home visits, reduced out-of-pocket costs, expanded clinic hours, and streamlined administration all enhance access.

### Provider-based interventions

Clinic practices influence vaccination rates. Alaska's immunization information system, VacTrAK, helps providers assess which vaccines are due and reduces burdensome paperwork. Standing orders empower nurses, medical assistants, or health aides to vaccinate in both rural and urban settings. Providers need to have the latest accurate scientific information to encourage their patients to be vaccinated.

### Protecting the herd

Childhood vaccination is a public health victory that can easily erode. Some diseases, like pertussis, have returned with a vengeance, while others, like measles and polio, are just a plane ride away from wreaking havoc on under-vaccinated communities.

Vaccination is a win-win. When we vaccinate our children, we not only protect them, but also their classmates and friends, and the siblings and grandparents of their classmates and friends.

Just as everyone invests in shared assets like schools, roads, and libraries, we all must pitch in to keep Alaska's children, families, and communities safe from vaccine-preventable diseases.

For more facts about the safety and efficacy of vaccines, go to: [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

*(Dr. Joseph McLaughlin is chief of the Section of Epidemiology, Division of Public Health. Dr. Brian Yablon is an Epidemic Intelligence Service officer in the Alaska Section of Epidemiology.)*

## New service for vulnerable adults being tested

Adult Protective Services is testing a new service called limited case management.

Workers will use Critical Time Intervention, a model used in the past to support people with severe mental illness, the chronically homeless and other populations. The Alaska project adapts the model to a new population: vulnerable seniors. The case management lasts for nine months.

Case managers help clients to navigate hurdles, such as applying for services, and to establish a support network beyond the case manager.

Adult Protective Services' primary services are resource referral, and short- and medium-

term crisis intervention. In the past, investigators responded to cases of abuse, neglect or self-neglect by connecting people with resources, but checking with people later was not part of the agency's mission.

"We didn't know if referrals worked or didn't work unless we got another call," APS Manager Brenda Mahlatini said.

Through a grant from the U.S. Administration on Aging, APS hired and trained three case managers, who started the pilot project in November with five clients each. They will slowly add to their caseloads. The goal is to have served approximately 125–50 adults over the next three years.

"We can help people and their families to learn how to be more self-reliant," Mahlatini said. "That was the missing link."

## Cooperative reading: Passing on the love for books



McKinley Scott, 3, who attends the pre-school at Ketchikan Pioneer Home, shares a story with KPH resident Louise Laine.

# Medicaid facing surge in costs

## Governor forms advisory group with deadline

Over the past 40 years Alaska has created a program that serves its most vulnerable population, and that program cannot be sustained into the future. The state needs to recreate Medicaid in Alaska and establish a program that can last Alaskans another 40 years.

The continued and uncontrolled rise in health care costs, the unavoidable silver tsunami (meteoric rise in the number of elderly and the additional demand they bring to the health care system), and the uncertainty of increasing budget revenue into the future all demonstrate the unsustainability of the current Medicaid program in Alaska.

Unless the state takes the steps necessary to find and implement systemic changes to the Medicaid program, Alaska will find itself in the untenable position of restricting coverage to the lowest of levels to meet federal requirements, dropping reimbursement rates to levels insufficient to provide services locally, and making difficult decisions such as cutting other state programs like public safety or education to pay for the mandated level of care of a fraction of the state's population.

### Medicaid Reform Advisory Group

Governor Sean Parnell has called for a comprehensive strategy that fits Alaska's needs, a plan with attainable goals and a timeline. There needs to be collaboration with the Legislature, health care providers, payers, consumer groups and a defined public process. The state will take into account the recommendations of the Medicaid Task Force, including moving to

cost-based rates, increased care coordination, payment reforms, expanded use of the patient-centered medical home model, and others.

The newly formed Medicaid Reform Advisory Group will comprise one member of the state House of Representatives, one member of the state Senate, and three additional appointees, including the chairman, named by the governor. The commissioner of Health and Social Services will be a nonvoting member and

provide support staff. The panel's final report must be submitted to the Legislature for approval no later than Nov. 15, 2014, and be ready for inclusion into the

governor's fiscal year 2016 budget proposal.

The advisory panel is charged with meeting three key reform mandates: stability and predictability in budgeting, increasing the ease and efficiency of navigating the system by providers, and providing whole care for the patient by uniting physical and behavioral health treatment.

The time is right for this process. Medicaid is becoming a larger and larger portion of the state's operating budget, making it critical for the state to look at what areas are working and improve upon those successes. Areas that are inefficient and nonproductive will be examined to enhance the delivery of service to reach the maximum quality of health outcomes at sustainable budgetary levels.

Updates on the Medicaid Reform Advisory Group can be found on the department's website at [www.dhss.alaska.gov](http://www.dhss.alaska.gov). The advisory group welcomes your input which can be submitted via email at: [Medicaid.Reform@alaska.gov](mailto:Medicaid.Reform@alaska.gov).

