Frank H. Murkowski
Governor
Joel Gilbertson
Commissioner

ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES

SUMMER UPDATE 2005

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

VOLUME 1 NUMBER 1

Bring The Kids Home is great news for Alaska families

Children requiring psychiatric treatment need to be close to family

Inside, Outside or Morningside

In Territorial days, residents referred to three categories of Alaskans: those "Inside," "Outside," and at "Morningside." Inside, of course, were those living in the Territory. Outside, then as now, were those living anywhere but Alaska. Morningside Hospital was a Portland, Ore., psychiatric institution where Alaskans — young and old — with mental illness or developmental disabilities were sent because of lack of treatment facilities in the Territory, which later became a state.

Thanks to Gov. Frank H. Murkowski's proposal to "bring the kids home" from Outside residential psychiatric treatment facilities, eventually there will be no more "Morningside experiences" for Alaska's children. The $5 million two-year initiative, which will be implemented by the Division of Behavioral Health, was fully funded at $2.5 million for fiscal year 2006 by the Legislature during the last session and sets in motion the resources to treat our children either in their homes and/or close to their families — as adequate Alaska services become available.

"While all of our programs are important to Alaskans, the 'Bring The Kids Home' project is especially critical to me," Health and Social Services Commissioner Joel Gilbertson said. "It's sad enough for a family to have a troubled child — that tragedy should not be compounded by sending sons and daughters far away from their loved ones."

In recent years, the number of Alaska children receiving care in Outside residential treatment facilities has ranged from 600 to 700 a year. Last year, half of the children in treatment Outside were Alaska Native. The state is working with Native health organizations — including Southcentral Foundation, Yukon-Kuskokwim Health Corporation and SouthEast Alaska Regional Health Consortium (in conjunction with Juneau Youth Services), and in partnership with the Alaska Native Tribal Health Consortium — to make sure Native children are kept as close to their homes and families as possible while getting needed help.

Included in the $2.5 million fiscal year 2006 appropriation is nearly $2.1 million from the Alaska Mental Health Trust Authority to develop and expand the system of care for kids. This funding can be used to provide in-home interventions, therapeutic foster care, group homes and other supportive services like tutors and social and recreational activities. "These Trust beneficiaries — children — have been overlooked for too long and the Trustees recognized the need to support the state in this effort and invest significant Trust resources to ensure the success of the project," Trust CEO Jeff Jessee said. Jessee added that the Bring The Kids Home initiative will serve as a catalyst to "restructure and reinvigorate the children's mental health system in Alaska."

Numbers have soared

The number of children placed out of state has steadily increased over the years as our population has grown. Medicaid beneficiaries last year in out-of-state treatment facilities jumped 17.5 percent over 2003.

While Behavioral Health Division Director Bill Hogan attributes some of the increase to normal population growth, he says he hears all the time from frontline workers that kids have more serious problems than in the past. "We cannot prove that," Hogan said, "but people who work with kids say they're much more difficult to work with and have more complex challenges than have been seen before."

Whatever the reasons for the growing numbers, Hogan says it comes down to this: "We need more services to keep kids with their own families and in their own villages or communities." He applauds the kinds of programs available in other states where social workers may be sent into a home at 10 p.m. on a Saturday night when a kid is having serious problems. That kind of round-the-clock service at the lower end of care can head off more serious and more costly problems later on. And that's the kind of on-the-spot service he would like to see eventually in Alaska, whether it be in a village or a city.

Timeline

The main point of the project is to link families and children with community-based care or other in-state services. To this end, the funding will establish regional community mental health care

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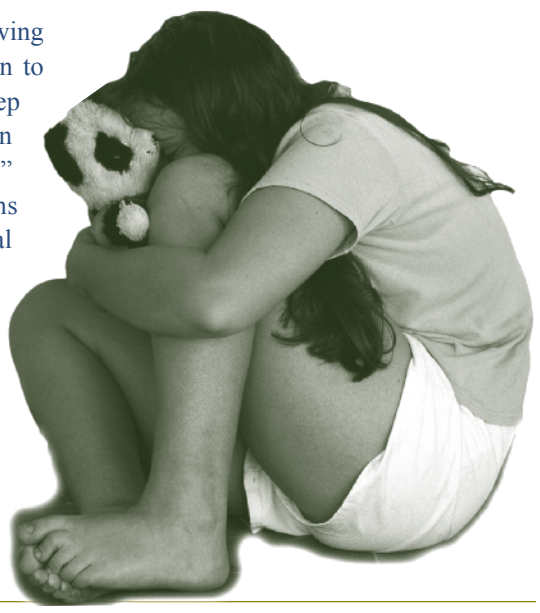

SeniorCare continues to help low income seniors cope with rising prescription costs

No one should be forced to choose between medicine and groceries. Low-income and limited-income senior citizens living in Alaska and struggling with the rising cost of prescription medication will be better protected in the coming year with the continuation and further expansion of the SeniorCare program through the passage of House Bill 106.

