

AUTUMN UPDATE 2015

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

VOLUME 11
NUMBER 2

Helping a family find its voice

For a little girl once described as not having a lot of words, 3-year-old Jazee Eusebio now seems to be overflowing with them.

During a recent visit with her family in the Kodiak Area Native Association (KANA) offices, where she received speech therapy and other services from the Health and Social Services Infant Learning Program, Jazee was in constant motion, a soundtrack of her own singing and chattering punctuating every movement.

Proudly watching the aspiring ballerina with sparkly, light-up shoes and ponytail twirl around the playroom singing “Let it go” were her parents, Jayson and Gemma, both of whom are originally from the Philippines and are hard of hearing.

Two professional sign language interpreters observed the family via separate Skype windows on a nearby laptop, carefully translating their conversations for the others in the room. It takes two interpreters because the couple has developed their own unique version of sign language.

Add into the mix the family’s native language of Tagalog, and it’s easy to see why Jazee was found to



Jazee Eusebio, 3, and her father and grandmother — Jayson and Josephine — practice sign language with the help of the DHSS Infant Learning Program in Kodiak.

be speaking English below her age level during a well-child check in Kodiak just over a year ago.

“In the beginning, Jazee just didn’t have many words — just a few signs, a few words,” said ILP Coordinator Amanda Sanford.

In fact, despite help from Jayson’s mother, Josephine Vito Cruz, a gregarious, friendly woman who has lived in Kodiak for 23 years and often acts as their informal interpreter, everyone in the family needed some help communicating with others in their adopted community.

Helping the family learn to advocate for themselves and discover what services were available for all of them, not just Jazee, was a key to treatment, said Sanford.

The key to that for Sanford was discovering the value of having two interpreters: one to help interpret the couple’s combination of formal sign language and more casually acquired hand gestures, and the other to change those signs into words for the therapists — and eventually others in the community. It proved to be a powerful combination.

Continued on page 4

Contents

Family finding its voice1-4	Marijuana-use education.....6
Medicaid expansion1	Medicaid initiative.....6
Governor’s column2	PSA promotes activities6
Freeze on adjustments.....2	Sobriety program saves7
HSS facing budget cuts.....2	Coalition launches media ...7
Leadership shifts of duties..3	Legislation overview7
Commissioner’s column3	Online eligibility system.....8
Alaska Native children.....4	Medicaid claims system8
DJJ receives benefits4	Supportive housing8
Tribes foster opportunities ...4	Research conference.....9
News Briefs5	Suicide prevention evolves ..9
DHSS ‘STARS’5	FPH spring cleanup.....9
HPV vaccines promoted.....5	

Alaskans receiving health care under Medicaid expansion

On Sept. 1, DHSS began accepting applications for those newly eligible for Medicaid under expansion. To improve health care and to maximize state general fund savings, the Division of Public Assistance (DPA) pre-screened enrollees in the Chronic & Acute Medical Assistance (CAMA) and Interim Assistance programs for Medicaid expansion eligibility.

On the first day of expansion, DPA transitioned nearly 500 Alaskans from these programs to Medicaid through expansion. Both programs were previously funded completely with state general fund dollars.

To increase efficiencies when processing applications for Medicaid, DPA updated the Alaska’s Resource for Integrated Eligibility Services (ARIES) system. This software upgrade means when someone completes an application via the self-service portal, that information is automatically populated into ARIES. Previously, DPA staff had to manually enter an applicant’s information.



DHSS Commissioner Valerie Davidson stands with Gov. Bill Walker and Lt. Gov. Byron Mallott.

On Nov. 1, Alaska will move from an assessment state to a determination state on healthcare.gov. This means healthcare.gov will automatically review the applicant’s information and make a determination of eligibility for either health care coverage available on the Marketplace or Medicaid. This provides a “no wrong door” application process for Alaskans who aren’t sure if they qualify for Medicaid under expansion or a subsidized health plan on the Marketplace.

Who may be eligible for Medicaid Expansion?

Alaskans 19 to 64 years old who are not eligible for another type of Medicaid or Medicare and have incomes below

- \$20,328 a year (\$1,694 per month) for single adults
- \$27,492 a year (\$2,291 per month) for a two-person family

As of Sept. 15, close to 2,000 Alaskans enrolled in Medicaid under expansion.



Bill Walker
Governor

**Health:
A bedrock value**

Greetings, Alaskans. I hope this message finds you well and enjoying the beauty and bounty of autumn in our great state.

The health of our citizens is a bedrock value of my administration. I was pleased to announce in July my intent to bring the benefits of Medicaid expansion to Alaska. Starting in September, Alaska has been able to provide federally funded health coverage to up to 40,000 low-income Alaskans.

Over the past year, I have received hundreds of messages of support for Medicaid expansion, many with poignant personal stories of a loved one unable to receive care. To those who reached out, thank you. I hear you, and I am honored to be able to help.

I am also gratified that the U.S. Supreme Court in June upheld federal subsidies in states that use the federal health insurance exchange. This means the 16,000 Alaskans who rely on the exchange can continue to access affordable health care.

As many Alaskans are aware, we face a challenging budget situation. This year, the state expects to spend \$5 billion in state general funds and receive only \$2 billion in revenue, leaving a \$3 billion gap. That's *after* a whopping 19 percent in spending cuts.

My administration is working to reduce spending through efficiencies and creative partnerships. But spending cuts alone cannot solve the problem. We could lay off every state employee funded with general funds and it would still not balance the budget.

The path to fiscal stability will take a combination of further spending cuts, prudent use of savings, and additional revenues. None of these actions is popular, and all will have some negative impacts. But the consequences of inaction are worse — if we burn through our savings, our options will be much more limited and may force devastating cuts to health, social services and education.

Please join the conversation about building a sustainable future for Alaska. Visit gov.alaska.gov/Walker/priorities/transition-2014/sustainable-future/the-conversation.html to learn more, and to fix the budget gap *your way* using Mind the Gap, our interactive revenue and spending model.