**Medicaid is becoming a larger and larger portion of the state's operating budget, making it critical for the state to look at what areas are working and improve upon those successes.**

Sean Parnell, Governor



### Finding and solving gaps in health care

As Governor, I am committed to the health and well-being of all Alaskans. With more people losing their insurance policies and paying higher premiums with higher out-of-pocket costs, I am especially concerned for those Alaskans who lack health insurance as well as those who are seeing their premiums skyrocket.

Instead of buying into a broken national health care system that has caused more people to lose health coverage and pay more for insurance and health care, I announced that Alaska would not be expanding Medicaid. Believing there's a better path forward for Alaskans, I created the Medicaid Reform Advisory Group and charged it with meeting three key reform mandates: stability and predictability in budgeting, increasing the efficiency of navigating the system by providers, and providing whole care for the patient by uniting physical and behavioral health treatment.

I also tasked Commissioner Streur and DHSS with identifying gaps in health care for the poor, recognizing that Alaska taxpayers already pay for primary care, emergency room care, and behavioral health services for the poor.

Alaska can do better to improve affordability and accessibility to health care by focusing on these gaps in health care access, and do it without saddling future generations with the level of debt and risk the Obamacare Medicaid expansion would have brought. Together, we will continue working to build strong families and safe homes.

# Health Care Commission works with state agencies to improve value in health care

When the Alaska Health Care Commission was established in 2010 under Alaska Statute 18.09.010, the state laws governing the responsibilities of the Department of Health and Social Services (DHSS) were revised to add a duty to create a statewide health plan based on the recommendations of the commission. DHSS and the commission recently launched a collaborative effort with other state agencies that have a role in purchasing or regulating health care to develop an action plan for implementation of the commission's recommended policies.

The commission's recommendations revolve around eight

core strategies for improving value — increasing affordability through higher quality — in health care:

1. Ensure the best available evidence is used for making decisions.
2. Increase price and quality transparency.
3. Pay for value.
4. Engage employers to improve health plans and employee wellness.
5. Enhance quality and efficiency of care on the front end.
6. Increase dignity and quality of care for

seriously/terminally ill patients.

7. Focus on prevention.
8. Build the foundation of a sustainable health care system.

Visit the commission's website to see its recently released 2013 Annual Report and to track activities related to development of the statewide plan for improving value in health care: <http://dhss.alaska.gov/ahcc/>.

William J. Streur, Commissioner



### Prioritizing is the first step toward goals

It's one thing to have goals, and quite another to make a plan to achieve those goals.

Making a large department, such as DHSS, run smoothly and efficiently takes disciplined planning and prioritizing. Our first priority must be to keep our mission in mind, "to promote and protect the health and well-being of Alaskans." By that we mean directing *all* our efforts to ensure that Alaskans are healthy, safe, and have access to affordable health care.

Once we are all heading in the same direction — the right care for the right person at the right time — we are responsible for staying within our budget: delivering our services *for the right price*. That doesn't imply doing anything on the cheap. It means being cognizant at all times that we must not duplicate our efforts, that coordinating and streamlining our services in the long run best serves Alaskans who need our help at various times in their life.

# Survey shows marked drop in youth smoking

**R**esults from the latest Youth Risk Behavior Survey show a 40-percent decline in smoking among Alaska high school students between 2007 and 2013 — from 17.8 percent in 2007 to only 10.6 percent in 2013.

“That means only one in 10 Alaska high school students reported smoking at least one cigarette during the past 30 days,” Dr. Ward Hurlburt, Alaska’s chief medical officer, said.

Other results showed a decline in the number of students who have ever tried a cigarette, were smoking before age 13, had smoked in 20 of the last 30 days, or had ever smoked daily (see chart).

The 2013 data also show that smoking rates are coming down across population groups. The percentage of Alaska Native youth who report smoking during the past

30 days declined from 31.7 percent in 2007 to 18.5 percent in 2013. Despite this decline, Alaska Native youth still smoke at more than twice the rate of non-Native youth (18.5 percent among Alaska Native youth versus 8 percent among non-Native youth). In addition, rates of smokeless tobacco have not declined among youth.

The survey, administered last spring by the Division of Public Health and the Department of Education and Early Development, surveyed 1,247 students from 43 high schools — randomly selected to

represent all traditional public high schools in Alaska (excluding boarding schools, alternative schools and correctional facilities).

Additional survey results are posted online at: <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbsresults.aspx>.

Percentage of Alaska Youth Who Reported	2007	2013
Ever trying a cigarette	52.7%	35.7%
Smoking before age 13	16.1%	9.4%
Smoking 20 of the last 30 days	7.4%	3.9%
Ever smoking daily	13.8%	7.2%
Being exposed to secondhand smoke in the past week	46.1%	31.1%

## More children getting out to ‘Play Every Day’

**S**ince the Department of Health and Social Services joined forces with Healthy Futures in the fall of 2011, the number of elementary school students engaged in the Healthy Futures Challenge has boomed.

