

Frank H. Murkowski
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Commissioner

SUMMER UPDATE 2006

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

VOLUME 2 NUMBER 1

Alaska seniors explain first-hand Part D Rx experience

Four days a week, 78-year-old Josephine Perez takes the bus to the Anchorage Senior Center, where she spends the day socializing and sewing. Perez has lived in Anchorage for more than 20 years and was one of the Medicare Part D and SeniorCare “poster girls” the state used to advertise the wraparound coverage provided by the state’s SeniorCare Program for Medicare Part D prescription coverage.



Josephine Perez is happy with her Medicare Part D prescription coverage. She spends much of her time in the Anchorage Senior Center crafts room.

Perez was eligible for both Medicaid and Medicare, and was notified by Medicaid that she would be automatically enrolled in Medicare Part D. She described her Medicare Part D experience as positive. “I think it’s good, I have no complaints, and everything is okay up to now,” she said. She described it as reliable service for the four medications she needs to take that usually cost her \$20 a month.

Patsy Bascom, 64, first heard about Medicare Part D on television, then through the mail and later in the newspaper. She enrolled with WellCare and claims to be 100-percent satisfied. “I’m a happy camper when it comes to Part

D,” she said. “I’ve never been so happy with an insurance company all my life,” she added. Bascom said her enrollment took about 30 to 45 minutes. Before Part D she was paying approximately \$75 a month for her medications. Under Part D, Bascom pays \$25 for a three-month supply of the same prescription.

Bascom’s experience is not unique among Alaska seniors interviewed in January. The majority reported savings both large and small compared to what they were paying before enrollment, reflecting a national trend.

Unscientific survey suggests few Part D problems in state

The long-awaited and controversial Medicare Part D — the federal government’s prescription drug insurance program — opened for business on Jan. 1, 2006, to mixed reviews. Prior to its arrival, Medicare Part D was either hailed as the answer to high medication costs for seniors or criticized as a bureaucratic blunder. So far, however, Alaska seniors report few problems.

The “donut hole” criticism

Critics pointed to complicated plans and complex enrollment procedures that required training in cryptology to understand. Even before Medicare Part D took flight, critics scoffed at the notion that seniors would save money because of the “donut hole,” which is a portion of expenses that would not be covered by Medicare drug plans.

The donut hole varies from plan to plan with the type and cost of drugs. People have to pay the first \$250 deductible each year and then Medicare will pay 75 percent of the next \$2,000-worth of drugs. After that, plan participants have a gap in coverage that

has become known as the “donut hole.” During this gap participants will have to pay all the costs of drugs until they have paid another \$2,850 out of pocket. At that point, Medicare then begins paying about 95 percent of the cost of covered drugs — known as catastrophic coverage — until the end of the calendar year.

Early enrollment problems

Some anxious seniors showed up at their local pharmacies in January to receive prescriptions, only to be denied their drugs and informed by pharmacists that they were not enrolled in the same plan. Some did receive their drugs — but were also handed a bill of over \$150 at the same time for the same prescription that cost them \$3 or \$5 a month before.

Alaska, along with other states, developed contingency plans for such an emergency situation, anticipating some rough going in the opening weeks of Medicare Part D’s debut. The Division of Health Care Services was key to developing and implementing Alaska’s contingency plan.

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Juvenile Justice evaluates, improves for youth success

Although Alaska has a juvenile justice system that many other states would love to have, says Juvenile Justice Division Director Patty Ware, the division is constantly undergoing “system improvement” with a goal of increasing youthful offenders’ chances of succeeding in life.

Alaska’s advantage is simple to understand: juvenile probation, facilities and aftercare are all consolidated under the state’s Division of Juvenile Justice, which make it much easier to institute and coordinate improvements. In most other places around the nation, parts

of a fragmented juvenile justice system are run separately by states, counties and municipalities, which can complicate communications and retard change.

Twice a year — in April and October — surveys are completed anonymously by offenders and Juvenile Justice staff.

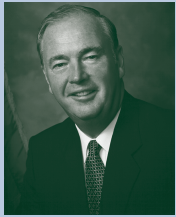
The nationally designed Performance-based Standards method is making a difference already, the division’s Quality Assurance Program Coordinator Ray Michaelson says. “PbS has given us a very standard way of gauging the climate in our youth facilities,” Michaelson explains.

The “performance-based standards” system is based on data collection from incarcerated juvenile offenders, and from Juvenile Justice staff. Twice a year — in April and October — surveys are completed anonymously by both groups. An example of a youth question would be “do you understand what it means to be on a ‘discipline’ program?” A staff question example would be: “is your unit run in a safe manner?”

Answers from completed surveys are recorded on a national Web

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Frank H. Murkowski,
Governor



Steady progress

The Department of Health and Social Services is making steady progress. Stories in this Summer Update 2006 show the tremendous work being done under the leadership of Commissioner Karleen K. Jackson.

The smooth transition to Medicare Part D prescription enrollment assisted by the Division of Senior and Disabilities Services' SeniorCare Information Office is particularly impressive. Our state has a growing senior demographic—fewer and fewer seniors are heading south upon retirement. This pleases me greatly because without elders, we are in danger of forgetting our rich heritage and the lessons of the past.

I am also especially eager to share with you the improvements continually being made in the Division of Juvenile Justice that go beyond punishment to improving young offenders' likelihood of succeeding in life. In this issue you will read about the effort to improve a young person's success by seeing each youth as a whole person.