"This program will help them (seniors) stay in their homes — and to remain in Alaska," said Linda Gohl, Executive Director of the Alaska Commission on Aging.

Gov. Frank Murkowski's SeniorCare initiative, which began in 2003 and was enacted in 2004, extended a helping hand to low-income seniors with a variety of options. Alaska seniors who qualified for the Senior Assistance program were offered a prescription drug subsidy or cash assistance of $120 a month, depending on income qualification levels.

The passage of HB 106, along with an appropriation of over $6.8 million for fiscal year 2006, extends the cash stipend of $120 a month to seniors below 135 percent of the current federal poverty level through June 2007. That translates to a single senior with an income below $16,133, and a couple with an income below $21,641 who are eligible to receive the monthly cash assistance of $120 a month. When Medicare Part D begins coverage nationwide in January 2006, these seniors will have their premiums and deductibles covered by Medicare.

The SeniorCare drug benefit will also cover the premiums and deductibles for Medicare Part D, or comparable insurance cost, for seniors who fall between 135 and 175 percent of the current federal poverty level. That

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Governor's Message

We all value the same things: a healthy body, a healthy family — and a healthy community. To accomplish our common goals, this past legislative session included several Department of Health and Social Services initiatives that will improve the lives of our children, our families, our seniors and our communities in Alaska.

Three outstanding examples of success are House Bill 53, the Family Rights Act; House Bill 106, SeniorCare legislation; and House Bill 95, an updating and broadening of Public Health law.

The Family Rights Act will improve our efforts to protect children and preserve families by enabling state officials to disclose information to the public about department actions in certain cases. It also allows family members to be more involved in the care and life plans of children who are temporarily in state custody.

HB 106 legislation extends and strengthens SeniorCare by continuing to provide a cash benefit to the neediest of Alaska's seniors, and dovetails with the federal changes to Medicare in January 2006, so low-income seniors will have help with the federal prescription drug plan.

HB 95 gives public health officials the authority to manage health crises that may threaten all our citizens, such as pandemics or bioterrorism, or any of the frightening scenarios that are possible in our increasingly complicated world.

All these stories and more are included in this issue of DH&SS Newsline. I encourage all Alaskans to learn more about our successes and how the department is promoting and protecting the health and well-being of the citizens of Alaska.

Frank H. Murkowski, *Governor*
State of Alaska

Bring The Kids Home — one child at at time

Pam Miller spends her days making sure that Alaska's most troubled kids — the ones with psychiatric problems — get the treatment they need, when they need it and where they need it. She's the Division of Behavioral Health contact person for Residential Psychiatric Treatment Centers, where most of our kids who need intensive treatment end up in out-of-state care.

As a project manager for the Bring The Kids Home Initiative, Miller is certain that keeping Alaska's troubled kids — affected by substance abuse or psychiatric disorders — with or near their families while undergoing treatment is the best thing for everyone concerned.

She describes a scenario of a young child who was able to be served in state through collaboration with community resources. The child had a fascination for broken glass and electrical sockets. The behavior was dangerous for the child's and the family's safety, so the family turned to an acute care treatment facility.

The family was very involved with the child's treatment, but they were concerned that the child would be sent out of state for ongoing care. "The child wasn't meeting the medical necessity criteria for Medicaid reimbursement for 'acute care' any longer," Miller explained. "And the family could not afford acute care rates for continuing treatment."

The inpatient treatment team found an out-of-state facility that would be clinically appropriate to treat this child. However, the treatment team and the family were uncomfortable sending the child so far from home and decided to explore the possibility of individualizing services around the child, so the child would be able to attend home school and be close to family. So Miller — in collaboration with the inpatient staff, the division's contracted care coordinator and others at DBH — came up with a plan to keep the child at the Alaska facility for a while longer, paying the acute care rate with general funds.

It took months of coordination, finding a local pediatric neurologist, and working with a local provider to recruit and train an appropriate foster family. "We didn't see how it could benefit anyone in the family for the child to receive treatment out of state," Miller said. "The emotional trauma of the split from the family can negatively affect any treatment gains that could be made at the out-of-state facility."

Patience and determination paid off. The child is now in school, getting the needed services, and made a smooth transition from inpatient care to a local foster home better equipped to care for the child. The family remains very involved — an essential element that would not have been possible if the child were treated out of state.

Miller says the positive outcome for the child was worth the struggle: "It's a very heartwarming story."

For Pam Miller, every child in treatment Outside is one too many.