Through December, 2013, more than 12,000 kindergarten-through-sixth-grade students had turned in logs showing 30 minutes of physical activity at least three times a week during the fall Challenge. That’s a thousand more kids who ran, walked, skied and played than in the spring 2013 Challenge. A record 152 Alaska schools signed up as participating schools this school year.

DHSS aligned with Healthy Futures, a nonprofit

organization promoting physical activity in youth, as part of its Obesity Prevention and Control Program. Its public education campaign, called Play Every Day, includes a blog that focuses on people, events, and topics that inspire parents to get their children and families active, along with social media messages and TV, radio and online advertising to promote health and fitness. One of its PSAs (<http://vimeo.com/59180413>) featuring Olympic and professional Alaska athletes won a silver medal from the National Public Health Information Coalition in September.

For more information on Healthy Futures, go to: <http://www.healthyfuturesak.org/>.

## Nurse recruitment in remote areas tackles turnover

**T**he Department of Health and Social Services’ Division of Public Health nursing recruitment effort has paid off with a growing pool of qualified applicants, particularly for entry level positions. Public Health Nursing has an ongoing need for staff, with 17 open positions by the end of October. The division also needs nurses in Chronic Disease Prevention and Health Promotion; Women’s, Children’s and Family Health; Epidemiology; and Health Emergency Response.

Finding people with the right experience, education and temperament for remote, rural communities like Tok, Dillingham and Nome proves particularly challenging, said Jerrine Regester, a workforce specialist with the division.

Recruitment tools include Workplace Alaska, resume searches, job boards, social media, presentations at nursing schools, and videos (<http://vimeo.com/album/1921394>) designed to appeal to those drawn to the Alaska lifestyle, rural communities, and professional opportunities.

Staff further reaches out to students and potential applicants at “universities, conferences, and downstream to high school students, so that they can begin to prepare for the rigorous science requirements to become a nurse,” Regester said.

The turnover rate for public health nurses in fiscal year 2013 was 34 percent, she said, and retirements will mean turnover of at least 31 positions in the next five years, according to projections from the 2011 Workforce Profile, published by the Division of Personnel and Labor Relations, Employee Planning and Information Center.

## Modest decline in student obesity noted in Anchorage, Mat-Su school districts

**A**nchorage and Mat-Su schools saw a significant, but modest, decline in overall obesity prevalence in students from kindergarten to seventh grade from 2003–04 to 2010–11, according to Andrea Fenaughty, a Division of Public Health epidemiologist.

The study, conducted by the Department of Health and Social Services with Program Design and Evaluation Services in Oregon, looked at weight status data for school children in kindergarten, first, third, fifth and seventh grades in the Anchorage and Matanuska-Susitna Borough school districts. Overall obesity prevalence fell 3 percent, from 16.8 percent to 16.3 percent.

“This type of surveillance is a critical tool for us to be able to monitor trends and evaluate the success of our efforts,” said Karol Fink, Obesity Prevention and Control Program manager.

For more information, see the study at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6221a4.htm>.

## Top 25 Alaska health concerns announced

**H**ealthy Alaskans 2020, a joint effort between DHSS and the Alaska Native Tribal Health Consortium, released its 25 Leading Health Indicators — a list of critical health priorities for Alaska. The indicators provide a science-based framework for identifying public health priorities and are designed to guide efforts in Alaska over the next decade to improve health and ensure health equity for all Alaskans.

The 25 leading health indicators include reducing the rates of cancer, suicide, interpersonal violence, and sexual assault. Alaskans who took part in the survey also

wanted to see alcohol, tobacco and drug use curtailed, and an increase in disease prevention through vaccines, improved access to in-home water and wastewater services, and lowering Alaska’s obesity rate.

Target goals for each of the 25 indicators have been established. The next step is to initiate efforts, or increase existing efforts, to reach those goals.

All Alaskans are welcome and encouraged to review the 25 leading health indicators on the Healthy Alaskans 2020 website at <http://ha2020.alaska.gov/>. Alaskans are also encouraged to register for the program’s GovDelivery email distribution list to receive updates and notices of other opportunities to stay involved throughout the process. To receive updates, click on the red envelope icon on the right side of the website page.

## Provider loses state grant

**I**n August 2013, Fairbanks Community Behavioral Health Center lost its grant with the Division of Behavioral Health. In September, Anchorage Community Mental Health Services became the grantee in Fairbanks and opened Fairbanks Community Mental Health Services. The Anchorage agency helped keep most of the center’s services available in Fairbanks during the transition. Their new Fairbanks branch provides psychiatric emergency services and mental health services for adults, children and youth. The Anchorage agency’s medical director, Dr. Scott Terranella, provides oversight.