Working together, we can create stability and opportunity for all Alaskans.

Alaska imposes freeze on inflation adjustments to Medicaid reimbursement rates

Freeze expected to be for a limited time due to budget constraints

Due to continuing pressure from reduced revenue and oil prices, the state's Medicaid general fund budget for fiscal year 2016 will be cut by \$51.9 million.

Given this shortfall, the Department of Health and Social Services is exercising statutory cost-containment measures through emergency regulations. The measures will eliminate inflationary increases to Medicaid payment rates for an array of services.

"We take any type of rate freeze very seriously because we want to avoid a 'chilling effect' on providers' ability to fully offer and deliver Medicaid services," said Jared Kosin, executive director of the Office of Rate Review.

The Office of Rate Review is responsible for setting and reviewing the prices that the state's Medicaid program will pay for services. This includes hospital and nursing home services; home and community-based Waiver services; personal care attendant services; and others.

"Medicaid rate-setting is challenging during tough economic times because if Medicaid rates — that is prices for services — increase, then the department presumably has to pay more from its budget to cover those services for recipients," Kosin explained.

The department is hopeful that this limited freeze will only be in place for fiscal year 2016. While this type of

freeze is an approach of last resort, the department's method of implementing the freeze is positive because it only targets inflation, Kosin said. This means that regular procedures for reestablishing or substantively modifying payment rates will continue as normal.

Provider tax

As the state continues to evaluate fiscal strategies for containing costs and identifying new revenue, Rate Review is overseeing the department's effort of studying health care provider taxes. Alaska is the only state in the country without a health care provider tax. These taxes come in the form of licensing fees, assessments, or other payments that are related to health care items or services. Hospitals, nursing homes, and intermediate care facilities are the most commonly taxed entities in the Lower 48.

The department has hired Myers & Stauffer, an accounting firm that specializes in government health programs, to perform a feasibility study of a potential health care provider tax in Alaska. Based on the contract, the department expects a feasibility study and recommendation, along with a draft tax proposal by Dec. 1, 2015. The study will include significant stakeholder input from Alaskans.

HSS faces budget cuts, but Medicaid expansion expected to increase federal revenue, save general funds

The Alaska Department of Health and Social Services fiscal year 2016 operating budget sustained an overall unrestricted general fund reduction of \$80.3 million, or 6.4 percent of the department's fiscal year 2015 unrestricted general fund budget.

Of that amount, \$66.9 million was cut from various grants and benefit programs. The largest reduction was \$51.9 million to the Medicaid budget. During the Governor's budget process, the department identified \$20 million in Medicaid unrestricted general fund reductions based on various reform initiatives the department is undertaking. The department will continue looking for efficiencies and cost saving opportunities to help mitigate the additional Medicaid reduction,

The department also incurred another \$8 million unrestricted general fund unallocated reduction and management is reviewing ways to allocate this amount and mitigate impacts to services.

The department lost 66 positions. However, the Office of Children's Services received funding for 23 additional positions, based on the recommendation of a 2012 Hornby Zeller Associates, Inc. workload study.

During the legislative session, Governor Walker's request to expand Medicaid did not gain the full support of the legislature. However, on July 16, 2015, the Governor announced that he had provided the Legislative Budget and Audit committee with the required 45-day notice of his intent to accept federal and Alaska Mental Health Trust Authority revenues to expand Medicaid in Alaska this fall.

Under Medicaid expansion, nearly 42,000 Alaskans will be newly eligible for coverage and about 21,000 are expected to enroll during the first year of expansion. Alaska anticipates \$1.1 billion in new federal revenues during the first six years and expects the creation of 4,000 new jobs — a boon for the state's economy.

New leadership appointments, shifts of duties

Health and Social Services Commissioner Valerie Davidson has made some changes to her team since her appointment Dec. 1, 2014, replacing a resigning Deputy Commissioner and appointing a Public Assistance director after a retirement.

KAREN FORREST, Deputy Commissioner

Former Juvenile Justice Division Director Karen Forrest is now Deputy Commissioner for Family, Community and Integrated Services, effective June 16, 2015. In that role, Forrest oversees the Office of Children’s Services, and the divisions of Behavioral Health and Juvenile Justice.

Forrest, who was born and raised in Juneau, has been Director of the Division of Juvenile Justice for over a year, and served as the Deputy Director of DJJ for the previous 10 years.

Forrest began her career as a juvenile justice officer at Juneau’s Johnson Youth Center in 1988. She has also served as a front-line worker in community residential care for both abused and delinquent youth, and as a mental health clinician in the Alaska community mental health system and in private practice. From 1998–2003, Karen also was an administrator for the Division of Behavioral Health.

Forrest holds a bachelor of science degree in criminology, and received the Outstanding Criminology Graduate award from Southern Oregon State College. She also earned a master of science degree in clinical and counseling psychology with an emphasis in multicultural counseling.

SEAN O’BRIEN, Director, Division of Public Assistance

Sean O’Brien was appointed Director of the Division of Public Assistance, effective June 1, 2015.

As division director, he will oversee numerous programs, including Adult Public Assistance, Child Care, Chronic and Acute Medical Assistance, Denali KidCare, Family Nutrition, Food Stamps, General Relief Assistance, Heating Assistance and Senior Benefits, among other responsibilities.

“Sean knows the value of effective partnerships and collaboration,” said Commissioner Davidson, “and he has a solid track record of making partnerships work.”



Forrest



O'Brien

Because of his former role as Assistant Field Chief with the Division of Vocational Rehabilitation, he has experience in workforce development, especially for people facing tremendous challenges

O’Brien is a lifelong Alaskan who has lived primarily in Juneau but also lived and worked in Bethel and Anchorage for several years in the past.

O’Brien holds a bachelor’s degree in environmental science and a master’s in counseling, with a national certification in rehabilitation counseling. O’Brien has also been an active school board member in Juneau for over seven years.

