ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES

Sarah Palin
Governor
Karleen K. Jackson
Commissioner

WINTER UPDATE 2006–07

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

VOLUME 2 NUMBER 2

Physician shortage predicted by 2026

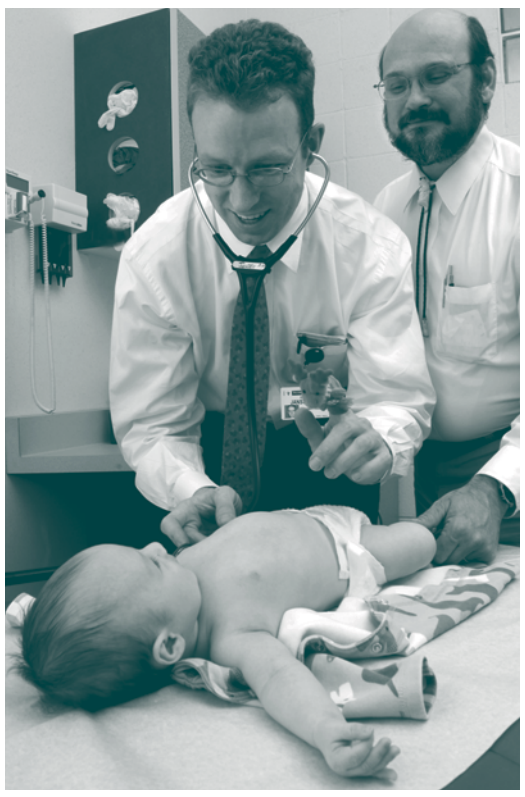
'We need to take action now to avoid a crisis in availability of physicians'

A recent report issued by the Alaska Physician Supply Task Force says that Alaska needs nearly twice as many physicians in the next 20 years as it currently has if the state is to meet expected demands.

Alaska needs more physicians providing patient care because the state's elderly population is projected to triple, and the ways physicians practice medicine is changing as well.

University of Alaska President Mark Hamilton and Alaska Department of Health and Social Services Commissioner Karleen K. Jackson commissioned the task force in January 2006 to help chart a future course for increasing the number of doctors in the state. The report includes recommendations and strategies the state and the university system should take.

"The Alaska Physician Supply Task Force worked diligently to identify both the need for physicians for the next 25 years and strategies that can avert a physician shortage crisis," said Patricia Carr, Director of Health Planning and Systems Development for the Alaska Department of Health and Social Services. "Multiple strategies should be undertaken as soon as possible in order to make sure we have the number of physicians we need. If we do not take major steps now to increase the number of physicians practicing in Alaska, many of our communities and populations will not have access to physicians for their care. We need to take action now to avoid a crisis in availability of physicians."



Foreground, Andrew Janssen, M.D., a 2005 graduate of the Alaska Family Medicine Residency Program, examines 6-month-old Cooper Baines at the Providence Family Medicine Center in Anchorage, Alaska. Paul W. Davis, M.D., is shown in background. (Photo by Greg Martin, 2005, courtesy of Providence Family Medicine Center.)

Task force goals include increasing the in-state development of medical doctors by increasing the number and viability of medical school and residency opportunities in Alaska for Alaskans; increasing physician recruitment to Alaska by assessing needs and coordinating recruitment efforts, as well as expanding and supporting programs that prepare Alaskans for medical careers; and increasing physician retention by improving the practice environment in Alaska.

"The task force agreed on an array of strategies that, if put into place, will be effective in meeting Alaska's need for physicians," said Dr. Harold Johnston, director of Alaska Family Medicine Residency and task force co-chair.

"In the coming months, the state administration, legislature, the university and private and tribal health care providers will work with this roadmap, and find ways we can each contribute to reach our goals."

Copies of the Task Force Report are available at: *www.hss.state.ak.us/commissioner/PhysicianSupply.htm.*

Table of Contents

Incarcerated youths learn to control aggression

'If I'd only known this a long time ago, I probably wouldn't be here'

The faces of the two teenagers are in shadow on the training DVD, but the message they're conveying couldn't be more clear: Aggression, and the consequences of aggression, landed them where they are, McLaughlin Youth Center in Anchorage.

A new Aggression Replacement Training® (ART) program, started by the Division of Juvenile Justice in five communities around the state in the past year, is showing the McLaughlin kids and other troubled teenagers another way.

"All change is self change," division training specialist Robert Seward said. "But you can only change in ways you know about. What we're offering kids is: Here's another option."

As taught under the ART program, which was developed by Drs. Barry Glick and Arnold Goldstein and used internationally, that option helps participants become aware of their thoughts and learn new ways of acting on those thoughts.

Trainers hand out certificates after completion of successful Aggression Replacement Training for Juvenile Justice staff.

The 10-week, 30-session training is divided into three sections: skill-streaming; anger-control training; and training in moral reasoning. Trainers say the program relies on repetitive learning

Continued on page 3

Key 2006 legislation bolsters health, well-being of Alaskans

The following legislation was passed during fiscal year 2006 to help keep Alaskans healthy:

Medicaid Adult Dental Services: House Bill 105

House Bill 105 passed unanimously during the 2006 legislative session. By spring 2007 preventative and restorative dental services will be available to adults enrolled in Medicaid, in addition to the "emergency" dental services currently available.