# News briefs

## Flu vaccine available statewide

**A**laska's influenza season has started. Nationally, hundreds of thousands of hospitalizations and tens of thousands of deaths are attributed to influenza annually. Early vaccination is the best way to protect against the flu. Vaccines are available through health centers, clinics, pharmacies, and health care providers. The state has ordered 80,500 doses to be administered through schools, health centers and tribal organizations. This year's vaccines protect against two type A influenza viruses — including an H1N1-like virus — and one or two type B viruses. Find out more about the flu and flu vaccines in this fact sheet, <http://www.epi.hss.state.ak.us/id/influenza/fluinfo/FluFacts.pdf>.

## Alaska ranks first in neonatal and infant survival

**A**long-term statewide effort to address access to health care for pregnant women and infants has produced the lowest neonatal (birth to 28 days of life) and infant (first 365 days of life) mortality rates in the nation. Alaska's neonatal mortality rate hit an all-time low of 1.92 deaths per 1,000 live births, according to an annual summary of vital statistics for 2010–2011 published by the American Academy of Pediatrics.

This is the second year in a row that Alaska has led the nation in the lowest neonatal mortality rate. The state's infant mortality rate was also the lowest of all states at 3.75 deaths per 1,000 live births, a dramatic drop from the 8.3 deaths per 1,000 live births in the early 1980s.

The dramatic reversal has been due to support by the health care community for regionalization of perinatal and neonatal care, says Stephanie Birch, section chief of Women's, Children's and Family Health.

## SOA is model employer of disabled, per survey

**A**n anonymous 2011 survey of state employees found that the state has done a good job of hiring workers with disabilities, said a recent report from the Governor's Council on Disabilities and Special Education. The Council said there's always room for improvement, and the state could share more information on the Americans with Disabilities Act with both managers and supervisors and with employees. The report is at [www.dhss.alaska.gov/GCDSE](http://www.dhss.alaska.gov/GCDSE).

## Cost cutting for delivery of diabetic supplies to homes

**O**n July 1, Medicare started a new cost-saving way of assuring that diabetic supplies go to people's homes: mail order through approved national suppliers. The change means savings for Medicare recipients (co-pays are \$5 instead of \$15) and for Medicare (which will pay \$22 instead of \$78 for 100 test strips and lancets.) It also aims to curb fraud and abuse. Medicare recipients must sign up with a national supplier to have delivery covered. They can do so at <http://medicare.gov/supplier> or 1-800-MEDICARE. Note: Some suppliers may carry some brands and not others. People can also pick up supplies at a local provider.

# DHSS Stars



### JENNIFER BAKER

**Jennifer Baker**, Public Health Specialist I, Adolescent Health Project Coordinator, is recognized nationally for her extraordinary work as a part of the Adolescent Health program. She demonstrates expert leadership skills in her work with the youth-led AKPHAT peer educators and the statewide Youth Alliance for a Healthier Alaska advisory committee, demonstrating community value of youth engagement, positive youth development, and peer education.



### TIM BOLLES

In the five years that **Tim Bolles**, OCS Regional Manager, has managed the Southcentral region, he has led impressive reform efforts resulting in increased child safety, increased business process efficiencies, improved employee morale and retention, and improved community relationships. His steady demeanor helps create a sense of calm and he can always be relied upon to see the most challenging situation from a strengths-based perspective, helping those around him focus on the possibilities rather than the limitations.



### BARBARA COSOLITO

**Barbara Cosolito**, Protective Services Specialist IV, IA Supervisor, OCS Western Regional Office, has performed exceptionally by maintaining a regional investigation unit with an average staffing level of slightly greater than 60 percent. Her unit has reduced the response time while having greater than a 20-percent rise in reports requiring investigation. Cosolito also completed training in Advanced Forensic Interviewing and achieved her LCSW. She is also a qualified expert in Child in Need of Aid cases in multiple district courts and is sought after for her analysis regarding child safety and parental competencies.



### MICHELLE FOINT-ANDERSON

The Vaccinate Alaska Coalition honored Fairbanks Public Health Nurse III **Michelle Foint-Anderson** with the "2013 Laurel H. Wood Lifetime Achievement" Award. The award celebrates those who have established an impressive record of accomplishment in improving immunization status in our state. Recipients of this award demonstrate a commitment that has set an example to others for more than 10 years. Foint-Anderson has successfully collaborated with Fairbanks area schools and with vaccination campaigns for over 15 years. Her creative community outreach methods include dressing up in rooster and friendly-dog costumes to promote vaccination at community events. She is a steadfast immunization advocate, dedicated to protecting the health of Alaskans.



### KRISTINE GREEN

**Kristine Green**, Public Health Specialist II, Autism Specialty Clinic and Parent Services Program Manager, is recognized nationally for her work on behalf of children with special health care needs. She demonstrates expert knowledge and leadership through her work in outreach clinics, community presentations, stakeholder partnerships, and through her work as the elected Family Representative on the board of directors for the Association of Maternal & Child Health Programs.