Prior to his recent work with the Division of Vocational Rehabilitation, he worked for the Department of Labor, Employment Security Division, where he gained invaluable experience as the statewide program lead in effectively delivering a wide variety of job-training services under the Job Training Partnership Act and the Workforce Investment Act.

“I am very impressed with the high quality compassion, capacity and commitment of DPA staff to serve the scores of Alaskans needing our services,” O’Brien said. “I feel very strongly that we can and will achieve long-term success in finding new and improved ways of serving our fellow Alaskans with the aid of effective teamwork, collaboration and innovation.”

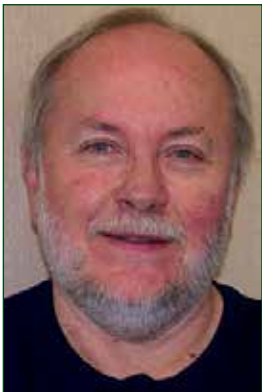
ROB WOOD, Director, Division of Juvenile Justice

Leonard “Rob” Wood was named Director of the Division of Juvenile Justice, effective June 16, 2015. Wood is a senior manager with extensive experience in the juvenile justice system. He replaces Karen Forrest, former division director, who is now Deputy Commissioner for Family, Community and Integrated Services for the department.

For the last five years, Wood has served as Deputy Director of Operations for Juvenile Justice where he was responsible for the daily operations of eight correctional facilities and 16 juvenile probation districts and more than 400 employees.

Wood’s work with Juvenile Justice began in 1990 as a juvenile probation officer. In 1997 he became a district supervisor, and later a chief probation officer. Earlier in his career, he worked as a clinical therapist with Alaska Children’s Services in Anchorage.

Wood holds a bachelor’s in sociology and a master’s in interdisciplinary studies with a counseling and juvenile corrections focus from University of Oregon.



Wood

Valerie Davidson Commissioner

A message from the Commissioner



On Dec. 1, 2014, Gov. Bill Walker announced my appointment as Commissioner of the Department of Health and Social Services. What an honor! I was simultaneously humbled and energized, eager to work with the department’s 3,600 employees to improve and safeguard the health of Alaskans.

I was especially proud to stand with Gov. Walker over the winter and summer as we worked to expand Medicaid services to 40,000 Alaskans in need of health care. On Sept. 1, our public assistance staff began accepting and processing applications.

It’s been wonderful to hear back from some of those applicants. Just this week one mother wrote that having health care had lifted a huge burden for her son. Now that he could receive the medical assistance he needed, he would be able to move forward in his life.

That’s been our point about Medicaid expansion all along. When people are sick, they can’t work, they can’t hunt, they can’t fish. They can’t take care of their families. And when they don’t have medical coverage, they wait until health conditions are advanced before addressing them, resulting in higher costs and poorer outcomes.

Providing everyone who needs it with preventative and timely health care is the best way to ensure that Alaska remains a vital and healthy state.

Quyana caqnek (thank you very much) to all of you for your incredible work that made Medicaid expansion possible.

This coming year, I look forward to working with our partners and neighbors to improve our child welfare system, our collaborations with Tribes and the federal government, and our capacity for improving the health status of all Alaskans.

Growing up in rural Alaska, I learned that in order to survive, everyone needs to work together. When a boat is stuck on a sandbar, or a car has a flat tire on the highway, you don’t just go by, you stop to help. Alaskans have a unique spirit and bond. I truly believe that because of that, we can do anything. I look forward to working with you.

Caring for Alaska Native children

Discussing, identifying new strategies that address challenges

On May 28, the First Alaskans Institute facilitated a convening in Anchorage on behalf of the Department of Health and Social Services, focusing on the well-being of Alaska Native children and their families. Attending were well over 80 participants, including elders, Tribal and OCS front-line workers, Tribal directors, Tribal judges, administrators, attorneys, Office of Children’s Services Director Christy Lawton and other DHSS division leaders, and DHSS Commissioner Valerie Davidson.

The attendees were selected based on their role in Alaska’s child welfare system and came from many different cultures and backgrounds.

The goal of the convening was to create a safe space that allowed for courageous, paradigm-shifting conversations to help the group openly discuss and identify creative new strategies that address the ongoing challenges Alaska faces in caring for Alaska Native children. The participants were asked to envision how they would want Alaska and child welfare to look in the year 2040, and to brainstorm on how to make partnerships better and communities healthier.

The following are a few of the specific themes that most — if not all — of the participants wanted to accomplish:

- Recognize Tribal sovereignty

- Tribes have the infrastructure and capacity to serve their families.
- All Native children are placed with family or in their community.
- All Alaskans, embrace the diversity of our state and treat all people equally.
- More state services and funding are funneled to Tribes through compacts to serve their people.

OCS plans to hold similar events to hear from more Tribes, parents, relatives and others to take the next steps to improve outcomes for Alaska Native children and families.

Youth involved with child welfare, juvenile justice benefit from enhanced services

In partnership with the Alaska Court System and the Office of Children’s Services, the Division of Juvenile Justice was selected as one of four jurisdictions nationally to receive technical assistance from the Robert F. Kennedy National Resource Center for Juvenile Justice to improve services for Alaska youth who are dually involved with both the child welfare and juvenile justice systems.

RFK staff will lead Juvenile Justice and the other agencies through a 12-month planning process using the “Models for Change” initiative. The end result will be the creation of a long-term action plan between the Alaska Court System, OCS and DJJ to enhance services for Alaska youth who are involved in both the child welfare and juvenile justice systems.

On the Executive Leadership Team for this initiative are Deputy Commissioner Karen Forrest, OCS Director Christy Lawton, and Alaska Supreme Court Justice Judge Joel H. Bolger.