The Medicaid Adult Dental program will cover exams, cleanings, tooth restoration or extraction, and upper or lower full dentures, with an annual cap of $1,150 in services for each individual per year. The program will sunset in three years, providing a trial period and an opportunity to evaluate the program.

Family Rights Act of 2006: House Bill 408

The Family Rights Act of 2006 is an omnibus child protection bill. House Bill 408 requires health care practitioners to report infants affected by alcohol or drugs; raises the standard of proof needed to terminate parental rights; requires the department to make reasonable efforts to reunite families; protects Permanent Fund Dividends of children in state custody; and requires training of frontline social workers in the rights and safety of a child and the child's family. In addition, the Act clarified legislative intent in HB53 regarding public disclosure of certain child abuse cases.

Newborn Hearing Screening: House Bill 109

House Bill 109 requires hearing loss screening for newborns before leaving the hospital, or within 30 days of birth if not born in a hospital. If the child is diagnosed with a hearing impairment, the department must provide the parents information on services available through state and community resources.

Medicaid Assistance: House Bill 426

House Bill 426 changes Alaska Medicaid eligibility requirements regarding assets, home value, legal resident status, legal guardian and parent status, among other provisions.

Smokers find help by dialing phone

Alaskans trying to kick tobacco have found a powerful ally in their state's Tobacco Quit Line, according to a recent survey.

Three months after calling Alaska's line, 41 percent of smokers and 30 percent of smokeless tobacco users said they had quit, an Oregon firm found in an independent review for the state. A similar program in Washington had a 30-percent cigarette quit-rate at three months.

"We wanted to make sure we were serving people well and it looks like we are," said Tari O'Connor, who recently left the position of acting manager of the Tobacco Prevention and Control program.

Tobacco is the state's top killer, each year taking the lives of an estimated 500 Alaskans and costing the state nearly $300 million in medical expenses and lost productivity. "Those are conservative estimates," O'Connor said. Lost productivity is measured in the missing years of a dead smoker's life compared to a nonsmoker's, O'Connor said. Work time missed for smoking-related disease is not counted.

The Quit Line is effective at helping Alaskans quit tobacco because it's free and open 24-7, said Lisa Aquino, who replaced O'Connor.

People can call from home after work, on a lunch break, at the time they would normally take a smoke break, said Andrea Stearns, a nurse who has been answering calls for the line since it started nearly five years ago. Stearns and the other registered nurses who answer calls can tap a translation service covering some 148 languages.

The Quit Line's accessibility means all Alaskans — regardless of where they live or their income — receive the same level of care. That's especially important for people who don't have insurance or can't afford potentially expensive help to quit smoking. Offers of free nicotine patches, added in March 2005, brought the line's call volume up five-fold, Stearns said. Last year, 3,000 people called.

The Quit Line is managed by Providence Alaska Medical Center's telephone triage program, the Providence Call Center. The contract with the Alaska Department of Health and Social Services is paid for by the 1998 Tobacco Master Settlement Act.

When people call for the first time, nurses send them a "Quit Kit," and help people decide if they're ready to quit, or are still working up to the change.

"Most people have tried before and are looking for support and other ideas," Stearns said.

After the intake call, nurses make eight more calls over the next year, at times that research has shown are typical weak points on the path to change, O'Connor explained.

People can also call the line anytime they have a craving they want to talk through, Stearns said.

A key part of success is identifying the factors that trigger tobacco cravings, and making a plan for how to cope. "We encourage people to stay really busy," Stearns said, whether that's doing crossword puzzles or taking walks. "The same idea isn't going to work for everyone.

"Tobacco use is probably harder than drugs and alcohol to quit," Stearns said. "It's legal, it doesn't impair your judgment, and it's socially acceptable."

NEWS BRIEFS

Health stats on Web

Finding health statistics online has never been easier with the debut of a Web site designed to provide quicker access to comprehensive data and statistics about the health of Alaskans.

The Alaska Center for Health Data and Statistics Web site was created by the Division of Public Health and can be found at: *www.hss.state.ak.us/dph/infocenter/.*

The site has information on births, deaths, newly diagnosed cases of cancer, injuries, health behaviors and other topics. Much of this information has been available electronically for years, but this is the first time it has been linked to a single Web site.

The health statistics Web site will be updated regularly as new data are released and new statistical reports are published. As the Web site evolves, more data may be added from other divisions within the department and perhaps from other state agencies.

A link to the site is on the Public Health home page at: *www.hss.state.ak.us/dph/.*

Brrr! Help with heating

Eligible low-income Alaskans can receive financial assistance to offset the costs of home heating and weatherizing their dwellings to make them more energy efficient through the Low Income Home Energy Assistance Program.

Last year 9,359 Alaskans qualified for an average grant of $1,112.34, and the maximum grant amount was $2,975. Eligibility for heating assistance and benefit amounts is based on a point system that considers household size and income, fuel costs in the area and type of housing.