Bring The Kids Home

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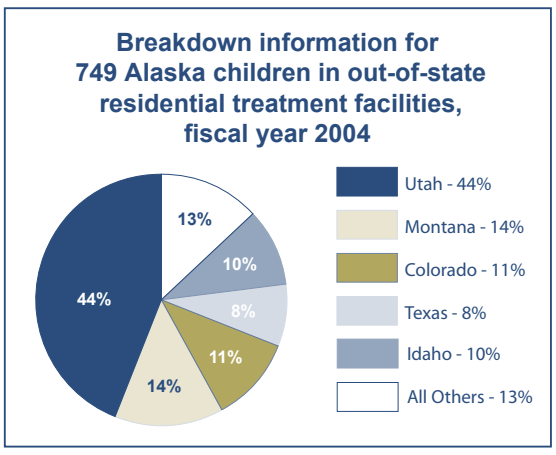
teams. More staff positions — frontline workers — have been created and are in the process of being filled. And more local and regional treatment services and facilities will eventually be created. The process has already begun: By working with service providers statewide, more than 50 kids were brought home last year.

"Our goal is within 10 years to have all kids served in Alaska," Hogan said. "We're shooting for the year 2012 to have about 150 out of state at any one time. Our goal is zero kids Outside by 2015."



SeniorCare

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means seniors with an individual income below $20,913 and a couple with an income below $28,053 can qualify for assistance.

"The beauty of the new SeniorCare benefit is the target beneficiaries," said Pat Luby, Advocacy Director for AARP in Anchorage. "We know that low-income older Alaskans need that $120 monthly stipend to help with increasing health care costs. Many depend on that check just to get by month-to-month." The new Part D wrap-around benefit will help those older Alaskans who are least likely to be able to afford the Part D monthly premiums and the $250 deductible, he said.

"Think about a typical couple with $25,000 annual income. When they search their budget to figure out how to find another $70 each month to pay their premiums, most of them won't be able to do it," Luby said. "With the new SeniorCare benefit, those folks can rely on the state to pick up those premiums and the deductible. They will have no reason not to sign up for Part D and the majority of their prescription costs will be taken care of. Gov. Murkowski and the Legislature have certainly enabled these Alaska seniors to enjoy a much healthier retirement."

In a letter to the House Finance committee dated May 5, 2005, Gohl wrote, "it is of great importance to seniors to be able to predict their benefits for the coming year, particularly as this new Medicare drug option is put into place. We would like the seniors in this income category to be able to sign up for the new Part D later this year with no fears of whether its cost will require that they do without necessities as they budget their limited incomes."

There are additional financial conditions that determine eligibility. The Alaska SeniorCare Information Office is available for seniors with questions regarding qualification requirements. The office will help seniors choose a drug coverage plan required by the Medicare Part D program, or assist in answering questions regarding Medicaid or Medicare coverage.

SeniorCare INFORMATION OFFICE:
1-800-478-6065
Anchorage: 269-3680
www.seniorcare.alaska.gov

More family rights, more transparency in child protection

The headlines were shocking, the stories were tragic — and the public reaction was vocal. In the past three years, statewide media reported on high-profile child abuse cases that threw a harsh light on state laws prohibiting the Office of Children's Services from commenting on the cases.

Some of the cases also highlighted family members' lack of rights with regard to abused children in state custody. It was evident that more transparency was needed in the Office of Children's Services in child abuse cases.

A 1999 task force had made recommendations on how to improve laws to allow the department to discuss such cases. As a result of these cases and after a review of the task force recommendations, Gov. Murkowski proposed legislation to eliminate the restrictions that essentially put gags on OCS, blocked public disclosure — and worked against keeping families together.

"We feel that opening up in a responsible way will make us more accountable to the public and improve our image," OCS Deputy Commissioner Tammy Sandoval explained.

Early in the session, several pieces of legislation were proposed regarding child protection. Rep. John Coghill suggested consolidating all such legislation into one bill, to ensure that the various proposed legislation did not cause conflicts in law. Working with the administration, Coghill sponsored House Bill 53, known as the Family Rights Act, which was developed from the combined efforts of the governor, Rep. Norman Rokeberg and several legislators during the committee process.

"Thanks to the efforts of Rep. Coghill, this legislation will improve our efforts to protect and preserve families," Gov. Murkowski said.

The Family Rights Acts strengthens the rights of adult family members by allowing them preference to care for children who have been removed from parents' care. The Act also gives these family members — who have been part of a child's life — preference when it comes to adopting.

The legislation also improves transparency in the child protection system by allowing the state to share information with the public about department actions in certain child abuse and neglect cases.

The law will also make court proceedings open to the public except in certain circumstances.

Improved laws, of course, won't alone prevent heartbreaking cases of child abuse from taking place. But allowing the news media and thus the public to know more about the state's role in protecting our most valuable resource — children — should over time instill more confidence regarding our child protection system.

Caseload reductions help social workers help kids

Above all, protecting Alaska's children is about people. It's about the children who find themselves in unsafe and unhealthy situations. It's about the dedicated frontline child protection workers who help those children in state custody. It's about perennially overworked and short staffs.

The good news is that the Legislature this year approved 33 new positions for the Office of Children's Services. The results, according to Deputy Commissioner for OCS Tammy Sandoval, will be improved outcomes for kids by reducing caseloads for social workers — and improved management of cases with available technology.