The Executive Committee is comprised of key leaders from DJJ, OCS, the Alaska Court System, Office of Public Advocacy, Public Defenders Office, the Department of Law, Facing Foster Care in Alaska, UAA–Child Welfare Academy, Division of Behavioral Health, Anchorage School District, Aleutian Pribilof Islands Association, and a dual-status youth representative.

Agreements with Tribes foster diversion opportunities for juvenile Native offenders

The Division of Juvenile Justice has recently established Memorandums of Understanding (MOUs) with several Alaska Tribes. The “Community Diversion Agreements” will foster collaboration, development and implementation of diversion opportunities at the local village level for youth who have been referred to DJJ by law enforcement. So far DJJ has established MOUs with the Aleut Community of Saint Paul Island, the Gwichyaa Zhee Gwich’in Tribal Court, and the Qagan Tayagungin Tribe of Sand Point. Each MOU includes a list of actions both DJJ and the Tribe agree to take in every case where a juvenile member of the Tribe has been charged with a minor offense. The intent of the MOUs is to more effectively respond to and rehabilitate juvenile offenders at a local, village level.

HELPING continued from page 1

“They had a voice before, but it was always a secondhand voice,” Sanford said. Using the interpreters changed all that. “That was the moment I felt I was truly communicating with the family for the first time.”

And once the communication door was opened for her by the therapists and interpreters, Jazee ran right through it.

“She came along really quickly,” Sanford said of Jazee’s response to speech therapy. “That was really fun to foster. It was an environmental issue causing the delay, it’s not like we had to do a lot to get the ball rolling.”



Jazee Eusebio, 3, who is a hearing child, learns to communicate with her parents, Jayson and Gemma, sitting to her right, who are hard of hearing. At left is Jazee’s great-grandmother Angelina, second from right is her grandmother Josephine and at the far right is Infant Learning Coordinator Amanda Sanford.

Jazee received ILP services for about 10 months for what her therapists termed a “mild to moderate delay” in her speech. Now, at age 3, she counts to 20 and “is so smart — she knows everything,” her mother signs proudly.

Even the name of her about-to be-born brother: “Joshua!” the toddler shouts when asked.

Now, her grandmother says, she’s “much more talkative,” conversing in three languages: American Sign language, English and Tagalog.

As proof, Jazee and Josephine simultaneously sing and sign “Twinkle, Twinkle, Little Star,” forming the hand motions for each word and, at the end, their arms opening as wide as their smiles.

To learn more about services provided by the Early Intervention/Infant Learning Program, go to dhss.alaska.gov/ocs/Pages/infantlearning.

News Briefs ...

Smoke-free air

Quyana Alaska! Celebrating Smokefree Air was the theme as approximately 175 health advocates from around the state gathered in Anchorage for the Alaska Tobacco Control Alliance (ATCA) summit held May 20–22.

This year’s summit attendees were offered a range of engaging presentations and panels, from learning about smoke-free multi-unit housing to addressing tobacco use in behavioral health settings to the link between adverse childhood experiences (ACES) and increased tobacco prevalence. Internationally renowned Professor Dr. Stan Glanz of the American Legacy Foundation, presented three sessions: Smoke-free USA, Electronic Nicotine Delivery Systems (e-cigarettes), and Smoke-free Movies. The summit was held at the UAA Campus; UAA’s student body in April 2014 approved a referendum to make UAA a smoke-free campus.

The state’s Tobacco Prevention and Control Program helps to support ATCA, an organization formed in 1991 to create a statewide network of health advocates to develop, support and sustain comprehensive tobacco control efforts in Alaska. ATCA’s vision is a tobacco-free Alaska. For more information on the Tobacco Prevention and Control Program, go to dhss/alaska.gov/dph/Chronic/Pages/Tobacco.

Healthy Alaskans 2020 seeks collaboration

In 2013, Healthy Alaskans 2020 surveyed the Alaska public to develop its 25 Health Priorities for the state. The priorities include reducing the cancer death rate and the obesity rate, and increasing early prenatal care. The next step was to form a committee to search out the best evidence-based strategies to help achieve the 25 Alaska health goals for the decade.

Key partners will be essential in helping to identify leaders to help coordinate and align activities around each of the 25 Leading Health Indicators. The work includes providing guidance for implementation, selecting common measures to follow progress, and communicating the work of Healthy Alaskans 2020. For more information go to hss.state.ak.us/ha2020, or email healthyalaskans@alaska.gov.

DHSS Stars



CAITLIN FERGUSON

Caitlin Ferguson, Medical Assistance Administrator III with Division of Health Care Services, has been instrumental in correcting errors within the new Medicaid claims processing and reporting systems, including a complete reload of in-state and out-of-state physician rates. She serves as state lead in redesigning Medicaid decision support system user packages and management and administrative reports. In addition, she works extensively with decision support system users on troubleshooting, training, and building reports. Caitlin has exceeded all performance expectations with her amazing dedication and focus, even when it feels that little progress is being made.



CHRISTY LAWTON

Office of Children’s Services Director **Christy Lawton** received the 2015 Betsey Rosenbaum Award from the National Association of Public Child Welfare Administrators (NAPCWA) for her dedication and passion to improve outcomes for Alaska Native children in Alaska and her efforts to improve workforce safety. Lawton was honored on June 13, 2015 at the NAPCWA conference in Washington, D.C., with this award, which recognized her outstanding contributions in the field of public child welfare.



RETA SULLIVAN–CBCG Team

The **Complex Behavioral Collaborative Group**, including **Reta Sullivan**, Mental Health Clinician III with the Division of Behavioral Health, received The Arc of Anchorage Shining Stars, Big Hearts Extra Mile award Feb. 26, 2015. The Arc needed a partner to help the individuals it serves achieve their goals in increasing positive behavior in their lives. The Arc found a true and collaborative partnership with the Complex Behavior Collaborative Initiative, which offers support to agencies by providing technical assistance to help agencies comprehend, predict and change or manage challenging behaviors. “The Arc family truly appreciates your gifts, talent, wisdom and expertise,” writes Stephanie Wheeler, director of Community Living Services with The Arc. “Our team continues to learn every day from the CBC and we are thankful for the opportunity to improve services and provide better outcomes for the individuals we serve with complex needs and challenging behaviors.”