Applicant households apply once a year to receive a single heating assistance grant, which is normally provided in the form of credit with the client's home energy vendor. The Division of Public Assistance's Heating Assistance Program accepts applications from Sept. 1 through April 30, and begins issuing benefits on Nov. 1.

Interested Alaskans can apply at any Public Assistance office. Applications can also be found online at *www.hss.state.ak.us/dpa/programs/hap/App07.pdf.*

LIHEAP is funded by the federal Department of Health and Human Services.

Medicaid requires proof

Alaskans applying for or renewing Medicaid benefits, including Long-Term Care and Denali KidCare, need to provide proof of U.S. citizenship and identity due to a recent change in federal law.

For most Alaskans, a birth certificate and some form of identification will be needed to prove citizenship.

A list of some of the documents that can be accepted as proof of citizenship and identity can be found at *www.hss.state.ak.us/dpa/programs/dkc/MedicaidApplicationFlyer.pdf.*

This new law does not apply to individuals who receive Supplemental Security Income or are enrolled in Medicare. This requirement also does not affect immigrants applying for or renewing Medicaid; immigrants are already required to show proof of their immigration status.

Proof of citizenship is only needed for the individuals receiving Medicaid benefits — not for individuals applying for Medicaid on behalf of someone else.

Child protection completes major system improvements

In October, Alaska's Department of Health and Social Services received notification from the federal Department of Health and Human Services that it successfully completed its Program Improvement Plan, known as the PIP, making major system improvements to its child protective services system.

The federal Administration for Children and Families conducted an on-site review in June 2002 of Alaska's Office of Children's Services and resulting outcomes for those served. OCS entered into a two-year Program Improvement Plan in late 2003 with specific action steps, tasks and goals.

Wade Horn, Assistant Secretary for Children and Families, said that Alaska met established goals for improvement, in addition to completing all action steps and tasks leading to systemic change.

Horn added that during the PIP time period, Alaska exceeded goals for reducing the rate of repeat maltreatment;

increased successful and timely reunification of children with their parents; decreased the length of time children wait for a permanent adoptive home; and increased the stability of foster home placements.

"We have surpassed benchmarks set in the PIP, and I am also pleased to announce that we have moved toward an entire reform of our system," Office of Children's Services Deputy Commissioner Tammy Sandoval said.

During the same time period as the PIP, the Office of Children's Services also successfully implemented major systemic initiatives, such as instituting a Statewide Continuous Quality Improvement review system, a new safety appraisal system and a new State Automated Child Welfare Information System.

Sandoval said the continuous quality improvement review system will allow the state to monitor itself on an ongoing basis and continue to make strides in caring for Alaska's children and serving their families.

She added that OCS is committed to the safety of children — and even though the PIP has been completed, there is still more work to be done.

AGGRESSION continued from page 1

ART trainers, from left: Rob Seward, Sam Blackwell, Jeremy Abercrombie, Dr. Barry Glick, Scott Marnon and Chris Agloinga.

techniques to teach participants — typically chronically aggressive adolescents and young children — to control impulsiveness and anger and use more appropriate behavior. Guided group discussion is also part of the training.

Some of the techniques are surprisingly simple.

The two teenagers profiled in the training DVD speak with wonder about such anger coping methods as using "pleasant imagery," in which they're instructed to imagine an enjoyable location where their anger wouldn't be an issue, and even counting to 10 before responding to a situation.

Key is recognizing "cues," physical changes indicating anger — whether it's a flushed face, tight jaw or clenched fist. Once the teens interrupt their automatic responses and are able to recognize that they're angry, they can consider the best way to proceed.

"You're helping people slow down and think about what they're thinking, and then giving them the choice to think and act differently," Seward explained.

Most kids don't set out to become criminals, Seward added. Instead, their thinking is often influenced by those around them, and they may not have learned the social skills and moral reasoning abilities needed to negotiate their world.

To remedy that skills deficit, the program employs scenarios in which the teens learn to work through real-world moral dilemmas. What is the best way to keep out of fights? When a friend is suicidal, should you tell someone? If someone suggests stealing something, should you go along?

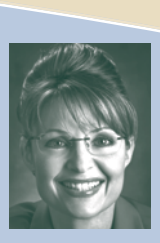
Since November 2005, 38 Juvenile Justice employees have become aggression replacement training facilitators, and five others are now trainers of new facilitators. Glick, who lives in New York, is a consultant to the division and has conducted Alaska training sessions of the program he first developed in the 1980s.

To Seward, the program fits in perfectly with the three-pronged Juvenile Justice mission of restorative justice: hold juvenile offenders accountable for their behavior; promote the safety and restoration of victims and communities; assist offenders and their families in developing skills to prevent crime.

One of the McLaughlin residents interviewed for the training video said he never used to think about consequences, but now he knows he can just stop and think about how to act when an issue arises.

He added, "Man, if I'd known this a long time ago, I probably wouldn't be here."

Sarah Palin
Governor



Moving Alaska forward

The mission of the Department of Health and Social Services is simple and straight-forward: to promote and protect the health a well-being of Alaskans. The department's mission fits well with my own goal — Moving Alaska forward — as the newly-elected governor of the state.