Another positive effort is Alaska's work to prepare for a possible pandemic flu outbreak. Together with Michael Leavitt, secretary of the federal Department of Health and Human Services, I co-hosted a summit on pandemic flu in April in Anchorage, which was well-attended by government and business leaders. We all pray that we never have to put those plans into effect, but I sleep better knowing that our state is in good hands with our public health professionals. I am very pleased by the leadership of the Public Health Division as we prepare for future needs.

I am very proud of the work being done in all of Health and Social Services on behalf of the people of the State of Alaska who rely upon and benefit from services that help make Alaska a better place to live.

Frank H. Murkowski

State uses senior centers to spread word

Senior citizen centers dot the Alaska landscape in urban communities like Anchorage and Fairbanks, and rural communities like Angoon, Healy and Palmer, providing services for seniors who receive assistance in the form of waivers from the Division of Senior and Disabilities Services. Waivers entitle seniors to assistance sometimes only provided by agencies such as a local senior center.

The Palmer Senior Citizens Center is an example. The center offers home-delivered and in-house meals; transportation services; adult day services; care coordination; senior housing; chore services; referrals for mental health needs; and employment and information referrals.

The Palmer Senior Center also serves as an information resource on senior care issues, such as Medicare Part D and SeniorCare Assistance. "I have co-lectured at the Palmer center with the office of Social Security twice this past year and they always have a good crowd turnout and lots of questions to ask about Medicare Part D and SeniorCare Assistance programs," said Essien Ukoidemabia, director of the state's SeniorCare, Senior Information Office.

Vast array of services over vast area

The Palmer center provides adult day services for approximately 40 seniors who live with their adult children, a

spouse, or in an assisted living home. Some have Alzheimer's or related disorders. Their needs create a near impossible task for families struggling to hold down jobs, maintain households and provide care. The service also provides much-needed respite for caregivers who provide care on a 24-hour, seven-day-a-week basis.

Executive Director Richard Tubbs said the center's service area covers 3,000 square miles, providing transportation for seniors to medical appointments and essential shopping. In March 2006 alone his drivers averaged 103 rides per day aside from home meal deliveries.

Centralization will help efficiency

According to the center's office manager Rachel Westbrook, four separate buildings for one operation make the logistics for maintenance and custodial services challenging. The Care Coordination Office is located in a rented office space several blocks away on the other side of town. Clients showing up at the main building for assistance often



Palmer Senior Center lead cook Jeff Dunks begins his day at 6 a.m. preparing meals for seniors, staff and visitors in the center's dining facility, adult day services, and more than 100 daily home-delivery meals.

have to be redirected across town. The Legislature appropriated \$350,000 during the last session to help the Palmer center plan a new, centralized facility.

The center's general counsel, Gabriel Layman, said a new facility is needed to accommodate projected growth. "We can make do with what we have now, but we are at our limit, and the senior population in Alaska is expected to triple in the next decade. The most important aspect of our mission is to keep seniors independent for as long as possible." The difference in cost by providing community and home-based services rather than nursing home care is astronomical, Layman added.

Wait list for developmental disability clients to improve

New recommendations from an ad hoc committee may improve Alaska's ability to help those in need attain services through the Developmental Disability Wait List system.

"This is a monumental task, but we've made a good start toward some very necessary changes," said Rebecca Hilgendorf, Senior and Disabilities Services Deputy Director and committee member. "If we're successful, we'll not only improve service to Alaskans in need, we'll be better able to plan for the future."

The Governor's Council on Disabilities and Special Education and the Division of Senior and Disabilities Services convened the committee September 2005 to explore ways to ensure that people with disabilities get needed services at the right time before they reach a crisis level. In February 2006 the committee made their recommendations.

The wait list is a registry for people who experience developmental disabilities and need services. At the end of fiscal year 2005, there were 1,233 people on the wait list, and 46 percent of those on the list received some services through other grant programs.

Program administrator Pat Sidmore describes the wait list as a portal to grant services. Required by Alaska statute, the wait list provides general information about what kinds of services eligible people might need. The list is used by Senior and Disabilities Services to select people for enrollment in services when resources become available.

Individuals not in crisis often wait for many years to get the full array of services they need.

Currently, most individuals selected from the wait list to receive grant services are in crisis or have the highest immediate needs. Individuals not in crisis sometimes wait for many years to get the full array of needed services, often not receiving services until they are in high-cost crisis situations, such as unsafe or living circumstances, or at risk of being institutionalized.

The ad hoc committee developed a list of 17 recommendations for addressing flaws in the existing wait list process. These include assigning a project manager to lead the transition, and developing a functional database that, among other functions, more efficiently matches individuals on the list to grant-funded

services as they become available. The wait list will be governed by a set of policies and procedures and an appeals process. These and the other recommended changes will be instituted under a three-year phase-in plan. Thanks to a budget appropriation by the Alaska Legislature this year, the phase-in will begin in fiscal year 2007.

The new system will refer those who were ineligible for services to other programs for which they might be eligible. Mechanisms will be developed to better evaluate a person's needs, assess changes in those needs, and when necessary, remove people from the list.

The ad hoc committee includes representatives of provider organizations, the Alaska Mental Health Trust Authority, the Center for Human Development at the University of Alaska Anchorage, service clients, and individuals on the wait list and members of their families.

Ware, Farnham will be missed

Two Department of Health and Social Services division directors have left state service.

Division of Juvenile Justice Director Patty Ware and Division of Public Assistance Director Katherine Farnham resigned in early summer to pursue other interests.