PUBLIC INFORMATION OFFICE

The Department of Health and Social Services public service ad promoting **Safe Sleep** enjoyed an outstanding six-month run on television. The video, produced by the department’s Public Information Office, recently received a northwest region Emmy nomination. The department paid Alaska Broadcasters Association \$25,000 to distribute it and received \$844,000 in air time, with 33 free ads for every one the department paid for. In total, the ad — featuring a mom putting her baby to bed on his back in a crib — was run 5,585 times. The cost of the ad was split between the Division of Public Health and the Office of Children’s Services. To view the PSA, go to dhss.alaska.gov/dph/wcfh/Pages/awareness.



ARIES: Alaska’s Resource for Integrated Eligibility Services

Several divisions devoted numerous hours to help the Division of Public Assistance address its Medicaid applications backlog in its ARIES computer system. Broken down by division, these DHSS STARS include: **Public Health**: Amy Shaw, Administrative Assistant II; Ken Southerland, Office Assistant II; Brandon Nakasato, Administrative Assistant II. **Health Care Services**: Teri Gagne, Medical Assistant Administrator III; Luana Gaines, Medical Assistant Administrator II; Sarah Harlamert, Medical Assistant Administrator II; Christina Kent, Medical Assistant Administrator I; Clarissa Moon, Medical Assistant Administrator III; Maria Pokorny, Medical Assistant Administrator I. **Behavioral Health**: Terri Hamm, Medical Assistant Administrator IV. **Senior and Disabilities Services**: Barbara Rodes, Health Program Manager I; Phillip Martinez, Health Program Manager I. “Their contribution above and beyond their normal duties and responsibilities, and willingness to help a sister division in need, is deeply appreciated by their co-workers in the Division of Public Assistance,” wrote former acting DPA Director, Ron Kreher.

Immunization program promotes HPV vaccine as cancer prevention

A summer public information campaign to promote immunization as protection against human papillomavirus infection, the primary cause of cervical cancer in women, included TV and radio messages that encourage completion of the three-dose vaccine series in children 11–12 years old.

Results show that nearly half of girls 13–17 have received their first HPV vaccine and only one-third have completed the series, according to a CDC National Immunization Survey for teens. The Advisory Committee on Immunization Practices recommends the three-dose series for boys and girls 11–12, ideally when they get their other adolescent vaccines. “HPV is cancer prevention,” said Stephanie Massay, the training and education manager for the state’s Immunization Program. Experts estimate that 75 percent to 80 percent of Americans will get HPV at some point in their lives. Of new cases of HPV, 75 percent are in people 15–24 years old. State-supplied vaccine is available at no charge for the vaccine for all children under 19 years of age at participating health care provider locations. For details, visit epi.hss.state.ak.us/id/iz/hpv.

Public Health casts wide net to build marijuana education campaign

After legalization of marijuana use in Alaska, the Department of Health and Social Services, Division of Public Health, built a public education campaign to help Alaskans understand the laws and health impacts.

Using materials from other states, the expertise of various programs and sections, and input from outside partners, the division produced and is promoting a webpage along with TV, radio, social media and print materials.

“Coming up with the right message is not easy,” said Dr. Jay Butler, Public Health division director. “There is not as much data on health effects as with other substances, such as tobacco or alcohol.”

The workgroup addressed a range of issues with the goal of contributing to the regulatory process from a public health perspective, tracking data, doing research, and providing information to Alaskans.

“We want to be careful to communicate known risks, such as dependency and the risk of motor vehicle accidents, and potential risks of concern like the use during pregnancy or secondhand exposure,” Butler said, “but not to conflate the known risks from tobacco and alcohol use to fill the gaps in the science regarding marijuana.”

The workgroup included partners such as the Mental Health Trust Authority and the state Department of Public Safety, along with Health and Social Services staff from Epidemiology; Chronic Disease Prevention and Health Promotion; Public Health Nursing; Public Health Labs; Vital Statistics; and Women’s, Children’s and Family Health. The Division of Behavioral Health, WIC and the Public Information Office also participated.

Alison Kulas, the program manager for the Tobacco Prevention and Control Program, co-facilitated the workgroup meetings with DHSS Chief of Epidemiology Dr. Joe McLaughlin. “We utilized extensive literature reviews from Colorado to respond to questions and key concerns heard from our partners in WCFH, WIC, school health, and workforce health to develop the key messages,” she said. “Because of the diversity of the group, we were able to receive feedback from an array of disciplines and produce comprehensive fact sheets.”

The effort resulted in a marijuana website, PSA, print ads, social media posts, rack cards, and a variety of communications materials, including fact sheets on marijuana use during pregnancy or when breastfeeding, marijuana and adolescents, and marijuana and driving.

All kids encouraged to Play Every Day

Two sections within the Division of Public Health worked together to create a TV message promoting at least 60 minutes of daily physical activity for children of all abilities.

Children and adults experiencing disabilities often get **less regular activity than people who aren’t experiencing disabilities**. It can be particularly hard for children experiencing disabilities to be active because activities aren’t always adapted for them, or they cannot access the places where activities take place.

This spring, the Alaska Health and Disability Program within the Section of Women’s, Children’s and Family Health provided grant funding from the federal Centers for Disease Control and Prevention to film and air a new Play Every Day public service announcement (PSA) that features Alaska kids of all abilities doing many types of physical activities.

The Play Every Day campaign, run through the Section of Chronic Disease Prevention and Health Promotion, coordinated the completion of the PSA, posters and a new website. The TV PSA is also posted online on Play Every Day’s YouTube Channel.