"Moving Alaska forward" means many things to me: moving our state toward more fiscal independence; moving the citizens toward more self-sufficiency; moving our dedicated state employees toward more efficiency, among many other things.

I applaud the continuing achievements of the Department of Health and Social Services. There is no greater resource than the people of this great state. DHSS is accomplishing its mission to move Alaskans toward better health. I am committed to the programs that support health and prosperity for all Alaskans.

We need energy to move toward the future, together, and the Department of Health and Social Services is one of our strongest collaborators.

Karleen K. Jackson
Commissioner

It starts with partnerships

I am extremely honored that Gov. Sarah Palin has reappointed me to serve as Commissioner for Health and Social Services. The governor's commitment to truth, transparency and ethics in government fosters the spirit of collaboration necessary for effective partnerships that help us achieve our mission.

Twice each year we share updated information about those partnerships and the results being achieved by the dedicated individuals who work each day to promote and protect the health and well-being of Alaskans. And, while it's exciting to review what has been accomplished during the last few months, it's even more exhilarating to focus on our vision for what's ahead.

Gov. Palin's vision for effective natural resource development and jobs coupled with access to quality, affordable health care and social services, will provide Alaskans with the hope and opportunities for a bright future. Thanks to Gov. Palin and her team, as well as each of you who are helping us take small steps into that future.

New treatment facilities help 'Bring Kids Home'

Juneau, Anchorage add beds for Alaska children needing treatment

The Department of Health and Social Services, Juneau Youth Services, and SouthEast Alaska Regional Health Consortium (SEARHC) celebrated the opening of the new Montana Creek Residential Facility and Program on Oct. 4, 2006.

The facility actually opened its doors several weeks earlier to kids ages 12 to 18 experiencing mental health or drug and alcohol problems.

Bill Hogan, Deputy Commissioner of Health and Social Services, said the Bring the Kids Home initiative is showing results.

"We're making a difference in the lives of kids and families with serious emotional disturbance and significant alcohol and drug problems," Hogan said.

From left: (seated) Rosa Miller, Tlingit elder; former Rep. Caren Robinson; DHSS Deputy Commissioner Bill Hogan; Connie McKenzie, Juneau special assistant, Alaska Congressional delegation; Ken Brewer, President & CEO, SEARHC.

The 15-bed Level IV residential psychiatric facility, located in Juneau, is the State of Alaska's first joint venture between a tribal and nontribal provider, SEARHC and Juneau Youth Services.

The new facility serves the target population of the Bring the Kids Home initiative — those youngsters currently in out-of-state residential psychiatric centers and those at risk of being placed in those facilities. This is the second facility to treat this population.

On June 28, 2006, a new North Star Residential Treatment program opened in Anchorage. The 60-bed facility has a combination of 40 Level V beds and 20 secure beds. These are the first secure beds in Alaska — providing an alternative to kids having to go out of state because they require a secure bed.

Department partnership with Rasmuson Foundation to streamline grant process and provide guide for improvement

Streamlining the grant process is the goal of a partnership between the Department of Health and Social Services and the Rasmuson Foundation, according to a recently released report.

"Having good, strong working relationships with our grantees is key to serving the people of Alaska," Commissioner Karleen K. Jackson said.

As part of the follow-up to the report, a cross-divisional department team will identify administrative and communication strategies that need to be implemented, Jackson added.

"If this initiative is successful in streamlining the state grant process, this may very well be one of the most significant investments in Rasmuson Foundation history," foundation president Diane Kaplan said.

PROCESS

Starting in March 2006, the department and the Rasmuson Foundation contracted with Cliff Consulting to interview 125 grantees and 30 department staff. As a result, the report identifies existing strengths and weaknesses in the grant-making process.

EXISTING STRENGTHS

Strengths include:

- reports by some grantees that department staff is cooperative, responsive and helpful;
- recent improvements in standardization, especially movement toward a common RFP format and standardized cumulative fiscal reporting;
- changing to longer grant periods with continuation grants;
- increased coverage due to centralization of Grants and Contracts; and
- some reduction in paperwork.

RASMUSON FOUNDATION

'This may very well be one of the most significant investments in Rasmuson Foundation history.'

— Diane Kaplan, Rasmuson Foundation President

NEEDED IMPROVEMENTS

Areas that need improvement include:

- inconsistent levels and quality of communications;
- lack of clarity on roles and responsibilities within the department;
- inconsistent policies and procedures from program to program and division to division;
- frequent staff turnover in department and grantee organizations;
- current requirements for extensive documentation for RFPs and reporting; and
- inconsistencies in documents, software platforms and lack of easy-to-use templates for response.

IMPLEMENTING RECOMMENDATIONS

Deputy Commissioner Bill Hogan will lead a department team, across divisions, to assess and implement suggestions for improvement.

The report recommends four main steps that require immediate action, including:

- naming a department representative to oversee the continuation of the improvement process;
- convening a cross-divisional team to further assess the report's recommendations and develop a plan for implementation;
- communicating the study's results to grantees, with reports on actions and planned improvements; and
- communicating the study's results to department staff, with reports on actions and planned improvements.