“Each has been an outstanding leader of her division, and each has contributed substantially and significantly toward broader departmentwide initiatives,” Deputy Commissioner Bill Hogan said. “Each will be replaced by very capable, experienced individuals who have a thorough understanding of their divisions.”

Effective June 3, 2006, Steve McComb was named acting director of Juvenile Justice and Ellie Fitzjarrald was named acting director of Public Assistance.



Ware



Farnham

Kids Don't Float wins award

The National Freshwater Fishing Hall of Fame, headquartered in Hayward, Wisc., recognized Alaska's “Kids Don't Float” program in February 2006 with an award for outstanding achievement.

Alaska's Kids Don't Float program is a statewide effort aimed at reducing the incidence of child drowning. It was developed in 1996 by community members in Homer through a state grant. When the initial grant funding ended, the section of Community Health and Emergency Medical Services (now known as Injury Prevention and EMS) within the Department of Health and Social Services, adopted the program statewide as a best practice for drowning prevention.

Currently Kids Don't Float is a collaboration between the Alaska Department of Health and Social Services, Alaska Department of Natural Resources and the United States Coast Guard.

The program consists of two components: a personal flotation loaner program, which allows individuals to borrow a properly fitting lifejacket (personal flotation device). After use, they return the lifejacket to the loaner board, which is maintained by individuals or community groups.

The other component is a peer education program, which trains high school students to teach water

safety to elementary students. Trained professionals teach peer educators all aspects of water safety, personal flotation device use and fitting, the effects of cold water exposure, and methods of instruction.

In the 10 years of the program, Kids Don't Float loaner stations have grown to more than 400 sites statewide, with 12 documented lives saved.



Maria Bailey, a Public Health Division staff member in the Injury Surveillance & Prevention and Emergency Medical Services section, shows a typical Kids Don't Float station. Free child-size personal flotation devices are available for loaners at several locations throughout Alaska in the summer.

Karleen K. Jackson,
Commissioner



A Time of Opportunity

We live in uncertain times. Global concerns about a potential pandemic influenza, national attention on war and terrorism, state debates about oil and gas issues, and upcoming elections for several key positions create a sense of uncertainty that some would say borders on crisis.

President John F. Kennedy once noted that “when written in Chinese, the word ‘crisis’ is composed of two characters — one represents danger, and the other represents opportunity.”

Whether or not we define our current environment as a “crisis,” it does present both “danger” and “opportunity.” Danger because we might be distracted by all the uncertainty and lose our momentum to fulfill our mission “to promote and protect the health and well-being of Alaskans.”

However, we have the opportunity to use our mission as a benchmark to assess the activities we engage in each day, and ensure those activities are moving us toward successfully accomplishing our mission despite the obstacles along the way.

In my Winter Update 2005–06 message, I talked about being prepared. Now I'm focusing on how we deal with uncertainty when there's nothing more we can do to prepare. By keeping our mission firmly in mind as we attend to the everyday tasks: turning on the computer, responding to e-mail, listening to consumers, answering voice mail, taking the next action to achieve our mission, we can keep the distractions in perspective.

Part of the “danger” and part of the “opportunity” of our work is realizing that no matter what happens in our world, our nation, or our state, the mission of the department — the need to promote and protect the health and well-being of Alaskans — will remain. As we keep our eye on that target — “change,” “crisis,” “uncertainty,” whatever we choose to call it — will wash right over us.

Our mission will remain.

PART D SURVEY continued from page 1

Essentially, state contingency plans focused on the priority of putting medications into the hands of seniors and sorting out the administrative and financial complexities at a later date when the program stabilized. Alaska's SeniorCare Information Office initially handled approximately 75 calls per day from seniors with enrollment problems. Health Care Services worked with pharmacies and clients as well.

Common patterns

A large percentage of problems were caused by incomplete or inaccurate information such as birth dates, address, or ZIP codes, which were provided by consumers during the enrollment process. Thus began an administrative snowball effect, eventually causing an avalanche of bureaucratic obstacles for seniors showing up at pharmacies trying to fill their prescriptions.

Some seniors, possibly overwhelmed by confusing advertisements, information and junk mail received at home said they began routinely throwing away state and federal letters without looking at them. Tossed out with the mix of drug company junk mail were important documents

that required their attention to expedite enrollment. Because these documents were never returned or replied to, they also contributed to eventual delays.

Medicaid recipients eligible for Medicare were notified by state agencies that their enrollment would be automatic but also informed they needed to select

Some seniors, possibly overwhelmed by confusing advertisements, information and junk mail received at home, said they began routinely throwing away state and federal letters without looking at them.

a plan, based on their own individual needs, to successfully complete enrollment. Consequently, if they didn't select a plan, when they showed up at a pharmacy in January, there were problems.

Random survey produces mostly good news

In early January a department staff member informally interviewed random

seniors around the state by telephone about their experiences in Medicare Part D enrollment (story, page 1). Seniors were asked when and how they first learned about Medicare Part D, how the process of enrollment went, how long it took, how the service of their plans was working out, and if they were saving

any money by enrolling in Medicare Part D.

A major component to the success of enrollment for these Alaska seniors was the assistance provided by Medicare-trained volunteers. Seniors who sought information and enrollment assistance through their community's Senior Center described

their own individual experience as uncomplicated and easy. Most reported time spent enrolling took no more than 30 minutes — and that they experienced an assembly-line like efficiency from beginning to end when they went to a pharmacy to receive their first prescription.