“All children, regardless of their ability or disability, benefit from physical activity,” said Amanda Cooper, the **Health and Disability program manager**. “The Play Every Day campaign is the perfect avenue to encourage children of all abilities to get out and play.”



Anna Boltz enjoys a ‘sit-ski’ run at Alyeska ski resort in Girdwood, with guidance from her mom, Leah Boltz, acting as a breaker.

Medicaid Redesign and Expansion Technical Assistance Initiative

The department began working this summer with a team of local and national health care experts to conduct research and financial studies aimed at providing ideas about how to make Alaska’s Medicaid program work best for Alaskans. The department’s goals for this initiative are to:

1. Improve enrollee health outcomes and optimize access to care;
2. Drive increased value (quality, efficiency, and effectiveness) in the delivery of services, and
3. Contain costs in Alaska’s Medicaid budget and general fund spending.

The consultants helping DHSS to identify new care and financing models, along with alternate program designs, are Agnew:Beck, an Alaska-based firm with experience in health planning and public engagement; Health Management Associates, a national firm that specializes in policy analysis for publicly financed health care programs; and Milliman, Inc., an international health care actuarial firm.

Extensive stakeholder involvement is an important part of the process. Numerous work sessions with key partner organizations that represent various Medicaid provider groups and other constituencies are being held throughout the fall. The department is also making every attempt to reach out and participate in health-related meetings and conferences over the next few months to inform as wide an audience as possible. There are a number of avenues available for being informed and offering input in the process.

If you would like more information on this initiative and how to offer input, please visit dhss.alaska.gov/HealthyAlaska/Pages/Medicaid_Redesign.aspx.

The first major report from the contractor is due Jan. 15. It will include recommendations for a series of reform initiatives. It will also include potential alternative program models for the Medicaid expansion population, such as a private insurance option for the new eligibility group and alternative benefit packages. Recommendations from the report will be presented to the legislature during the upcoming session.

A final report from the consultants is due in May 2016. That report will include a recommended three-year action plan, detailing the steps the department should take to implement selected redesign models. It will also include an evaluation plan, with a suggested set of performance and outcome measures.

Sobriety program aims to save money, reduce recidivism

A sobriety program for offenders that began in Anchorage in 2014 is now being established in Fairbanks, Kenai and the Mat-Su. The “24/7 Sobriety Monitoring” program, pioneered in South Dakota, can save the state of Alaska as much as \$145 a day, according to Tony Piper, the Statewide Alcohol Safety Action Program (ASAP) manager.

As an alternative to incarceration, the program is designed to closely monitor offenders for any alcohol use, while providing swift and certain sanctions for violations.

24/7 allows participants to be actively involved in their community with continued employment, education, treatment, family and recovery activities, while ensuring public safety through twice-a-day alcohol testing.

“The goal is to ensure public safety,” Piper says, “and encourage long-term sobriety while offenders fully participate in their societal obligations.” If participants were incarcerated, the cost to the state would be about \$150 a day. The cost of twice-daily testing for alcohol use is about \$5 a day, and that cost is borne by the offender, unless he or she is proven indigent.

The cost for drug testing is a little higher, and depends on the substances that are being tested for, Piper says. He adds that of the approximately 125 people in the Anchorage program as of May 2015, about two-thirds are considered indigent. In the case of indigence, the Department of Health and Social Services pays the cost of testing, which still saves the state a considerable amount of money.

The 24/7 program is part of the Omnibus Crime Bill enacted by the 28th Legislature, legislation that seeks to reduce the recidivism and incarceration rate for specific crimes only, and at a judge’s discretion. Among those crimes are DUIs, misconduct involving a controlled substance, and domestic violence.

“If it’s a bail condition,” Piper explains, “they stay on the program until their case is resolved. It’s a way to have them not sit in jail and wait.” Piper added that some are on the program after adjudication as part of their probation.

The Alaska program is too new to evaluate its effectiveness, Piper says, but an analysis by the Rand Corporation of South Dakota’s multi-year 24/7 Sobriety Project concludes that the program led to a 12 percent reduction in repeat DUI arrests and a 9 percent reduction in domestic violence arrests.

“This is really what ‘smart justice’ is,” Piper says. “People are allowed to take care of their responsibilities in life so their life doesn’t spiral into an even worse situation.”

For more information on the 24/7 program, contact Tony Piper at tony.piper@alaska.gov, 907-264-0500.

Campaign shares teen drinking fact: Most don’t.

Rebuts ‘But everybody else is doing it’



It’s a rare parent who hasn’t heard this phrase from a resident teenager: “But everybody else is doing it!” Young peoples’ perceptions of what their peers are doing play a significant part in how they justify risky behaviors.

“According to social norms theory, people’s behavior is strongly influenced by their perceptions of the attitudes and behaviors of their peers,” says Hope Finkelstein, Alaska Wellness Coalition Coordinator. “In Alaska, most teens choose not to drink, but most Alaska teens mistakenly think others do.”

The Alaska Wellness Coalition’s multimedia campaign to reduce and prevent underage drinking among youth — by providing Alaska teens with information about healthy norms — is called “Be [You] 78% Alaska teens don’t drink.” The campaign invites the public “You,” specifically youth, to engage and insert whatever “you” are and want to be. “You” is both singular and plural.

Continued on page 9

Overview of legislation that passed, impacts DHSS

SB 46 Municipal bonds for regional health organizations

Allows regional health organizations to apply to the Alaska Municipal Bond Bank to reissue debt. DHSS impact: Bonds will facilitate the renovation and construction of health facilities in Alaska, including the renovation of the Bethel hospital by the Yukon-Kuskokwim Health Corporation.

SB 71 Vaccine certification for pharmacists

Allows certified pharmacists authority to immunize Alaska adults and children without having to contract with doctors or nurse practitioners to oversee their immunization programs. DHSS impact: This bill has the potential to increase immunization rates by allowing pharmacists to independently administer vaccines.