The 40-page report from Cliff Consulting, Inc. is available at *www.hss.state.ak.us/commissioner/Rasmuson/Rasreport.pdf.*

Welfare reform after 10 years: success

Summer 2006 marked the 10-year anniversary of the signing of the historic federal welfare legislation that led to a dramatic drop in the number of Alaskans on welfare, and has saved the state millions of dollars per year in reduced welfare payments.

Alaska's welfare reform legislation was signed into law in June 1996, and took effect on July 1, 1997, replacing the Aid to Families with Dependent Children program with the Alaska Temporary Assistance Program.

The federal welfare reform law:

· imposed a five-year lifetime limit on benefits; and

· required most recipients to be in a work activity.

Alaska's changes to welfare:

· required recipients to develop a family self-sufficiency plan; and

· enabled communities to play a greater role in the delivery of welfare-to-work services.

Alaska's approach emphasized quick entry into the work force for most recipients, backed by services that help Alaskans find or obtain better jobs. The urgency created by time-limited benefits and federal requirements for work participation underscored the importance of a strong employment emphasis, which continues today.

More than half of the adults receiving Alaska Temporary Assistance are working or participating in activities that prepare them for work. Additionally, Alaska has many tools to help families on welfare gain independence before their 60-month limit runs out.

Each year, the state reinvests millions in welfare savings to help families move toward self-sufficiency. Strong partnerships between state and community agencies provide case management, child care, work force development and other supportive services.

Among Public Assistance's achievements is the recent passage of legislation to provide state funds for the support of Native Family Assistance Programs. The federal law authorizes the 12 Native regional nonprofits and the Metlakatla Indian community to administer Tribal Temporary Assistance for Needy Families programs within the Native community.

The Tanana Chiefs Conference in the Doyon region; the Central Council of Tlingit and Haida Indian Tribes in Southeast Alaska; the Association of Village Council Presidents in the Yukon-Kuskokwim delta; Cook Inlet Tribal Council in Anchorage; and Bristol Bay Native Association in Southwest Alaska now serve more than 35 percent of all families receiving temporary assistance in Alaska. State funds help ensure the success of these programs.

"We believe that Native organizations can be more culturally responsive and more effective than the state in helping Native families move from welfare to work," Public Assistance Acting Director Ellie Fitzjarrald said.

The number of families receiving Alaska Temporary Assistance or Native Family Assistance has decreased by 54 percent compared to fiscal year 1997. Costs for welfare payments dropped by nearly $77 million in fiscal year 2006 compared to pre-welfare reform spending levels.

The state's welfare reform performance was recognized through federal performance awards totaling $12.2 million over the last four years.

"In the past 10 years, we have cut the welfare caseload in half and saved the state millions of dollars," Health and Social Services Commissioner Karleen K. Jackson said. "However, the true success of welfare reform can be seen in the thousands of Alaskans who have moved from welfare dependence to meaningful jobs."

DHSS Stars

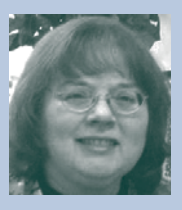
PATTI BRUCE

Patti Bruce, Division of Behavioral Health site reviewer, received the Alaska Community Service Medal on Aug. 23, 2006, for outstanding community service as a volunteer to the Alaska Military Youth Academy. Through her leadership and training, she has assisted 1,360 cadets of the Alaska ChallenNGe Program build self-esteem, teamwork and gain valuable personal insight at her mask-making workshops. During her over 1,000 hours of service, she also trained staff and worked with cadet support groups.

DPA APPLICATION TEAM & CLAY BUTCHER

The "Application for Services" produced by the Division of Public Assistance Application Team, facilitated by Publication Specialist III Clay Butcher, won a Platinum Award at the MarCom Creative Awards. MarCom is the International Competition for Marketing and Communication Professionals.

SHIRLEY DOWNING



Shirley Downing, R.N., has been a role model and mentor to many nurses in the Division of Alaska Pioneer Homes. "Her quiet ways and ability to listen for what is said and what is left unsaid is outstanding," said Sitka Pioneer Home Nurse III Supervisor Kathleen Hunsicker. Downing is considered a "star" for the compassion she shows in all her activities for residents, their families and staff. "Her attention to detail has proven time and time again the importance of structure rather than rigidity."

KARLEEN K. JACKSON

DHSS Commissioner Karleen K. Jackson was named a Woman of Achievement at the 17th Annual BP/YWCA awards luncheon on Dec. 13, 2006, in Anchorage. The awards are given to women who demonstrate sustained excellence, accomplishment and creativity in the sphere of their chosen profession. Jackson was cited for her leadership, integrity, dedication and motivation professionally, with a commitment to improving the quality of life in the community through work-related and volunteer involvements.

RAISA KALALO

Raisa Kalalo, an Administrative Clerk III with the Division of Public Health, received the division's "shining star" award for taking on additional responsibilities during a staff shortage.