‘Performance-based System’ works in Kenai

The term “performance-based standards” may sound like a bureaucratic mouthful, but the application of these national standards in Alaska’s juvenile justice system is having a real-life effect. (See story, page 1.)

“This is a system of constant improvement,” is how Kenai Peninsula Youth Facility superintendent Steve Kiefer describes the PbS system. “Performance-based standards aren’t like a New Year’s resolution — working on it for a time and then forgetting about it.”

A critical window

The detention environment is “not an easy environment,” Kiefer says. “A lot of the youth haven’t been through any sort of treatment program yet. They come in with a lot of issues that have been going on for many years.” Detention residents can have mental health and behavioral health issues, school and peer pressure difficulties — a spectrum of problems that contributed to their incarceration in one way or another. “And we have them (young offenders) for a short period of time, and everything you do with them is critical,” Kiefer adds.

Data collected twice a year allows facilities to chart paths toward improvement. “It’s not far-sweeping,” Kiefer says. “It’s specific. You identify four or five things you want to change

over a time period — and you don’t bite off more than you can chew.”

In the past year, two goals of Kenai’s improvement plan have produced exceptional results: dealing constructively with residents’ idle time and room confinement time.



Kenai Youth Facility superintendent Steve Kiefer, right, shows Juvenile Justice Officer III Heath McLeod a computer correlation of ‘performance-based standards’ survey results.

Lockup

Balancing safety and security with the necessity to engage with the youth can be tricky. By following the guidelines of the performance-based standards, facilities are encouraged to look more closely at each youngster and evaluate individual risks.

“You want to do a lot of ‘program,’ but you want staff to be safe, which could mean locking down,” Kiefer says. But room confinement — or lockup — may be more harmful than helpful with certain youth, especially those with

mental and behavioral health problems.

“PbS helps us look closer at the details of when kids are brought out of their rooms,” Kiefer says. “We need to make sure we don’t inadvertently have residents locked in their rooms when they don’t need to be.”

From punitive to restorative

The facility has adjusted its “behavioral point system” from a punitive to a restorative approach. If staff observe a youngster doing something very well, a positive point is given. And when residents break the rules, instead of punishing them, they may be assigned to write an essay, or meet with the person they’ve wronged — “something that allows the resident to have some control over the outcome,” Kiefer explains.

Like many of PbS’s best practices, restorative justice is not a new concept, says Kiefer, who has been with Juvenile Justice for 16 years, and two-and-one-half years as Kenai superintendent. “It’s just nice to have a national organization of proven practices backing you up,” Kiefer says.

Results

Results count, and by adhering to “performance-based standards,” the Kenai facility is already seeing improvements. “As of April 2006 (the time of this interview) we have gone a year without a serious incident, such as self-harm or acting out,” Kiefer says. “That means the residents obviously are responding positively to what we are doing.”

Pandemic flu plan in place Preparedness training across state this summer

The Department of Health and Social Services has launched its plan to ensure that health care providers, emergency management personnel, city and tribal government officials and businesses around the state will be ready should a flu pandemic or other widespread health emergency happen in Alaska.

Due to the global spread of the latest highly pathogenic strain of bird flu, known to experts as the Asian H5N1 strain of avian flu, health officials are concerned that a pandemic could occur if that strain were to mutate and become capable of being spread from human to human. This has not happened yet, but health officials are warning government, business and health care leaders to be prepared just in case.

“A flu pandemic could present particularly difficult challenges for Alaska because our state depends on a transportation infrastructure and suppliers far from our local communities for everything from medical supplies to food items and heating oil,” Health and Social Services Commissioner Karleen Jackson said.

According to the world’s leading health authorities, a flu pandemic could impact roughly 30 percent of the world population, which might result in a dramatic temporary decrease in workforce availability. Local utilities, transportation, schools and other infrastructure would be affected. Unlike a fire or earthquake, a pandemic would likely affect most American cities all at once and would have a massive impact on the national workforce and those who rely on it.

To help alert Alaska’s leaders to the need to prepare for a possible pandemic, Gov. Frank Murkowski and Michael Leavitt, Secretary of the federal Department of Health and Human Services, hosted a Pandemic Flu Summit in Anchorage in April. State officials are working with local government and business leaders to ensure that essential services, such as transportation, utilities and communications, keep operating if a pandemic should occur.

Experts from the department and other state and federal agencies are now touring communities this summer to train local health, emergency response and other essential service workers on the steps they must take to protect and assist local residents during a medical emergency.

Also during this summer, the department will launch a public education campaign to offer tips to Alaskans about how they can stay healthy and prepare for a possible flu pandemic.

YOUTH SUCCESS continued from page 1

site for correlation. While complying with the system results in an increased staff workload — compiling, assembling and analyzing data — the results are well worth it, Michaelson says. (See Kenai story, this page.)

Following the data correlation, each site — the division has 12 sites in eight facilities statewide — embarks on improvement plans specific to areas as a result of the reports. The division is currently working on 46 facility improvement plans in all 12 sites, with target dates for completion and action steps toward the goals. The next step is attaining certification through a national audit-type process. “The resulting data certification will give us confidence in our data and reports, as we are compared to the national PbS field averages for standards compliance and improvement,” Michaelson explains.

“This is not a one-shot deal,” Division Director Ware says, “but a way of using the data to make individual facility improvements and overall system changes . . . to ultimately improve a young person’s success.”