HB 4 Automated external defibrillators

Reduces the requirements for training and maintenance, and thus the liability, for organizations with AEDs, to encourage their availability and use in emergencies. DHSS impact: DHSS no longer needs to approve training in AED use.

HB 1 Arctic policy

Aligns Alaska with recommendations of the Alaska Arctic Policy Commission. DHSS impact: Arctic-wide public and community health improvements are areas for exploration and consideration for future Arctic policy.

HB 161 Used durable medical equipment

Allows DHSS to require used or refurbished equipment when authorizing the purchase of durable medical equipment. DHSS impact: It aligns with regulatory changes DHSS is making.

HB 44 Sexual abuse/assault prevention

Requires schools to develop programs and resources for students, staff and parents in recognizing child sexual abuse and teen dating violence. This Alaska version of “Erin’s Law” passed during the second special session. DHSS impact: The biggest direct impact is to school districts.

HB 5 Guardians and conservators for certain persons (vetoed)

Expands the pool of relatives who may serve as a conservator for people unable to effectively manage their estates. DHSS impact: Senior and Disabilities Services is concerned that expanding those eligible to appoint as a conservator will increase the number of vulnerable adults at risk of being defrauded and requiring Adult Protective Services. Governor vetoed, citing these concerns.

HB 15 Electronic monitoring and treatment

Allows courts to grant credits against a sentence of imprisonment if an individual has spent time in a treatment program or under electronic monitoring. DHSS impact: Division of Behavioral Health treatment programs may qualify as “good time.”

HB 123 Establish marijuana control board

Creates a new board to regulate marijuana cultivation, transportation, production, and sale as set out under the marijuana initiative. DHSS impact: The board will include a member from “the public health sector,” so DHSS may be assigning a staff member.

SB 5 Restitution

Adds “loss of income” to the list of items the court shall take into consideration when determining the amount or method of payment for restitution orders. DHSS impact: Courts may consider “loss of income” in disposition of Division of Juvenile Justice cases.

Public Assistance eligibility online system updates usability

The Division of Public Assistance’s EIS-Replacement Program Office is on track to implement the second portion of the state’s new eligibility replacement system, known as Alaska’s Resource for Integrated Eligibility Services (ARIES).

ARIES replaces the state’s 25-year old eligibility system used to determine cash, food and medical benefits for needy Alaskans and provides the state with a powerful, modern IT tool that connects to the Federally Facilitated Marketplace Health Insurance Exchange, HealthCare.gov. Originally ARIES went live to the public with a convenient self-service web portal for MAGI (Modified Adjusted Gross Income) Medicaid applications, and allowed Alaska to meet the federal Affordable Care Act mandate.

Exciting ARIES self-service website enhancements have been made recently. These include an “Am I Eligible?” pre-screening tool that allows a person to run a quick, preliminary check regarding their potential eligibility. Clients can also securely log in to ARIES to view their benefits and case correspondence online.

Additionally, the ARIES worker portal site is actively used by DPA personnel to process MAGI Medicaid applications. The ARIES system was also updated recently to accommodate Medicaid expansion rules and processing.

For the second and final system implementation slated for winter 2016, the remaining public assistance programs, such as SNAP (formerly food stamps) and Alaska temporary assistance, are being built into ARIES.

To learn more about ARIES, contact your local DPA field office statewide or the EIS-R program management office at eisr.progoffice@alaska.gov.

Medicaid’s claims processing system turns corner

The Division of Health Care Services (DHCS) manages the Medicaid fiscal agent contract under which Health Enterprise (also known as the Medicaid Management Information System, MMIS and Enterprise) operates. Xerox, owner of the Enterprise system, is currently the state’s Medicaid fiscal agent.

Background

In the fall of 2013, Enterprise, a Web-based claims processing system, went live and was quickly determined to have significant issues. The previous claims processing system, in place for 25 years, processed an average of \$27 million in claims each week. During its first weekly cycle, Enterprise processed a total of just over \$10 million in claims. Over the next several months, hundreds of defects and issues were identified in the system. Many providers suffered the financial consequences of these issues and the state was forced to provide interim payments to those who were most adversely affected.

Update

Due largely to the efforts and direction of division staff working long hours side-by-side with Xerox, Enterprise has turned a corner. Current Medicaid claims production cycles process an average of 138,500 claims for an average of \$29.5 million dollars each week. There are currently just 48 known defects, and Enterprise is processing and suspending claims correctly at the highest rate of any time since the system went live. Interim payments are no longer being requested, and providers have begun repayment of the provisional financial support provided by the state.

Certain issues remain

Among existing issues, Service Authorization (SA) functionality has been and continues to be a challenge for services that require a prior authorization. The division has directed Xerox to take a systematic approach to addressing the corrective measures for this area. Progress was made over the summer with certain SAs that needed correction in order for corresponding inpatient claims to process. This problem occurred because the SAs were transmitted to Xerox with errors due to issues with the vendor’s transmission software. Efforts to reprocess claims have been initiated. Another area currently under repair is the Third-Party-Avoidance functionality. This will allow for claims to bypass the requirement for third-party payment when the recipient’s insurance or Medicare plan does not cover the service that is being billed to Medicaid.

Looking forward: ICD-10

The Health Care Services Systems Unit, led by long-time manager Linda Walsh, has been working extensively for the past two years toward preparing Enterprise for the federally mandated transition from the International Classification of Diseases 9 revision (ICD-9) to the 10 revision (ICD-10) code set. The division has collaborated with other Medicaid divisions, associated program areas and internal and external stakeholders to ensure the successful transition of Enterprise to ICD-10. Health Care Services continues to provide oversight to Xerox in the development and provision of training and outreach to providers who will be required to report ICD-10 codes on Medicaid claims starting in October 2015.

Supportive Housing: Housing as health care

Recently, the Alaska Department of Health and Social Services was awarded \$7.7 million in funds from the U.S. Department of Housing and Urban Development (HUD) to create 200 units of Permanent Supportive Housing for individuals with disabilities.