BERNADETTE KUCHINSKY

Social Worker III Bernadette Kuchinsky, a Team Decision Making Facilitator for the Office of Children's Services, received the OCS "superstar of the month" award in 2006 for her work as a team player who always has the best interest of children, families and her co-workers in mind.

JOHN LOVERING

Social Worker IV John Lovering, a supervisor of the Intake Unit at the Office of Children's Services, was recognized in September 2006 by Alaska CARES, Anchorage's child advocacy center. Lovering was cited for his dedication, compassion and service to at-risk children. A 17-year OCS employee, Lovering also serves on the Agency Management Team and the protocol development team.

DOREEN STANGEL

Doreen Stangel, Health Program Manager II, was named an "Immunization Innovator" in 2006 by the Support to Immunization Coalitions Project of the Academy for Educational Development. Stangel is the Education and Training Coordinator for the Alaska Immunization Program. She was cited for several statewide projects to raise awareness of the need for childhood and adult immunizations.

VIKI WELLS

Viki Wells, South Central Behavioral Health Specialist with the Division of Behavioral Health, received the Francis J. Phillips Award at the 2006 Annual School on Addictions. She was cited as an innovator with a commitment to excellence, ethical standards, interagency cooperation, and leadership.

BRAD WHISTLER

Brad Whistler, a Health Program Manager III with the Division of Public Health, was recognized for his time served on the executive Committee of the Association of State and Territorial Health Officials, presented at the May 2006 National Oral Health Conference.

Child protection caseworkers improve safety decision-making standards

The formula is straightforward: By doing a better, more thorough job of assessing a family after a protective services report is made to authorities, parents will receive the support and resources that they need so that children will be able to safely remain in their own homes.

The result will be a healthier and safer family, living in a healthier and safer community. That's the motivation behind the new safety decision making practice standards being implemented by the Office of Children's Services.

"Kids ought not to come into custody and the child welfare system unless they can't be protected otherwise," Deputy Commissioner Tammy Sandoval said. "If you get good information, decisions become so much easier."

Since arriving in Alaska, Sandoval has championed this model to replace the former incident-driven investigation method. This year every employee involved in Child Protective Services, as well as many tribal partners, attended training on the new model.

> 'Kids ought not to come into custody and the child welfare system unless they can't be protected otherwise.'
> — Tammy Sandoval, Deputy Commissioner

"OCS is committed to the safety of children," Sandoval said. "The safety decision-making practice standards will bring that commitment to life."

Caseworkers gather information from families using six mandatory, in-depth questions. The questions cover everything from details about the presenting maltreatment to the way the child and adult function in their everyday lives.

The questions are:

- What is the extent of the maltreatment?
- What surrounding circumstances accompany the maltreatment?
- How does the child function on a daily basis?
- What are the disciplinary approaches used by the parent, including the typical context?
- What are the overall, typical pervasive parenting practices used by the parent (does not include discipline)?
- How does the adult function in respect to daily life management and general adaptation?

Sandoval said the detailed picture of a family that will result from the answers to these questions will enable providers to "hit the ground running" because they'll know how to address actual problems and head off any that might be impending.

The model, being increasingly used nationally to replace previous methods of investigating allegations of abuse or neglect, requires more time and labor on the front end of a report, but will pay off in numerous long-term benefits.

Sandoval terms the new safety assessment standards a "paradigm shift" in child protective services. She added, "It's a way to make lasting change at OCS to benefit children and families."

Alcohol abuse costs too great to ignore

In February 2006, the Governor's Advisory Board on Alcoholism and Drug Abuse released updates to a report distributed in 2001 on the economic costs of alcohol and other drug abuses in Alaska. The update, completed by the McDowell Group, a Juneau-based consulting and research firm, calculated the impact on the Alaska economy based on 2003 data, the most recent available.

Lost productivity costs totaled $367 million in 2003, while traffic accidents caused by alcohol and other drug abuse totaled $35 million. Alcohol and drug abuse caused 17,400 arrests and 15,800 Alaska residents were victims of drug abuse-related crimes. A variety of costs related to these crimes and enforcement efforts totaled $154 million.

> The economic costs of these diseases are enormous, and the human costs are even greater.

"The good news is that programs exist to help people overcome these diseases, increase their productivity, improve their health, and allow them to participate fully in the life of the community," Behavioral Health Division Director Cristy Willer said. "The economic costs of these diseases are enormous, and the human costs are even greater."

Premature death from alcohol and other drug abuse in Alaska resulted in trauma to numerous families and an estimated $183 in lost productivity in 2003. The annual average number of deaths from alcohol and other drug abuse between 1999 and 2003 was 236. The impacts on the criminal justice and health care systems due to alcohol and other drug abuse also tear at society's fabric. Adult and child protective services alone cost an estimated $59 million, including foster care and adoption care services, residential care and social worker services.