An example of a facility improvement plan that every site has worked on in the last year is the new admissions screening, Michaelson says. “In order to comply with the standards, new

admissions ‘shall have a complete intake screen’ during the first hour of admission.” That screening includes an evaluation of the youth’s suicide risk, and mental health and physical health. “In the past, it may have taken a little longer to complete the screens, and different sites were using different screening tools,” Michaelson explains. Now each site uses the same form for the screening, accomplishes it in the same period of time, which

enables sites to compare results locally and nationally.

“PbS helps us use the same training, same tools, and helps us to get on the same page with our services,” Michaelson notes. “It’s really all about how we discipline kids, construct treatment plans, arrange for

aftercare services — it’s really all about kids, not just about process.”

The division launched its system improvement plan in 2003, and data collection for performance-based standards just completed its fourth collection cycle. In the PbS methodology, there are a total of 161 measures, 49 of which are critical outcome measures, generally considered to be the highest priority: safety, security, order and health.

The conditions continually being evaluated include the provision of good medical care, nutrition, exercise and educational programs; and adequate visitation with parents and attorneys. Other questions concern the fairness of the discipline system and staff safety.

“It’s really all about kids, not just about process.”

—Ray Michaelson, Juvenile Justice Quality Assurance Program Coordinator

Scientific process aims to prevent youth offender re-offenses

The Division of Juvenile Justice began a scientific process on Oct. 1, 2005, that guides probation officers in addressing areas within the lives of youth offenders that put them at a greater risk to re-offend.

“In a similar way that doctors use tests and ask objective questions to try and understand someone’s risk for a certain health condition, criminal justice professionals are using assessments to help determine what needs have to be met for an individual to be rehabilitated,” says Tony Newman, project manager for the Youth Level of Service/Case Management Inventory.

The inventory is performed on youth who have been referred to the Division of Juvenile Justice by law enforcement officers. Probation officers ask a series of questions of parents, guardians, the youth, and sometimes teachers or other family members. The 42 questions each fall into eight domains that are linked

to delinquent behavior in youths. The eight domains include prior or current offenses, family life, education or employment, peer relations, substance use, free time, behavior or personality, and attitude.

After all questions have been answered, the probation officer scores the assessment in the division’s juvenile offender database. The system produces a report including bar graphs showing domains in need of improvement.

The system also gives the youth a risk assessment score that determines their risk of re-offending: low, moderate, high, very high. Higher risk youths require the greatest care. This assessment is then reviewed by the probation officer and, if necessary, adjusted to reflect individual circumstances not addressed by the questions.

“It really identifies the problems that need to be worked on, and makes that determination less subjective,” Newman says.

When a youth goes to court and is placed on

probation, probation officers can review the information in the database and familiarize themselves with what changes in the youth’s life can be made to lower the risk of re-offense. Changes may include improving school performance, participating in family therapy, attending drug or alcohol treatment programs, or anger management.

“Our state system has recognized that kids are different from adults and therefore should be managed differently when they commit crimes,” Newman says, “because we believe in the hope that the youth can be rehabilitated and that their behavior can be changed for the better.”

The Youth Level of Service/Case Management Inventory is still in its early stages of use, but the inventory has already begun to reassure the division that youths currently in juvenile justice institutions are individuals that are higher risk youths, the youths that require the highest level of care.

Goal: to develop ‘healthy communities’

How healthy are our communities? Finding the answer to that question is the goal of a partnership between the Department of Health and Social Services and Alaska communities to create a way to measure the well-being of a community.

This measure, called a Healthy Community Index, is in the initial stages of a strategic planning and consensus-building process that involves the participation of community partners and organizations. These partners are working to establish a shared vision of community values and to develop quality of life indicators for the purpose of tracking the health, safety and well-being of its community members.

“This is an exciting opportunity to have communities talk about their vision of ‘Healthy Communities’ and to develop strategic plans to move their vision forward,” said Stephanie Wheeler, who is coordinating department efforts on the initiative.

Creating a Healthy Community Index will help communities answer the following three questions:

- Where have we been?
- Where are we now?
- What do we want our community to be?

To answer these questions, each community must understand how it is influenced by many social, economic and environmental factors. These influences can be identified and measured in areas such as education, economy, poverty, health, public safety, social environment and the natural environment.

Several community-based planning efforts are happening now in communities and regions across Alaska to determine these quality of life indicators, which will eventually lead to creating a Healthy Community Index.

The department’s role in this effort is to assist communities in developing a Healthy Community Index with the end goal of promoting healthy community principles. The department will help to provide the framework for healthy discussions and dialogue as well as provide information and research on developing a Healthy Community Index.

For more information about the Healthy Community Index, please call Stephanie Wheeler in the Office of Faith-Based and Community Initiatives at 269-8019.

DHSS Stars

LANA BELL

Lana Bell, a clinical pharmacist with the Division of Pioneer Homes, has developed, designed and implemented Medicare Part D in the Pioneer Homes pharmacy system. She accomplished this while the division was experiencing recruitment difficulties and she was short-staffed in the pharmacy. Lana also developed a pharmacological chart review procedure that meets all CDC standards for Medicare Part D. “She’s tireless, dedicated to the best possible medical outcome for the Pioneer Home residents, and very well-respected in the Alaska pharmacist community,” said Pioneer Home Director Virginia Smiley.