The additional positions at OCS enable frontline child protection workers to focus on increasing child protection, preventing abuse and neglect and achieving more permanent homes for children.

"We strongly agreed with the recommendation of the 2002 federal Child and Family Services Review to increase the Office of Children's Services workforce," Sandoval said, "and we made that a part of the OCS Program Improvement Plan in September 2003."

The child protection budget package provides for unified home studies of foster and adoptive homes; additional post-adoption services to ensure that adoptive families have the support they need to continue caring for special-needs children they have adopted from OCS; increased funding for social worker training; and support for new technology.

Commissioner's Message

Meeting the health and social needs of Alaska's people will always be a challenge. Through budget surpluses and budget deficits, we must constantly work to improve the quality and efficiency of the services we deliver. I'm proud to say that the Department of Health and Social Services is meeting its mission and delivering a better value to Alaska's citizens. And we're accomplishing this, in part, through streamlining our services and investing in the most current information technology.

The integrated delivery of health and social services is not just the future of our department, it's what we're working diligently to realize right now. The traditional way of shaping services around programs, rather than people, simply cannot continue. Requiring individuals and families to tell their story — the same story — to multiple individuals representing varied programs offered by the same Department is frustrating to our clients. Delivering those services through uncoordinated programs within the same agency is a waste of precious resources. We can and are doing better.

By recognizing that many of our clients make use of multiple programs within the Department — and working in a coordinated fashion across divisions — we can more efficiently target resources and move families into self-sufficiency quicker.

Our mission is to promote and protect the health and well-being of Alaskans — and when accomplished, it leads directly to more individuals being empowered to live as independently as possible.

Making it easier to get help

We're integrating services around our clients right now. For example, no longer do we treat substance abuse and mental health programs as two distinct divisions. The new Division of Behavioral Health is working with providers and stakeholders to build a system of care that acknowledges that a majority of our clients have co-occurring disorders, and evaluation and treatment must reflect this.

It's about building a seamless web of services that creates no wrong door for those who seek treatment, and coordinating at the local level to meet an individual's needs.

We're also demonstrating an innovative family-centered services model that will help move some of our intensive-needs families from welfare to work. This multidivision partnership combines children's services, behavioral health care and other supportive services in an effort to target resources more efficiently.

Being smart with new technology

We're also using information technology to support and improve services.

For example, we have recently deployed a new information system within the Office of Children's Services that, for the first time, allows for real-time access to child protection case file information. Previously workers have had to rely upon paper records and archived files.

The Division of Juvenile Justice has launched a Web-based system that combines facility and probation records into a shared data base. Records are updated and accessed real-time.

And the Division of Behavioral Health is now using an automated, Web-based system that allows all of our providers — regardless of size or geographic location — to successfully screen clients for care and report outcome data through a client status review.

The future

Over the coming years, the Department will work to expand service and information technology integration. Service integration will continue until our front-line workers, regardless of job title or division, are empowered to offer all of our department's services to a child, family or community in crisis. And our information technology improvements will continue until all of our department's data collection, regardless of what division or program collected it, is available in a protected, secure and real-time fashion to all of our decision makers.

It's all about people

Technology and system reforms will improve the lives of Alaskans, but they won't change an important fact: We're a people business, and will always remain so. We serve people, and we are people. Our greatest strength is the high-caliber and professional workforce that strives each day to help people in crisis. For that, I thank all of our dedicated employees and all of the partners who support the Department of Health and Social Services in accomplishing its mission.

Joel Gilbertson, *Commissioner*
Dept. of Health & Social Services

Preventing fetal alcohol disorders top state priority

The message cannot be repeated too often: Fetal Alcohol Syndrome — often referred to as FAS — and all disabilities resulting from prenatal exposure to alcohol are 100-percent preventable. *That's 100-percent preventable.*

If a woman does not drink during pregnancy, all Fetal Alcohol Spectrum Disorders (FASD) are eliminated. Those disorders include mental retardation, and learning, behavioral and physical disabilities.

Because Alaska has made FASD prevention one of its top priorities, the state's Comprehensive FAS Project received $596,000 from the Legislature this year. The monies will assist in filling the gap left when five-year federal funding, secured by Sen. Ted Stevens, expires in September 2005.

Fairbanks 19-year-old Teena Horodyski, who has disabilities associated with Fetal Alcohol Syndrome, worked with Gov. Murkowski in a 2004 campaign warning about the dangers of drinking during pregnancy.

The money will support community-based FASD Diagnostic Teams, which will provide diagnostic services to their communities. Since the Alaska FAS project began in 1998, more than 650 children, youth and adults have received a diagnosis related to FASD.

Having a complete FASD diagnosis is the first step in addressing the needs of individuals and families impacted by brain damage resulting from prenatal exposure to alcohol. A thorough diagnosis, performed by a team of professionals specially trained in this disability, provides a road map to improve the lifelong outcomes for the affected individuals and their families.