Permanent Supportive Housing is subsidized, community-based housing plus individual services and supports (such as case management and employment assistance) for very low income or homeless individuals. Supportive housing has been used as a tool to improve care, improve health, and lower health care costs for people who face some of the most significant barriers to housing and health care.

“Matched with DHSS funds for additional support services, this program will be the largest supportive housing program in state history and is the result of

strong collaboration between DHSS and Alaska Housing Finance Corporation,” said Sherrie Hinshaw, then of the Integrated Housing and Services Unit in the Division of Behavioral Health.

By targeting individuals in higher levels of care and focusing on community integration, DHSS is able to reduce state costs by an estimated \$11 million in the initial five-year program period.

Integration means that individuals have the opportunity to live close to their families and friends, to live more independently, to engage in productive employment, and to participate in community life.

Supportive housing strategic plan

Through supportive housing, many current state initiatives can be achieved. Alternatives to hospitalization, Medicaid expansion and reform, and

reducing correctional recidivism all share a common thread: supportive housing. Supportive housing addresses the common goal of reducing institutional use and promoting community integration.

To align efforts, DHSS is creating a Statewide Supportive Housing Strategic Plan for Alaska. The value of a strategic plan is to communicate Permanent Supportive Housing as a policy priority, build consensus with stakeholders, and act as a signal and catalyst for systems change. The plan will include a five-year action plan for DHSS and its partners to carry out and will be released in August 2015. This plan is the result of eight months of community stakeholder meetings.

For more information, go to dhss.alaska.gov/dbh/Pages/Initiatives/IntegratedHousing/Integrated-Housing-Services-Unit.aspx.



Autumn Update 2015
Vol. 11 No. 2

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

Office of the Commissioner, 350 Main St., Room 404, P.O. Box 110601, Juneau, AK 99811-0601
Phone 907-465-3030 • Fax 907-465-3068 • www.dhss.alaska.gov

Alaska co-sponsors national behavioral health prevention research conference

Alaska is partnering with Washington and Oregon to co-sponsor the 28th annual National Prevention Network Research Conference Nov. 17–19 in Seattle. The regional partnership will showcase the Northwest’s work and expertise. This year’s theme is “Prevention Research to Practice in a Changing Environment,” focusing on new trends, issues and challenges each state is facing related to alcohol, marijuana and other drug use, abuse and dependency.

The National Prevention Network is a function of the National Association of State Alcohol and Drug Abuse Directors. NASADAD is a private, not-for-profit educational, scientific, and informational organization formed to foster effective alcohol and other drug abuse prevention and treatment programs in every state. The conference shares research findings to propel state programs.

Conference attendees come from the substance abuse prevention field and related disciplines, including federal, state and local policy makers, prevention providers, school and law enforcement personnel, coalition leaders and members, counselors, health education specialists, social workers, and high school students.

L. Diane Casto, former prevention and early intervention program manager with the Division of Behavioral Health, helped organize the conference and said she and others with the state encouraged Alaska providers and researchers to submit presentations. She noted that the conference’s location makes attendance more feasible for Alaskans.

Casto recently moved to a position in the state Department of Corrections. Her new job reflects the state’s interest in community treatment programs as tools to reduce recidivism.

For conference details, visit www.npnconference.org.

Approach to suicide prevention evolves

‘Postvention’

Alaska is one of the earliest states to do widespread postvention training, and the Division of Behavioral Health continues to share information through best-practices training. Postvention is a set of planned actions in the event of a suicide in order to support the bereaved and reduce further trauma to the community. The state’s suicide prevention program recently released a DVD on postvention (email James.Gallanos@alaska.gov to request a copy), and recently coordinated a two-day Alaska Postvention Training and Planning Academy in Kodiak. More trainings are in the works.

API-ANTHC partnering

Alaska Native Tribal Health Consortium clients discharging from the Alaska Psychiatric Institute have a new advocate. In April, ANTHC hired clinical social worker Sevilla Love to work at API as a ‘rural aftercare coordinator.’ ANTHC and API are partnering on a pilot project to improve follow-up care for ANTHC clients. The goal is to reduce the risk of suicide and help break the revolving-door cycle of mental health crises and acute care hospitalizations at API. Love helps patients from rural Alaska, including non-Native clients served only by tribal health care. Her job is to connect clients with medical, behavioral health, and social supports in their communities. Love develops a custom aftercare plan for each client before he or she leaves API, then checks in with clients and their supporters several times in the year after discharge. She is a resource for the providers, family members and friends that clients identify as their support system, as well as the clients themselves.

CAMPAIGN continued from page 7

Adults from 10 prevention coalitions from around Alaska were initially trained and engaged to be local campaign partners. These partners participated in every stage of campaign development including media, evaluation, positive community norms strategy implementation, and overall leadership.

The Alaska Department of Health & Social Services is the primary sponsor of the campaign, which included developing a statewide message based upon actual behavioral and perception data around youth alcohol use. The campaign is informed by data collected from the Youth Risk Behavior Survey and School Climate and Connected Survey. The concept is modeled on a framework called Positive Community Norms.

“The approach doesn’t discount the threat that risky behavior poses to the individual and the community,” Finkelstein explains. “Rather it seeks to undermine the misperception that everybody’s engaging in risky behavior.”

If you are interested in learning more about the campaign, see the TV ad, “Be [You]” on Facebook. For more information, go to beyoualaska.com.

Fairbanks Pioneer Home residents, staff do spring cleanup



The road leading to the Pioneer Home had an unusual amount of trash and debris left after spring break up. Residents and staff had hoped that after the all-city cleanup day it would be cleared. When it wasn't, they decided to take matters into their own hands. Armed with trash bags and grippers, they made short work of the mess. Eagan Avenue had never looked better. Residents and staff were proud that they could contribute to the cleanup and beautification of their neighborhood.