### SUE NEWBURN-MEDEL

**Sue Newburn-Medel**, Public Health Nurse III, has worked for public health nursing for 20 years. As team leader, Newburn-Medel provides patient care and leads her team of new public health nurses with her wealth of nursing knowledge and her passion for good nutrition and daily exercise. She leads the Ketchikan team in walk fit exercises and is a statewide champion for employee wellness. She served on the division's obesity workgroup and worked on DHSS's Logic model to develop universal healthy lifestyle screening of heights, weights and BMI's on all of our clients.



### PUBLIC INFORMATION TEAM

The DHSS **Public Information Team** won the Alaska Marketing Association's Prism 2013 Award for its campaign to decrease STD rates. The team's recent work was also recognized nationally by the National Public Health Information Coalition: (Gold) foster care public service announcement video, "One Child" and "Alaska Medicaid 102: Medicaid Compliance and Ethics Training"; (Silver) "Bedtime for Baby: Safer Sleep for Naps and Nights" brochure and "Play Every Day TV PSA: Athlete"; and (Bronze) for "WIC For Farmer's Markets" video.

## New Medicaid waiver screening assessment in testing stage on Kenai Peninsula

**I**f an Alaskan wants to apply for services through the state's Medicaid waiver Home and Community-Based Services or Personal Care Assistance programs, provider agencies typically refer the person to the Division of Senior and Disabilities Services (SDS) for an assessment. However, nearly half of the people referred are not eligible for this level of services, pointing to a need for a better screening system for applicants.

To match people who have less intense needs with appropriate services more quickly, and to reserve assessors' time for people most likely to need waiver services, the division is testing a new screening approach on the Kenai Peninsula.

Providers there will send applicants to the local Aging and Disability Resource Center, and the center will screen them to determine what services they need, including for behavioral health. Those who may qualify for waiver or personal care programs will be connected with SDS; those who clearly would not qualify are instead linked with other local services. The screening project runs from December 2013 to December 2014.

## 50<sup>th</sup> anniversary of 'great quake' spurs 6-day exercise

**T**he Great Alaskan Earthquake lasted nearly three minutes and — at a magnitude of 9.2 on the Richter scale — was the most powerful recorded earthquake in North American history.

What if it were to happen again today?

That's the premise of Alaska Shield 2014, a six-day emergency preparedness exercise scheduled for March 27, 2014 (the 50<sup>th</sup> anniversary of the quake). The multi-agency exercise will be held in 13 Alaska communities and on all University of Alaska campuses.

The exercise is being coordinated by the Department of Military and Veterans Affairs, but the Division of Public Health Section of Emergency Programs will lead medical efforts and serve as a

supporting element for hospitals, shelters and mass casualty responses. "This will be the largest, most comprehensive training we've ever conducted," says Andy Jones, emergency program manager for the division.



Fourth Avenue in Anchorage, following the 1964 "Great Alaska Earthquake."

Jones stresses that public preparedness relies heavily on personal preparedness. "Every Alaska family should have emergency supplies and an emergency response plan in place. For another catastrophic earthquake to hit Alaska, it's not a matter of if, but when."

The medical response section of the exercise is looking for licensed healthcare providers and non-medical people to

volunteer to make this exercise as realistic as possible. For more information, go to [www.haleborealis.com](http://www.haleborealis.com).

To learn more about building a emergency supply kit, go to <http://www.ready.alaska.gov/prepare/>.

## OCS focuses on employee safety

**A**lthough employee safety has always been important, the culture within child welfare has historically been mostly complacent about identifying risks unique to child protection workers. Instead of actively taking steps to reduce those risks, the focus has understandably been on protecting clients, not workers. However, the landscape is rapidly changing.

The leadership of the Department of Health and Social Services and the Office of Children's Services has taken immediate and aggressive steps following a series of recent incidents that posed very real threats to the safety of the entire Anchorage staff, as well as similar events over the years in offices around the state.

With support from Gov. Sean Parnell and the Alaska Legislature, OCS secured funding to start a multi-year work initiative toward ensuring some 500 employees in 26 communities and five regions can be safe while working within their offices and in the field.

Starting with a focus on the largest urban offices with high numbers of staff, assessments began of those buildings and what could be done to increase staff safety — both in the short term and into the future.

"Much progress has already been made and more is to come in the next several years as every single office is reviewed," OCS Director Christy Lawton said. "We have significantly raised the bar on what 'sufficient' means in ensuring staff have the training, policy and procedure guidance, support and the right tools to do their jobs safely."

OCS is steadfast in its resolve to not become complacent on this issue again, nor lose sight of its goals. Lawton: "We are committed to achieving our goals and sustaining the level of energy that it will take to keep the safety of our workforce a No. 1 priority."