"You cannot measure the importance of a quality diagnosis when looking for appropriate services to meet the needs of an individual with FASD," said Diane Casto, Manager of the Division of Behavioral Health Prevention Services. "Diagnostic services, combined with our state's exemplary FAS Surveillance Project, have given Alaska the best data in the nation on the prevalence rates of FASD." Those data include the service needs of individuals diagnosed, and the demographic data about who is affected, where they live and if there are other affected children in the family.

The funding from the Legislature will pay for approximately 200 diagnoses in fiscal year 2006. In addition, the state will have some carry-over funds from the federal grant that will allow for the continuation of some community-based prevention and service delivery programs, including the statewide FASD prevention awareness campaign and the FAS Surveillance project.

The Gumlikpuk family of Kwethluk shows that healthy habits during pregnancy produce a healthy baby.

"The goal for the Alaska FAS Project is to integrate the services for individuals with FASD into the state's existing service delivery systems," Casto said. The diagnostic teams are an excellent example of building these services at the community level into existing primary care clinics, Alaska Native Health Corporations, nonprofit agencies and the Alaska Psychiatric Institute.

"Great progress has been made in how Alaska deals with the devastating impacts of alcohol use during pregnancy," Casto said. "These new state funds will continue these efforts."

New state virology lab replaces aging Fairbanks facility

A public health virology lab is the kind of place you see in movies: doctors and scientists in full-body protective suits peering at vials of unknown agents and viruses, racing against the clock to find the cause of a mysterious and deadly outbreak.

Even without the Hollywood hype, the real-life search for what caused a certain disease to occur in a certain location is compelling.

Funds appropriated this legislative session will build a new virology lab for Alaska, replacing an aging lab with up-to-date facilities and equipping it for the public health challenges the state may face in the future.

This year's Legislature authorized $24.2 million for the construction of a new Alaska State Virology Laboratory in Fairbanks to replace the 38-year-old facility.

"The need for rapid and accurate virology lab services is paramount to the detection, treatment and control of these potentially highly infectious and serious diseases in Alaska," Public Health Director Dr. Richard Mandsager said.

The virology lab tests for infectious diseases caused by viruses, including rabies, influenza, SARS, West Nile Virus, Norovirus, hepatitis, HIV, measles, mumps and rubella. In fiscal year 2004, the Fairbanks lab tested more than 36,000 specimens. The laboratory is also a member of the Pacific Basin Respiratory Work Group and the World Health Organization Influenza Centers of the Americas, which provide vital information for the yearly production of influenza vaccines.

> The real-life search for what caused a certain disease to occur in a certain location is compelling.

The State Public Health Laboratory in Anchorage provides testing for diseases caused by bacteria, fungi, tuberculosis and parasites, but it lacks the space and physical infrastructure for the services that the Fairbanks lab provides. Keeping two separate state labs will allow uninterrupted services if either the Fairbanks or Anchorage facility is damaged in an earthquake or other unforeseen event.

"Replacement of the Fairbanks facility will ensure the citizens of Alaska continued safe and highest quality virology lab services," Dr. Mandsager said. Project planning for the new lab starts in the fall.

Patients help plan own recovery in Alaska's new psychiatric facility

State-of-art building provides healing environment

After years of planning, Anchorage's badly outdated 44-year-old Alaska Psychiatric Institute is being replaced with a new building that will provide an environment aimed at helping patients get better faster.

The patient transfer from the old building to the new — located on the same campus just west of Providence Hospital — should be completed in July. And no one is more enthusiastic about the new construction than API's CEO Ron Adler. In fact, he's downright excited.

In the old building, patients lived dormitory style, with four to six people sharing a living space. "Imagine yourself coming to the end of a stay at the hospital," Adler said, "and a new person comes into your space, hearing voices, suspicious, with disruptive behaviors. That can lead to unnecessary conflicts."

The new building will have mostly single rooms, with only a few double occupancy arrangements. Each unit has a courtyard with a covered patio with heated concrete floors so patients will have access to outdoor views every day. The solarium will have live trees and plants — a winter garden — which will create an atmosphere to augment the healing process.

No more dormitories for patients at the new API, with single and — occasionally — double occupancy rooms the norm.

"When you're dealing with people with psychiatric issues," Adler said, "you want lots of light and lots of space."

> "I've been doing this for 26 years and I've never seen patients do as well as they're doing now."
>
> —Ron Adler

Many advances have been made in treatment of mental illness over the last four years nationwide, and Alaska is implementing those changes. Program and treatment changes are aimed at recovery — not at simply keeping people locked away from the general population. "We're living in a historic time in this field when people with serious mental illness will probably recover when they themselves develop a 'recovery-based' treatment plan," Adler explained.

"I've been doing this for 26 years," Adler said, "and I've never seen patients do as well as they're doing now."

In Adler's view, one of the most important parts of the "recovery-based" model is the patient's participation in his or her own treatment plan. "More and more patients want to have self-directed care and we welcome that opportunity," he explained. "It's been happening all over in medicine, but in-patient psychiatric treatment has been somewhat slow in coming to this awakening process." Results are excellent, Adler said. "People have been going back to school, back to work."