Bell

JOAN DEWEY

The Alaska Chapter of the National Association of Social Workers has selected Joan Dewey, a Social Worker II in the Bethel Office of Children’s Services, as state Social Worker of the Year. She was selected by the Western Region because of her work as a long-term advocate for children and families, including nine years of work in the Yukon-Kuskokwim Delta. “Joan exemplifies the values and beliefs of social work,” OCS Deputy Director Tammy Sandoval said. “She uses her skills to fully assess each family situation, then works with the family, their tribe, and others to create a collaborative plan to keep their children safe, preferably in their own home.”



Dewey

ELLIE FITZJARRALD

Ellie Fitzjarrald, Chief of Program and Policy Development for the Division of Pubic Assistance, has been cited for her outstanding performance juggling new programs, such as SeniorCare, along with division and department initiatives like the Partnership for Healthy Communities and Family Centered Services. “Ellie is a progressive leader who has earned great respect from agency, community and legislative folks alike,” said Division Director Katherine Farnham. “Even with a number of vacancies on her small team, she has motivated her unit to shoulder wave upon wave of challenges, from audit issues to litigation.”



Fitzjarrald

BILL HOGAN

Deputy Commissioner of the Department of Health and Social Services Bill Hogan was selected as “social worker of the year” for the South Central region of the Alaska Chapter of the National Association of Social Workers. As one of the “highest profile social workers” in the state, Hogan was recognized for his leadership in integrating mental health and substance abuse services in the state. Before coming to Alaska, Hogan served as executive director of the New York state chapter of NASW.



Hogan

DEBBIE McDONALD

Debbie McDonald, Publications Specialist II, was named “Division of Public Assistance Star” in January 2006. “When Debbie is not creating digital works of art, she can usually be found creating dazzling publications, snapping pictures and helping get the word out about division events,” said Division Director Katherine Farnham. “This star always comes through in a pinch and has been know to burn the midnight oil to get a project done on time.”



McDonald

Abuse, neglect reports higher for non-Caucasian children

Office of Children's Services strives to understand national phenomenon in Alaska

Throughout the national child welfare system, it's been reported that children of ethnic backgrounds other than Caucasian are represented in numbers that exceed their relative proportion of the population. Rates of substantiated maltreatment, entry into out-of-home care, and length of stay are all higher for children of ethnic backgrounds other than Caucasian. Family reunification and exit rates are lower.

That trend is also true in Alaska, where approximately 60 percent of children in state custody are Alaska Native.

Recent studies showed that Alaska Native/American Indian children were an average of 6.5 times more likely to be placed in foster care in 2003 than their Caucasian counterparts. In Anchorage, Alaska Native/American Indian children were 14 times more likely than Caucasian children to be in care.

How does one begin to unravel a problem with roots that spread throughout the national child welfare system?

In the case of Alaska's Office of Children's Services and its work to eradicate this phenomenon — known as disproportionality — a big part of the solution lies in first understanding the issue and how it manifests in Alaska.

In fact, one out of every 10 Alaska Native children in the state is reported — at one time or another as a victim of neglect or abuse — to the Office of Children's Services. As a result of that report, they are more likely



The question is: why are Alaska Native and American Indian children more likely to be in foster care?

to be removed from their families. Once removed, they remain in foster care an average of four to six months longer than Caucasian children.

"The first thing that has to happen is we have to increase people's awareness that this even happens," said Myra Casey, one of the senior Office of Children's Services leaders working on the issue.

Why does it happen at all?

To get a handle on the answer, the Office of Children's Services, along with tribal child welfare leaders and the national Casey Family Programs organization, have been conducting discussions and facilitating numerous education and awareness projects around the state.

More than a dozen "disproportionality teams" — each of which includes a tribal representative and

someone from the Office of Children's Services — are working within communities to better grasp the factors that lead to the problem, plus experiment with ways to solve it.

For example, one group in Bethel is creating a culturally relevant CD to help educate those who are mandated to report suspected incidents of child abuse and neglect.

Each month, the teams report back on their efforts and how effective they were. The entire effort is evaluated continuously.

Confronting subconscious racism

A less comfortable aspect of the problem is confronting whether subconscious racism may be involved

in the disproportionate numbers of children and families of non-Caucasian ethnicities represented in the child welfare system.

"A lot of people have a hard time thinking they may be racist, but we all have our prejudices," Casey said.

Toward that end, Undoing Racism Training is being offered by Casey Family Programs. It's also referred to as "having courageous conversations," and Casey said that's exactly what happens. For example, front-line workers might be asked to examine any preconceived notions or beliefs they bring with them when interviewing a family.

The ultimate hope is to plant seeds of awareness and education in enough communities that they begin to spread, Casey said. "Getting people to be sensitive to others, that's key."

Light of Hope



Dozens of participants in the sixth annual Light of Hope award celebration released balloons into the air April 19 in downtown Anchorage, honoring community members for their efforts to prevent child abuse and neglect. The event was sponsored by the National Court Appointed Special Advocate Association and supported by numerous organizations in Alaska, including the Office of Children's Services.

Early childhood grant invests in development

Looking at each child as a whole person and determining how to best help him or her live a happy, healthy life is the mission of the Early Childhood Comprehensive Systems Project. The ultimate goal is to implement more family-centered, coordinated, prevention-oriented, and adequately financed systems of services to support the health and development of young children.

The project, which is funded in Alaska by a federal grant and administered through the Office of Children's Services, is designed to bring experts in various fields together to review systems already in place for children prenatal to age 8. The idea is to make those systems work even better, within the context of empowered families and supportive communities.

Coordinator Shirley Pittz believes this is a project that will pay off for the lifetime of a child. "How can we afford not to do this?" Pittz says. "It will cost so much more later on if we don't."