## Keep informed about juvenile justice matters

**T**he new external newsletter — DJJ Connections — for the Division of Juvenile Justice is aptly named. According to Director Barbara Henjum, the goal of the newsletter, which debuted with an inaugural issue in late 2013, is to keep partners, public officials, and interested Alaskans informed about the division's efforts to fulfill its mission.

The division's mission is threefold: 1) hold juvenile offenders accountable for their behavior; 2) promote the safety and restoration of victims and communities; and 3) assist offenders and their families in developing skills to prevent crime.

The newsletter, spearheaded for the division by Program Coordinator Matt Davidson and designed by Publications Specialist Glenn Harvey, will be published online quarterly. Regular features will include a column from Henjum and stories about DJJ projects, programs, facilities and more.

"These are exciting and challenging times for our agency," Henjum said. "We are committed to providing you with useful juvenile justice information through DJJ Connections."

Story ideas, questions, and comments about the newsletter may be submitted to: [hss-djj@alaska.gov](mailto:hss-djj@alaska.gov). The public may sign up for the newsletter at: [https://public.govdelivery.com/accounts/AKDHSS/subscriber/new?topic\\_id=AKDHSS\\_49](https://public.govdelivery.com/accounts/AKDHSS/subscriber/new?topic_id=AKDHSS_49).

## Foster care rates increase for most categories

**N**early 2,000 children in need of a safe environment were being cared for out of their own homes in Alaska on Sept. 1, 2013. The state pays foster families who provide this essential service — whether long-term or short-term — which can make a vast emotional difference in a child's life.

"While money isn't the primary reason someone becomes a foster parent, it's vital they have the funds they need to take care of a child," Office of Children's Services Deputy Director Tracy Spartz Campbell said of recent upgrades in reimbursement to foster families. "These rate increases are definitely a step in the right direction."

The largest concentration of children in out-of-home care is in the Anchorage and Southcentral areas of the state.

Every one of these children will need a safe place to go until they can return home or, in the rare case family reunification isn't possible, be adopted by a loving family.

Not all children in out-of-home care will need a licensed foster home — some will be placed with relatives or in some sort of group setting — but many do. That need creates an ongoing demand for caring foster parents who are willing to open their hearts and homes to a child. The need is especially great for Alaska Native foster parents.

In the fall of 2012, the Office of Children's Services hired a national firm, Hornby, Zeller, and Associates, to conduct a comprehensive study of rates paid to foster parents in Alaska. Based on the results, OCS care rates increased on July 1, 2013 for most foster parents, and vary by region and community.

Although most foster families received an increase, in one category — children 0–29 months — the study determined that OCS was overpaying foster parents. The foster care rates for this age group actually decreased slightly.

## Home- and community-based grants provide low-cost safety net

**T**he Division of Senior and Disabilities Services has as its mission the promotion of health, well-being and safety for individuals with disabilities, seniors and vulnerable adults by facilitating access to quality services and supports that foster independence, personal choice and dignity.

A keystone program in the division is its longstanding community grants program.

Community grants continue to provide a relatively low-cost safety net for seniors and Alaskans with

developmental disabilities, providing meals, rides and other basic needs.

Roughly 34,000 seniors and 2,000 Alaskans with developmental disabilities were served in fiscal year 2013, at an average cost of about \$430 and \$11,900 per person, respectively.

The grants help Alaskans who need some assistance to remain in their homes and allow them to maintain as much independence and dignity as possible. The grants also forestall the need for more intensive, costly services, such as a move to an assisted living home.

For more on the Home and Community Based Senior Grants program, go to: <http://dhss.alaska.gov/dsds/Pages/hcb/hcb.aspx>.

## RECIPE continued from page 1

Ask “Chris” (not his real name), a 16-year-old McLaughlin resident who went on the hunt, where he’s from and here’s the answer you’ll get: “I moved around a lot.” Chris has lived in Anchorage the past few years, and admits he’s battled a drug problem. Although he’d done some fishing before the trip, he’d never been hunting, and never traveled anywhere so remote.

But while Pete Harrison, Unit Supervisor at McLaughlin, remembers the butchering of the moose as “kind of miserable” because it was “blazing hot” at the time, Chris saw it differently.

“Cutting up the moose was the best part,” the 16-year-old said. “When you get food from the store, it’s nothing like that. It showed me what it means to work for your food, for your survival.”

After the hunt, the lessons weren’t over. A traditional potlatch was held at MYC with meat and fish taken on the trip. Weston said the youth helped serve the elders and their families first before they ate. The elders spoke about the cultural significance among the Alaska Native people of such a hunt and the resulting celebration.

“They talked a lot about it as a rite of passage,” Weston said.

In addition to those lessons, Weston said the trip provided the youth with a moment to step away from their previous, often troubled lives. “While disconnecting from some things in their lives, they’re connecting with new things,” he said.



“It showed me what it means to work for your food, for your survival,” a DJJ resident said.