Patients don't come to API on their own volition. Often these are people in acute crisis, brought by the police or family — people who may have refused to seek treatment and who have deteriorated to the point that they need to be committed — so they can begin to heal.

After the patients have been evaluated, the recovery team in effect says to the person: "Look, you have an illness that there's a good chance you can recover from — and we want to give you the tools: the right medications, education about your illness so you can control your symptoms, and we'll work with you on rehabilitation so you can assume a positive role in the community."

Psychiatric crisis unit being redesigned, relocated by 2007

Picture television's "E.R.," but instead of patients with broken legs and heart attacks, those who need help may be in severe depression, having psychotic symptoms — even suicidal thoughts. And they need help right now.

The Crisis Treatment Center on the grounds of Alaska Psychiatric Institute is the equivalent of an emergency room for Anchorage's most troubled citizens. The center, which is operated by the nonprofit Anchorage Community Mental Health Services, serves patients who don't necessarily need to be committed to an institution such at API. But their needs are nevertheless immediate.

Services include outpatient crisis mental health treatment, group therapy, and psychological and social rehabilitation.

The facility has been housed for the last 15 years in the old API superintendent's house, which had been used for storage for many years. With the building of the new API, several land swaps resulted in the superintendent's house being owned by the University of Alaska Anchorage.

The Department of Health and Social Services has a lease from UAA for the Crisis Treatment Center to stay put until Oct. 1, 2007, when it will move to the old API structure. By then, the old API building — now owned by Providence Hospital — will have undergone remodeling and asbestos abatement.

> The Crisis Treatment Center on the grounds of Alaska Psychiatric Institute is the equivalent of an emergency room for Anchorage's most troubled citizens.

"We looked at building our own building, said Larry Streuber, Capital Budget Facilities Chief. "But it was too expensive." A stand-alone building for the crisis facility was estimated to cost $7.5 million. The current proposal will cost about $2.5 million in capital funding, which was funded by the recent Legislature.

Streuber said DHSS is working with Providence Hospital right now to design a crisis unit to accommodate 16 patients needing critical emergency services. The specially designed facility will help assure client safety and allow access for physically disabled patients, who cannot be served in the current building — and will allow enough space for offices and treatment rooms.

According to API CEO Ron Adler, "the Crisis Treatment Center serves a vital function in the continuum of care for the Anchorage bowl." Adler emphasized that not everyone experiencing a sudden crisis requires hospitalization, and the Crisis Treatment Center provides an important alternative.

Juvenile Justice services protect public, reduce recidivism

When a child goes wrong, it takes more than the correctional system to put things right. While protecting the community from further harm, enlightened juvenile justice uses family and community involvement to help guide young offenders toward the right path.

To further its mission, the Division of Juvenile Justice got a much-needed boost from the 2005 legislative session when it received $1.5 million in new funds to implement system improvements.

The money will help ensure Alaska communities receive better protection from juvenile criminals — and, as important, young lawbreakers will benefit from early, community-based involvement to help divert them from lives of crime.

The most apparent change to the public will be the long-overdue expansion of the Nome Youth Facility from six to 14 beds. For the last two years, the aging facility has operated at as much as 150-percent overcapacity. The Nome-Kotzebue region is as large geographically as Pennsylvania — and although it doesn't have Pennsylvania's population, the area's villages are spread out over a vast area that is historically united by a common culture.

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A climbing wall in Nome's expanded juvenile detention center teaches youth physical and mental skills.

Seniors benefit from targeted investments in health and safety

From the state's vast northern boundaries to Southeast Alaska, the health and welfare of senior citizens will improve in a variety of ways in the coming months.

With an estimated $225 million in appropriations for the fiscal year beginning July 1, Alaska seniors will benefit from funding of programs, such as the Adult Public Assistance program, the SeniorCare program, food stamps, heating assistance, the Pioneer Homes, adult protection and community services.

Also planned for improvement are senior residential services, senior services Medicaid, and senior community-based grants — including home- and community-based services, and nutrition, transportation and support services.

The funds will arrive throughout Alaska communities in the form of services, assistance and repairs dedicated to the mission of the Department of Health and Social Services to promote and protect the health and well-being of Alaskans.

KETCHIKAN DAILY NEWS PHOTO/HALL ANDERSON

Health and Social Services Commissioner Joel Gilbertson talks with Mary Ellen and Don Haseltine at Southeast Senior Services in Ketchikan.

Pioneer Homes get upgrades

As Alaska's senior citizen population continues to grow, the need for services grows. For the last decade the Alaska Pioneer Homes have been licensed as assisted living facilities, offering services to residents who are unable to live without some form of daily assistance.