The project focuses on five main

areas: access to medical "homes" (where care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally competent); mental health and social-emotional development; early care and education; parent education; and family support.

Pittz and approximately 100 other stakeholders recently drafted an Early Childhood Comprehensive Systems plan that outlines the ways the programs can improve children's lives in those areas.

For example, because many young children spend their days in out-of-home child care, the program aims to improve the training and education of child care workers, while increasing available services. The goal is to bring family services to where children already are naturally. "Children spend lots of time in child care," Pittz says. "That should be a quality environment."

While improving child care workers' training, it's also important to make sure they are fairly compensated. Despite the importance of their job, "child

care workers are some of the lowest paid people working," Pittz says.

Another area is providing access to health care for all children, including those with special medical needs, regardless of family income or insurance. The plan also recommends that children receive regular developmental screening when they visit their medical provider, resulting in early identification of potential problems.

Families are a crucial component of the plan, and the goal is to support families and provide whatever is needed to support the growth and development of their children.

Pittz says these improvements don't always require a lot of money, but do require that the various programs and systems work together to ensure that families are aware of the resources available, and make certain they're available to those who need them the most.

While the project is implemented, the grant will continue for another two and a half years. Pittz is confident it will be successful: "The optimist in me says if we can do this, it will be very very powerful."

Collaboration makes Bring The Kids Home work

The Bring The Kids Home initiative — bringing back Alaska children receiving Outside residential psychiatric treatment — is a prime example of how several divisions within the Department of Health and Social Services collaborate together and with outside agencies to produce the best results for children with severe emotional disorders.

Although Gov. Frank H. Murkowski’s \$5 million, two-year initiative was fully funded by the Legislature last year at \$2.6 million for fiscal year 2006, the project got a jump start from the Alaska Mental Health Trust Authority with funding of more than \$2 million before the legislative appropriation was available.

“The governor was able to start (the initiative) right away with \$2 million-plus in the first year, doing things that couldn’t easily be done through the Legislature,” said Bill Herman, Trust Program Officer with the Alaska Mental Health Trust Authority.

“It takes more than our three divisions — Behavioral Health, Juvenile Justice and the Office of Children’s Services — and ad hoc meetings with the Alaska Mental Health Trust Authority, stakeholders and families,” Division of Behavioral Health Director Cristy Willer explained. “We meet to make sure we’re all in alignment.”

Alaska Mental Health Trust fills gaps

The Trust provides startup money for facilities, Herman explained. “You don’t get Medicaid reimbursement on day one,” he said. “We provide operating dollars to get staff on line, clients into the facilities — and then Medicaid comes.”

The Trust also provides what is termed “individualized services” for Medicaid-eligible kids with a cost-saving \$1 million pot of funding controlled by the Division of Behavioral Health. For example, if a child needs supervision from the time his parents go to work and he goes to school — someone who helps

him get to school — that cost doesn’t qualify for Medicaid. But The Trust can fund a situation like this, allowing the child to reside at home, which is a lot cheaper than institutional care.

Divisions share information, responsibility

Although the Bring The Kids Home project resides in the Division of Behavioral Health, the Division of Juvenile Justice and the Office of Children’s Services are the two divisions that take custody of kids. “It’s in our best interest to make sure that the Bring The Kids Home effort is successful,” Juvenile Justice director Patty Ware said. “We want to have a service system that works for both custody kids and noncustody kids — a continuum where we minimize the gaps or eliminate the gaps.”

Ware added that a one-day snapshot survey of DJJ youth in 2001 suggested that 42 percent of the youth had serious emotional disturbances, which illustrates the crossover between Juvenile Justice with Behavioral Health.

“Technically, all the kids in state custody are in the department’s custody,” said Joanne Gibbens, Social Services Program Administrator for the Office of Children’s Services. Gibbens explained that a number of youngsters in state custody due to abuse and neglect are currently being treated out of state. “Sometimes divisions have joint responsibility for the same case.”

Behavioral Health’s Willer added that “there are probably kids who, had there been more community-based resources for parents, may have never made it into either the ‘juvenile delinquency’ or the ‘child abuse’ world.”

Gibbens explained that a child who, for example, has joint involvement with Juvenile Justice and the Office of Children’s Services “may need to come back (to Alaska), be placed in community-based residential care services, and community mental health services may need to be provided.”

Cooperation and collaboration of divisions involved with the Bring The Kids Home project is not a new thing, Juvenile Justice’s Ware said. “Folks in our respective three divisions have been working together for years, sharing cases and brainstorming on needed services.”

The ultimate goal, of course, is producing a cost-efficient, seamless system of care.

“We want a system that is consumer friendly and comprehensive for all kids and families in Alaska,” Children’s Services’ Gibbens said. “The Bring The Kids Home project is one big chunk of being able to do that.”

Palmer vet home remodel progresses



In April, the renovation of the Palmer Pioneer Home that will create the new Alaska Veterans and Pioneers Home was on track for completion by late spring, according to the home’s maintenance foreman Jerry O’Malley. During construction, the home’s main entrance was sealed off and an alternative entryway was established along the northeast corner of the building. Parking for the home was also redirected. The construction created only slight impact on the day-to-day lives of the residents, O’Malley said. O’Malley added that residents will most likely notice the improvements in the heating system this coming winter.