Weston hopes to continue doing wilderness hunts with youth in the future, perhaps expanding them to include young women. The goal, he said, is always to bring the youth back safe and sound. But the real success of the hunt becomes evident in the days and weeks afterward.

Chris said he thought the trip would be “fun,” but it wound up being much more. At night, when it was quiet and the activity of the day had wound down, Chris said he’d sit in the tent he shared with two other boys and think about things. Things like his drug history. But it was different, he said, than being in treatment at McLaughlin.

“I was deciding to think about it myself. They weren’t telling me to think about it,” Chris explained. “I got in touch with myself.”

To Weston, that sums up what the hunt was about.

“It’s not dependent on the harvest, but on the kids doing all the things ANHC and the elders taught them about hunting and cooperation with others. It’s about kids being successful out in the community,” he said. “That’s the success we’re looking for.”

## DISASTER continued from page 1

Plans to maintain essential functions, said Andy Jones, incident commander for the DHSS EOC.

The DHSS EOC worked with the Alaska Native Tribal Health Consortium and Tanana Chiefs Conference to provide response support and ensure coordinated medical, behavioral and public health services. In addition, “the coordination between DHSS departmental divisions and sections was a huge success,” Jones said.

The DHSS EOC provided behavioral health support, child protective services, free vital records and vaccines in affected communities.

### Core health services affected, winter coming

Galena’s core health care services were augmented by medical professionals through Alaska Respond volunteers. “Pre-disaster partnerships, training, and exercises enabled Alaskans to provide for all health and medical needs without federal assistance” said Jamie Littrell, the DHSS EOC manager.

Recovery work goes hand in hand with response efforts. For Galena, that means planning for behavioral health and long-term shelter needs. At the request of the Division of Homeland Security and Emergency Management, DHSS has been part of a state-FEMA Joint Field Office providing health and medical support and serving as the lead for mass care.

That meant writing and executing a winter shelter plan to maximize the number of people who could return home and to provide shelter for those without other options until homes are rebuilt next summer, said Merry Carlson, chief of the Section of Emergency Programs and the disaster’s mass care lead through October, 2013.

“In this event, mass care isn’t just providing shelter for over a year under challenging conditions,” Carlson said. “Mass care is working proactively with individuals and the housing team to prioritize home repairs, find resources for displaced individuals, and provide wrap-around feeding, showering, and laundry services for individuals living in their damaged dwellings without those resources.”

An innovative Integrated Services Task Force made getting assistance less burdensome for those who needed it. FEMA case workers served as the primary points of contact, while the task force secured the necessary resources and solutions. The process allowed state emergency managers to problem-solve and coordinate services without asking individuals to tell their stories and explain their needs over and over again.

Many Galena residents will not have their homes repaired until construction season begins in 2014, and those in Old Town face critical decisions about relocating.

“Every aspect of life in Galena is altered. Behavioral and Public Health divisions wrote a Crisis Counseling grant, recently approved, that will fund Tanana Chiefs Conference to provide outreach to affected individuals to ensure survivors are linked to mental health and other resources,” said Rick Calcote, state disaster behavioral health specialist.

## Natural disasters can affect health services statewide

The Office of Children’s Services’ Northern Region covers over 300,000 square miles. In the past year, the area saw three natural disasters:

- A tsunami off the Western coast
- Wildland fires throughout the Interior
- Yukon River flooding

The spring flooding destroyed the OCS office in Galena, located about 270 air miles west of Fairbanks. More than 100 homes were uninhabitable or total losses. Most of the estimated 450 residents were evacuated to Fairbanks at the end of May,

including the two OCS employees who lived in Galena. That meant OCS had both staff and clients who were homeless and needed help.

Through collaborative efforts with Tanana Chiefs Conference and Loudon Tribal Council, OCS was able to successfully serve the region and their families working from an interim office in Fairbanks, said Northern Regional Manager Coleen Turner.

That disaster and others have reminded DHSS and all Alaskans of the importance of planning ahead for emergencies.

“In a crisis, we must be prepared to not only keep our families or property safe, but it is also critically important we keep the children in our care safe,” said OCS Director Christy Lawton. “This means having backup systems, plans, and communication strategies that enable us to find, communicate, support and respond to those children, their parents, and the

families who support them — perhaps without the benefit of working phones or other technology.”

And after seeing the devastation in Galena firsthand, Regional Manager Turner feels more strongly than ever that preparation is key. “I can’t express enough how critical it is to plan before these events happen,” she said.

Every region and department has a uniquely tailored Continuity of Operations Plan (COOP) in place. In 2014, the state and local officials will be organizing a statewide disaster drill on March 27, timed to mark the 50<sup>th</sup> anniversary of the great Alaska earthquake of 1964. OCS management will be among DHSS staff receiving training, engaging staff in drills and working toward ensuring that disaster plans will work when they’re needed.