This year's additional $150,000 appropriation to the Pioneer Home system allows for the addition of three certified nurse's aide positions — one at each of the homes in Fairbanks, Juneau and Ketchikan. The state's six Pioneer Homes remain full for some levels of care for residents, according to Alaska Pioneer Homes Division Director Virginia Smiley. Although vacancies in the Pioneer Home system exist, those vacancies are for residents who don't need daily living assistance.

While staffing for the Pioneer Homes is critical to the welfare of residents, so is the ability to keep them warm and dry. After five years of roof problems at the Juneau home, $1 million from this year's capital budget will provide a new roof. Other Pioneer Home improvements include a sprinkler upgrade for Anchorage; heating, ventilation, air conditioning controls and external painting and repairs for Ketchikan; painting and parking lot drain installation for Fairbanks; duct cleaning, grease trap installation and window upgrades in Juneau; and Sitka will receive duct cleaning in addition to a kitchen renovation. Many deferred maintenance projects at the Palmer Pioneer Home will be addressed this year, as a joint state-federal effort, through the Palmer Home's conversion to the State Veterans Home.

Senior center improvements

An estimated 30 Senior Centers from the Southeast to the Arctic will be eligible to apply for funds from a $1.5 million capital appropriation — $500,000 from general funds and $1 million potential from a federal grant application — for deferred maintenance, which will provide for renovation and maintenance of these facilities.

Adult Protective Services personnel increase

Adult Protective Services, which is dedicated to preventing or stopping harm from occurring to vulnerable adults, received funding to cover the cost of a much-needed social worker who will respond directly to reports of harm, abuse, and neglect of adults.

Juvenile Justice

Continued from page 6

Because of the Nome Youth Facility's limited capacity, many of the region's young offenders have had to be locked up far away from their home, their family and their culture. With the facility's expansion, more youths will serve their time closer to home. "This will reduce costly and less-effective transporting of juveniles to other parts of the state," Division Director Patty Ware explained, "allowing them to be closer to their communities and families, which research has shown increases the likelihood of successful rehabilitation."

The ultimate goal of the state's juvenile justice system — in addition to promoting public safety — is to do everything possible to ensure that youthful offenders are deterred early from taking the wrong path, ultimately becoming law-abiding, productive members of society.

Other positive changes in the juvenile justice system as a result of increased funding include additional juvenile probation officers to intervene early with juvenile offenders. The aim is to provide young lawbreakers with supervision and with the necessary skills to improve their likelihood of succeeding in their communities rather than committing more crimes.

> "Ultimately, all of this translates into safer communities and increased offender accountability."
>
> —Patty Ware

Some of the funds will also be used to support less-restrictive and community-based intervention statewide for young offenders, including youth courts, non-secure shelters and skill development — such as anger management and vocational guidance — to help young people achieve self-confidence and responsibility.

Ware added: "Ultimately, all of this translates into safer communities and increased offender accountability."

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New public health law helps state manage disease spread, protect public

For many years Alaskans have trusted public health workers to make the right medical decisions to stop the spread of disease, but in actuality public health officials didn't have enough authority to be truly effective. That problem was remedied during the last legislative session.

"Our public health law in Alaska has been very broad and nonspecific, and for quite some time it worked and served us well," Division of Public Health Director Dr. Richard Mandsager said. "But societal changes in America, especially over the past two decades, have led to an increased focus on individual rights with an expectation of clear due process provisions."

House Bill 95, which passed the Legislature this session, updates public health statutes established during Alaska's territorial days. It ensures that the state's public health professionals have clearly defined legal authority to identify and control emerging and existing public health threats — while continuing to protect Alaskans' individual rights.

"With HB 95, we are immediately better prepared to protect public health," Dr. Mandsager said. "If we had an emergency tomorrow we could deal with it even in the absence of regulations — in a way we couldn't have done before the bill passed."

Before HB 95, Alaska was the only state which did not have adequate statutory authority to quarantine in response to a bioterror attack.

"Law is critically important to public health practice," Department of Health and Social Services Commissioner Joel Gilbertson said. "Law provides both the statutory framework within which public health agencies operate, and the legal authority needed to effectively monitor health status in communities, identify health threats, and act quickly and decisively to control the spread of disease."

Nurse Morgan and patient review manual titled "Home care of tuberculosis. A guide for the family." Nome, circa 1940. (Photo courtesy of Alaska State Library Archival Collection #ASL-P143-1010.)

A key element of the bill is that it defines "essential public health services" based on a nationally accepted description developed by the U.S. Public Health Functions Task Force.

"We now have in statute that we — as a division and as a public health system for the state — have responsibility to do surveillance for health conditions, to provide information to policy makers, and perform all of the work we already do in practice," Dr. Mandsager said. "But if someone had challenged us about these functions, it was not clear we had the statutory basis to do everything that we do. Now we have essential public health services specified in statute."

Dr. Mandsager said quarantine and isolation were issues that people were concerned about in terms of individual rights. The new statute sets boundaries around quarantine and isolation and other kinds of infectious disease control work so that chances of overreaching are very small. Due process is now available in the statutes — something that the individual did not clearly have before.