New coalition encourages Alaskans to ‘Save, Own, Invest’

Lifting Alaskans out of poverty by encouraging investment and asset-building is the goal of a new coalition of state and community organizations. In late February, a group of individuals and organizations — co-sponsored by the Alaska Division of Public Assistance, the Alaska Federation of



Natives, United Way and Tanana Chiefs Conference — met in Fairbanks to develop a statewide strategy for asset building. They emerged with the creation of a new coalition and a name: “Save! Own! Invest! Building Financial Assets for Alaska’s Future.”

Fifteen percent of Alaskans have zero net worth, and 120,000 Alaskans would last only three months at the poverty level if their incomes were disrupted, according to the Corporation for Enterprise Development. “When families lack even a small cushion — they are just one medical emergency, layoff or divorce from slipping into crisis,” said Deborah Craig, with the Public Assistance Division. “Assets can make the difference between survival and despair.”

The Save! Own! Invest! coalition aims to change these statistics by promoting policies that give families access to financial tools and incentives that increase their net worth, make their futures more secure, and encourage their

active participation in an “Ownership Society.”

The intention behind the Fairbanks strategy session was to identify, understand and unify various asset-building activities into a shared vision and actionable strategies, including:

- learning from each other what is already happening in Alaska;
- reflecting on the nature of Alaska’s environment, culture and economy;
- learning from experts about the national and international best practices, and frameworks for success; and
- developing a shared vision and set of strategies.

Alaska could be a prime candidate for success with its small population, natural resources, and a tradition of innovation, most notably the Alaska Permanent Fund Dividend. The coalition argues that supportive public policies could also serve as springboards from which to create other asset-building innovations, and to leverage additional resources to expand the range of personal asset building programs and services in the state.

The coalition is currently working on strategies to continue to expand its core stakeholders and is devising an action plan to guide its future efforts. The coalition gave a presentation to the membership of Commonwealth North in June and published its information and white paper on <http://www.saveowninvest.org>.



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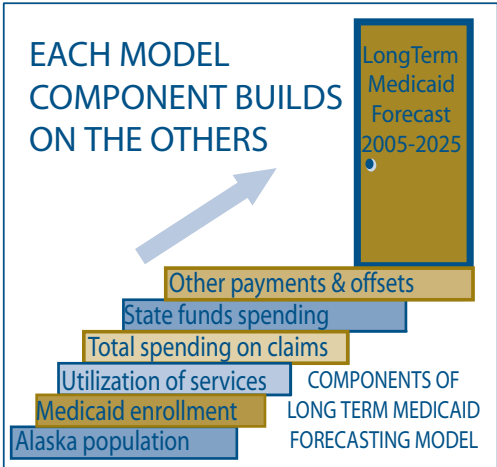
Long-term forecast helps state plan Medicaid future

In 20 years Alaska’s Medicaid program focus will center more on seniors than on children. The Lewin Group and ECONorthwest reached this conclusion in a study conducted for the department at the request of state Rep. Mike Hawker. The Lewin Group — a national health care and human services consulting firm — developed a Medicaid forecasting model to predict program spending from 2005 to 2025.

As the state’s population, programs, and actual expenditures change, the department will use these projections as a guide to make innovative, data-driven health care policy decisions in the future.

The main factors responsible for burgeoning Medicaid spending are population growth, an aging population, increased use of Medicaid services, and increased cost of those services. As

Alaska’s Medicaid program serves primarily the elderly, overall expenditures will also increase because average costs for elderly recipients are higher than Medicaid costs for children.



Alaska currently serves 132,000 Medicaid recipients at a cost of \$1 billion a year. By 2025 Medicaid enrollment is projected to reach 175,000, with total spending approximately \$4.8 billion.

The projections indicate that the state will cover an increasing share of the Medicaid burden, reaching just over \$2.1 billion in 2025.

As a result of the study, the state senate finance committee plans to release a request for proposals to find a consultant to review Alaska’s Medicaid program to compare the state’s service levels to other states and report on program options that the Legislature may want to consider for future changes in Medicaid.

New regulations strengthen personal care assistant program

New regulations for the state of Alaska’s Personal Care Assistant Program became effective April 1, 2006, after months of intense work by Senior and Disabilities Services staff and care providers, and a public hearing period.

“The Personal Care Assistant industry worked closely with the division to develop and promote a responsive service delivery system that efficiently and effectively meets the needs of elderly and disabled Alaskans,” Senior and Disabilities Services director Rod Moline said. “This collaborative effort already resulted in improved services and reduced cost — even before the new regulations were in place.”

The Medicaid-funded program provides assistance to elderly and disabled individuals who need help with daily living tasks, such as dressing, eating, or bathing. This gives individuals the opportunity to live in their own home or community instead of living in a long-term care institution or facility. Personal care assistance is available through agencies that manage all details of care for clients, or through a consumer-directed program, where the client or their representative manages the details of care.

“These new regulations change the Personal Care Assistant program as directed by the Legislature, and reflect the input of Alaskans around the state,” Department of Health and Social Services Commissioner Karleen K. Jackson said. “By implementing these changes, we are better serving Alaskans, while achieving the budget goals required by the Legislature.”

The changes to the regulations clarify and strengthen the requirements for Personal Care Assistant client assessments and eligibility. The changes also more clearly define provider requirements, while making the Personal Care Assistant program more effective and accountable, as well as ensuring that help reaches those most in need of the services.

The regulation public participation process included several workshops, public hearings and extensive evaluation of public comment. Since these regulations impact how patients are assessed for Personal Care Assistant services, the division is committed to providing ongoing support and guidance to providers, care coordinators, family members and recipients of the services.