For more information on disaster planning, go to: <http://dhss.alaska.gov/dph/Emergency/Pages/prepared/disaster.aspx>.



Mission Accomplished! About one-third of the OCS Galena office files were waterlogged during the flood. Coleen Turner and John Lucansky, OCS staff members, worked to remove equipment and files.

# New Eligibility Information System implementation deadline extended

**T**he Department of Health and Social Services has received an extension from the federal government of the Oct. 1, 2013, deadline to implement the first phase of the state's new Eligibility Information System software, say state officials. The Division of Public Assistance and Deloitte Consulting (the technical contractor) began design and development in April of this year.

"Most states modernizing their automated public assistance systems have been working on the design, development and implementation for several years," said Ron Kreher, director of the Division of Public Assistance. "We knew that standing up a complex, state-of-the-art computer system such as ARIES, even when using an existing system as a starting point, was going to be a challenge. In early September it was clear that we could not meet the Oct. 1 target." ARIES is the acronym for Alaska's Resource for Integrated Eligibility Services.

ARIES will replace the division's 30-year-old Eligibility Information System. The new system will leverage technology to meet the department's changing business needs while also providing improved customer service. Alaska's replacement system will meet federal mandates for new technology and recent policy changes affecting the Medicaid program. Under the Affordable Care Act, ARIES must provide online access for applicants and must interface smoothly with the Federally Facilitated Marketplace. The replacement system is expected to cost approximately \$63 million with 90 percent of the development costs covered by federal funds.

ARIES is being developed in two phases. The first phase consists of Release 1. This release is focused on the development and implementation of a Self-Service Portal that people can access through their MyAlaska account to apply for Medicaid online. Release 1 will also modernize the eligibility determination process by reducing the amount of time it takes to make a Medicaid eligibility determination. Release 2 is scheduled for implementation in June 2015. This release will incorporate public

assistance programs such as Food Stamps, Temporary Assistance, and Adult Public Assistance.

## Will ARIES change the way clients currently receive public assistance benefits?

Beginning in January 2014, all Medicaid recipients will receive a Medicaid card.

The Denali KidCare card (DKC) will continue to be issued to people covered by Denali Kidcare. Starting on Jan. 1, the Medicaid coupons received by many Medicaid recipients will be replaced by the Denali Care card with blue and gold colors to easily distinguish it from the DKC card.



## Slower now ... but faster for all when completed

"While applying for assistance online will be more convenient for people, it will remain a lengthy process. To ensure we meet all federal and state rules, and so eligibility determinations are accurate, we must continue to ask many questions," Kreher said.

At first, ARIES will not support all programs administered by the division. So, between January 2014 and June 2015, division staff will need to complete data entry in both systems, which will increase the workload for eligibility technicians and support staff.

"Implementing major changes in technology always presents risks that could affect customer service. The staff of the Division of Public Assistance will be learning how to use a new system and technology, and I can guarantee that at first there will be frustrating moments for the public and for all of us in the division who are dedicated serving the people of Alaska," Kreher added. "While it's taking longer than our initial timeline, we know the new system will create efficiencies that will help better manage our workload and provide the quality service Alaskans expect."

## Public Assistance earns bonus for food stamp accuracy

**T**he state Division of Public Assistance received two bonus awards totaling \$710,531 for outstanding performance in administering the food stamp program during federal fiscal year 2012.

"Given the range of challenges that DPA staff deals with on a daily basis, this is a fabulous achievement," Health and Social Services Commissioner William J. Streur said. "It speaks volumes to the expertise, dedication, and professionalism of the division's excellent eligibility technicians and outstanding quality assessment team."

The food stamp program, also known as SNAP (Supplemental Nutrition Assistance Program), served an average 93,123 low-income Alaskans monthly during the award period. Alaska placed second in the nation for both the payment error rate and the case and procedural

error rate. The national average for the payment error rate was 3.42 percent; Alaska's rate was 1.07 percent.

"The awards validate many of the changes in our business processes and are also a clear demonstration of the effective teamwork and collaboration in this division," Division Director Ron Kreher said.

The division plans to use the bonus funds to improve the administration and operation of Alaska's food stamp program. "We want to enhance our support for this critical nutrition assistance program, and add more value to the services we provide needy individual and families," Kreher said.

For more information on Alaska's food stamp program, go to: <http://dhss.alaska.gov/dpa/Pages/fstamps/>.

## Family Support Team training video



The Division of Public Assistance filmed a training video that will visually "walk" case managers through each step in establishing, coordinating and facilitating Family Support Teams. Family Support Teams work collaboratively with community providers who serve DHSS clients to streamline services and move clients toward stability and self-sufficiency. As a new requirement of Work Services Families First grantees, case managers require specialized training in coordinating and leading Family Support Teams.



Winter Update 2013-14  
Vol. 10 No. 1

The Summer and Winter Updates are biannual publications of the Alaska Department of Health & Social Services.

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