Complex public health licensing streamlined

Thousands of Alaska's elderly and other vulnerable citizens depend on laws and regulations that protect their life, health and safety. But when Gov. Frank H. Murkowski signed into law Senate Bill 125 on June 24, 2005, about licensing consolidation, it wasn't the kind of event that most consumers even noted. The bill consolidated virtually all of the licensing functions related to standards, enforcement, and appeal rights into a centralized chapter of Alaska law.

Public Health Director Dr. Richard Mandsager said it's more likely that providers will take notice because it affects them more directly than it does the general public.

"What the Department did in this legislation was eliminate confusing and often contradictory statutes and regulations about licensing facilities and individuals providing care for children, the disabled and the elderly," Dr. Mandsager explained.

The bill consolidates the licensing functions of the Department of Health and Social Services into the Division of Public Health, which is an important continuation of the broad and sweeping historic reorganization of DHSS begun more than two years ago. Consolidating licensing translates into making government functions work better — making services more efficient and cost-effective.

In planning for centralizing licensing, it became clear that there were different standards for licensing, different mechanisms for enforcing compliance, and different processes for appeals and hearings. "There were at least 12 statutory schemes for licensing different entities by DHSS — from child care centers to nursing homes," Dr. Mandsager said. "Senate Bill 125 streamlined all that."

In addition, Senate Bill 125 included the requirement for background checks of individuals working in, or owning, institutions licensed by the Department. Dr. Mandsager added, "This will improve the safety of clients in these institutions."

> The legislation eliminates confusing and contradictory statutes and regulations.

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Native family assistance works best on local level

The need to contribute in a meaningful way to society is one of the most basic aspects of human nature. With work comes self-esteem and a sense of purposeful existence.

"We're getting Alaskans back to work," DHSS Commissioner Joel Gilbertson said. "And once they get back to work, we're giving them the services they need to help them stay there."

Alaskans in need continue to get help finding jobs through the Temporary Assistance for Needy Families (TANF) program — and Senate Bill 51 expands and extends these services to Alaska Natives in a way that has proven to be very effective.

The bill made permanent the Native Family Assistance Program, a program the Legislature created five years ago on a trial basis, which authorized the Department of Health and Social Services to award grants to four Alaska Native regional nonprofit organizations operating TANF programs.

The charter members of this program in Alaska have been the Tanana Chiefs Conference in the Doyon region, the Central Council of Tlingit and Haida Indian Tribes in Southeast Alaska, and the Association of Village Council Presidents in the Yukon-Kuskokwim Delta. Cook Inlet tribal Council will be the latest addition to the Alaska Native Family Assistance program, thanks to the new law, which began providing TANF services July 1, 2005.

The legislation also expands the program so that the 12 Alaska Native regional nonprofits and the Metlakatla Indian Community as authorized by federal law are now eligible for the Native Family Assistance Program.

1996 federal welfare reform legislation gave states more flexibility to administer their welfare programs, and similar flexibility was extended to American Indian and Alaska Native nonprofit organizations. For the first time in history, Native people were authorized to run major welfare programs through their own Native nonprofits.

"The main reason that the Native Family Assistance Program pilot was a success is that the Native organizations who have been serving Native clients in their TANF programs have proven to be more effective than the state in reducing the case loads and helping families move from welfare to work," Public Assistance Division Director Katherine Farnham said.

"The clients and the communities benefit because they are getting services from a familiar, close-to-home, known partner," she said. "The state benefits because we've got a strong partner in helping people move from welfare to work. On top of that, the state actually benefits in terms of saving general funds, due to the way we match the federal money that Native organizations receive for state funds."

Gloria O'Neill, President and CEO of Cook Inlet Tribal Council, added, "TANF is, by design, an ideal program to integrate into the full menu of services already offered by CITC."

State funds that Native organizations receive from the Native Family Assistance Program go to provide actual benefits to the Native families. "Then, with the federal funds the Native organizations receive, they pay any balance of benefits owed to the clients, all of the case management costs, and other services clients need to achieve self-sufficiency and reduce poverty," Farnham said.

Cook Inlet Tribal Council, for example, currently offers 35 programs for youth, adults and families. These programs are fully integrated and include education, training, substance abuse treatment and employment assistance. CITC TANF participants will have access to this full array of services, giving them the ability to make informed choices and actively build a solid and secure future for their families, O'Neill said.

"I believe TANF is a 'hand up,' not a 'hand out' program," O'Neill added, "and it fits into our mission by allowing CITC TANF families the opportunity to fully develop their endless potential."

The Division of Public Assistance celebrated with the Native nonprofits in Anchorage the five-year success of the Native Family Assistance Program, and the unanimous passage of SB 51. "It's a win, win, win," Farnham said. "It is a positive move for the Native nonprofits, for the clients, and for the state."

Alaskans back to work: Welfare roles down

57%

April 1996 — October 2004