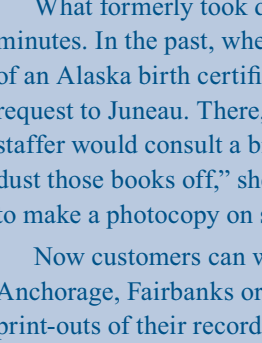
To help people recover from the disease of substance abuse and decrease the impact to our businesses and society, many programs are available, including the Alcohol and Drug Information Schools, which provide education to first-time substance abuse offenders, such as people arrested for driving while intoxicated or minors charged with consumption; and the Alcohol Safety Action Program, which works as a case manager for offenders interacting with both the health care and justice systems. To learn more about these programs, visit: *www.hss.state.ak.us/dbh/prevention/programs*.

The McDowell Group report is available on the Advisory Board on Alcoholism and Drug Abuse Web site at *www.hss.state.ak.us/abada.*

Vital Statistics beats deadline

The state Bureau of Vital Statistics has entered thousands of Alaskans' birth certificates into an electronic database system, well ahead of a federal deadline of 2008.

The state had already begun creating electronic records to improve customer service and protect fragile paper records when federal rules required the conversion, Bureau of Vital Statistics Section Chief Phillip Mitchell said.



"Federal intelligence reform legislation required us to have all births in our system going back to 1930," Mitchell explained.

The electronic records will be used to verify that birth certificates used to obtain passports or driver's licenses are valid documents. Eventually, agencies will be able to electronically verify that the information on the birth record matches the information in the state system. This verification process will help prevent alteration or falsification of birth records to obtain an illegal identity.

Not meeting federal deadlines would have meant Alaska-issued documents would not have been honored by federal agencies, such as the passport office and Social Security, Mitchell said.

Alaska's digital records now stretch back to its earliest history, from the late 1800s, said Kelly Shattuck, a research analyst with the Bureau of Vital Statistics.

What formerly took days can now take minutes. In the past, when people needed a copy of an Alaska birth certificate , they had to mail a request to Juneau. There, Shattuck said, a state staffer would consult a big paper index. "We'd dust those books off," she said, "then we'd have to make a photocopy on security paper."

Now customers can walk into offices in Anchorage, Fairbanks or Juneau and get official print-outs of their records. "They can leave with their birth certificates in less than five minutes," Mitchell said.

The change also helps preserve original paper records. Shattuck explained that every time they touched a record, finger oils and physical motion caused damage.

Shattuck helped start the project as a data entry clerk a decade ago before leaving for a series of other jobs. She returned to the section and found the project had languished. "My initials were still the last ones on the log," she said with a laugh. Back at work, this time as a manager, she and her team made a push to finish.

"Through her leadership and effort," Section Chief Mitchell said, "this project happened."

Next up: entering death certificates. Shattuck said, "Our goal is to have it done by the end of this fiscal year."

Promoting Adoption Month

Anchorage family helps department spread word about the joys of successful adoption

Keeping cool with a television camera and reporter in your face isn't easy. Yet when Anchorage TV reporter Natasha Rasheed visited Mechele Adams in early 2006 to talk about her experiences fostering and adopting kids in need, Adams took the media spotlight in stride.

ABOVE: Adoptive mom Mechele Adams works with Cord on his homework.

RIGHT: Cord enjoys playing video games with his brother, Ricky Adams Jr..

A few months later, when the Department of Health and Social Services needed an adoptive parent and teenager to feature in a new public service announcement asking people to consider adopting older children, Adams and her family were the logical choice.

Adams and her son Cord, who was 15 at the time of his adoption last year, agreed to volunteer their services.

In a 30-second television piece created for November — Adoption Awareness Month in Alaska and around the country — the pair discussed why a teen wanted a permanent placement, and why Mechele and her husband Ricky decided to adopt Cord.

"I'm only 16, but most of my life I've been taking care of other people," Cord says at the beginning of the piece. "When Mechele became my foster mom last year, that changed. Right away I knew I wanted to stay."

The resulting public service announcement began airing around the state in November and will be available to television stations again in May for Foster Parent Appreciation Month. The piece demonstrates the power of adoption for a teenager.

"For the first time in my life, somebody's taking care of me," Cord says at the end of the PSA. "I'm not alone. I have a family. It feels pretty good. Actually, real good."

'Food Insecurity' another name for hunger

State programs help fill food baskets, promote healthy eating habits

According to a recent report titled "Hunger in America 2006," produced by Second Harvest Network, at least 13.5 million United States households — or 11.9 percent of all households— were designated "food insecure" in 2004. Of those, 4.4 million had experienced hunger at some point that year.

These are startling statistics — and many Alaskans face the same serious hunger problems. Using information on clients and agencies served annually by the Food Bank of Alaska, the report finds circumstances are dire for an estimated 83,200 Alaska residents, or one in eight. The Food Bank of Alaska is part of the Alaska Food Coalition.

The report notes:

- 28 percent of the members of households served by the Food Bank are under 18 years old;
- 8 percent are children ages 0 to 5;
- 10 percent are elderly;
- 29 percent of the households served include at least one employed adult;
- 71 percent of the households have incomes below the official federal poverty level during the previous month;
- 46 percent are homeless;
- 50 percent of the clients are experiencing hunger; and
- 73 percent of the households with children are food insecure, and 38 percent are experiencing hunger.

Programs

Several programs within the Department of Health and Social Services are working to combat this problem. Under Title III of the federal Older Americans Act, Senior and Disabilities Services funds grants to nonprofit agencies to provide meals in groups and in private homes, and nutrition and health education information to seniors. In 2005, Title III spent $2.6 million for home-delivered and congregate meals in Alaska. Other funding sources brought the total expenditure to $9.9 million.

Public Assistance provides food stamps and other services for those in need. The Women, Infant and Children's program (WIC), administered through the Family Nutrition Programs in the Office of Children's Services, receives approximately $24.5 million in federal administrative and food funds, and serves 25,706 women and children monthly.

Family Nutrition also includes the WIC Farmers' Market Nutrition Program and Senior Farmers' Market Nutrition Program, the Commodity Supplemental Food Program and the Alaska Food Coalition.

According to Family Nutrition Manager Kathleen Wayne, the program is working hard to increase client awareness of eligibility, access to services and cost efficiencies.

"Family Nutrition Programs is known as a safety net helping to keep our most vulnerable populations healthy," Wayne said. "We assist persons who have jobs, but still have to make decisions about whether to buy food or pay the light bill. WIC offers these folks supplemental foods, nutrition education, and health care referrals."

Kake residents Melissa Travica and her children Jade Beer, left, and Bree Travica, right, participate in the Women, Infants and Children Program, a nutrition program that provides free nutritious foods and information on healthy eating for low-income pregnant and breast-feeding women and children. (Photo provided by SouthEast Alaska Regional Health Consortium; used with permission.)

More work is ongoing to solve the problem of hunger and poor nutrition in Alaska. "We are also taking a closer look at the grantee funding structure to make sure it is cost efficient," Wayne said.

Wayne said the program's goals include reducing the rate of childhood obesity by promoting short nutrition messages that can be used by health care and public assistance partners. "Our messages are competing with million dollar advertising markets that all try to get families to use their product regularly," Wayne said. "If we want families to make better nutrition choices they need to hear the message more than one time in varying locations and multiple venues."

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Inside:

'Compassion Alaska' aims for more effective services

The Office of Faith-Based and Community Initiatives began a 17-month federally-funded project on Oct. 1, 2006, to help local faith-based, grassroots and community organizations strengthen their outreach. The $500,000 grant comes from the Department of Health and Human Services, Compassion Capital Fund.

"We are calling this initiative 'Compassion Alaska'," Faith-Based and Community Initiatives Executive Director Stephanie Wheeler said. "We hope to see faith-based and community organizations in Alaska increase their overall effectiveness to provide services, and enhance their specific ability to provide social services in their communities."

In the demonstration project, the state office provides training, technical assistance and sub-grants to grassroots and faith-based organizations to help them build skills in five areas: leadership development, organizational development, program development, revenue development and community engagement.

The office will also offer grantees and local organizations the expertise of community partners through training and technical assistance in the five key areas of capacity building.

"If you are a faith-based organization, and you have been providing services to your community for a long time, you've probably done it with volunteers, and you want to expand your capacity because there's a growing need in your community," Wheeler explained.

Wheeler said that the office expects to have its plan in place for accepting applications and making sub-grant awards by January.

The office already provides training and technical assistance to faith-based and community organizations, and the new federal funds will enable it to offer a wider range of assistance to more areas of the state, by providing sub-awards and working with partner organizations.

For more information on the Alaska Office of Faith-Based and Community Initiatives, visit the Web site at *www.hss.state.ak.us/fbci.*

Mental health Medicaid Rx program reviews, improves

Alaskans receiving mental health or pain medications through Medicaid will get better care through a quality improvement program the state began in May 2005.

To improve patient care, the Behavioral Pharmacy Management System Program reviews Medicaid pharmacy claims for more than 400 behavioral health and pain management drugs, looking for potential problems.

The Pharmacy Management system sends out alerts to prescribers if a patient is getting similar medications from more than one provider or fails to refill prescriptions.

The program is a two-year project of the divisions of Behavioral Health and of Health Care Services, funded by Eli Lilly and Co. through Comprehensive NeuroScience, Inc. (CNS), a national clinical quality management company.

CNS and a state steering committee agreed on these "best practices" through a consensus of mental health professionals, including psychiatrists and other physicians, physician's assistants, nurse practitioners and pharmacists.

The Pharmacy Management program's goals are to help patients more closely follow their medication plans, and to help medical professionals more closely follow best practice guidelines for prescribing mental health and pain medication.

Each month, the Pharmacy Management program contacts around 200 providers, who treat nearly 1,800 patients.

CNS reviews the state's pharmacy data and mails information to prescribers monthly. If a medical professional writes unusual prescriptions, such as several drugs for two months or more, or prescribes uncommonly high or low doses of a drug, the program sends up-to-date prescription guidelines. The program also sends general information on mental health prescribing and specific information about patients' medication histories.

Since the program started, the number of child and adolescent patients who may have been receiving too many behavioral health drugs from prescribers has been reduced by 15 percent, according to CNS.

In addition to helping providers deliver better quality care, the program appears to be saving the state money, said program manager Dave Campana. The division has spent about 4 percent less than expected on Medicaid mental health and pain medication payments since the program began.